CLINICAL VALUE INNOVATION CHALLENGE SELECTION EVENT

Thursday, December 8
3:30 - 6:00 p.m.
Danto Auditorium

Empowering our community to revolutionize the VALUE of patient care
To our Patients, Families, Faculty, Staff, and Trainees,

We would like to welcome you to the FCVC’s first annual “Clinical Value Innovation Challenge” Selection Event. The purpose of the challenge is to give every person, regardless of their affiliation, an opportunity to submit ideas to make improvements within the Frankel Cardiovascular Center (FCVC).

This initiative received strong support from our virtual Clinical Value Innovation community, which grew to an impressive 638 members. Thirty six unique ideas and proposals were submitted, resulting in 107 comments and 568 votes cast.

We are eager to witness the five top teams present their final pitches today, and are thrilled to welcome four world-class judges to the FCVC to help select the winning proposal. We encourage feedback from all in attendance, and ask that you vote for your favorite pitch. Audience voting will be taken into consideration by our judges when selecting the final winner. If you have any thoughts or ideas to improve this event for next year, please contact the members of the FCVC’s Clinical Value Innovation Challenge Working Group, who are listed on the last page of this booklet.

Thank you for your support of this fantastic initiative.

Kim A. Eagle, MD | Linda R. Larin, FACCA, FACHE, MBA | David J. Pinsky, MD | Richard L. Prager, MD | Thomas W. Wakefield, MD
### About the Challenge

The first annual Frankel Cardiovascular Center Clinical Value Innovation Challenge offers an opportunity for the entire FCVC community to partner with patients and families to redesign care.

The core premise of this program is that those who experience and deliver care have the greatest insights into how to make it better. In a changing health care environment that demands new thinking, we believe this concept is the key to a better health care system.

We designed the FCVC Value and Innovation Challenge and its four phases to act as a funnel for transformative ideas. In each phase of the challenge, ideas are proposed, vetted, and improved by the entire FCVC community in collaboration with patients and families. Today, in phase three: the selection contest, we hope to catalyze ideas that will have a lasting impact on the quality and cost of the care we deliver at the FCVC.


### Agenda

<table>
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<th>Time</th>
<th>Activity</th>
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<td>3:30 - 4:00 p.m.</td>
<td>Mix and Mingle</td>
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| 4:00 - 4:05 p.m. | Welcome and introduction  
Kim A. Eagle, MD            |
| 4:05 - 4:10 p.m. | Thanks to Working Group and  
Keynote Speaker Introduction  
Daniel Alyesh, MD        |
| 4:10 - 4:25 p.m. | *The Imperative for Value-Based Healthcare and the Need for Front Line Providers to Lead Change*  
Keynote speaker: William Shrank, MD |
| 4:25 - 5:40 p.m. | Innovation Challenge Pitch  
Five teams will present eight-minute pitches; followed by five-minute Q&A each. |
| 5:40 - 5:45 p.m. | Audience voting                                                          |
| 5:45 - 5:55 p.m. | Judge Deliberation and Frankel CVC Directors’ “Just do it” Innovation Awards |
| 5:55 - 6:00 p.m. | Announcement of Winning Team                                               |
Our Judges

Vineet Arora MD, MAPP

Vineet Arora MD, MAPP, is Associate Professor of Medicine, Assistant Dean of Scholarship & Discovery, and Director of GME Clinical Learning Environment and Innovation at the University of Chicago. Through funding from AHRQ, NIH, FDA and others, Dr. Arora has developed and evaluated multiple educational interventions to improve medical training while also improving quality, safety, and value of care in teaching hospitals. As the Director of Educational Initiatives at Costs of Care, she oversaw the development of the Teaching Value web modules, and co-chaired the Teaching Value Choosing Wisely Challenge. She is co-author of Understanding High Value Care, a textbook from McGraw Hill released in 2015. An avid user of social media, Dr. Arora regularly tweets about medical education, technology, and health policy at @futuredocs.

