BEACON HEALTH SYSTEM

Winter 2017

# On Track with Telehealth

# PHYSICIAN QUARTERLY











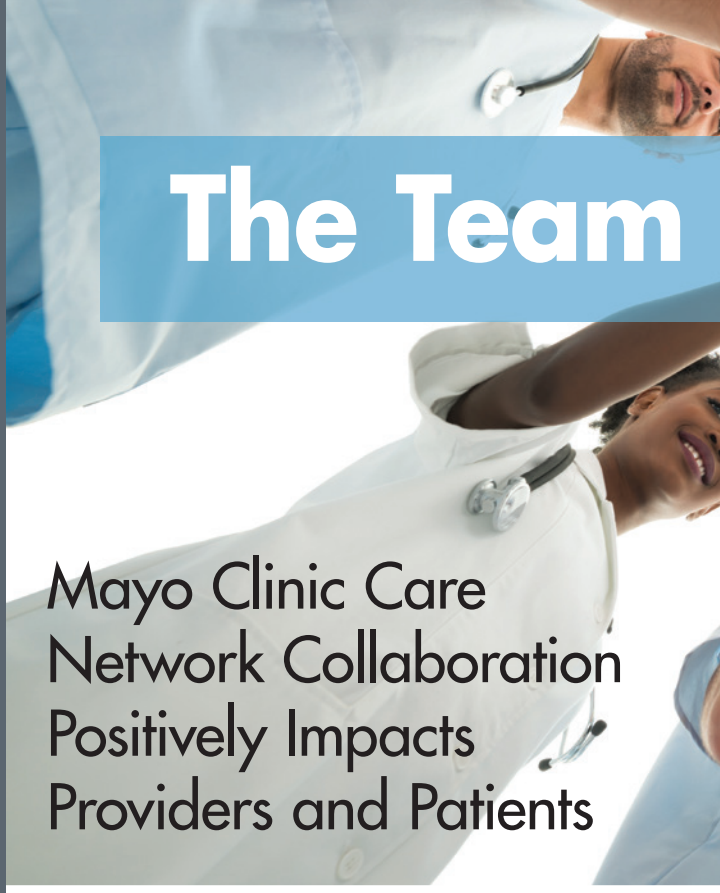

## Physician Quarterly

is published by Beacon Health System to connect and educate physicians and health care professionals in support of clinical integration, graceful patient transitions and improved quality and safety.


## Contact Us

Do you have a story idea? Contact us at Lbailey2@BeaconHealthSystem.org or call 574.647.3008.

# The Team



## Mayo Clinic Care Network Collaboration Positively Impacts Providers and Patients

The results are in: After formalizing our collaboration with Mayo Clinic through the Mayo Clinic Care Network seven months ago, Beacon Health System specialists are increasingly utilizing the world-renowned medical resource for second opinions on complex cases — and with success.

More and more Beacon specialists are turning to the Mayo Clinic Care Network for eConsults, a method by which Beacon physicians connect electronically with Mayo specialists for additional input on a patient's care plan through a review of the patient's electronic medical record, imaging studies and laboratory tests. In fact, in August, Beacon utilized the eConsult service more than just about any of the 40-plus hospital and health systems around the country, Singapore, Mexico and the Phillippines that are part of the care network.

"Mayo has been impressed by how quickly we've got our program up and running," says Alicia Dombkowski, director of Clinical Research at Beacon Health System.

And in almost all cases, Mayo specialists have concurred with the Beacon specialist's plan of care. "It gives patients that extra peace of mind to learn that Mayo specialists agree with their Beacon specialist," says Dombkowski.

The three specialties most frequently using eConsults are oncology, neurology and cardiology.

"This is a great service, both for me and for my patients. I get to discuss details with very expert clinicians who are giving my patient careful consideration of the diagnosis and care plan," says Ronald Nelson, MD, FACC, of Beacon Medical Group Advanced Cardiovascular Specialists South Bend.

# Advantage

The eConsult tool on the Beacon intranet or on Cerner is very easy to use. It's a four-step process that takes no more than two minutes.

"When the physicians do it once, they realize how easy it is," says Dombkowski.

**Additional Mayo resources that are available to Beacon physicians* include:**

- AskMayoExpert: Database offers medical professionals point-of-care, Mayo-vetted information on disease management, care guidelines, treatment recommendations and reference materials for medical conditions
- Patient education: 2,500 pieces of patient education are available to Beacon providers
- Grand Rounds: Physicians can view archived presentations that feature Mayo physicians and scientists

"It gives patients that extra peace of mind to learn that Mayo specialists agree with their Beacon specialist."

– Alicia Dombkowski
Director of Clinical Research
Beacon Health System

* Non-employed, non-contracted, credentialed physicians may access AskMayoExpert and Grand Rounds. Non-employed, non-contracted, credentialed physicians who are enrolled as a Beacon Health System provider with network access can request eConsults for cases that are shared with a Beacon Medical Group provider.

## Physician Perspective



"I found using the eConsult process very straightforward and user-friendly. I sent in for an eConsult regarding a definitive treatment plan for a patient with a rare tumor. When I sent in my patient's file for review, I had a phone call with the Mayo clinician the following day and an official report as well. It confirmed that the patient's treatment plan was correct and gave us all peace of mind that the patient was getting the best care possible. I will definitely be using this service again and recommend it to others."

John S. Gilbert, DO
Ear, Nose and Throat Surgery
Beacon Medical Group Specialists Fulton Street

## Learn More

For more information about our membership in the Mayo Clinic Care Network, please contact:

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Beacon Health eConsult Coordinator
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Mayo Clinic Care Network eConsults by Month

| | |
|---|---|
| May | 12 |
| June | 20 |
| July | 26 |
| August | 29 |
| September | 24 |


# On Track with Telehealth

## Beacon Connects in a New Way with Patients

In September, Beacon Health System contracted with American Well to build a telehealth platform to be called Beacon Connected Care from which Beacon Health System will offer telehealth services. While several telehealth services are already in use at Beacon (in the form of electronic provider consults via the Mayo Clinic Care Network, telebehavioral health services at Memorial Epworth Hospital as well as teleradiology and teleneurology), the partnership ushers in a new approach to meeting patient health care needs as well as new opportunities for physicians.

