Department of Pediatrics
Faculty Meeting
Date: November 26, 2018

• MD Discovery Curriculum *Dan Bernstein*
• Value-Based Care Delivery: *Grace Lee*
Neville Golden

2018 AAP Adele Dellenbaugh Hofmann Award for Excellence In Adolescent Health
Anca M. Pasca

Co-author of Generation and assembly of human brain region-specific three-dimensional cultures
**Public Charge**

**Trump Administration Aims to Sharply Restrict New Green Cards for Those on Public Aid**

- *New York Times*

- *Kaiser Family Foundation*

  - Medicaid, SNAP, Medicare Part D, housing programs and more could be held against someone trying to get legal permanent residence (i.e. a green card)

  - Decreases in participation in Medicaid expected amongst legal immigrant families and their US born children (~19 million in total)

  - More uninsured individuals, less financial stability for families, and hindered healthy development for children

- *Kaiser Family Foundation*
Inadmissibility on Public Charge Grounds

A Proposed Rule by the Homeland Security Department on 10/10/2018

This document has a comment period that ends in 16 days. (12/10/2018)

- Unique comments to the proposed rule in the federal register must be acknowledged
- Opportunity for organizations and individuals to impact executive branch decisions

American Academy of Pediatrics
Public Charge Advocacy Toolkit
For AAP members & chapters
November 2018

regulations.gov

TIPS FOR SUBMITTING EFFECTIVE COMMENTS*
Discovery Curriculum and Berg Scholars Program

PJ Utz, M.D. (Stanford ’91)
Associate Dean for Medical Student Research

Daniel Bernstein, M.D.
Associate Dean, Curriculum and Student Scholarship

Neil Gesundheit, M.D.
Senior Associate Dean for Medical Education
A Profile of Our Entering Medical Students

- Applicants in 2018: 6,894
- Offers of Admission (class size of 90): 165 (2.4%); 9 MSTP
- Average GPA ~3.85, average MCAT ~95th percentile
- 52% men/48% women, 22% underrepresented in medicine, 19% first-generation to college, 44 undergraduate schools
- 54% published peer-reviewed paper prior to medical school
- 13% have won national fellowships or scholarship awards
  - Fulbright, Goldwater, Marshall, Rhodes, Amgen
- 5 Knight-Hennessy Scholars
Stanford students

- 15% of students graduate with a new PhD in addition to MD
- 15% of students graduate with a new master’s degree
- 64/77 (83%) of students matched to a USNW top 20 program
  - 25 matched at Stanford
  - 18 matched at Harvard
  - 4 matched at UCSF
  - 9 matched at Penn, Yale, Columbia, Cornell, U of W

Success in the Residency Match
Curricular Reform Leading to “Discovery Curriculum”

The Discovery Curriculum supports students’ scientific discovery and self-discovery by offering multiple learning pathways only available at Stanford. All pathways assume students will complete their clerkship education in 2 years.

MD Program Mission Statement

Our mission is to educate and inspire leaders in medicine and science who will improve human health through discovery, innovation, scholarship, education, and the delivery of outstanding patient-centered care.
Curricular Reform Leading to “Discovery Curriculum”

Former Stanford Preclinical Curriculum

- Redesigned in 2003-2004 to be organ-based (Human Health and Disease course)
- Pathology, physiology and pharmacology courses integrated into organ blocks
- Time for longitudinal scholarship negatively impacted
Curricular Reform Leading to “Discovery Curriculum”

New “DISCOVERY CURRICULUM”

• Increase the flexibility and modularity of the curriculum to allow for more individualized pre-clerkship pathways
• Provide substantial open time for longitudinal scholarship in preclinical years
• Fill gaps in current coursework
• Improve teaching quality and student assessment
• Maximize longitudinal integration between pre-clerkship and clerkship curriculum
Improvements in Coursework

New Courses:
- Cells, Signaling, and Regenerative Medicine (Winter Quarter 2018)
- Pharmacological Treatment of Disease (PTD) series (Spring Quarter 2018)
- Pathophysiology and Advanced Clinical Problem-Solving (Spring Quarter 2019)
- Cancer Biology (in development)
- Return to Basic Science (in development)

Restructured Courses:
- Anatomy (Autumn Quarter 2017)
- Histology (Autumn Quarter 2017)
- Clinical Embryology (Autumn Quarter 2017)
- Practice of Medicine (Autumn Quarter 2017)
- Science of Medicine (formerly Human Health and Diseases; Spring Quarter 2018)
Improvements in Clinical Training

