

June 2017



I want to recognize the tremendous work of UW Medicine clinicians and staff who are moving forward our care transformation initiatives. Primary care teams have taken on the challenging goal of providing annual wellness visits for our Medicare Advantage patients and closing clinical care gaps for all patients. Our specialty and primary care providers are leading multiple initiatives to standardize and optimize the care we provide, and our Clinical Practice Innovator (CPI) program is providing clinician leaders an insider's view of UW Medicine's challenges and opportunities – helping to see the link between margin and mission. As our CPI program wraps up its first year, I'd like to celebrate the successes we've seen to date, including supporting 24 care transformation projects; nine learning sessions featuring internal speakers as well as experts from across the healthcare industry, and two QI "bootcamp" workshops that introduced the fundamentals of quality improvement methodology. Whether you're interested in learning opportunities or driving change initiatives, I hope you'll join me and learn more about the CPI program at the Year 2 Kickoff on June 28th, 8:00-9:00am at Foege Hall Auditorium. These are all efforts critical to our ability to deliver high value, patient-centered care.

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Care Transformation Updates

Care Pathways

Care Transformation means delivering the most effective, efficient and high value care -- always. Standardized care pathways help us establish an evidence- and consensus-based approach to care. Integration of effective, efficient, high-value care at all sites of practice helps us deliver consistent, high-quality care -- while reducing costs and unnecessary variation.

Primary Care: Our primary care pathways focus on standardized clinical workflows to treat patients with chronic conditions. This spring, a multidisciplinary work group, led by Dr. Patricia Read-Williams and Kathy Mertens, developed a standardized pathway to treat depression in primary care. In April, this pathway was piloted in seven primary clinics across UW Medicine. We are excited about the ability of this work to improve the care we deliver for our patients diagnosed with depression and will begin implementation in remaining clinics in July. Building on this momentum, low back pain, diabetes and hypertension will soon follow.

Specialty Care: On the specialty care side, we currently have more than 35 projects in the works, including ICU to OR Handoffs, an aortic valve pathway, enhanced recovery for Gynecology/Oncology and Colorectal Care. Going forward, we are working closely with Finance and partnering with Clinical Chairs, Medical Directors and CPI participants to identify high-cost/high-value opportunities to standardize and streamline.

Panel Right-Sizing

After last summer's work to identify a panel of patients that each clinician and team is responsible for (empanelment), a group of Primary Care leaders was asked to head an effort to determine the right size of those panels moving forward. The ask was to study what is known about panel size – and to evaluate information from the perspective of the system (RVUs), patient (access and quality measures) and clinician (time in EPIC after hours) – to determine the upper and lower bounds on what a right-size panel should be. This is helpful in determining when a panel should be open or closed to new patients and provide an understanding of our capacity to tackle growing patient access challenges. This is also critical to make sure we "right-size" clinical teams with the right number of staff. The group reviewed all the data and took into consideration differences in types of practice (i.e. Internal Medicine, Family Medicine, teaching clinics) and different patient demographics (socioeconomic status, gender) to identify general panel size ranges. These recommendations are considered a starting point to be iterated on as the system gathers more data. Next steps are to better account for patient complexity, non-primary care clinical practice, and optimum PCP touch rate to refine the right size of our panels.