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MLI's Podcast for Healthcare Professionals

EPISODE #4 – The Intersection of IBD, Telehealth, and Health Equity during COVID-19, Interview with Dr. Florence-Damilola Odufalu

Transcript

Kristin Gusack: Welcome Dr. Odufalu. Thank you so much for joining us today.

Dr. Odufalu: Hi, Kristin. Thank you for having me.

Kristin Gusack: Thank you. Before we jump in, can you maybe give us a quick introduction into IBD and who it affects?

Dr. Odufalu: Absolutely. Inflammatory bowel disease or IBD for short is an umbrella term used to describe chronic inflammation of the GI tract. And the two most common forms of IBD include Crohn's disease and ulcerative colitis. It affects patients of all age groups; however, we see two peaks in the highest incidence, and that's in patients who are between the ages of 20 and 30 and then there's another peak in patients that are ages 50 to 60.

Kristin Gusack: Can you also give us some high-level outcomes of maybe what providers strive for in IBD to kind of help set the stage?

Dr. Odufalu: Yes, absolutely. So treatment of IBD is important because we want patients to have improved quality of life; we want to reduce disability, missing work, missing school; and then the long-term effects of inflammation of IBD, so the reduction in cancer risk, reduction in surgery, and malnutrition.

Kristin Gusack: That's great. That's understandable. I think jumping into the health equity part of this, it seems like that term is the new kid on the block. I think AMA defines it as optimal health for all. Can you define for us health equity versus health outcomes versus healthcare disparity as you see it?

Dr. Odufalu: Yes. I'm glad that you asked that question because it's important to define these entities in order to allocate resources and efforts appropriately. Health equity and health disparities are intertwined, and so health equity means, for me, social justice in healthcare. It's really a principle underlying a commitment to reduce and eliminate disparities in health and in its determinants, including social determinants. Really, for me, pursuing health equity means striving for the highest possible standard of care for all people with special attention to those with high risk of poor outcomes.

Alternatively, health disparity is a metric we use to measure progress to achieving health equity. It's the particular type of health difference that is closely linked with economic, social, or environmental disadvantage. And health disparities adversely affect groups who have systemically experienced greater social or economic obstacles or exclusion in health based on race, ethnicity, socioeconomic status, gender, sexual orientation, just to name a few.

Kristin Gusack: So what does health equity look like in IBD specifically?

Dr. Odufalu: So in IBD, spearheading this effort of health equity is the Crohn's & Colitis Foundation. The Crohn's & Colitis Foundation is committed to accelerating efforts within our foundation to address systemic racism and support communities of color, and they're approaching this through several angles, so through research, organization values, collaborations, education, and support.

Some research coming out is with the INPUT Study and INPUT stands for **IN**cidence, **P**revalence, Treatment, and O**UT**comes, and it's a multicenter CDC-funded study to look at and estimate the prevalence of IBD in minority populations. The Foundation has addressed their values with a focus on inclusion. We've done some collaborations with pharma to promote education regarding IBD in minorities and then increasing education and support, increasing minority participation in clinical trials and outreach to underserved communities.

It's really an exciting time, and I think that we're going to see a lot of change and advancement.

Kristin Gusack: Wow, that's really fantastic. I do think shining a spotlight on that is where real change is going to happen. That's, excellent that they're so involved in this.

We've been dealing with this pandemic now for a year. What are some of the social determinants that have really had a starring role in your mind in IBD patients, especially in your telehealth visits?

Dr. Odufalu: So some of these determinants were expected, and we kind of expect that financial stability or access to care, like insurance, which is really closely linked with job security, those are things that we expected and have been further exacerbated during this pandemic and with-

Kristin Gusack: Of course.

Dr. Odufalu: -telehealth. But some determinants that have stood out for me that I think are overlooked, and by myself as well, include communication and health literacy. So, like, do patients have access to providers? Do they have a stable Internet connection, a stable phone service? Do patients know how to use technology?

