

# Comprehensive Care Models in Cirrhotic Ascites

Combining an office visit with a paracentesis procedure to improve outcomes

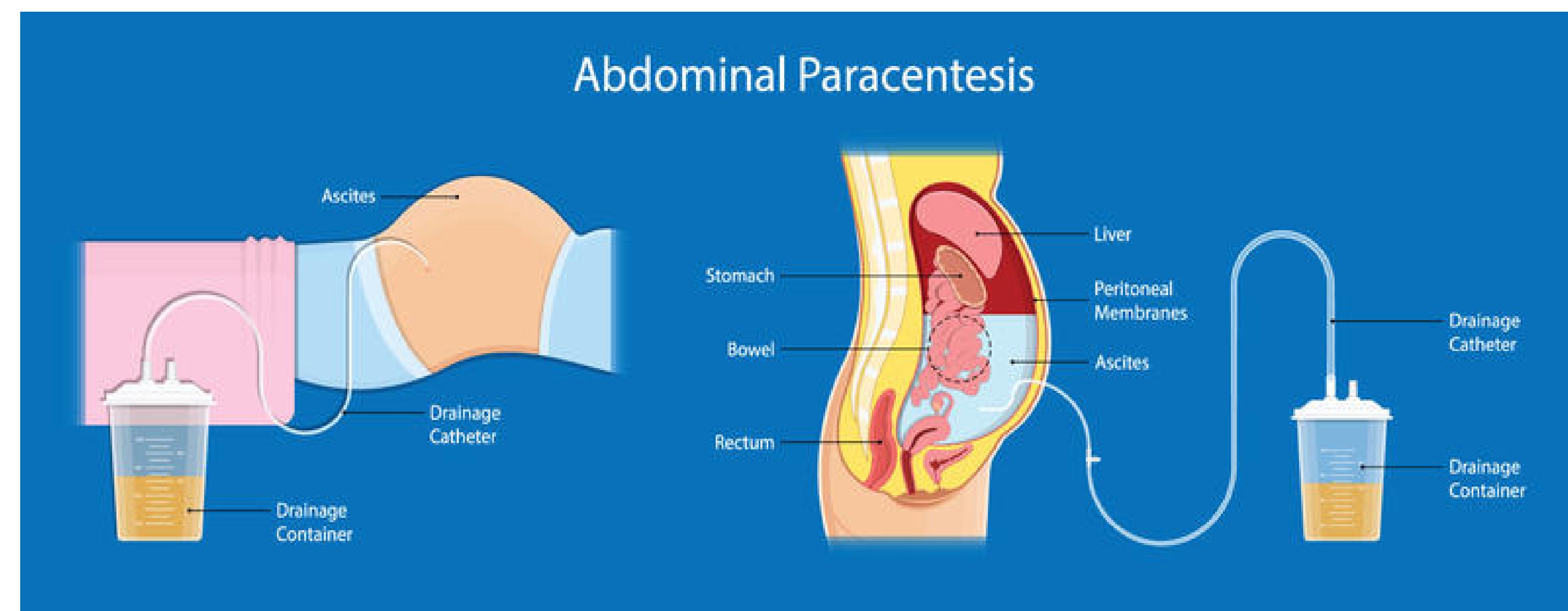
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## Background

- The most common complication of cirrhosis is ascites, which is linked to high rates of hospital admissions. (1,2)
- Ascites management involves procedures, pharmacotherapy, lab work monitoring, and nutrition. (3,4)
- Ascites management is optimized by multidisciplinary teamwork, centralized care locations, and efficient access. (5,6)
- Current care model is fragmented & involves 3 appointments in 3 different departments.



## Purpose & Aims

**Purpose:** To combine an APRN office visit with a paracentesis and albumin infusion.

### Aims

- Increase patient satisfaction in the comparison model
- Compare cost between two models
- Reduce ED and hospital admission in the comparison model

