

PROVIDENCE

inScope

Clinical insights from Providence Health & Services

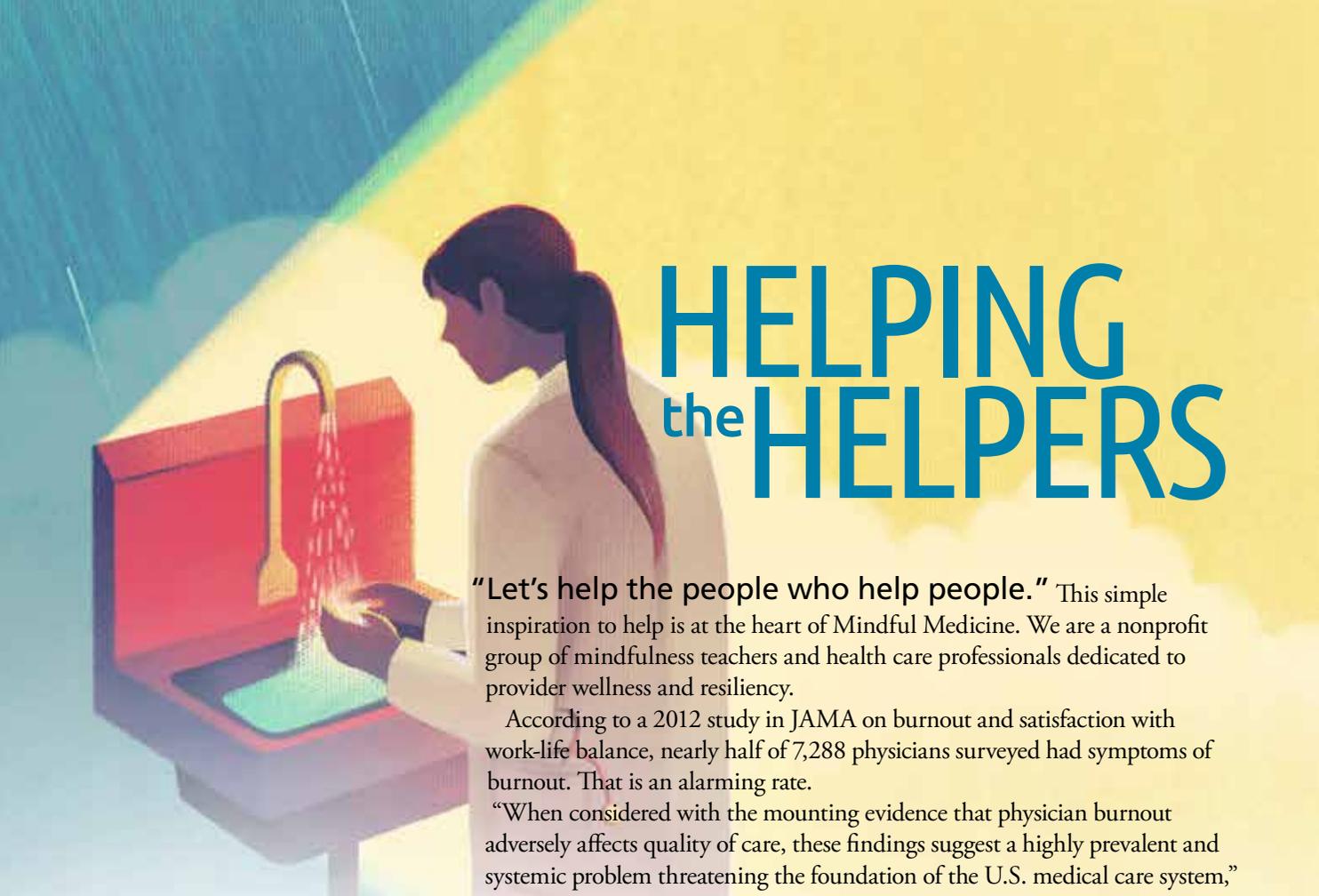
SEPTEMBER 2017



Avoiding burnout with mindfulness

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HELPING the HELPERS

“Let’s help the people who help people.” This simple inspiration to help is at the heart of Mindful Medicine. We are a nonprofit group of mindfulness teachers and health care professionals dedicated to provider wellness and resiliency.

According to a 2012 study in JAMA on burnout and satisfaction with work-life balance, nearly half of 7,288 physicians surveyed had symptoms of burnout. That is an alarming rate.