Tom Shehab, MD, MMM

Dr. Tom Shehab currently serves as Principal at Arboretum Ventures, previously serving as a member of Arboretum’s Technical Advisory Board and as a board member of an Arboretum portfolio company, ArborMetrix. Prior to joining Arboretum, Dr. Shehab spent 12 years as a physician executive and as a gastroenterologist. He was involved in a number of entrepreneurial healthcare-related ventures. Most recently, Dr. Shehab served as Chief of Staff for more than 1,000 physicians at St. Joseph Mercy Hospital in Ann Arbor and as the Chair of Medicine for Integrated Health Associates (IHA). Dr. Shehab earned an MD from Wayne State University; performed his residency and fellowship training at the University of Michigan Medical Center; and earned his Master’s in Medical Management at Carnegie Mellon University.
Dr. William Shrank currently serves as Chief Medical Officer, University of Pittsburgh Medical Center’s Health Plan Division. Prior to joining UPMC, Dr. Shrank served as Senior Vice President, Chief Scientific Officer and Chief Medical Officer of Provider Innovation for CVS Health. Prior to joining CVS, Dr. Shrank served as the inaugural Director, Research and Rapid-Cycle Evaluation for the CMS Center for Innovation where he helped design and lead the evaluation of new payment reform models. Dr. Shrank began his career as a practicing internal medicine physician at Brigham and Women’s Hospital in Boston, as well as an Assistant Professor at Harvard Medical School. Dr. Shrank received his medical degree from Cornell University Medical College; served his residency in Internal Medicine at Georgetown University; and was a Fellow in Health Policy Research at UCLA, RAND where he also earned his Master of Science degree in Health Services.

Mark A. Sutter is the President and CEO of Terumo Cardiovascular Group, one of several subsidiaries of Terumo Corporation of Japan focused on cardiac and vascular specialties. He has overseen all aspects of the global business, including operations, technology development and commercialization, global product introductions, acquisitions and partnerships, and long- and short-term strategic planning. He has served as Advisory Board Member for the BioEngineering School at the University of Michigan; Executive Review Committee Member for Colter Medical Device Translational Research; and board member for NuStep, Inc. He has shared his expertise as both a national and international speaker. Mr. Sutter has earned a Master of Science in Bioengineering as well as a Master of Business Administration from the University of Michigan.
Congratulations to our top five proposals, listed in order of presentation:

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Virtual Integrated Practice Unit for Afib Patients

We aim to improve the care of patients undergoing ablation by creating a virtual integrated practice unit (IPU) to centralize communication between caregivers and patients. By integrating disparate data sources and creating a customized dashboard for patients with ablation after radiofrequency ablation, the virtual IPU will allow coordination between patient and families and multiple specialty caregivers, including electrophysiology, cardiology, pulmonology, endocrinology, metabolic fitness, social work, anticoagulation experts, and primary care.

Team Members:

- Hamid Ghanbari, MD – Cardiovascular Medicine, Electrophysiology
- Dan Alyesh, MD – Cardiovascular Medicine, Electrophysiology
- Elif Oral, MD - Endocrinology
- Rommel Sagana, MD – Pulmonology and Critical Care Medicine
- Geoff Barnes, MD – Cardiovascular Medicine, Anticoagulation
- Ruth Scheller, RN – Electrophysiology Nursing
- John Syrjamaki – Cost Analysis Michigan Value Consortium
- Michael Ghannam, MD – Cardiovascular Medicine, Cost Analysis Michigan Value Consortium
- Mike Dorsch, PharmD - Pharmacology
- Leah Brock, MSW - Social Work
- Melvyn Rubenfire, MD – Cardiovascular Medicine, Metabolic Fitness/Wellness
- Stephanie Bousheri - Welkin Health
- Lisa Klein - Boston Scientific/Preventice Solutions
Cardiogenic Shock Triage and Assessment Team (Cardio-STAT)

We propose the formation of a multidisciplinary Cardiogenic Shock Triage and Assessment Team (Cardio-STAT) to quickly confirm cardiogenic shock, create a management plan with consideration for mechanical support, and allow for reassessment of these patients in a timely manner to effectively manage patients in cardiogenic shock.

