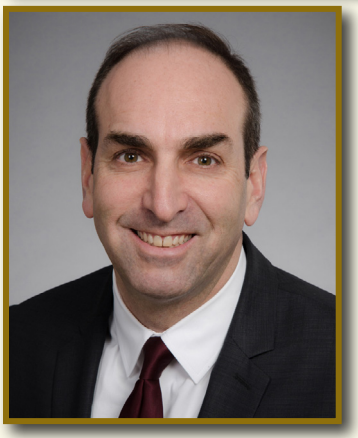
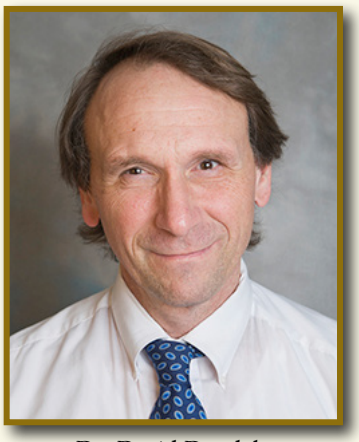
UW Medicine Receives $30 Million Grant to Help Transform Care Throughout WWAMI Region



Dr. David Flum

UW Medicine is one of 39 healthcare collaborative networks that will participate in the Transforming Clinical Practice Initiative (TCPI) announced by U.S. Health and Human Services Secretary Sylvia Burwell. UW Medicine will receive up to $5.5 million for the first year, and then up to $30.2 million over a four-year period to provide technical assistance support to help equip clinicians in Alaska, Montana, Idaho, Wyoming and Washington (WWAMI) with tools, information, and network support needed to improve quality of care, increase patients' access to information, and spend health care dollars more wisely. The initiative will be led by Dr. David Flum, Professor in the Division of General Surgery, and Dr. David C. Dugdale, Professor of Medicine, and will be multidisciplinary in nature, involving collaborations from numerous departments and personnel across the School of Medicine including Psychiatry, Family Medicine, Biomedical Informatics and Medical Education, and others. Department of Surgery collaborators include Giana Davidson, MD, MPH, Heather Evans, MD,MS, Farhood Farjah, MD, MPH, Sara Kim, PhD, and Danielle Lavallee, PharmD, PhD.



Dr. David Dugdale

As a Practice Transformation Network (PTN), UW Medicine will support more than 6,700 clinicians, with a potential to impact more than 1.9 million patients in the WWAMI region. The PTN's top priorities are coordinating care for patients with chronic conditions and sharing data across practices. The network will train practitioners and deploy targeted programs aimed at reducing hospital readmissions and unnecessary tests and procedures, and healthcare costs. Specifically, the PTN will: 1) Deploy an infrastructure comprised of rapid-cycle performance surveillance and benchmarking of quality metrics, a telemedicine grid, support for coordinated care for patients with chronic conditions, and data and information sharing across practices; 2) Train both primary and specialty care practitioners using a hybrid model of web-based and in-person learning, including on site coaching to support practice transformation; and 3) Deploy targeted programs to drive performance improvement linked to endpoints of interest to the PTN and TCPI, including patient-reported outcomes where appropriate, hospital readmissions, unnecessary testing and procedures, and healthcare costs.

Dr. Heather Evans

Dr. Gina Davidson

The PTN strategy is in part built on lessons learned from the development of statewide networks in quality improvement (Surgical Care and Outcome Assessment Program (SCOAP)) and learning healthcare research (CERTAIN), and will leverage several successful programs developed and managed by the Department of Surgery Surgical Outcomes Research Center (SORCE) and CERTAIN investigators:

- PROS in Practice, a program led by Principal Investigator David Flum, which provides convenient and systematic mechanisms for capturing patient reported outcomes (PROs) directly from patients, ensuring timely and accurate PRO data and meaningful reporting to support the delivery of patient care as efficiently as possible. Expanding PROs in Practice across the PTN is expected to reduce unnecessary procedures by as much as 30% through data collection, benchmarking and reporting on novel patient-centered outcomes; training on use of patient-centered outcomes in preference sensitive care planning; and quarterly forums to share best practices and guide practice change.

