

# WHAT WILL SUCCESS LOOK LIKE? AND HOW WILL WE MEASURE IT?

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Academic Affairs Education Director, Aurora Health Care now a part of Advocate Health
- **Ryan Pong, MD, FASA**  
Vice President, Chief Academic Officer, Designated Institutional Official, Virginia Mason Franciscan Health
- **Elizabeth (Libby) Beiter, MD**  
Associate Program Director, Family Medicine Residency, TriHealth
- **Parampreet (Mini) Kaur, MD**  
Chair SLUHN IRB, Clinical Assistant Professor, Temple/St. Luke's Univ Health Network School of Medicine

# WHAT WILL SUCCESS LOOK LIKE? AND HOW WILL WE MEASURE IT?

## **Injured Reserve**

- **Ryan Pong, MD, FASA**  
Vice President, Chief Academic Officer, Designated Institutional Official, Virginia Mason Franciscan Health

## **Next Women Up from the Practice Squad**

- **Terry Frederick**  
Manager & Operational Leader UME
- **Kimberly Pierce Burke**  
Executive Director of AiAMC

# DISCLOSURES

- Elizabeth (Libby) Beiter, MD
  - Proctor and Gamble shareholder
- Kimberly Pierce Burke
  - Only team is The Ohio State University
- Terry Frederick
  - Her lack of smell → highly refined other senses
- Parampreet (Mini) Kaur, MD
  - Does not watch football but a team player
- Ryan Pong, MD, FASA
  - None
- Deborah Simpson, PhD

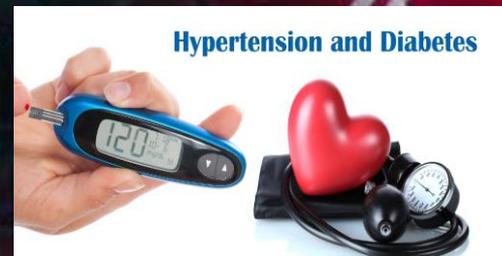




<https://www.youtube.com/watch?v=GU1o2blfeO0>



**TOP  
PLAYS**



# Pregame Scouting Report

- The goal: TriHealth Residency programs will be the premier training destination for a diverse physician workforce
- The plan: Develop holistic application review process



# The Game strategy

- We will develop a holistic application review process for Match 2023.
  - Micro outcome- could we use the rubric?
  - Meso Outcome- was the rubric accurate (did we invite the right people based on two question screener), did the rubric correlate to application evaluations by independent evaluators
  - Macro outcome- did we recruit more URM over time?



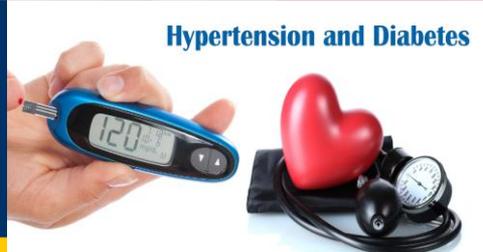
# TOP PLAYS





# “Pharmacy”: Food as Medicine for Chronic Diseases

*Mission: To implement a healthier lifestyle, by promoting a better diet, exercise, patient education, and social engagement in patients with hypertension and diabetes*



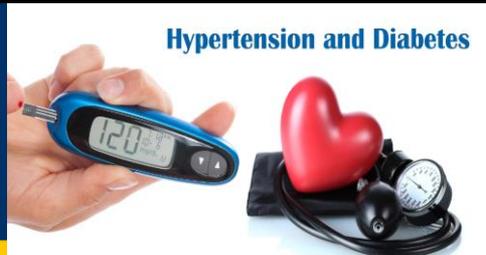
Hypertension and Diabetes



# Pregame Scouting Report

## 3 Things to Accomplish for the Win

1. Decrease the (blood) pressure
2. Reduce ED visits
3. Improve patient engagement and lifestyle practices (over the season)



# KEYS TO THE GAME

## Ambitious Plan!!

- Patients
- Jr. Clinicians including residents and staff
- Sr. Clinicians

# KEYS TO THE GAME

1. Get out of research mindset - Agile QI/Eval
2. Stakeholders – has the whole team and the ownership bought in?
3. Data – is useful, feasible, trustworthy, ethical?
4. Wisdom



# Time elapses



# WHY THIS SESSION?

- Past NI's – challenges with identifying data

## 2 Challenges

- Data
  - Research mindset
  - Useful, feasible, trustworthy, ethical
- Stakeholders & leaders Limited engagement > Med Ed



