



The University of Texas at Austin
UT Health Austin

UT Health Austin:

A New Model for Sustaining High-Value Health Care

October 2, 2018



Dell Medical School

Academic Medical Center:

Education

Research

Clinical Care



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Dell Medical School

Academic Medical Center:

Education

Year 1: Essentials

Pre-clinical curriculum centered on students. In 12 months students develop strong clinical skills through active learning, problem-solving and critical thinking.

Year 2: Delivery

Students start applying clinical skills to care for patients during clerkships in the second year, which is a year earlier than most schools. Each of the six rotations occur in hospitals and clinics across Austin for about eight weeks.

Year 3: Growth

This nine-month block provides students with the opportunity to gain experience in an area of personal interest and make progress toward individual goals. In the growth year, students also apply their skills to benefit the Central Texas community.

Year 4: Exploration

Leading up to medical residency, students explore career interests and continue to build advanced clinical skills through electives, rotations and internships. This year includes a capstone transition-to-residency experience.





Dell Medical School

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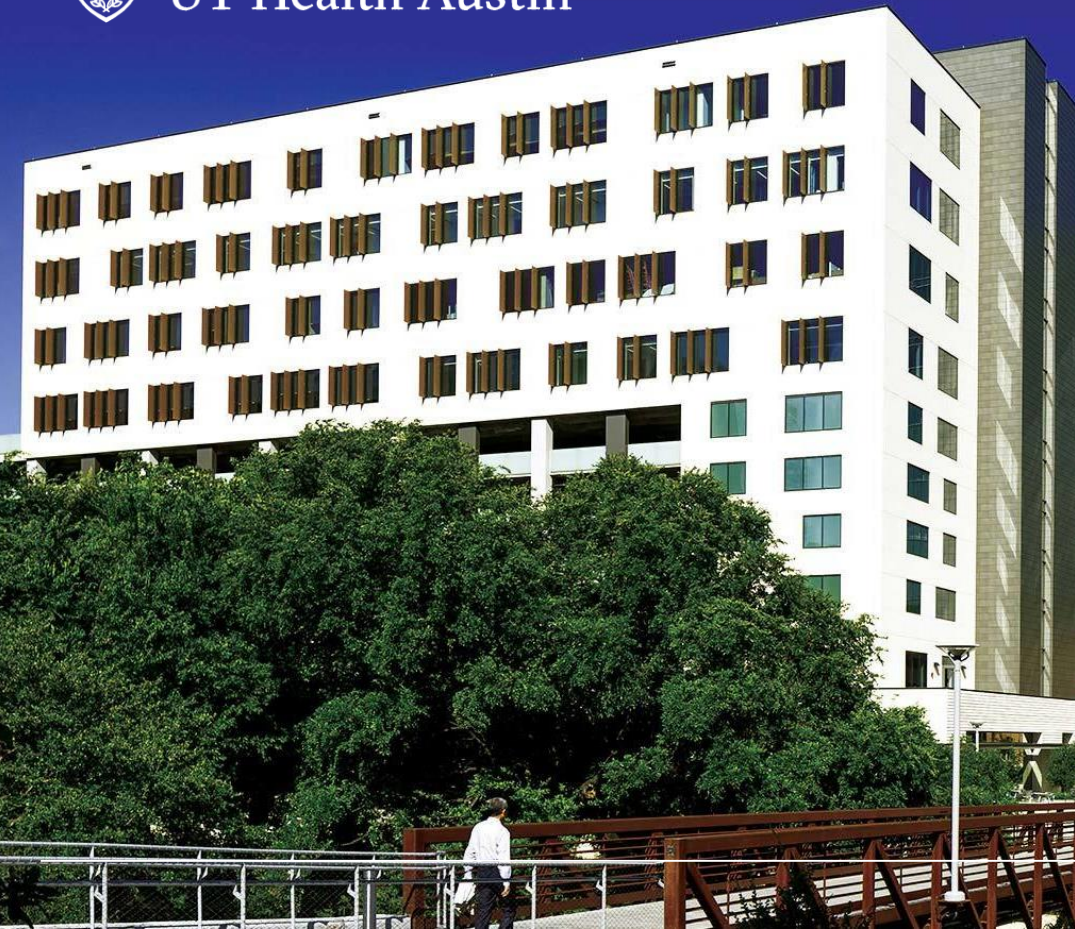
Research

- Predominantly Dry-Lab Research
- Health Service Innovation
- Focused On:
 - Systems
 - Populations





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Dell Medical School

Academic Medical Center:

