

# Key Takeaway Objectives

## Hospital Medicine Summit of the Rockies

### January 21<sup>st</sup> – 22<sup>nd</sup>, 2021

Thursday, January 21<sup>st</sup>:

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#### Track 1 - Thursday, January 21<sup>st</sup>

**8:00-8:10 Welcome** - Kasey Bowden, NP Amira del Pino-Jones, MD

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**8:20-9:10**

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#### **The role of advocacy: moving the needle towards equity**

Lilia Cervantes, MD

- The steps towards planning advocacy include: (1) Identifying the advocacy problem, (2) Understanding policies, (3) Describing the change you would like to see, (4) Identifying who can change the policy and how change would occur, and (5) Beginning strategic advocacy and policy change
- Identifying and engaging stakeholders/allies is key to advocacy and policy change

**9:10-10:00**

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#### **Colorado Medicaid Initiatives and Changes as it Relates to Hospital-Based Care**

Tracy Johnson, PhD

- Medicaid is the largest insurance company in the state of Colorado
- The COVID-19 Pandemic has increased health needs but there has also been a decrease in tax dollars in terms of Medicaid Funding, which can perpetuate health care inequities
- The role of hospitalists in responding to COVID-19 on behalf of Medicaid members includes helping with the vaccine roll out and educating uninsured patients about Medicaid programs

**10:30-11:05**

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#### **A Review of Critical Care Medicine in 2020**

Anna Neumeier, MD

- For COVID patients with ARDS, avoid pandemic exceptionalism and adhere to standard best practices
- Patients who suffer critical illness are at risk for PICS and should be screened to guide interventions
- Improvements in critical care and our practices remain disparate across patient populations
- Mgmt of patients with sepsis: Call ID for MRSA bacteremia, avoid Vitamin C, Compliance w/SEP-1 Bundle

**11:05-11:40**

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#### **COVID-19: Epidemiology, Diagnostics, Treatment, and Prevention**

Larissa Pisney, MD

- Manifestations of severe COVID-19 include: ARDS, septic shock that may represent virus-induced distributive shock, neurologic disorders, hypocoagulability, AKI, and MIS-C.
- Cases of re-infection are rare, but have been identified

- Patients can have SARS-CoV-2 RNA detected in upper respiratory specimens for up to 12 weeks, however replication-competent virus detection is unlikely after 10 days of onset from mild-to-moderate cases and 10 to 20 days in severe cases. Retesting not recommended after 90 days
- Dexamethasone shown to significantly decrease mortality rates in patients on oxygen, with trends towards worse outcomes with dexamethasone among patients not on oxygen
- Current EUA approved vaccines include Pfizer/Biontech and Moderna, Phase 3 vaccines include University of Oxford/Astra Zeneca and Johnson and John/Janssen

**1:15-1:40**

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### **Radiology Refresher for Hospitalists**

Kimi Kondo, MD, FSIR

- Allergies to shellfish and iodine are NOT reasons to avoid IV contrast or to pre-medicate patients before receiving IV contrast
- Patients with mild contrast reactions (itching, mild cutaneous edema, nasal congestion) do NOT require premedication for imaging
- Key components in radiology report include: Date/time of study, clinical history/indication, comparison studies, technique, findings and impression

**1:40-2:15**

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### **Updates in the Cardiovascular Care of Hospitalized Patients**

Lavanya Kondapalli MD, FACC.

- Women who present without chest pain and STEMI have higher risk of hospital death in all age groups
- Acute MI Quality Metrics include: prescription of beta blocker, ACE/ARB prescription, Statin Rx, Asa Rx, P2Y12 inhibitor and referral to cardiac rehab
- Heart failure quality metrics include: EB bblockers for EF <40%, ARNI or ACE/ARB for EF <40%, Post d/c appt within 7 days, Evaluation of LV fxn, Cardiac rehab referral

**2:15-2:50**

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### **Oncology Updates for Hospitalists**

Dimitriy Levin, MD

- Immune related adverse events are common in prescription of checkpoint inhibitors
- ERCP independently associated with reduced mortality and a/w shorter hospital LOS compared to PTBD for biliary obstruction in pancreatic cancer
- IVC filter is NOT recommended for routing VTE on a/c and VTE prophylaxis in patients with major trauma or surgery

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**Track 2 - Thursday, January 21<sup>st</sup>**

**10:30-11:05**

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### **Clinical Reasoning and Hospital Medicine: What's Old, What's New, What's Next?**

Juan Lessing, MD, FACP

- Shared terminology around clinical reasoning concepts includes illness scripts, problem representation, and diagnostic schema
- Opportunities to create scholarship around clinical reasoning include publications and master clinician designations