“When considered with the mounting evidence that physician burnout adversely affects quality of care, these findings suggest a highly prevalent and systemic problem threatening the foundation of the U.S. medical care system,” the authors concluded.

ADDRESSING BURNOUT

The impact of burnout on physicians’ capacity to care for themselves and their patients is a problem that affects us all. Mindful Medicine is dedicated to being part of the solution. We believe that physicians and the health care systems in which they work need to address the causes of burnout and how to prevent or reduce it.

Most importantly, we believe we need to create a health care culture that actively fosters wellness and resiliency in its providers as well as consumers, a system of health care truly characterized by health and care.



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ILLUSTRATION BY JASU HU

WHAT IS MINDFULNESS?

Mindfulness is defined by Jon Kabat-Zinn, the founder of Mindfulness-Based Stress Reduction, as “moment-to-moment, nonjudgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible.”

During a Mindful Medicine training, participants are taught secular, practical mindfulness skills to improve self-care as well as patient care, including skills to reduce stress, improve attention and emotional regulation, increase compassion for self and others, and improve cooperative problem-solving with patients and coworkers. We want to help providers rediscover the joys of practicing medicine and create a positive community of doctors based on peer support, mutual respect and well-being.

INCREASING EMPATHY

A primary goal of the training and ongoing support groups is to help physicians use their mindfulness skills to develop empathetic relationships with their patients. When physicians are more grounded and experiencing “well-being,” they are then able to be present with the patient to form this empathetic relationship.

Initially our weekend trainings were attended by physicians only. Recently we opened the trainings up to nurses and all types of advanced practice providers, recognizing that burnout is not unique to physicians. The need for resilience training runs throughout the entire health care system. Our weekend trainings and monthly community group are open to all advanced health providers.

For more information, visit mindfulmedicinepdx.org.

Practical tips for using mindfulness

Even just 10, 20 or 30 seconds of focused attention helps strengthen a habit of mindful awareness. Here are a few brief mindfulness practices you can do throughout the day that don't take much extra time:

Choose an activity you do often throughout the day. Let it be your “mindfulness bell” to rest your attention and count three slow breaths:

- Hand washing/sanitizing
- Touching the door handle before a patient encounter
- Waiting for the computer to boot up
- Listening to a patient's heart/lungs
- Looking outside
- Drinking a beverage

Slow your walking just by 1 to 2 percent and allow your attention to be present to the sensations in the feet and legs. Nobody else will notice except you.

If you're eating while charting (or otherwise on the go) stop and take just one mindful bite, giving this one bite and all of your senses your full attention.

Engage all five senses in one round of breath: From the beginning of the inhale to the end of the exhale, expand your awareness to notice what you see, hear, taste, smell and feel.

Creative reminders help: Use stickers, post-its, phone alerts or even make your computer password a reminder to “St0p&breath3!”

PRACTICING THE ART OF MINDFUL MEDICINE

By David Schroeder, M.D., cardiologist
Providence Heart Clinic at The Oregon Clinic Gateway



In 2007, I was diagnosed with sleep apnea. While most would not consider this a life-threatening illness, it came as a shock and challenged my identity as young, healthy and more or less invincible. No amount of wishful thinking or healthy habits was going to make it go away. To cope with this adversity, I found mindful meditation.

Since then, I have maintained a regular practice, and have found benefits beyond stress

reduction. In my experience, mindfulness can boost concentration and focus, enhance compassion, and increase awareness and self-regulation to promote calm decision-making over snap reactivity. These benefits extend beyond meditation time into “real life.”

Bringing an engaged awareness to each patient can help make them feel like they were heard and cared for. While our patients rightfully expect the best diagnostics and therapeutics that medicine has to offer, they also usually long for the healing power of human presence and compassion.

Mindfulness is not the only avenue for a provider to achieve these qualities, but a regular practice that includes kindness, compassion and awareness will nourish any clinician. This can't help but spill over into patient interactions in a positive way.

In 2013, endocrinologist Liz Stephens, M.D., internist Jeff Horacek, M.D., and I collaborated with mindfulness teachers Laura Martin, Denise Gour and others to form Mindful Medicine. We have been able to host more than 100 physicians on weekend retreats, and in 2016 we published a randomized trial showing improved stress, burnout and mindfulness in participants compared to controls.¹

We plan to continue to offer retreats and workshops so that clinicians can see for themselves what sorts of benefit mindfulness might offer. Take a chance, you might like it!
(See page 7 for details.)

