



Bridge the

GHAPP



Gastroenterology & Hepatology
Advanced Practice Providers

NEWSLETTER

VOLUME 6



LETTER FROM THE CHAIR

Dear GHAPP Family,

Breaking GHAPP news: We are pleased to announce the formation of our newest committee – the Professional Development Committee! We have integrated the committees formerly known as the EBP & Research and the Publications Committee to create this exciting new super-committee. We hope to be able to expand our reach and efforts in meeting all GHAPP’s professional development needs, all the way from how to make a publishable research paper to getting published.

Here are some of the ongoing initiatives for this year and beyond:

- Mentorship: One on one mentorships are up and running. Please don’t hesitate to contact us if you want to be involved either as a mentor or mentee.
- Newsletter Articles: We are open to submissions from our GHAPP Members! We would love to have more members involved in providing content for this splendid newsletter that is distributed in a variety of venues to thousands of APP colleagues.
 - If you have an idea for an article and would like to be published in the newsletter, please let us know your idea!
 - Do you have a unique story about a patient interaction or an unusual case report you would like to share?
 - Do you have a professional success story to share?
- Research workshops: New workshops heading your way! Look for upcoming workshops at GHAPP National Conference on abstract writing and poster creation.

We have openings on the Professional Development committee if you would like to join us. It’s a wonderful way to network and deepen your connections in the GHAPP community.

Lastly, registration is now open for the GHAPP National Conference. Sign up quickly – it sold out last year! Hope to see you all there.

In Health,
Gwen Cassidy, APN

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Weight Loss Medications for the Gastroenterology and Hepatology APP Part 1: Everything, Everywhere, All at Once

Allysa D. Saggese, MSN, AGPCNP-BC

Our dreams are finally coming true: there is a perfect medicine for weight loss now on the market! Or is there? The rise of Ozempic/Rybelsus/Wegovy (semaglutide) has brought weight loss medications to the forefront of our commercials, social media, and our patients' minds. With obesity as a well-known ongoing epidemic in the US and the world for the last 20+ years, it is imperative to address the issue at hand, and to do so we must understand the treatment, namely medications, available.

Prior to the current craze of semaglutide, we initially had phentermine, which was the first approved in 1959, and is still prescribed to this day. In all, there were 5 drugs approved in the US up until recently: Adipex-P/Lomaira (phentermine), Qsymia (phentermine/topiramate), Alli (orlistat), Belviq (lorcaserin), Contrave (naltrexone/bupropion) and Saxenda (liraglutide) (Cohen, J. and Gadde, K., 2019). All of these, except for lorcaserin which was recalled by the FDA at the beginning of 2020, are still available on the market today, and are still used with relative frequency, though semaglutide is overshadowing them all quickly (Singh, G., Krauthamer, M., and Bjalme-Evans, M., 2021). Liraglutide and semaglutide fall into the category of glucagon-like peptide 1 receptor agonists (GLP-1RA). Semaglutide was first approved under the brand name Ozempic with the indication for those with Type 2 Diabetes in 2017. Rybelsus is the only oral form of semaglutide currently available, and it is also only approved for Type 2 Diabetes. Injectable semaglutide was rigorously trialed for its side effect of weight loss and then approved as Wegovy for the indication of obesity in 2021 (Singh, G., Krauthamer, M., and Bjalme-Evans, M., 2021). The difference in Ozempic and Wegovy has to do with the max dosing and the pen used to administer the medication.

Recognizing that obesity and weight concerns need addressing is one step, we also must be cognizant of treatments, acknowledging that not all treatments are right for all patients. Each of these medications has different side effect profiles, medication interactions, routes of administration and efficacies that must be considered

when choosing the right medication for your patient. For instance, liraglutide vs semaglutide is the difference between injecting oneself once a day or once a week, but neither should be given in a patient with a history of medullary thyroid cancer (Singh, G., Krauthamer, M., and Bjalme-Evans, M., 2021).

Another consideration with this category of medications are insurance authorizations. Many insurances either do not have a formulary for weight loss medications and therefore none are covered, or have some but not all medications covered. Further considerations may even be what other potential effects the medications have; for instance, GLP-1RAs are currently being studied for their NASH benefits and cardiovascular effects. While a provider cannot prescribe these medications for their off-label or un-approved uses, the patient's other comorbidities can be considered when deciding on what to prescribe. For instance, a patient with obesity, Type 2 diabetes and NASH may benefit most from a GLP-1RA than other obesity or diabetes medications available.

The landscape of obesity and its medicine seems to include everything: from metabolism to NAFLD/NASH, to gastrointestinal manifestations, to cardiac effects and more. As Advanced Practice Providers who consider the whole person as part of our approach, all of these areas become integrated and intertwined as we care for our patients. This is the first article of a series that will get into more details about this area of medicine, class of medications, their effects and side effects, their considerations, the insurance aspect and their futures, so stay tuned.