**11:05-11:40**

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**Anatomy of an Inpatient Addiction Consultation**

Dale Terasaki, MD, MPH

- Components of addiction medicine consultations in the hospital include evaluation, withdrawal management, pharmacotherapy, psychotherapy, harm reduction, and referrals and disposition
- Hospitalists should consider medications for specific withdrawal disorders, including opioid use disorders, alcohol use disorders, and tobacco use disorders

**1:15-1:40**

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**Updates in Peri-Operative Medicine**

Philip Andreoli, DO

- BNP can be used as a routine perioperative screening tool
- Hospitalists can use evidence-based algorithms for stopping and restarting DOACs perioperatively in patients with Atrial Fibrillation

**1:40-2:15**

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**Taming the Whirlwind: Hospital Medicine Leadership in Emergency Preparedness**

Maria G Frank, MD FACP SFHM & Jason Persoff MD SFHM

- All-hazard events that pertain to Emergency Preparedness (in which hospitalists may be expected to respond to) include weather-related incidences, natural disasters, and health and safety incidents
- Hospitalist groups and divisions should work with hospital leadership to formulate a pathway for individual, divisional and departmental training, and involvement in incident command

**2:15-2:50**

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**How to Guide to Improving Diversity, Equity, and Inclusion in Hospital Medicine**

Amira del Pino-Jones, MD

- Gender gaps still exist in academic hospital medicine in regard to salary, promotion, and leadership
- A stepwise approach can be taken to improve Diversity, Equity, and Inclusion within Hospital Medicine groups and divisions, and often begins with designating a person (or people) to lead these efforts.

**Friday, January 22<sup>nd</sup>**

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## **Toward a Medical Ecology of Attention**

Marisha Burden, MD, FACP, SFHM & Mark Kissler, MS, MD

- Attention is important in performing cognitively-demanding tasks in a safe and effective manner
- There are a number of key factors that influence attention in the clinical setting, including task switching, availability vs reachability, environmental design, and a culture that prioritizes attention
- Research has shown that as team census increases (and presumptively, attention decreases), both the length of stay and cost of hospitalization increases

**9:00-9:50**

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## **Medical Literature 2020: Turning Evidence into Practice**

Mel L. Anderson, MD, MACP

- When assessing medical literature, one should be able to describe primary conclusions, identify changes to practice, and implement practice changes
- SGL2 inhibitors can be used in patients with heart failure with reduced ejection fraction
- Monitor for DKA in patients started on SGL2 inhibitors
- In COPD, home bi-level ventilation lowers mortality

**10:00-10:35**

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## **POCUS: Clinical Decision-making and Key Controversies**

Anna Maw, MD & Noelle Northcutt, MD, FACP

- The 3 domains of competency in POCUS include image acquisition, image interpretation, and integration of POCUS findings into additional diagnostic information to make clinical decisions
- POCUS can be used in the diagnosis of Acute Decompensated Heart Failure (evaluation for cardiogenic pulmonary edema)
- POCUS has been shown to be superior to chest x-ray and BNP in patients presenting with dyspnea and concern for decompensated heart failure
- Controversies exist with POCUS use by Hospitalists, including training standards and quality assessment

**10:35-11:10**

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## **Glomerulonephritis for Hospitalists: What a Nephrologist would like you to know**

Jayme Dylewski, DO

- Glomerulonephritis can be divided into 2 types: Primary (sick kidneys) and secondary (systemically sick)
- Individuals from lower socioeconomic groups and racial/ethnic minorities are more likely to have Glomerulonephritis and more severe disease
- Basic workup for Glomerulonephritis includes serology (BMP, LFTs, CBC, coagulation studies, UA with microscopy) and imaging (US of kidneys)
- One newer treatment for Glomerulonephritis includes Belimumab (monoclonal antibody)

**11:10-11:45**

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## **Common Acute GI conditions Seen in Hospital Medicine: GI bleed, pancreatitis and inflammatory bowel disease (IBD)**

Larissa Muething, MD & Katie Dickerman, ANP-BC

- IV Fluids in Pancreatitis reduce morbidity and mortality
- Hospitalized patients with IBD should receive pharmacologic VTE prophylaxis (note: anemia and bloody diarrhea is not a contraindication)
- All patients with cirrhosis or severe liver disease who present with a GI Bleed should be started on antibiotics for infection prophylaxis

**11:45-12:45**

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**COVID-19 is a Social Disease: Physicians as Activists for Social Change**

Carlos Franco-Paredes MD, MPH

- Racial and ethnic minorities have been disproportionately impacted by COVID-19, including higher number of cases, hospitalizations, and death
- Health inequities in COVID-19 are driven by living conditions, work circumstances, underlying health conditions, and lower access to care
- Physicians play a role as societal leaders to improve health outcomes, overall wellness, and the role of healthy lives in achieving human potential

