LEADERSHIP UPDATE

December 2020

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Your Newly Elected Officers for 2021

President
Hokuto Nishioka, MD
Anesthesiology

Vice President
Evelyn Figueroa, MD
Family Medicine

Secretary/Treasurer
Nicole Thompson, MD
Anesthesiology

Immediate Past President
John Tulley, MD
Medicine

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Medical Staff Executive Committee (MSEC) Holds Annual Meeting, New Officers and Delegates Elected

On Wednesday November 11, the MSEC held its annual meeting for medical staff. This was the first ever entirely virtual meeting. There were 262 attendees with 256 voting members. Welcome messages from Dr. Barish and Dean Rosenblatt commended the medical staff’s resiliency and flexibility during the transition to Epic in the middle of a global pandemic.

Highlighted was the groundbreaking of the new outpatient surgical center that has been several years in the planning. The surgery center features six stories and will serve our patients in a state-of-the-art facility. This, coupled with the introduction of Epic represents a substantial financial commitment to the future of the hospital.

More importantly, new officers and delegates were elected to represent the medical staff during the meeting. The newly elected cohort represents a mix of experience and perspective.

**PRESIDENT** Hokuto Nishioka, MD, Anesthesiology **Newly Elected**
**VICE PRESIDENT** Evelyn Figueroa, MD, Family Medicine **Newly Elected**
**SECRETARY/TREASURER** Nicole Thompson, MD, Anesthesiology **Newly Elected**
**IMMEDIATE PAST PRESIDENT** John Tulley, MD, Medicine

**DELEGATES**
Aarti Raghavan, MD, Pediatrics
Sara Smith, MD, Pediatrics
Erin Neuschler, MD, Radiology
James Bui, MD, Radiology **Newly Elected**
Shane Borkowsky, MD, Medicine **Newly Elected**
Leah Finkel, MD, Emergency Medicine **Newly Elected**
Nicole Gastala, MD, Family Medicine **Newly Elected**
Gelila Goba, MD, Obstetrics & Gynecology **Newly Elected**

**ALTERNATE DELEGATES**
Bhrandon Harris, MD, Family Medicine **Newly Elected**
Amber Hathcock, MD, Emergency Medicine **Newly Elected**

A SPECIAL THANK YOU TO:

**FORMER DELEGATES**
Evelyn Figueroa, MD, Family Medicine
George Kondos, MD, Medicine
Jon Radosta, MD, Medicine

**FORMER ALTERNATE DELEGATES**
Nicole Gastala, MD, Family Medicine
Leelach Rothschild, MD, Anesthesiology
Epic Positives & “Pain Points”

We are now into our third month since Epic go-live. As I am sure you are all aware, our go-live was a significant transition for UI Health. The goal that we set early on and have regularly communicated is that our transition to Epic was much more than changing medical record systems. Our goal was to transition our workflows to be more standardized, efficient, and patient-friendly – we never had an intent to replicate previous workflows in Epic. Provider subject matter experts from across the organization put significant time and effort into re-designing workflows to conform to (when possible) Epic foundation workflows so that we could learn from the hundreds of organizations that transitioned into Epic prior to us.

With our transition to Epic, there are things that went well and others that continue to be problematic.

- **Secure chat** has dramatically improved our ability to communicate with each other. It is not without issues though as we are working through education around the appropriate use of secure chat.

- **E-Prescription of controlled substances** provides a dramatic improvement in our ability to securely prescribe controlled substances. We do continue to struggle with matching patient names from Illinois Prescription monitoring into Epic. If you do not see the information you would expect in Epic, please log into the State website.

- We are now **communicating with Epic and non-Epic organizations** across the city/state/country. This provides us with the ability to better care for and make decisions with our patients. This communication has caused significant data reconciliation needs into our version of Epic. It also makes critical that we are updating patient information that is sent to other organizations (like problem lists, allergies, immunizations, medication lists). This takes a lot of time to do well. It is the job of all of us to make sure that our patient charts are accurate.

- We are also **communicating with our patients through MyChart**. In November, at least one of three patients seen for an outpatient visit had activated their MyChart account. Have you added yourself to the care team so that patients can easily communicate with you or your nurse pool? Patients have increased access to your notes and their results. Each week 300-400 patients schedule an appointment themselves in MyChart; an additional 350-400 patients cancel or reschedule with the click of a couple buttons in MyChart.