Education

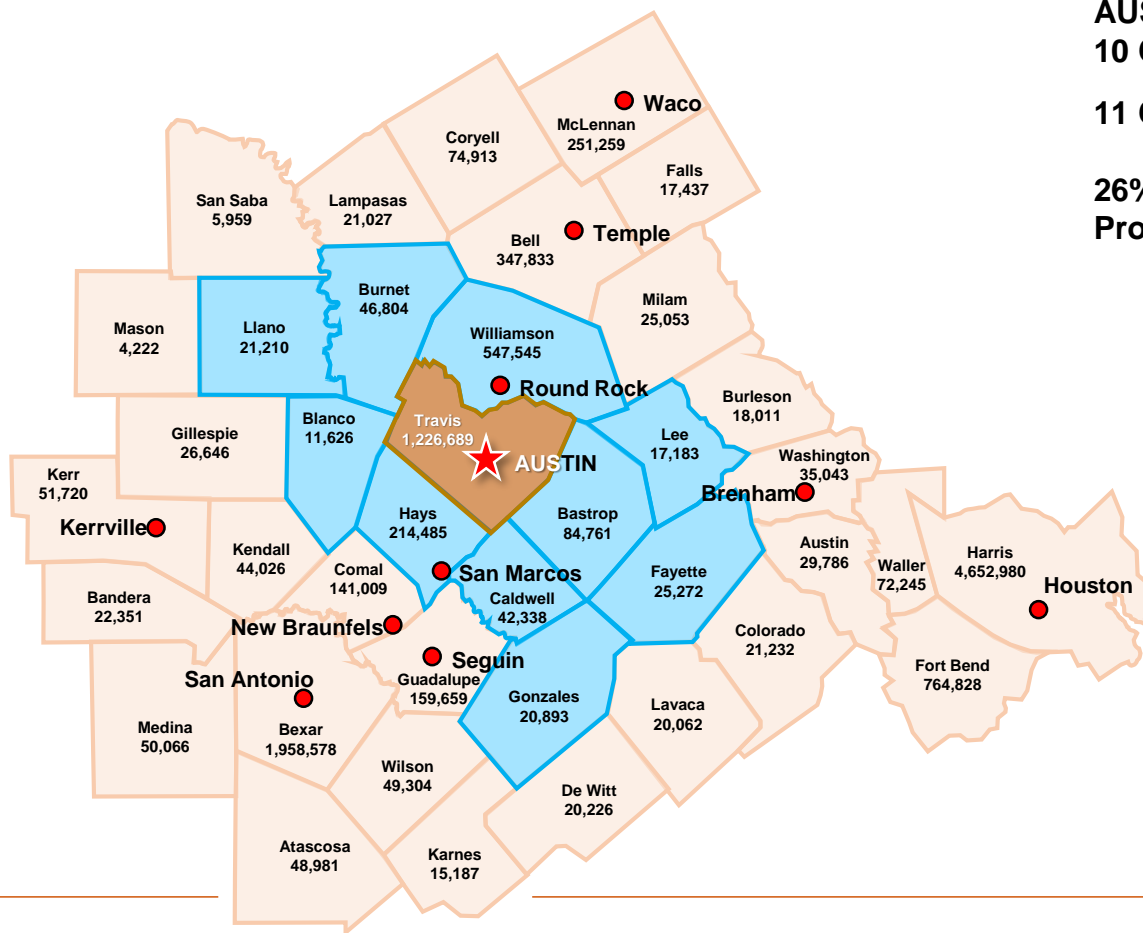
Research

Clinical Care



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Central Texas Market



AUSTIN (2017): 1.23 M
10 County: 1.03 M

11 County: 2.26 M

26% Growth / 10 Years .59 M
Projected Population 2.85 M





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UT Health Austin

Pediatric:

- **Neurology**
- **Neurosurgery**
- **Psychiatry**
- **Heart and Vascular**



Value-Based Clinical Care

UT Health Austin: A Focus on Value

- **Outcomes**
 - Measure Results that make a meaningful difference to patients
 - Functional Status Measures
 - Mental Health Measures
- **Practice Design / Experience**
 - New Practice Models
 - Integrated Interdisciplinary Care
 - Continuous Redesign Based on Result of Outcomes
- **Alternative Payment Models**
 - Aligned to Outcomes and Practice Models:
 - Reimbursement Focused on Value



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Outcomes

Provider Experience Viewing PRO Results in EHR

Patient Health Questionnaire-9 (#450450, Final, 02-01-2019)

Document Label ⓘ
[Download full label list](#)

Patient Health Questionnaire-9 ⓘ

Interpretation None recorded

Internal Note
Depression Severity: Severe. Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.

Note to Patient

Priority ☐ This task is urgent

Provider UT HEALTH AUSTIN MSK ▼

Patient Access to Results ☐ Risk of patient harm or legal violation-do not send to patient

Analyte	Value	Ref. Range	Units	Abn. Flag	Status	Lab
phq score	25	0-27		negative	final	
PHQ Note 1						

History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
03-28-2019 4:35 PM	Create	API-88	REVIEW		ayoung138	
03-28-2019 7:07 PM		atariq7	REVIEW		atariq7	Please schedule patient for a next day appointment. (pin to top)

PRO Technology Tool

- Discrete scores with reference ranges, normal/abnormal flags, and detailed interpretations for decision support
- Ability to color code abnormal PRO scores
- Ability to document action taken on a PRO result

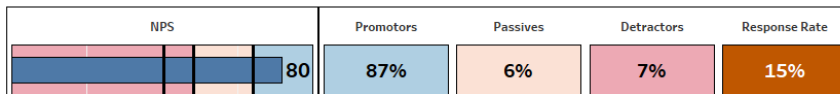


Outcomes

Patient Experience Dashboard



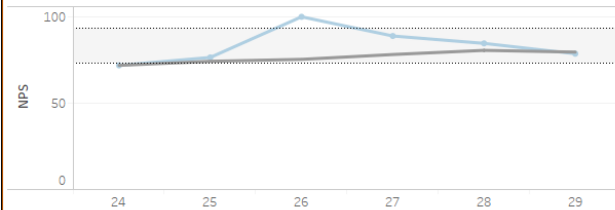
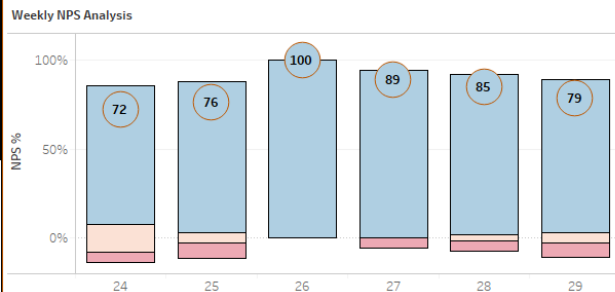
Patient Experience



Department Name

- Cognitive Disorders
- Collaborative Care - Psychiatry
- Comprehensive Pain Management
- Heartburn & Esophageal Disorders
- Medical Specialties - Endocrinology
- Medical Specialties - Gastroenterol
- Medical Specialties - Infectious Disr
- Multiple Sclerosis & Neuroimmunol
- Musculoskeletal
- Oncology
- Primary Care
- Psychiatry
- Women's Health
- WorkLife

DATE VIEW PARAMETER
Week



Comments

NPS Status All

I just fell in love with the care and the people, also how welcome they made me feel.	7/18/2019	10
Beautiful facility staffed with friendly courteous people hat are attentive and care	7/18/2019	9
UT physicians Austin is the best facility I have ever been to way better than Houston staff is great and doctors are phenomenal	7/17/2019	10
Amazing experience, I was in so much pain, everyone was exceeding helpful and kind.	7/17/2019	10
From the staff at the front desk, and all the Dr's I saw and nurses, every one was so kind. I was early for my appt and they fit me in anyway. All the Dr's I saw were extremely polite and respectful. I feel..	7/17/2019	10
Gracias Por su Gran Apoyo y Atención	7/17/2019	10
Very impressed with Dr's "bedside manner!" Felt very listened to as a patient with a complicated history. He was thorough & took time with me. Very professional, yet personable!	7/17/2019	9
I arrived for my appointment a day early, the young man at the reception area politely told me of my error and after I asked if he would call to find if I could be worked into the schedule he happily co..	7/17/2019	10
It didn't feel like a hospital. It felt like the lady's where my mother you could tell they care about my experience	7/16/2019	10
I was VERY happy with services provided	7/16/2019	10
No	7/15/2019	10
	7/16/2019	8
Ben at the Mikva Clinic is a treasure	7/16/2019	