### Building the Foundation of Telehealth at Beacon

Named Beacon Virtual Urgent Care, the initial telehealth service that will be available directly to consumers during the first quarter of 2017 will be adult and pediatric urgent care on demand via an app for smartphones and tablets as well as a web-based system for computers.

The service will be staffed by the Online Care Group (see "About Our Telehealth Partner" on the opposite page for more information) 24 hours a day, seven days a week, 365 days a year. Typical case types for Beacon Virtual Urgent Care will include colds, fever, rash, stomach flu, sinus infection, pink eye and headaches. After January 1, benefit-eligible Beacon Medical Group physicians and their eligible dependents will have access to eight free Beacon Virtual Urgent Care visits per year.

### Improving Practice Life and Capabilities in the Virtual Space

With the secure Beacon Connected Care platform powered by American Well, future uses of the technology are nearly limitless, affording potential opportunities for improved practice life for physicians.

"I envision that the platform will save time for providers," says Mark Schmeltz, DO, of Beacon Medical Group and chair of the Beacon Health System Telehealth Committee. "It has the potential to streamline workflows within a practice — everything from the time it takes to register and get a patient in a room to playing phone tag with a specialist, for example. Telehealth is another tool we can use to coordinate care in a simpler, more efficient way."

Future uses of the technology are nearly limitless, affording potential opportunities for improved practice life for physicians. "Providing urgent care through the platform is only the beginning," says Dr. Schmeltz.

## MAKING THE CASE FOR TELEHEALTH

Over the last several years, the question of whether or not a health system will offer telehealth services has shifted from "if" it will to "when" it will. And since the telehealth industry is in its nascency, there is potential to completely reimagine how health care services might be delivered in the future.

"With telehealth, we have the opportunity of not only providing great benefits to patients, but also to actively shape and direct the future of health care, rather than let it happen to us," says Dr. Schmeltz. "Beacon could become one of the leaders in the consumer-facing telehealth space that is already experiencing exponential growth in numbers of visits."

In fact, according to data from health care intelligence company SG2, virtual visit volumes are expected to add 300,000 visits per year in Elkhart and St. Joseph counties by 2025; this is in addition to modest growth in in-office visits.

"Though telehealth is a new concept in this region, it continues to gain traction around the country and has become an extension of the way medicine is practiced," says Dr. Schmeltz. "Consumerism in health care is a growing phenomenon. Our patients want — and deserve — to have their time respected, and telehealth services provide an excellent option for providing high-value care at the right time and in the right setting."

For Beacon Medical Group physicians who have more than one office location like Dr. Schmeltz, the technology could save hundreds of hours of wasteful travel time. Even within a practice, all physicians will save time from having to go from room to room, patient to patient. The time savings can be extrapolated to the entire practice as clinical and support staff can eliminate the need to greet, manage and usher patients through the various components of a clinic visit.

### Other Benefits of the Telehealth Platform Could Include:

- Teleconferencing in real time with a patient, their family members and specialists together
- Using telehealth for on-call services
- Offering a more flexible work arrangement for physicians, including retired physicians or those who want to spend more time with their family but who still want to keep practicing at some level

"Providing urgent care through the platform is only the beginning," says Dr. Schmeltz. "We will pilot scheduled virtual visits for established patients with Beacon Medical Group providers in 2017. And, as with all Beacon services, we will monitor the quality of the care delivered at all times."

In the future, the platform may be used for remote patient monitoring using wearable health tracking modalities or other peripheral devices. Other uses may include virtual visits for home care and post-surgical patients as well as for specialty consults.

"Certainly telehealth will not replace many types of in-person visits, but it will be an additional channel to reach patients while enhancing both the physician and patient experience," says Dr. Schmeltz.

### About Our Telehealth Partner

Beacon has selected American Well as a partner for a robust and flexible telehealth platform. Founded in 2006, American Well is widely regarded as the industry's leading telehealth solution. The Online Care Group, American Well's primary care group partner, employs U.S. board-certified physicians specially trained in telehealth.

The Online Care Group is the nation's first and largest primary care group devoted to telehealth. The physicians have an average of 15 years of experience and have multistate medical licensure. All Online Care Group providers are certified and credentialed according to National Committee for Quality Assurance (NCQA) standards.

To learn more about Beacon Virtual Urgent Care, visit **BeaconHealthSystem.org/Connect**.

"Volume to Value" for physicians isn't something that's COMING anymore.

# It's Here!

# 7-Minute Physician Primer

## The CMS Quality Payment Program (QPP)
## MACRA: MIPS & APM

Submitted by
Genevieve Lankowicz, MD, CPE
Vice President, Medical Affairs
Elkhart General Hospital
Beacon Health System

## MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is an exhaustive 1,000 pages of new legislature signed into law by President Obama in April 2015. It replaces the SGR (sustainable growth rate) that had loomed over providers for years. But MACRA is a lot more complicated than the SGR. It does not just provide a simple method for reducing clinical providers' payment rates, it represents a shift in how providers are paid. The CMS Quality Payment Program (QPP) is a new model of payment for professional services. It has significant consequences for physicians and other clinical providers and deserves serious attention.