- **Chart locks continue to happen** more often than we would like. We continue to work with Epic to see what we can do to minimize these. There is also a significant need to improve communication with each other when these locks occur.

- **In-basket management** remains a struggle. Some providers have set up quick actions to rapidly act on in-basket messages and others need to continue to work on personalization efforts. We still struggle with the occasional CRM message that comes into our in-basket which are frustrating to say the least (if you do not know what a CRM is, count yourself lucky).

- We have seen significant improvements in **outpatient encounter closure rates**. More than 50% of all outpatient encounters are closed out on the same day the patient is seen. If you are not regularly closing your encounters on the same day, please speak with your colleagues to see how they can help you be more efficient.

- **Provider training is something that we know we need to continue.** You will soon be contacted to schedule additional training with your department/division and our training team. We remain available to meet with small/large groups as requested to continue to review optimal workflows to improve provider efficiency. We have begun to receive provider efficiency metrics from Epic. These look at how much time you spend working at night, how much time you spend working through your in-basket, and how efficient you are at using Epic tools to write notes and place orders. There is significant variance between providers within the same specialty. We want to link efficient providers with their colleagues to offer guidance.

**Epic stabilization continues and soon we will move into our optimization phase.**

In optimization we will begin to work on all the requests that we were not able to build prior to go-live. We need your continued support as we continue to try to improve our Epic system to work for us.

**If you are struggling, ask for help.** Your colleagues and the training team are here to help you. Do not assume that everyone is having the same issues/struggles as you. We have tried to add common struggle tip sheets to the learning home dashboard in Epic, but have the opportunity to contribute more. As we move forward, remember that we are all in this together.
Updates on Diversity & Inclusion

American Indian Heritage month was celebrated during November. Please take a moment to read, reflect and acknowledge the land on which our university was built.

Land Acknowledgement

I recognize and acknowledge that the University of Illinois Chicago sits on the land of multiple native nations. I acknowledge and honor the original peoples of the Chicagoland area – the Three Fires Confederacy, Potawatomi, Odawa and Ojibwe Nations, as well as other Tribal Nations that know this area as their ancestral homeland, including the Menominee, Ho-Chunk, Miami, Peoria, and Sac and Fox.

These lands were the traditional birthright of indigenous peoples who were forcibly removed and have faced two centuries of struggle for survival and identity in the wake of dispossession. Let us acknowledge the ground on which we stand so that all who come here know that we recognize our responsibilities to the peoples of that land and that we strive to address that history so that it guides our work in the present and the future.

I further acknowledge that this land is the current home to one of the largest urban Native American communities in the United States. Native people are part of Chicago’s past, present, and future, and it is our responsibility to acknowledge these Nations and to work with them as we move forward as a more inclusive institution.

Link to Statement: University of Illinois System Land Acknowledgement

BCBS of Illinois’ Health Equity Incentive Program

A new initiative was announced recently that partnered UI Health with Blue Cross Blue Shield in response to BCBS of Illinois’ Health Equity Incentive Program. The University of Illinois Chicago’s academic and clinical health system was selected as the first health system in Chicago to receive funding from Blue Cross Blue Shield Illinois, or BCBSIL, as part of a new pilot program aimed at improving health equity.

Over three years, UI Health will receive $9 million in funding from BCBSIL to expand its efforts to improve diversity among health care providers and to reduce the health disparities experienced by patients who are members of communities of color and other communities that disproportionately experience poor health outcomes.

The primary outcomes of this initiative are improvement of clinical performance measures of health equity and meeting recruitment targets for increasing diverse students and clinicians at our institution. The effort starts in December and will continue for the next three years.

This large financial support merges nicely with the mission of UI Health and with the work many of you have initiated, along with the students and staff, during the recommendation phase of the Urgent Action Anti-Racism Committee (ARUAC). The COM’s Diversity Strategic Plan and the implementation phase of the ARUAC are underway and we plan to continue to update you on the progress of planned activities in future editions of this newsletter. Please visit the Diversity and Inclusion website for the COM for intervening updates.

New Red Buddy Badges

Have you noticed the new red buddy badges attached to some of our resident and attending name badges? Not only will this reinforce the roles of members of the team but also gives a subtle, but important visible reminder that some of the female team members are physicians. It is hard to believe that during a time when women make up more than 50% of the medical student classes, female students and physicians are often mistaken as other healthcare staff, helpers or visitors by patients, staff and other physicians. Be on the lookout for notification that badge buddies have arrived for all service lines.