## Methods

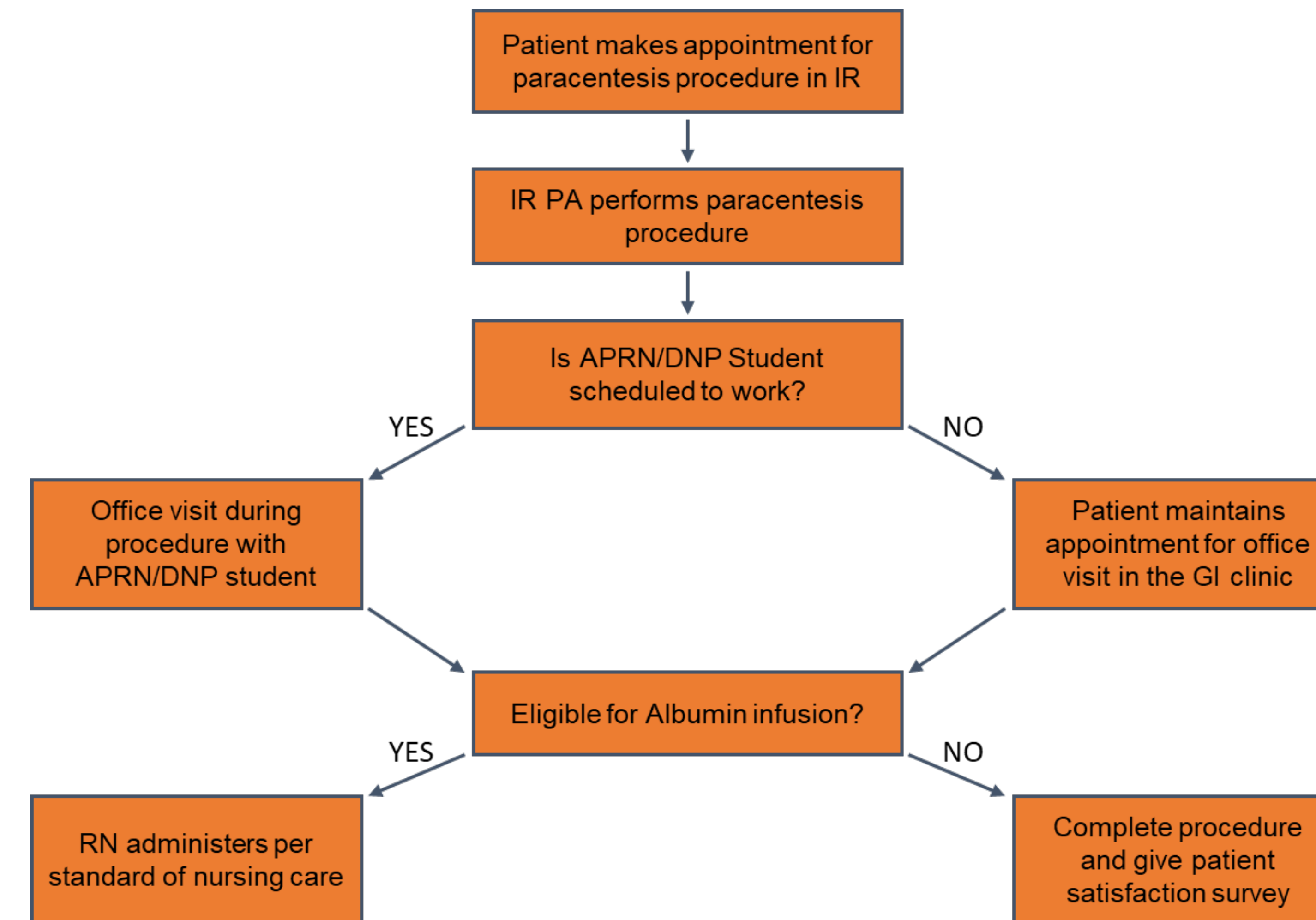
**Design:** Pre/Post survey, pre/post description outcomes, financial data

**Setting:** Interventional Radiology

**Sample:** Adults with cirrhosis related ascites

**Measures:** Press Ganey survey

## Intervention Workflow



## Results

**Aim 1:** No statistically significant difference patient satisfaction scores. Change scores of summed pre and post test results

| P value | Median | SD    | IQR   |
|---------|--------|-------|-------|
| .160    | 27.37  | 2.625 | 27.37 |

**Aim 2:** At staff level APRN, cost the same in both model. Increased value comparison group with added office visit

|                                    |                         |
|------------------------------------|-------------------------|
| Unit Cost Usual Care               |                         |
| Supply Cost Paracentesis           | 74.93                   |
| Supply Cost Albumin Infusion       | 379                     |
| Staff Cost Physician per procedure | 45.6                    |
| Staff Cost APRN per procedure      | 18.3                    |
| Staff Cost PA per procedure        | 20                      |
| Unit Cost Total Physician          | 499.53                  |
| Unit Cost Total APRN               | 472.23                  |
| Unit Cost Total PA                 | 473.93                  |
| Unit Cost Comparison Group         |                         |
| Supply costs                       | Same as usual           |
| Staff Cost APRN                    | 18.3                    |
| Office Visit                       | 0 included in procedure |
| Unit cost                          | 472.23                  |

**Aim 3:** No statistically significant difference in ED/hospital admission rates (n=20, U=29, p value =1.103)

| Control | Intervention |
|---------|--------------|
| 56%     | 57%/76%      |

## Discussion

- The evidence supports of comprehensive models
- First project to suggest adding office visit to paracentesis in this setting

### Strengths:

- Patient satisfaction scores remained high when office visit added to the model
- Financial value of APRN led care models
- Clinically significant reduction in ED and hospital admissions in both models
- Brings paracentesis in line with other GI related procedures

### Limitations:

- Insufficient sample size/underpowered
- ED & hospital admission rates combined

**Sustainability:** Train other APRNs to perform paracentesis, expand to other areas, & collect more data

## Conclusion

Adding an APRN led office visit to a paracentesis procedure reduced ED and hospital admissions and added value without additional cost. Patient satisfaction remained high when an office visit was added to usual care.

## References

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