CY22 PORTFOLIO

Contents

Welcome

4 A Note From Our Leadership

Our Vision

6 Supporting Clinical Excellence

8 National Map

10 By the Numbers

Our Process

12 Building Guidelines With a Phase Approach

Our Focus Areas

Introduction

2022 Profile **14**

Chronic Kidney Disease

Transitioning to 2021 CKD-EPI Estimated Glomerular Filtration Rate (eGFR) Equation **16**

Cancer & Pre-Cancer Management

Lobular Neoplasia: Diagnosis & Management Guidelines **18**

Heart Health & Primary Prevention

Aspirin: Primary Prevention **20**

Hypertension: Self-Measured Blood Pressure Monitoring **22**

Health Disparity & Equity

Addressing Concerns about Race as a Factor in Clinical Calculators **24**

Infectious Diseases

Hepatitis C Screening, Treatment, & Referral Guidelines **26**

2022 COVID-19 and Influenza Guidelines for Ambulatory Patients **28**

Pediatrics

Pediatric Ambulatory Collaborative, 2022 Collaborative Initiatives **30**

Emerging Needs in Public Health

Physician & APP Suicide Awareness **32**

Firearm Injury Prevention **34**

Building a Culture of Evidence-Based Medicine

36 Celebrating Innovation & Excellence

38 Grand Rounds and 5-Minute Check In

40 Physician Enterprise Virtual Clinical Symposium

42 National Abstract Competition

44 Physician Enterprise Vision Awards

Our Future

46 Looking Ahead

Resources

48 PE Resource Library

Who We Are

50 Meet Our Team

52 Steering Committee

53 Contact Us

Welcome

For the newly formed Physician Enterprise Clinical Standards and Variation Reduction team, 2022 was marked with challenge and success.

We worked alongside and in concert with many teams, clinical institutes and service lines, and academic partners across Physician Enterprise and CommonSpirit Health.

We initiated the year with a new steering committee representing many aspects of patient care across our divisions and clinicians, including physicians and advanced practice providers (APPs). Collectively, we recognized our purpose is to cultivate the growing culture of evidence-based medicine to deliver clinical excellence across the continuum of care.

Our team was created with a simple hope: to improve the way clinical decisions are made at the time of care, by the patient's side. In this work, we looked to engage our steering committee members and ensure clinical teams were represented, and their clinical voices heard across the ministry.

The past year has illustrated the importance of network and strong team building. As Phil Jackson said, "The strength of the team is each individual member. The strength of each member is the team."

We are incredibly thankful for our team and our steering committee. Our steering committee members have been a source of inspiration and support as we chartered a path and built new collaborations with teams across CommonSpirit. We have been fortunate for these collaborations as they have led to tremendous contributions to improving care, from ambulatory quality teams to communications teams. As we set out to build our clinical workgroups with our physicians and APP clinical experts, we noticed the outpouring of support and engagement from these clinicians. We believe that the outpouring of support and engagement is a testament to who they are as professionals, and the power of feeling included, heard, valued, and recognized for their work.

> "Our team was created with a simple hope: to improve the way clinical decisions are made at the time of care, by the patient's side."

We have had the opportunity to amplify the contribution to science and improve care delivery by our community employed/affiliated partners and our academic partners in the form of the 2022 Academic Excellence Awards and the National Abstract Competition. Furthermore, in partnership with our leaders and academic partners, we have helped to create a culture of continuous learning through the PE Grand Rounds/Clinical Updates, 5-minute Check Ins with Dr. McGinn, Pediatric Lunch and Learns, and, most recently, the PE Clinical Symposium.

This year, we also launched a national effort to improve the calculation of estimated glomerular filtration rate (eGFR) in partnership with lab information services, nephrology academic partners, and informatics teams. This effort will help us improve the accuracy of eGFR calculation and thus address disparities in care for African American and Latinx patients by ensuring earlier referral for treatment of chronic kidney disease and subsequently decreasing disability and improving mortality associated with chronic kidney disease. Given the efforts underway, we are now partnering with the Office of Diversity, Equity, Inclusion, and Belonging to create engagement opportunities for patients and communities.

As we look to the year ahead, we are excited about the many initiatives underway and planned for 2023. The successes of this year and the progress of new initiatives are attributable to the engagement of our clinical experts, collaborators, and our Physician Enterprise Clinical Standards team. And we simply could not do it without their effort. Thank you!

Thomas McGinn, MD, MPH, MACP
System Executive Vice President
Physician Enterprise

Gary Greensweig, DO, FAAFP
System Senior Vice President
Chief Physician Executive
Physician Enterprise

Ankita Sagar, MD, MPH, FACP
System Vice President
Clinical Standards &
Variation Reduction
Physician Enterprise

LINKS

Meet Our Team

Our Vision

Supporting Clinical Excellence

The objective of the Physician Enterprise Clinical Standards and Variation Reduction team is to accelerate the standardization of clinical care pathways where there is a notable evolution of evidence-based practice, de-novo transformation in diagnosis and management, or an identified need for response to emerging diseases or clinical evidence.

We take a nationally scalable, coordinated, systematic and cross-continuum approach to care. Our work is guided by clinical framework to support clinical excellence, by:

Identifying high-priority clinical areas with evidence-based recommendations

Formulating consensus for CommonSpirit standard of care after subject matter expert review of evidence

Leveraging collaboration opportunities with clinical institutes and divisions to make adoption and adaptation a reality

Improving the way decisions are made at CommonSpirit Health

Partnering with subject matter experts across the ministry for building consensus for CommonSpirit standard of care.

Helping to cultivate the growing culture of evidence-based medicine to deliver clinical excellence across the continuum of care.

Ministry-Wide Engagement

We believe that the clinical engagement is a testament to who the physicians and APPs are as professionals, and the power of feeling included, heard, valued, and recognized for their work.

Clinical Standards and Variation Reduction partners with subject matter experts across the CommonSpirit Health ministry to build consensus for standard of care.

- ● Grand Rounds Presenter or Panelist
- ▲ Clinical Standard Guideline SME
- ■ 5-Minute Check-In

Outside System: ● 1

Northwest
WA ● 2 ▲ 8
OR

Midwest
ND ▲ 1
MN
NE ● 10 ▲ 7 ■ 7

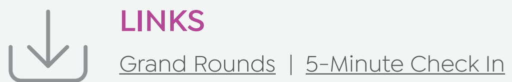
System
IL ● 7 ▲ 14 ■ 3

West
CA ● 5 ▲ 1 ■ 1

Southwest
NV
AZ ● 4 ▲ 3

Texas
TX ● 5 ▲ 1 ■ 5

Southeast
KY ● 3 ■ 1
TN ▲ 1
AR ● 1 ■ 3



LINKS

Grand Rounds | 5-Minute Check In

2022 By the Numbers

The Clinical Standards and Variation Reduction team identifies high-priority clinical areas and utilizes evidence to formulate consensus based on our subject matter expert review. We call this our CommonSpirit Health standard of care. We frequently leverage collaboration opportunities with CommonSpirit's clinical institutes and divisions to make adoption and adaptation a reality.

Academic Partners

We are proud to collaborate with our academic partner institutions to further enrich the resources and standards we provide.

