



Bridge the

GHAPP



Gastroenterology & Hepatology
Advanced Practice Providers

NEWSLETTER

VOLUME 8





LETTER FROM THE PD COMMITTEE

Dear GHAPP Family,

It is that time of year again – when we bask in the afterglow of many successful conferences and are settling into the holiday season and moving to the end of the year. The slowing down that the winter season provides, gives space to reflect and reset for the upcoming new year. Are there things in your practice that you want to change? New skills or practices that you want to start implementing? A subject you haven't felt you've mastered yet? A new goal that you want to move towards in your career?

The Professional Development Committee may just be the place to start, to help guide you in reaching your goals. In this newsletter we have How to Write an Abstract and a Poster so you can work on getting your research out there and published. We have the final installment in the Weight Loss Medication series and a Part 1 article about Esophageal Manometry, so you can be confident in your ordering and referrals for these medications and tests.

Are one of your goals for the new year to read or write more? We would love to hear from you on topics you want to see in this newsletter or topics you want to write about and submit here for others to learn from! This newsletter is a great, informal space to flex your skills and knowledge, and perhaps become a stepping stone to submitting to a formal academic journal. Who knows what the new year could bring for you, all it takes is that first step.

Whatever your goals may be, we want to thank our members and readers for another great year of GHAPP, and here's to hoping for even better improvements to come for us all in the new year. Cheers!

In Health,
The Professional Development Committee

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Weight Loss Medications for the Gastroenterology and Hepatology APP Part 3: Ok, Now What?

Allysa D. Saggese, MSN, AGPCNP-BC

In parts 1 and 2 of this series, we reviewed the latest information on weight loss medications, their role in hepatology and gastroenterology as well as indications, prescribing and considerations. You've made it through all these steps and have chosen a medication for your patient, and you ask, "Ok, now what?"

Prior Authorizations

After any of the weight loss medications described in Part 2 are prescribed, they will likely need a prior authorization (PA) before the pharmacy can dispense to the patient. There are a few ways to complete a PA: calling a patient's insurance, using CoverMyMeds.com, or obtaining the assistance of a specialty pharmacy.

When calling a patient's insurance, you will often encounter a recording that tells you that you can use CoverMyMeds (CMM) to complete a PA request, therefore calling insurance versus using CMM is essentially the same. The advantage to calling is that you are able to discuss with a representative a perhaps less straightforward patient situation, while CMM's advantages is that it allows for faster form filling, no wait times and easier tracking of the request overall. When speaking with insurance, the questions they ask you are the exact questions from CMM, so in most cases, your call is essentially filling out CMM through a representative. For myself and my team, using CMM is our preference whenever available.

To prepare for the prior authorization request you will need the patient's insurance card information including any separate prescription card information if they have one (be sure to ask). You also will want the most recent office visit notes, which should include specific information about the following: their BMI (including their BMI prior to starting medication and current BMI), any history of metabolic disorders (type 2 diabetes, hypertension, dyslipidemia, insulin resistance, hyperthyroidism, etc), if the patient has tried at least six months of healthy lifestyle modifications on their own or through an organized dietary/exercise program, the results of this attempt, and if they have tried and failed any other therapies in the weight loss category (includes metformin in some cases). Any or all of these pieces of information will help support the request to get approved and avoid a denial.

In my team's experience, not only should the most current office note be complete, but the patient should have documentation that they tried or have reasons to not be able to try all currently available therapies, including those that are not prescription based. Additionally, the correct diagnosis should be used for the correct indication of a medication, otherwise it is almost guaranteed it will not get approved. For instance, Ozempic is only approved for diabetes, and so a diagnosis code of

Obesity or Pre-Diabetes will not be sufficient for approval, no matter the patient's history or strong need for the medication. Nor will it matter that Ozempic is semaglutide, and Wegovy is semaglutide and you are asking for one over the other due to availability of the medication – they are approved under different brand names for different indications, and the insurances will follow this to the letter.

Another consideration is to build a relationship with a specialty pharmacy. While weight loss medications are not in the specialty category, some specialty pharmacies can also carry retail medications. They may also have dedicated staff who can work on PAs for you, with your authorization for them to do so. In this case, a specific agreement would be signed ahead of time giving this permission. In working with a specialty pharmacy, both parties can benefit: you have a direct connection with a pharmacy and will be able to more reliably obtain the medication for your patients, and the pharmacy has more opportunities to be able to fill medications and provide their services. This will not work for all patients, for all insurances or for all specialty pharmacies, however it is a very helpful relationship when it can be found.