Thank you to the hospital for taking this step forward in recognizing and combating socialized discrimination.
Medicaid and MIPS Quality Payment Program — Promoting interoperability and MIPS

The Center for Medicaid and Medicare (CMS) is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program. The program’s goal is to encourage quality and cost-efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.

As part of the program, clinicians must report their performance individually or as a group in four areas: • Quality • Interoperability • Improvement activities • Cost

Medicaid performance improvement (PI) focuses on the efforts of individual eligible providers (EPs) such as attending physicians and APRNs, while MIPS (Merit-based Incentive Payment System) PI reports on aggregate data from all EPs and their eligible patients.

MIPS is budget neutral, which means that the participating hospitals that score above a set threshold receive bonuses, whereas those that do not meet pay penalties. Since it was first implemented in 2017, University of Illinois Physicians Group (UIPG) has received bonuses every year. This performance is a testament to our providers’ collaborative efforts and the comprehensive care they provide to our patients.

For each eligible provider who meets compliance thresholds in various areas of the Medicaid program for Promoting Interoperability, such as secure messaging, medication reconciliation, and electronic prescribing, the University of Illinois Physician’s Group receives a payment which is shared with the hospital to help cover the expenses of electronic health record transformation. In 2019, we had 43 providers meet the compliance thresholds and successfully attest for Medicaid PI:

I want to congratulate these providers for their efforts and their continued quality care.

Our reporting period this year aligned with the Epic go-live period, which provides new challenges, as well as new opportunities to meet the individual and group metrics. We encourage every provider to make efforts in the following areas, not just for Medicaid PI and MIPS, but to continue to serve our patients:

• Secure Messaging: Signing patients up for MyChart and using it for continued communication
• Send and Receive Summary of Care: Communicating to outside referring providers via direct email using Epic functionality
• Medication/Clinical Reconciliation of Medications, Allergies and Problems
• Patient Generated Health Data: incorporating information which the patients enter via MyChart forms or communications

We have already seen significant improvement in all these areas since go-live, and we will be reaching out to individuals who are on track to attest for this year and to identify opportunities for improvement or encourage continued high-quality performances. The UIPG physician leaders are currently working with the Information System team and the data analysts to fulfill CY2020 reporting requirements and work on the strategic planning for future years. The achievement of the metrics to date, especially in the setting of this complex year’s reporting in the setting of Epic and COVID-19, are substantially due to the many contributions and participation of our providers in demonstrating excellent care of our patients.

Thank you for your efforts.

Shane Borkowsky, MD
Medical Students

Adaptation, Innovation, and Zoom: Life as a Medical Student during Covid-19

The Covid-19 pandemic has become a defining feature of medical education, impacting medical students in various ways based on the stage of medical education.

First Years (M1s):
For the current M1 students, it the pandemic has led to a virtual first semester, using Zoom sessions to meet each other and attempt to build community. As the medical field changes daily, it can be a struggle to focus on mastering the fundamentals. The uncertainty of our future often competes with our excitement for beginning our medical careers.

Second Years (M2s):
At the onset of the stay-at-home order in Illinois, the current M2 students were caught in the middle of their cardiovascular and respiratory systems block. After spending the year solidifying study strategies and adjusting to the fast-paced environment of medical school, our learning modalities quickly changed. The pandemic forced us to reevaluate how we approach the preclinical curriculum and reimagine how to effectively engage in the collaborative nature of team-based learning. Furthermore, we began to utilize the modalities of telehealth and tele-simulation to learn physical exam maneuvers and continue building upon our clinical reasoning skills. As the transition to an online preclinical curriculum progressed, faculty and staff partnered with students to navigate these new challenges, and create a system that fit the evolving needs of students, while never compromising the quality of education.

Third Years (M3s):
After having spent the previous six weeks studying for Step 1 of the board exams, the majority of current M3 students were days away from taking the pivotal exam when testing centers closed with the stay-at-home order. Some of us continued to study in hopes of rescheduling the exam soon, while others transitioned to take online elective courses that the university quickly prepared. Our entry into the clinical setting was delayed about two months, as hospitals scrambled to resupply PPE equipment and accommodate current M4 students. We are learning in a pandemic clinical environment — low patient volume, telemedicine appointments, zero visitor policies, and virtual rounds. As we watch surging caseloads in Chicago and throughout the country, we anxiously hope that our clinical, patient-facing learning can continue.