- Introduction of Early Clinical Experience Program (to launch Autumn 2019)
- Improved integration between Practice of Medicine and Science of Medicine
- Innovations in Transition to Clerkships course
- Expansion of SHIELD (Stanford Healthcare Innovations and Experiential Learning Directive)
- Continuity of Care Clerkship
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<tr>
<th>Autumn</th>
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<td>- Molecular Foundations of Medicine</td>
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<td>- Introduction to Pharmacological Treatment of Disease</td>
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<td>- Applied Biochemistry</td>
<td>- Microbiology &amp; Infectious Diseases I</td>
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<td>Reflections, Research, and Advances in Patient Care</td>
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## Discovery Curriculum Pathways

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<tr>
<th>Pathway</th>
<th>Description</th>
<th>Duration</th>
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<tr>
<td><strong>MD + Scholarly Concentration</strong></td>
<td>MD with Scholarly Concentration requirement of 12 units of coursework and one quarter of research</td>
<td>4-5 years</td>
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<tr>
<td><strong>MD + In-depth Research Experience</strong></td>
<td>MD with in-depth research experience beyond the standard Scholarly Concentration Program</td>
<td>5 years</td>
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<tr>
<td><strong>MD + Masters Degree</strong></td>
<td>MD with a Master degree in any field</td>
<td>5 years</td>
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<tr>
<td><strong>MD + Berg Scholars</strong></td>
<td>MD with Burroughs Wellcome Fund (Full funding Yrs 4-6)</td>
<td>6 years</td>
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<tr>
<td><strong>MD + PhD</strong></td>
<td>MSTP Program</td>
<td>7-8 years</td>
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Dual MD/Master’s Degrees at Stanford that Could be Enhanced by the Option of a “Split” Curriculum

- M.S. in Biomedical Research/Biomedical Science – masters being developed
- M.S. in Community Health and Prevention Research (CHPR)
- M.S. in Health Services Research
- M.S. in Epidemiology and Clinical Research (already in progress)
- M.S. in Bioengineering
- M.S. in Biomedical Informatics
- M.S. in Translational Research and Applied Medicine (TRAM) – program being created
- M.A. in Medical Anthropology
- Masters of Epi in Global Health
- M.S. in Laboratory Animal Science
- M.S. Interdisciplinary Program in the Environment and Resources (E-IPER)
- M.P.P. (Public Policy)
- M.A. in Education (already in progress)
- Foreign Language Certificate (Foreign Language and Area Studies)
- M.B.A. from Stanford Graduate School of Business
- M.P.H. with UC Berkeley (discussions in process)
Physician-Scientist Workforce Working Group Report

http://acd.od.nih.gov/Biomedical_research_wgreport.pdf June 2014
Average Age of First R01 Grant Is Now 45-46
~50% drop in early stage physician scientists
MD/MS Program (Berg Scholars Program)

New “MS in Biomedical Research” (possible launch in 2018-2019)

- Physician Investigator Training Program
- Competitive selection
- MS coursework (minimize classroom time and focus on research)
- Intensive research, culminating in manuscript(s) and oral defense
- Career development longitudinally, promote Scholars to research residency programs
- Students receive full funding beginning in year 4 through graduation
New Berg Scholars
4-Year Pre-Clerkship Option
MD/MS Program (Berg Scholars Program)

New “MS in Biomedical Research” (possible launch in 2018-2019)
- Outcomes to be compared with 4 and 5 year MD students, and MSTP
- Funded by $2.5M Burroughs-Wellcome Grant
- Fundraising effort required for sustainability
We need your help!

1. Teach in and/or help develop Core Curricular Courses
2. Provide Opportunities for Early Clinical Experiences
3. Develop Return to Basic Science “Mini-Courses” designed for research-oriented medical students, graduate students, MSTP students
4. Recruit medical students to your research groups

Med Scholars website:
http://www.stanford.edu/dept/ms_sc_programs/potentialprojectlist.fb
Questions

Reflections
Value Improvement Program

Grace M. Lee, MD MPH
Goals

• To improve the patient’s journey throughout our healthcare system
• To enable our providers to lead value improvement work
3 Key Principles

Patient Journey

Engagement & Joint Accountability

Scale-up Capacity
3 Key Principles

Patient Journey
- Improve quality, service, and outcomes for patients
- Understand and manage costs associated with patient journey
- Integrate care delivery (hospitals, clinics, digital health) – right care in the right place at the right time