**Here is a brief summary that includes the most recent changes CMS has included in the QPP Final Rule that resulted from feedback from the American Medical Association and other groups.**

### Medicare Access and CHIP Reauthorization Act 2015 (MACRA)

The sustainable growth rate formula (SGR) that calculated payment cuts for providers was never actually implemented. After five years of threatened implementation, the SGR has finally been repealed. MACRA was developed to replace it and will also effectively cut provider payments over time. But rather than cutting payments only for the sake of reducing CMS spending (the SGR formula), it now has a basis in "quality and value" for reducing CMS spending. So, it seems this law may have staying power. Unlike SGR, not all physicians or other clinical providers billing under Medicare Part B will face cuts. In fact, there is a chance of being paid more than you are now with this program.

**TAKEAWAY:** SGR failed to cut provider payments. MACRA will slide under and take its place.

Your payments from CMS will have an adjustment factor, negative or positive, based on performance. Your performance is benchmarked and like all benchmarked programs, there is a midpoint line. If you're above the line, you will have a positive adjustment to your payments. If you fall below the line, you will have a negative adjustment. So, eventually, roughly half of physicians will have cuts and the other half will have none or positive adjustments. It is important to recognize there is no new money in a system like this. In benchmark methodology, someone is always below the line.

This is a familiar payment model for hospitals. Elkhart General Hospital and Memorial Hospital have been in the Value-Based Purchasing (VBP) payment model for five years now. Hospitals are provided a set of quality and safety measures and at the end of the year, all hospitals are lined up on the bench from worst to best and the midpoint line is drawn.

This year, both Beacon hospitals achieved a net-positive status. This means that all payments from CMS in 2017 will be adjusted a little higher than baseline. This translates to big dollar differences. And we surely needed this. Operating at a negative adjustment factor is not sustainable. It is critical that we maintain a positive VBP status every single year or at least avoid a negative adjustment. But as every hospital improves, the year-end lineup of hospitals compresses. Staying above the line is more and more challenging. It is predicted by some that many good hospitals will close over the next decade. This is the fundamental reason that could happen. Someone is always below the line.

**TAKEAWAY:** MACRA is to physicians and other clinical providers what VBP is to hospitals.

### So, what do you do? You have two choices.

### Choice 1 – MIPS

**Do Nothing.**

This will mean you get placed into a Merit-Incentive Payment System (MIPS). If you report on even one metric, you will not be penalized for 2017. Familiarize yourself with the 2017 reporting requirement and avoid a 4% penalty in 2019. Do not choose to do nothing at all!

### Choice 2 – APM

**Qualify for an Alternative Payment Model (APM).**

As simply stated as possible, the MIPS program rolls the three programs you have already been doing into a point system (Physician Quality Reporting System, Meaningful Use and Value-Based Payment Modifier). And, to make it a little more cumbersome, CMS is adding a new fourth category of performance called Clinical Practice Improvement Activity. You will be assigned a single

score based on performance in those four categories each year. That score will mean either positive or negative adjustments to your payments from CMS in the corresponding payment year.

CMS begins measurements in January 2017. In 2019, your adjustment will take effect and be updated annually based on the previous year's performance. The adjustments to your payments range from -4% to +4% in 2019. By 2022 (just six years from now), the adjustments will range from -9% to +9%. Take a moment to calculate your practice operations if your professional services payments were adjusted by a factor of -9% over the next six years. Many clinical providers may face decreased reimbursement under the QPP.

In the future, in order to be above the 50% line in MIPS, it will take work with reporting and monitoring. Make sure your practice managers are asking the right questions and getting your processes in place for the January 2017 performance start date. Don't forget the new fourth category of Clinical Practice Improvement. It's weighted at 15% of your final score so it can't be ignored. Your practice will need to prove it is involved in a qualified activity for at least 90 days each performance period.

CMS did make several changes to the QPP final rule and one of the most favorable was that 2017 will essentially be a transition year for the program with only physicians who do not report any data receiving a penalty in 2019. Take advantage of this transitional period to become familiar with the program's requirements. And, it is possible to qualify for additional reimbursement in 2019 as a result of 2017 performance and reporting. You need to report for one patient on one quality measure, as well as report one improvement activity in 2017 to avoid a penalty.

## Your practice may be exempt from MIPS

**Exemptions from MIPS include:**

- Providers in their first year billing Medicare;
- Providers whose volume of Medicare payments or patients fall below the proposed threshold ($30,000 or less in Medicare Part B charges OR 100 or fewer Medicare patients); and
- Providers who qualify for payment under APMs (Choice 2) with the associated bonuses exempt from MIPS.

Additionally, it is anticipated that providers practicing in rural health clinics or Federally Qualified Health Clinics (FQHCs) are also exempt from MIPS.

**TAKEAWAY:** MIPS is your default choice if you do nothing. It rolls three of the programs you already likely are doing plus one new program into a single score. It is cumbersome and demands attention to avoid negative adjustment to your payments. CMS starts monitoring your performance in January 2017.

Choice 2 is to qualify for an Alternative Payment Model or APM. APMs include the typical ACOs and Shared Savings Programs where physicians are already at some financial risk based on cost, outcomes and quality. If all physicians were to be involved in an organization like one of these, where each physician is held accountable to maintaining quality and takes on the risk of cost of care for their patients, CMS would have very little left to administer. Cost will go down, quality will go up and CMS can reduce the administrative hassles for itself. MIPS is just as cumbersome for CMS as it is for providers. It isn't a mystery that they might prefer providers to move in this direction.

There is an incentive to choose the APM track. It is an automatic lump sum bonus payment above and beyond any other incentive payment of 5% every year beginning 2019–2024, regardless of performance. And after 2026, a higher base fee schedule will be provided to you. So, most providers will want to choose an APM as soon as they can. But the option is not available to all providers and not all of those who apply for an APM will qualify right away.

**MACRA defines any of the following as a qualifying Alternative Payment Model (APM):**

- An innovative payment model expanded under the Center for Medicare & Medicaid Innovation (CMMI), with the exception of Health Care Innovation Award recipients;
- A Medicare Shared Savings Program (MSSP) accountable care organization (ACO);
- Medicare Health Care Quality Demonstration Program or Medicare Acute Care Episode Demonstration Program; or
- Another demonstration program required by federal law.

