



At UW Medicine, we believe that healthcare is a fundamental human right and everyone should have the same access and opportunities for the best possible outcomes. This belief is very clearly tied to our mission to improve the health of the public. However, it's important to acknowledge that institutional racism has created inequities in society -- even within our own healthcare system -- that result in health disparities. We are committed to transforming the way care is provided to eliminate these inequities. In this month's newsletter, you'll read about our new Director of Healthcare Equity and the steps being taken to advance our healthcare equity goals. As a system, it's within our power to address healthcare inequity and I look forward to more progress in this area. You'll also see how expert-driven pathways are improving the effectiveness and efficiency of care, even to the most complex of clinical procedures like heart transplant. But rather than thinking of pathways as constrained rules, you'll see how they are an iterative process and guidelines available for all to participate in and offer up changes or improvements. It's not just our system that's driving these changes but those in the national healthcare landscape. I hope you'll join me at our next CPI Learning Session (see attached flyer) on 3/22 to hear from a panel of local experts about what health insurers believe physicians need to know while moving to value-based care. These are all important steps to drive us toward the UW Medicine Way – an environment that focuses on reliable excellence, is mission-driven and patient-centered.

Carlos A. Pellegrini, MD, FACS
 Chief Medical Officer, UW Medicine and Vice
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Care Transformation Updates

Healthcare Equity

Last year, UW Medicine developed a multi-year blueprint to guide our journey to improve healthcare equity. Our vision is to become a national model for healthcare equity and reduce disparities in healthcare delivery. In November, Paula Houston Ed.D., joined us as our Director of Healthcare Equity to help lead the charge and carry out the plans described in the blueprint. The blueprint includes three main objectives: 1) increase diversity, increase cultural humility and reduce implicit bias in the healthcare workforce; 2) engage the communities we serve as partners in assessing and addressing healthcare equity, and 3) deploy targeted quality improvement and healthcare services to meet the needs of marginalized populations. One of our first focus areas is a program in Transgender and Gender Non-Conforming (TGNC) care, led by Corinne Heinen, MD and internal consultant Celeste Rind. The program emphasizes clinician and staff training, pathways to facilitate best practices and a medical home model as an entry point to medical and surgical specialty services. We aim to deliver excellent gender-affirming care to current UW Medicine patients who are seeking treatments available through existing UWM healthcare services capabilities. The UW Neighborhood Clinic-Northgate will serve as a pilot for this work with clinician and staff training set to begin in March. An Epic registry is in development and education on use and improvements to the Sexual Orientation and Gender Identification (SOGI) form are slated for later this year. We'll update you with progress as this work spreads.

Regional Heart Center Pathways

With the national focus on heart health in February, we can be proud of the comprehensive care for all types of cardiac conditions and diseases at UW Medicine. Clinicians in the UWM Regional Heart Center (RHC) are adept at practicing advanced procedures and complex surgeries. In 2017, 75 heart transplants were performed —making UWM the third-busiest program in the country. Standardization is especially important when working at such high-volume in an area that requires extensive resources. In a systemwide testament to how clinician-led standardization can help improve efficiencies and outcomes, since introducing a Ventricular Assist Device pathway, clinical outcomes have improved and length-of-stay has been dramatically reduced. Four other standardization initiatives at RHC have been led by teams of cardiac surgeons, cardiologists, nurses and others (Mitraclip, Transcatheter Aortic Valve Replacement, Cardiac Transplant, and Advanced Heart Failure) and have recently been “refreshed” based on new evidence, practices and measures. Pathway teams are now working to develop training and education in order to encourage more consistent utilization of the pathways for improved system and patient outcomes.

Pathway leadership: Clinicians: Nahush Mokadam MD, Claudius Mahr DO FACC FESC, Dan Fishbein MD, Larry Dean MD FACC MSCAI, Jean Blue ARNP MN BC, Brianna Walker ACNP BC; Administrators/Internal Consultants: JoAnne McDaniels, Lisa Peters, Nick Postiglione