**Win-Win Strategy addresses both gaps!**

## TOOLKIT #2: MEASUREMENT PLAN

OUTCOME	DATA COLLECTION	METRIC(S)	ANALYSIS PLAN / APPROACH	LIMITATIONS/BARRIERS
<i>(what is measure of interest being evaluated as result of intervention)</i>	<i>(how will the data be collected, i.e., timepoints, tool used)</i>	<i>(measures used to evaluate the outcome)</i>	<i>(qualitative/quantitative methods used to assess the metric)</i>	<i>(what barriers may exist)</i>

## TOOLKIT #3: Barriers Assessment

Area	Challenge	Current Solutions	Next Steps
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**QI-Evaluation Approach – Agile – Wisdom!**

## TOOLKIT #4: C-Suite Talking Points

**Engage KEY STAKEHOLDERS EARLY Talking Points → Buy In**



# Halftime report- adjusting to challenge

- Lack of buy-in across all GME departments
- Developing/deploying/data collecting simultaneously with a time crunch!
- Project required IRB approval



# Halftime report- adjusting to challenge

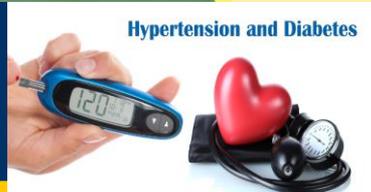
- Lack of buy-in
  - Started with family medicine where engagement was high as a “test of concept”
- Developing/deploying/data collecting simultaneously
  - Took our best guess at the game plan
    - Team that has worked together across multiple NI/scholarly projects
    - Having good understanding of the goal and the data that would be available helped.
- Project required IRB approval
  - Unable to apply PDSA cycles mid project
    - BUT more truth in the data.





## Back was against the wall

1. Patient **enrollment** and engagement for the 20-week CSA program was low and challenging
1. Difficult **Data Collection** of patient survey (3 times)
1. Attendance at **Walk-with-a-Doc** sessions was challenging at times due to inclement weather and time of day



# Half time adjustments to make-How change Game Plan

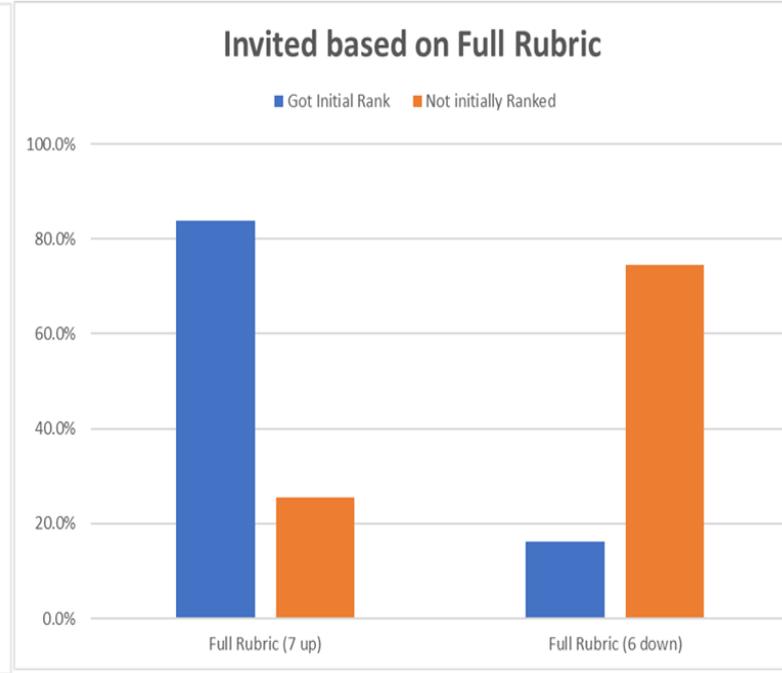
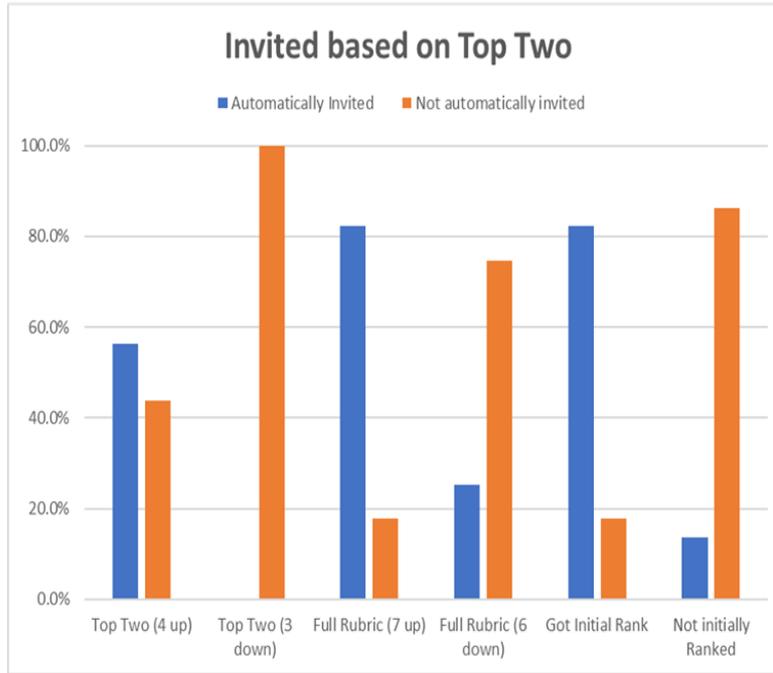
- **To improve enrollment**, we contacted many community health staff and leadership to recruit patients from multiple neighborhoods, offered multiple Pharmacy pick-up sites and times throughout the week
- **URL for surveys** was designed and given to patients at the time of Pharmacy pick-up. Post-intervention data was either sent digitally or was given during the office visit
- **To improve engagement**, we added new times for the ‘Walk-with-a-Doc’