Screens/Patient Reported Outcomes

MSK Patients

INITIAL SET OF PROs

When do patients complete them: Either before the appointment via email OR in person before their first appointment (most are completed in person)

What do patients complete:

1. Mental health screeners:
 - Anxiety (GAD), Depression (PHQ), Substance abuse (NIDA)*
2. Condition specific baseline functional score
 - Upper Extremity (PROMIS Short Form 4a)
 - Lower Extremity (HOOS Jr or KOOS Jr)

FOLLOW UP PROs

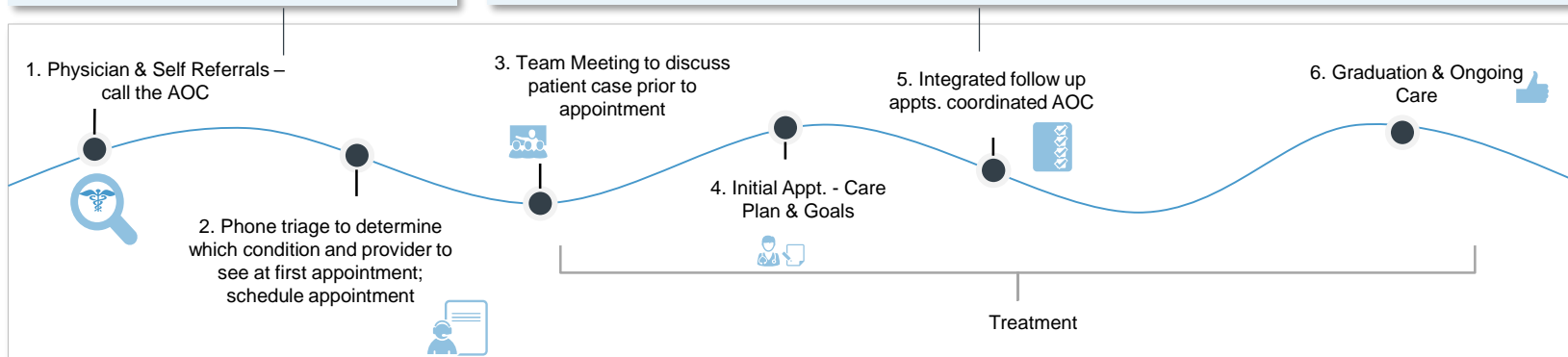
When do patients complete them: Our goal is to use disease-specific PROs (HOOS Jr., KOOS Jr., and PROMIS SF-4) at 6 week follow-up to monitor short term progress and adjust care plan, when appropriate. We aim to repeat them at 6 months for all patients and again at 1 year if the patient had a surgical intervention. We are collecting these remotely by email and web-based methods in order to eliminate an unnecessary clinic visit. At present, we are piloting several methods to obtain this information in the Lower Extremity Clinic, but patient adherence has been low despite email and phone call reminders. Our first electronic vendor has been unsuccessful at remote surveys, and so the majority of follow up scores have been obtained for patients who physically return to the IPU for an appointment.

What do patients complete:

- Condition specific baseline functional score
- Upper Extremity (PROMIS Short Form 4a)
 - Lower Extremity (HOOS Jr or KOOS Jr)

If appointment is with a social worker, they also complete:

- Mental health screeners:
- Anxiety (GAD), Depression (PHQ)



* We also screen patients for trauma (PC-PTSD-5) and global health (PROMIS global health), however due to technical issues with these screens and inconsistencies of deployment, we are not including them in our reporting at this time

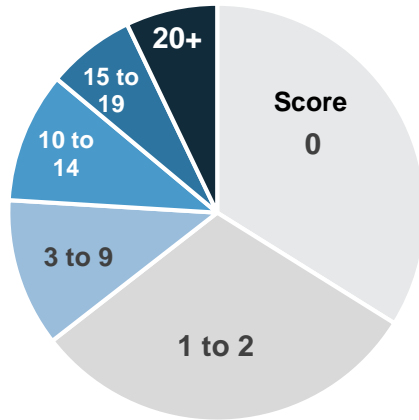


Depression (PHQ)

Distribution of Baseline Scores

Baseline scores are captured at
patients' first appointment

Depression (PHQ)
N = 366 (84% completion rate)



Low indication of
Depression



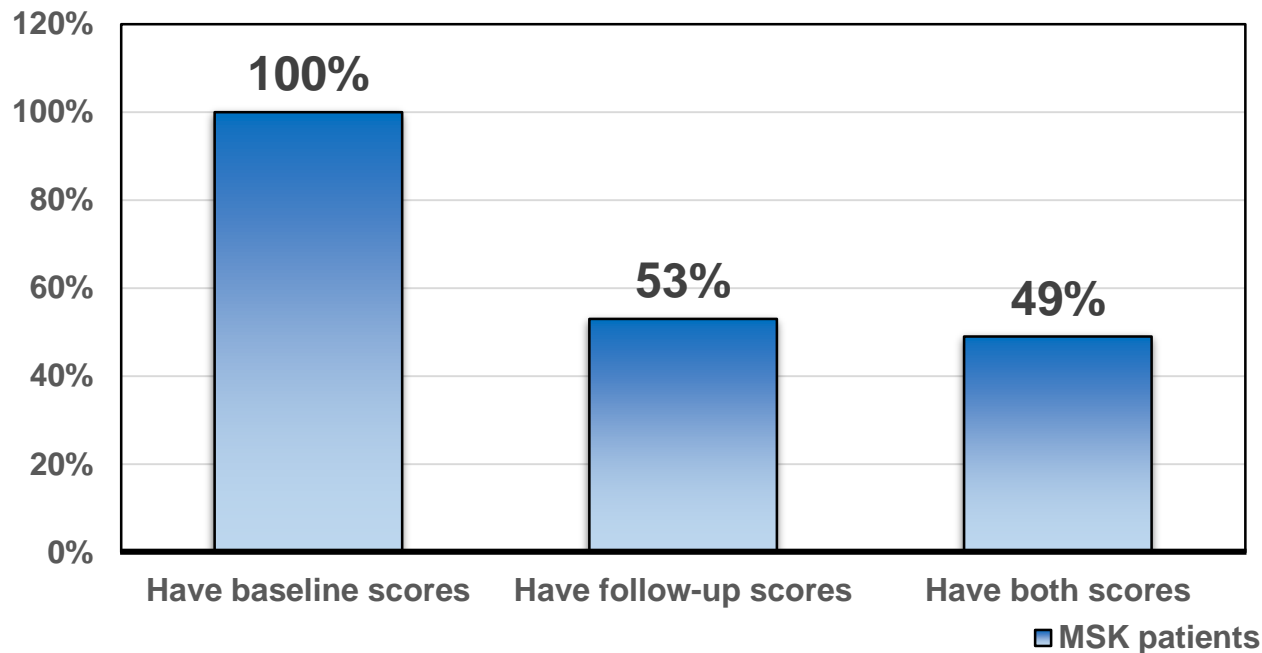
High indication
of Depression

	Score Range
	0
	1 to 2
	3 to 9 <i>Mild Depression</i>
	10 to 14 <i>Moderate Depression</i>
	15 to 19 <i>Moderate Depression</i>
	20+ <i>Severe Depression</i>



