



# Building Practical Multidisciplinary Pathways for Better Patient Outcomes

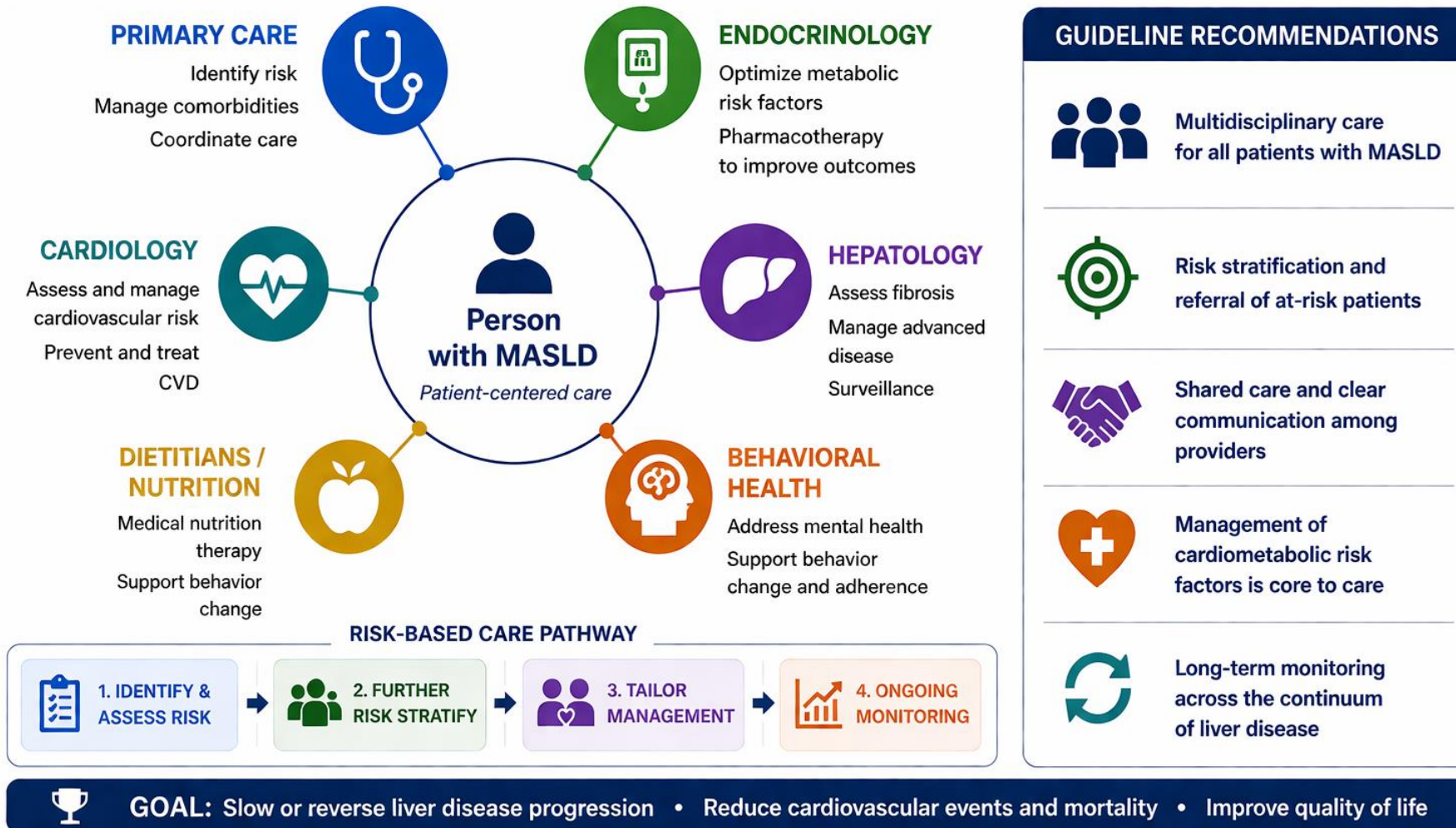
Sonal Kumar, MD MPH

Weill Cornell Medicine

May 7, 2026

# We Have the Knowledge — Now We Need the System

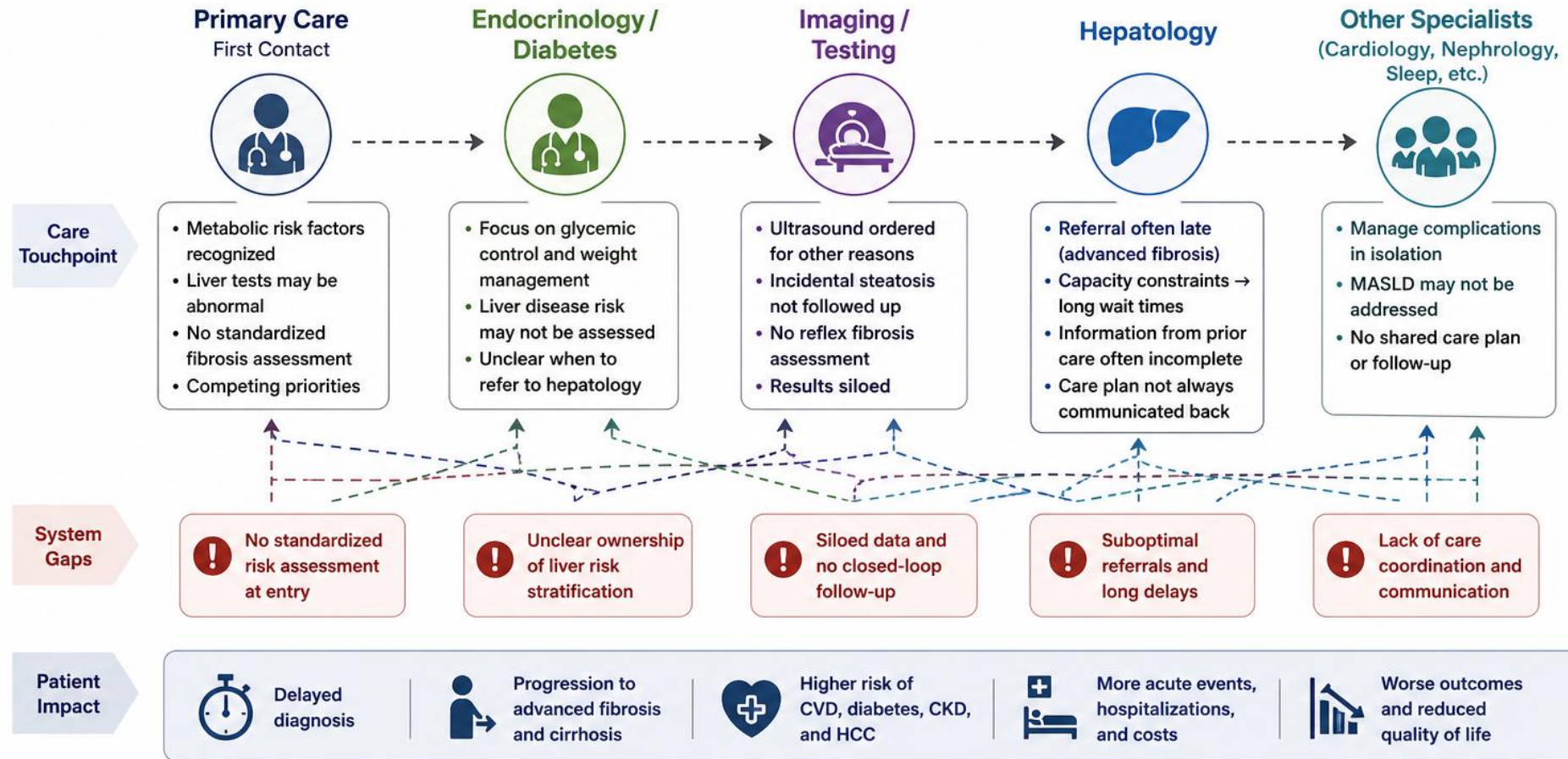
*Integrated, risk-based, patient-centered care improves liver and cardiometabolic outcomes*



AASLD Practice Guidance on the Clinical Assessment and Management of Nonalcoholic Fatty Liver Disease. *Hepatology*. 2023;77(5):1797-1835.  
EASL-EASD-EASO Clinical Practice Guidelines on the management of MASLD. *J Hepatol*. 2024,81(3):492-542.  
Younossi ZM, et al. Global prevalence of NAFLD-MASLD: 2023 update. *J Hepatol*. 2023;79(2):516-537.