Engagement & Joint Accountability

Scale-up Capacity
Costs of Care – Impact on Patients

Medical Problems Lead to Financial Sacrifices

People who reported problems paying medical bills in the last year told pollsters they’d done the following:

- **Insured**
  - Put off vacations, major purchases: 77%
  - Cut back on household spending: 75%
  - Used up all or most of savings: 63%
  - Taken an extra job or worked more hours: 42%
  - Increased credit card debt: 38%
  - Borrowed money from friends or family: 37%
  - Been unable to pay for food, heat, housing: 34%
  - Borrowed money from a payday lender: 15%
  - Changed living situation, such as moving: 14%
  - Sought the aid of a charity or nonprofit: 11%

- **Uninsured**
  - Put off vacations, major purchases: 64%
  - Cut back on household spending: 62%
  - Used up all or most of savings: 51%
  - Taken an extra job or worked more hours: 40%
  - Increased credit card debt: 24%
  - Borrowed money from friends or family: 38%
  - Been unable to pay for food, heat, housing: 39%
  - Borrowed money from a payday lender: 12%
  - Changed living situation, such as moving: 23%
  - Sought the aid of a charity or nonprofit: 15%


Even Insured Patients Are Overwhelmed By The Cost Of Cancer Care

- **Arlene Weintraub, Contributor**
  - I cover the science and business behind drug development and health. FULL BIO
  - Opinions expressed by Forbes Contributors are their own.

The problem is the prices

Opaque and sky high bills are breaking Americans — and our health care system.

By Sarah Kuff | sarah@vox.com | Oct 30, 2017, 8:00am EDT

Part of Hospitals keep ER fees secret. We’re uncovering them.

On September 28, 2016, a 3-year-old girl named Elodie Fowler slid into an MRI machine at Lucile Packard Children’s Hospital in Palo Alto, California. Doctors wanted to better understand a rare genetic condition that was causing swelling along the right side of her body and problems processing regular food.

A Baby Was Treated With A Nap And A Bottle Of Formula. The Bill Was $18,000.

By Jenny Gold and Sarah Kuff | July 2, 2018
3 Key Principles

Patient Journey

Engagement & Joint Accountability
- Transparency and prioritization
- “Reward” top projects with existing support and resources
- Interdisciplinary collaboration

Scale-up Capacity
3 Key Principles

Patient Journey

Engagement & Joint Accountability

Scale-up Capacity

• Create or leverage opportunities for shared learning on implementation and evaluation
• Expand capacity of our workforce to improve value for our patients
Value Improvement Program

Value Based Care Delivery Proposals

Value Improvement Program

Value Dashboard

Value Learning Collaborative

Patient-focused

Provider-focused
Value-based care delivery proposals

Jan 2018

C-suite Engagement
Jan - Mar 2018

Hospital Team Engagement
Apr 2018

Process Design
May-Jun 2018

Provider Engagement
Jul - Aug 2018

Implementation of proposal process
Sept - Nov 2018

Present
Value-based care delivery proposal process
Scores – Value, Risk

Basic criteria: Strategic or operational initiative, core goals

Additional criteria: Access, affordability, regulatory, reputational

High Value Score is Best – 1-5
  • Better Health
  • Better Experience of Care
  • Lower Cost
  • Population Size/Impact
  • Generalizability

Low Risk Score is Best – 1-5
  • Measurability/Metrics
  • ROI-Short Term Effects
  • ROI-Long Term Effects
  • Feasibility
  • Scalability
  • Sustainability
Value Based Care Delivery Proposals - Cycle 1

- Proposal Inquiry Forms Submitted - Aug - Sept
  - 14 proposal inquiries

- Full Proposals Submitted - Oct 1
  - 8 full proposals submitted

- Proposal Reviews - Oct 26
  - 24 independent reviews

- Awards - Nov 2
  - 3 awarded; 2 revise and resubmit
Nephrotoxic Injury Negated by Just-in-time Action (NINJA)

Automating the NINJA Program to Increase Effectiveness and Reduce Resources
Ninja Co-Leads

