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New AGA Practice Guide Urges GIs To Take the Lead In Obesity Care

The American Gastroenterological Association has released an Obesity Practice Guide to help gastroenterologists manage the condition, while providing a framework for multidisciplinary care. The guidance, which includes a business model

see **Obesity**, page 42

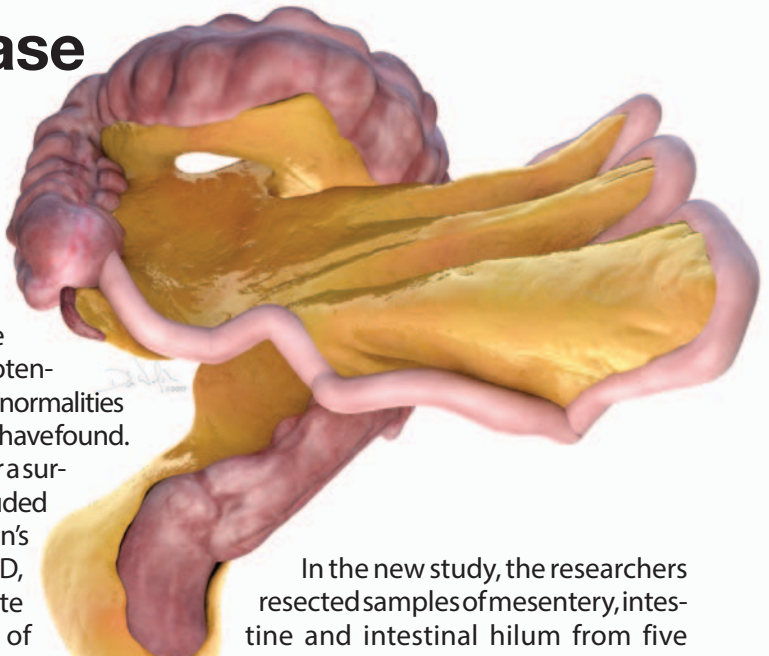
Cures Act Provision Brings Parity to Care At ASCs, Hospitals

In December, former President Barack Obama committed a rare act: He signed into law a bill that passed both the House and Senate overwhelmingly in a lame-duck session. That law, the 21st Century Cures Act, has great ambitions—curing cancer and Alzheimer's disease, to name only two—but some of its many goals directly affect gastroenterologists and

see **Cures**, page 64

Mesentery Abnormalities Evident In Crohn's Disease

Findings could help guide future research in many GI ailments



Abnormal features of the mesentery appear to increase in step with the progression of Crohn's disease, potentially illuminating mechanisms of mucosal abnormalities observed in the clinic, researchers in Ireland have found.

The findings "provide further support for a surgical strategy in which the mesentery is included when the intestine is being removed for Crohn's disease," said Calvin Coffey, MBBCh, PhD, Foundation Chair of Surgery at the Graduate Entry Medical School of the University of Limerick, who led the study. Dr. Coffey and his colleagues presented their study at the 2017 annual meeting of the European Crohn's and Colitis Organisation (abstract P071).

Dr. Coffey's team published a widely noticed paper earlier this year in the Lancet Gastroenterology & Hepatology, in which they declared that the mesentery has "distinctive anatomical and functional features … that justify designation of the mesentery as an organ."

In the new study, the researchers resected samples of mesentery, intestine and intestinal hilum from five cadavers and five patients with Crohn's disease, and examined the tissue samples using eosin light microscopy and scanning electron microscopy. They graded the tissue according to severity of disease and assessed septal thickness of the mesothelium and connective tissue. Both connective tissue thickening and an increase in adipocytes have been observed in Crohn's.

see **Mesentery**, page 46

From Defunct Dental School, A Gleaming GI Clinic Rises in Georgia

What can you do with an abandoned dental school, a supportive hospital and $12 million earmarked for prioritized growth? You might have other ideas, but one option would be to assemble those components into a multidisciplinary, comprehensive, patient-centric digestive health center.

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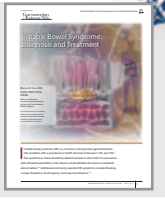

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Optimizing the Olympus EVIS EXERA III System: Exploring Beyond the Default Settings
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Augusta

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Under the leadership of Satish S.C. Rao, MD, PhD, Augusta University, in Georgia, recently created a 43,000-square-foot facility to help the gastroenterology department meet the three prongs of its mission: to deliver the best GI care possible, train the next generation of GI care practitioners and perform cutting-edge research—under one exceedingly large roof.

"When I first looked at the GI services here, they were very fragmented, disorganized and somewhat chaotic, which is not uncommon," said Dr. Rao, professor of medicine and chief of gastroenterology/hepatology at Augusta and director of the Augusta University Digestive Health Center. "I knew we could create a structure, a sort of blueprint that other GI units could embrace and use for future growth and development."

To get a sense of what an optimal environment for GI care looks like, Dr. Rao, together with an architect and a couple of engineers, visited three other centers to see what works and, just as importantly, what doesn't. "We wanted to see what they wish they had done differently," Dr. Rao said.

