GME and Health Care Reform

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Professor of Anesthesiology
Vice Dean and DIO
Mayo School of Graduate Medical Education
## Sponsoring Institutions

<table>
<thead>
<tr>
<th></th>
<th>ACGME Residents</th>
<th>ACGME Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York Presbyterian</td>
<td>1,636</td>
<td>119</td>
</tr>
<tr>
<td>Mount Sinai SOM</td>
<td>1,391</td>
<td>91</td>
</tr>
<tr>
<td>U TX-SW</td>
<td>1,382</td>
<td>94</td>
</tr>
<tr>
<td>UPMC (Pittsburgh)</td>
<td>1,381</td>
<td>107</td>
</tr>
<tr>
<td>COM, Mayo Clinic</td>
<td>1,247</td>
<td>129</td>
</tr>
</tbody>
</table>

*Source: ACGME Data Book*
MSGME

90 programs
1,176 trainees

24 programs
157 trainees

25 programs
146 trainees
GME Finances

Budget

- IME
- DME
- Grants
- Balance
GME and Health Care Reform

- Value of GME
- Train physician workforce of the future
  - Projected physician shortage
  - Primary care/specialty mix
- Preparing physicians for future practice
GME Value: Inpatient Practice

• Work/Residents
• Duty hours
• Shift to outpatient environment
• Prescriptive time requirements
• Administrative burden
• Hospitalists
• PA/NP
“Probably in the not too distant future we will crawl out of our old methods of education, as a snake sheds it skin, and reorganize a new plan.”

Charles H. Mayo
Knowledge
Skills
Behaviors
GME and Health Care Reform

- Inter-professional learning
  - Team training
  - Experiential learning
- Quality improvement
- Education technology
- Science of health care delivery
- Professionalism
Relationship Building
Work in partnership with all colleagues for the genuine concern and well being of our patients and others

Effective Communications
Listen for understanding to the diverse opinions of others

Leading with Mutual Respect
Treat one another with respect and courtesy. Acknowledge and value the contributions of others

Assertion
Empowered to voice my opinion and trust that it will be heard

PEARLS
Tools
Strengthening Teamwork through Common Language

Teamwork is REAL

Reflective Listening
SBAR
Quality Academy

• Quality training
• Quality projects
Offerings

• Individual Level Courses

QA: **Applied Statistics**
- QA: Applied Quality Essentials
- QA: Applied Statistics
- QA: Applied Value Stream Mapping
- QA: Baldrige Performance Excellence: Improving Organizational Excellence
- QA: Change Management for Practitioners & Facilitators
- QA: Coaching QI Projects
- QA: Design of Experiments I
- QA: Design of Experiments II
- QA: Failure Mode Effects Analysis (FMEA)
- QA: Hypothesis Testing
- QA: Introduction to Statistics
- QA: Job Instruction Training
- QA: PDSA & Small Tests of Chance
- QA: Problem Solving
- QA: Quality Concepts & Philosophies
- QA: Quality Essentials
- QA: Quality Improvement Fundamentals
- QA: Selecting Quality Improvement Methods
- QA: Seven Quality Tools: Back to the Basics
- QA: Understanding & Visualizing Your Process
- QA: Voice of the Customer & Stakeholder Relationships

QA: **Quality Concepts & Philosophies**
- QA: 3 Online

QA: **Selecting QI Methods**
The Deteriorating Patient and Simulation

VTE Prophylaxis Best Practice

Communication Across Care Transitions

30 Day Readmissions

Catheter-Associated UTI

Hospital Discharge Medication
Quality Fellows Program

- Nomenclature, QI project member
- 4 modules, project
- Courses, lead 2 QI projects, scholarship
- Courses, mentor, publication
Quality Fellows

Mayo Quality Fellows Certifications

<table>
<thead>
<tr>
<th>Level</th>
<th>AZ</th>
<th>FL</th>
<th>MCHS</th>
<th>MN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze Level</td>
<td>1878</td>
<td>1317</td>
<td>1773</td>
<td>13,465</td>
<td>18,433</td>
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<tr>
<td>Silver Level</td>
<td>111</td>
<td>72</td>
<td>61</td>
<td>822</td>
<td>1,066</td>
</tr>
<tr>
<td>Gold Level</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>34</td>
<td>41</td>
</tr>
</tbody>
</table>

Last Updated 9/27/2011
Education Technology/EMR

- Opportunities to drive practice decisions through care process models
- Knowledge management systems
- Point-of-care practice and learning
- Blaze rules
Blaze Rules

Software rules that trigger a specific response.

Prolonged QT drug interactions:
  • Prevents use of contraindicated medications through EMR and computer-based clinical decision support
  • Alerts physician at time of electronic order prescribing
Ask Mayo Expert

- Online resource for Mayo-vetted medical knowledge and expert contact information
- Disseminates care process models
  - Atrial fibrillation
  - Depression
  - Hypertension
  - Health screening for asymptomatic patients
Ask Mayo Expert: Heparin-induced Thrombocytopenia

Jun. 1st 2011 12:26 PM

The Heparin-induced Thrombocytopenia (HIT) Care Process Model is now available in AskMayoExpert. HIT increases a patient's thrombotic risk by up to 50%. Early recognition and treatment of HIT can prevent life-threatening consequences. This care process model should be followed by all providers caring for patients receiving heparin therapy. Questions? Contact: askmayoexpert@mayo.edu

Read the rest of this entry »

Posted by Catherine Benson | in AskMayoExpert | No Comments »

- FDA Approves Zostavax for people 50 and older - LastWord outage planned for Sat., June 4 »
Treatment and Follow Up

- How is the HIT antibody assay obtained?
- How is the HIT antibody assay determined?
- How long does the test result take?
- Why is the test result needed?
- How is the test result interpreted?
- How is the test result used in treatment?
- What are the follow-up recommendations?