Follow-up Scores for MSK

HOOS/KOOS Jr. Scores (n=641)





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Texas Center for Pediatric and Congenital Heart Disease

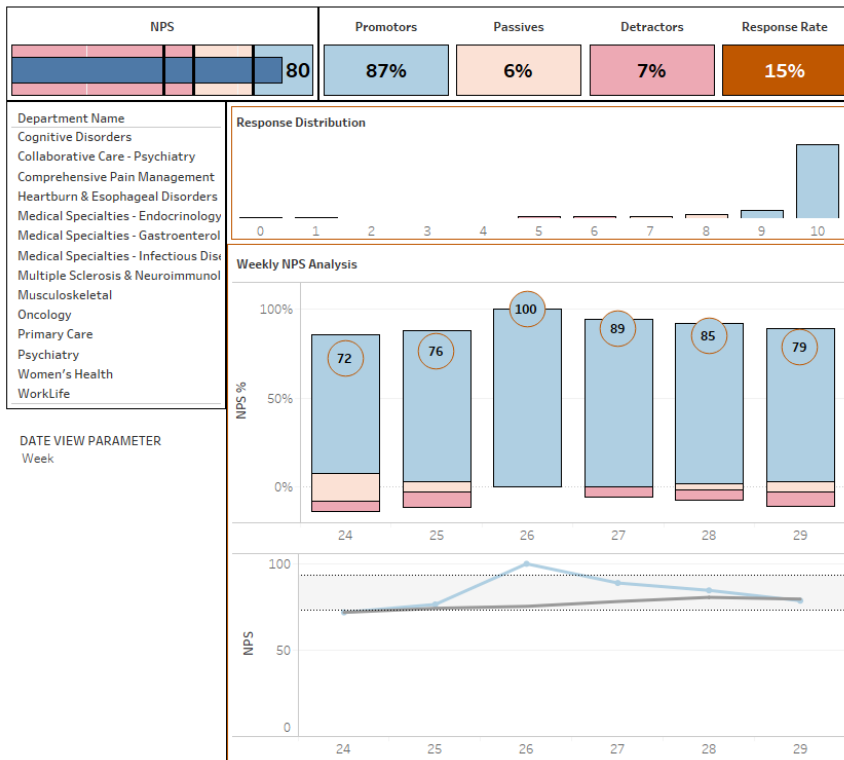
Outcomes Design
(Under Construction)

Outcomes

Patient Experience Dashboard



Patient Experience



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Outcomes

Children with Congenital Heart Disease

INITIAL STEPS ACHIEVED

Establishing an
outcomes data
foundation



Valid and reliable clinical outcome data

- Volumes
- Clinical risk factors
- Operative data
- Survival
- Complications
- 30-day, 1-yr follow-up

Organize an
outcomes team
focused on
gathering data
into the registries



REGISTRY DATA

Surgery

CVICU

Cath

Others

Historical focus
on short-term
hospital-based
outcomes.



Outcomes

Children with Congenital Heart Disease

INITIAL STEPS ACHIEVED

Measure
psychosocial
health outcomes



Routine measurement Initial consult → post-discharge f/u

- Patient-centered measures
- Caregiver-centered measures
- Family-centered measures

Organize a
psychosocial and
neurodevelopmental
outcomes team



Child psychologist
Social worker
Focused on routine
assessment and intervention

New focus on long-term
neurodevelopmental
outcomes and
psychosocial health of
patient and families



Outcomes

Children with Congenital Heart Disease

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Patient-Centered Measures

If 2 years old and younger – ASQ-3

ASQ – 3 – Ages & Stages Questionnaires

- **Parent-completed, available in Spanish (rating based on English version only)**
- **Takes 10-15 minutes to complete**
- **Screens developmental performance in gross and fine motor skills, communication, problem-solving, and social skills.**

If 2 years old and older – PedsQL (will be implementing a more precise measure soon. Used this to get started)

- **Self and/or caregiver administered as needed, available in Spanish and multiple languages, validated in Spanish also**
- **Less than 4 minutes to complete**
- **Assesses child functioning in 4 domains – physical, emotional, social, and school**



Outcomes

Children with Congenital Heart Disease

INITIAL STEPS ACHIEVED

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Routine measurement Initial consult → post-discharge f/u

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- **Caregiver-centered measures**
- Family-centered measures

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Caregiver-Centered Measures

DASS-21- Depression Anxiety Stress Scales (DASS)

- 21 items (the full version has 42, 21 is used to keep the assessment shorter)



Outcomes

Children with Congenital Heart Disease

INITIAL STEPS ACHIEVED

Measure
psychosocial
health outcomes



Routine measurement Initial consult → post-discharge f/u

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- **Family-centered measures**

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Family-Centered Measures

- **PAT – Psychosocial Assessment Tool**
- **Brief parent report screener of psychosocial risk in pediatric health**
- **Based on the Pediatric Psychosocial Preventative Health Model (PPPHM)**
- **Assesses areas of risk and resiliency in multiple domains**
 - **Family structure and resources**
 - **Family problems**
 - **Social support**
 - **Child problems**
 - **Acute stress**
 - **Sibling problems**



