The Transformer: the UW Medicine Podcast
Episode 2: Put Me in Doc, The Patient as Team Player

Opening Soundbite: I think by having a better understanding of our patients in terms of what they look like, not just by their biomarkers, but by their preferences, their values, by the outcomes that are important to them, we can deliver better care.

[Musical intro]

Josh: Greetings and welcome to another edition of The Transformer: the UW Medicine Care Transformation podcast. I'm your host Josh Kerns. And in this episode, yes, with a healthy tip of the cap and a slight apology to John Fogerty, we call this edition, "Put Me in Doc, The Patient as Team Player." After all, at the center – or centerfield – of care transformation is the patient and a patient-centered care model is the foundation of the UW Medicine way. Now, more than ever, partnering with our patients and sharing decision making is critical to delivering world-class care. In this episode of the podcast, we'll visit with some of the key players in delivering patient-centered care and improving communication, patient satisfaction, and ultimately, outcomes. So, put me in, Doc, I'm ready to share in my care on this edition of The Transformer.

So, let's start, first of all, introduce yourselves, who you are and what your role is in the care transformation initiative here at UW Medicine. Lisa.

Lisa: Hi I'm Lisa Brandenburg. I'm the chief health system officer for UW Medicine and together with the Chief Medical Officer, I am working to play a key role in leading the changes that are needed for UW Medicine to be successful into the future. And there are many changes we need to make as we think about a different future where everything we do needs to very clearly have value for the patients.

Josh: Danielle, how about you?

Danielle: Danielle Lavallee. I'm the medical director for patient-reported and patient-generated health data. As part of Care Transformation, I'm working across our system to figure out how we best integrate patient-reported outcomes, data, and other data generated directly from patients into primarily our electronic health records so that it supports the care decisions being made across our system from inpatient ambulatory to our neighborhood care clinics.

Josh: And Carol.

Carol: Sure. Carol Salerno. I'm OB-gyn physician and I've been working at Northwest Hospital for 15 years. I'm also the medical director of the child care center there. I've been working with the care transformation team on a shared decision-making project on Trial of Labor after Cesarean.

Josh: I'm really curious what is it that brings you to the table, why do you want to be a part of this care transformation initiative for all of you. What was the motivation to do that, Danielle?

Danielle: So I would say my motivation started about 15 years ago when I was a pharmacist in community practice. And every week hundreds of patients would come in

and get new medications or for conditions that they needed to be improved on, they would be starting new medications that would start new symptoms. And the questions they would have are around when am I going to feel better, when is my sleep going to improve, when am I going to be able to get back out and do the things that I enjoy doing. And oftentimes, we have data from clinical trials and they give us some good benchmarks of what we think we know, but they're oftentimes not reflective of the person in front of us. We're at a time now where we can capture information about patients' function, about their symptoms, in a way that can better reflect what they, as an individual, are experiencing, to understand how treatments are improving their care. So I think my interest is now that we're at this point where we can capture better information from patients, how do we design a system that can use that information in its full capacity to provide better care.

Josh: Carol, how about you?

Carol: Sure. I think I was always interested just in improving patient education and being part of a system to standardize our process of education with patients and so the care transformation team approached us to do a pilot study on Trial of Labor after Cesarean. And we actually volunteered. We've always been known as a VBAC (vaginal birth after cesarean) friendly hospital and this was a way of getting standardized information out to patients and to really listening to the patients and finding out what parts of our process improved their care.

Josh: And Lisa, what brought you to want to take a leadership role in this?

Lisa: Well, I think professionally, this is one of the most exciting times in healthcare. I've been in healthcare for over 25 years. And I think for many of us, we have seen that we all care deeply about taking care of patients. That's why people who work in healthcare keep doing this work. But the system doesn't support us very well and we are not always patient-centered. We think that we are, but the way that we've built our buildings, the way that we've set up our systems, really often are around what's convenient for us as an organization, for example. And I think this opportunity to think more about how we involve patients, how we are truly more patient-centered, how we think about how we just keep people from needing to come see us at all. It makes some of the most exciting time in healthcare.

Josh: Danielle, obviously from a patient standpoint, I know why this benefits me.Better access, better, more coordinated care, etc. Why is this so important though, for the system, and for practitioners?

