

September 2017



Each of you works hard to deliver outstanding care to our patients every day. You've heard me refer to your work as the "UW Medicine Way." It means care that is predictably excellent and it happens by having you, the nation's brightest minds in healthcare, developing best practices and then standardizing their use across our clinics and hospitals. The UW Medicine way is mission-driven, patients are first care led by engaged clinicians focused on delivering value. Getting to the UW Medicine way has been a care transformation journey over the last few years, with tremendous progress due to your help. Insurers and payers are also taking notice. Last week we were informed that because of your great work, UW Medicine was awarded a Medicaid Quality Incentive bonus payment of \$3.4 million. This rewards success in quality and safety and means better care for our patients. In this era of constrained resources, these bonus payments are also a key strategy in order to deliver on our mission to improve the health of the public, and in this instance -- continuing to provide quality care for all, including our most vulnerable of patients.

This is a journey and we need your help to develop and spread this UW Medicine Way across all areas of care. Here are a few upcoming ways for you to find out more and get involved. On 9/28 at 8AM in Health Sciences (HSB T-435), you can hear from all UW Medicine VPs on the challenges, opportunities, and strategies for accomplishing care transformation at UW Medicine. To help give you the tools to be part of our transformation as a health system, my office is also sponsoring four Quality Improvement Bootcamps this year, with the first one scheduled for Oct. 4th. E-mail cpitrg@uw.edu for information on times and locations. Please join us -- it's the best way to make sure your expertise guides our future. Becoming a system that is predictably excellent takes all of us to bring our full energy to this work. Thanks for all you do for UW Medicine and I look forward to seeing you on 9/28.

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Chief Medical Officer, UW Medicine
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Care Transformation Updates

Smart Innovation

While new medical technology can have incredible value, it is one of the greatest contributors to the rising cost of healthcare. As clinicians, we need to be good stewards of our precious resources and help the system adopt and use only the technology that adds value. It is under this rubric that Smart Innovation (Value Analysis + Technology Assessment) – an evidence-based, clinician-driven evaluation approach -- was borne to consider a new technology's impact on patient, clinical, financial and system-level outcomes. Led by Sean Sullivan, BScPharm, MSc, PhD, Dean of the University of Washington School of Pharmacy, parameters were established for assessment where any new technology with more than \$50K expected annual cost increase (aggregated across the system), more than \$1K expected cost increase per procedure, or representing a new clinical treatment paradigm, will go through an evaluation process and review/approval by the Strategic Leadership Council. The first pilot was initiated in surgical services at UWMC and looked at a new liver ablation device. Upon assessment, a recommendation was made to support NeuWave MWA (microwave ablation) technology over current RFA (radiofrequency ablation) to help reduce risk of bleeding, tumor seeding, and disease recurrence and reduce overall OR time. The estimated annual cost reduction in OR and IR settings is considerable, savings that we can then use to further deliver on our mission. Four new pilots are currently underway, involving lab, primary care, eye care and surgical technologies. We will continue our efforts to produce a standard and consistent path for assessment to ensure medical technologies and products add value to our patient care and are responsive to the needs of UW Medicine clinicians, patients and those who pay for health care.

Enhanced Recovery After Surgery

Enhanced Recovery after Surgery (ERAS) is an evidence-based protocol that provides guidance around clinical pathways associated with surgery and an approach that enhances the quality of perioperative care. We currently have nine established ERAS care pathways at UWMC, four at HMC, and two at Northwest Hospital. We've taken a patient-centered approach to systematically using these tools and techniques to accelerate patient recovery, enhance patient understanding of their treatment plan, and get people back home as soon as possible. Analyzing more than 100 variables within five focused service lines in General Surgery -- on everything from length-of-stay and early ambulation to diet, pain and fluid management -- specific patient recovery maps have been created to facilitate process. ERAS requires coordination across multidisciplinary teams, and many of our ERAS pathways are already seeing great results. Under the direction of Venu Pillarisetty, M.D., F.A.C.S., the Pancreaticoduodenectomy (also known as a Whipple) Pathway at UWMC led to a reduction in length of stay by an average of one day. As our plans include standardization of efforts across all UW Medicine entities, we are undertaking a broad-scale effort to create a collaborative process for ERAS Pathway development. Venu will be working with other leaders, including Arman Dagal, M.D., F.R.C.A., who has led similar work in spine care, to bring ERAS across additional service lines and all major elective surgery in our hospitals. We expect ERAS to be a key transformation tool and that this work will have significant and sustained impact for all our patients. To get involved please contact Venu at vgp@uw.edu.