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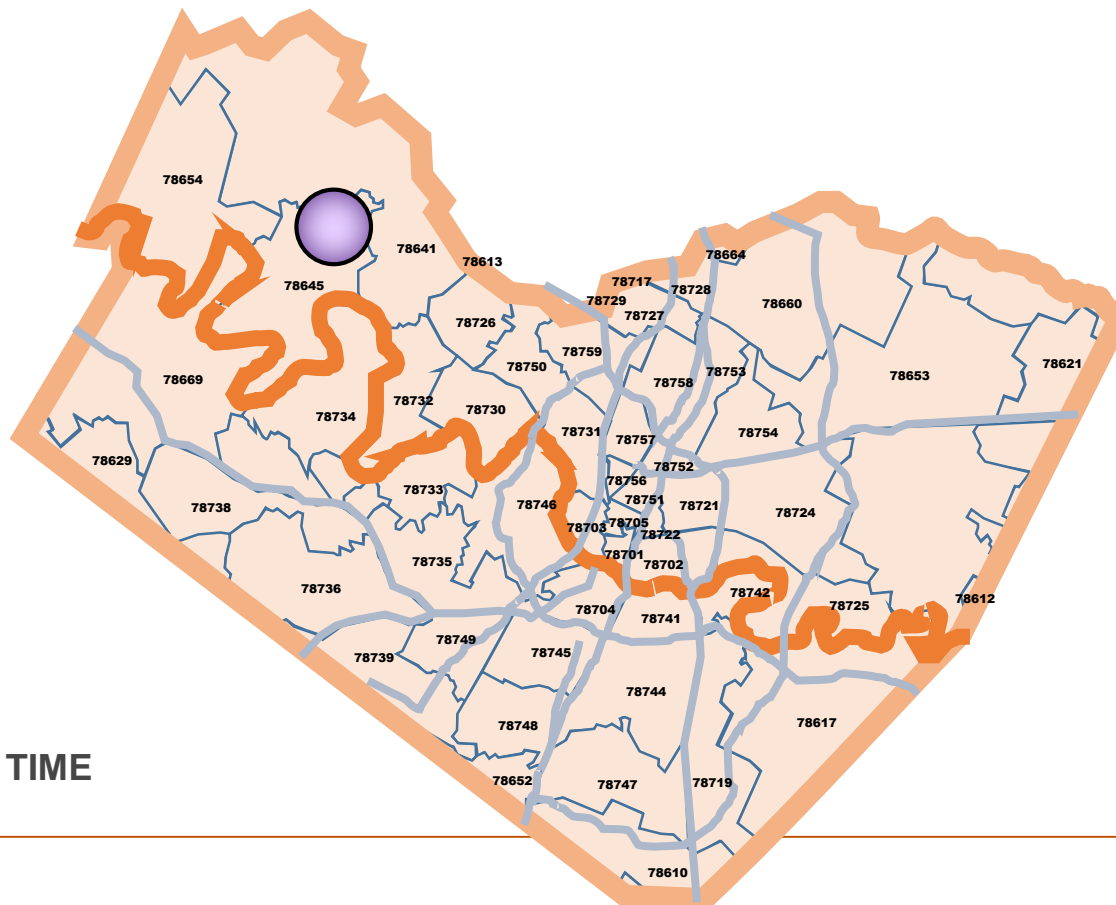
- **Musculoskeletal Institute**
- **Mulva Clinic for the Neurosciences**
- **Oncology**
- **Pediatric Congenital Heart Disease**
- **Pediatric Neurosciences**
- **Women's Health Institute**
- **Work-Related Injury**