It took about six months to get a certificate of need, and construction, which involved gutting and refurbishing the old dental school next to the hospital that had been slated for demolition, lasted about 15 months.

Don C. Rockey, MD, chair of medicine at the Medical University of South Carolina, in Charleston, visited Augusta in March 2016, a little less than a year after the facility officially opened.

"It's certainly unique in that they've been able to combine everything—patient care, education and research—all in one state-of-the-art space. It required some vision and commitment from Dr. Rao and the institution to do this," Dr. Rockey said.

It could be challenging, however, for other practices without such broad institutional support to acquire the space necessary to create a facility on the same scale. "The issue is that such combined space is difficult to come by. Not many places have 43,000 square feet they can devote to digestive care," Dr. Rockey said.

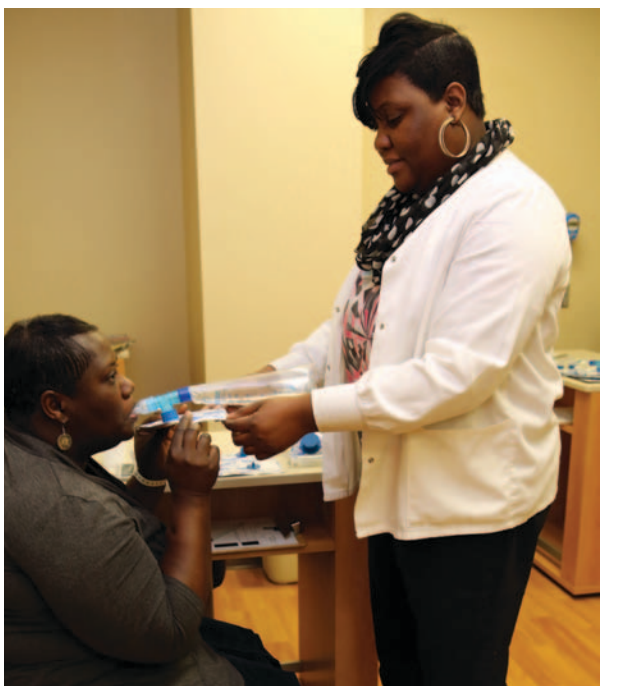
Form Follows Function

The new facility was designed to create a smooth flow of patients, doctors, technicians and other staff. Patients share a lounge area and a common check-in, whether they are there for an office visit or an outpatient clinical visit, which helps build familiarity between patients and staff.

"We wanted a congenial, friendly environment. When patients see the same staff repeatedly, they build a connection that can help ease the concerns and anxieties they often have coming to doctors' offices," Dr. Rao said.

The unit holds 14 clinic rooms. Lights outside the doors of each room indicate whether a patient is waiting to be seen or to be escorted to check out. The procedure suite includes six regular endoscopy suites and three dedicated to advanced endoscopy with state-of-the-art fluoroscopy facilities. Five others are set aside for neurogastroenterology and motility procedures. For efficiency's sake, the preparation and recovery rooms for standard endoscopic procedures are interchangeable.

The staff at the Augusta University Digestive Health Center.



"In most endoscopy suites, patients move from prep to procedure to recovery, left to right. But this arrangement allows for no flexibility," Dr. Rao said. "If the prep area is too full, you can't bring in more patients until the room clears out. If the recovery area is full, you can't move patients out of the procedure room. Our design allows us to interchange the prep and recovery areas based on the needs of the unit."

The procedure rooms are outfitted with large, wall-mounted monitors that are easy for everyone in the room to see. They also have piped-in carbon dioxide. "Most places use air to inflate the bowel, which can be very uncomfortable for some patients," Dr. Rao said. "Some GI units have cylinders of CO_2 here and there, but they run out. We have done away with all that. No patient here ever leaves with a bloated belly."

The center also has rooms for anesthesia providers; a large doctors' room where physicians can mingle; a central core for equipment storage; and a couple of rooms dedicated to instrument processing, with instrument cleaning separate from instrument sterilization.

"There is never a mix between dirty and clean—no opportunity for cross-contamination," Dr. Rao said.

Finally, the center contains an academic office suite next to the clinical space, with 4,000 square feet dedicated to clinical research, training and education. "We want to train the next generation," Dr. Rao said.

Dr. Rao's advice to others thinking of embarking on a similar endeavor is, first, to have a clear idea of goals. "I laid my center out to provide patient care, education and research; but if you are in a private practice, you may just prioritize high-quality patient care."

Also critically important is the team. Keeping all stakeholders—physicians, nurses, architects, engineers, designers—involved in the process is essential.

"We had very frequent meetings, and an advisory board that met every three months," Dr. Rao said. "We changed design when new ideas came up; some ideas were just impractical," Dr. Rao said. "But we stayed mostly within our original design and our originally projected cost."

He invites visitors to drop by anytime: "We are very happy to share what we have developed. There is no point in reinventing the wheel."

—Monica J. Smith