For those providers without ACOs or Shared Savings Programs available to them, MIPS will be the only option they have. And since not all those who apply for an APM will qualify, every provider needs to prepare to be placed in MIPS as of January 2017. There are a host of nuances and details that are tied to these APM carrot bonuses and certainly providers are still held to quality metrics and the work of reporting those. But if a provider is in a qualifying alternative payment model already and the organization is performing fairly well with cost and quality, the APM is the better choice under this new MACRA law.

**TAKEAWAY:** An APM is a better choice if you're in a qualified ACO or Shared Savings Program, especially if the performance is already good. The automatic 5% annual bonus payments and opportunity for a higher fee schedule in future years is very attractive given the downside risks associated with MACRA. But not every provider has an APM opportunity. Preparation for MIPS as the default needs to be happening now.

Beacon Medical Group has selected the APM route. The ACO we are already in is performing well with cost and quality. We anticipate very good performance under MACRA if we can further manage care for patients, especially those with multiple comorbidities and risks, in a coordinated, comprehensive manner where quality targets are never missed and the cost of care is managed aggressively.

For more information, visit www.ama-assn.org/practice-management/understanding-medicare-payment-reform-macra.

# ANSWERING A CALLING IN HEALTH CARE

## Carl Risk, II, Joins Elkhart General as President

In mid-September, Carl Risk, II, started as the new president of Elkhart General Hospital.

Carl comes to Beacon from St. Vincent Jennings Hospital in North Vernon, Indiana, where he has served as the lead administrator since 2011. During his tenure, he was instrumental in leading overall operations of the hospital, implementing the hospital strategic plan and budget, developing effective working relationships with the board, managers, physicians, associates and community and improving patient care services and satisfaction.

Carl served as vice president of Planning from 2004 to 2007 and then vice president of Clinical Services from 2007 to 2011 at King's Daughters' Hospital and Health Services in Madison, Indiana. Overall, he has 17 years of experience in health care administration.

Carl began in health care on the clinical side, earning an associate's degree in physical therapy from the University of Evansville and working as Regional Rehabilitation Manager for American Senior Communities in Indianapolis.

Carl earned his master's degree in health administration from Indiana University-Purdue University in Indianapolis. He is a fellow of the American College of Healthcare Executives.

An Indiana Hospital Association board member, Carl has served the community through leadership roles with the United Way and Rotary Club.

### WHAT WILL BE SOME OF YOUR TOP PRIORITIES AS YOU BEGIN YOUR CAREER AT ELKHART GENERAL HOSPITAL?

The first and most important priority is to meet associates, leaders, physicians and the community to build relationships and trust. As a leader, I believe this is the foundation that will allow us to move forward. My second priority will be to spend time listening so that I can better understand the needs at Elkhart General Hospital and work to improve those needs.

### LONG-TERM, WHAT DOES BEING SUCCESSFUL AS PRESIDENT LOOK LIKE TO YOU?

Success to me means a couple of things: It is creating an environment that allows providers and associates to provide high-quality care, efficiently, and with an outstanding patient experience. I also see it as providing patients with easy access and an outstanding experience to high-quality care that improves the health of those we serve.

### IN YOUR OPINION, IS THIS AN EXCITING TIME TO BE WORKING IN HEALTH CARE? WHAT ARE SOME OF THE ASPECTS OF THE FIELD THAT MOTIVATE YOU OR ENERGIZE YOU?

Yes, I believe this is the most exciting time to be in health care as we are slowly seeing a fundamental shift in how we care for patients. The exciting part is being able to help shape how we do that within Beacon Health System.

I consider myself sort of a health care geek and believe I was called into health care as a physical therapy assistant and eventually transitioned into the administrative side. My original calling or motivation was to help individual patients that I cared for to become better. Whether it was a total knee, stroke or sports injury patient, I truly enjoyed helping people return to their highest level of function. Today, that same drive is what energizes me each day; I am just doing it differently than when I was at the bedside.

### WHAT KIND OF WORKING RELATIONSHIP DO YOU HOPE TO HAVE WITH THE MEDICAL STAFF AT ELKHART GENERAL HOSPITAL? WHAT CAN THEY EXPECT FROM YOU AS THE LEADER OF THE HOSPITAL?

I would expect to have an open, honest and collaborative working relationship with the medical staff at Elkhart General Hospital. I have collaborated with physicians my entire career and look forward to building relationships and trust with the medical staff at Elkhart General and within Beacon.

As the leader, the medical staff can expect honesty, collaboration and someone who will be visible throughout the hospital and community. They can also expect me as the leader to work with them to find ways to improve care and the patient experience.

### IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH THE BEACON MEDICAL STAFF?

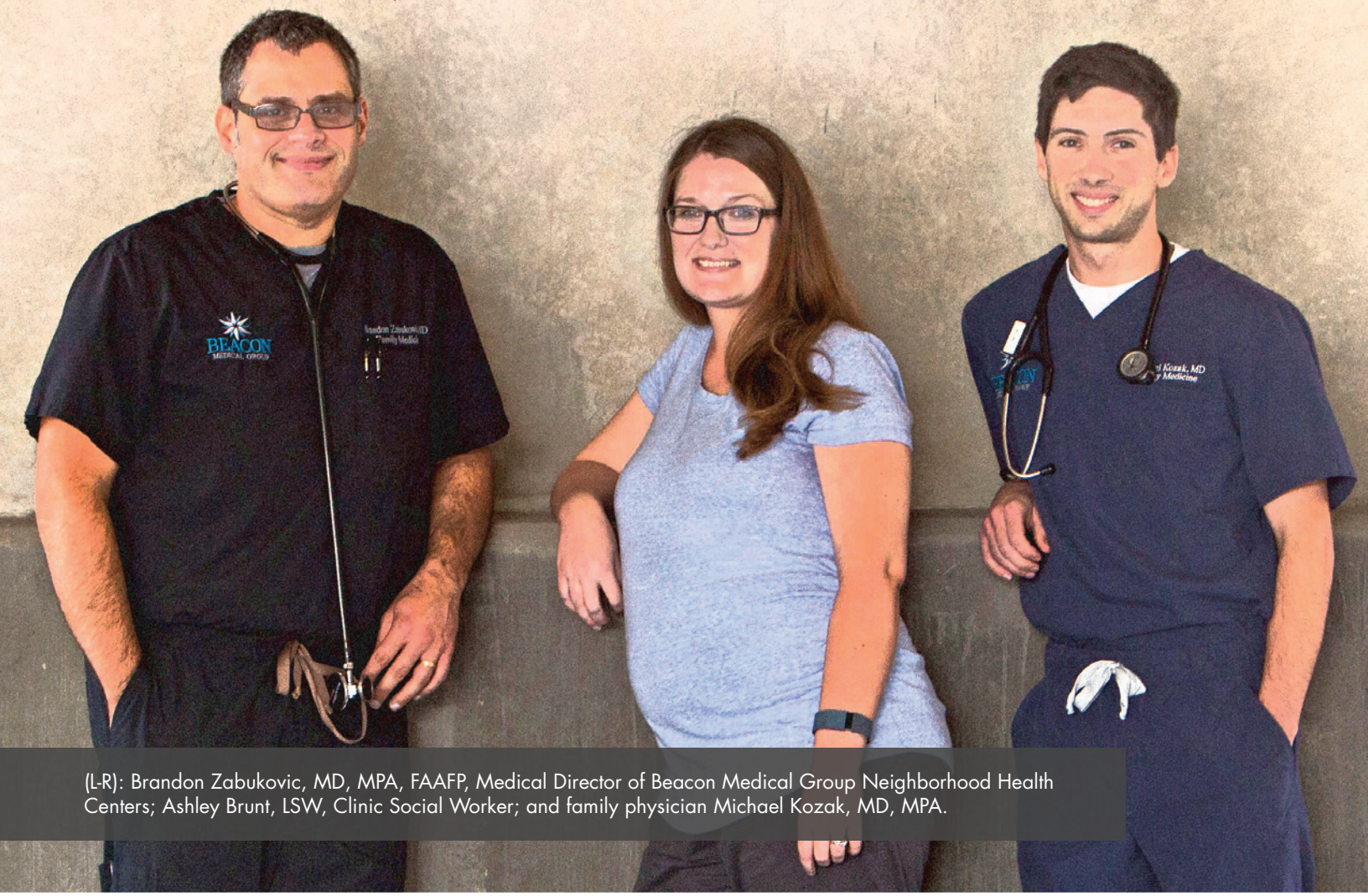
I am extremely humbled and honored to have joined the Elkhart General/Beacon team and look forward to getting to know the providers and working with them as we go forward.

## ON A PERSONAL LEVEL

Outside of work I enjoy spending time with my family. My wife, Christi, and I have been married for 12 years and we have two beautiful children. Our son, Jackson, is 10 and our daughter, Anika, is 8. I also enjoy exercise by running and CrossFit. Other interests include motorcycle riding, family vacations, yard work and reading various health care articles.

# A Prescription for Hope

## Treating maternal opioid use disorder in the family practice setting




(L-R): Brandon Zabukovic, MD, MPA, FAAFP, Medical Director of Beacon Medical Group Neighborhood Health Centers; Ashley Brunt, LSW, Clinic Social Worker; and family physician Michael Kozak, MD, MPA.

As the nation's opioid crisis unfolds, its implications for one of the most vulnerable populations — newborns — are emerging. The Centers for Disease Control reports the incidence rate of neonatal abstinence syndrome (NAS) caused by prescription and illicit opioids has more than doubled between 2009 and 2013, from 3.6 to 7.3 per 1,000 births. According to the March of Dimes, the symptoms of NAS can include tremors, seizures, poor feeding, breathing problems and excessive crying/high-pitched cry.

### Early Intervention for At-Risk Pregnancies

Brandon Zabukovic, MD, MPA, FAAFP, Medical Director of Beacon Medical Group Centennial and Central Neighborhood Health Centers, is one of the few family physicians in the area treating pregnant women with substance use disorders, including opioid addiction. Along with Michael Kozak, MD, MPA, who joined the practices in July, the physicians have Drug Enforcement Agency (DEA) DATA 2000 waivers to prescribe buprenorphine to stabilize patients into an outpatient drug treatment program. Buprenorphine helps relieve the symptoms of withdrawal and craving and blocks the euphoric effects of opioids taken while on buprenorphine.

"We have the capacity here to medically treat opioid use disorders and can help guide pregnant women to community resources such as drug counseling for support," Dr. Zabukovic explains. "The patients we care for run the gamut — from those taking too many pain pills all the way to heroin, which is, unfortunately, way too common right now."

If opioid-addicted pregnant women are not treated and experience withdrawal, risks to the baby include low birth weight, heart or other birth defects, premature birth or miscarriage, he says.

"The sooner we can get pregnant women stabilized, the better," says Dr. Zabukovic. His approach is multifaceted: Break the cycle of intoxication and withdrawal; provide help to address adverse psychosocial situations for the woman; and wean the woman from the buprenorphine after delivering.

"The medicine's no panacea — it doesn't treat the 'everything else' that's around them," he says. "But it allows the patients to be stable enough to enter drug treatment and counseling. We just try to keep them steady so they can attend to that."

## Building Trust Into the Care Equation

The "everything else" women with opioid use disorder must cope with is formidable.