Grand Rounds Presenter or Panelist

Bimonthly, online education sessions on timely topics

Clinical Standard Guideline SME

Sharing of insight from internal subject matter experts related to clinical standards

5 Minute Check-In

Ongoing short video series sharing relevant clinical and organizational news

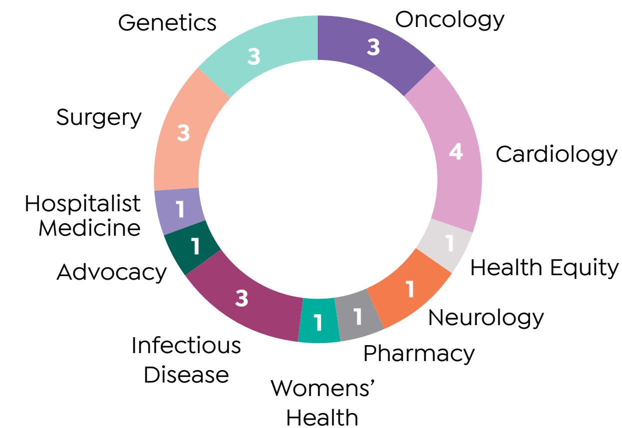
Grand Rounds Presenter or Panelist	Clinical Standard Guideline SME	5 Minute Check-In
8 Creighton University School of Medicine Collaborations	**6** Creighton University School of Medicine Collaborations	**7** Creighton University School of Medicine Collaborations
7 Baylor College of Medicine Collaborations	**1** Baylor College of Medicine Collaborations	**5** Baylor College of Medicine Collaborations

LINKS

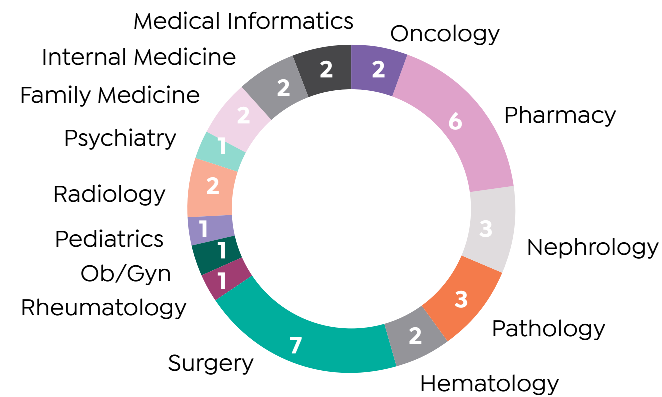
Grand Rounds | 5-Minute Check In

Number of Appearances by Specialty

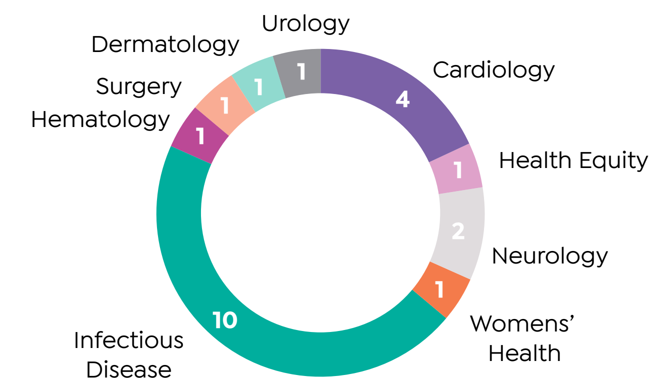
Grand Rounds Presenter or Panelist



Clinical Standard Guideline SME



5 Minute Check-In



Grand Rounds

Content Hours Produced and Shared:
669 minutes (11 h 9 min)

YouTube Views:
2,700

CME Credits Offered:
12.0

CME Credits Claimed:
195 credits

5-Minute Check In

Content Hours Produced and Shared:
152 minutes (2 h 32 min)

YouTube Views:
10,575+ views

Combined Stats

Total Subject Matter Expert Speakers:
90+

Podcast Downloads:
1,000+
(combined Grand Rounds and 5-Minute Check In)

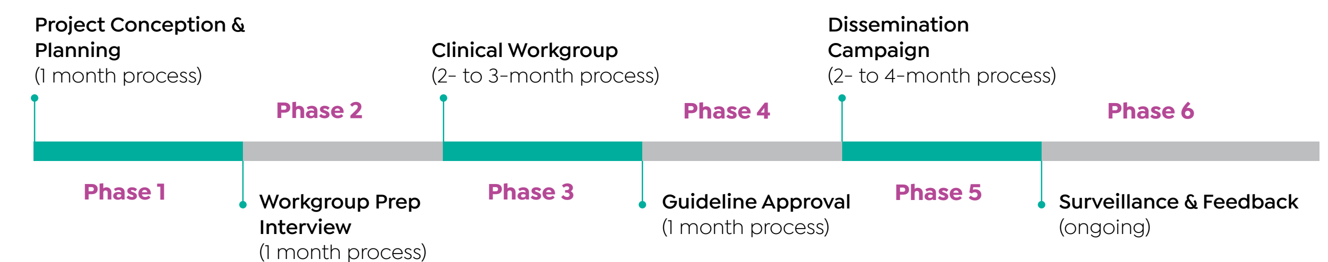
Our Process

Building Guidelines with a Phased Approach

The process of evaluation and creation of clinical standards of care is a progressive, phase process. While we adhere to the overall framework depicted here, depending on the focus area, the length of time dedicated to topics may vary.

> **"The Clinical Standards team has served as responsive partners in aligning efforts to reduce variation in practice, supporting priority national ambulatory quality initiatives, i.e. chronic disease management, depression screening and management and cancer screening."** —Debra Rockman, RN, MBA, System VP, Ambulatory Quality

Clinical Standard of Care



Supported by Clinical Workgroups

Clinical workgroups are tasked to review and evaluate internal and external clinical guidelines, as well as creation of the CommonSpirit Health clinical standard of care. Clinical workgroups are developed as necessary and with a self-limited life cycle.

Clinical workgroup membership includes physicians and advanced practice providers, as well as a combination of academic and divisional leadership (as applicable). Membership of the clinical workgroups represents stakeholders across the footprint of the Physician Enterprise.

> "Clinical workgroups are tasked to review and evaluate internal and external clinical guidelines, as well as creation of the CommonSpirit Health clinical standard of care."

Our Focus Areas

2022 Profile

In 2022, the Clinical Standards and Variation Reduction team focused on diverse and varied clinical topics, determined by emerging needs in the patient population, new research and information related to diagnostic and treatment options, and our ongoing commitment to health care equity for all.

"I greatly appreciate the work of the Clinical Standards team. As someone tasked with the standardization efforts enterprise-wide for laboratory services, I understand a portion of the complexities that are faced by the CSVR team, and I also understand the tremendous benefits that will be realized once we are consistent in our patient care, financial stewardship, and operations."

—Max Wells, Technical Program Manager, System Laboratory Services

The Clinical Standards and Variation Reduction team initiated this project with an end goal in mind: Implementing earlier referral for treatment of chronic kidney disease for patients to decrease disability and improve mortality associated with chronic kidney disease.

Chronic Kidney Disease

Transitioning to 2021 CKD-EPI Estimated Glomerular Filtration Rate (eGFR) Equation

CommonSpirit Health has adopted guidance from the National Kidney Foundation and the American Society of Nephrology to transition to the new estimation of Glomerular Filtration Rate (eGFR) 2021 CKD-EPI creatinine equation that estimates kidney function without a race variable. At the time of this publication we have completed conversion of 78% of 120 CommonSpirit facilities.

