

AN EXECUTIVE DISCUSSION

PASSION, PERSEVERANCE AND THE POWER OF BOLD DIAGNOSTICS



UNIVANTS™
OF HEALTHCARE EXCELLENCE

INITIATIVES AND WINNING EXPERTS

Program ROSE: (Removing Obstacles to Cervical Screening) Empowering Women to Eliminate Cervical Cancer

**The ROSE Foundation
(Kuala Lumpur, Malaysia)**

YIN LING WOO, PhD
Professor of Obstetrics
and Gynecology, Faculty
of Medicine, University
of Malaya



MARION SAVILLE
Executive Director at
the Australian Centre
for the Prevention of
Cervical Cancer



The "Bubble": Safe and Informed Population Health Management Based On Strategic, Novel Laboratory Testing to Restart a Global Sports League, Stimulate the Economy and Foster Normalcy During the COVID-19 Pandemic

**National Basketball Association
(New York, N.Y.)**

LEROY SIMS, MD
Senior Vice
President, Medical
Affairs, National
Basketball
Association



JIM WEISBERGER, MD
Chief Medical
Officer and EVP,
Laboratory Director,
BioReference Labs



Improving the Peri-Operative Pathway of People with Diabetes Undergoing Elective Surgery: The IP3D Project

**Ipswich Hospital, East Suffolk and North Essex NHS Foundation Trust
(Ipswich, U.K.)**

**GERRY
RAYMAN, MD**
Lead of the
Diabetes and
Endocrine Centre,
Ipswich Hospitals
NHS Trust



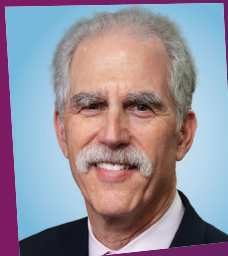
**EMMA PAGE,
GIRFT**
Work Stream
Delivery Manager
for Diabetes and
Endocrinology, U.K.,
and program lead for
the IP3D Project



GUEST EXPERTS AND HEALTHCARE LEADERS



**ALEXANDER CARTERSON,
MD, Ph.D.,** Divisional
Vice President, Medical, Clinical
and Scientific Affairs & HEOR
Core Diagnostics, Abbott



PAUL EPNER
Vice Chair,
Sepsis Alliance



CRAIG IVANY
Chief Provincial Diagnostics
Officer, Provincial Health
Services Authority,
Vancouver, B.C.



**MODERATOR
FAWN LOPEZ**
Publisher Emeritus,
Modern Healthcare

Celebrating global best practices that transform healthcare

Each year, the UNIVANTS of Healthcare Excellence awards recognize exemplary teams who reach across disciplines to boldly transform healthcare.

This year's winners include experts spanning the globe – from the U.K. to Malaysia to the U.S. – who tackled the challenges before them with passion, perseverance and partnerships to defy odds, break down barriers and reshape health in their respective arenas.

The three vastly different best practices that won the 2022 UNIVANTS of Healthcare Excellence global awards set out with no small plans that included: Empowering women in Malaysia to eliminate cervical cancer by removing obstacles (Program ROSE); improving the perioperative pathway of people with diabetes undergoing elective surgery (The IP3D Project); and restarting a global sports league, stimulating the economy and fostering normalcy during the COVID-19 pandemic through safe and informed population health management based on strategic, novel laboratory testing (The NBA “Bubble”).

Members of the winning teams were joined in July by champions of laboratory medicine for an executive conversation that spanned borders, specialties and sectors, showing the world how radical thinking and perseverance can lead to meaningful change and outcomes for patients, athletes and communities.

Modern Healthcare's Publisher Emeritus Fawn Lopez led the dynamic discussion, which highlighted the human stories and best practices behind the UNIVANTS of Healthcare Excellence awards in 2022. The dialogue shed light on some of the great challenges facing healthcare today – and offered rare insights from teams who found solutions through a collaborative, multi-disciplinary approach that optimized invaluable laboratory medicine resources.

“I applaud you for helping clinicians realize the power of diagnostics, of how laboratory medicine and diagnostics can help solve unique problems that you wouldn't always think could be solved through the lab,” said Alexander Carterson, MD, PhD, who manages global medical, scientific and clinical affairs for Abbott's Core Diagnostics division.