Cited works:

Cohen JB, Gadde KM. Weight Loss Medications in the Treatment of Obesity and Hypertension. *Curr Hypertens Rep.* 2019 Feb 12;21(2):16. doi: 10.1007/s11906-019-0915-1. PMID: 30747357; PMCID: PMC6415530.

Singh G, Krauthamer M, Bjalme-Evans M. Wegovy (semaglutide): a new weight loss drug for chronic weight management. *J Investig Med.* 2022 Jan;70(1):5-13. doi: 10.1136/jim-2021-001952. Epub 2021 Oct 27. PMID: 34706925; PMCID: PMC8717485.

FIRST CASE REPORT USING ANAL IRRIGATION SYSTEM TO TREAT CONSTIPATION IN A VISUALLY IMPAIRED PATIENT

Submitted by: Mackenzie McArthur, PA

M Jarvis, J Baker, M Kennelly, A Herr, B Moshiree Atrium Health, Charlotte NC

Neurogenic and myopathic bowel disorders (NMBD) are multifactorial disorders affecting a wide population of patients. These patients suffer from severe constipation, which impacts their quality of life (QOL). Since neurogenic bowel is refractory to oral laxative therapy, an anal irrigation system can be used as a bowel management device to aid defecation. There is no indication on the devices for our visually impaired patients as the buttons are flat. We report here the first case reported how we trained a patient with NMBD and visual impairment.

A 47-year-old Caucasian female with a relevant past medical history of undifferentiated connective tissue disease, unknown etiology of blindness and severe constipation was referred to our clinic. This significantly impacted her life as her passion was running track with an amateur team. Symptoms were progressive worsening of constipation for years, incomplete bowel movements and large size stools twice a week. Bowel movements described as hard and painful. Motility studies showed slow transit constipation on laxative therapy, abnormal rectal coordination and dyssynergia defecation. We determined that an anal irrigation system was the next best therapy for this patient.



Figure 1. Pump control unit with raised textured letters indicating water (W), balloon (B), stop (s), air (A)

The irrigation system includes a pump with a control unit that has labels for the following: water, balloon, air and stop cock. The pump control unit labels are flat, thus not able to be distinguished by a patient with visual impairment. The answer – glitter! Foam letter stickers with rough texture made by glitter were added to the device by a physician assistant. This allows the patient to work the device by feel (figure 1). This patient has significant improvement in her QOL and was able to have more predictable bowel movements. This allowed her to continue her passion of running with her teammates and participating in daily activities that had been restricted due to her bowel dysfunction.

Live Resiliently: Self-care for the Professional

Shayla Schoenoff, PA-C, MMS, CeRT

Research shows that stress can lead to anxiety, depression, attention deficit, low engagement, and reduced performance. Our brain is naturally predisposed to stress. Research further confirms that our brain spends 80% of the time in default mode; a mind-wondering state. During a mind-wandering state, the brain gravitates and focuses on threats and imperfections. Therefore, approximately 80% of the time our brain is focused on what is not going well in our life.

Stress management is about taking control of our brain. Like any new skill, such as playing the guitar, stress management and resiliency take practice. Recognized practices in the Stress Management and Resilience Training (SMART) program by Dr. Amit Sood focus on three core practices. First, morning gratitude, where we silently appreciate those we care the most about. Second, the two-minute rule, where we provide two minutes of undivided attention to someone who deserves it but is not currently receiving it. Third, practicing curious moments, where we learn to find novelty in the people we love and the world around us (not our smartphones). These practices help us to focus our brains on the positive aspects of our lives. Taking control of our brain's focus helps reduce stress.

In addition to daily stress management, resiliency impacts our well-being. Resiliency is defined as the capacity to recover quickly from difficulties. The SMART program defines five attributes of resilient living (gratitude, compassion, acceptance, meaning, and forgiveness). Following these attributes, we recognize the world is imperfect, and we (and others) have imperfections. By accepting an imperfect world, leading a life of gratitude, and extending compassion, we can bring a sense of peace to our lives despite difficult happenings surrounding us, personally or professionally.

As medical professionals, we are reading, researching, and supporting our patient's healthcare needs. By focusing on your stress management and resiliency, you not only help yourself, but you help every person you greet, including your patients.



Salary Negotiation: Know Your Value

Gabriella McCarty, NP-C

The job outlook for Advanced Practice Providers (APPs) continues to be on the rise. APPs play a vital role in enhancing patient care in gastroenterology practice and providing ongoing management of chronic conditions.

There are several non-billable roles for APPs including but not limited to research, interdisciplinary communications, education, training, leadership roles, and direct patient/patient care interactions such as phone calls, result reviews, and prior authorization support.