Denials and Appeals

In the case of an initial denial, obtain the denial letter to read and see first why the denial occurred, and second if an appeal can be made on the patient's behalf. Appealing a denial is more commonly to provide additional information that was not provided in the original PA, or to contest that the medication should be approved and covered under the patient's insurance plan as it is deemed medically necessary.

The process for sending in additional information will be outlined in the denial letter, so it should be straightforward. To appeal a denial based on medical necessity may require more work. A detailed letter signed by an APP or MD is the recommended route. The letter should outline not only patient information supporting the need for the medication, but it should include where possible evidence-based information as to why this is the best choice for the patient at this time.

My team has been seeing more often that insurances do not have a Weight Loss Medication category on their formulary, meaning they do not cover any weight loss medication at all, no matter how convincing an appeal you can write. It is as if these medications do not exist to the company. This requires a discussion with the patient as to how they would like to proceed, the option to pay out of pocket is always available, however is more often than not unfeasible for most.

Appeals may also get denied, and in those cases, if you choose to do so, you may also complete a second appeal.

While all of this requires time and effort, my team has had some sporadic luck with second tier appeals in getting medications approved.

Obtaining Medication

Now you have done the whole the PA process, maybe an appeal process or a second appeal has been completed, and the patient is finally able to fill their medication. The second hardest part of prescribing weight loss medications, after getting them authorized, has been in finding stock of the desired medications.

The most famous, and infamous, semaglutide, found as brand name Wegovy, has had frustratingly sparse stock going on two years now. Starting around May 2022, there were shortages of Wegovy product, and then in turn Ozempic as prescribers turned to off-label use. The date for return to full stock was continually pushed back until January 2023. At that time, we and our patients finally found some relief and the medication was easily obtained. Until another shortage started again this past spring and has haunted us since. The shortage has also caused other medications to be affected, such as Ozempic and Saxenda as providers would try to help bridge the medicine gap for their patients by prescribing a similar or off-label medication until stock returned. While this may sound reasonable, I want to remind my readers that Ozempic is approved for diabetes only. It is considered off use to prescribe it for weight loss.

I do encourage providers to discuss with their patients if they want to use another medication while in “limbo” or if they would prefer no medication and instead to continue to work on healthy diet, exercise and weight management on their own. Sometimes this presents the opportunity to discuss and re-evaluate with the patient their current healthy lifestyle modifications, and make changes as fit.

Other Potential Barriers

Your patient has gotten their medication PA approved, they have secured their first fill at a pharmacy, all is good now, right? Well, maybe.

From my experience, the shortages of specifically Wegovy may not equally affect all doses, and so while a patient may have received their initial dose of the medication, it's possible the next step up is not available. Or they have been on a higher dose and it is now out of stock. What we discuss with our patients is staying on the same dose if they cannot increase, just so they are maintained on something, and if their higher dose that they have been on is no longer available, then we decrease them to the next highest dose available. It is not ideal, but it prevents them from having to “start over” with the medication and can help them maintain any weight loss they have seen so far.

Side effects are also a potential barrier to the patient continuing on the medication, which was discussed in my last article. Our team often will prescribe PPIs or odansetron for the potential side effects of a GLP-1, so the patient can

mitigate the symptoms and continue on the medication. It does seem that over time a lot of patients find the side effects disappear, but overall the navigation of these symptoms is something to discuss on an individual basis with your patient.

Cost as well can be a barrier; currently there are no financial assistance programs for these medications, and with some insurances not covering them at all, patients would be faced with “full price” when they go to pick up their medication from the pharmacy.

A word of warning: we do not encourage patients to get the compounded version of semaglutide, as some pharmacies are offering to do. These are not FDA endorsed and therefore not strictly regulated. We cannot presume to know how these mixtures are made and what potential problems they may cause. While it may be the only semaglutide a patient can find, our practice has been not to agree to this kind of prescription.

Some insurances require a new prior authorization with every dose change for semaglutide. Yes, that means that if you had to appeal a denial for the first dose, there is a chance you will have to do it again each time the patient increases their dose.