1. Schroeder D, Stephens E et al. A Brief Mindfulness-Based Intervention for Primary Care Physicians: A Pilot Randomized Controlled Trial. *American Journal of Lifestyle*. 2016;20(10):1-9.

New tool for reducing heart failure readmission rates



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Hart failure is the leading cause of hospital admission in the Medicare population. In addition, it represents one of three conditions associated with a potential penalty as part of the Affordable Care Act's Readmission Reduction Program. Hospitals are investigating strategies to enable early intervention for high-risk heart failure patients.

The Providence Vulnerability Index was developed as part of our Heart Failure Readmissions Reduction Program.

Our goals were to establish a baseline of all-cause, 30-day readmission rates and a metric and test intervention for reducing readmission rates. We wanted to stratify patients by risk of readmission and to develop a risk tool that utilized Epic without added variables, survey data or discharge data that was applicable across all ministries.

We studied the records of over 30,000 patients with heart failure admitted to seven hospitals across five states in the Providence system between October 2012 and September 2013.

The index included and assigned points to personal variables, such as medical history, number of hospitalizations within the past 90 days, substance abuse and psychiatric disorders. The index ranges from a score of one (very low risk) to six

(very high risk), which correlates with a 4 to 39 percent predicted risk of 30-day readmission (Figure 1).

Patients with scores of four to six are above-average risk of readmission and are targeted for intervention. This patient population is not only at increased risk of heart failure readmissions, but due to their high number of medical comorbidities, are readmitted for many other diagnoses.

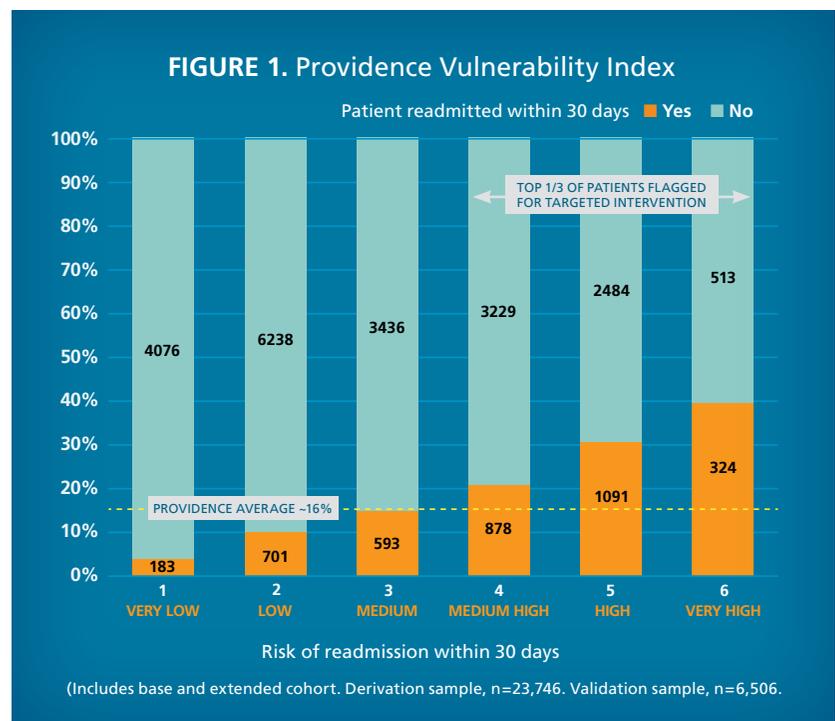
This tool is complementary to others. Its strength is that it is automated, utilizes admission data within Epic and allows clinicians to identify patients prior to the time of discharge who are at increased risk

of readmission. In addition, it allows clinicians to easily identify the variables that are driving an individual's risk.

Since its development, we have implemented the PVI throughout multiple Providence ministries. Highest-risk patients have been triaged to multidisciplinary heart failure clinics, targeted for early follow-up, and provided increased home health resources as well as palliative care consults. Future interventions will focus on using technology to assist patients in self-care management.

We hope that these interventions will reduce readmissions to the hospital and believe that by bringing increased resources to our highest-risk patients, we will improve quality of life in this fragile patient population.

Reference: Ross A, Fine S et al. Risk Stratification Tool Using Electronic Medical Record Data at Admission Predicts 30-Day Readmission Among Heart Failure Patients. JACC April 1, 2014. 63:12. A743.