# Fragmented Care in MASLD: What Happens in Practice

*Multiple touchpoints. No coordinated pathway. Delays, duplication, and drop-offs.*



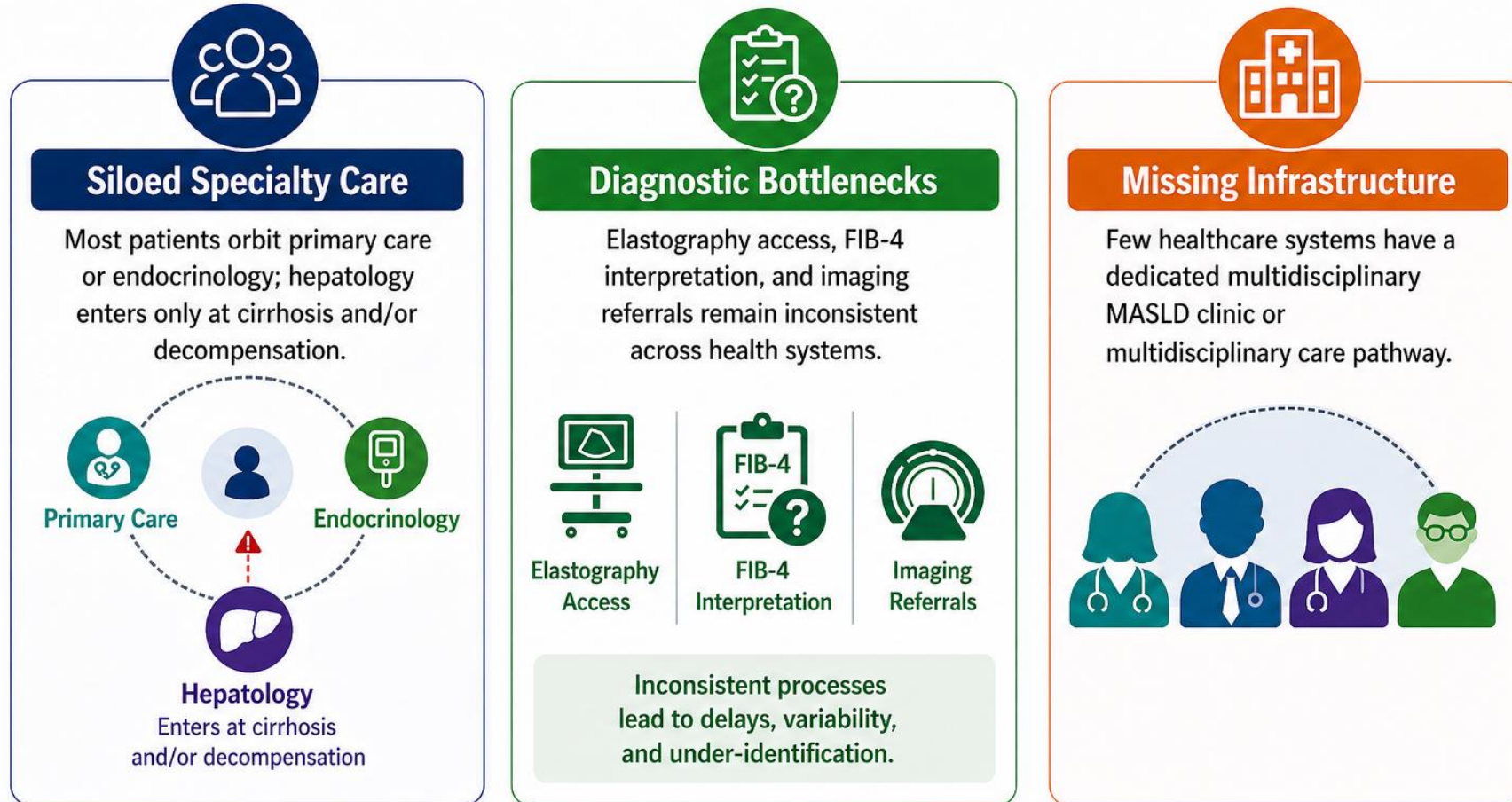
**Fragmented systems lead to missed opportunities and worse outcomes.**