Austin / Travis County Patient Experience

Previous

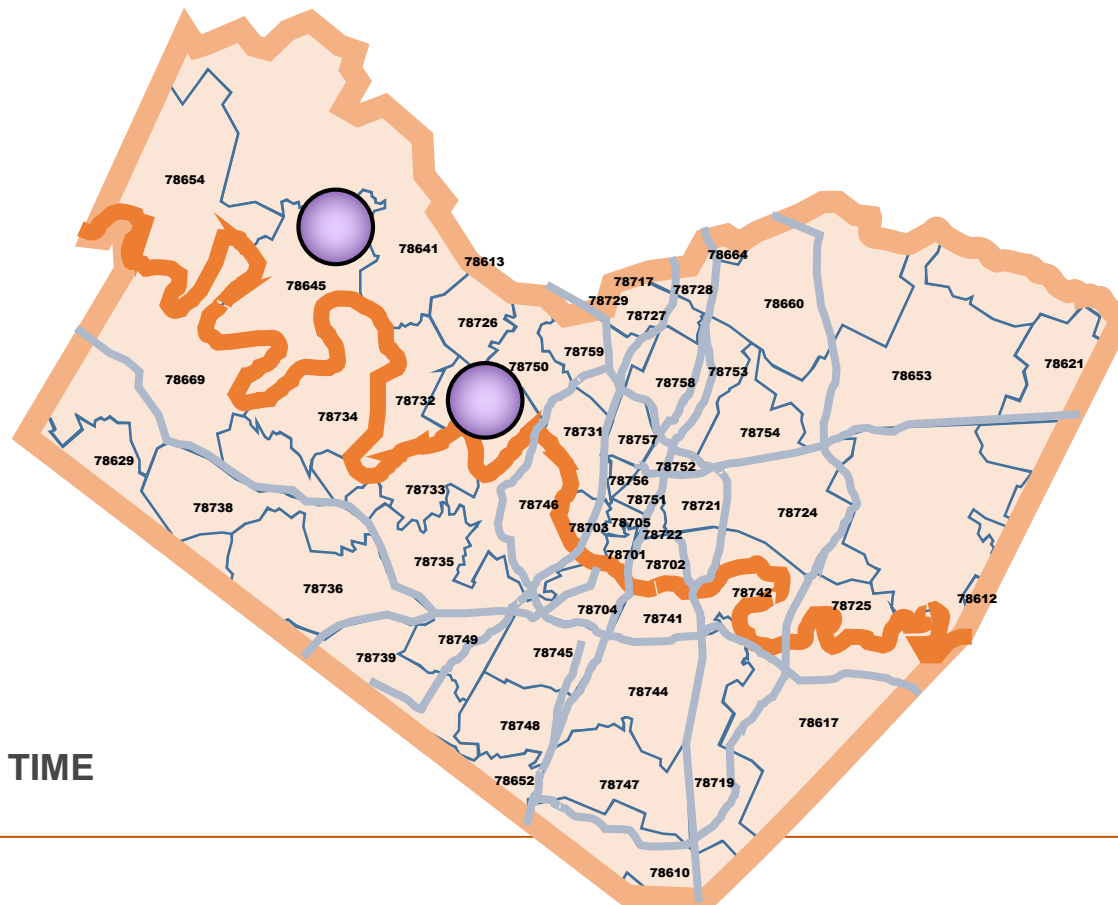
- **Doctor**



TIME

Previous

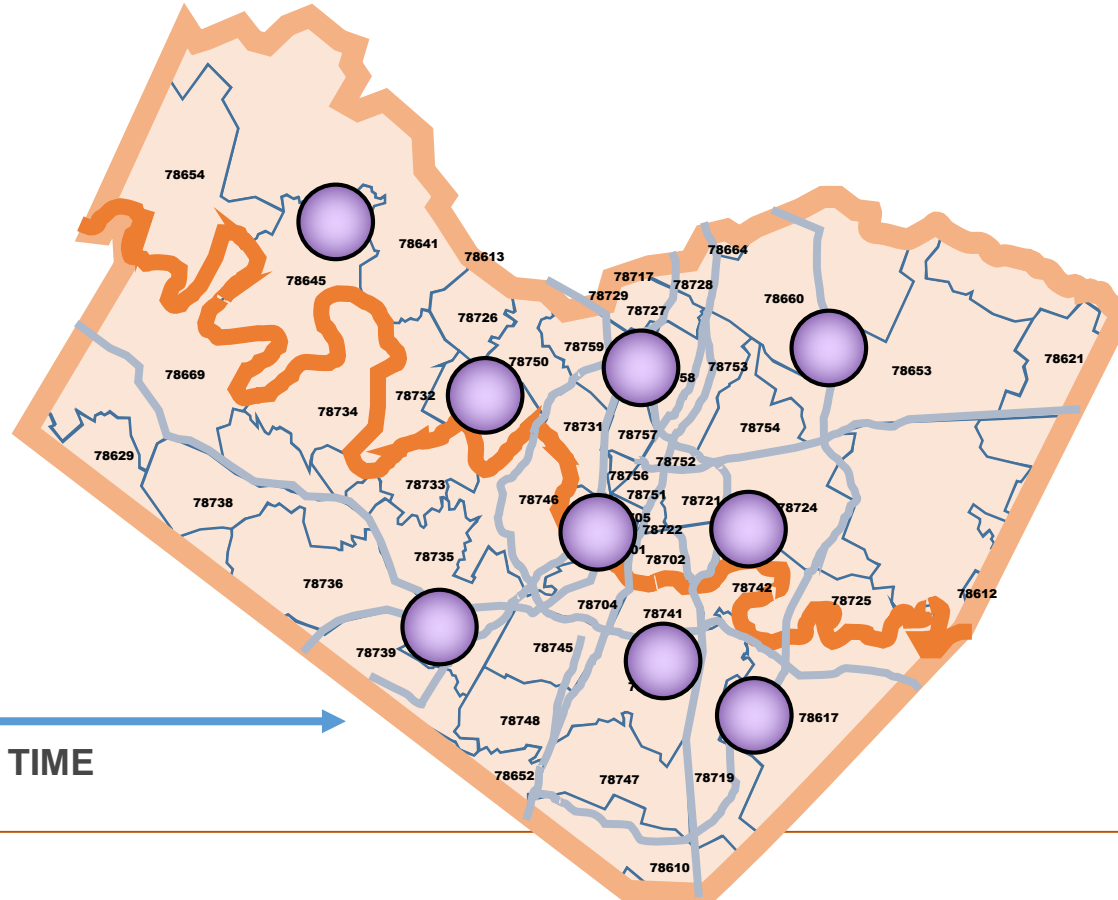
- **Doctor**
- **Specialist**



TIME

Austin / Travis County Patient Experience

Previous

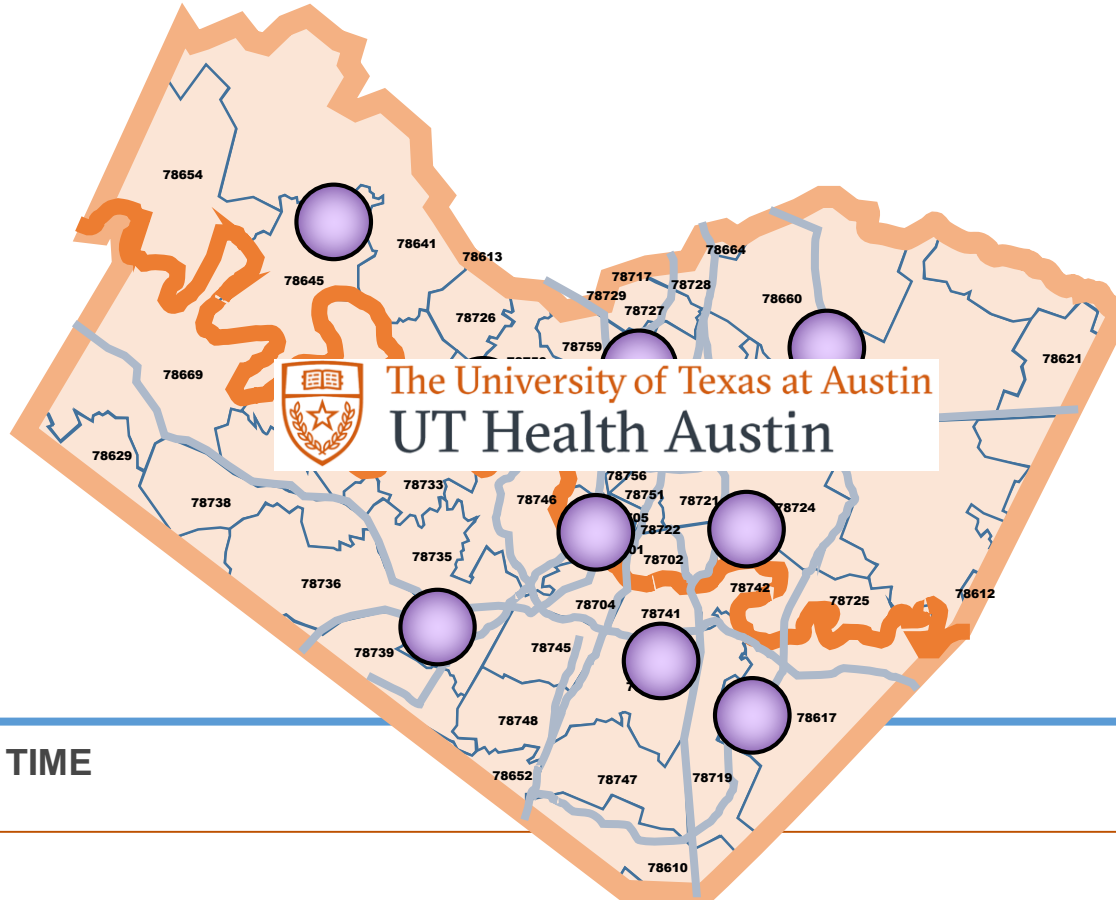


- Doctor
- Specialist
- Imaging
- Lab
- Surgeon
- Emotional Health
- Social Worker
- Physical Therapist
- Dietician



