

November 2017



November is a time for us all to give thanks. I am ever grateful to come to work every day and partner with the brightest minds dedicated to providing high-value, mission-driven care putting patients at the forefront of everything we do. I appreciate your joining me on this care transformation journey as we drive toward predictably excellent care or what you've heard me refer to as the "UW Medicine Way." You've helped us streamline processes, support the wise use of healthcare dollars and remove barriers to make doing the right things for our patients easier to do. It's allowed us to focus on keeping people healthy, not just treating them when they are ill. Following the UW Medicine Way will help us improve patient experiences and achieve better health outcomes. It's also a time when we are keenly aware of how important our work is in helping our patients, populations and their families deal with chronic or serious illness and empower them to take control of their lives and care treatment. November marks awareness and observances of American Diabetes Month and National Hospice & Palliative Care Month. This month's newsletter highlights the great work our teams have been doing in these areas. Thank you for your innovation, dedication and compassion as we deliver on our mission: to improve the health of the public.

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Care Transformation Updates

Diabetes PATH (Population Approach to Health)

In last month's newsletter, you heard about our work around depression patients that can fall through the cracks. Our Population Approach to Health (PATH) program was created to identify those patients with chronic conditions that are not improving. It's a collaborative, centralized care model which integrates specialists as an extension of the primary care team. They work closely with the care team to identify, surveil and manage complex and at-risk patients. A second initiative under PATH addresses the care of patients with Diabetes. Led by Savitha Subramanian, MD and Alison Evert, RD, CDE, this PATH program conducts centralized monitoring of HbA1c (A1C) to help care for patients with Type 2 diabetes. Currently in a pilot phase, the Diabetes-PATH team identifies patients with missing and elevated ($\geq 9\%$) A1Cs at 18 practice sites across UW Medicine. When these patients are identified, the team reviews each patient's chart and conducts outreach to the appropriate clinical care teams regarding individualized diabetes care. The PATH team works with care teams to re-engage patients in diabetes self-care, encourage enrollment in care management, and make referrals to diabetes education or nutrition therapy. The PATH team also makes recommendations for therapy advancement and specialty referrals for complex clinical situations in a collaborative manner. Since its initiation, work done through Diabetes-PATH has been successful in lowering A1C values by 70% in one cohort of the pilot population. The Diabetes-PATH is now extending to Medicaid patients in select practice sites across the system and work is underway to bring this program to scale for all patients. The PATH team has also had great success with face-to-face provider education and relationship building.

Palliative Care

Perhaps no other area of our work speaks to the need to collaborate with patients and families to incorporate their care preferences in shared decision-making than serious illness and end-of-life situations. Palliative care at UW Medicine has been a care innovator in this area for over a decade. In 2012, this was catalyzed through the creation of the Cambia Palliative Care Center of Excellence at UW, which has advanced research, clinical education and clinical metrics. Its focus is giving every patient with serious illness access to high-quality palliative care aimed at relieving symptoms, maximizing quality of life and ensuring care that concentrates on patients' goals. In 2016, UW Medicine became the first healthcare system in the country to have all of its hospitals achieve Joint Commission Advanced Certification in Palliative Care. This certification recognizes our standardized and high-quality approach to palliative care services. In July 2017, James Fausto, MD, came on as Medical Director of Palliative Care for UW Medicine to assist in care innovation within our delivery system. This new model seeks to improve access to palliative care by adding comprehensive population management tools through screening for unmet palliative care needs, in addition to traditional clinician referral methods. Screening pilots at Harborview Medical Center, UW Medical Center, and Valley Medical Center will help to further iterate these techniques aimed at providing palliative care to the right patients in the right location at the right time. Improved access to palliative care has repeatedly shown that when clinicians know and honor patient preferences, quality of life improves. This alignment also leads to optimized resource utilization, improved outcomes and higher value for all involved. As we continue our drive toward the "UW Medicine Way," palliative care serves as a critical partner in providing value-based care, especially in times of serious illness.