# Why This Matters Now



**We are entering a treatment era without a delivery model.**

# Root Causes of Fragmented Care



 **Fragmented systems lead to delayed diagnosis, missed opportunities, and worse outcomes.**

# Designing the Referral Pathway

A risk-stratified, specialty-agnostic framework built for scale

# A Scalable Two-Step Risk Stratification Pathway

## STEP 1 — Primary Care / Endocrinology

- **Identify at-risk patients**
- **Calculate FIB-4**
  - Additional testing vs referral (vs none)
- **Concurrent metabolic management:**
  - Lifestyle changes
  - GLP-1 RA in T2DM
  - Statin for CV risk

## STEP 2 — Hepatology Care

- **Confirm fibrosis stage**
- **At-risk MASH identification:** FAST score, ELF, or liver biopsy in selected cases
- **Therapeutic decision:**
  - Resmetirom/GLP1
  - Clinical trial eligibility assessment
  - Bariatric evaluation
  - Transplant workup

# How to Increase Uptake of Referral Pathways



**1. Embedded FIB-4 alerts:** EHR-integrated auto-calculation flags at-risk patients at primary care and endocrinology encounters — eliminates the need to remember to screen



**2. Defined referral thresholds:** Shared, specialty-agnostic criteria standardized across the health system — reduces variation driven by individual clinician preference



**3. Rapid-access pathways:** Dedicated MASLD slots; APP triage; target <4 weeks from FIB-4 trigger to first hepatology contact



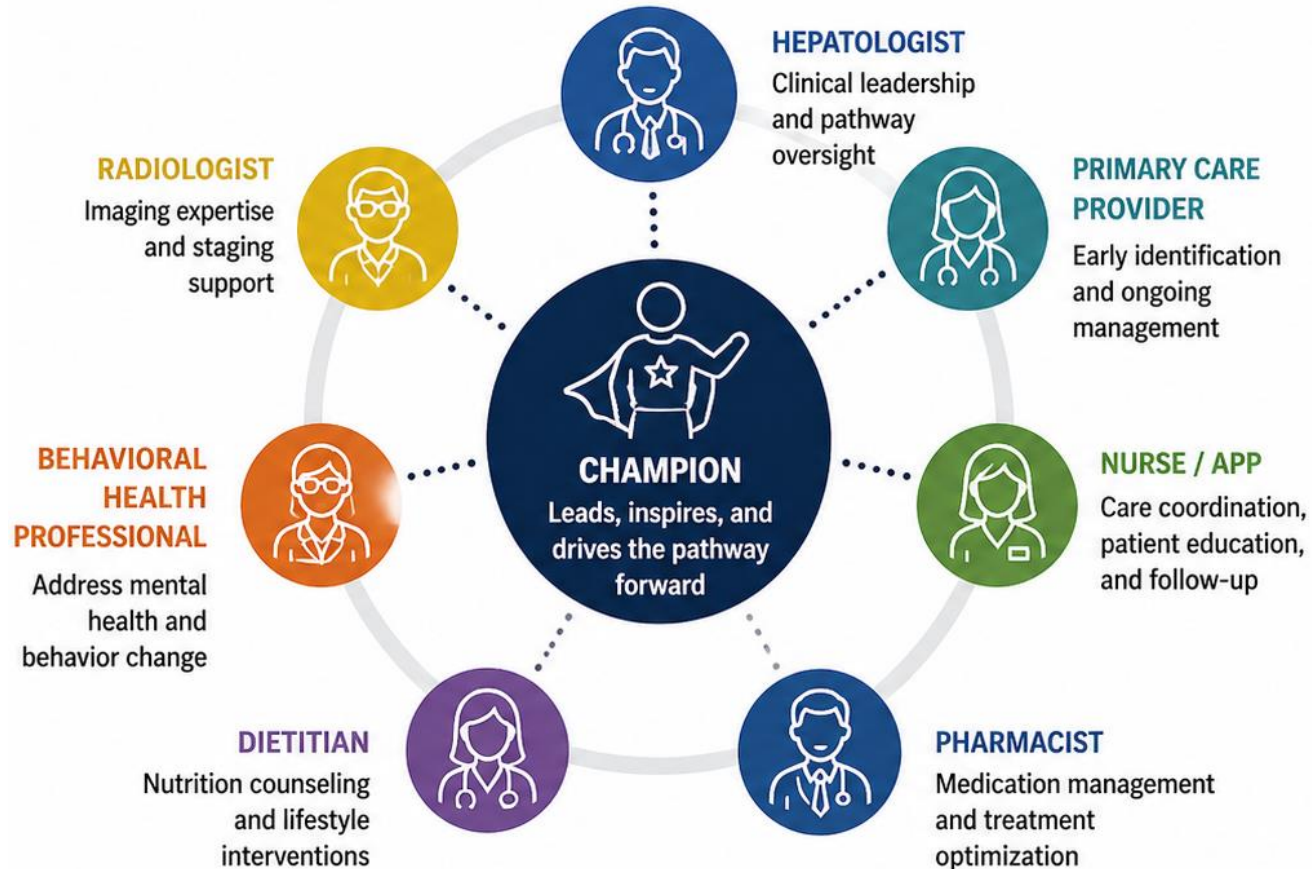
**4. Closed-loop communication:** Structured referral templates and shared care plans — hepatology findings flow back to the referring physician, not a one-way handoff