Austin / Travis County Patient Experience

UT Health Austin ~~Coordinated~~, Team-Based Care



- Doctor
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- Imaging
- Lab
- Surgeon
- Emotional Health
- Social Worker
- Physical Therapist
- Dietician



Austin / Travis County Patient Experience

UT Health Austin Coordinated, Team-Based Care



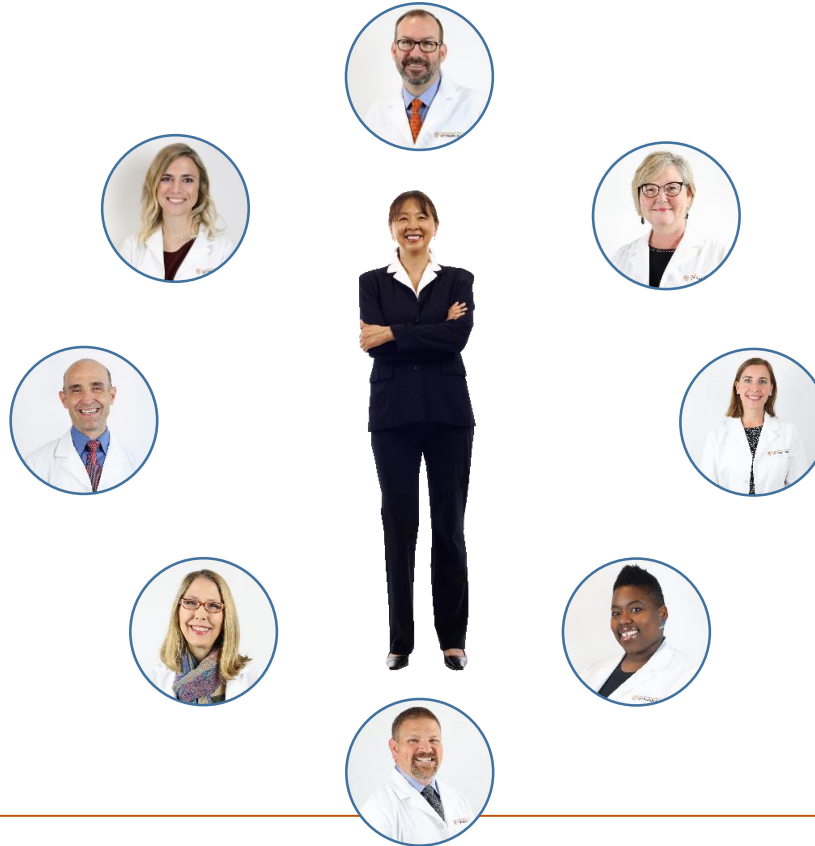
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Austin / Travis County Patient Experience

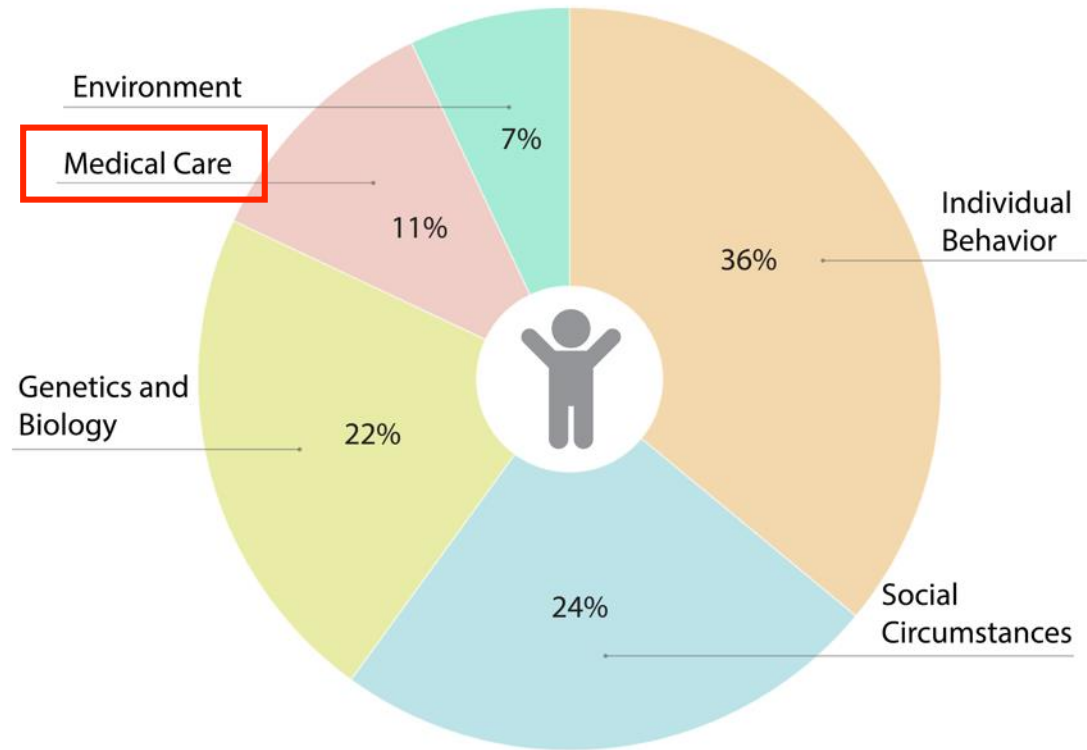
UT Health Austin Coordinated, Team-Based Care

- Pre-gathered patient history/PRO and clinician huddles prior to visit catalyze care team coordination and expert collaboration
- Close clinician collaboration, including ongoing dialogue and rapid information sharing