Danielle: You know I'm going to throw out a word that kind of hits with mixed reviews when you talk about in the context of healthcare and that's consumerism. You know I think that one of the unique aspects about healthcare today is our patients are consumers, ultimately, want to engage differently with healthcare and they are using their own data. They're using their knowledge, the resources that are at hand, that weren't there 10 years ago, to push the envelope on what they expect of us. And I think as health systems, we have to be responsive, both to consumers, but to our other stakeholders, that are saying, why can't care be more efficient, why can't it be more accessible. And so, I think that it's important for us as a healthcare system to capture this information. First and foremost, because I think by having a better understanding of our patients in terms of what they look like, not just by their biomarkers, but by their preferences, their values, things that Carol's been working on, by the outcomes that are important to them, we can deliver better care. Secondly, we do have to provide more efficient care. And so I think leveraging the data

that we can now collect that we haven't always been able to collect will push our system to a higher performing system. So that's I think taking it from two different perspectives.

Josh: And Carol, following up on that, you've been working, you mentioned the pilot that you're working on here. What are you starting to see or hear? And are there any surprises in there for you or great learnings so far?

Carol: I would say there have not been many surprises, in that patients do appreciate the education, they appreciate the conversation, and I think they appreciate the fact that they're being listened to. I think in, you know, I agree that patients come in as consumers and they read a lot on the Internet. They come in with information and they want to know which of these options is right for them. And in the past, I think we've been very negative about patients doing their own research and looking things up on the Internet. But I think we need to be participants in that and really help guide our patients to the right resources. I think it's our job to provide them with appropriate Internet sites to go read about and it's our job to take their personal healthcare information and their test results and try to guide them in the right direction and say, these are the options that are appropriate for you and these are really not options for you.

Josh: Lisa, along those lines, I know for me as a patient, as a consumer, number one for me, is access. Seeing a doctor when I want to, at a time that is convenient for me and you know, for example, I'd really like to see doctors that are more, banks figured this out decades ago, that, oh you mean, you don't wanna bank between 9 and 4, Monday through Friday. But beyond that, there are so many other access challenges and I know that's a big part of this conversation.

Lisa: You are absolutely right. Access is one of our challenges and we know that right now we don't always get patients in as soon as they would like to be seen. And we know that because of that, sometimes patients choose to go elsewhere. We also know, as you pointed out, that extended hours, Saturday hours, etc., these are things that people have come to expect from us and we have some of this, probably not as much as we need in the future. We have looked across our system. We have a number of, I think ,opportunities to improve, to help with our access and we are committed to making those improvements. And some of the things I can talk about that we are actively working on, improving right now, would be how can we use technology to help us with this. So the first being telehealth. We have an excellent telehealth program that's continuing to grow. Over 14,000 patients seen via telehealth last year and a number of those are related to eConsults. So a doctor-to-doctor consultation that happens so, related to a patient's particular problem, where 80 to 90 percent of the time, the patient then doesn't need to be seen by the specialist. So really saving the patient that extra expense and that extra travel to have a second visit. I think the second thing we're using technology for is to make our scheduling online, so similar to your bank example or airline example. Right now if you want to go book a flight to Alaska, it's super easy, right. Wouldn't you like your medical appointment to be that easy.

Josh: Absolutely.

Lisa: So we have all of our neighborhood clinics now on online schedule go on through eCare and schedule your appointment and about 18 percent of the rest of our clinics. We need to get to 100 percent of our clinics online scheduling. That needs to be easy. And we need to standardize some of our processes behind the scenes to make that possible. And the last technology piece that we're implementing right now as well is a system called

FastPass. So you can sign up for a virtual waiting list if your appointment is not as soon as you wanted it to be. And the minute we get a cancellation, we will automatically call and offer that appointment to patients and we had over 3,000 offered appointments in this last month to patients that got them in sooner than they were otherwise scheduled.

Josh: That's genius. And you guys have touched on this a little bit. I've heard several times reference to patients go elsewhere. So for those who say, well, why is this so important, again for a patient, makes perfect sense, you're more patient-centered. But for the system, this is a business. You mentioned consumerism, I'm going to go wherever I can get the service I need when is most convenient for me. So from a business standpoint, it's hugely important to make sure that you remain customer- or patient-centered.