Here are highlights of the closed-door, executive roundtable discussion that brought the award-winning teams together.

FAWN LOPEZ: In healthcare, any performance improvement initiative begins with identifying an unmet need – and only through passion and perseverance can teams successfully meet that need. For each of your respective initiatives, what was the impetus for taking action?

PROFESSOR YIN LING WOO: In Malaysia, healthcare is limited – you have a problem, you walk into the closest clinic or hospital. But for many, there may not be a hospital nearby. I saw many women with advanced cervical cancer, which is a contrast to the very good cervical cancer screening program I saw when training in gynecology in the U.K. So, we piloted this PCR screening program in local clinics where women can use a simple swab to screen themselves for cervical cancer. We used mobile phones to register women, and then we

educated them on how to use a swab. This was empowering. We intended for the pilot to take two to five years, but women were bringing the swabs back home to pass on to others and it came to completion very quickly. The pilot was so successful, that we engaged with the Ministry of Health and Pilot ROSE became an actual program.

DR. GERRY RAYMAN: Universally, perioperative diabetes care is not an area that is well-served. We recognized this was also the case at Ipswich Hospital. If you have diabetes, you have a longer length of inpatient stay, and higher mortality and morbidity during your stay, largely related to poor glucose management. Getting people with diabetes fit for surgery is also very important. I'm the clinical lead for diabetes for GIRFT (Getting It Right the First Time), a program to reduce variation in practice across the U.K. and I've published data on

Leading experts and panelists who participated in a closed-door executive conversation about the top winning best practices of 2022 with the UNIVANTS of Healthcare Excellence awards.



the benefits of multidisciplinary teams, so I took those learnings from other roles and incorporated them into the IP3D project.

DR. LEROY SIMS: The project chose us, as opposed to us choosing the project. The NBA's business is sport, and with the first positive case of COVID-19 in March 2020, we couldn't continue our sport. So, we had to think about how we could safely restart our basketball season and complete our season. That's where the challenge began.

FL: Clear communication is pivotal in efforts to adopt new process improvements. In your initiative, what was the role of education across patients, staff and other stakeholders?

TIPS FOR SUCCESS



FROM YIN LING WOO: One of the important components beyond a pilot program is to find someone who can project manage and scale up a solution. As doctors, this is not an area of expertise.

“ It wasn't just about basketball. Of course, there was a need to restart the league and enable the completion of the season, but it was always about doing more than that. It was about providing a sense of normalcy to the world in a time when really there was no such thing as normal.

– JIM WEISBERGER

GR: In my work with the charity Diabetes UK, the solutions have always come from using the patient's voice. This is how we came up with the idea to produce something informative for people with diabetes, called a perioperative passport. When we couldn't convince the staff that education was needed, we sent the passports directly to the patients. The patients started bringing them in and asking questions about their care. The passport ultimately became instrumental in educating the staff and the perioperative pre-assessment nurses, and then they began to see the value of it.

EMMA PAGE: The IP3D program is about patient empowerment and giving them the knowledge and tools to determine what good diabetes care looks like and for them

TIPS FOR SUCCESS



FROM PAUL EPNER: **In every field, you need change agents** who can speak the language of business. We don't have to teach the whole laboratory profession to be skilled in translating clinical outcomes into business frameworks, but we need champions of change who are effective in communicating value to all stakeholders and in building trust.

to feel able to flag if they are not receiving it. This helps to reduce complications. To help scale our program, we make all our educational resources available to any trust in the country. Then, through a series of webinars, we share IP3D outcomes and strategy – and from those, we've had more and more trusts come on board. We've gotten very good patient feedback, which is what fuels the passion.

FL: Which outcomes are you the proudest of in your initiatives?

YLW: The lives we saved; the potential cancers we prevented. I know the faces of the cancers that we have prevented. Those are the most amazing outcomes. We've achieved a 92% follow-up rate, which is phenomenal.