**Treat for HIT: Direct thrombin inhibitor (DTI) treatment table**

Start therapy with a nonheparin anticoagulant (lepirudin or argatroban). The decision must consider the patient's renal and hepatic function. See Anticoagulation Therapy for Initial Episode of HIT table below.

**Anticoagulation Therapy for Initial Episode of HIT**

(APN users: links below not available)

<table>
<thead>
<tr>
<th>Drug/Agent</th>
<th>Dose</th>
<th>Patient Considerations</th>
<th>Monitor</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lepirudin</td>
<td>0.10 mg/kg per hour</td>
<td>Normal creatinine</td>
<td>Check the activated partial thromboplastin time (aPTT) every 4 hours</td>
<td>aPTT 60-90 seconds</td>
</tr>
<tr>
<td>Argatroban</td>
<td>2 mcg/kg per minute</td>
<td>Normal liver function</td>
<td>Check the activated partial thromboplastin time (aPTT)</td>
<td>aPTT 60-90 seconds</td>
</tr>
</tbody>
</table>

Continue treatment for high probability HIT score regardless of test results

Add heparin to patient. Repeat HIT test if negative.
What do I tell a patient with newly diagnosed cancer?

- Should a cancer diagnosis be given before the patient has a Division of Medical Oncology consultation?
- How do I help a patient make a Do-Not-Resuscitate (DNR) order?

Hospital nurses, pull up a chair or sit on the floor of the bed (with permission). This emphasizes that you are there for them.

Show the patient that you have time for them—this is as important to you as it is to them. If you listen to their concerns and explore their feelings and thoughts, it may actually save you time. For example, if a patient asks unusual (perhaps even nonsensical) questions about potential therapy, it will save time for you to ask why he or she is asking the question instead of brushing it off and having the question come up repeatedly because the patient does not feel heard.

Allow the patient to have a reactive emotion before providing them with more information. Be silent and move closer when a patient is having an emotional reaction. It is natural to try to make things better but simple presence will often help.
Design, implement, measure, and disseminate high-value best practices…
Science of Health Care Delivery

- Study of the systems and processes that support the delivery of high value health care
- Branch Mayo Medical School campus
Program in Professionalism & Ethics

Education programs

Program in Professionalism and Ethics education programs

The Program in Professionalism and Ethics supports and is engaged in a number of education initiatives including:

- Medical Grand Rounds
- Professionalism retreat for Mayo leaders
- National Symposium on Professionalism
- National Symposium on Professionalism in Health Care

The Program in Professionalism and Ethics actively seeks and desires to support collaborative education efforts in professionalism and ethics. Feel free to contact us if you have any questions regarding these efforts.

Notably, other groups at Mayo and elsewhere are engaged in education efforts related to professionalism and ethics. Please visit the "Resources" page to access the web sites of a number of these groups.

Web-based Ethics Curriculum

The Web-based Ethics Curriculum is a modular based tool to provide didactic ethics education to all the students in the Mayo Clinic College of Medicine. This tool will teach the fundamentals of medical ethics necessary for the practice of medicine and allied medical fields, and fulfill the didactic component of ethics education desired by accrediting educational organizations. The tool allows the student to access this information 24/7 without having to find room for this content in otherwise packed lecture schedules.

The first 6 modules of the curriculum became available June 2010, and are now a mandatory part of the curriculum of every incoming trainee in the Mayo School of Graduate Medical Education. The first 6 modules address:

- Beneficence and Non-maleficence: The Prime Duties of Health Care
- Honesty and Truth-telling
- Confidentiality
- Informed Consent and Refusal
- Autonomy, Decision-making Capacity and the Right to Refuse Treatment
- Substitute Decision-making and Advance Directives

Two additional modules will be added to the program for the new classes beginning in 2011 (Dealing With Medical Mistakes and Dealing With Impaired Colleagues), with additional topics added on an ongoing basis.

The web-based curriculum was created by C. Christopher Hook, M.D. and Joan Hannesen Hellyer, Ph.D. through the generous gifts of Mr. and Mrs. Hugh and Betty Libby in partnership with the Program in Professionalism and Ethics.

Presently, access to the modules is only possible for registered students via the Blackboard system. If you are interested in accessing these modules, please contact Dr. Joan Hannesen Hellyer, hannesen.hellyer@mayo.edu. Questions or suggestions regarding content should be addressed to Dr. Hook, hook.christopher@mayo.edu.

"When knowledge is translated into proper action we speak of it as wisdom." ~ W.J. Mayo, MD
Primary Value

“The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary.”

William James Mayo
Summary

• Value
• Leadership, innovation, teamwork, systems of health care delivery
• Leverage EMR
• Quality and professionalism