"There's usually some combination of homelessness, poverty, mental health issues and abuse," Dr. Zabukovic explains. "Not that opioid use disorder spares anybody, obviously, but most of these folks got into drugs a long time ago due to a sad combination of other problems. Those are hard to unravel. Some of them are 25 and they've been using drugs for 10 years. From a developmental and coping skills standpoint, they are teenagers. So, basically, you have a pregnant teenager on drugs, even though she's 25. That's darn hard to fix. Our social worker, Ashley Brunt, does a great job, and fortunately there are a lot of community resources available. We often take the approach of 'let's plug this lady into as many different things as we can.' The more eyes on the baby and the more hands on deck, the better."

**The longitudinal care aspect of family medicine affords Dr. Zabukovic a clearer, holistic picture of a patient's health. As he puts it, "For better or worse, we know the skeletons, right?" Building on his history and rapport with addicted patients can make a difference in their pregnancy outcomes.**

**"These are women who have nothing stable in their lives at all, except the drug itself — in many ways, that's the only thing there at the end of the day," he explains. "So, if we can be another thing that they can pin part of a foundation on — another stable force in their lives — I think that's helpful. And they know they can come here and we're not going to be judgmental — we're just here to help."**

## More Hands on Deck Needed

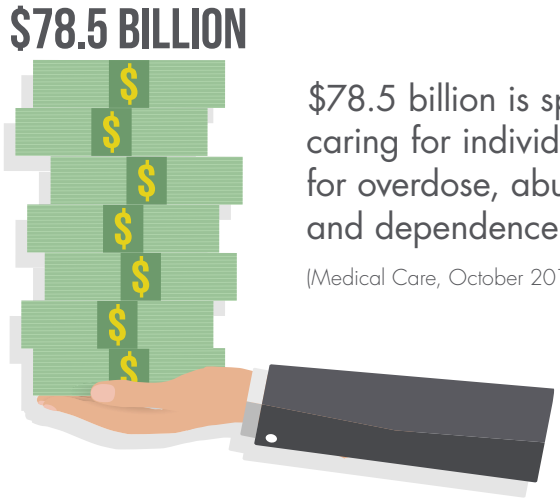
Because the DATA waiver limits the number of patients for which a single physician can provide care with buprenorphine, Dr. Zabukovic predicts that more primary care doctors will need to be trained to use the medication to take care of the influx of opioid-addicted patients in the future. For his part, making a difference in his patients' lives is what drives Dr. Zabukovic to continue treating this challenged population.

"It's amazing to see a woman who came in addicted to heroin and then six months later she's clean, having a baby, getting all those other things cleaned up. Gosh, there's nothing much more rewarding than that. There are so few times that we can actually 'fix' stuff with medicine. A lot of times we're just slapping bandages on and this is actually something we can do to make a pretty big impact on people's lives."

# ASSESSING THE TOLL OF OPIOIDS


Every 25 minutes, a baby is born with opioid withdrawal in the U.S.

(National Institute on Drug Abuse)




$78.5 billion is spent caring for individuals for overdose, abuse and dependence

(Medical Care, October 2016)


In 2012, length of stay for newborns with NAS was an average of 16.9 days

(compared to 2.1 days for other newborns), costing hospitals an estimated $1.5 billion; most of these charges (81%) were paid by state Medicaid programs, reflecting the greater tendency of opiate-abusing mothers to be from lower-income communities. (National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services)


More than 28,000 deaths were attributed to prescription opioids in 2014

(Centers for Disease Control and Prevention)

# SPRING 2017 OPENING

## Construction Update

The largest, single construction project dedicated to children's health in Michiana's history, the Memorial Children's Hospital expansion, is expected to wrap up at the end of February 2017. And with the 116,000-square-foot expansion now enclosed, crews are completing interior work in anticipation of the spring 2017 opening.

All pediatric patients will be moved to the new facility by April 1. To prepare for the new clinical space, two detailed patient mockup rooms are available for staff to practice simulations.

MEMORIAL CHILDREN'S HOSPITAL

"I am thrilled with the collaboration of our teams throughout this journey, says Michaeleen Conlee, executive director of Women's and Children's Services at Memorial Children's Hospital. "We have leveraged innovation to improve quality, safety and the patient experience in our new space. Not only the new building, but our new models of care will be a benefit to those we serve in the community."

**WATCH FOR MEMORIAL CHILDREN'S HOSPITAL GRAND OPENING EVENTS IN MARCH!**

# Welcome New Docs

(July – September 2016)

ANESTHESIOLOGY
**Joseph Carroll, DO**

CARDIOLOGY
**Rickyn Patel, DO**

DENTISTRY
**Cara Kilgore, DDS**

DERMATOLOGY
**Emily Keller, MD**

ENDOCRINOLOGY
**Zachary Kistka, MD**

FAMILY MEDICINE
**Tucker Balam, DO**
**Ryan Bonek, MD**
**Rachel Dunham, MD**
**Michael Kozak, MD**

HEMATOLOGY/ONCOLOGY
**Javed Malik, DO**

HOSPITAL MEDICINE
**Swetha Chitta, MD**
**Usman Qadeer, MD (Neurohospitalist)**

HOSPITAL MEDICINE/FAMILY MEDICINE
**Pranjal Patel, MD**

INTERVENTIONAL PAIN MANAGEMENT
**Abhishek Das, MD**

NEUROSURGERY
**Heather Kistka, MD**

OBSTETRICS & GYNECOLOGY
**Ann Broz, MD**
**Steven Johnson, DO**

ORTHOPAEDICS
**Jeffrey Eifler, DPM (Podiatry)**
**Sam Fuller, MD (Hand Surgery)**

PATHOLOGY
**Qin Chang, MD, PhD**

PEDIATRIC CRITICAL CARE
**Saranga Agarwal, MD**
**Reynaldo dela Rosa, MD**
**Christopher Johnson, MD**

PEDIATRIC ENDOCRINOLOGY
**Arti Shah, MD**

PEDIATRIC HEMATOLOGY-ONCOLOGY
**Angela Herman, MD**

PEDIATRICS
**Shahid Javaid, MD**
**Emily Kisor, MD**
**Alicia Wilson, DO**

PSYCHOLOGY
**Gregory Pouliot, PhD**

RADIATION ONCOLOGY
**Lauren Das, MD**

SPORTS MEDICINE
**Michael Messmer, DO**

# BEACON *Bulletin*

## KUDOS

**Jeff Costello**, Beacon Health System Chief Financial Officer, received the Governance and Investment Management Award at the third annual Investor Intelligence Awards for Healthcare Plans on October 19 in Chicago. The national annual awards event, hosted by Institutional Investor, recognizes individuals and firms in the financial services field for excellence.