**1:00-1:35**

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**The Health Impacts of Climate Change**

Hanna Linstadt, MD

- Climate change impacts human health in many different ways, including but not limited to air pollution (can worsen asthma and cardiovascular disease), water quality (bacterial and diarrheal diseases), and severe weather (injuries, fatalities, mental health impacts)
- Many racial and ethnic minorities are considered vulnerable populations who are at particular risk of negative health outcomes due to climate change
- Physicians can help educate their patients about the impacts of climate change

**1:35-2:10**

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**Inpatient Neurology - What you need to know**

Sharon Poisson, MD MAS & Darcy O'Banion CNS

- IV tPA is the only FDA approved medication for treatment of arterial ischemic stroke (up to 3 hours from last known normal, though 4.5 hours is standard practice but not approved)
- MRIs to evaluate for DWI-FLAIR mismatch can be used to determine if "wake-up" tPA can be used
- Autoimmune Encephalitis can present with neurological and psychiatric features without pleocytosis

**2:10-2:55**

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**Things We Do For No Reason: A Year in Review**

Emily Gottenborg, MD & Julia Limes, MD

- Prior to paracentesis, there is no evidence to transfuse FFP or platelets based off of INR or platelet counts
- Cases in which to use anaerobic coverage for aspiration pneumonia includes: macro-aspiration in setting of severe periodontal disease, putrid sputum, or longer duration of illness; necrotizing pneumonia; empyema; and lung abscess

- When prescribing DVT prophylaxis in the hospital, use a risk assessment tool to identify low risk patients and do not prescribe chemoprophylaxis to those patients
- Do not routinely use TTE for risk stratification of hemodynamically stable patients with PE

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## Track 2 - Friday, January 22<sup>nd</sup>

10:00-10:35

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### Coagulopathy associated with COVID-19

Brandon McMahon, MD

- Severe infections result in increased thrombotic risk through a variety of mechanisms
- COVID-19 demonstrated particular propensity for coagulopathy
- Higher rates of thrombosis with COVID-19, although rates evolving over time, with higher rates earlier pandemic
- All hospitalized patients with COVID should receive thromboprophylaxis

10:35-11:10

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### Innovations in Quality and Patient Safety

Anunta Virapongse, MD, MPH & Tyler Miller, MD

- Quadruple aim of improving quality of care includes: better outcomes, improved clinician experience, lower costs and improved patient experience
- New technology is being introduced to improve quality, with the most meaningful increase in use of wearable devices amongst consumers
- Implementing a 'just culture' framework can promote patient safety by recognizing the role of systems in safety incidents while acknowledging the role human error plays in healthcare (especially diagnostic error)

11:10-11:45

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### Novel Models of Care: Innovative Approaches to the Evolving Landscape of Hospital Medicine

Kasey Bowden MSN, FNP, AGACNP

- Hospitalists are requiring increasing financial support from hospitals, while burnout rates remain high
- 4 Tactics to build innovative models include: 1. Rethink our definition of 'hospital' 2. Identify organizational values 3. Consider outside funding sources 4. Leverage advantages of multi-disciplinary teams
- Examples of innovative models include: Hospital at home, MET team, CARE Clinic

1:00-1:35

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### Updates in the Treatment of Orthopedic Infections

Laura Damioli, MD

- Increased trend towards using oral agents in treatment of osteomyelitis
- Long-acting lipoglycopeptides (Dalbavancin/Oritavancin) an emerging option for OM, currently off-label. Currently FDA-approved for SSTI
- For prosthetic joint infections, new recommendations are for 3 months PO abx after re-implant

1:35-2:10

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## **Bending the Arc Toward Justice: Integrating health equity into practice**

Rita Lee, MD

- Equality is the assumption that everyone benefits from the same supports. Equity is where everyone gets the support they need, while justice is that the cause(s) of the inequity was addressed.
- Advocacy is active promotion of a cause or principle, and is one of many possible strategies to approach a problem.
- IKIGAI is a Japanese principle of combining what you're good at, what you love, what the world needs and what you can be paid for which can be used to identify a goal or cause you wish to invest in

**2:10-2:55**

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## **Ethical Considerations During the Time of COVID**

Jean Abbott, MD

- Pandemic decision-making can be supported by understanding the ethical underpinnings
- Ongoing and new dilemmas in the pandemic include: prognostic evaluation with new interventions, visitation needs, and increasing recognition of long-standing disparities and social determinants
- Fostering resilience is an institutional and societal responsibility