HealthLeaders Media LIVE from Geisinger Health System

Women’s Health Leadership
Best Practices and Reducing Perinatal Variability:
Geisinger’s ProvenCare® Model

A live event on September 18, 2013
12:00 p.m.–3:00 p.m. EST
Geisinger Health System,
Danville, Pa.
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HANS P. CASSAGNOL, MD
Dr. Cassagnol, associate chief quality officer of Geisinger Health System and director of obstetrics and gynecology at Geisinger Medical Center Northeast, joined Geisinger in 2002 and also chairs the Performance Improvement Committee and cochairs the Ethics Committee. He is a member of the teaching staff for the Geisinger Obstetrics and Gynecology Residency Program and has served on the ProvenCare® Perinatal Initiative. Dr. Cassagnol earned a bachelor of biology degree from St. John's University, a Master of Medical Management from the University of Southern California, an MD from the University of Connecticut School of Medicine, and completed his residency at Flushing Hospital Medical Center.

HARRY O. MATEER JR., MD
A physician lead for the ProvenCare® Perinatal Initiative and a member of the teaching staff for the Geisinger Obstetrics and Gynecology Residency Program, Dr. Mateer, director of obstetrics and gynecology, received the Quality Award in 2011 for patient safety initiatives recognizing his involvement in a postpartum hemorrhage protocol for the system. He holds a bachelor of biology degree from St. John’s University, a Master of Medical Management from the University of Southern California, an MD from the University of Connecticut School of Medicine, and completed his residency at Flushing Hospital Medical Center.

JOHN D. NASH, MD
Dr. Nash joined Geisinger in 2009 as chairman of the Women’s Health Service Line. Prior to Geisinger, he directed the Gynecology Oncology Program at the University of Connecticut and conducted ovarian cancer research. He began his career in the U.S. Navy, eventually chairing the National Naval Medical Center’s Department of Obstetrics and Gynecology. He received his BS from the United States Naval Academy, served as an officer in the nuclear submarine force, and earned his MD from the Medical University of South Carolina. Dr. Nash completed his residency in obstetrics and gynecology at the National Naval Medical Center and his fellowship in gynecologic oncology at the National Naval Medical Center, Walter Reed Army Medical Center, and the National Cancer Institute.

KERRI POTSKO, RN, BSN
A member of the Geisinger Health System for 21 years, Potsko began her career as an inpatient nurse in hematology/oncology at Geisinger Medical Center. She went on to hold several operations positions, including regional director of operations for cancer services. She received her BS in Nursing from Misericordia University and her Master of Health Administration from King’s College.

KIMBERLY A. SKELDING, MD
Dr. Skelding is a board-certified cardiologist who is widely published on heart-related topics. She earned her medical degree from Northwestern University School of Medicine and completed her residency at Geisinger Medical Center. She completed a fellowship in interventional cardiology at the Mayo Clinic.
AGENDA

All agenda times listed below are EST.

11:30 AM–12:00 PM   REGISTRATION AND NETWORKING

Join us for a light meal and network with speakers and attendees before the event’s start.

12:00 PM–1:15 PM   Panel 1: Best Practices and Reducing Perinatal Variability: The ProvenCare® Model

- Defining a set of best practices
- Tool for process consistency and accountability

Speakers:
- John D. Nash, MD, Chairman, Department of Obstetrics and Gynecology
- Harry O. Mateer Jr., MD, Director of Obstetrics and Gynecology
- Hans P. Cassagnol, MD, Associate Chief Quality Officer
- Kerri Potsko, RN, BSN, Associate Vice President, Women’s Health

1:15 PM–1:30 PM   BREAK

1:30 PM–2:15 PM   Panel 2: Redefine Patient Engagement: Standardize Education and Empower Interaction

- Assessing the message from the patient’s perspective
- Using the patient portal for secure communication and enhanced education

Speakers:
- John D. Nash, MD, Chairman, Department of Obstetrics and Gynecology
- Harry O. Mateer Jr., MD, Director of Obstetrics and Gynecology
- Hans P. Cassagnol, MD, Associate Chief Quality Officer
- Kerri Potsko, RN, BSN, Associate Vice President, Women’s Health

2:15 PM–3:00 PM   Panel 3: Integration Techniques for Women’s Cardiovascular Care

- Electronic health records, hardwired referrals, and enhanced patient communication

Speakers:
- Kimberly A. Skelding, MD, Interventional Cardiologist and Director of Women’s Heart & Vascular Health

