Care Transformation Updates

**Telehealth**

Telehealth is a rapidly growing health care delivery model driven by a need for improved access and cost reduction. It enables UW Medicine to further its mission by expanding reach of our clinical expertise and increasing our strategic outreach and partnerships. While telehealth services have been delivered since the ’60s, with the advance of technology, there’s a new era of care. Through both provider-to-patient and provider-to-provider services, we are able to conduct real-time virtual visits, remote patient monitoring and e-consultations. A trend in patients demanding access -- 76% prioritize access over human interaction – is driving this, while hospitals and employers want partnerships and payers are developing solutions and refining outcome measures. UW Medicine’s focus in deploying telehealth technology is to both improve health outcomes and advance the knowledge and skills of healthcare providers across the WWAMI region. We currently have 11 active programs. In FY17, we launched six new areas (including Video Tele-Stroke, eConsults and Arlington Tele-Maternal Fetal Medicine Clinic). And we’re already gaining strides with a 20% increase in patients touched from Q1 to Q3. FY18 brings new goals to grow usage, expand eConsult to nine new specialty areas (including gastroenterology, hepatology, pulmonology) and expansion of Tele-Stroke with video capabilities to current and new partners.

**Population Health Management**

As we drive toward value-based care, our ability to manage care for all of our patient population, not just those who come in for a visit, takes on increased importance. We have made tremendous progress through 100% empanelment of our primary care clinics, the development of population health tools on Epic and the implementation of standardized pathways for chronic conditions and diseases. But we also need the ability to identify those patients with chronic conditions that are not improving. That is where our Population Approach to Health (PATH) pilots come into play. PATH is a collaborative care model. We currently have two PATHs (diabetes and depression) which integrate specialists as an extension of the primary care team. These specialists will work closely with the care team to identify, surveil and manage complex and at-risk patients. PATH is structured as a centralized system where a specialist can remotely provide consultation and support primary care providers and the treatment of their patients. We’ll continue to pilot these centralized services in new specialty areas while developing key metrics to assess care and track progress. Through use of tools on Epic, panel reports, registries and population tools, our goal is to support our providers and primary care teams on how to use these tactics to improve the health of their patient population.

Carlos A. Pellegrini, MD, FACS
Chief Medical Officer, UW Medicine and VP for Medical Affairs

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Questions? Contact cmoofc@uw.edu