The Clinical Standards and Variation Reduction team initiated this project with an end goal in mind: Implementing earlier referral for treatment of chronic kidney disease for patients to decrease disability and improve mortality associated with chronic kidney disease.

While we continue to pursue a more accurate and patient-centered approach to the diagnosis and treatment of chronic kidney disease, we are working closely with the CommonSpirit Office of Diversity, Equity, Inclusion, and Belonging to create engagement opportunities for patients and communities.

ACKNOWLEDGMENTS

We appreciate the invaluable contribution, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Gaye Woods, John Kniesche, Karen Smith, Dr. Khalid Bashir, Dr. Melissa Kaptik, Max Wells, Monica Kallenberg, Nathan Ziegler, Dr. Nicholas Dietz, Dr. Poonam Sharma, Dr. Robert Wiebe, and Rosalyn Carpenter.

LINKS

Access the Guidelines here

WHY THE eGFR EQUATION?

The previous eGFR equation employed a race-based variable which provided different eGFR results for non-Black persons and Black persons. The race-based variable would falsely elevate the reported eGFR thereby reporting a higher estimation of kidney function for Black persons in comparison to non-Black persons. The higher estimation in turn delayed the implementation of management including modification of medication dosing, delay in therapy change, and delay in transplant candidate evaluation. This disparity in access to care needed to be addressed.

Cancer Screening & Pre-Cancer Management

Lobular Neoplasia: Diagnosis & Management Guidelines

CommonSpirit Health has adopted the guidance of the American Society of Breast Surgeons in the approach to the management of Atypical Lobular Neoplasia (ALH) and Classical Lobular Carcinoma In Situ (cLCIS).

These guidelines state that routine excision is no longer recommended for ALH or cLCIS when the radiological and pathological diagnoses are concordant and no other lesions requiring excision are present. Instead, for patients with benign and concordant ALH or cLCIS on core needle biopsy, a patient-centered holistic approach is recommended. This includes shared decision making regarding the options of surgical excision or imaging surveillance in the modality of detection at 6, 12 and 24 months.

Intended Audience of This Guideline

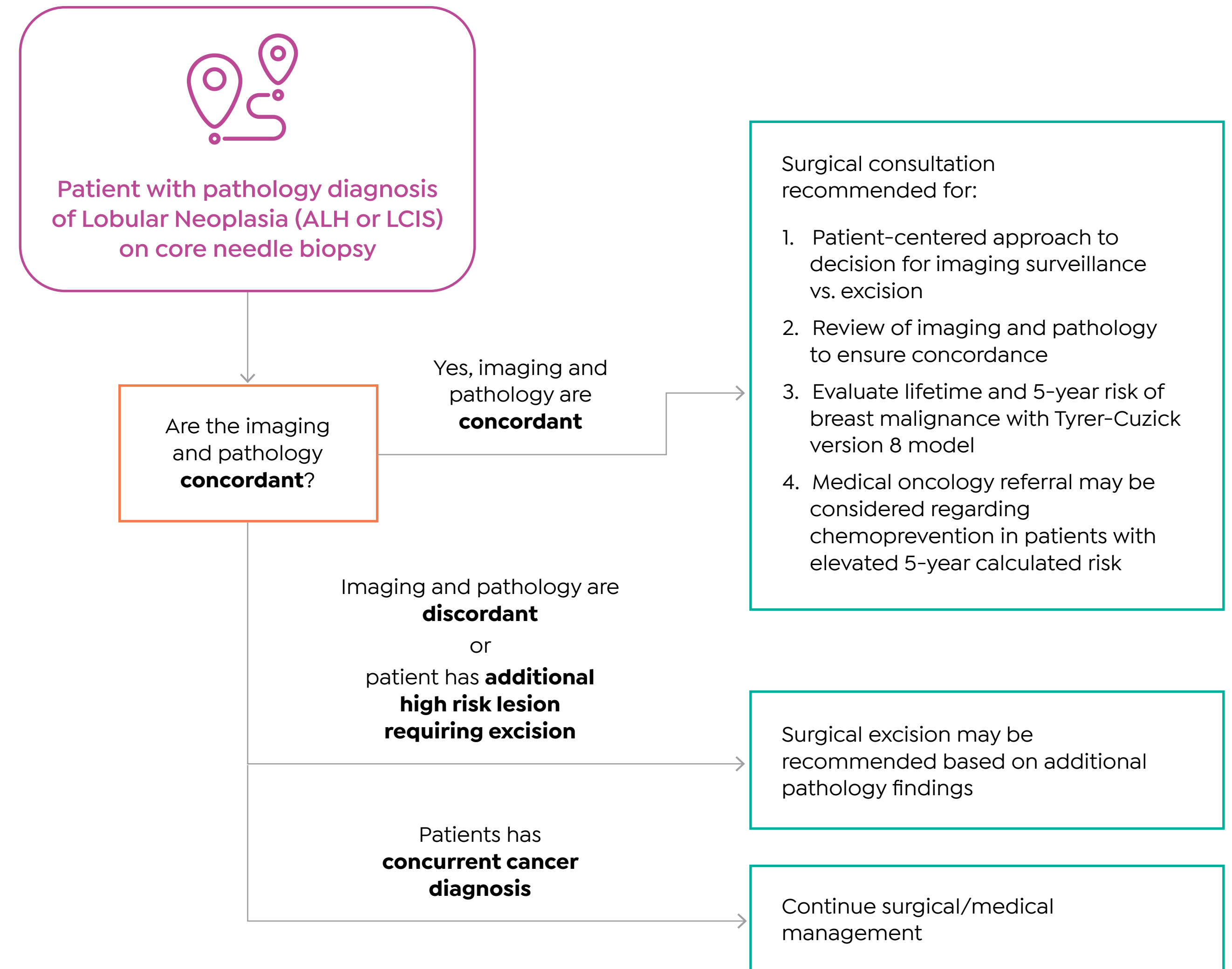
Physicians and Advanced Practice Providers

- Primary Care
- OB/GYNs
- Surgery (Breast and General)
- Radiology/Breast Imaging

WHY LOBULAR NEOPLASIA?

In patients with ALH or cLCIS with concordance between imaging and pathology findings, the current evidence suggests that the likelihood of an upgrade to in situ or invasive malignancy is less than 5% (low). Thus, a patient-centered approach, accounting for person history, family history, and lifetime breast cancer risk assessment, will likely avoid overtreatment and decrease unnecessary surgical procedures, decreasing the risk of poor outcomes caused by complications of procedures.

Recommended Decision Pathway



ACKNOWLEDGMENTS

We appreciate the invaluable contribution, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Dr. Colleen O'Kelly-Priddy, Dr. Grace Kalish, Dr. Jason Wiseman, Dr. Lanette Smith, Dr. Peter Eby, Dr. Quynh Le, Dr. Sirinya Prasertvit and Dr. Timothy Jacobs; from the Oncology Clinical Institute Marcia Gruber and Dr. Peter Emanuel; and from Patient Communications and Engagement Dr. Alishah Jackson, Nisha Pasupuleti and Vanessa Astros Young.