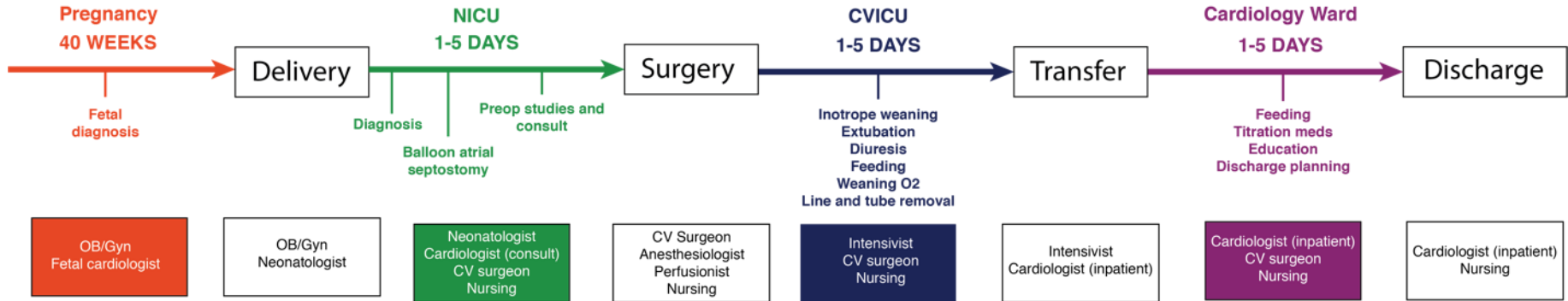
- Patient goal-setting and discussions promote patient commitment to treatment plans, increasing potential for success
- Patient returns to referring provider (with a plan) for ongoing management





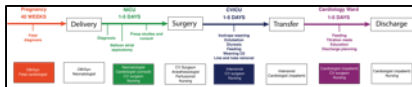
Modified from: www.determinantsofhealth.org

Patient with Transposition of the Great Arteries



Patient with Transposition of the Great Arteries

First 14 days of life



Childhood follow-up 0-18 YEARS

Parental counseling
Education
Annual follow-up?
Testing?
Long-term complications

Pediatrician
Pediatric cardiologist

Transition

Adult congenital heart disease follow-up DECADES

Education
Prevention
Follow-up?
Testing?
Long-term complications

PCP
Adult cardiologist



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CARING THAT MAKES A DIFFERENCE

Texas Center for Pediatric and
Congenital Heart Disease

f /UTHEALTHAUSTIN
@UTHEALTHAUSTIN
@UTHEALTHAUSTIN

Ziv Beckerman, M.D.
Carlos Mery, M.D.
Charles Fraser, Jr., M.D.



Texas
Best

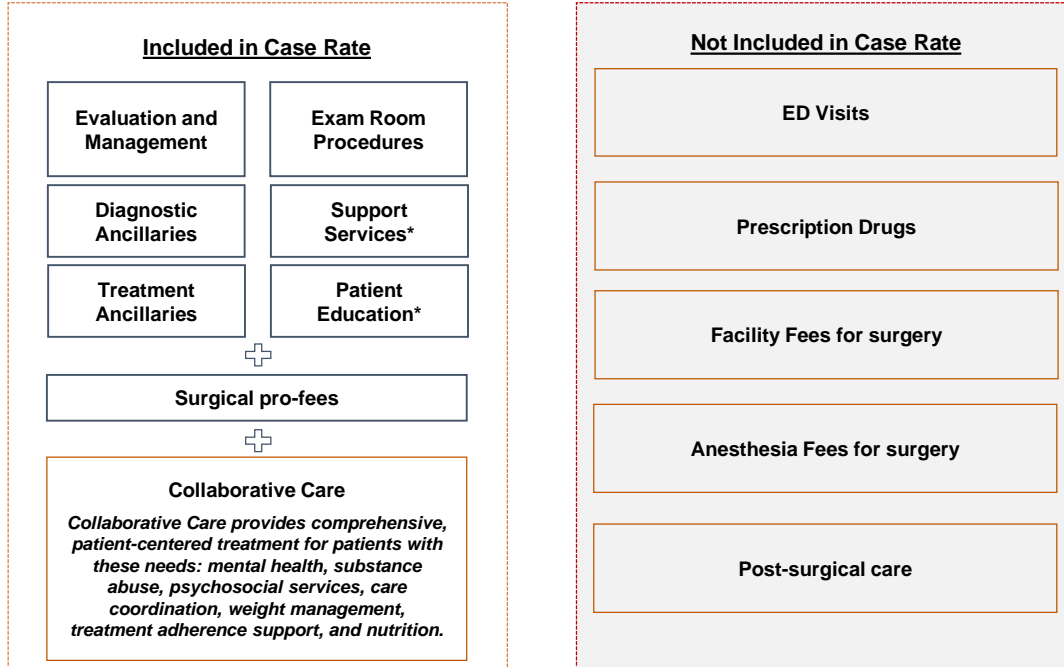
At the Texas Center for Pediatric and Congenital Heart Disease, our interdisciplinary team of outstanding clinicians focus their skills, experience and expertise on a single purpose: Mending young hearts so that families can achieve and enjoy a brighter, fuller future.

Uncompromising quality, unwavering commitment: and a whole patient/whole family focus—our heart surgery team is dedicated to making every childhood the beginning of a healthy, happy life.

For more information about the Texas Center for Pediatric and Congenital Heart Disease, please call 1-855-324-0091 or visit www.dellchildrens.net

Case Rates

Overview



Patient Experience

- No Co-Pay
- All Services Located Onsite for Convenience and Efficiency
- Patient able to follow their clinical outcome improvement

* Support Services include DME, immunization/vaccine, etc. (given when necessary); Patient education includes service and material fees, patient's history, registration, education, etc.



Value-Based Care

$$\text{Value} = \frac{\text{Outcomes}}{\text{Cost}}$$



Value-Based Care

Value = Exceptional Outcomes

I used my “Outcome” to watch
my daughter get married.



ue = Outcomes



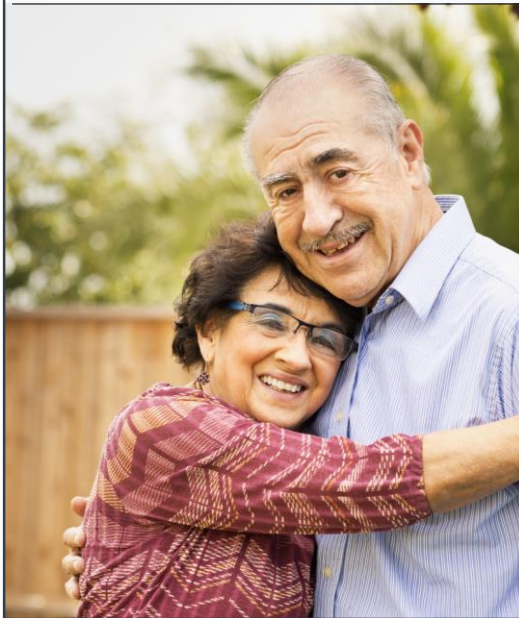
Value-Based Care

Value = Exceptional Outcomes

I used my “Outcome” to watch my daughter get married.



We used my “Outcome” to celebrate our 50th anniversary.



My “Outcome” smiled today.





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