Danielle: I think the other part of that is it's not that I just want to go to the system that I can get what I need when I need it. It's, I want to go to a system that knows me and that provides me a service where I'm going to people who know my healthcare, know who I am as an individual, and I can engage with in different ways. I mean I'm a patient of UW Medicine. Shout out to the Issaquah Neighborhood Clinic. It's fantastic. I have scheduled my appointments online. I have done my self-rooming. It's fantastic. They're amazing every time I go. And so I choose to continue to go back there because they know who I am. All my information is there. It's getting easier for me to get my information out if I have to go somewhere else. And so I think it's about creating that relationship and the different strategies that we're taking on. I think are different ways and having a full engagement strategy from keeping you out in a way when we want to keep you healthy but then also being able to provide you the care you need when you're sick. And being able to recognize your family needs, etc. So I think that it's not just about a business, it's about a business that knows you and I think that's the Patients are First strategy. It's an important point to make because oftentimes, as we're starting a lot of these new initiatives, especially for patient outcomes, we're telling teams and providers, hey, do one more thing. And so I think that that is not an uncommon ask, for one more thing, just one more thing. And what we're hoping to build is a repository of information about our patients so that in the context of their busy days, when they go to see that next patient, they have a really robust data set and that electronic health record that shows them pictures of the patient, not just on blood pressures, but on other aspects, so that it's more information that's easily accessible, that helps them provide better care and that is the journey that we are on. So I think that it's important to call that out that what we're ultimately trying to do is help our providers and our healthcare teams better engage with their patients. It's changed though and that takes time and is sometimes more, I don't know, a better experience than others, but it's important to call that out, that our goals are in that direction.

Carol: You know, just going back to the access and improving efficiencies and running a business, it's very important, but we need to do both that and maintain quality, and that's what we focus on you know day to day in our clinical work, is just maintaining quality. I agree we need to improve access, we need to do better, but we just always need to maintain, you know, the good quality of care that we give everyday.

Josh: Absolutely. Sort of along those lines, and we're talking about being patient-centered, shared decision-making. I know in a lot of cases in the past, you know, sort of, doctor is God, whatever, everybody talking more about how do we get the patient involved. How does that actually work and how do you systemize this notion of the patient being a part of the decision-making process?

Carol: I would say that shared decision-making is that process of just being collaborative

with patients. So it's not just providing education, it's really having a two-way conversation. So, it's listening to patients about what their values are. For some that might be to try to avoid surgery. For others it might be to just get back, to you know, running marathons every weekend. And so we really need to hear from patients and what they want and that's very important and that's a part of the process. It's not just education, it's hearing what the patient wants.

Danielle: Yeah, and I would agree with Carol. I think, too, it's, you know, the work that she's leading in terms of understanding patients' preferences and values, it's being able to have those conversations grounded in not what that person wants, but who that person is, and how we best reflect care given that we know that about a person. I would argue that these are not new questions. We have been asking these of patients I would say since patient care began many, many years ago, but we're capturing it in a way that it's more consistent and more available as we see people over time. So, having the information available, where you can help have a conversation grounded in what a person's life is like day to day outside of the healthcare system, I think is really important. And it's about an informed decision too. And I think the other part is providing information, which Carol is doing, in ways that people learn best. It's not just being talked at but giving them pamphlets or access to a webcast that they can go back to as they digest the information that they're receiving and continue to think about the decision that's best for them but then always going back and having that opportunity to engage with their provider which is where that relationship and trust is critical. I don't think a person wants to make the decision independently. They want to have that decision shared with somebody else who has the knowledge and expertise that you're going to them for. So I think that shared decision making is not just about doing what a patient wants, but really doing what is best for that person and grounded in their own needs and preferences.

Josh: And Lisa, I'm thinking about you coming from Children's previously, where obviously, when you're caring for a child, there's always family involved in the decision making, but how important is it to be considering family, spouses, other people besides the patient themselves, when you start talking about the shared decision-making process here?