LINKS

Guidelines | Dot Phrases/Macros for ALH | American Society of Breast Surgeons

Heart Health & Primary Prevention

Aspirin: Primary Prevention

Clinical Standards recognizes the best practice guidance of wthe U.S. Preventive Services Task Force related to Aspirin Use to Prevent Cardiovascular Disease, published on April 26, 2022.

The use of aspirin in the primary prevention of cardiovascular disease has been thoroughly researched and discussed, particularly through the lens of balancing benefits and harms.

Intended Audience of This Guideline

Physicians and Advanced Practice Providers

- Primary Care: Internal Medicine and Family Medicine

The recommendations are:

For adults aged 40 to 59 years...

With an estimated 10% or greater 10-year cardiovascular disease risk: The decision to initiate low-dose aspirin use for the primary prevention of CVD in this group should be an individual one. (Grade C)

For adults 60 years or older:

Initiation of aspirin for the primary prevention of CVD is not recommended. (Grade D)

Regarding the use of aspirin for the primary prevention of CRC...

USPSTF has concluded that the evidence is inadequate that low-dose aspirin use reduces Colorectal Cancer (CRC) incidence or mortality. (Grade I)

This recommendation replaces the 2016 USPSTF recommendation...

on aspirin use to prevent CVD and CRC.

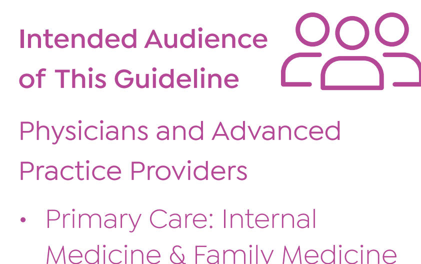
LINKS

Insight Report | USPSTF Recommendation Statement

Heart Health & Primary Prevention

Hypertension: Self-Measured Blood Pressure Monitoring

In support of the CommonSpirit Health Physician Enterprise initiative to reduce hypertension in all populations, the Clinical Standards and Variation Reduction team reviewed current guidance and evidence on self-measured blood pressure monitoring.



Intended Audience of This Guideline

Physicians and Advanced Practice Providers

- Primary Care: Internal Medicine & Family Medicine

Information Sought

The review focused on the following questions:

Significance of Self-Measured Blood Pressure: Is self-measured blood pressure accurate, acceptable, and supported by evidence?

Self-measured blood pressure monitoring has strong evidence highlighting its ability to more reliably predict end-organ damage, such as a change in the echocardiographic left ventricular mass index, urinary albumin to creatinine ratio, proteinuria, silent cerebrovascular disease, and nonfatal cardiovascular events.

Reducing Barriers to Care: Does self-measured blood pressure monitoring improve patient engagement and/or reduce barriers to care?

Home blood pressure monitoring addresses several limitations of traditional office-based measurements, including improved accuracy for identifying white-coat or masked hypertension, the ability to take more timely action and adjust therapy, and decreasing perceived barriers to care.

Blood Pressure Monitor Accuracy: Is there a validation process or resource for validating blood pressure measuring devices in the general consumer market?

Per AHA and AMA recommendations, "Self-measured BP monitoring devices that automatically inflate and deflate the blood pressure cuff are preferred over ones that require manual inflation and deflation by the patient because the former devices are easier to use." Recommend and utilize ValidateBP to confirm self-measured blood pressure monitoring devices have been validated.

ACKNOWLEDGMENTS

We appreciate the invaluable contribution, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Dr. Christine Braid, Cindy Garrett, Debra Rockman, and Kelly Bitonio.

LINKS

Insight Report | ValidateBP

Health Disparity and Equity

Addressing Concerns About Race as a Factor in Clinical Calculators

In 2022, the Clinical Standards and Variation Reduction team launched an initiative to address clinical calculators which include race as a coefficient, as identified by Vyas et al. in Hidden in Plain Sight and reports of the Ways and Means Committee Report of the U.S. Senate.

See insights report for more about the review process for each calculator. (Access links at the bottom of page 31.)

WHY HEALTH EQUITY?

The pursuit of health equity is driven by CommonSpirit's commitment to justice — in health care, as well as social, economic, environmental, and public policy arenas. We recognize the health disparities that currently exist and the various systemic and structural inequities that impact the well-being of individuals, families, and communities. Health inequity is a significant driver of health outcomes in our communities and across the country. Further, inequities in health and health care lead to lower quality care; thus, health equity is a factor in the pursuit of excellence and delivery of evidence-based clinical care.

Calculator Categories

Calculator can be continued to be used while further clarification from professional societies is awaited

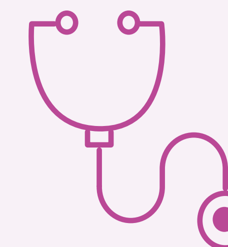
- Organ Procurement and Transplantation Network Kidney Donor Risk Index
- Pulmonary Function Testing

Calculator is recommended to be used only in conjunction with the clinician's overall assessment of the patient's condition

- Society of Thoracic Surgeons Short Term Risk Calculator
- NCI Breast Cancer Risk Assessment Tool
- Breast Cancer Surveillance Consortium Risk Calculator
- Osteoporosis Risk SCORE
- Fracture Risk Assessment Tool
- STONE Score

Calculator is not recommended for use in clinical management decision making.

- Get with the Guidelines: Heart Failure
- MDRD Equation for estimated Glomerular Filtration Rate(eGFR) *NEW calculator is recommended
- Vaginal Birth After Cesarean Section *NEW calculator is available
- Screening for UTI in Pediatric Patients under 2 years of age
- Rectal Cancer Survival Calculator



ACKNOWLEDGMENTS

We appreciate the invaluable contribution, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Dr. Alisahah Jackson, Dr. Andrew Rubenstein, Dr. Angie Coscio, Dr. Dodji Modjinou, John Kniesche, Dr. Melissa Kaptik, Dr. Paige Harwell, Dr. Peter Silberstein, Dr. Quynh Le, Dr. Ronald Gagliano, Dr. Shankar Raman, Physician Enterprise Leadership Team, and Physician Enterprise Medical Group Leaders.

LINKS

Insight Report | Hidden in Plain Sight | Ways and Means Committee Report

Infectious Diseases

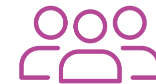
Hepatitis C Screening, Treatment, & Referral Guidelines

The US Preventive Services Task Force (USPSTF) recommends screening for Hepatitis C virus infection in adolescents and adults. This recommendation incorporates new evidence and replaces the 2013 USPSTF recommendation, which recommended screening for HCV infection in persons at high risk for infection and one-time screening in adults born between 1945 and 1965 (B recommendation). The new USPSTF recommendation expands the ages for screening to all adults from 18 to 79 years.

Clinical Standards and Variation Reduction, in partnership with primary care, infectious disease, and gastroenterology, created a clinical workgroup tasked with creating a clinical standard for Hepatitis C screening, treatment and referral guidelines. This work was initiated in 2022 and will continue as an initiative in 2023.

Through the work of this clinical workgroup, CommonSpirit Health will adopt the recommendations for screening all average-risk patients over the age of 18 years for Hepatitis C once in their lifetime. Furthermore, the clinical workgroup intends to address the best practices for Hepatitis C treatment and referral for specialty evaluation when warranted.

