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To the Improvement Scholars Selection Committee,

I write you today with great enthusiasm in support of David "Dave" Friedlander's Improvement Scholars proposal, hoping you appreciate two letters in one, as I bring here the perspective of both his Department Chair / supervisor, as well as project sponsor. It is difficult for me to imagine a candidate or proposal that more strongly embodies the values and purposes animating the Improvement Scholars Program. Since arriving to UNC, alongside his impressive accomplishments in the clinical and research domains, Dave has been busy fostering several collaborations on campus and across the country aimed at tackling the "big picture" intersection of science, quality, and policy in this important clinical area as he has built an impressive research portfolio. As outlined in his proposal, the burden of urinary stone disease is massive, causing disruption to countless patients' lives and frequent interactions with multiple dimensions of the health care system, including but most certainly not limited to urology. His work in these areas organically led to practical questions of how we might improve care and coordination for our own patients at UNC. Our national society, the American Urological Association, selected him as the Science and Quality Scholar straight out of fellowship, an important signal of his early national recognition as a future leader in this space. This work connected him with QI leaders around the country who have successfully developed and implemented innovative multidisciplinary care pathways spanning Emergency Medicine and Urology providers, providing QI blueprints for that element of the proposed work.

Locally, he has been laying the foundation for the work outlined in this proposal in several dimensions, over a sustained period. He led a root cause analysis of a patient on our service where inconsistencies in the proficient execution of what should be standard work and handoffs between the ED and Urology highlighted important opportunities for improvement. After synthesizing insights from this and lessons learned from colleagues who have led related QI efforts in other organizations, he presented the ED/Urology elements in this proposal to the UNC Emergency Department Operations Committee late last year, where it was well-received. I discussed these concepts with Dr. Abhi Mehrotra in follow-up, and we agreed our teams had an outstanding opportunity to collaborate, and separate conversations with Dr. Charul Haugan highlighted opportunities to scale and spread lessons learned from this work to other EDs in our system.

The ED/Urology collaboration set up by this pre-work is an important element supporting feasibility and project success, but Dave didn't stop there. With partners from the UNC Health Alliance, we identified a number of

important insights related to the clinical journey of patients presenting to our ED with renal colic, highlighting opportunities to forge additional links to ambulatory care. Up until the very recent past, a patient with acute presentation of urological issues had limited options other than the ED for urgent evaluation. Largely owing to the identified burden of patients with renal colic as one of the most common urgent urology referral needs, we launched the UNC Urology urgent access clinic in late 2022. Already in a few short months, we have identified efficiencies in triage and access for patients initially presenting to the ED, linking to the initial focus area described above, and are poised to expand our focus from ED follow-up to also include urgent access from ambulatory settings, including primary care and urgent care. This focus aligns perfectly with priorities for our UNC Health Alliance partners as well as our primary care colleagues, and underscores the alignment of this proposal to innovations already underway in our department. Taken together, this work represents a substantial opportunity to enhance the quality, safety, and access to care for the patients we serve.

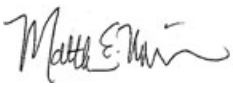
Based on the background just outlined, in addition to the focus on an incredibly common and burdensome clinical condition, the unique and diverse project team assembled by Dave truly sets this proposal apart from others I have seen in the past. The team includes a range of experts from different fields with a wide range of perspectives and approaches, providing an invaluable foundation for the successful implementation and completion of the project, as well as a solid understanding of the necessary steps for successful quality improvement. Furthermore, from my vantage as Director of Quality for UNC Faculty Physicians, I am not aware of any similar efforts spanning primary care, emergency care, and a surgical subspecialty, and could easily imagine how insights from this work could inform similar efforts beyond urology. To the extent that we might begin to identify additional instances of potentially avoidable ED. evaluations and develop novel care coordination systems to address these, we may find significant inroads towards the goal of improving quality and patient experience, as well as avoidable costs. Understanding the importance of system-level costs, we also note that the Kaiser Family Foundation's study on medical debt identified encounters associated with Emergency Care as a key driver of medical bankruptcy claims, or "financial toxicity."

As the project lead, on top of his deep content knowledge and clinical expertise in the care of patients with urinary stone disease, Dave's rare appreciation of the intersection of clinical medicine, epidemiology, and health policy will provide a unique perspective on tackling the important topic of surgical value/quality. David's accomplishments as a clinician and researcher, at this relatively early phase of his career, are noteworthy by themselves. I have been particularly excited by the way Dave took insights from that work to press towards improving care right now for patients in our own system. At this juncture, identifying, mentoring and including talented young contributors like Dave is timely and certain to pay dividends in the future to the field of quality improvement and the mission of IHQI and UNC more broadly. Dave is highly motivated to participate in the program, and I have no doubt that he will make substantial contributions in the vein of other distinguished program alumni at UNC.

As his Chair during the term of the program, I am fully committed to supporting the needed time and resources for him to be an active and productive contributor to the program. I have served in an advisory capacity on several Improvement Scholars projects over my term as an Associate Director of IHQI, and therefore have a very clear understanding of what it takes to conduct a meaningful project that leads to material change in how care is delivered at UNC. I understand well and fully support the need for sufficient time both to conduct the project as well as attend IHQI meetings and training. As his project sponsor, in my roles both as Chair and Director of Quality for UNC Faculty Physicians, I am more than committed to meeting on a regular basis with Dave and team to keep apprised of progress, identify and address barriers within our own operations, and facilitate changes outside our department as needed. The Department of Urology is deeply committed to quality improvement efforts that enhance the value of care provided to our patients, and we have already launched the urgent clinic to support that element of this proposal.

In conclusion, I recommend Dave Friedlander and his Improvement Scholars proposal for the program in the strongest possible terms, without reservation. Please do not hesitate to contact me if I might provide any additional information that could assist your favorable consideration of his application.

Sincerely,



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