**5. Patient education at screening:** Standardized materials at FIB-4 result delivery — addresses the engagement window before specialist contact

# The Multidisciplinary Care Pathway

# Ideal Situation: Identification of Champions



## WHY IT MATTERS



Creates shared ownership and accountability



Brings diverse expertise to design patient-centered care



Improves workflow, efficiency, and outcomes



Drives adoption and sustainability across the system

# The Core Structural Components of Multidisciplinary Care

## Minimum Viable Multidisciplinary Team vs. Center of Excellence

- **Core specialists**
  - Hepatology + Endocrinology + PCP liaison
  - + Obesity medicine, Cardiology, Transplant Surgery, Bariatrics (CoE)
- **Allied health**
  - Registered Dietitian/Patient Education
  - + Exercise Physiologist, Behavioral Health, Nurse Navigator (CoE)
- **Diagnostic infrastructure**
  - FibroScan on-site or rapid referral
  - MRE, MRI-PDFF, advanced NIT panels, research biopsy capability (CoE)
- **Case Conferences: Opportunities to discuss (complicated) patients**
- **Data infrastructure**
  - Shared EHR problem list, structured referral template
  - + MASLD registry, outcomes dashboard, trial matching algorithm (CoE)

# Shared Prescribing Model in MASLD Therapy

## **Metabolic to Liver Therapy:**

Manage comorbidities before hepatology referral — not paused pending workup. Communicate current therapy, response, and tolerability so hepatology builds on, not restarts.

## **Resmetirom Initiation:**

Initiation by hepatology/endocrinology? Lipid, thyroid, and weight co-management coordinated with PCP/endo. Close the prescribing loop with shared monitoring obligations.