The best negotiations require collaboration with a physician, a team-based approach with knowledge of what is important to both parties. Good negotiations also include knowing when to wait and when to speak up as well as thinking of effective ways to let your employer know if you want something that is not offered - remember it is not only about the money. Know and make known what you can contribute, and any special skills you may have. Do your research and manage expectations wisely, as you can always revisit the conversation. A negotiation doesn't have to have an ending. Lastly, always remain professional and treat people with respect.

A good negotiator is a strategic thinker, well-informed, value-driven, assertive, logical, and a problem solver. Most importantly, the ultimate piece of advice after all your hard work negotiating is: Get it in writing!



COMMITTEE UPDATE: MEMBERSHIP COMMITTEE

The Member Engagement Committee is looking forward to the GHAPP 6th Annual Conference being held at the Gaylord National Harbor, MD. Registration is open so be sure to spread the word to your colleagues. **Get 50% off the registration fee with the code: 50GHAPP.** Feel free to pass this on to your social media accounts and your colleagues. We encourage new grads to attend. MEC will continue to host a new member/1st-time attendee social hour, so be sure to attend to meet other new colleagues and network. Yoga was a big hit during the past conferences we are considering other ways to re-vamp and energize yourself for the conference! If you have ideas you would like the MEC to consider, please be sure to let us know.

Remember that GHAPP membership is FREE! Encourage your colleagues to join over 3,000 current members and be a part of a unique group of specialized APPs.

Don't forget to follow GHAPP's LinkedIn account currently with 123 followers and growing.

MEC welcomed new members to our committee: Kristina Skarbinski NP, HoChong Gilles NP, and Kim Kearns, NP. We look forward to their contributions as we strive to increase membership and further connect with our current members.

Look for regional events happening in your area! Please visit <https://www.ghapp.org/regionals> for details!

Location	Confirmed Date	Confirmed Venue
Denver, CO	Thursday, May 18, 2023	Hotel Clio
Dallas, TX	Thursday, June 22, 2023	W Dallas – Victory
Atlanta, GA	Thursday, July 13, 2023	W Atlanta Downtown
Boston, MA	Thursday, July 20, 2023	Boston Marriott Cambridge
New York, NY	August	
Chicago, IL	August	
New Orleans, LA	October	
San Francisco, CA	October	
Miami, FL	November	

Our Member Spotlight is shared across GHAPP social media platforms including Twitter, Instagram, and Facebook as well as the GHAPP ACE APP. Help us highlight an extraordinary APP! If you would like to nominate a colleague, please contact Kristina Skarbinski, NP (kskarbinski@partners.org) or Katherine Meneses, NP (kmeneses@mednet.ucla.edu).

GHAPP Member Survey Results

After the GHAPP National Conference in November 2022, an electronic members survey was disseminated to those who have attended a meeting or national conference and to those who have opted-in as members via the GHAPP website or ACE App. This was a follow-up to the previous survey sent out in 2021.

The survey collected members' demographics, preferences on disease state topics, and how to receive education and level of comfort with research and evidence-based related activities.

The survey was distributed electronically in four waves to approximately 1,800 members. 216 responses were collected. The responses confirmed much of what was learned in the 2021 survey, including the demographics of the organization.

The organization today is 72% NP's, 27% PA's, and 1% Other. The survey confirmed 70% of members work in an outpatient setting, 20% work in both outpatient and inpatient settings. The Specialty breakdown was also similar to the previous survey.

Gastroenterology	49.54%
Hepatology	18.06%
Both GI and Hep	29.17%
Other	3.24%
Total	100%

The membership surveys are fundamental in assisting the BOT and the GHAPP committees in developing initiatives to meet the needs of its members. New initiatives are a direct result of these surveys which included regional meetings, a mentorship program, and workshops at the national conference. Thank you to all those that participated in the survey. The GHAPP organization belongs to all members and receiving your feedback is invaluable to its success.

Join Us for the Sixth Annual National Conference!




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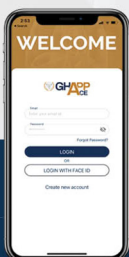
2023 Sixth Annual National Conference
September 7-9, 2023
 The Gaylord National Resort & Convention Center
 National Harbor, MD

To learn more and register, visit
www.ghapp.org/annual-conference
 or scan the QR code below:





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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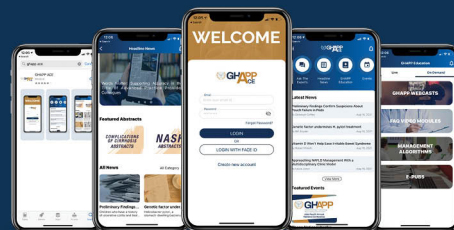
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