Earlier this month, Seattle Business held their Leaders in Health Care Awards and named Tim Dellit, UWP President, the Outstanding Medical Group Executive. He was cited for his consensus building and communication skills, his professional and personal integrity, and his ability to make the workplace enjoyable. I'd like to congratulate Tim and can heartily testify to those attributes that make him an invaluable colleague. I'm also honored and humbled to have been given the Lifetime Achievement Award. I could not have built such a career without working alongside some of the best and the brightest who keep me motivated and inspired every day. Beyond striving to always achieve clinical perfection, there have been two driving principles for me as I've journeyed through life. One is the privilege of being a mentor to train faculty, staff and students. The other is the importance of nurturing relationships to bring people together as the best way to advance the profession and achieve our mission of improving the health of the public. The best colleagues and leaders generously share their knowledge. At the same time, they are aware that their knowledge is limited and are willing to study and learn from others. They are constantly learning and investigating, and transmit their knowledge to future generations. Collaborative teamwork requires the inclusion, respect and mutual support for every member of the team in order to bring out the best in every member. It is that sense of collaboration, mentorship and teamwork that is on display in this month's updates. I hope you'll join me in reaching out to others to share your knowledge and best practices.

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

Care Transformation Updates

Colon Cancer Screening

March is Colon Cancer Awareness Month and UW Medicine is stepping up its efforts to help prevent this #2 leading cause of cancer death (50,000 projected in 2018) in the U.S. Early screening is key but 1/3 of adults don't get screened. Across UWM, approx. 58% of eligible patients are up-to-date with their colorectal (CRC) screening. With an increased focus from payers on national quality metrics, primary care teams and gastroenterologists John Inadomi MD and Rachel Issaka MD MAS, aided by centralized Population Health Program Managers Nkem Akinsoto and Erica Strait, implemented a screening pilot for eligible Medicare Advantage (MA) patients. Knowing that offering choice improves screening uptakes, and with new research on the accuracy of stool kits, this option was included to reduce barriers to screening. The pilot launched in Dec. '17 with a mailed outreach to 950 patients and included a letter with information regarding CRC risk, available screening methods, and a fecal immunochemical test (FIT) kit with instructions and return postage. With a six-month pilot goal of 20%, just three months in, there's already a return rate of 16 %. Of those returned, 7% were positive and 40% of those have been scheduled for a colonoscopy. Follow-up is planned to assist FIT-positive patients in scheduling a colonoscopy if no procedure is scheduled within three months of a positive result. A reminder mailing is scheduled as well as additional outreach to the remainder of patients to return their kit or schedule a procedure. Due to the success of the pilot, similar centralized outreach to approximately 30,000 new patients is planned from April to Dec. '18.

ED VTE Pathway

With the advent of improved direct oral anticoagulation medications (DOACs) and risk assessment tools, the treatment of venous thromboembolism (VTE) in the emergency department is a great example of value-based care. A decade ago, the majority of pulmonary embolism (PE) and deep vein thrombosis (DVT) cases required admission for anticoagulation and bridging therapy with heparin. However, outpatient management may now be the recommended course in DVT and low-risk PE cases -- by as much as 50% -- as long as they have appropriate follow up. Harborview Medical Center (HMC) and UW Medical Center each see approximately 800 cases a year. A multi-disciplinary team (comprised of EM, inpatient IM, outpatient medicine, anticoagulation, pharmacy, IT, and nursing) implemented a new pathway at HMC that includes a sPESI (simplified pulmonary embolism severity index) and DVT Risk Calculator. The pathway launched in March and details explicit criteria, determined by a patient's clinical and social situation, with electronic health record-based clinical decision support for patient disposition as well as a prescription PowerPlan. Valley Medical Center is also expected to go live with this pathway next month. This type of process improvement allows us to provide patients with a personalized experience and help keep those out of the hospital who don't need to be there, opening up beds for those who need it most.

Pathway leadership: Clinicians: M. Kennedy Hall MD MHS, Alisha Brown MD, Jared Klein MD MPH, Anneliese Schleyer MD, Taketo Watase MD; Pharmacy: Cathy Null PharmD, Ann Wittkowsky PharmD; Internal Consultant: Nick Postiglione; IT: Mardi Labuguen, Amy Bild, Diane Matsuwaka