

APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

16-17 OCTOBER 2025



Redesigning Fatty Liver Care

Wang Zhemin, Readon Teh
Alexandra Hospital

Aim

Reduce the number of encounters required for evaluation and management of steatotic liver disease (SLD) to the specialist outpatient clinic (SOC) at Alexandra Hospital (AH).

Introduction

The rising incidence of steatotic liver disease (SLD) has led to an increase in referrals to specialist outpatient clinics. Following Fib-4 stratification, indeterminate and high-risk patients are typically evaluated with a Fibroscan® (transient elastography). We postulate that many of these patients eventually test low-risk ($\text{kPa} < 8$) and can be managed in primary care with lifestyle advice, without specialist follow-up. Currently, patients often undergo multiple appointments that may be spread over different days: an SOC consult, a scheduled fasted Fibroscan®, and a follow-up visit to review results. Patients with low-risk Fibroscan® results are discharged back to primary care on the SOC first visit appointment.

Methods

A “fatty liver pathway” was introduced to streamline referral workflows. All referrals to AH were virtually triaged, and suitable patients had a Fibroscan® arranged before or on the same day as their first SOC appointment. Those with low-risk Fibroscan® results were discharged directly to primary care during the first visit.

Results

Over five months, AH received 283 referrals. 205/283 (72.4%) patients were included in the pathway. 155/205 (75.6%) of patients in the pathway underwent a pre-appointment Fibroscan®, of which 111/155 (71.6%) of patients tested low-risk, and 82/155 (52.9%) were discharged on first visit. 82/205 (40%) of patients included in the pathways saved an SOC encounter through this pathway.

Conclusion

Virtual triage with frontloaded Fibroscan® reduced unnecessary SOC visits for fatty liver referrals, enhancing patient experience and optimising clinic resources.