Fourth Years (M4s):
While in the midst of our clinical rotations, the current M4 students were removed from the hospital setting for a couple months. Learning transitioned to online cases and lectures, mixed with telemedicine as available. The clinical skills portion of Step 2 of the board exams was canceled for the entire year, but our biggest challenge has been navigating applying to residency programs in a completely virtual environment. We learned about individual programs via Zoom sessions and social media accounts, without the opportunity to participate in away rotations. All interviews will be conducted virtually, as we prepare for the next step in our medical career.

Regardless of the year/stage, medical education has been drastically impacted over the course of the pandemic. As students, we not only share a sense of anxiety about the future but also a renewed passion for pursuing medicine. Like many, we have learned to adapt to the constant changes, to innovate in our learning, and of course, to Zoom.
GME and Residents

The Impact of COVID-19 on Medical Training

It is incredible that the many changes in virtually all endeavors of our daily lives have become the new “normal” since the start of the pandemic and its associated restrictions and precautions. The uncertainty about the future of the pandemic, adapting to the changes, and the emotional and financial burdens during this time are amongst the many other sources of stress and the resultant psychosocial dilemmas. Education, amongst other things, has also experienced a great shift from in class, hand-on experiences to the virtual environment and self-paced learning, with its own associated hardships of adjusting to this new method of learning.

BALANCING EDUCATION, CLINICAL DUTIES, AND GRADED RESPONSIBILITIES

Working in a healthcare environment has been affected both by virtue of being considered the frontline of the battle against the virus and its associated stress and pressure on healthcare workers, in addition to the many other issues related to the pandemic. Residents are no exception, and in fact, given their special circumstances, they have been affected in different ways. Residents deal with balancing education, clinical duties, and graded responsibilities, en route to becoming independent attending physicians. At each institution there is a well-structured schedule of clinical rotations, responsibilities, and a rigorous didactic program to ensure the quality and adequacy of the resident’s training. The restrictions of various services during the pandemic — including clinic, elective procedures, and the deployment of residents to COVID units — have changed many of the planned rotations and activities. In addition, many of the didactic sessions, hands on activities, courses, and conferences have either been canceled or switched to a virtual format.

PROFICIENCY

Proficiency in procedures and operations is a skill that builds gradually and requires momentum to be built on. Competence grows with repetition and visualization, especially for residents at more junior levels. With drastic declines in outpatient numbers and the uncertainty over future cancellation of elective procedures, there is a potential impact on the expected training and stepwise increase in proficiency for procedures especially for surgical residents. There have been changes both from accreditation perspective (e.g. changing the required minimum procedures for residents) and from departments to increase lab sessions and virtual courses to accommodate the decrease in surgical volume during training.

RECRUITMENT

The recruitment of future post graduate trainees is also not immune to the impact of the pandemic. This year all the interviews will be held virtually and there are no traditional external sub internships, limiting the medical students’ experience, letter of recommendation, and the feedback and experience which could guide them to rank their potential residency program. Furthermore, the effectiveness of recruitment via this new interview type and applications has not been established and can introduce unintentional bias to the ranking approach.

Overall the pandemic has influenced residency training in various ways, mainly by decreased opportunity for patient care and procedures secondary to decrease in outpatient and elective case volumes. Additionally, deployment to COVID units and disruption of scheduled rotations has further impacted resident training. Moreover, as the opportunities for patient and operative involvement decline, so does the confidence on proficiency and skills in residents, thus adding to an already high level of anxiety in residents.

INEVITABLE CHALLENGES

Finally, the incoming residents and fellows will also be impacted by their limited experience from outside hospital sub-internships, virtual interviews, and limited interactions. Nevertheless, these changes and the resultant uncertainties and anxieties are, unfortunately, inevitable. However, the ongoing efforts of making more courses, didactics, and hands on lab session available as well as re-opening limited clinics and the tele-medicine platforms, in addition to accommodating changes in requirements by accreditation institutions are great steps in relieving the anxiety in residents and ensuring the sustained quality in training for future proficiency and the development of confident physicians and surgeons.
APRN Updates

The Role of Advanced Practice Providers (APPs) in the Intensive Care Units: A Growing Trend of Collaboration

Each year, six million patients are admitted to ICUs across the United States and this number has dramatically increased since the COVID-19 pandemic. As you recall, here at UI Health, our ICU capacity was extremely stretched during the first surge of the pandemic, but well-managed by the outstanding critical care medicine and interdisciplinary team. As the current uptrend of the number of COVID positive patients throughout the city continues, ICUs across the city and the nation are revamping their staffing to get ready for a second influx of critically ill patients.