Lisa: I think it's very important. Coming from Seattle Children's, of course, you expect that it's the patient and the family that are involved in decision-making and continuing care with kids in that case. But here, I think it is often equally important, which is that our patients have their support system. They have their lives outside of your part of that. Talking about getting that data is understanding more about those patients and as patients make important decisions, particularly patients that are quite sick and have you know many decisions to make, I think they often lean heavily on their spouse, their adult parent, other people, maybe even their kids in their family. And I think engaging their family to the degree that the patient wants, that is important and we should keep that in as part of our work in this area.

Josh: As we're learning more and more, Carol, about this, you're running a pilot program. As this is starting, tell us a little bit about the pilot and then maybe some of the successes you're hearing because of some of the different things that are starting to happen.

Carol: The whole point of the pilot project was to test the shared decision-making as part of the counseling with the patient. So we really did look at endpoints that included their rates of choosing a repeat C-section versus a Trial of Labor after Cesarean and so we do have those statistics, but more importantly, we want to hear from patients. And the patient

questionnaires that came out of it in terms of how they felt of their knowledge about the subject and how well they were educated. And we also surveyed providers in terms of how the whole process went for them and so importantly at the end of the pilot project, the patients uniformly felt like it was a positive experience. So they did feel like they were well-informed, regardless of what choices they made. And, anecdotally, when you talk to patients, they are all just very happy. They feel like they were really well-supported by their provider. They feel like they were listened to, whether they were successful or not at having a vaginal delivery, they were still very, just happy that they had the option of trying. And then for patients, you know, we actually did have a higher number of patients choose to have a repeat C-section during the pilot versus before. And I think it's because they were actually better educated. I think they really considered the two options, realized that maybe this was better for them. And you know patients did appreciate that. I think they, what they really wanted, was just a better experience than their first. And for a lot of patients, that's all they really wanted. And so we have a lot of happy patients and so that was a positive thing from the pilot project.

Josh: How do you, I'm just curious, Danielle, because I know you work so much with data, how do you quantify patient satisfaction, what are the data points you are looking at? What is this process? There's one area but we've got dozens, thousands of different places where you could be doing surveying and different data points.

Danielle: Yeah. So I think that the patient satisfaction, there's a standardized survey that gets asked of patients after they receive care within our system. And that is something that we look at to understand how we're functioning as a system looking at, did they feel like they had good communication, access to information, care provided by their respective providers. So there's definitely satisfaction. I think what Carol brings up and what we see in the literature, is that as you better capture information from patients and leverage that into the care they receive, satisfaction goes up, because I think it gets to that, I was informed about the decision, people communicated with me. If you think about going through the healthcare system, it can be an unnerving place when you're the person in the gown, right. And so if you're just being talked to at and not provided information and you're drifting through you feel very vulnerable. And so I think if you have better communication with your team, you're going to have a better understanding of what's happening and better overall experience. For the data that we're capturing, I think it's trying to better capture things that reflect how patients make decisions outside of the things that are important, right, what are my clinical outcomes, what's my risk for harm given this procedure. But also, what are the potential benefits, how might I function or feel after having a surgery or having a baby, just so I know how quickly I can get back to my life. So there's different dimensions that we're capturing, some on how a person might express how they're feeling with regard to their healthcare, and then others around satisfaction...how do I feel about the healthcare I received and I think they are different but they're also correlated.

Josh: And then, Lisa, how do you take these guys' work and now start to formulate actual systematic policymaking, changes where change is necessary, because one department may have a different, one facility may have different results, and all of that. It's a lot you have to parse and then make decisions based on that.