Intended Audience of This Guideline



Physicians and Advanced Practice Providers

- Primary Care: Internal Medicine and Family Medicine
- Infectious Disease
- Gastroenterology

WHY HEPATITIS C?

Hepatitis C virus is the most common chronic blood-borne pathogen in the US and a leading cause of complications from chronic liver disease (JAMA Network).

HCV is associated with more deaths than the top 60 other reportable infectious diseases combined, including HIV.

An estimated 44,700 new HCV infections occurred in the US in 2017. Cases of acute HCV infection have increased approximately 3.8-fold over the last decade because of increasing injection drug use and improved surveillance.

The most rapid increase in acute HCV incidence has been in young adults aged 20 to 39 years who inject drugs, with increases in both sexes but more pronounced in men.

LINKS

JAMA Network | USPSTF Recommendation Statement

ACKNOWLEDGMENTS

We appreciate the ongoing contributions, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Dr. Alan Sheinbaum, Dr. Blaire Burman, Dr. Chia Wang, Dr. Johnathan Zhang, Dr. Justin Reynolds, Katherine Chin NP, Dr. Manasa Velagapudi, Dr. Rima El-Herte, Dr. Saira Aijaz Khaderi, and the Population Health team of Dr. Alisahah Jackson, Hannah Byrnes-Enoch, Nisha Pasupuleti and Reena John.

Infectious Diseases

COVID-19 and Influenza Guidelines for Ambulatory Patients

Ahead of the 2022 fall cold and flu season, Clinical Standards and Variation Reduction provided resources for the prevention, diagnosis, and management of influenza and COVID-19. The team partnered with experts in infectious disease and pharmacy to produce the 2022 COVID-19 and Influenza Guidelines.

Intended Audience of This Guideline

Physicians and Advanced Practice Providers

- Primary Care: Internal Medicine and Family Medicine

These guidelines reference new and previously shared information regarding the influenza season and ongoing recommendations for COVID-19.

The 2022 COVID-19 and Influenza Guidelines address:

- Vaccine recommendations for influenza, COVID-19, pneumococcal
- 2022 COVID-19 and influenza testing for symptomatic ambulatory patients (pediatric and adult)
- COVID-19 symptom triage and diagnosis
- COVID-19 treatment guideline
- Therapeutic management of non-hospitalized adults with COVID-19
- Information on Paxlovid
- COVID-19 clinic precautions

WHY COVID-19 AND INFLUENZA?

COVID-19, influenza, and other respiratory viruses are expected to continue to co-exist in our communities and afflict significant morbidity among our patients. As the incidence of respiratory infection by COVID-19 and influenza evolves, so do the vaccine technology and therapeutic guidelines for treatment. These guidelines were created to address the needs of our patients as well as the diagnostic and therapeutic challenges faced by our ambulatory clinicians.

LINKS

Access the Guidelines here

Pediatrics

Pediatric Ambulatory Collaborative

The CommonSpirit Health Pediatric Ambulatory Collaborative was established in 2021 to address the particular challenges faced by pediatricians in the management of chronic illnesses in the ambulatory setting.

The Pediatric Ambulatory Collaborative was specifically formed to focus on ambulatory pediatric care. With guidance from its steering committee members, the collaborative identifies focus areas based on clinical importance, need, and established evidence base.

The purpose of the collaborative is to create focused subject matter resources and treatment guidance for pediatricians, family physicians, and APPs. In addition, the collaborative aims to amplify the voices of patients, communities, and clinicians to improve the delivery of care, with a particular emphasis on vulnerable groups.

The Pediatric Ambulatory Collaborative has chosen to initially focus on eating disorders, adverse childhood events, communicating the importance and beneficial effects of the COVID-19 vaccine, and starting a Lunch and Learn series centered around behavioral health disorders in pediatrics.

Eating Disorders

The collaborative has partnered with Equip Health, a virtual evidence-based eating disorder treatment program on a mission to ensure that everyone with an eating disorder has access to treatment. They are in the initial phases of piloting in a few markets before spreading widely.

Adverse Childhood Events

The collaborative has chosen a best practice Adverse Childhood Events screening tool in addition to resources for patients based on the results of the screening.

COVID-19 Vaccination

Members of the Pediatric Ambulatory Collaborative consulted on creating a pediatric-specific addition to the COVID-19 ambulatory algorithm for the Physician Enterprise.

Behavioral Health Lunch and Learn

This series of virtual sessions focuses on the management of behavioral health disorders. This series was open to all CommonSpirit Health Physician Enterprise primary care, pediatricians, behavioral health clinicians caring for pediatric age patients, and other interested providers. Topics covered thus far are pediatric depression and pediatric anxiety. To-date, the sessions and recordings have been accessed by more than 200 clinicians.

Content Hours Produced and Shared: 5 hours
YouTube Views: 130+
CME Credits Claimed: 27.25 credits

PEDIATRIC AMBULATORY COLLABORATIVE GOALS

- Ensuring that we start pediatric patients on the path for a healthy life
- Sharing best practices for common ambulatory pediatric concerns and diagnoses, including:
  - Childhood obesity
  - Asthma
  - Behavioral Health Disorders (including ADHD)
  - Adverse Childhood Events (ACE) screening (including trauma-informed care)
  - Vaccination and Preventive Science
- Providing best practices for virtual care delivery (including diagnoses/evaluations appropriate for virtual care)
- Helping to develop patient and family relationship-building

PEDIATRIC AMBULATORY COLLABORATIVE MEMBERS

Ana Gudino NP | Pediatrics, Woodland Clinic Medical Group

Jill Walsh MD | Chair of Women and Children's Services, Mercy Medical Group

Kelsey Huebsch ANP | Primary Care Family Medicine

Lilia Parra-Roide, MD | Chair, Pediatrics, DHMG Phoenix and Chair, Pediatrics, Creighton University School of Medicine, Phoenix Regional Campus

Megan Babb, DO | Primary Care Physician, Family Medicine, Mercy Medical Group

***Michael Dudas MD |** Chair of Pediatric Ambulatory Collaborative Steering Committee | Chief of Pediatrics, Deputy Chief of Primary Care, Virginia Mason Franciscan Health

Sara Faheem MD | Pediatrics, Dignity Health Medical Group—Dominican

Scott Piazza DO | Medical Director of Informatics, Pacific Central Coast Health Centers Faculty, Marian Family Medicine Residency Program

LINKS

Sept. 9: Depression | Oct. 5: Anxiety

Emerging Needs in Public Health

Physician & Advanced Practice Provider (APP) Suicide Awareness

An evidence-based approach to mitigating physician and APP suicide is important as emerging data consistently shows that informed actions and steps can be taken to raise awareness and prevent suicide among clinicians. These steps include learning the vital signs of colleagues at risk, starting mindful conversations, understanding the barriers, and sharing the resources that can help those in distress seek mental health care.

If you know someone in crisis, please call or text the 988 Suicide and Crisis Lifeline by dialing 988. You can also contact the Crisis Text Line (text HELLO to 741741). Both services provide 24-hour, confidential support to anyone in suicidal crisis or emotional distress.

