

December 2017



As we come to the close of 2017, we can reflect and take pride in the journey we've taken together this year. We've made tremendous progress in aligning with our mission to improve the health of the public and building the "UW Medicine Way" of reliable excellence. From your focused efforts – honing in on goal of 80% closed care gaps annual wellness visits, expanded Telehealth, and new programs to improve chronic disease management – your work in care transformation is having a tremendous impact for patients receiving ambulatory care. You've also made achievements in the care of our hospitalized patients through new care coordination initiatives and cost-containment projects, like the examples in this month's updates about Post-Acute Care and Inpatient Lab Reduction. This work enables us to get every patient home and back to health quickly while delivering high-value, patient-centered care. Thank you again for all that you do for UW Medicine. I hope you are surrounded by all the love and joy of the season. Happy Holidays to all and here's to a happy and healthy new year!

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Care Transformation Updates

Post-Acute Care

This year we made great strides in improving care in the transition from inpatient to post-acute care (PAC). Our PAC strategy has seen a dramatic shift in the way we care for patients. Led by PAC Administrator Louise Simpson, Giana Davidson, MD MPH FACS, and Thuan Ong, MD MPH, the UW Medicine PAC strategy aims to improve hospital throughput and prevent unnecessary readmissions by improving the quality of care at skilled nursing facilities (SNFs), intermediate care centers and the home. This team created a high quality SNF partner network that includes UW Medicine PAC clinicians to care for our most vulnerable patients during their SNF stay. We recently had the opportunity to see our strategy in action on a day when Harborview Medical Center had a significant number of patients ready to discharge. We alerted our 14 PAC network SNFs to the situation and they responded by helping find the right place for our patients to recover. Working collaboratively with our hospital care teams, the PAC clinical providers are also reducing unnecessary ER visits and hospital readmissions. Our SNF network partners are now coordinating outpatient care for procedures that historically would require a transfer to the hospital, such as replacement of feeding tubes. Our PAC team is also building on the "UW Medicine Way" to expand our clinical pathways into the PAC setting and making sure patients get home as quickly as they can.

Inpatient Lab Reduction

In 2017, more than \$62 million was spent on inpatient and outpatient lab testing at UW Medical Center (UWMC) and Harborview Medical Center (HMC). This represented an average 5% of direct inpatient costs across all service lines at both facilities. While critical to care, lab tests can also be overused. This is often due to lack of awareness of the cost and value of lab testing and the way clinicians are trained to order these tests. A team led by Farhood Farjah, MD MPH; Kathryn Harris, MSN ARNP; Patrick Mathias, MD PhD, Suzanne Wood, PhD MS, and project manager Lisa Peters, saw the opportunity to reduce unnecessary lab testing for more efficient care, resource maximization, and even improved patient satisfaction. From a patient perspective, unnecessary lab testing means sleep disruption from early-morning lab draws, discomfort secondary to needle sticks and an increased risk of infection from accessing vascular catheters. From a system perspective, unnecessary lab testing consumes staff time and other system resources, and there are also downstream costs of false positive lab tests. This team pilot tested an approach to reduce lab testing using a known framework that includes stakeholder engagement, provider education, computerized order entry modification, provider feedback, and deliberate culture modification. An eight-month pilot launched in February 2017 across two UWMC service lines – cardiac and thoracic surgery -- resulting in ~12,000 fewer tests (with ~ 2,500 fewer blood draws), for a significant overall lab utilization decrease of 10% and 17%, respectively for cardiac and thoracic surgery. Next up is scaling this pilot to additional service lines within UW Medicine in order to deliver the highest-value care and achieve the best patient outcomes.