- INFORM (Improving Nursing Facility Outcomes using Real-time Metrics), a collaborative of specialty care clinicians, primary care clinicians, and skilled nursing facilities using performance benchmarking and best practices to improve the health of patients receiving specialized post-acute care following hospitalization. The INFORM program, led by Principal Investigator **Giana Davidson**, is expected to reduce re-hospitalizations by 20% across the PTN through performance benchmarking and reporting on acute care discharges and readmissions; and monthly teleconference forums to share best practices and guide practice change.

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- **mPOWEr**, an innovative mobile health platform designed to improve post-surgical discharge care by enabling patient-initiated monitoring of surgical wounds and facilitating patient-provider communication during transition back to primary care. mPOWEr, which was developed by Principal Investigator **Heather Evans**, is expected to reduce emergency room visits and re-hospitalizations by 25% through performance benchmarking and reporting on elective surgeries and readmissions; and deploying innovative mobile store-and-forward application for patients leaving the hospital and returning to primary care practice.

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"Helping doctors and other healthcare professionals change the way they work is critical to improving quality and spending our healthcare dollars more wisely," Burwell said. "These awards will give patients more of the information they need to make informed decisions about their care, and give clinicians access to information and support to improve care coordination and quality outcomes."

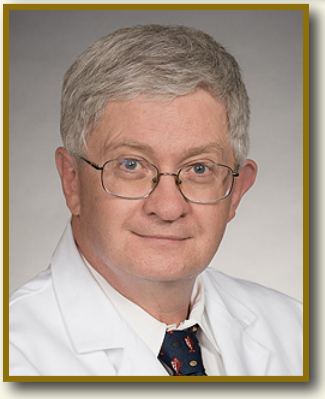
Dr. Flum called the award an "unprecedented opportunity" for UW Medicine to deliver on its promise of providing the most accountable care to our patients. "This award will reinforce our already solid infrastructure for delivering high value, patient-centered care. It also provides layers of clinician training and novel programs to assure that our patients get the right care at the right time, and in the right place within our system," he said.

The award is an opportunity to work with underserved populations in the five-state area and "to help improve the quality of medical care for our population while controlling the cost," said Dr. **Carlos A. Pellegrini**, *Henry N. Harkins Professor and Chair* of UW Medicine's Department of Surgery.

The PTN's training, infrastructure, and programs will accomplish cross-system practice transformation, support initiatives such as **Choosing Wisely®** and the **Million Hearts®** program, and help accomplish a growing list of evidence-based performance targets. Projected costs savings resulting from this work are estimated at over $400 million.

Read more about the **Transforming Clinical Practices Initiative >>**

2015 New Faculty



Mark Brakstad, MD

Dr. Brakstad is a Clinical Associate Professor in the Division of General Surgery and a provider at the **Surgical Services & Hernia Center** at **Northwest Hospital & Medical Center**. He offers a full range of general surgery, and specializes in minimally invasive surgeries using advanced laparoscopic and robotic techniques, with a surgical focus in general surgery, breast surgery and laparoscopic surgery. Dr. Brakstad received his medical degree from the University of Washington and completed his general surgery residency at University of Iowa College of Medicine. He is board certified by both the American Board of Surgery General Surgery and the American Board of Pediatrics, and was named a 2015 Top Doctor by both Seattle Magazine and Seattle Met magazine. Dr. Brakstad is unconditionally committed to excellent patient care and supporting the patient and their family through the healing process. In his spare time he enjoys fishing, sports, and spending time with his family.

Daniel Kim, MD

Dr. Kim, Acting Assistant Professor in the Division of General Surgery, has expertise in both complex laparoscopic and open surgical techniques. He specializes in diseases of the gallbladder, complex and recurrent hernia repair, as well as a wide array of emergency general surgery procedures to treat intestinal or gastric perforation or bleeding, small bowel obstruction, abdominal sepsis, and severe soft tissue infections. He also performs colon resections for tumors, fistulas, diverticulitis and diverticulosis, and treats soft tissue tumors and infections, and benign anorectal disease such as anal fistulas,

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