In order to bring light to this important topic, the Clinical Standards and Variation Reduction team collaborated with the Physician Enterprise Physician and APP Well-being and Fulfillment Committee, CommonSpirit Health CEO Wright Lassiter III, Dr. Thomas McGinn, Dr. Robert Weibe, and their respective teams to raise awareness across CommonSpirit. This included creating a suicide prevention resources list, signing up as a Supporting Organization for National Physician Suicide Awareness Day, and working collaboratively to address barriers to accessing mental health services and encouraging physicians and APPs to reach out for support when they are struggling, whether it's with stress, feelings of burnout or another challenge.

WHY PHYSICIAN AND APP SUICIDE AWARENESS?

- Suicide is the 12th leading cause of death in the U.S. (AFSP)
- Every year 300-400 physicians die by suicide – approximately one physician per day. (Center et. al.)
- The suicide rate for physicians is higher than for the general population. (Schernhammer et. al.)
    - Male physicians are at 1.41 times greater risk than the general population.
    - Female physicians are at 2.27 times greater risk than the general population.

HELP MAKE A DIFFERENCE

If you would like to join the PE Physician and APP Well-being and Fulfillment Committee, please click here to complete an interest form.

LINKS

AFSP | Center et al. | Schernhammer et al. | Suicide Prevention Resources

Why Firearm Injury Prevention

Over 45,000 people died due to firearm injury in the US — about 124 people per day (CDC)

- More than 50% of the firearm-related deaths were suicides.(CDC)
- 2 in 10 firearm-related injuries were unintentional. (CDC)

Firearms became the leading cause of death among children ages 1 to 19 years old — taking the lives of 4,357 children — far surpassing motor vehicle deaths and other injuries (KFF)

- 30% of child deaths by firearm were suicides
- 5% were unintentional or undetermined accidents

In the U.S., 1.7 per 100,000 children died by suicide from firearms, vs 0.2 per 100,000 children die by suicide from firearms in comparable countries. (KFF)

Emerging Needs in Public Health

Firearm Injury Prevention

During the past year, the Clinical Standards and Variation Reduction team has partnered closely with the CommonSpirit Health Advocacy Team to understand how CommonSpirit is advocating to mitigate firearm injuries and to find ways to further this work with a focus on preventing firearm-related deaths caused by interpersonal violence or suicide.

We have interviewed multiple external organizations engaged in this work, while also reviewing evidence-based approaches to counsel patients and families on preventing firearm-related injuries and deaths. Further, we are exploring partnerships with community organizations to engage our patients and communities in addressing the root causes of firearm-related injuries and deaths.

To share this work and emerging evidence of best practices, we launched a Grand Rounds series dedicated to the discussion of ways clinicians can help mitigate and counsel patients on injury prevention. In addition, we are working in close partnership with various internal and external experts to build programming that has shown significant clinical impact on preventing firearm injury.

ACKNOWLEDGMENTS

We appreciate the invaluable contribution, expertise, and insights of CommonSpirit Health's clinical experts in making this work possible, including Dr. Alisahah Jackson, Dr. Andrew Rubenstein, Dr. Angie Coscio, Dr. Dodji Modjinou, John Kniesche, Dr. Melissa Kaptik, Dr. Paige Harwell, Dr. Peter Silberstein, Dr. Quynh Le, Dr. Ronald Gagliano, Dr. Shankar Raman, Physician Enterprise Leadership Team, and Physician Enterprise Medical Group Leaders.

LINKS

Kaiser Family Foundation | Centers for Disease Control

Building a Culture of Evidence-Based Medicine

In 2022, the Clinical Standards and Variation Reduction team collaborated and communicated with our clinical teams in new and innovative ways. It is through these efforts that we are able to work toward our goal of building a culture of evidence-based medicine throughout CommonSpirit Health.

Communicating and Educating

Grand Rounds and 5-Minute Check In

As part of the commitment of the Clinical Standards and Variation Reduction team to bring the latest clinical news and published research to our physicians and APPs, we have developed a series of engaging videos and Grand Rounds webinars.

Both the 5-minute Check-In and Grand Rounds are well received with thousands of views and downloads on the Physician Enterprise YouTube and podcast channels as well as on Google Drive.

90+	13,000+	1,000+
Subject Matter Expert Speakers	YouTube Views	Podcasts Downloaded

“This was an engaging and relevant Grand Round session affecting the lives of our patients and families. Thank you for engaging us in this conversation.” – Clinician

“Really great presentation and conversation. Thank you for taking on this topic. Made me feel less helpless and more empowered.” – Clinician

In this ongoing short video series, Dr. Thomas McGinn, EVP, Physician Enterprise shares relevant organizational news and information. Guest academic experts offer insights on recent research and noteworthy studies that impact patient care and clinical practices. Clinical topics range from breaking news on COVID-19 to innovations in primary and specialty care.

As part of this virtual educational series, Dr. Thomas McGinn and Dr. Gary Greensweig bring together clinical and academic experts to discuss relevant clinical topics ranging from breast cancer to innovations in colorectal and cervical cancer screening.

LINKS

Watch the 5-Minute Check In Series | Watch the Grand Rounds Series

Celebrating Innovation and Academic Excellence

Physician Enterprise Virtual Clinical Symposium

The 2022 CommonSpirit Health Physician Enterprise Virtual Clinical Symposium featured nationally renowned thought leaders and academic experts who shared valuable, evidence-based best practices that support and enhance clinical practices.

October 13, 2022

The symposium brought together and re-energized clinical teams while focusing on clinical excellence.

ACKNOWLEDGMENTS

We appreciate the time, support, expertise, and insights offered by our Clinical Symposium Planning Committee:

Anne Wright, DMSc, MPAS, PA-C, DFAAPA, Dr. Barbara Martin, PhD, ACNP-BC, MPH, Brooke Burgess, Dana Zeiss, ARNP, NP, Dr. Francis Mercado, Dr. Gary Greensweig, Dr. John Flynn, Dr. Laurence Shields, Dr. Marijka Grey, Dr. Mark Heinsohn, Dr. Nezar Falluji, Dr. Peter Valenzuela, Rachael Lytle, RN, MSN, CPHQ, Dr. Randall Pritza, John Kniesche, MPH, Dr. Thomas McGinn

Symposium Highlights

1. **Dr. Stephen Beeson and Dr. Mukta Panda** facilitated a meaningful discussion on how we build an enriching environment, which provides strong roots for professional fulfillment and well-being for physicians and APPs at the individual, leadership, and system levels.

2. **Dr. Carol Mangione** provided a journey on the evolution of national guidelines for prevention across cancer screenings, cardiovascular disease, and more. The session offered insights into the processes of USPSTF for building consensus based on clinical data and evidence, and the ways in which experiences of patients and front-line clinicians influences evolution of guidelines.

3. **Dr. Joseph Rogers** provided a guiding framework for the approach to the management of heart failure given the significant advancements in diagnosis, prevention, and management approaches over the recent past.

4. **Dr. Thomas McGinn and CommonSpirit Health's new CEO, Wright L. Lassiter III**, discussed the future of health care and the opportunities ahead.

