

Bridging the Gap: Supporting Primary Care Pediatricians in the Management of Common Gastrointestinal Conditions

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Although the field of medicine is ultimately based in science, the practice of medicine involves consideration of complex disease processes and sometimes even disagreement amongst providers about the optimal management of a condition for a particular patient. However, when it comes to the subspecialty referral process, everyone is seemingly in agreement: it can be a frustrating and lengthy process for all parties involved, whether it be the patient, the primary care provider (PCP), or the subspecialty provider, regardless of subspecialty.

As a pediatric gastroenterologist, I see this issue firsthand on a near-daily basis. Unfortunately, the demand for pediatric gastroenterologists far exceeds the supply, which can lead to long wait times, uncertainty about next steps, and frustration. Most pediatric patients with gastrointestinal (GI) signs/symptoms are initially evaluated by their pediatrician or PCP. While many patients with GI complaints are (and should be) ultimately referred to pediatric gastroenterology, some referrals are for conditions that can be partially or fully managed in the primary care setting with appropriate support. It is thus essential to strengthen the collaboration between pediatric gastroenterologists and PCPs to improve access to care for children with GI signs/symptoms.

Challenges for the General Pediatrician/Primary Care Provider (PCP)

General pediatricians are usually the first point of contact for patients with GI signs/symptoms. As a result, they possess a unique opportunity to triage and initially manage, as appropriate, a patient's signs/symptoms. However, general pediatricians face a plethora of challenges in their daily work.¹ Visit times are short, with 15 minute visits being exceedingly common—this too with the expectation of managing the full, comprehensive care of a patient! Patients have varying levels of medical complexity and a diverse range of conditions that must be addressed by the PCP, often requiring longer than the allotted visit time. Moreover, PCPs may have uncertainty about the diagnostic tests that would be appropriate to perform initial screening,^{2,3} and may feel they have limited access to subspecialty consultation. PCPs may feel pressured by caregivers of patients for an “immediate” answer, often leading to premature referral. All of these aspects of care compound and make it difficult for general pediatricians to manage common GI conditions in the primary care setting. Pediatric gastroenterologists hold an important role in helping support our generalist colleagues

in managing common GI conditions, with the ultimate goal of improving access to care for patients with GI signs/symptoms.

Opportunities for Subspecialist Support

There are a variety of ways to strengthen the collaboration between pediatric gastroenterologists and PCPs. First, disseminating knowledge about common GI conditions in easily digestible ways, including case-based discussions, can help provide clear, actionable guidance for PCPs.⁴ As a subspecialty we can provide simple algorithms for common GI problems, such as initial constipation management and initial workup of abdominal pain, as well as guidance for when a referral may be more urgently needed.⁴ Ideally, these algorithms can be provided in the form of CME lectures with virtual capabilities to allow for greater attendance, or brief lunch-time lectures with discussions between subspecialists and generalists (again, with virtual capabilities to allow for greater attendance). Additionally, promoting increased awareness about where to find easily accessible guidelines for common GI conditions, such as those created by the national pediatric GI organization, the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), can further help to disseminate knowledge about common GI conditions.

Second, facilitating more collaborative communication between the pediatric GI provider and the generalist can help both parties to better understand how best to approach a specific patient's individual needs.⁵ One practical example of this is using electronic consults (“e-consults”), which may allow for an initial chart-based consultation by the subspecialist with follow-up recommendations given to the PCP (or alternatively, a recommendation that the patient be seen in-person by the GI team). Additionally, providing clear referral guidelines, and alarm signs/symptoms to look for, can help provide generalists with a guide as to the urgency of a referral. Ensuring ample communication from both PCPs and pediatric gastroenterologists to each other can help facilitate an open dialogue (especially in cases of uncertainty) and help get the patient the care they need sooner.⁵

Third, building educational partnerships early on in training (residency, fellowship) can help create a more collaborative workforce. By providing trainees with a care model that allows for open communication between specialists and generalists, and which provides trainees with role models approaching care in this way, we can help educate the

next generation of physicians to accept open communication between providers as simply another aspect of their daily work.^{6,7}

Benefits for the Patient, Providers, and Healthcare System

More efficient access to appropriate care is beneficial for patients, providers (generalists and subspecialists), and the healthcare system. Patients receive faster management of common GI conditions. More collaborative communication between providers leads to not only more efficient use of subspecialty care, decreased wait times, and improved access to GI subspecialists, but also better continuity of care for each patient. Ultimately this leads to more efficient use of resources in the healthcare system. When generalists feel supported in managing common GI conditions, patients receive appropriate and timely care, while subspecialists remain available for more complex or uncertain cases.

Looking Ahead

Strengthening the collaboration between pediatric gastroenterologists and general pediatricians is an opportunity for subspecialists and generalists alike to improve access to care for children with GI signs/symptoms. By increasing ongoing educational efforts, promoting collaborative communication, and building educational partnerships early on in training, general pediatricians can feel empowered to manage common GI conditions, while ensuring that patients are able to obtain more timely access to specialized GI care when needed.

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