



New Positions and Initiatives

In early September, Jeff Redinger and Mehraneh Khalighi will be implementing a collaborative clinical pathway for inpatients at the VA Puget Sound with acute decompensated heart failure. The pathway is designed to standardize admission, acute care, and discharge planning for this cohort and has been a multidisciplinary effort across inpatient and outpatient domains. Large interventions will include institution of a diuretic protocol, early diuresis in the ED, and standardized outpatient follow-up within 7 days for all heart failure admissions. Jeff and Mehraneh will be tracking mortality, length of stay, and readmission rate as quality improvement measures after implementation.

Congratulations Chenwei Wu on becoming Director of the Office of Transformation. He will be overseeing and pushing forward some organizational improvement efforts across the hospital including the Daily Management System of tiered huddles that is designed to increase leadership situational awareness and promote just-in-time problem-solving among staff. The office also oversees the employee engagement program, and he will be assisting with local transition to the new Cerner EHR, for which VA Puget Sound has been designated as an initial operating capability (IOC) site.

As announced in our previous newsletter, Daniel Cabrera has been appointed Assistant Residency Program Director and Assistant Student Clerkship Director for Diversity and Inclusion. He gives insight in the work ahead of him:

“Work within the residency will focus on recruitment and retention of underrepresented physicians into our training programs with the hope of increasing the diversity of the department. There will also be work aimed at education of the residents and faculty in areas such as disparities, bias, and microaggressions in order to create a more inclusive environment. Work for the clerkship will focus on recruitment and mentorship of underrepresented students into Internal Medicine.”



*David
Levitt*

Are there any projects you are current working on?

In May Dr. Nancy Sugg hired me to work part-time at two brand new independent supportive housing buildings: The Estelle and Plymouth First Hill. Each building is staffed by a full-time nurse, and I'm their “backup.”

All of the tenants were previously homeless and have a mix of physical and mental ailments, with a lot of substance use. The buildings—one managed and staffed by DESC and the other by Plymouth Housing—run on a harm reduction model, like 1811 Eastlake, so substance use does not disqualify tenants from living there.

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Dr. David Levitt continued

Embedding a part-time MD in this role is a relatively new care model, and I'm still wrestling with how to frame and describe the work. For now, I like the title of Physician Complex Care Manager (PCCM) since "care management" involves helping patients better manage their health conditions through patient education, goal setting, and self-management support.

By providing chronic care management and coordination during care transitions I am trying to fill in the holes and bridge gaps in care. Hopefully, this will help reduce burnout among primary care and inpatient providers and will also decrease length of stay, if not number of admissions.

I still feel very new in this role and am learning how to best help these complex patients navigate an even more complex medical system by building relationships and lowering barriers to engaging with care.

Do you have a personal goal for the year?

To continue to figure out what it means to be an effective PCCM and to network with other people working in similar capacities across the country. I hope to start developing a regional expertise in this field and helping make Harborview and the UW leaders in this field

What is an interesting fact about you that many people don't know?

I was raised speaking Hebrew at home by my (New Yorker) mom and (Israeli) stepdad. We switched to English at home when I was 8, so my vocabulary and grammar have also frozen in time. I hope to pass on the language to my kid(s), so everyone in my house is working on their Hebrew writing and reading skills when we have the energy.

New Positions & Initiatives

Mike Lenaeus received the **UWMC** Chief of Medicine award. Congratulations!

The award recognizes individuals who have made outstanding contributions in direct clinical care and innovations in quality improvement and health care delivery. In addition, the awards recognize those individuals who consistently exhibit excellence in clinical teaching and quality improvement and produce



Upcoming Events

September 12, 2018

[Local SHM chapter meeting](#)

November 2-3, 2018

Registration now open for the [regional ACP chapter meeting](#)

Recent Publications, Presentations, and Awards

"Grieve and Light a Virtual Candle." Melissa A. Bender, Carol Kummet, and **Susan Merel (UWMC)**. Journal of Palliative Medicine, Vol. 21, No. 7, July 2018: 895-896

["Introducing an electronic tracking tool into daily multidisciplinary discharge rounds on a medicine service: a quality improvement project to reduce length of stay."](#) **Meo N (HMC)**, Paul E, Wilson C, Powers J, Magbual M, Miles KM. BMJ Open Qual. 2018 Jul 21;7(3):e000174. doi: 10.1136/bmjopen-2017-000174. eCollection 2018. PMID: 30057951