Lisa: I think what you're pointing out is there's a lot of complexity in our system and a lot of moving parts. And I think one thing that we all share across our system, and it's through the Patients are First framework, is what are our overall goals that we are all working on no matter where we work in this system. And as we think about goals that are related to nationally measured metrics, like patient satisfaction, then as that work gets done at

Northwest, for example, or UWMC, and they say, well, what specifically are we working on to improve patient satisfaction. I think that's where these pilots in the various work that we're doing, so patient shared decision-making, etc., can be part of, we're saying this is part of what we're doing that helps improve our patients satisfaction. I know about five years ago, I saw some Group Health data that showed when they rolled out patient shared decision-making in, I think predominantly orthopedics, they had decreased rates of surgery. They found that more informed patients didn't always want to have surgery and so they really also found that it changed the decisions that some of the patients were making. So in addition to patient satisfaction overall, which I think everyone wants to be involved in their decisions, and particularly now. I think patients are much less interested in the past where it's just tell me what to do and I'm doing it, right. Especially younger patients, I think particularly expect to be very involved in that. I think this becomes key to us, you know, really patients are expecting more of us. We talked about that earlier on. And this is part of of what I think everybody wants to do and gives us a structure to help say how do we do that.

Josh: Is it a tough sell for you guys to your colleagues? I mean I've spoken with some doctors just in general, the notion of change in the industry, and they're fighting with insurance, blah blah blah, how do you get them on board? Is it practitioner education as well as patient education, in order that everybody is on board here with this?

Lisa: I think there's some of both and I'll let my colleagues speak in a minute, but part of it I think, as we talked about it a little earlier, prioritization. We can't change everything at the same time so we really have to focus on what are the things we're doing this year and what do we think are the things they do that make the most difference in transforming our system. So what are those things. And that we're asking people to do because we can't as people do one more thing, one more thing, one more thing, until it's 20 more things. So part of it I think is that prioritization. I think the other is probably what you're seeing here is working through pilots and figuring out how does this work for the doctors who are taking care of the patients, does this help, does it add time, do we have to account for it differently. What does it really mean in our system to do some of these things. But I have, some of the physicians that I know pretty well and have spoken with, have said, as Carol was talking about earlier, you know, patients show up with a different level of information now. So in a certain way, this is part of us also responding to a different, we don't, we wouldn't want patients making a lot of decisions off information that we might not think is accurate. And I believe in a certain way, if we're not actually actively in those conversations, that could be happening.

Josh: Sure. Absolutely. From your perspectives, Carol, Danielle, how hard of a sell is this? Do you feel like you need to put on the hard sell, if you will?

Carol: No, I actually don't think we needed to put on a hard sell. I mean just as you have to engage your patients to be part of the care, you have to just engage providers that you work with and say, hey, this is something that we should all be doing. And for most of the providers, I would say, they were already doing a form of shared decision-making. They just didn't have all the tools. So we actually provided them with a really great patient decision aid that they could give to patients and it probably reduced some of the time that they took to counsel their patients because this is something the patient could go home with, read with their family, come back the next time and then had that conversation, go over the important points and answer any questions about it. And so if we had that type of decision aid, whether it was a booklet or an online learning module or, you know, just something more visual for patients, if we had those types of decision aids for all topics, I

think it would make our jobs easier. I think the difficult thing with the pilot project was the tedium of actually documenting that you did the pilot itself. So we did make providers keep track of, you know, did you get the decision aid, did you have this counseling session and did you document this, this and this, and so that was one more thing we were asking you to do. But that was just the pilot, so you know, in real life, and day to day practice, we don't really need to document work that we're doing, that we just need to do the work which we already doing.

Danielle: Yeah, and I would say that we're trying to design for patient-reported outcomes, I don't think that peace is a hard sell. There's a lot of providers who already use this information in their day to day practice, but it's on paper and it's hard then for that information to leave that clinic and make it available across the system. The work that we've been collaborating on with Dr. Chang with depression, I think, is a really great example. We know that patients come in that need to be treated for depression. We don't have a blood test to track how depressed are you today, right. That information comes directly from the patient. That's information that is often captured across the system but it's not captured in one point. The electronic health record where it can be easily accessed wherever you are in the system and then looked at over time. So as we've built that electronic pathway, we've tried to do it thinking about different use cases in primary care and specialty care, so behavioral services, or maybe I'm coming in for surgery and we know that depression may have an impact on your outcomes. That's important information to capture. So how do we design with that systems thinking. And I think if we're successful, we'll improve efficiency because it's going to be one last thing people have to capture in the visit. We can maybe get it to patients before they come to clinic and then it's information that they can quickly access in the context of the medical record, to see how patients are doing over time, what impact does a new medication or a treatment have on that person. So, that being said, I think it's not been a hard sell. I think the hard part is why aren't we moving faster. And I agree. I would love to move faster, to have this ultimate vision accessible and available tomorrow. It's not going to be that fast but we're designing with that in mind. I think that is the pro, that we're designing and thinking about how can this information be leveraged by different aspects of our system.