Here at UCSF we use MyChart, and in some groups that are technology averse, this is a deterrent really to communicate their symptoms and follow up with patients. And so that's really something that has stood out to me.

And, lastly, I think home support is important. So now that everyone is at home, including the kids, and several of us are expected to be efficient at work and you're supposed to work from home, you're also supposed to home school your kids, take care of other family members. It's really a challenging environment for our patients to keep up with their therapies that require

an infusion center visit if you don't have support to, you know, watch your kids when you need to be gone.

Kristin Gusack: Right. All great points. Anything that has a starring role being worse health outcomes that you're seeing?

Dr. Odufalu: Yes. I would definitely say stress is really the most prevalent in my mind and most prevalent when I see patients. Stress is coming in a lot of forms. Obviously, financial stress, so people who have lost their job and are dependent on, you know, now unemployment. It's been a huge stress for patients. And, also, like, emotional stress, just really the uncertainty with the pandemic. The stress from COVID and what that means for them if they get an infection or if a family member becomes sick. So that's really, in my mind, what's been leading to worse outcomes. And I think what I'm seeing is there's definitely more stresses in lower income and underserved communities.

Kristin Gusack: So on the flip side, have there been any systemic wins? I mean we've all been forced to move to this telehealth model. Is there anything that's allowed progress in health equity that we might not have recognized had we not been put in this situation?

Dr. Odufalu: Yeah. Even though I talked about technology as kind of a deterrent for some groups, I think that I've been very impressed by how technology has quickly adapted to this pandemic. There are definitely big wins with technology that I think we are going to adapt moving forward, hopefully, when this is over, and things are normal.

For us at UCSF in San Francisco, driving to San Francisco can sometimes be a whole day event for patients who are referred to us from two and three hours away, and it can often be a deterrent for patients who are trying to seek a second opinion or get multidisciplinary care here. And so with patients that live far away or in remote locations with complex inflammatory bowel disease, I think that the opportunity to see their provider or check in with

their provider just via phone and ask simple questions, or with the Zoom visit, is really a huge win for us and a win for our patients.

And so I really think that moving forward there's going to be a hybrid of both in-person and virtual in the future of ambulatory care, probably not just in IBD but in a lot of different disciplines. So I really think that this time it's important to work on getting telehealth right and working to achieve equitable care in a hybrid model.

Kristin Gusack: I agree. I agree. I think certainly the telehealth appointments have helped to connect patients with their providers in a time that they might not otherwise have been able to do that. But maybe that's only for some. Has technology helped or hindered care?

Dr. Odufalu: Yeah. In population where technology and communication is not an issue, I think that telehealth is great, and so that has definitely helped their care. However, in some groups where situations where they don't have access to great technology, it's definitely hindered care.

And so, first off, regardless of your vulnerability, there are certain aspects of the physical exam that are missed when seeing patients just from the shoulder up. So in malnourished patients or patients with eating disorders, which can be prevalent in IBD patients, it's hard to appreciate that virtually. And the same holds true with weight gain. During this COVID pandemic, weight gain is a huge issue across the board. And so if there's physical exam findings that we often picked up when we just saw people in person, that is definitely missed.

Kristin Gusack: Right.

Dr. Odufalu: And it's really challenging to appreciate.

In populations that are technology averse, for example elderly patients, it can be really hard to keep up with appointments or even communicate effectively. In patients that are super remote and have poor cell service or poor Internet service, it's almost impossible to do a

video visit if there's severe lag or delay. And for patients that really can't effectively communicate, or really get the video right, or half their face is showing, it can be challenging.

Kristin Gusack: Yeah. I could absolutely see that. Do you see anything with age groups? I would assume that there would be a difference, but are you seeing that in practice?

Dr. Odufalu: Yeah. Just broadly speaking, a lot more of the technology issues I've seen in older patients that don't really have family members who are there to help them set up their video it can be a challenge. And even little things. Just like when having your face just showing the forehead, that's not really a good video visit.

