

Poster #1990

Assessing the Applicability of Non-Invasive Diagnostic Tests (NITs) in Non-Alcoholic Fatty Liver Disease: An International Qualitative Study

Maja Sofie Thiele¹, Sophie Péloquin², Luca Valenti³, Patrice Lazure², Mounia Heddad-Masson⁴, Alina M. Allen⁵, Jeffrey V Lazarus⁶, Mazen Nouredin⁷, Mary Rinella⁸, Frank Tacke⁹, Suzanne Murray², Emmanuel Tsochatzis¹⁰

Background & Aims

- Challenges in the implementation and routine use of non- or minimally-invasive diagnostic test (NITs) in NAFLD can occur at different levels
- ✓ **1st objective: Identify barriers** (behavioral, educational, systemic) that hinder the implementation and/or use of NITs
- ✓ **2nd objective: Provide recommendations** to ensure optimal implementation and use of NITs in practice

Methods: Qualitative

PHASE I: July – August 2021
Interviews with stakeholders (n=29)

Profession / Specialty	Germany	Italy	UK	USA	Total
Diabetologists	1	1	1	1	4
Hepatologists	1	1	1	1	4
Primary care providers	1	2	2	1	6
Patient advocates	1	1	1	1	4
Clinical researchers	0	1	1	2	4
Basic researchers	0	1	1	2	4
Healthcare administrators & payers	0	1	1	1	3
					n=29

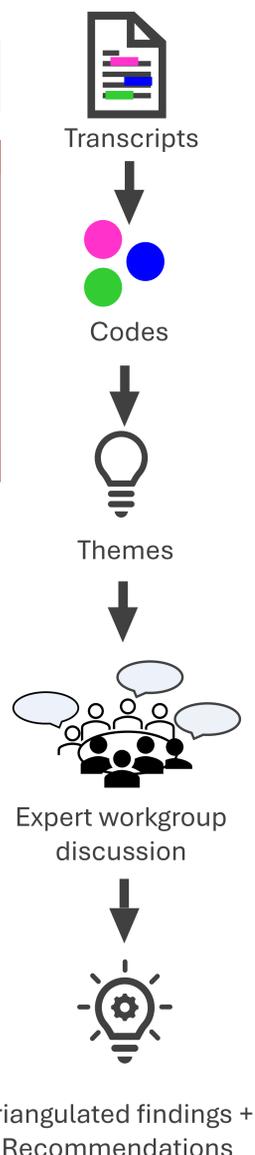
✓ Explore challenges faced

PHASE 2: September 2021
Expert workgroup discussion (n=8)

Internationally renowned clinicians and researchers in NAFLD and liver fibrosis met to:

- ✓ Review, validate, expand on phase 1 findings
- ✓ Discuss potential solutions

- **Thematic analysis** of transcribed audio-recordings
- **Triangulation of data sources and methods** to obtain wholesome picture of the phenomena
- **Selection of representative quotes** to demonstrate the essence of what many stakeholders and/or experts have mentioned



Results: Themes & Representative Quotes

- **Lack of societal awareness** related to NASH, NAFLD, and advanced fibrosis
Causality: Propagated narrative that NAFLD is caused by poor lifestyles

“... change the narrative for liver disease, from a disease that are on only alcoholics and fat people, to something that can be perceived as a non or less stigmatized disease”
Expert workgroup participant
- **Skill gaps interpreting test results** (primary care level)
Causality: Knowledge gaps of guideline recommendations for the appropriate use of NITs

“The primary care physicians that refer the majority of my patients still do not calculate the non-invasive markers with fibrosis. That’s a major challenge really.”
Hepatologist, UK
- **Lack of clear referral pathways between PCP and secondary care**
Causality: Skill gaps in using NITs to screen patients for timely referral

“... there’s a lot of work to be done in terms of having better linking and better engagement [...] primary care, secondary care interface hasn’t really been worked out just yet for fatty liver disease.”
Diabetologist, UK
- **Misperception that NITs are not useful in the absence of medical treatments**
Causality: Belief that patients are resistant to lifestyle change and want a quick solution

“... Why would you screen if there's nothing really on the market that you can use to modify risk factors?”
Payer, US
- **High costs and limited prognostic value for some NITs**
Causality: Need for ongoing research involving patients + some NITs are patented

“We need to be reassured that it actually works.”
Payer UK

Recommendations: What could facilitate NIT use?

- **Awareness campaigns** about NASH, NAFLD and advanced fibrosis
- Improving primary care providers and diabetologist’s **familiarity with available guidelines**
- Greater clarity regarding the **role of primary versus secondary care** when interpreting test results
- **Enhanced referral pathways**
- Effective **interprofessional collaboration** to support patients with **lifestyle modifications**
 - Greater inclusion of hepatologists
- Higher **reimbursement of NITs**

Conclusions

Multi-level barriers hindering the implementation and routine use of NITs in NAFLD were identified.

Solutions to addressing identified barriers were suggested by experts.

Findings can inform the design and evaluation of targeted educational interventions aimed to **optimize patient care**.

Additional real-world research is required to validate the barriers at national / local levels.

Author Affiliations:

1.Center for Liver Research, Odense University Hospital and University of Southern Denmark, Odense, Denmark 2.AXDEV Group Inc., Brossard, QC, Canada 3. Università degli Studi di Milano, Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico, Milan, Italy 4.EASL, Geneva, Switzerland 5.Mayo Clinic, Rochester, MN, USA 6. Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Barcelona, Spain 7. Cedars Sinai Medical Center, Los Angeles, CA, USA 8. Northwestern University Feinberg School of Medicine, Chicago, IL, USA. 9. Charité Universitätsmedizin Berlin, Dept. of Hepatology and Gastroenterology, Berlin, Germany 10. UCL Institute for Liver and Digestive Health, Royal Free Hospital and UCL, London, UK.

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