Why are maternal mortality rates on the rise?



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Over the last four decades, we have seen an alarming trend of increasing maternal mortality rates, from a low of 7.2 per 100,000 live births in 1987 to 17.3 in 2013 (Figure 1).

The most common conditions leading to this increase in maternal mortality are cardiovascular disease, underlying chronic disease, infection, hemorrhage, pulmonary embolism and hypertensive disorders. Contributing factors include higher obesity rates and more new moms delaying childbearing until they're older. There also is more complete ascertainment of deaths associated with pregnancy.

U.S. trend especially troubling

Not only does the United States have the highest rate of maternal mortality among developed countries, it's the only one where the rate is rising. Mortality reviews suggest that up to 90 percent of these deaths are potentially preventable and that a majority involve provider-related factors, such as delayed response and ineffective care.

What we are doing

More than 11,000 babies are born every year at Providence in Oregon. Providence Women and Children's Services in Oregon has been actively engaged for many years in a variety of efforts to improve outcomes for our mothers and their infants.

The women and children's services team emphasizes evidence-based standardization of care, accurate measurement of clinically relevant processes and outcomes, and a reliable mechanism to adopt and share practice changes.

Key regional committees

There are two key longstanding regional committees: the multidisciplinary Regional Obstetrics and Newborn Quality Committee (Reg OB/NB) and the Maternity Operations Management (MOMS) Committee, which

consists of nursing managers from throughout Providence in Oregon.

The Reg OB/NB committee is made up of representatives from the professional staff in obstetrics, midwifery, family medicine, pediatrics, physician leadership, nursing leadership, pharmacy, anesthesia and pathology from across Providence in Oregon. The group reports to the Oregon Medical Executive Committee. Responsibilities include measuring clinical performance, establishing regional care policies, developing clinical standards, acting as a resource to the professional staff credentialing committee and setting the quality agenda.

FIGURE 1. Trends in pregnancy-related mortality in the United States: 1987-2013



*Number of pregnancy-related deaths per 100,000 live births per year

Culture of teamwork

A foundation for the quality agenda of both Reg OB/NB and MOMS is that standardized care and accurate measurement of clinically relevant processes and outcomes contribute to high-quality care. Long before Epic was implemented, we created evidence-based, standard provider order sets and nursing policies in maternity and newborn care at all of our hospitals. We also have emphasized a culture of teamwork to support an understanding and commitment to high-quality, safe care.

Providence Women and Children's Services has a proud history and commitment to high-quality, safe care of our patients. It is through these efforts, along with an emphasis on awareness and early intervention aimed at preventing maternal morbidity, that we will see a downward trend in maternal mortality.

UPDATE: Research and Clinical Trials



Study points to a new treatment option for advanced melanoma

AN ONGOING PROVIDENCE CANCER CENTER study combining two immunotherapy treatments has achieved a 77 percent disease-control rate in patients with advanced melanoma. Preliminary results of the MITCI study have been so positive that the Phase Ib clinical trial has been expanded to allow up to 70 patients to enroll.

Principal investigator Brendan Curti, M.D., co-director of the Providence Cancer Center Melanoma Program, presented the early results at the 2017 annual meeting of the American Association for Cancer Research earlier this year.

Included in the trial were several patients who had been treated previously with immune checkpoint inhibitors and had become resistant to the approach. The combination treatment appeared to overcome that resistance, pointing toward an encouraging new option for difficult-to-treat patients. Patients in the study receive both an investigational, proprietary formulation of CVA21 (CAVATAK), an

immunotherapy based on a common cold virus, and ipilimumab (Yervoy), an FDA-approved immunotherapy.

Of 22 patients evaluated to date:

- 4 have had a complete response
- 7 have had a partial response
- 6 have stable disease

In addition, the study group had fewer side effects with the combination treatment than generally associated with ipilimumab alone, with no dose-limiting toxicities reported. Enrollment in the expanded study is ongoing.

Cancer trials

To refer patients, call Providence Cancer Center's clinical trials office at 503-215-2614. This featured study is one of 12 melanoma studies currently open at Providence Cancer Center. To see all Providence studies in all cancer types, visit Research.Providence.org.

