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 MHP, Anneliese Schleyer MD, Takeo Watase MD; Pharmacy: Cathy Null PharmD, Ann Wittkowsky PharmD; Internal Consultant: Nick Postiglione; IT: Margi Labuguen, Amy Bild, Diane Matsuwaka

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