Josh: And lastly, as we wrap up this edition of The Transformer, what didn't we talk about? Is there something that you think that people within the system should know?

Danielle: I would say, you know, we're at a point where we have to be better about putting the patient on the team, through care transformation as well. You know, healthcare is something that I think, to date, has failed to recognize the importance of the patient on the team and really co-designing healthcare systems with that perspective in mind. As healthcare teams and provider, we can make recommendations, we can provide services, but it's up to that person, that patient or their family, to really carry those through, to come back and see us and to work with us. And so I think that the patient engagement aspects that we've talked about today are different attempts to really engage people in the care they're providing and I think that's really the lens that we're going with moving forward.

Josh: And I have to say, that for anybody who doubts your personal perspective, just today, you took your husband in for care as he fell off the stairs. We don't want to violate any HIPPA laws here and disclose what happened but you had firsthand. [laughter]

Danielle: Now, more than ever, do I understand the need for easy access, quick results and understanding that I need him to help me move boxes this week. [laughter]

Josh: What didn't we talk about?

Carol: I guess what we didn't talk about is our need for better patient education in multiple languages at a level that patients can understand and something that's interactive. So part of our pilot project was actually choosing the patient decision aid for this project. And there are a lot of decisions on this topic of Trial of Labor after Cesarean and I reviewed a lot of them. The problem is the content wasn't right in a lot of them. And when it was right, it was in kind of an antiquated paper format versus an interactive online module that you can use and then you have to integrate it with your electronic health record. And so all of that just costs money. It takes time to really look through all of it. It takes clinicians who are actually doing the work to put that all together. And so I think that it's important in the future to have more access to different topics and especially in different languages.

Josh: And Lisa, you get the last word here. What didn't we talk about that you think is critical or what's on your mind?

Lisa: Well, one last thing I think we didn't talk about that I would like to see more of and believe we will see more of here, is the use of patient and family advisors on our teams as we design our processes. So, not only improving that patient experience one by one with every patient's experience, but also thinking about how do we have patients on the team at the table as we're designing new facilities, as we're designing our electronic medical record processes, as we're making improvements. So we have often had patients at a high level on the quality committees, at the board level, for example, in other places, but we don't, we go to many, many meetings where we are designing improvements and there are no patients sitting there. And what I have been involved in in the past at Children's, is we started to bring patients into many of those design sessions and meetings and I think we often found out that we were not always right about what the patient perspective was. We think we know but we don't know. And having that direct feedback I saw often changed our direction and gave us different information. And I'd like to see us do more of that. But overall, I'm very excited about what we're talking about here and this work we're doing which is very impressive and I'm happy to be here that I can be part of this, the care transformation and the continued engagement with the patient.

Josh: Well, I could talk to you guys for hours about this but I can't expect anyone to listen for hours. So with that, Lisa Brandenburg, the chief health system officer for UW Medicine and the vice president for medical affairs at UW. Danielle Lavallee is the medical director for patient-reported outcomes and research, associate professor of general surgery. Did I get the title right there?

Danielle: Yes

Josh: Wow, that's a big title. And Dr. Carol Salerno, medical director of childbirth services at Northwest Hospital and section head of the Department of Obstetrics and Gynecology and clinical instructor for UW School of Medicine. Does that all fit on a business card?

Carol: Barely [laughter]

Josh: Thank you so much. A wonderful conversation. And just so insightful and I said this after the last one I did of these, as a patient of UW Medicine, I just feel better and better about what you guys are doing. So keep it up. Thanks.

[Musical outro]

Josh: Well, that's gonna do it for this edition of The Transformer: the UW Medicine Care Transformation podcast. In our next episode, it'll be fascinating as we go in-depth with the man leading the care transformation initiative, UW Medicine's chief medical officer, Carlos Pellegrini. I'm Josh Kerns. Thanks so much for listening and we'll talk to you again soon on The Transformer.