WATCH INDIVIDUAL SYMPOSIUM SEGMENTS

Welcome, Reflection, Introductory Remarks

Dr. Thomas McGinn and Dr. John Chelico

▶ Watch on Drive | Watch on YouTube

Professional Fulfillment and Wellness Remarks

Dr. Stephen Beeson and Dr. Mukta Panda. Panel discussion with Dr. Gary Greensweig, Dr. Barbara Martin, Dr. Ankita Sagar, Dr. Greg Anderson

▶ Watch on Drive | Watch on YouTube

USPSTF Update and National Guidelines Overview

Remarks by Dr. Carol Mangione. Panel discussion with Dr. Thomas McGinn, Dr. Kavita Chawla, Dr. John Chelico, Karen Dykes, NP

▶ Watch on Drive | Watch on YouTube

Advances in Heart Failure

Remarks by Dr. Joseph Rodgers. Panel discussion with Dr. Nezar Falluji, Dr. Munir Janmohamed, Chriselyn Lorenzana, NP-C

▶ Watch on Drive | Watch on YouTube

Future of HealthCare and Vision for CommonSpirit Health

Dr. Thomas McGinn and Mr. Wright L. Lassiter III

▶ Watch on Drive | Watch on YouTube

Closing Remarks

Dr. Thomas McGinn

▶ Watch on Drive | Watch on YouTube

Celebrating Innovation and Academic Excellence

National Abstract Competition

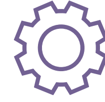
As part of the Virtual Clinical Symposium, the Physician Enterprise hosted a National Abstract Competition and Poster Session.

The purpose of the National Abstract Competition is to share efforts underway across CommonSpirit Health Physician Enterprise and our academic partners in the realm of:

View the National Abstract Competition criteria here.

Clinical Research

Health Disparities Research or Health Equity Research


Practice Innovation/ High-Value Care

Fifty-seven abstract submissions were received and all were incredible example of the research happening across the footprint of the Physician Enterprise.

All submitters were required to be affiliated with CommonSpirit Health by way of Physician Enterprise or academic partners. This includes:

- Baylor College of Medicine
- Virginia Mason Franciscan Health
- Creighton University School of Medicine

ABSTRACT WINNERS

Clinical Research

Topic Title: *Is Open Left Thoraco-Abdominal Esophagectomy A Viable Option In The Era Of Minimally Invasive Esophagectomy?* **By Dr. Taha Qaraqe, MD**

Academic Affiliation: Virginia Mason Franciscan Health

Health Disparities

Topic Title: *Improving the Transition into Adulthood Process for Children with Neurodevelopmental Disabilities,* **By Dr. Janki Patel, DO**

Academic Affiliation: Baylor College of Medicine/ Texas Children's Hospital

Practice Innovation

Topic Title: *Dedicated Atrial Fibrillation (AF clinics) can significantly reduce hospital admissions while improving clinical diagnosis and long-term management,* **By Dr. Gopi Dandamudi, MD**

Academic Affiliation: Virginia Mason Franciscan Health/ University of Washington School of Medicine

ACKNOWLEDGMENTS

We appreciate the time, support, expertise, and insights offered by our judges for this competition:

Dr. Alisahah Jackson, Dr. Allison Heinen, Dr. Ankita Sagar, Dr. Ashok Balasubramanyam, Dr. Barbara Martin, Dr. Brisa Hernandez, Dr. Corey Karlin-Zysman, Dr. Daniel Murphy, Dr. Derek Meeks, Dr. Irene Gutierrez, Dr. John Flynn, Dr. Kimberly Bates, Dr. Marijka Grey, Dr. Mariko Kita, Dr. Mark Heinsohn, Dr. Nana Coleman, Dr. Peter Valenzuela, Dr. Ruchi Gaba, and Dr. Vani Nilakantan.

Celebrating Innovation and Academic Excellence

Physician Enterprise Vision Awards

The annual CommonSpirit Health Physician Enterprise Vision Awards program recognizes and celebrates clinical excellence throughout the Physician Enterprise.

Anchored on the CommonSpirit Health vision statement (A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity), there are six specific awards categories.

SIX AWARDS CATEGORIES

1. **Inspiration:** Recognizing an action/behavior that is closely aligned with our vision and positively impacts people/programs/clinical care in unique ways.
2. **Compassion:** Recognizing impactful demonstrations of empathy and kindness.
3. **Innovation:** Recognizing a new workflow, method, idea, or product that improves clinical care.
4. **Academic Excellence:** Recognizing how we're advancing the practice of medicine through key research or published studies. Awards will be based on articles submitted that were published in peer-reviewed journals from January to December 2022.
5. **Patient Experience:** Recognizing top performers and most improved for key patient experience metrics.
6. **Quality:** Recognizing top performers and most improved clinic teams for key quality metrics.

Criteria for the Academic Excellence category are based on the potential for the publication to have a direct and high impact on clinical care delivery. The judges used the AAMC Review Criteria for research manuscripts and each paper was reviewed twice by different reviewers.

Academic Excellence Awards

ACADEMIC PARTNER AWARDS

Baylor College of Medicine

- Richard Gibbs, PhD and Christie Ballantyne, MD for Genetic testing in ambulatory cardiology clinics reveals high rate of findings with clinical management implications. Read More.

Creighton University School of Medicine

- Srinagesh Mannekote Thippaiah, MD for Use of selective serotonin and norepinephrine reuptake inhibitors (SNRIs) in the treatment of autism spectrum disorder (ASD), comorbid psychiatric disorders and ASD-associated symptoms: a clinical review. Read More.

Morehouse School of Medicine

- Herman A Taylor, MD, Peter Baltrus, PhD and Team for Individual Psychosocial Resilience, Neighborhood Context, and Cardiovascular Health in Black Adults: A Multi-Level Investigation from Morehouse-Emory Cardiovascular (MECA) Center for Health Equity Study. Read More.
- Obiora Egbuche, MD and Melvin R. Echols, MD for Pre-existing cardiovascular disease, acute kidney injury, and cardiovascular outcomes in hospitalized blacks with COVID-19 infection. Read More.

COMMUNITY AWARDS

CHI Memorial Stroke and Neuroscience

- Thomas Devlin, MD for Telestroke: Maintaining Quality Acute Stroke Care During the COVID-19 Pandemic. Read More.

Mercy General Hospital and Dignity Health Heart and Vascular Institute

- Arash Aryana, MD for Rationale and Outcomes of Cryoballoon Ablation of the Left Atrial Posterior Wall in Conjunction with Pulmonary Vein Isolation. Read More.

MISSION AWARD

Dignity Health Methodist Hospital

- Ron Chambers, MD for Trauma-coerced Attachment and Complex PTSD: Informed Care for Survivors of Human Trafficking. Read More.

OVERALL WINNER

Baylor College of Medicine

Richard Gibbs, PhD and Christie Ballantyne, MD for: Genetic testing in ambulatory cardiology clinics reveals high rate of findings with clinical management implications. Read More.

This study evaluated a heart care genetic panel associated with cardiovascular disease. After evaluating 709 individuals from cardiology clinics, 32% of patients had a genetic finding with clinical management implications and 84% of physicians surveyed reported medical management changes were affected due to genetic findings.

Our Future

This first year for the Clinical Standards and Variation Reduction team has been immensely exciting and gratifying. As we look to 2023, we look forward to exploring opportunities to further refine and expand the initiatives mentioned in this portfolio and to pursue new topics.