The Future

The most recent development is from Eli Lilly – the makers of Mounjaro (tirzepatide) recently had their counterpart medication approved for weight loss. Its name is Zepbound, it is also tirzepatide, it was approved by the FDA on November 8, 2023. This is a GLP-1 + GIP (glucagon-like peptide-1 and gastric inhibitory polypeptide), so it works similarly and is a good alternative medication to Wegovy. At the time of this article publishing, insurance companies and pharmacies have been minimally aware of this new medication and very rarely approving it. My team has decided to wait a little longer before prescribing it widely to our patients, as information gets more widely dispersed. It is reportedly even more effective at weight loss, and so far (we hope) the stocks have held out for Mounjaro and we expect the same for Zepbound. Only time will tell.

Conclusion

Overall, the effects of semaglutide and similar are clear, but the process to get it can be tedious, time consuming and for some nearly impossible to accomplish without sufficient help. These are all things to keep in mind when prescribing, and to be transparent about with your patient in their collaborative decision making with you.

Working hard for your patient's medication, whether or not you are successful in the end, is an ugly but necessary truth to the APP role. Providing full and accurate information, prescribing appropriately and being in honest communication with your patient will be your recipe for success.

Esophageal Manometry

Victoria Howard, PA-C

When a patient expresses difficulty with swallowing, assessment options include esophagogastroduodenoscopy (EGD), esophagram (barium swallow), functional luminal imaging probe (FLIP) and esophageal manometry (ESM). ESM evaluates the strength, or pressure, of the esophageal body and sphincter muscles and bolus movement. There are conventional and high-resolution (HR) ESM systems. See Table 1 for sensor details. In normal esophagus function, the upper esophageal sphincter (UES) relaxes with swallowing followed by a wave of muscle contraction from proximal to distal in the esophageal body, and finally the lower esophageal sphincter (LES) relaxes. Any abnormality in these steps seen on ESM can suggest motility disorder if supported by other objective findings.

ESM uses a small flexible sensor lined catheter that is passed through the nares, pharynx, esophagus and into the stomach of an un-sedated, fasting patient. During insertion the patient is awake so he or she can safely swallow saline and follow instructions to advance the catheter and staff uses a monitor to correctly place the catheter. Chicago 4.0 protocol is followed to standardize interpretation of the results. Protocol includes baseline reading at rest followed by 10 appropriately spaced supine liquid swallows which are then analyzed for classification of possible motility disorders. Additional test maneuvers can be done to help improve confidence in ESM results. See table 2.

Figure 1: Example of Esophageal Manometry Catheter



Table 2: Supplemental ESM Maneuvers

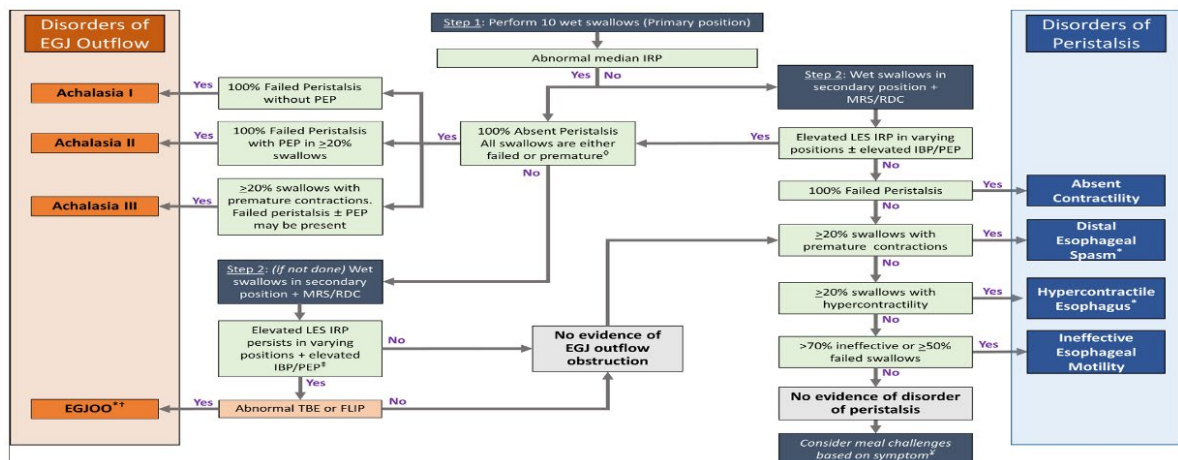
ESM Additional Maneuvers
Rapid Drink Challenge
Multiple Rapid Swallows
Solid Test Swallows
Solid Test Meal
Pharmacologic Challenge

Table 1: HR ESM Sensors

HR ESM	Number of Circumferential Sensors
Pressure Sensors	36
Impedance Sensors	18

Some patients will not tolerate catheter placement un-sedated and require catheter placement via EGD under sedation. The test is then completed after the patient is recovered. ESM is very safe but is uncomfortable and patients can experience gagging, vomiting, watery eyes, coughing, sore throat or nose and epistaxis. Very rare serious complications are possible such as cardiac arrhythmias, aspiration and esophageal perforation.