Once activated, this team can rapidly escalate care and provide a structured format for frequent reassessment. The team would coordinate a multidisciplinary approach to the following management options: medical management, urgent revascularization, temporary mechanical circulatory support, consideration for permanent assist devices or transplantation, and emergent valve surgery.

In addition, we would collect the data of all patients who present with cardiogenic shock and are considered to activate such a team in order to create a cardiogenic shock registry for the University of Michigan.

Team Members:

- Fredy El Sakr, MD – Cardiovascular Medicine
- Mohamad Kenaan, MD – Cardiovascular Medicine
- Ran Lee, MD – Cardiovascular Medicine
- Marty Tam, MD – Cardiovascular Medicine
- Reema Hasan, MD – Cardiovascular Medicine, Heart Failure/Transplant
- Keith Aaronson, MD – Cardiovascular Medicine, Heart Failure/Transplant
- Frank Pagani, MD, PhD – Cardiac Surgery
- Stanley Chetcuti, MD – Cardiovascular Medicine, Interventional
- Hitinder S. Gurm, MD – Cardiovascular Medicine, Interventional
- Jonathan Haft, MD – Cardiac Surgery
Our Finalists

Mobility Aide (Early Ambulation in CVICU)

The Livengood Mobility Aide would help facilitate increased mobility for patients in the Cardiovascular Intensive Care Unit. Use of such an aide would consolidate the equipment required to mobilize a patient (such as a wheelchair or a walker) and would provide a method to mobilize patients on a portable monitor, intravenous poles, hooks for drainage devices and securement of oxygen tanks. This could potentially allow for fewer staff assisting with these patients, provide an ease of mobility along, and possibly decreasing the time for preparing a patient to ambulate.

Increasing patient mobility lowers hospital length of stay, lowers time spent in the intensive care setting, reduces fall risk, reduces pressure ulcer risk and financial burden of preventable events.

Team Members:

- Regi Freeman, RN, CNS - CVICU Clinical Nurse Specialist
- Alice Ferguson, RN, ENC - CVICU Educational Nurse Coordinator
- Courtney Clark, NP - CVICU Nurse Practitioner
- Erika Koerner, RN - CVICU Nurse
- Shelly Green - CVICU Technician
- Jessica Miller, PT, DPT - Physical Therapist
- Lisa Haggitt, PT, DPT - Physical Therapist
- Jessica Russell, PT, DPT - Physical Therapist
The Pulmonary Embolism Response Team (PERT)

Acute Pulmonary Embolism (PE) affects 300,000-600,000 people every year in the United States, causing 50,000-200,000 deaths annually. To make sense of the maze of overlapping treatment algorithms and patchwork of expanding literature across the many specialties who treat PE, we propose a multidisciplinary, team-based approach to provide the highest level of evidence-based care to patients most severely affected by this disease.

Leaders from Interventional Cardiology, Interventional Radiology, Vascular Medicine, Pulmonary/Critical Care Medicine, Emergency Medicine, General Medicine, Hematology, and Cardiac Surgery propose a team-based approach to the care of patients with high risk acute PE. With 24-hour, 7-day-per-week coverage, this team will be an essential resource for all patients and providers at the University of Michigan Health System with acute PE.

Paraphrasing the words of Bo Schembechler, we need “the team, the team, the team” to offer the highest level of care for our patients with acute PE.