On October 22, **Walter Halloran, MD, FACS**, Beacon Medical Group Cardiothoracic Surgery Elkhart, received the Outstanding Physician of the Year Award from the IU School of Medicine – South Bend at Medicine Ball, the school's annual gala.

The award honors a physician whose work with the medical school and with medical students has made a lasting impact. Candidates for the award are also honored for exhibiting the highest level of professionalism and community engagement.

## ACHIEVEMENTS

The American College of Surgeons Commission on Cancer awarded the 2016 Outstanding Achievement Award to Elkhart General Hospital. Elkhart General was one of a select group of 20 U.S. accredited cancer programs to receive this national honor for surveys performed Jan. 1 through June 30, 2016.

The Indiana Perinatal Network Breastfeeding Coalition awarded its "Excellence in Breastfeeding" award to Memorial Hospital. Memorial was selected for the honor out of 90 delivering hospitals in the state.

In September, Elkhart General Hospital received the prestigious international recognition as a Baby-Friendly Designated birth facility. Baby-Friendly USA is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children's Fund.

Memorial Hospital was one of just seven organizations in the U.S. to receive $2 million in federal funding under a new grant program called "Communities Addressing Childhood Trauma" from the Office of Minority Health and the U.S. Department of Health and Human Services.

The Community Health Enhancement division will develop a five-year program to test the effectiveness of innovative approaches to address unhealthy behaviors among minority and disadvantaged youth.

The program will be developed with several community partners, including the City of South Bend's Martin Luther King, Jr. Recreation Center, Michiana Family YMCA, the University of Notre Dame, Oaklawn Psychiatric Center and the Salvation Army Kroc Center.

The Intersocietal Accreditation Commission (IAC) granted a three-year term of accreditation in vascular testing to Beacon Medical Group Vascular & Interventional Radiology. Peripheral venous testing, peripheral arterial testing and visceral vascular testing are included in the accreditation.

## OF NOTE

Memorial Hospital launched a new Maternal Fetal Transport service for high-risk expectant women in late September. Each transport request activates a response team that includes a high-risk obstetrical nurse and a respiratory therapist. A dedicated Memorial Children's Hospital ambulance provides patient transport.

The Elkhart General Hospital Bariatric and Metabolic Institute moved to 2222 W. Lexington Avenue, Suite B, in Elkhart. All office visits, weight checks, classes and bariatric support group meetings are now held at the new location. The bariatric surgery education seminars held at 5 p.m. on the third Monday of the month, however, will continue to be held at Elkhart General in the Patel Family Auditorium. For more information, call 574.523.3264.

## CONTINUING MEDICAL EDUCATION

**Memorial Hospital of South Bend**
**Hospital Auditorium**
12:10 to 1:10 p.m.
Lunch available at 11:30 a.m.
Registration is not required.
Call 574.647.7381 with any questions.

### January 11

Feranmi Okanlami, MD, MS
Memorial Family Medicine Residency Program
**We've Got Your Back & Neck: Insults to the Spinal Cord: Caring for Our Own Community**

### January 25

Abhishek Das, MD
Beacon Medical Group North Central Neurosurgery
**Interventional Pain Management: How Can We Work Together?**

### February 8

Scott Eshowsky, MD
Chief Medical Information Officer, Beacon Health System
**Cerner Update**

### February 22

Raman Mitra, MD
Beacon Medical Group Advanced Cardiovascular Specialists South Bend
**Cardiac Catheter Ablation Without Fluoroscopy: Just Say No to Radiation**

### March 8

Joseph Harmon, MD, FACOG
OB/GYN Associates of Northern Indiana
**The Zika Virus: Transmission, Testing and Health Effects**

### March 22

Stefano Guandalini, MD
Professor of Pediatrics and Section Chief, Pediatric Gastroenterology, Hepatology and Nutrition, The University of Chicago Department of Medicine
**The Ever-Changing World of Gluten-Related Disorders**

### April 5*

Yoav Hoffman, MD
Pediatric Intensivist, Galilee Medical Center, Nahariya, Israel
Tal Marshak, MD
Senior Surgeon and Head of Rhinology and Skull Base Surgery, Galilee Medical Center, Nahariya, Israel
**The Israeli Experience in Preparing for Mass Casualty Events**

*Special addition to the schedule

# Mending Broken Hearts

## Ornish Lifestyle Medicine at Beacon Celebrates a Year of Healthy Successes

Since Ornish Lifestyle Medicine (formerly named the Ornish Reversal Program) began at Beacon Health System in August 2015, more than 250 individuals across the region — including participants from as far away as Chicago and Detroit — have experienced life-changing results. The nine-week intensive cardiac rehabilitation program includes instruction on diet, exercise, stress management and group support.

The documented physical and psychological changes that program participants experience within a relatively short time are noted in the outcomes chart shown here. For program coordinator Karen Sommers, MS, seeing the changes firsthand among patients who've experienced serious heart-related events is even more telling.

"First, we see that their pallor improves and their faces start to change — they start joking around," she describes. "They begin to stand up straight. Most participants, though, talk about their vitality and increased energy. Instead of sitting at home and watching television, they're doing all the things that they couldn't do before because they felt so bad."