Scott Sutherland, MD
Co-Lead

Jack Yeung, PharmD
Co-Lead
Ninja Team Members

IS Team Members
Derek Garnholz
Debby Huang

ACE Team Members
Lubna Qureshi
Diane Nguyen

QI Team Members
Heidi Chan
Rationale

- Acute Kidney Injury (AKI) is a common complication among hospitalized children
- Associated with increased mortality, longer LOS, higher costs, and the subsequent development of CKD
- Exposure to nephrotoxic medications and nephrotoxins is one of the few modifiable risk factors for renal injury
- At LPCH, NINJA has reduced nephrotoxin exposure and nephrotoxic AKI by 39% and 44%, respectively
- SPS Pioneer HAC
- Challenge - timely detection, timely reporting, communication
Specific Aims

1. To modify the existing nephrotoxin exposure report to link exposure data with patient level information

2. To automate the AKI detection process and link AKI events to patients and exposure data

3. To transition NINJA reporting to the clinical data warehouse to enable dissemination with fewer resources
Improving Patient/ Family Experience and Efficiency of Daily Workflow on the Inpatient Acute Care Units
Co-Leads

Amit Singh, MD

Marie Wang, MD MPH
Team Members

- Amy Chapman, MSN, RN-BC, CNS, NEA-BC
  Director-Patient Care Services, Acute Care

- Julie Kim, MD; Debbie Sakai, MD
  Hospital Medicine

- Jessica Morarity, MD; Lee Trope, MD; Sindu, Vellanki, MD
  Chief Residents

- Marisa Albert, MPH
  Medical Affairs

- Shanna Perales, MA
  Clinical Informatics

- Chris Pratt
  Performance Improvement

- Kelly Frank, MA
  Communications

- Ivette Becerra-Ortiz, DNP, NEA-BC, C-PNP, NP, RN, Shannon Feehan, MSN, RN; Jennifer Pattison, BSN, RN-BC; Jenina Chang, MSN, RN
  Patient Care Management

- Jenny Shaffer, RN, BSN
  Family Education

- Shirley Cheung, MSN, RN, PHN, ACM
  Case Management

- Maribel Gutierrez, MSW, BSBA
  Care Coordination

- Marine Persoglia, MA
  Interpreter Services

- Mary Catherine Garner
  Patient Experience
Rationale

- Patients and families are expected to be partners in shared decision-making about their care
- Blue team is piloting schedule-based rounds process
- Family centered rounds is where the majority of these discussion take place, yet patients and families are often not well-prepared
- Challenge-helping families understand the process of rounds, who team members are, and how to partner with the care team on schedule-based rounds
Specific Aims

1. Improve overall efficiency of the daily workflow through implementation of scheduled based rounds for the Blue Team by
   - Increasing the proportion of rounds completed by 11:20 am from 54% to 80%
   - Targeting that 80% of rounds occur within 10 minutes of scheduled time
   - Increasing nursing presence on rounds from 78% to >90%
   - Increasing proportion of discharges occurring early (by 11am) by 10%

2. Improve patient/family understanding of and satisfaction with the rounding process
Impact of a “Pediatric Shunt Surgery Checklist” on neurosurgery implant infection rate
Co-Leads

Gerald Grant, MD

Kelly Mahaney, MD
Team Members

- **Michael Chen, MD**
  Neuro anesthesia

- **Jean Stroud, RN, BSN, MBA**
  Director of Perioperative Services

- **Emily Morgan**
  Neuro service lead tech

- **Jana Hale, RN**
  Neuro service lead nurse

- **Hayden Schwenk, MD**
  Infectious Disease Lead

- **Roshni Mathew, MD**
  Associate Medical Director, Infection Prevention & Control
Rationale

- Shunt infection rates vary from 1-15% across centers and associated with significant morbidity and cost
  - Seizures, cognitive deficits, other long-term co-morbidities
  - $60,000 per procedure
- Implementation of infection prevention strategies have not been successful at LPCH to date
- Challenge- lack of resources, awareness, and commitment of entire system toward this goal

- Many neurosurgery centers have adopted strategies and formalized checklists to reduce the risk of shunt infection
Specific Aims

1. To monitor the compliance of a newly implemented shunt checklist for all implant cases in neurosurgery at LPCH

2. To compare the implant infection rate for neurosurgery before and after implementation of a shunt checklist
Value Improvement Program

Value Based Care Delivery Proposals

Value Dashboard

Value Learning Collaborative

Patient-focused

Provider-focused
Key Takeaways

• **Proposal inquiry process is critical** for submitting successful proposals
• Reviewers were attentive to **value and risk criteria**
  • Metrics and feasibility were particularly important
• Award team members were attentive to specificity and feasibility in the **resource justification** section
• Mix of proposal types – standard work vs. innovative delivery solutions
Questions?