Physician Enterprise
Clinical Standards and Variation Reduction

CY22 PORTFOLIO

CommonSpirit
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.

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!
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

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

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.
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
Content Hours Produced and Shared: 669 minutes (1 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)
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.

**Clinical Standard of Care**

**Building Guidelines with a Phased Approach**

Our Process

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.

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

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 Kneske, Karen Smith, Dr. Khalid Bashir, Dr. Melissa Kaptik, Max Wells, Monica Kalenberg, Nathan Zeigler, Dr. Nicholas Diaz, Dr. Poonam Sharma, Dr. Robert Wiebe, and Rosalyn Carpenbier.

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.

LINKS
Access the Guidelines here
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.

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.
Heart Health & Primary Prevention

Aspirin: Primary Prevention

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

The recommendations are:

- For adults aged 40 to 59 years...
  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...
  This recommendation replaces the 2016 USPSTF recommendation... on aspirin use to prevent CVD and CRC.

LINKS
Insight Report | USPSTF Recommendation Statement
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.

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

**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
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.

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.

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
OUR FOCUS AREAS

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.

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.

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.

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Intended Audience of This Guideline

Physicians and Advanced Practice Providers

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

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. Mawaa Wajajoudi, Dr. Rima E. Herle, Dr. Sana Aijaz Khaderi, and the Population Health team of Dr. Alisahah Jackson, Hannah Bynes-Enoch, Nisha Pasupuleti and Reena John.

LINKS

JAMA Network | USPSTF Recommendation Statement
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.

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.

Intended Audience of This Guideline

Physicians and Advanced Practice Providers
• Primary Care: Internal Medicine and Family Medicine

LINKS

Access the Guidelines here
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.

**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 Rabb, DO | Primary Care Physician, Family Medicine, Mercy Medical Group
- Scott Piazza DO | Medical Director of Informatics, Pacific Central Coast Health Centers Faculty, Marion Family Medicine Residency Program
- Sara Faheem MD | Pediatrics, Dignity Health Medical Group—Dominican
- Michael Dudas MD | Chair of Pediatric Ambulatory Collaborative Steering Committee | Chief of Pediatrics, Deputy Chief of Primary Care, Virginia Mason Franciscan Health

**LINKS**

- Sept 9: Depression
- Oct 5: Anxiety

**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
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.

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.
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 Kneiccha, 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
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+
Subject Matter
Expert Speakers

13,000+
YouTube Views

1,000+
Podcasts
Downloaded

“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.

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

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.

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 influence the 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.

Acknowledgments

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

- Anna Wright, DMSc, MPAS, PA-C, DFAAPA
- Dr. Barbara Martin, PhD, ACNP-BC, MPH
- Brooke Burgess, Dana Zeiss, ARNP, NP
- Dr. Francis Marcado, Dr. Gary Greensweig, Dr. John Flynn, Dr. Laurence Shields, Dr. Marjika Grey, Dr. Mark Heinsohn, Dr. Nezar Falluji, Dr. Peter Valenzuela, Rachael Lytle, RH, MS, CPHQ
- Dr. Randall Pitzia, John Kniesche, MPH
- Dr. Thomas McGinn

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
  - 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, 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 Jammohamed, Chrselynn 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:

- Clinical Research
- Health Disparities
- 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

View the National Abstract Competition criteria here.

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
- Dr. Vani Nilakantan

ABSTRACT WINNERS

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<th>Academic Affiliation</th>
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<td>Improving the Transition into Adulthood Process for Children with Neurodevelopmental Disabilities</td>
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<td>Dedicated Atrial Fibrillation (AF clinics) can significantly reduce hospital admissions while improving clinical diagnosis and long-term management</td>
<td>Virginia Mason Franciscan Health/University of Washington School of Medicine</td>
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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 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 (MEGA) 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.

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

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!
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 diverse range of thought, training, and experiences.

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**

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**FEEDBACK FORM**

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