PROFESSOR MARION SAVILLE: The team in Kuala Lumpur works very hard on that follow-up rate. The software we've developed facilitates it, but for those who aren't responding to the automated messages, calls have to be made. I, too, am proud of the early cancers detected when lives are transformed with downstaging because of the outstanding follow-up rates the team has achieved. This has been tried a lot around the world and it's typical to get follow-up rates of 50% of screen-positive people. That's not screening, that's activity. It won't deliver outcomes. I know of one pilot with lots of funding that has got around 20% follow-up because they haven't thought through communicating screen positives and bringing patients to treatment. So, if you detect HPV but don't have some form of evaluation and/or treatment, you haven't done your job.

GR: The IP3D Project started as a pilot with charity funding, and we were able to demonstrate that it was beneficial enough that it's now embedded into the practice at Ipswich. We also got additional funding to implement it at 10 hospitals across the U.K. with the same outcomes: significant improvements in patient care, reductions in lengths of stay, reductions in abnormal glucose levels – both high and low – and reductions in postsurgical

complications. It's a fantastic program and our ambition is that this should be a global program.

LS: Our major win is we didn't have any positive cases amongst our players and team staff, which meant we were able to successfully resume our season and complete it. The other big success was in codifying what we were doing – our health and safety protocols. The manual was over 150 pages and we managed to get that all down and agreed upon, ratified and operationalized in record time.

FL: What were some of the biggest obstacles you faced in implementing your project?

LS: One of the major challenges was the sheer magnitude of what we were trying to do: To get 22 teams – over 1,000 people – into a closed campus and keep COVID out. We needed buy-in and we needed compliance. So, the challenge was operationalizing the testing and logistics, following up, building trust, and educating to achieve the goal. Also, when we started planning for the Bubble in April, New York City was the epicenter of cases in the U.S. By the time we got to Florida in July, that was the epicenter. We were going into the belly of the beast, and we had to make sure that we could succeed in that environment.

MS: Funding is always the biggest challenge for us.

YLW: I agree – to start the pilot program, we had a donation of about \$100,000 and we had donations of kits, time and talent. I asked corporations for donations as part of their corporate social responsibility program, but we needed a not-for-profit foundation to receive the funds. Doctors are not trained to start foundations, so I asked lawyers and people in the corporate sector to help. Getting all these stakeholders on board took communication and storytelling to convey that this is something that the country needs. Every one of them came to believe that the elimination of cervical cancer was possible and something they could do for the country, so that was remarkable.

LS: The Bubble was maintained for over 100 days. So, not only did we have to think about the science and the data;

“Laboratory medicine represents typically about 4% of a health system's investment or spend, yet you can find it – lab medicine or pathology – in about 95% of all care pathways.”

–CRAIG IVANY

we had to think about the mental health impact of people being away from their families, in this closed environment, all for a common goal. Part of the planning that we have in the NBA is an emergency action plan. For the Bubble, we implemented a mental health emergency action plan. We had offsite mental health providers associated with all the teams. We had a clinical psychologist in the Bubble for live encounters. We partnered with local hospitals for telehealth appointments. We also identified facilities for emergency hospitalizations for mental health crises. And, we didn't have anyone who left because of a mental health crisis.

FL: Throughout the course of your work, what were some strategies for utilizing laboratory medicine to elevate outcomes and care quality? And what challenges did you encounter?

JIM WEISBERGER: Testing was a huge piece of the decision-making associated with how to proceed every day in the Bubble. To make that a success, we set up eight labs that were certified CLIA (Clinical Laboratory Improvement Amendments), which typically take about three to six months. We did it in two to three weeks. We needed to find ways to safely and correctly expedite the creation of these labs so that we could have the information that was critical for decision-making. This required a complex interplay of medical and legal considerations.

GR: For us, the main lab laboratory data was HbA1C, an indication of glycemic control prior to surgery, with the intention to get that below 8.5%. Getting that data from the laboratory is important. During the pandemic, I developed a system to enable patients to test themselves at home and send the samples in using our original point-of-care testing. I needed to validate that, so I worked with the laboratory staff to do that during the pandemic. When

“In Australia, our HPV primary screening is second in the world - after the Netherlands. That's because we developed trusted relationships with the Department of Health. When I started my role more than 20 years ago, I was mentored to always find a way to work with them in the interest of the community and its health.”