Team Members:

- Ran Lee, MD - Cardiovascular Medicine
- Michael P. Thomas, MD - Cardiovascular Medicine, Interventional
- Geoffrey D. Barnes, MD, MSc - Cardiovascular Medicine, Anticoagulation
- Sage P. Whitmore, MD - Emergency & Internal Medicine
- Minhaj S. Khaja, MD, MBA - Interventional Radiology
Our Finalists

Using mHealth to Improve Assessment of Frailty in the Cardiovascular Surgery Patient

Frailty is strongly associated with morbidity and mortality. However, frailty is not well assessed in the cardiovascular surgical patient. We propose to develop a mHealth tool to assess the major domains of frailty and important modifiable factors related to frailty. This mHealth tool will be used in real-time in the patient’s environment, prior to the busy pre-operative clinic visit. If successful, we believe this assessment tool will be critical for the development of tailored, pre-surgical interventions to optimize health prior to surgery leading to lower post-surgical events and lower hospital costs with increases in patient satisfaction.

Team Members:
- Elizabeth A. Jackson MD, MPH - Cardiovascular Medicine
- Donald S. Likosky, PhD - Cardiac Surgery
- Mark W. Newman, PhD - Information and Engineering
- Caroline R. Richardson, MD - Family Medicine
“Just Do It” Winning Proposals

Utilizing Technology... Empowering Frankel Cardiovascular Center Patients through the Use of the Patient Portal

Our goal is to increase the use MyUofMHealth.org, otherwise known as the patient portal. More specifically we wish to provide our CVC Clinic patients with the opportunity to learn about the benefits of utilizing the patient portal to gain access to their health care information including viewing lab/test results, upcoming appointments, requesting prescription refills and communicating with their care team. We will do this by working in cooperation with the School of Nursing which will provide nursing students the opportunity to interact with our patients in a clinical environment.

- Candace Rodgers - Call Center Rep Associate
- Wendy Snyder - Call Center RN
- Paula Burton - Call Center Manager
- Ashleigh M. Kleefisch, MS, RN - Clinical Nursing Instructor, University of Michigan School of Nursing

Little Free Libraries Project

This project includes purchasing and establishing Little Free Libraries in major waiting areas and inpatient units within the Frankel Cardiovascular Center. These little libraries would contain recreational reading, including fiction and non-fiction materials. The idea behind a Little Free Library is to “take a book, return a book” free book exchange.

- Amy Hyde - MILS Librarian
- Bethany Lee-Lehner, RN, BSN - Director of Patient Education & Mardigian Wellness Resource Center
- Meagan Tenyer, MBA - Administrative Assistant/Patient Education
Working Group Members

- Dan Alyesh, MD - Cardiac Electrophysiology
- Jamie Beach, RN - FCVC Quality and Data Manager
- Diane Drago - Patient/Family Representative
- Andrea Obi, MD - Vascular Surgery
- Chris Petrilli, MD - Hospital Medicine
- Vik Sood, MD - Cardiac Surgery
- Ran Lee, MD - Cardiology
- Shelley Lassey, RN - FCVC Clinics
- Nikki Taylor, RN - FCVC Inpatient Nursing
- Lauren Heidemann, MD - Hospital Medicine

Idea and Proposal Submissions

- Eric Adelman, MD and James Burke, MD - TIA Clinic as an Alternative to Admission
- Mike Dorsch, PharmD - Mobile Applications to Enhance Patient Care and Research
- Regi Freeman, RN - Improving Hand Hygiene Through Technology
- Peter Henke, MD - Outpatient Post-Procedure After-hours Clinic
- David Hensley - Non-slip Tile Treatment to Decrease Slip and Falls
- Kimberly Newcomb-Forro, RN - MiSMART Journal
- Chris Petrilli, MD - M-Care Tracker
- Julie Piazza, MS - Non-pharmacological Pain and Anxiety Interventions in Adult Aortic Surgery Patients
- Cheryl Rutan, RN - Combining Hovermat and Bair Hugger
- Susan Steigerwalt, MD - Mobile App for WHEELS for DASH Diet
- Austin Sylver, RN - Alaris Pump Integration in MiChart
- Porama Thanaporn, MD - BluTABLET
- Stacey Valley, MD - Echo and Stress Testing on Weekends
- Patient/Family Submissions (Improve Communication of Daily Plan, Incorporate IV pole into Hospital Bed, Incorporate Commode into Hospital Bed, Adopt Patient and Family Centered Care Seal of Approval)