In younger patients, it's been generally pretty good. Sometimes in younger patients, it's a little bit more casual, and so I'm doing video visits with them during their lunch break when they're in their car, but that's okay. I think the point of it is still met.

Dr. Odufalu: In other groups that are hearing impaired or visually impaired, they definitely have barriers with technology, and we definitely need to improve telemedicine with those groups.

Kristin Gusack: When you come up against somebody who seems to have a barrier in regards to technology, do you have any strategies that you find yourself kind of going to over and over?

Dr. Odufalu: Yes. I would definitely say, "Prepare for your telehealth visits as much as possible." When you start to get to know patents and know if you're really struggling with telemedicine, just take some notes with yourself and talk with your support staff to maybe establish an infrastructure in the clinic to test the video connection ahead of time, confirm the Zoom meeting ID. All of that would be great.

And so in patients that have hearing and visual impairments, having something standardized and easily implementable with telehealth would be a huge benefit. What that is exactly I'm

not exactly sure, but one of my patients that is hearing impaired she sends a message the week before and she requests to have a, a visual interpreter for her so that she can follow along with sign language. And that's been super helpful for us.

Kristin Gusack: That's great. So I know we touched on it earlier, and you mentioned that stress really had a starring role in worse health outcomes with IBD patients. How do you feel that stress, especially in the underserved populations, has been further exacerbated during this time?

Dr. Odufalu: Yeah, that's an excellent question. So stress can play a major role in IBD activity, and we're definitely seeing a lot more active disease now. Across all groups, I would say the overwhelming issue that's brought up is COVID-related stress. COVID-related stress includes really an uncertainty of how IBD affects their risk for COVID or what does COVID do and impact their IBD activity, and there are a lot of questions about how therapies can increase risk for them having adverse outcomes with COVID.

But with underserved communities, a lot more financial stress is brought up. So losing a job, losing income, losing their health insurance is a huge issue that plays into inflammatory bowel disease activity. And unfortunately, financial instability has been more prevalent in underserved populations.

Also, COVID kind of coincided with last spring and summer where there were massive protests around the country surrounding police brutality and the deaths of George Floyd and Breonna Taylor, just to name a few. And so in underserved communities that are largely people of color, this was an incredibly stressful time.

Kristin Gusack: Yes, absolutely. Can you give us a few more examples of how some of the stress that you're seeing now you didn't see before the pandemic?

Dr. Odufalu: Yes. A few things that I'm seeing that I, obviously, didn't see before is misinformation, and that's kind of COVID-related misinformation. So COVID risks, now COVID vaccination, and outcomes with COVID and IBD; and this really all matters. So patients are doing a lot of research online and on social media. And so there's a lot of misinformation out there. And so the biggest issue I saw was patients stopping their therapy or altering their therapy without discussing that with us because they were scared. And so that's really the biggest issue I'm seeing.

A lot of other things that I didn't think about before that are now more prevalent is IBD patients with unstable housing or shared housing; having more people in the home increases your risk for COVID. And patients who have fragmented care, so patients coming from very far away, working with different healthcare systems, it's very challenging because a lot of different healthcare systems are managing COVID risk and restrictions differently. And so it's a huge challenge.

Kristin Gusack: So with all of that said, is there anything that healthcare teams can do collectively to alleviate some of the disparities that you're seeing?

Dr. Odufalu: Yeah, this is a really tough question. In my experience, I would say just listening to patients and listening to what your staff is saying, and really just being open to making change quickly and really being open to see what works and take a survey of what doesn't work.

Telehealth and telemedicine is a work in progress, and so it's really a challenge for us to be creative and work with our patients and become flexible. For example, I had a patient who has a four-hour infliximab infusion, but because she doesn't have childcare, she was missing her appointments. And so I had to work with advocating for home infusions for her which we did, and she found some benefit. And so really just listening to why patients aren't adherent or why patients aren't coming to their visits is important.