—PROFESSOR MARION SAVILLE

TIPS FOR SUCCESS



FROM GERRY RAYMAN: For all service improvements, it's important to have a baseline – and audit your baseline – to know what's going on prior to your intervention. Part of the IP3D Project assessment was demonstrating with data that it improved outcomes.

patients came into the hospital for surgery, we needed good blood glucose data to be accessed remotely by the diabetes specialist nurses. And all those downloads were available working with IT and the laboratory system. None of that would've been possible without the integration of the laboratory staff with the IT system feeding into the clinical staff.

PAUL EPNER: This is a great example of how engaging laboratory professionals as members of high-performing healthcare teams leads to improved patient outcomes.

DR. ALEXANDER CARTERSON: True. It is not always easy to bring a cross-functional team together, particularly from the basement of pathology or a windowless lab, into a space with clinicians and make them realize the importance of what needs to happen and what their contributions can do to the end patient. That sometimes gets lost.

CRAIG IVANY: Exactly. The enterprise that you need for lab medicine or pathology to integrate with the rest of the health system is immense. The dyad model must come outside of the lab to drive these kinds of compelling stories. In British Columbia, translating clinically relevant, important initiatives to policy and decision-makers is a huge leap to make. So, you need strong partners as an initiative emerges from the pilot station. You need a navigator on that other side.

FL: How would you advise other organizations to identify and act on areas for improvement?

MS: Look for those of us in the medical community who are systems thinkers. We think, 'How are we going to do that? Where are the bottlenecks going to be? What are the things preventing people from getting screened, preventing them from being followed up? What are the quality drivers?' Organizations have become a bit

enmeshed in ticking every box in the rubric, and we don't think enough about the strategic drivers of quality.

PE: I don't think technology itself is the biggest opportunity for healthcare improvement. Rather, it's the potential of the laboratory professional to ensure more effective utilization of that technology that I think is being underrealized.

GR: We need more good people like our program manager Emma Page, a terrific implementation and transformation manager who knows how to press the right buttons.

FL: How much did collaboration across teams play a role in the large-scale advancements your initiative made?

GR: Collaboration played a key role for us as we enlisted the surgical, anesthetic and medical teams to join us in our mission. And there was the collaboration with IT that I mentioned. The message I would share with healthcare leaders is to collaborate with your clinical leaders. Promote them and support them. There are very good clinical leaders out there and they don't step forward because the ground is not there to support them.

LS: We were going to bring people together in a sport that was a challenge to the very definition of contact tracing

– within close proximity, for an extended period of time, indoors, unmasked. We knew we would need tests, and having a laboratory partner was critical to the success of the mission. In trying to operationalize this Bubble, we had to come up with health and safety protocols that were going to work: screening people, testing, tracking the data. We had to come up with basketball protocols. And then we had to get into the more mundane aspects of daily life, like feeding people, keeping them engaged, cleaning, transport. That was what led us to this very broad, collaborative effort that included infectious disease experts, epidemiologists, diagnosticians, statisticians, physicians, everyone. This was grossly collaborative.

JW: Having the right people who are motivated, captivated and working tirelessly actually does move things along.

TIPS FOR SUCCESS



FROM YIN LING WOO: In a country where you have a pap smear program that doesn't quite work,

it's more difficult to make small changes.

A blank sheet is always better when it comes to change.

Every improvement contributes to advancing healthcare

The 2022 honorees of the UNIVANTS of Healthcare Excellence awards,

though very different from one another, are united in their passion and persistence toward optimizing care pathways and delivering exceptional outcomes for patients, payers, clinicians and health systems.

Since 2018, the prestigious UNIVANTS of Healthcare Excellence awards have recognized and celebrated elite multi-disciplinary clinical teams from around the world whose initiatives have had a measurable impact on patient care and outcomes while

highlighting the strategic role and value of laboratory medicine.

Several top healthcare organizations, including IFCC, ADLM (formerly AACC), EHMA, Modern Healthcare, HIMSS, NAHQ, IHE and Abbott, have partnered together with a common vision to inspire and celebrate healthcare best practices in support of UNIVANTS of Healthcare Excellence. If you or your clinical care teams want to learn more about the awards and winning initiatives or would like to apply for 2023 recognition, visit www.UnivantsHCE.com.

To learn more about the award and apply for recognition by Nov. 15, visit UnivantsHCE.com.