Agenda subject to change.
Today’s Interactive Session

• Our roundtable today is designed to be a discussion involving you. For our virtual audience, please ask any question of the presenters at any time by typing your question into the chat box on your screen. Please note that your questions will remain anonymous. We will address as many questions as we can during each of the four panels of today’s program.
PANEL 1

Best Practices and Reducing Perinatal Variability:
The ProvenCare® Model

Presented by:
John D. Nash, MD

Dr. Nash joined Geisinger in 2009 as Chairman, Women’s Health Service Line. Prior to Geisinger, Dr. Nash directed the Gynecology Oncology Program at University of Connecticut and conducted ovarian cancer research. He began his career in the US Navy, eventually chairing the National Naval Medical Center’s Department of Obstetrics and Gynecology. He received his BS from the United States Naval Academy, served as an officer in the nuclear submarine force, and earned his MD from the Medical University of South Carolina. Dr. Nash completed his residency in obstetrics and gynecology at the National Naval Medical Center and his fellowship in gynecologic oncology at the National Naval Medical Center, Walter Reed Army Medical Center, and the National Cancer Institute.

Presented by:
Harry O. Mateer Jr., MD

A physician lead for the ProvenCare® Perinatal Initiative and a member of the teaching staff for the Geisinger Obstetrics and Gynecology Residency Program, Dr. Harry O. Mateer, Jr. received the Quality Award in 2011 for patient safety initiatives recognizing his involvement in a post-partum Hemorrhage Protocol for the System. He holds a Bachelor of Biology degree from Washington & Jefferson College, a medical degree from Jefferson Medical College, and completed his residency at the Reading Hospital and Medical Center.
Presented by:

Hans P. Cassagnol, MD

Dr. Cassagnol joined Geisinger in 2002 and also chairs the Performance Improvement Committee and co-chairs the Ethics Committee. He is a member of the teaching staff for the Geisinger Obstetrics and Gynecology Residency program and has served on the ProvenCare® Perinatal Initiative. Dr. Cassagnol earned a Bachelor of Biology degree from St. John’s University, a Master of Medical Management from the University of Southern California, an MD from the University of Connecticut School of Medicine, and completed his residency at Flushing Hospital Medical Center.

Presented by:

Kerri Potsko, RN, BSN

A member of the Geisinger Health System for 21 years, Ms. Potsko began her career as an inpatient nurse in Hematology/Oncology at Geisinger Medical Center. She went on to hold several operations positions, including Regional Director of Operations for Cancer Services. Ms. Potsko received her BS in Nursing from Misericordia University and her Masters of Health Administration from King’s College.

New Spaces, Same Issues

“The basis behind ProvenCare® is that we know that for certain procedures, whether it’s a surgical procedure or a complex nine-month ordeal such as pregnancy, that there are certain aspects of care that should be offered to all patients at various points during the procedure.”

—Harry O. Mateer Jr., MD, Director of Obstetrics and Gynecology at Geisinger Medical Center
“Most physicians know what they have to do. It’s just really making sure that it does get done.”
—Harry O. Mateer Jr., MD, Director of Obstetrics and Gynecology at Geisinger Medical Center

Perinatal ProvenCare® Goals

- 103 discrete evidence-based elements of care were incorporated, measured, and tracked for compliance
- Redesign, from the ground up, all aspects of provider workflow
  - Drive fundamental efficiency improvements
  - Increase patient safety and process reliability
  - Reduce/eliminate documentation redundancy
  - Streamline patient education and cut costs
- Seek observable reductions in C-section rates and premature births
- Enhance management of comorbid conditions
- Improve fetal/child health and wellness

Key Process Redesign Principles

- Eliminate any care steps that can be eliminated
- Automate any work that can be automated
- Delegate work to appropriately trained nonphysician staff when possible
- Innovate by creating tools to enhance the reliability or efficiency of the care provided
- Activate and engage the patient
Create eForms

- eForms now enable nurses and providers to complete documents electronically
  - Care Coordination Record
  - Home Health Referral for Healthy Beginnings
  - OBNA for MA insurance
  - Cervical Ripening—Scheduled Induction

Provider and Nursing Roles

Non Provider (Nurse) Work Flow

<table>
<thead>
<tr>
<th>Non-Provider</th>
<th>Return Visit</th>
<th>Next Return Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Care Coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Home Health Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- OBNA for MA insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cervical Ripening — Scheduled Induction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Utilize All Appropriate Resources to Overcome Barriers