# Time elapses



# The Final Score



# WINNING THE GAME!!!!

## Successful deployment of a holistic application review rubric.

- HIGH accuracy of a 2-question screen to allow rapid review of a majority of applications.
- Confirmation in data that this process did increase interviews to candidates in the “intermediate” application scores.

## We were inspired by...

- *Increased engagement from all GME programs in our system, strengthened partnerships for future work with our office of DEI+B, and the many strengths, experiences, and goals in the applicants coming up in family medicine!*





## Beat the odds - DM and HTN

- All team members, including residents and PI met monthly over TEAMS for the game plan and next steps
  - Protocol with aims, methods, and statistical tests were written for the IRB before the start of the project
  - AIAMC toolkits kept us on track
- Offering multiple times for Walk-with-Doc did improve patients' attendance



# It was a team effort!



**Quarterback-PI**

**Linebacker-Lead Resident**

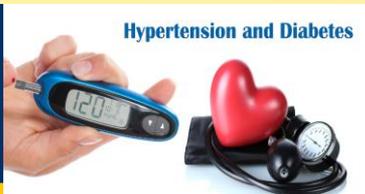
**Lineman- Post-doc Fellow**

**Defensive Tackle- PD**

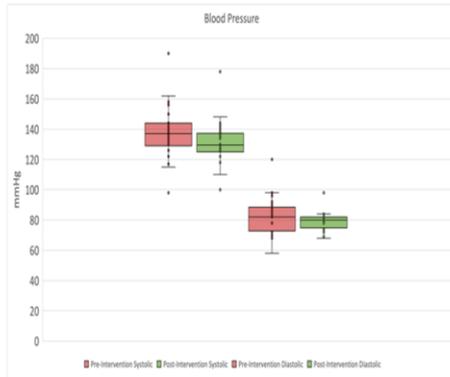
**Receivers/Running Backs - Residents**

**Defensive End-Director, Business Development, and Strategy**

**Cornerbacks-Faculty/Research/C-Suite**

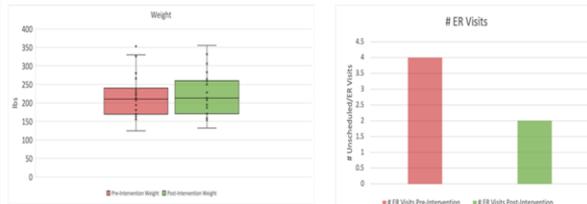
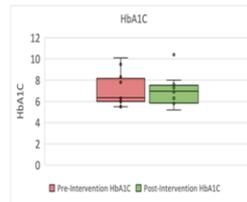


## Results: Biometrics



**SBP reduced by 7 points**  
which exceeded the 5-point goal, **DBP by 3 points**

## Results: Biometrics



**HgbA1c only showed improvement by 0.2** which did not reach our aim of reduction by 0.5 points.

**50% decrease in unscheduled visits/ER visits**

## Results: Patient Engagement Surveys



Patient engagement was **> 50%**; out of the initial 32/54 patients

**Pre-Post: Improved patients' lifestyle practices and health engagement**



# LESSONS FROM OUR WINNING NI TEAMS

- Agile game plan
  - Willing to adapt/change
  - Practical wisdom
- Data/Metrics
  - Useful, feasible, trustworthy
- Stakeholders bought in!
  - Team, patients, leadership
- Data provided knowledge for Wisdom and action



Oops Time's up!!

<https://www.youtube.com/watch?v=GU1o2blfeO0>