The Why, the How and the What of my post-chair Job Choice
Disclosure

Carlos A. Pellegrini MD FACS
I do not have any relevant financial relationship(s) with any commercial interest that pertains to the content of my presentation.
The Why, the How and the What of my Post-chair Job Choice

CARLOS A. PELLEGRINI
CHIEF MEDICAL OFFICER,
UW MEDICINE
VICE PRESIDENT FOR MEDICAL AFFAIRS,
UNIVERSITY OF WASHINGTON
First Start with

WHY
To understand the WHY

- University of California, San Francisco 1979-1992
- University of Washington 1992-2015 (Chair)
- My personal view of
  - Surgery as a profession
  - A Chair of a Surgical Department
- My decision to stop operating and its effects on the chair
- My desire to continue to work
- My “investment” in the University of Washington
- The development and growth of human relationships
One last piece of the WHY.....

INVESTMENT

OPPORTUNITY
The Surgeon of the Future:

Anchoring innovation and science with moral values
The Surgeon of the Future

Major Forces Impacting the Future

You Create Your Future

Your College: A Platform and Moral Compass
The surgeon of the future should be an “Interventional Biologist”

THOMAS R. RUSSELL, MD, FACS
Another way to define it....

Leadership is the art of getting someone else to do something you want done because he wants to do it

General Dwight Eisenhower
Exercising Leadership

A balance of authority, courage, service
Exercising Leadership

A balance of authority, courage, service
A “bond”

Leaders

Followers

TRUST
HOW
The How

- Opportunity
- Plans on how to get
- Investment
- Plans on how to do
Key elements of this position

- Coordination of clinical care delivery across system
- Integration of clinical delivery with education and research
- Transformation of care
- Strategy setting for UW Medicine
WHAT
The Chief Medical Officer aspires to BE:

- **Enabler**
  - of quality care

- **Trusted source**
  - of clinical solutions

- **Convener, consensus builder, way finder**

- **Catalyst**
  - Clinical, education, research activities

- **Student of the evidence**
  - and source of clinical insights
TRANSFORMING CARE DELIVERY ACROSS UW MEDICINE

MEETING THE CHALLENGE OF A NEW ERA
Traditional care

- Providers of Care
- Facilities where Care is provided
- Patients
- Payment to providers and facilities for services
Transformation of care

Patient Centered Care

Better Experience
Better Health of Populations
Lower Costs
A vision for Transformation of care at uw medicine

The most effective, efficient and high value care-always

Populations as well as patients

Better use of data and patient voices to direct care

“Healthy” care as well as “sick” care

Fully develop the medical home

Smart innovation
THE CLINICAL INNOVATOR’S PROGRAM ACROSS UW MEDICINE

THE BASIS FOR A GRASS-ROOTS EFFECTIVE ENGAGEMENT
To that end we will

*Engage* clinicians by providing the tools needed to:

a) participate in the design of new ways of care delivery
b) Embrace the principles of high reliability science
c) Measure the results of their efforts
d) Optimize performance
Impact of a pathway on value

VAD Pathway Trends
Jan 1, 2013 - Dec 31, 2014

- Post-op ICU ALOS
- O/E LOS
- Post-op ALOS
- O/E Direct Cost
- Readmit Rate (%)

Pre-pathway Baseline
Post-pathway Implementation
Expectation of Clinicians
Specialists (non-chronic conditions) and Teams

- Substantial increase in use of evidence-based care pathways
- Active participation in cost containment activities
  - Supply chain
  - Pharmacy
  - Post acute Care Management
- Transparency in reporting
UW MEDICINE
HEALTHCARE EQUITY INITIATIVE

JUNE 19, 2017
UW MEDICINE BOARD
“PROMOTING EQUITY IN THE CARE WE DELIVER IS NOT A SHORT-TERM PROJECT, BUT PART OF OUR DYNAMIC JOURNEY AS A LEADING HEALTHCARE SYSTEM.”
CONCLUSIONS

- The “post-chair” job – if any – is different for different people
- It pays to invest in the system
- It pays to keep eyes open for opportunities
- The only “mistake” is to think that the chair job will last forever