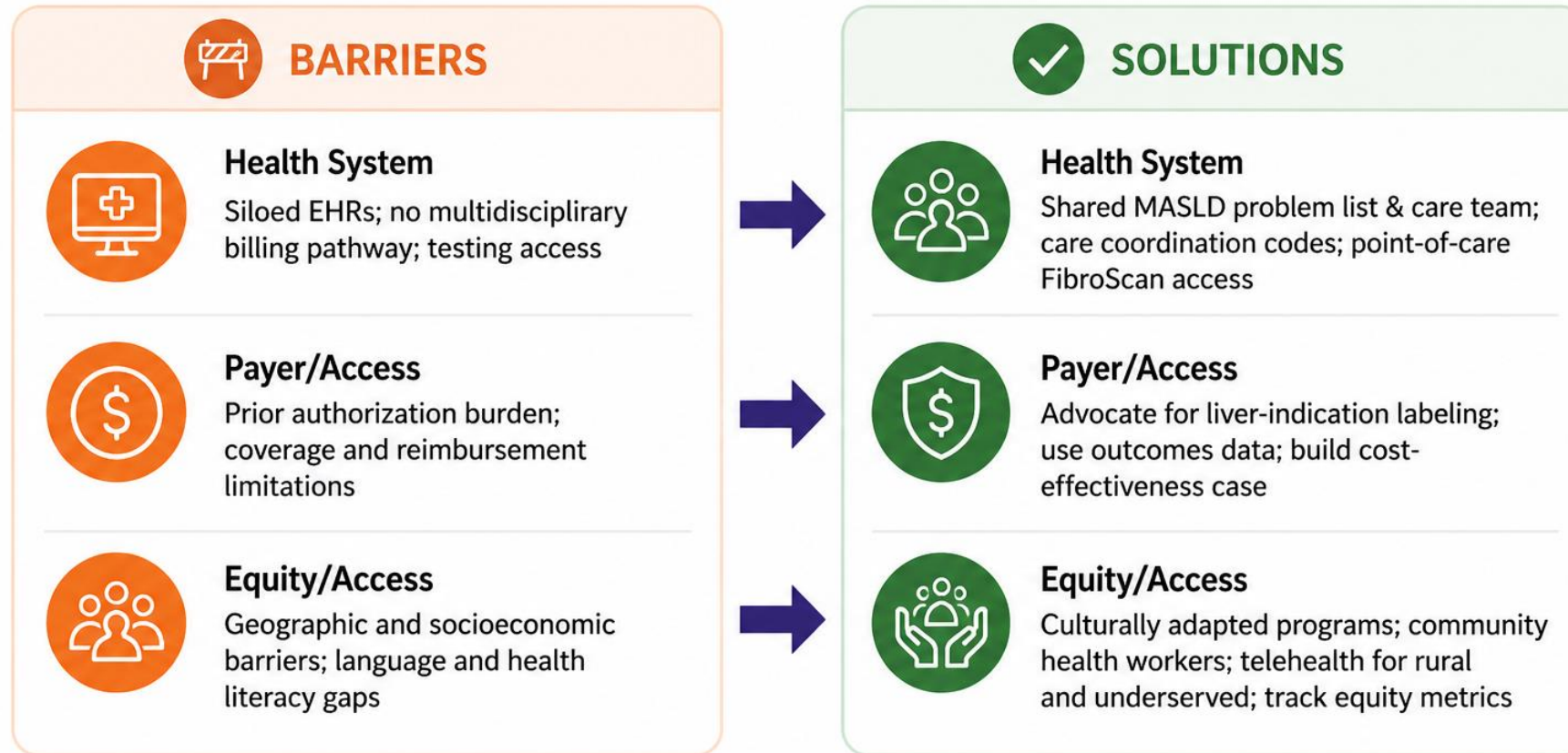
## **Post-Response Surveillance:**

Defining the Long-Term Owner/co ownership with appropriate communication

# Overcoming Implementation Barriers

Health system, payer, and equity challenges

# Multidisciplinary Care Barriers and Actionable Solutions



Aligned systems. Informed payers. Equitable access. Better outcomes.

## What can we do as KOLS

- Embed FIB-4 as a standard quality metric — not a specialist-ordered test
- Design guidelines with implementation in mind — specify referral thresholds, timelines, and responsible specialty explicitly
- Advocate for payer recognition of MASLD as a metabolic-liver disease requiring multidisciplinary reimbursement models
- Fund and lead the pragmatic trial evidence base — without it, multidisciplinary models remain aspirational, not the standard of care
- Champion MASLD clinic infrastructure in your institution

# Evaluating Impact



**Pathway effectiveness:** Prospective controlled data on multidisciplinary outcomes vs. usual care. Pragmatic trials embedded in health system programs



**Health system quality metrics:** FIB-4 screening rate, time-to-elastography, proportion of F2+ patients on guideline-concordant therapy



**Equity and disparity research:** Must address access and cultural concordance — and our guidelines should reflect this

# ICHANGE MDC at Weill Cornell

# ICHANGE Multidisciplinary Clinic

## Initial Team – Nov 2018

### GI/Hepatology



Sonal Kumar, MD MPH  
Hepatology

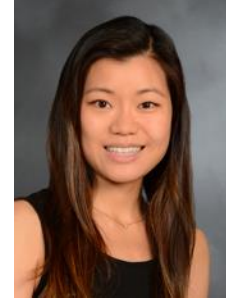


Carolyn Newberry, MD  
GI/Nutrition



Reem Sharaiha, MD MSc  
Advanced Endoscopy

### Endocrinology



Michele Yeung, MD  
Endocrinologist

### Nutrition



Danielle Staub, RD  
Dietitian

## Original Plans for virtual clinic

- Direct referral pathways for patients
- Tied together with weekly case conferences
- Dietitian funded for one year but donor from NYP

# ICHANGE Team Members 2026

## **GI/Hepatology**

- Sonal Kumar, MD MPH
- Carolyn Newberry, MD
- Reem Sharaiha, MD MSc
- Robert Schwartz, MD PhD
- Adam Buckholz, MD
- Tibor Krisko, MD