Looking Ahead to 2023

- Management guidelines for depression and anxiety in pediatric and adult patients
- Better tools and processes for breast, colorectal, cervical, lung, and prostate cancer screening for average and intermediate to high-risk patients
- Comprehensive medical care for patients of the LGBTQ+ community
- Continued guidance and updates to the management of infections from COVID-19, influenza, and other respiratory viruses
- Continued work in the area of high-risk breast lesions (atypical ductal hyperplasia and ductal carcinoma in situ)
- Continued partnership with service lines (such as Hospital Medicine, Women and Infants) on initiatives across the continuum of care
- Continued collaboration to improve physician and APP well-being and professional fulfillment

The focus of the Clinical Standards and Variation Reduction team also includes the continued surveillance of and updates to previous guidelines that have been realized. In this way, we hope to share updated reports (as applicable) for the focus areas completed this year. More to come!

Physician Enterprise Resource Library

The CommonSpirit Physician Enterprise Resource Library is a secure website built to provide key tools and resources for Physician Enterprise.

OUR RESOURCE LIBRARY

- Find more than 600 resources
- Discover programs, CME trainings, links to Grand Rounds and 5-Minute Check-Ins
- Check out the Clinical Standards and Variation Reduction page for latest guidelines
- Read enterprise news, success stories and employee spotlights
- Learn about value hubs, PE initiatives, clinical information and tools, and more

ResourceLibrary.CommonSpirit.org > Enter CSH login credentials

CONNECT WITH US

Feedback is an important aspect of the work of Clinical Standards and Variation Reduction. Feedback may be related to updates on clinical standards in place, ideas on new clinical focus areas, or feedback on published clinical standards. Please use the feedback form to connect with us.

Feedback via PE Resource Library: Use the feedback form to connect with us!

Accelerating the standardization of clinical care pathways where there is a notable evolution of evidence-based practice, de-novo transformation in diagnosis and management, or an identified need for response to emerging diseases or clinical evidence. That is Clinical Standards and Variation Reduction.

Who We Are

Meet Our Team

Led by the Physician Enterprise Clinical Standards and Variation Reduction Steering Committee, this team focuses on providing evidence-based medicine in a more practical, feasible, and effective manner.

We often start our project planning with our "WHY." Clinical Standards and Variation Reduction is focused on initiatives that improve the overall quality of life for patients, their families, and our communities. We believe that evidence-based medicine can improve the outcomes for our patients, thus building trust and confidence in CommonSpirit Health and the Physician Enterprise.

We believe starting with this WHY naturally enhances the experience of our patients and the engagement of our physicians and Advanced Practice Providers.

We identify high-priority clinical areas and utilize evidence to formulate consensus based on our subject matter expert review of evidence. We call this our CommonSpirit' standard of care. We frequently leverage collaboration opportunities with CommonSpirit's clinical Institutes and divisions to make adoption and adaptation a reality.

At the end of the day, our work is about celebrating more birthdays, anniversaries, and time with loved ones; and avoiding downstream comorbidities and disabilities.

Gary Greensweig, DO, FAAFP | System SVP, Chief Physician Executive, Physician Enterprise

Pronouns: he, him, his | **Location:** San Francisco, CA
Fun Fact: I love all things car detailing-related. As an enthusiast, I pride myself in taking excellent care of automobiles and have a cadre of products for my beloved automobiles, rivaling a well-stocked pharmacy!

Ankita Sagar, MD, MPH, FACP | System VP, Clinical Standards and Variation Reduction, Physician Enterprise

Preferred pronouns: she/her/hers | **Location:** Princeton, NJ
Fun Fact: I keep a stash of Hershey and Cadbury milk chocolate in my refrigerator at all times, in case of a chocolate emergency.

John Kniesche, MPH | System Director, Clinical Support Services, Physician Enterprise

Preferred Pronouns: he/him/his | **Location:** San Francisco, CA
Fun Fact: I have been to 24 of 30 Major League Baseball Stadiums and have plans to finish the rest with my wife and boys (and maybe some repeats!).

Rachel Lytle, RN, MSN, CPHQ | System Director, Clinical Standards & Variation Reduction, Physician Enterprise

Preferred Pronouns: she/her/hers | **Location:** Omaha, NE
Fun Fact: I enjoy woodwork hobbies, like building furniture in my free time.

Abby Lloyd Sabin | Executive Coordinator, Physician Enterprise

Preferred Pronouns: she, her, hers | **Location:** South Pasadena, CA
Fun Fact: I grew up in Greenwich Village, Manhattan, New York City. You can't tell from my speech except occasionally the word 'off' suddenly has two syllables.

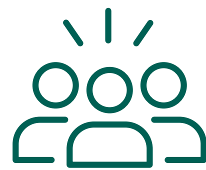
Brandy Alley | Executive Coordinator, Physician Enterprise

Preferred Pronouns: she/her/hers | **Location:** Livingston, TX
Fun Fact: I know every word to every Golden Girls episode in all seven seasons – and so does my son. He learned the theme song when he was two. I am not sure what kind of mom this makes me!

Steering Committee

Meet Our Team

The Clinical Standard and Variation Reduction Steering Committee is composed of physicians, Advanced Practice Providers and administrative leaders with an interest in evidence-based practice and who represent a diversity of thought, training, and experiences.



The Steering Committee members are tasked with:

- Identifying high-priority clinical areas based on visibility, variation, volume, and value.
- Identifying subject matter experts in clinical areas to create self-limited clinical workgroups.
- Providing feedback for the proposed Standards of Care by the respective workgroups.
- Championing the adoption or adaptation of newly developed CommonSpirit Health Standards of Care across the continuum of CommonSpirit Physician Enterprise.
- Ensuring alignment of the CommonSpirit Standards of Care with the overall vision and goals of the Physician Enterprise.

Collaboration and inclusion are central to the work we do. We rely on subject matter experts and all of our colleagues to ensure we are meeting the needs of the clinical teams we serve.

Steering Committee Members

Anne Wright, DMSc, MPAS, PA-C, DFAAPA | System Director, Advanced Practice Ambulatory Care, Physician Enterprise

Benjamin Chaska, MD, MBA | System SVP, Midwest Division, Physician Enterprise (Retired)

Brooke Burgess | System Director, Communications, Physician Enterprise

Corey Karlin-Zysman, MD, SFHM, FACP | System SVP, Southwest Division, Physician Enterprise

Debra Rockman, RN, MBA, CPHRM, CPHQ | System VP, Ambulatory Quality

Erine Erickson, MD | System VP, Medical Informatics

Joel Ward, DO | System VP, Medical Informatics and Clinical Analytics

Kavita Chawla, MD, FACP, MHA | Primary Care Physician, Kirkland Medical Center, Virginia Mason Franciscan Health

Mark Heinsohn, MD | Internal Medicine, Chattanooga, TN

Melissa Gerdes, MD, FAAFP, CHCQM | System VP, Value-Based Clinical Strategy, Population Health

Randall Pritza, MD, MMM | System SVP, Midwest Region

Robert Quinn, MD | President/CEO, Dignity Health Medical Foundation, System SVP, West Division, Physician Enterprise

CONTACT US

Clinical Standards and Variation Reduction Team:

Dr. Ankita Sagar
Ankita.Sagar@CommonSpirit.org

Dr. Gary Greensweig
Gary.Greensweig@CommonSpirit.org

John Kniesche
John.Kniesche@CommonSpirit.org

Rachael Lytle
Rachael.Lytle@CommonSpirit.org

FEEDBACK FORM

Feedback via PE Resource Library: Use the feedback form to connect with us!

CommonSpirit