- Challenge the team to think creatively
- Count steps, clicks, etc., and ask yourself if the team will follow the workflow
- Recognize problems and develop solutions—don’t pretend they will resolve on their own
**Standardization Across Women’s Health Service Line**

- Orders and vitals by gestational age with trending
- Joint Commission/DOH intake questions
- Smoking cessation
- Initial prenatal visit screening
  - Positives requiring follow-up are presented to provider
- Provider exams (initial prenatal and postpartum)
- Standard new patient, return, and postpartum visit workflows
- Postpartum screening—Edinburgh Postnatal Depression Scale
- Patient education in each trimester—“Just in time”

**Best Practice Bundles**

- Diabetes
- Preeclampsia/eclampsia/HELLP
- Preterm labor
- Primary cesarean section rate
- Maternal wellness
- Fetal/newborn wellness
- Maternal history, physical exam

**Current Status**

- Process reliability
- C-section rates
- Harm scores
Break

We will reconvene at:
1:30 p.m. (Eastern)
12:30 p.m. (Central)
11:30 a.m. (Mountain)
10:30 a.m. (Pacific)

PANEL 2

Redefine Patient Engagement: Standardize Education and Empower Interaction

Speakers:
John D. Nash, MD
Harry O. Mateer Jr., MD
Hans P. Cassagnol, MD
Kerri Potsko, RN, BSN

“We found something like 120–130 different educational materials that different providers in different clinic sites were giving either at different stages of pregnancy or all at once during the pregnancy.”

—Hans P. Cassagnol, MD, Associate Chief Quality Officer of Geisinger Health System, Director of Obstetrics and Gynecology at Geisinger Medical Center Northeast
### Patient Education

**Number of Prenatal Education Materials: Before & After Standardization**

<table>
<thead>
<tr>
<th>Material applicable for antepartum period</th>
<th>Material applicable to all patients</th>
<th>Material applicable to specific conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>After</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>44</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

### Patient Education Savings

**Cost Reduction in Education Packets**

<table>
<thead>
<tr>
<th>Materials</th>
<th>New Packets</th>
<th>Old Packets</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,734.81</td>
<td>$97,809.54</td>
<td>$72,834.72</td>
</tr>
<tr>
<td>$11,574.86</td>
<td>$38,309.67</td>
<td>$26,734.81</td>
</tr>
</tbody>
</table>

*Annual projected cost reduction of $10,400*

### Perinatal Education

- Specific education for each trimester
- Agreed upon by core team
- Implemented across the system
Patient Engagement

MyGeisinger
- Provides direct access to providers
- Allows tracking of GDM glucose reporting/monitoring
- Appointment reminders

OpenNotes
- Better understanding of plan of care
- Transparency

PANEL 3
Integration Techniques for Women’s Cardiovascular Care
Speakers:
Kimberly A. Skelding, MD

Presented by:
Kimberly A. Skelding, MD
Dr. Skelding is a board-certified cardiologist who is widely published on heart-related topics. She earned her medical degree from Northwestern University School of Medicine and completed her residency at Geisinger Medical Center. She completed a fellowship in interventional cardiology at the Mayo Clinic.
“After her delivery, a patient’s pregnancy-related issues vanish and she goes on her way, not realizing that she’s at risk in the next 20 years for heart disease.”

— Kimberly A. Skelding, MD, Interventional Cardiologist and Director of Women’s Heart & Vascular Health

“Women may not see an internist for primary care until middle age. Early counseling regarding cardiovascular risk and prevention may save lives.”

— Kimberly A. Skelding, MD, Interventional Cardiologist and Director of Women’s Heart & Vascular Health

“Obstetrical history (like any other aspect of a women’s past medical history) should be readily available to all providers. Electronic health record links can make transitions of care seamless.”

— Kimberly A. Skelding, MD, Director, Women’s Heart and Vascular Health Program, Geisinger Health System
All female patients—and each provider that cares for them—need education on the unique risks unmasked in pregnancy.

- MyGeisinger.org
- EHR
- Electronic media
- CMEs, grand rounds, health forums

— Kimberly A. Skelding, MD, Director, Women’s Heart and Vascular Health Program, Geisinger Health System

**Women’s Cardiovascular Services**

- Dissemination of best practices throughout disciplines that connect to women’s health
- Electronic health record link for all providers
- Community and patient education
- Recognizing the unique needs of women in cardiovascular service
- Growth and strategic opportunity

Thank You
RESOURCES

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