## **Endocrinology**

- Michele Yeung, MD
- Melina Manolas, MD

## **Cardiology**

- Sam Kim, MD
- Jessica Pena, MD

## **Bariatric Surgery**

- Gregory Dakin, MD

## **APPs**

- Alyssa Saggese, NP
- Andrea Herr, NP

## **Nutrition**

- Danielle Staub, RD
- Jessica Gold, RD
- Alex Rosenstock, RD

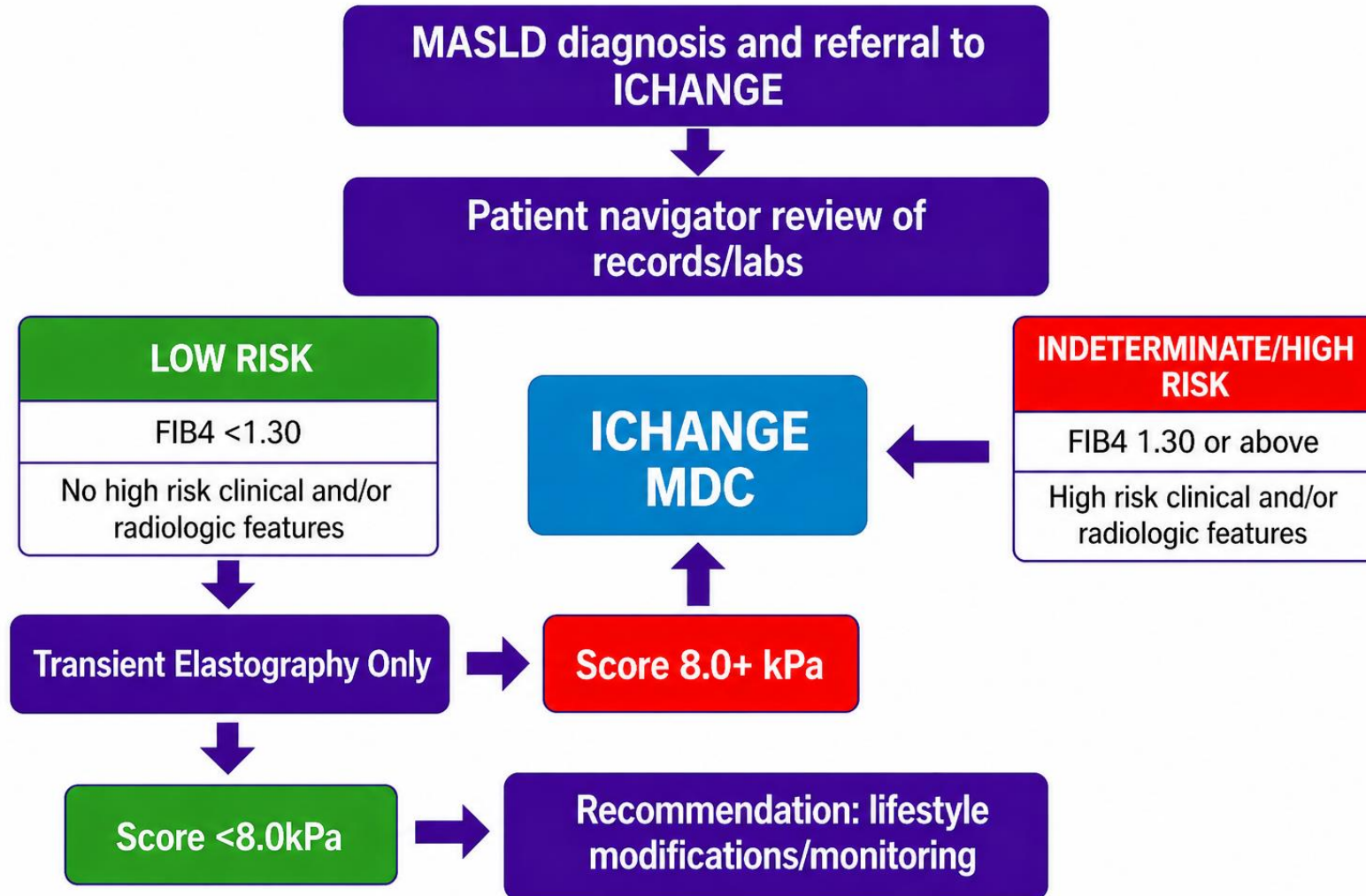
## **RNs**

- Mallory Ianelli, RN
- Geovanna Rosado, RN
- Morgan Miller, RN

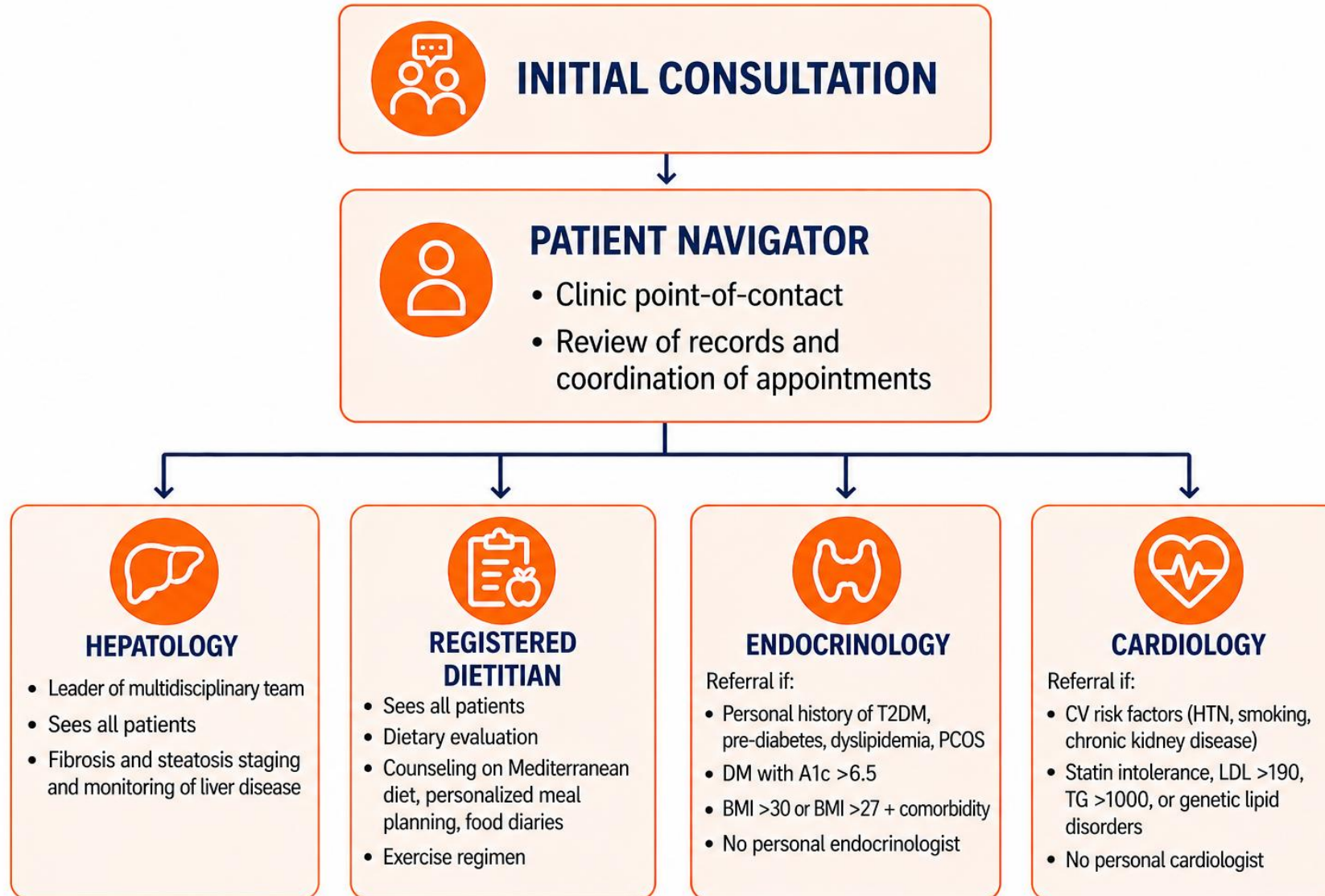
## **Research Assistant**

- Lindsay Rogers

# ICHANGE Workflow



# ICHANGE Visits



**Better pathways to produce  
better outcomes.**