A recent Society of Critical Care Medicine taskforce nationally identified that the increasing number of patients with complex, life-threatening diseases, combined with the varied concentration of ICU beds in few centralized hospitals, growth of specialty ICU services, and desire for full-time around-the-clock coverage, have contributed to growing intensivist staffing needs. Leapfrog requirements of such coverage in varying degree, is also the gold standard by CMS.

Evidence-based practice studies have proven that Advanced Practice Providers (APRNs/PAs) have a significant impact on cost, quality of care, patient satisfaction, and wait times in ED settings. To this effect, Nurse Practitioners have been practicing for many years in ICUs, caring for critically ill patients at many of the Academic Medical Centers in Chicago land areas and around the country. For example, at one of the Academic Medical Centers here in Chicago, Nurse Practitioners and Physicians Assistants cover a wing of the critical care unit that has 15 beds, with a full complement of staffing to allow 24/7 coverage in collaboration with the intensivist.

Our intensivist program taskforce here at UI health is also exploring different options to revamp our intensivist program using exceptionally trained APRNs in Acute Care NP programs. Through lessons learned from several academic medical centers that spearheaded and successfully launched such programs, we are developing APRN roles in ICUs as a complement to the outstanding pulmonary, critical care medicine, and neurointensivist teams. We will soon onboard these APRNs.

We are grateful for the exemplary collaboration of the medical staff, division of nursing, and hospital administration for teaming up to take APP practice to the next level.

ENT Offering Saturday Clinics

ENT is now offering Saturday clinics at the EEI from 8:30am – noon. Patients with a variety of complaints including throat pain, nasal/ sinus issues, nosebleeds, thyroid masses, neck masses, cerumen impaction, and ear complaints can be seen.

Same day and next day appointments are available.
Updates

COVID-19 Sustained Response Measures

We are seeing an increase of COVID-19 cases here at UI Health and throughout the city, state, and nation.

Many activities are underway to prepare us for the surge in COVID cases. We are watching closely our inpatient COVID volumes and actively identifying strategies to care for all of our patients regardless of condition.

We have put in place an Incident Command Leadership Structure to prepare our response to upcoming resurgences in COVID-19. Please note that this is not an internal disaster declaration. This is a proactive measure to ensure we are prepared to meet all our clinical needs in anticipation of growing COVID cases. Other actions include:

- **The ED Forward Triage Tent now is operating from 10 am to 10 pm, Monday–Friday**, to help us actively respond to our community and increasing COVID-like illness activity at our hospital.
- **We are consolidating the Pediatric ICU (6 beds) and Peds Inpatient Unit (10 beds) on 5W to allow for the potential of improved and increased adult patient care capacities. The adjustment on 5W will enable us to reconfigure 5SW for non-COVID adult care.**
- **We will begin COVID-19 testing at University Village on Dec. 5.** With the colder weather, the last day for testing at Mile Square–Main (outdoors) will be Dec. 7.

**UPDATED COVID TESTING AND TRAVEL GUIDANCE**

REMEMBER: Do not come to work if you feel ill or have COVID symptoms. Contact UHS (312.996.7420) before going in to be seen or tested.

We recently updated our FAQ for COVID-19 Exposure, Symptoms and Testing. This document provides instructions and expectations for when staff should fill out the COVID Intake Questionnaire on Immuware, how and when they should anticipate results, and return-to-work guidance.

