



Wilton Park

Provisional programme

Wilton Park virtual dialogue:

Consensus for Care Pathways for NAFLD/NASH

Tuesday 16 June 2020, at 1700-1930 (UK time)

WP1736V1

In partnership with the EASL International Liver Foundation with support from Intercept.

NAFLD is a rapidly growing global health challenge. Despite affecting an estimated 2 billion people globally, NAFLD has received relatively little attention from policymakers, healthcare practitioners and global health experts. This initial dialogue is part of a series which aims to holistically address a broad range of issues related to the NAFLD agenda; this first dialogue shines the spotlight on the design and implementation of pathways of care. At present, there is a clear unmet need related to care pathways for patients with NAFLD. In many healthcare setting no formal pathway exists, and where pathways are in place they are often not standardised according to best practices. This event will bring together some 20-30 clinicians, researchers and patient advocates who have an interest in improving models of care for NAFLD patients.

Objective: This meeting aims to establish a broad consensus for evidence-based guidance for healthcare providers and policy-makers to establish optimal care pathways for effective care for these patients. This consensus will be published and taken forward to subsequent meetings in this series in order to discuss how agreed pathways can be implemented. The evidence for this guidance is based on an ongoing systematic review of current models of care for NAFLD and NASH patients.

Tuesday 16 June

1700-1705

Welcome

Nancy Lee

Programme Director, Wilton Park

1705-1710

Call to action

Jeffrey Lazarus

Vice-Chair, EASL International Liver Foundation and Associate Professor Barcelona Institute for Global Health (ISGlobal)



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LIVER
FOUNDATION

1710-1730

1. Introductions

Short introduction: Name, country, area of focus in work

1730-1800

2. Recommendations for discussion

Short introductory remarks followed by plenary session.

What services should be delivered?

Recommendation 1: Patient-centred pathways for NAFLD and NASH patients, which are tailored to their position on the disease spectrum and the presence of comorbid conditions (medical algorithm).

Jose Luis Celleja

Head of Department of Gastroenterology and Hepatology Service, Autonomous University of Madrid (UAM)

Recommendation 2: National or regional guidelines on screening and testing—including the use of non-invasive testing (NIT)—which incorporate evidence-based best practices

Manuel Romero-Gomez

Full Professor of Medicine and Senior Hepatologist, University of Seville

Recommendation 3: Guidelines on treatment strategies for patients related to their position on the disease spectrum, ranging from lifestyle interventions to pharmacological treatments.

Zobair Younoussi

Executive Vice President for Research, Inova Health System, Washington DC

Recommendation 4: Prevention programmes for patients who are not yet on the spectrum of NAFLD or NASH but who have risk factors (e.g. comorbidities such as obesity and type 2 diabetes).

Jude Oben

Consultant Gastroenterologist & Hepatologist, Obesity Physician, Guy's and St Thomas' NHS Foundation Trust, London

1800-1805

Break

1805-1845

3. Breakout groups: Recommendations

4 groups to discuss each recommendation. Each group to feedback specifically on one recommendation. Each group will discuss all of the recommendations below

Where should services be delivered?

Recommendation 5: The role of primary, secondary and tertiary care providers in the management of patients with NAFLD and NASH.

Facilitator: Nancy Lee, Programme Director, Wilton Park

Rapporteur: Jude Oben, Consultant Gastroenterologist & Hepatologist, Obesity Physician, Guy's and St Thomas' NHS Foundation Trust, London

Recommendation 6: The benefits of co-locating NAFLD/NASH services with services for the treatment of common comorbidities.

Facilitator: Henry Mark, Programme Manager, EASL International Liver Foundation

Rapporteur: Michael Ninburg, Executive Director, Hepatitis Education Project, Seattle

Who should deliver which services?

Recommendation 7: The composition and structure of the multidisciplinary teams responsible for the management of patients with NAFLD and NASH

Facilitator: Jeff Lazarus, Vice-Chair, EASL International Liver Foundation and Associate Professor Barcelona Institute for Global Health (ISGlobal)

Rapporteur: Emmanuel Tsochatzis, Senior Clinical Lecturer and Consultant Hepatologist, UCL Institute for Liver and Digestive Health, London

Coordination and integration

Recommendation 8: Strategies for ensuring the effective coordination of care between levels of service deliver and relevant specialties within specific hospitals and the broader healthcare system.

Facilitator: Jörn M. Schattenberg, Director, Metabolic Liver Research Program, Johannes Gutenberg University of Mainz

Rapporteur: Shira Zelber-Sagi, EASL Policy and Public Health Committee Member, EASL, Haifa

1845-1925

4. Feedback session

Each group to lead feedback on one recommendation with others to contribute.

1925-1930

5. Next steps and concluding comments

Jeffrey Lazarus

Vice-Chair, EASL International Liver Foundation and Associate Professor Barcelona Institute for Global Health (ISGlobal)