Ocrelizumab approved for MS

PROVIDENCE PARTICIPATED IN CLINICAL TRIALS that led to FDA approval earlier this year of Ocrevus (ocrelizumab) for adult patients with relapsing forms of multiple sclerosis and primary progressive multiple sclerosis (PPMS). This is the first drug approved for PPMS. The medication is given through an IV every six months.

The efficacy of Ocrevus for the treatment of relapsing forms of MS was shown in two national clinical trials in 1,656 participants treated for 96 weeks. Both studies compared Ocrevus to another MS drug, Rebif (interferon beta-1a). In both studies, the patients receiving Ocrevus had reduced relapse rates and reduced worsening of disability compared to Rebif.

In a study of PPMS in 732 participants treated for at least 120 weeks, those receiving Ocrevus showed a longer time to the worsening of disability compared to placebo.

"(Ocrevus) is going to be one of most effective medications for relapsing MS," said Kyle Smoot, M.D., Providence neurologist.

Ongoing trials

To refer a patient to Providence Brain and Spine Institute's Multiple Sclerosis Center, call 503-216-1150. There currently 15 clinical trials ongoing in multiple sclerosis. To see a list of these trials, as well as other neurosciences trials, visit Research.Providence.org.

Continuing Medical Education

11TH ANNUAL FALL PEDIATRIC CONFERENCE:

Pediatric Medicine for Primary and Emergency Care

Friday, Oct. 6, 2017, 8 a.m. to 4 p.m.

Providence St. Vincent Medical Center
9205 SW Barnes Road • Souther Auditorium
Portland, OR 97225

This conference addresses current pediatric health care issues for physicians, pediatric hospitalists, hospital-based pediatric specialists and nurses in primary care, urgent care and emergency room settings.

Topics include: Childhood trauma; pediatric dermatology issues; pediatric gastrointestinal issues; pediatric sepsis

To register, go to regonline.com/pmgped2017

Mindful Medicine Retreat

Oct. 20-22, 2017

Friday, 7-9 p.m.; Saturday, 10 a.m. to 5 p.m.; Sunday 1-5 p.m.

Heart of Wisdom Zen Temple
6401 NE 10th Ave. • Portland, OR 97211

Learn practical evidence-based mindfulness skills. Grow your resiliency. Improve communication with patients and coworkers. Rediscover the joy. Serving all health care providers. Includes lunch and materials.

To register, email Teddy Gardner, program director, at mindfulmedicinepdx@gmail.com, call 503-318-7975, or download a registration form at mindfulmedicinepdx.org.

2017 Providence Sleep Disorders Centers Sleep Symposium

Thursday, Oct. 26, 2017, 11:30 a.m. to 8 p.m.

World Forestry Center
4033 SW Canyon Road • Portland, OR 97221

Learn about sleep and sleep-related disorders from experts in the field. This symposium is for physicians, sleep technologists, respiratory therapists, nurse practitioners, nurses, physician assistants and other caregivers.

To register or get more information, contact Christy Williams at 503-215-3517, Christine.Williams@providence.org.

REFER A PATIENT TO A PAIN MANAGEMENT CLASS

These classes help patients understand how pain works in the body and brain, and how their own actions and thoughts can improve pain and improve quality of life.

In-person and online options are available:

- Two-hour in-person group classes taught by pain experts at various locations throughout Oregon
- Live, two-hour interactive webinars taught by the same pain experts. Patients can attend using a computer, smartphone or tablet anywhere they have an internet connection. They will also need access to a telephone.

Class times are provided at registration.

To register, call the Providence Resource Line at 503-574-6595 or visit Oregon.Providence.org/our-services/p/persistent-pain-classes

Referral RESOURCES

When your patients need advanced care, our specialists are right at your fingertips.

Call toll-free 844-ASK-PROV (844-275-7768) for:

Nonurgent consults and referrals, 8 a.m. to 4:30 p.m., Monday-Friday

More resources

General information

503-574-6595

Integrative medicine

East Portland: 503-215-3219

West Portland: 503-216-0246

Home medical equipment

503-215-4663

Home services

503-215-4321

Hospice

503-215-2273

Neurodiagnostic services

503-215-3095

Regional lab services

503-215-6660

Rehabilitation services

503-574-6595

Providence.org/oregon

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Even experts need advice



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Call toll-free **844-ASK-PROV (844-275-7768)** to connect with a Providence-employed or affiliated specialist for nonurgent consults and referrals. Available 8 a.m. to 4:30 p.m., Monday-Friday.