**Shift Your Mental State with this WORDFIND**

Burnout  MyChart  Sustained Response  V S T S Y I N Z E A I X F R Z K I C E D
Change  Optimization  Top Box  E H P S L S A Y I V S O X O M K L T S Q
Coronavirus  Pandemic  University Village  R I S N O M P L V I T B L T S L I P P
Disclosure  Patients  Visitor Restrictions  S E D S R C Y O J R D P Y I G U A O O J
Distancing  Quality  Wellness  I L J K B U R N O U T O M S P R G N N G
Diversity  Quarantine  Heroes  T D C H A N G E F S U T T I Q G E A S G
Election  Smart List  Holidays  Y R Y C M R Y T I U Q E V J E Q U E V
Epic  Surge  Mask Up  A U H L N S M S S R R O J S A U T E E P
Equity  Sustained Response  Miracle on Taylor  D C A N T O E A U O T E Z E Y Q Y L D T
Face Shield  Top Box  Visitors  I E R E A J D M R N L S E R S F V E R V
Heroes  University Village  Visitor Restrictions  V S T S Y I N Z E A I X F R Z K I C E D
Holiday  Wellness  Miracle on Taylor  E H P S L S A Y I V S O X O M K L T S Q
Mask Up  MyChart  Surge  R I S N O M P L V I T B L T S L I P P
Miracle on Taylor  Optimization  Top Box  S E D S R C Y O J R D P Y I G U A O O J
Name:  MyChart  Sustained Response  V S T S Y I N Z E A I X F R Z K I C E D
Optimization  Patients  University Village  S E D S R C Y O J R D P Y I G U A O O J
Patients  Quality  Wellness  I L J K B U R N O U T O M S P R G N N G
Quality  Sustained Response  V S T S Y I N Z E A I X F R Z K I C E D
Sustained Response  Top Box  University Village  T D C H A N G E F S U T T I Q G E A S G
Top Box  University Village  Visitor Restrictions  Y R Y C M R Y T I U Q E V J E Q U E V
UI Health Top Box Doc Year-end Review

The Top Box Doc Award was initiated as a quarterly recognition of the provider in the Ambulatory Outpatient Care Center with the best CGCAHPS outcome on the question: Rate the Provider. Due to improved patient experience scores, the award criteria expanded to also include Recommend the Physician and Physician Communication Quality.

Top Box Doc of the Year: Dr. George Kondos

The annual Top Box Doc Award is given to the physician in the Ambulatory Outpatient Care Center who has consistently performed in the top 1% of all physicians in the country in these categories throughout the year.

We are honored to recognize Dr. George Kondos as the FY20 Top Box Doc. Congratulations and thank you Dr. Kondos for your continual commitment to your patients and the community!

Top Box Doc FY20 Quarterly Award Recipients

We also wish to acknowledge the following recipients of the FY20 Top Box Doc Award. Thank you all for your commitment to creating a great patient experience and making UI Health a great place to receive care.

Q1
Dr. Shane Borkowsky

Q2
Dr. Michael Abern

Q3
Dr. George Kondos

Q4
Drs. Maria Albright & Sharmilee Nyenhuis

Patient Experience Physician Honor Roll (90th percentile & above)

In addition, we congratulate the following physicians who have maintained the 90% in these 3 CGCAHPS categories throughout the year.

Andrew Trotter, MD, MPH
James Feinberg, MD, JD, MPH
Patrick Belvitch, MD
Adhir Shroff, MD
Fidel Castillo, MD
Jeffery R Jacobson, MD
Natalia O Litbarg, MD
Dawood Darbar, MD
Adam Mikolajczyk, MD
Neelofer Shafi, MD
Noreen Nazir, MD
Steven Dudek, MD
Rozina Chowdhery, MD
Gye Young Park, MD
Fernando D Testai, MD
Laura Pedelty, MD
Sharmilee D Nyenhuis, MD
Fady Charbel, MD
Cathy Helgason, MD
Emily Daviau Smith, MD
Alfredo Jos Mena Lora, MD
Amanda Osta, MD
Kimberlee Curnyn, MD
Susan C Bleasdale, MD
Thom Lobe, MD
Saba Ahmad, MD
Mary Lou Schmidt, MD
Andrew Griffin, MD
Mark Rosenblatt, MD
Mark Chwajol, MD
David Leone, MD
Rachel N Caskey, MD
Scott Borgetti, MD
Pranshu Adavadkar, MD
Shannon Murphy, MD
Rox Aguirre Castaneda, MD
Sindhu Harsha Vardhan, MD
Alexander J Javois, MD
Kruti R Acharya, MD
Marranzini-Rodriguez MD
Radhika Sreedhar, MD
Rachael King MD
George Kondos MD
Martin Nicholas MD
Dear DR,


Despite the upheaval, and madness we’ve managed to continue to find ways to do great work. I’m certainly not one to create silver linings where there are none, so, I mean it when I say this — Great job, everyone.

As a team, we came together in ways we hadn’t before, to chip in and push back against the Spring wave of Covid-19 at our institution. The University, understanding the extraordinary efforts behind the work, offered the Chancellor’s Covid-19 Response Award. The winners, much less all of the nominees, put in enormous effort so that we would be able to manage so many aspects of our work in this regard. They are listed earlier in this edition, and we have quite a bit to be proud of. In particular, I am especially happy to see that this is not an award only for physicians — a stark reminder that in order to do great work, we are co-dependent.