Table 3: Chicago 4.0 Classifications

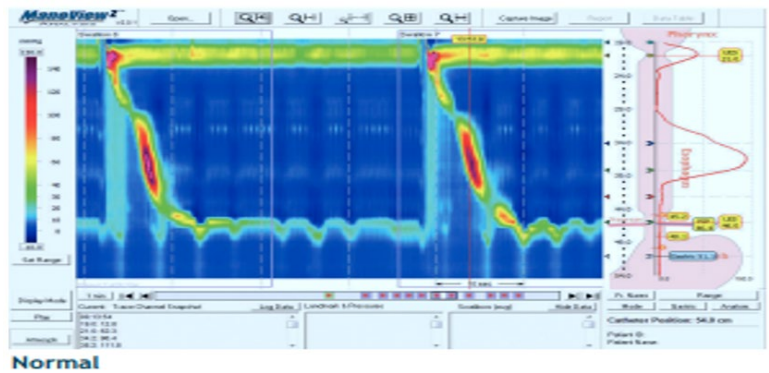


The Chicago 4.0 Classification divides disorders into 2 broad categories: EGJ Outflow and Peristalsis. Results can also show normal motility or yield no specific motility disorder. See Table 3 for additional details for each diagnosis.

Disorders of EGJ Outflow share impaired LES relaxation and include Achalasia (Types I, II and III) and EGJ outflow obstruction. LES relaxation is measured by IRP. If the average IRP of 10 supine swallows is elevated, there is an overall lack of relaxation. In all forms of Achalasia, in addition to impaired LES relaxation, there is no normal peristalsis. For EGJ outflow obstruction, IRP is also high, but there is at least one swallow with normal peristalsis.

Conversely, disorders of peristalsis consist of impaired movement of the body of the esophagus with normal LES relaxation. Disorders include absent peristalsis, ineffective esophageal motility (IEM), distal esophageal spasm (DES) and hypercontractile esophagus. See Table 3.

Figure 2: Normal Peristalsis on ESM



ESM is an important clinical tool used to classify patients with esophageal motility disorders, but it is vital to consider ESM results in the setting of patient symptoms and additional objective test results. The Chicago 4.0 Classification system should be used to interpret and obtain the most accurate diagnosis for each patient. Given the nature of the test and associated discomfort, it is crucial that ordering providers are familiar with the test and able to describe the process to each patient so he or she is prepared for the appointment in the motility lab.

Professional Development

How to Write an Abstract

Anna Hefner, PHD, MAED, CPN and Renee Pozza, PHD, FNP-BC

Imagine this: you have a great idea to share – maybe it’s a success story, a case study with unexpected outcomes, or a pilot study to name a few – and now you are ready to share this with others. That’s where an abstract comes into play. It is a brief but precise statement of the issue or problem followed by a description of what you did or designed, your major findings and the conclusions you reached. As daunting as it may seem, it isn’t when you break it down into parts.

There are 5 parts to an abstract: Introduction, Purpose, Methods, Results, and Conclusions. Each of these sections has distinct components and functions. Let’s dive into them.

The Introduction

This is your opportunity to help your reader understand why the topic is important and what they need to know before they delve deeper into this project. It’s a chance to provide an overview of previous research on the topic and identify your own hypothesis.

The Purpose

It is one, maximum, two sentences identifying your hypothesis, aim or goal.

The Method

States the research method or methods used to address the hypothesis and/or aim. This will look different from a case study perspective.

The Results

Summarize the main results obtained.

The Conclusions

Identify the implications of your research or application to practice.

The abstract briefly explains the most significant aspects of the content. It should be accurate and succinct, self-contained, and readable. The abstract should paraphrase and summarize rather than quote from the paper. It is approximately 150-250 words, therefore it is a very short summary of your research. While most abstracts are contained in the word count mentioned above, it is recommended to check the journal or organization you are submitting to for their word count to stay within their guidelines before submitting.

