I hope that you all have been enjoying a great start to 2018 and you've been making progress on any resolutions you made (I've resolved to increase my current workout time by 15% -- and so far I'm sticking to it). We are fortunate to be able to assist others in achieving some of theirs. In this month's newsletter, you'll read updates about programs to help our patients get back to good health in what is surely the perennial top two of new year resolutions: quitting smoking and losing weight. Seventy-percent of American smokers say they want to quit each year. While half of those actually try, there is only a 6% success rate without help. Through use of evidence-based treatment programs, up to 50% of smokers will succeed in quitting and remaining abstinent. That is an aspirational pursuit. As I look ahead to the new year, I am filled with hope as to what we can accomplish together. At the close of 2017, we reached chronic care gap and HCC risk gap closures of 80% and 70%, respectively, and an Annual Wellness Visit rate of 60%. Congratulations on this excellent achievement! While these measures reset and start anew with the calendar year, I am highly confident that we will far surpass our goals this year through your leadership efforts. Thank you again for all that you do for UW Medicine. I look forward to continuing our care transformation journey, delivering on our mission to improve the health of the public and achieving great things together in the coming year.

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Care Transformation Updates

Tobacco Cessation

While the dangers of smoking to health are well-documented, successful quit attempts prove challenging without proper guidance. Studies have shown that smoking cessation treatment prior to surgery or during an in-patient stay promotes long-term cessation while improving surgical success, lowering complication risk and accelerating healing. The team of Abigail Halperin, MD MPH, Edie Shen, MD and internal consultant Nick Postiglione, along with Nathalie Bentov, MD MA and James Goodman, RN3 of the Harborview Medical Center Pre-Anesthesia Clinic, set out to pilot a standardized screening and referral program. Their goal: increase the percentage of patients screened for tobacco use and receive tailored tobacco cessation counseling plus effective FDA-approved smoking cessation medications. They developed a screening process and protocol to implement the evidence-based standard 5A's approach: Ask>Advise> Assess>Assist>Arrange. Baseline data, referrals and post-intervention data are then documented in ORCA. The pilot go-live date is scheduled for February 2018. At baseline in November/December 2017, approx. 1,122 patients were screened. Of the approximate 11% identified as tobacco users, 43% wanted to quit and received strong quit messaging and information. A team meeting is planned to further educate and socialize the process. The pilot is an important first step in the establishment of standardized smoking cessation efforts across UW Medicine's in-patient population, with goals to expand interventions at other entities as well as pre-op and post-op clinics.

Weight Management/BMI

Recording a patient's body mass index (BMI), a calculation of body fat based on height and weight, is an important step in managing obesity for the UW Medicine (UWM) patient population. It's also a key quality measure required by those who pay for healthcare -- insurers and employers – encouraging us to engage our patients in addressing obesity. One of the challenges of these assessments is that payers don't have access to our medical record system so they use information from billing claims. As a result, there's often a mismatch in how the quality of our care is viewed. While we historically have recorded BMI for all visits, it's not reflected in billing claims, thus appearing as an unmet measure. Through collaborative work between colleagues at Valley Medical Center, and information technology and EPIC teams across entities, this problem was solved, using an auto-coding procedure that converts what we do in our clinics to a claim code (ICD-10) that can be seen by payers. As a result, we moved from a HEDIS ranking of 1 star to 4 stars (out of 5). Once BMI is captured, if a patient has a high-risk score (Boeing/ACN requires referral at >30), UWM offers many great services and referral options for patients to help manage their weight. Best practice alerts pop up for physicians to refer to UWM weight loss services, outside programs, or employee-sponsored programs. To aid this process, centralized outreach sent automated referral orders from EPIC direct to Boeing patients, helping increase referral rates from 16% in 2016 to 70% in 2017. Improving patient referrals is a direct link to population health and our mission.

UWM/VMC program credits: Clinical Applications: Staci Garrison, Kristal Mauritz-Miller, Sandy Alatorre; Program Managers: Erica Strait, Nkem Akinsoto, Meridith Weiss; Clinicians: D.C. Dugdale, MD; Bob Molina, MD, Matt Mulder, MD, Phil Chan, MD

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