Dr. Shane Borkowsky shared with us the providers who met the criteria set forth in MIPS. Putting time into these efforts during what for many of us are trying workflows is truly an impressive feat, and hopefully that list will grow through our continued adoption of workflows that are Epic centered. I, for one, am quite impressed, because sometimes, I just tire of points and clicks that seem gratuitous. Seeing so many of my colleagues, though, who’ve created the time and space to meet the task set before them is inspiring, and I know that in 2021, I’ll look to see how I can meet those efforts.

Sheila Cook shared with us the year end list of Top Box Docs. We often come up with lots of reasons why how we see patients is not ideal. There is always something. I know. I feel the same way. However, as with the MIPS providers, our Top Box Docs have kept their focus on patient-oriented care sufficiently that patients report highly positively on their experiences. Each of these individuals have many things pulling them in all sorts of directions, but their listing is a testament to the focus kept on patients and patient needs. Again, this work is an inspiration to us all.

One can only guess what 2021 will be like, but this much we can say. If we afford our colleagues the opportunity to be a beacon for our own good works, we will make our workplace, our patients, and the world that much better.

Thank you all for your readership this past year. It is an honor to work on your behalf and we look forward to working with you in the coming year. Be kind to yourselves these upcoming holidays. Without you being well, we are unable to provide for our patients.

Sincerely,
— Ari

Be kind to yourselves, generous to others, and find a little peace this holiday season.
From the Desk of TVH

From Warp Speed to the Speed of Trust

This year has been a remarkable journey. This newsletter highlights so many of you who have accomplished remarkable work this year, rising to the top of nationally benchmarked standards of care for our patients despite the challenges of COVID-19 and adjusting to and now working to optimize a new electronic health record. As we discussed in the November newsletter, acknowledgement is at the core of healing and is a reminder that 2020 life has been difficult for me, you, our families, our colleagues and fellow practitioners throughout the world and our patients. Despite our differences in background and perspective, acknowledgement of our common purpose in building health equity and health for all of us is important and healing. So this is also a good time to acknowledge the great work that has been done this year by so many and say thanks for the healing you have helped make possible. Please take some time in December to say or write a note of thanks to colleagues and family who support you and our common purpose.

One of our greatest challenges and opportunities to heal and recover may now be on the horizon in 2021. In addition to our commitment to excellent patient care, UI Health has also been at the front lines of research and innovation. We have been the recipient of several grants related to improving COVID care, including several NIH sponsored “operation warp speed” initiatives designed to expedite at rapid speed promising new treatments, home monitoring and vaccines for COVID-19. The development of a safe and effective COVID-19 vaccine would be an extraordinary accomplishment within the span of a year. A safe and effective vaccine would fundamentally change the course of 2021 by protecting our staff, our patients, our families and the communities we serve. However, my colleagues in population health sciences, including Dr. Jerry Krishnan, remind me often that despite our speed of discovery, vaccination rates will proceed at the speed of trust. Vaccination rates can be challenged by lack of trust of our healthcare system. Lack of trust in science itself adds to this challenge. We as medical staff will be asked by staff and patients “are you getting the vaccine?” For myself, I am committed to early vaccination if evidence shows our available vaccine to be safe and effective. This will be an important discussion for all of us, knowing that those who look to us for advice will be watching and listening. It will be difficult to convince our patients if we are not convinced ourselves.

I look forward to our continued journey together. Stay safe and take care.

Congratulations to the Chancellor’s COVID-19 Response Award Recipients

This prestigious campus-wide honor recognizes contributions of UIC/ UI Health employees who serve as first responders or who have significantly contributed to maintaining campus operations during this unprecedented time. This year’s recipients from UI Health are:

Dr. Rachel Caskey, Academic Internal Medicine
Sharad Choudhary, Information Services
Dr. Evelyn Figueroa, Family and Community Medicine
Alexia Johnson, Patient Care Services, 7E COVID Unit
Valentina Lutsyk, Patient Care Services, MICU
Jamie Paek, Pharmacy Practice
Rosemary Slotkus, Emergency Services

Congratulations to all those recognized for their special efforts and thank you to everyone for your unwavering commitment through these trying times.