Kristin Gusack: Have you found any tools or skills that you can share that might help kind of bridge this gap, maybe what a physician can do individually, or a nurse can do individually but then also collectively to maybe be more mindful of healthcare disparities?

Dr. Odufalu: Absolutely. I think being creative is, I can't stress that enough. And one thing I like to do is kind of have a meeting with the rest of the support staff and hearing the experiences from the nurses, from the MAs about their interactions with some of the patients because sometimes the patients share different things with different providers on the team. And so having a time to meet with them separately and discuss what's working and what doesn't I think can change your practice and change how you can deliver care more effectively.

Kristin Gusack: Certainly. I think also important is measuring health outcomes to see how your specific institution is making care more equitable. Do you have any tools, tips, solutions how to maybe you go about it? What you've seen works?

Dr. Odufalu: Yes, this is a very challenging question and very challenging to measure outcomes because every community presents its own challenge, and there are different issues within certain communities, even with different healthcare systems.

So I would start small and try to understand what areas are lacking in your own community or in your own system. And so there are several different ways to measure these metrics, so there's quality of life scores, there's medication adherence scores, disease activity assessments that you can implement in your patient intake and in your clinic. And I think just reviewing those things can help you see where you're falling short and where you want to make those changes.

Kristin Gusack: I think they're all excellent, excellent examples.

So looking at health equity, defining it as optimal health for all, is that an IBD standard or a goal or an ideal? How do you see that? Is it attainable?

Dr. Odufalu: I think it's definitely a goal and should be the standard, and I absolutely believe that health equity is attainable. However, I don't think that there's one thing that can be adopted across the board. That is where health equity and health disparity come together. So a reduction in health disparities, in absolute and relative terms, is evidence that we're moving toward greater health equity. So identifying disparities in your practice and in your community and making that change to work to provide resources that patients need is really the goal and hopefully will be the standard.

Kristin Gusack: And with this goal of health equity in mind, are there any lessons that you learned during this pandemic that you feel is making you a better physician or maybe a stronger member of the healthcare team?

Dr. Odufalu: Yeah, I can't emphasize enough that communication is huge. With regards to adherence, quality of life, patient satisfaction, we really need to communicate patients' disease, their plan, and the therapies in a way that they can understand.

And so that's not going to look the same for every patient, and it's not even going to look the same within all groups. And so sometimes it comes from me explaining things in a different way, and sometimes it comes from a patient's family member. And so sometimes I have patients bring their children or bring their spouse in the virtual visit so that we can all try to understand what's going on and deliver care effectively.

Kristin Gusack: That's great. I know earlier you mentioned about the Crohn's & Colitis Foundation and what a fantastic resource that they are for patients. Are there any additional resources for either providers or patients that you would like to recommend?

Dr. Odufalu: Yes, I'm a huge proponent for the Crohn's & Colitis Foundation. Their website has so many resources for both providers and for patients. And then I'd also like to stress that there are regional chapters with the Crohn's & Colitis Foundation with local speakers and local patient support groups in each regional chapter. And so I've had the opportunity to speak at the Northern California chapter, and it was a really great experience; and I got to connect with some patients. And with these regional groups, they send activities, resources, and information available within your community. So if you haven't tapped into your local Crohn's & Colitis chapter, that's something to think about.

And then lastly, I think social media provides a great way to connect with providers and also kind of IBD influencers; and I honestly really didn't pay too much attention to social media until the pandemic, but I've learned so much.

And again, there's an issue, is there misinformation on there? But there's renowned researchers in inflammatory bowel disease that are pretty active, specifically on Twitter, and they'll share new research, new resources, and it's really fascinating how quickly information is transcended with social media. And that's actually how I was able to connect with MLI through Twitter. So it's been great.

Kristin Gusack: Absolutely. Well thank you so much. This has been so informative, and I've really learned so much. I appreciate the time that you took to talk with us.

Dr. Odufalu: Thank you for having me. This was really fun, and I hope to continue these conversations.

Kristin Gusack: I agree. Thank you.