So you think you are done? Just a couple of more quick items.

1. Review the requirements for the organization or journal you are submitting it too. Did you cover them all? Double check. If not, go back and add these requirements.
2. Consider your audience and your publications. Is it written in a language format easiest for your audience to understand?
3. Did you explain your methods? Include your variables and your approach.
4. Did you highlight the important findings of your results?
5. For your conclusion, did you describe the implications of your work?

Time to hit the submit button and wait for your acceptance to present your material. Good Luck!

Poster Writing: What Did I Get Myself Into?

Anna Hefner, PHD, MAED, CPN and Renee Pozza, PHD, FNP-BC

Congratulations! Your abstract has been accepted as a poster. The hard part is over, and now it is time to be creative.

The first step is to look for guidelines from the group who accepted your abstract, as they frequently will have specific guidelines for you to follow. Our advice: Read them. They will give you information such as poster size, orientation (landscape or portrait), color scheme, font size, and may even give you a logo to include, etc. You will need to follow these guidelines for submission.

Posters are usually about 250 words, using a 12-point font, and a font that is clear, such as Times New Roman, a classic choice. While scrolls and cursive are aesthetically pleasing, they can be difficult to read and so wouldn't be advisable. Though a 12-point font is standard, when writing a title or emphasizing certain aspects of your poster, the font can be larger. As you work on your blank canvas in power point you can see how it lays out and adjust from there.

Now to begin the creative process.

Power Point has a blank slide in which to create your poster, this very helpful as you can plug in your size poster and gives you a basis for your poster.

The creative part depends on the type of abstract you have. Is it data driven where results are important? Is it a case study where you need to focus on the patient and presentation of symptoms? Is it a review of literature where you need to focus on summary of the literature? Knowing how to focus your

reader's attention will be key to making a successful poster. Creatively, you can make 2 columns, 3 columns, maybe even 4 columns. It needs to be pleasing to the eye and engage others to stop and read your poster, ask questions.

As in your abstract, you will have subtitles on your poster for each section, an example list includes: Introduction, Background and Significance, Methodology, Results, Implications, and Conclusions. Not all of these may apply to your poster, but if it is included in your abstract, it needs to be labeled on your poster.

When you hang your poster at the site, leave a few business cards for the participants who stop by to be able to know how to find you if they have questions. Poster sessions also have times when the author or designee is appointed to be standing by their poster to answer questions then as well. Enjoy these sessions with your colleagues who are excited about your work and eager to learn more.

Below are some step-by-step guides and tips and tricks to help guide you on your poster-making journey. Just as a poster would have contact information of the authors, the members of The Professional Development Committee are all here for you if you do find you have any questions or issues, so you can always reach out. You can also ask a question in the Ask the Experts section of the GHAPP ACE app too! There are many ways to engage and learn from your colleagues, we look forward to what you create and hope to see it at the next conference – Good Luck!

How to Begin Your Poster

- Open your PowerPoint and go to Design tab. Choose “CUSTOM” in the slides for list of options.
- Select the “Design” tab
- Click “Slide Size”
- Select “Page Setup”
- Under the “Slides sized for:” dropdown menu, select “Custom”
- Set the “Width” and “Height” to the specifications that are needed for your poster
- Click “OK”

What Are Your Viewers Looking For?

- A topic that is relevant and of interest to viewers.
- The introduction clearly outlines the rationale/ purpose of the study, the hypothesis, and the importance of the study.
- The method is valid.
- The population/subjects, measures/ instruments, protocol, and data analysis methods are clearly and thoroughly described.
- The research is clear, thorough, and systematic.
- The research design tests the hypothesis.
- The instruments and data collection methods are identified.
- The protocol and data analysis are clear.
- The results section is concise and accurate.
- The main findings are highlighted.
- The conclusions relate directly to findings and implications for practice.
- The author draws an accurate conclusion.
- The scientific content shows knowledge translation and is evidence-based.
- The poster provides sufficient references.

Printing and Preparing your Poster Presentation

- PROOF READ, Proof Read, and proof read. Have someone else look at it. They will see things you don't. Once it is printed, you cannot correct it unless you wish to reprint.
- Choose your printer you wish to have print your poster and find out the guidelines from them:
 - How quickly can the poster be printed?
 - What weight paper or canvas do you want?
 - Does it need to be laminated?
 - Are you submitting electronically?
- Sometimes printing one just a little larger than a piece of paper can give you a perspective of white space, lettering, coloring, and visual aspects of your poster. Consider doing this before the final print.