["Capsule Commentary on Patel et al., Change in Length of Stay and Readmissions Among Hospitalized Medical Patients After Inpatient Medicine Service Adoption of Mobile Secure Text Messaging."](#) **Bann M. (HMC)** J Gen Intern Med. 2016 Aug;31(8):925. doi:10.1007/s11606-016-3689-z. PMID: 27075184

Student-Alumni Informational Discussions

Through Student-Alumni Informational Discussions (SAID), alumni host a small group of students in their homes or at area restaurants or coffee shops for lively conversations about professional practice, residency, work-life balance, and whatever else is on students' minds. The discussions are offered in Seattle and Spokane in October and November.



To find out more about how SAID works please visit their website at: <http://depts.washington.edu/somalum/volunteer/said-alumni/>

If you have questions, please contact us at medalum@uw.edu or 206.685.1875.

Billing Tip from Jesse Levin

New UWP Policies on Medical Student Notes:

As of September 1st, there are certain situations where Attendings will be able to addend Medical Students' notes and use their documentation for billing purposes. There are multiple caveats to this, particularly due to UWP's interpretation of the updated Medicare policy, so we recommend everyone use caution with these scenarios. If in doubt about how to implement these changes, continue to use the old methods: write a billable Attending addendum to a Medical Student note or use a time-based addendum. (This is particularly important if both Medical Students and Residents have contributed to the same note.)

The main take-home message is that UWP wants us to be extremely cautious with using Medical Student documentation as the basis for our billable notes because Medicare does not want to pay for services furnished only by Med Students.

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Babies of General Internal Medicine



Baby Maria, daughter of James Floyd



Baby Ruby, daughter of Jeff Redinger

Contact us at mdaware@uw.edu

Find us on Twitter: https://twitter.com/UW_HospMed

Look for us at our website: <https://gim.uw.edu/md-aware>

Billing Tip by Jesse Levin continued

This means that to use Med Student notes, the Attending must be physically present with the Med Student while they interview and examine the patient, as well as formulate the plan (medical decision-making), in order to use all of their documentation. This represents a significant departure from typical workflow, which means that you might not be able to use Med Student notes in many cases.

Recommendations:

1. The Admission process should not change: R1s should continue to write complete Admit Notes on all New Admissions and Transfers. Med Students should still write a separate note for educational purposes.
2. On Post-call days, the R1 and/or Day Float should be responsible for writing all Progress Notes. If a Medical Student has time to write a complete Progress Note before leaving on time, then it is up to the Attending to work out with the team if the residents write a separate note or if the Attending will be responsible for making the Med Student note(s) billable.
3. If you card-flip on patients or do not round at the bedside with the Med Student(s), then do not change your prior practice.
4. If you round with the team at the bedside, then you can consider using Med Students' follow-up notes as billable documentation, assuming the student presents the Interval HPI, Exam, and A&P, and if you, the Attending, "verify" the history, re-perform the appropriate exam with the Med Student present, and formulate your medical decision-making with the Student after their presentation. In that case, use the following Scenario and Attestation (Scenario #2 from recent UWP Communications).

UWP Scenario 2: The Medical Student sees the patient first without the Teaching Physician or resident present.

If the Medical Student sees the patient first alone, then the Medical Student must be present throughout, as the Teaching Physician later confirms the history with the patient. The student must also be present as the Teaching Physician performs their physical exam and articulates their medical decision-making. The Teaching Physician can then verify and attest to the medical student's documentation.

UWP Proposed Attestation for this Scenario

(ORCA: Att Stmt – Med Student Complete / Epic: .ATTMSCOMPLETE)

I was present with the medical student for the service. I personally verified the history of present illness and performed the physical examination and medical decision-making. I have verified all of the medical student's documentation for this encounter.

Be sure to add your Date of Service at the end. As always, please feel free to contact Jesse Levin at jlevin4@uw.edu if you have questions.

Contact us at mdaware@uw.edu

Find us on Twitter: https://twitter.com/UW_HospMed

Look for us at our website: <https://gim.uw.edu/md-aware>