Day of Poster Presentation

- Put your poster up at time given to you.
- Stand by your poster at your designated times.
- Have a little story of your work – the impetus for the work, what you found as a result of your work, how it may change practice.
 - Keep this short - no more than a couple of minutes. It gives you practice for speaking in front of others.
- Listen to what people ask, what they like about your poster presentation, the research or discussion you have presented.
- Enjoy the day. You have worked hard, and may even win a poster prize.
- Don't forget to add this presentation to your resume.

References

https://www.google.com/search?scas_esv=579685236&rlz=1C1CHBF_enUS861US861&q=how+to+make+a+qualitative+poster&tbn=isch&source=univ&fir=778UCeBkmbGDYm%252C_CwDVpM7f1Zcx6PM%252C_%253BmMmGvzGQujyU2M%252CH9WqtB3PtiazM%252C_%253BxsD1RS-TghufDM%252C6gkimZABIMp5Wm%252C_%253BrJDO0HVjQHhWWM%252CZill9ta167E_2M%252C_%253B2LYNK_4qYARKuM%252CYQp0n_inq1GnM%252C_%253B6beFPp50rEttfM%252CYQp0n_inq1GnM%252C_%253BzVSTjcCpCEmXOM%252C59jsPEt4WGUZ-M%252C_%253BOfvINuIEhm64BM%252CQIjKawGb8-ytzM%252C_&usg=AI4_kQ8w4t3ITQNHVfgoCSPZDY3vd-hjg&sa=X&ved=2ahUKEWjD0ovlmK6CAxXXiO4BH_TOKBlqJkEeqQIFBAC&biw=1536&bih=707&dpr=1.25

Member Engagement Committee:

The GHAPP executive committee understands the critical need for APP students to have opportunities to explore additional resources for educational and personal growth. We are updating the scholarship selection process and are excited to offer students and newer APP's the opportunity to receive a scholarship to attend the GHAPP 2024 National Conference.

The selected recipients will receive:

- Boot Camp courses on Thursday afternoon
- Networking reception on Friday evening
- All meals/beverages offered at the two-and-a-half-day conference
- Two nights hotel stay at The Gaylord National Resort & Convention Center
- Complimentary Conference Registration
- Airfare stipend of \$500

Rules:

All candidates must apply. Please submit your application using the link GHAPP Scholarship Application.

- You can only win a scholarship once
- All applicants must include a letter of recommendation from a Physician Practice Chief OR Supervisor with their form.
- The deadline for all applications is **May 1, 2024**.

Education Committee:

The GHAPP Education Committee is in the process of planning the agenda for the GHAPP 2024 National Conference. If you have any recommendations for topics you want to see presented at the conference, please email your suggestions to info@ghapp.org.

SAVE THE DATE!

Seventh Annual National Conference

September 12-14, 2024

The Gaylord National Resort & Convention Center
National Harbor, MD

Regional Conferences

273 APPs participated in **10 regional conferences** across the country. The dates and locations for 2024 events will be available soon, so watch your emails!

The programs were an overall success and very appreciated by the attendees.



Thank you from Amy Seale, FNP-C - New Orleans, LA

I wanted to email and thank you and GHAPP for the wonderful event last night! As our first regional meeting, I thought it was a great learning opportunity and networking event! I loved getting to meet other APP's from my area. The connections made stand to provide incredible improvement for the future care of our patients. The information about caring for IBS patients and the available apps will serve as a great resource. Also, reviewing the care of patients with HE was invaluable! I will definitely be implementing this information into my practice. Thank you all again for providing us with this amazing opportunity!

Regional Chapters

Thank you to those interested in the Regional Chapters.

You will be contacted in February to discuss our rollout plan.



National Conference

The 6th Annual National Conference was an outstanding success! **800 APPs** participated in this valuable conference. We hope the expertise and education presented benefit you and your patients. We are excited to return to The Gaylord National for our 2024 National Conference. We hope you will join us in 2024! Spread the word to your colleagues and friends.

Distinguished Award Poster

Congratulations, Janet R. Cady, CRNP, on your exceptional abstract and poster titled **Improving the Assessment of Irritable Bowel Syndrome Using an Evidence-Based Practice Symptom Severity Tool**.

APP Students

30 student scholars attended the national conference. We are happy to share some comments from their experience:



Regional & National Conference News

Lauren Lu, NP (Johns Hopkins University)

I recently attended the GHAPP National Conference in September 2023. This conference provides an incredible opportunity for Gastroenterology and Hepatology APPs to learn, network, and connect with others in the field. Over the three days, leading experts presented and reviewed a wide array of relevant clinical topics. I interacted with other APPs from all parts of the country. I appreciated meaningful discussions during the smaller workshop sessions, exploring the exhibits, at the welcome reception, and during the new member social hour. I found it particularly helpful to listen to patient cases. One of my favorite parts of this conference included the question-and-answer sessions, which often opened discussions about different approaches and perspectives. As a new nurse practitioner in Gastroenterology and Hepatology, I left the GHAPP conference feeling inspired and motivated. I am excited to apply what I learned to my practice and greatly look forward to next year's conference.

Rebekah Kim, PA (Atlanta Gastro)

GHAPP was my first professional conference after becoming a Physician Assistant. While I had a comprehensive curriculum of Gastroenterology in my program, I still felt like there was a lot I didn't know as a provider starting in the field. IBD was one of the diseases that I struggled to understand and grasp during my schooling. Thankfully, GHAPP covered IBD multiple times and made me finally feel more comfortable with the disease process and the many differing treatments. I learned about the first-line treatments, the fresh-on-the-market treatments, and even the stigma regarding using biosimilars. I went into the conference not knowing what to expect but left it feeling more confident as an advanced practice provider. I'm excited to continue increasing my knowledge in future conferences!

Jacob Oswald, PA (Atlanta Gastro)

GHAPP was an incredible experience, especially for someone brand new to Gastroenterology and Hepatology. Each session was well-planned, full of insightful information, and laid out in a way that made learning and relearning material engaging and productive. The event was undoubtedly a success and gave me a good prep to take on a new specialty. On top of this, the connections that I made have already proved to be paying off. GHAPP 2023 was a weekend I won't soon forget, and it certainly made me excited about what this specialty has to offer its patients. I'll be back for GHAPP 2024!

Additional Announcements

★ ACG Award Winners ★

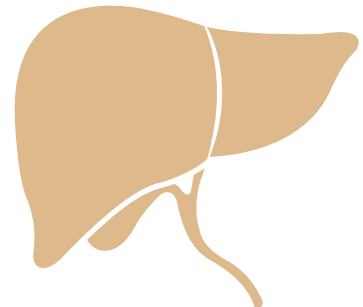
*Congratulations to our distinguished GHAPP members on their
ACG Awards for Clinical Excellence!*

Teresa Astarita, MS, APRN, ANP-BC, BCPA

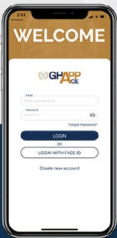
Andrea A. Gossard – CNP

Hepatitis C Elimination Plan

In September 2023, GHAPP joined 70 organizations representing patients, providers, and public health organizations, requesting that the US Congress develop and pass legislation to eliminate hepatitis C and deliver better outcomes for hepatitis patients living in rural communities. These communities are disproportionately impacted by hepatitis C, seeing infection rates that are often estimated to be twice as high as those in urban areas. Fortunately, hepatitis C is curable with an 8-to-12-week oral therapy that is highly tolerated and over 95 percent effective. This epidemic does not have to continue in our most vulnerable communities, and passing legislation to eliminate hepatitis C will ensure that all Americans can know their hepatitis status and be connected to a low-cost cure.



EDUCATIONAL RESOURCE



GHAPP ACE

Application for Clinical Exchange

Access Relevant Resources at your Fingertips!

GHAPP ACE (Application for Clinical Exchange) is a medical-based platform that facilitates education, resources, and information for NPs and PAs who treat patients with GI and liver disorders – bringing advanced practice providers to one place, one app, to enhance knowledge in gastroenterology and hepatology.

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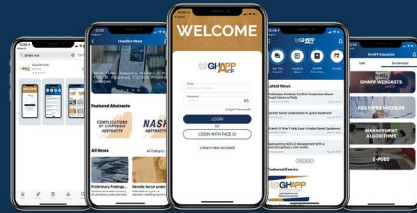
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