While changes in diet and exercise habits are important components in the program, Karen adds that practicing stress management is perhaps more important: "It's a killer in and of itself — there's a lot of correlation between stress and many disease processes."

Providing several stress management tools for participants to meet their individual preferences is key, she says. "We teach breathing techniques, restorative yoga, visualization and relaxation. We encourage doing at least an hour daily of these activities. 'Unplugging' completely is important."

Looking forward, as reimbursements for physicians and hospitals increasingly become tied to outcomes long after patients have left the hospital, having programs in place like Ornish Lifestyle Medicine will likely become more and more important. Luisito Gonzales, MD, cardiologist at Beacon Medical Group Elkhart Cardiology and co-director of the Ornish program at Beacon, continues to recommend the program without hesitation.

"Ornish Lifestyle Medicine is scientifically proven to regress/reverse heart disease and is a low-tech intervention with high-tech results," Dr. Gonzales explains. "The program has a scientific basis, it has the evidence, it's reimbursable, and it works."

## From the Desk of Dr. Dean Ornish

*"My colleagues and I are thrilled to work with the great team at Beacon Health System. Their team of experts is continuing to get stellar clinical outcomes that are transforming lives in Elkhart and South Bend, Indiana — many have been able to avoid stents, bypass surgery, and even a heart transplant by going through our lifestyle program there."*

### Beacon Health System Outcomes

| | Baseline | After | Change |
|---|---|---|---|
| Weight | 218.8 | 205.6 | -6.1% |
| BMI | 33.3 | 31.5 | -5.7% |
| Total Cholesterol | 167.2 | 131.3 | -21.5% |
| LDL Cholesterol | 93.3 | 66.8 | -28.5% |
| HDL Cholesterol | 44.3 | 40.8 | -7.8% |
| Triglycerides | 150.1 | 123.8 | -17.5% |
| Systolic Blood Pressure | 133.3 | 124.4 | -6.8% |
| Diastolic Blood Pressure | 74.3 | 69.8 | -6.0% |
| HbA1c* | 7.7 | 6.7 | -13.7% |
| Depression Score | 11.8 | 4.7 | -60% |
| Exercise Capacity | 2.8 | 4.4 | 56.9% |

Data includes 138 participants (weight, BP – systolic/diastolic, * HbA1c from 31 participants, total Chol, LDL, Triglycerides. HDL. BMI – 89

ornish
lifestyle medicine

### Learn More

For more information about Ornish Lifestyle Medicine, upcoming program dates or to refer a patient, contact:

Elkhart General Hospital .....**574.296.6496**

Memorial Hospital .....**574.647.7620**

# Healing from Within

## Physician turns to Ornish program to fine-tune her own health

For Lori Checkley, MD, urgent care physician at MedPoint24 in Granger, the decision to enroll in the Ornish Lifestyle Medicine program at Beacon in the spring of 2016 wasn't prompted by an acute heart-related health crisis, as is sometimes the case with other participants. But an elevated cholesterol level and a family history of heart disease did influence the Michiana native to learn more when the program became available locally.

"Even though I've been a vegetarian for a long time and was aware of Dr. Ornish's studies and read his books, I couldn't seem to put it into practice on my own — I couldn't seem to sustain it," she explains.

Led by the Ornish Lifestyle Medicine team at Memorial Hospital over the course of 18 four-hour sessions, Lori, along with the session's five other cohort members, learned to prepare plant-based, heart-healthy foods; practice stress management techniques; exercise; and participate in group discussions. For her, the full-immersion experience, combined with the support from the Memorial team and her cohort, linked her knowledge with practical ways to incorporate the new habits into her everyday life.

Overall, she lost 16 pounds on the program (and continues to lose weight) and reduced her cholesterol from 256 to 190. Lori reports she's more energetic, too.

She recommends the program to physician colleagues for their own patients, even if they may have doubts about patients' compliance with a strictly plant-based diet.

"It really is a tremendous program," Lori explains. "It's been billed as an intensive cardiac rehab program, but Dr. Ornish's newer data includes information about it preventing prostate cancer and other conditions, too. So it's not just a heart-healthy diet, it's a healthy diet overall."

# Minimally Invasive Technique Promising for Treating Migraines

Submitted by
Bill Molen, MBA, RT(R)(MR)
Executive Director of Radiology
Elkhart General Hospital

An estimated 36 million Americans suffer from migraine headaches. Even more suffer from facial pain or cluster headaches. The sphenopalatine ganglion (SPG) has connections to the brainstem (where cluster and migraine attacks may be generated) and to the meninges by the trigeminal nerve, the main nerve involved in headaches. The SPG is located in pterygopalatine fossa behind the nose and carries autonomic and sensory nerves. The link between the SPG and the trigeminal nerve is important in head pain treatment. If a local anesthetic can be directly applied to the SPG, a block or partial block of the SPG can reduce head pain symptoms.

SPG block has been around for several years, but the new development of specialized catheters and fluoroscopic guidance allows targeted placement of the anesthetic block for improved results. **Nazar Golewale, MD**, is now performing these procedures in the **Interventional Radiology Department at Elkhart General Hospital**. The SPG block is a "needle-less" procedure and does not require sedation. The procedure time is very short, with minimal side effects, and is normally performed on an outpatient basis.

All of the current chronic migraine patients treated at Elkhart General have experienced relief following the SPG block. Some experienced relief of head and facial pain immediately, but results can take anywhere from 15 minutes to a few hours. The SPG block may last for a few days to several months and may be repeated as often as needed to reduce pain. Most insurance payers cover SPG block for a variety of headache and facial pain disorders, but verification with each provider is recommended.

Nazar Golewale, MD

For more information about the SPG block, contact Interventional Radiology at **574.523.7844**.

To schedule a patient, please call **574.523.3444**.

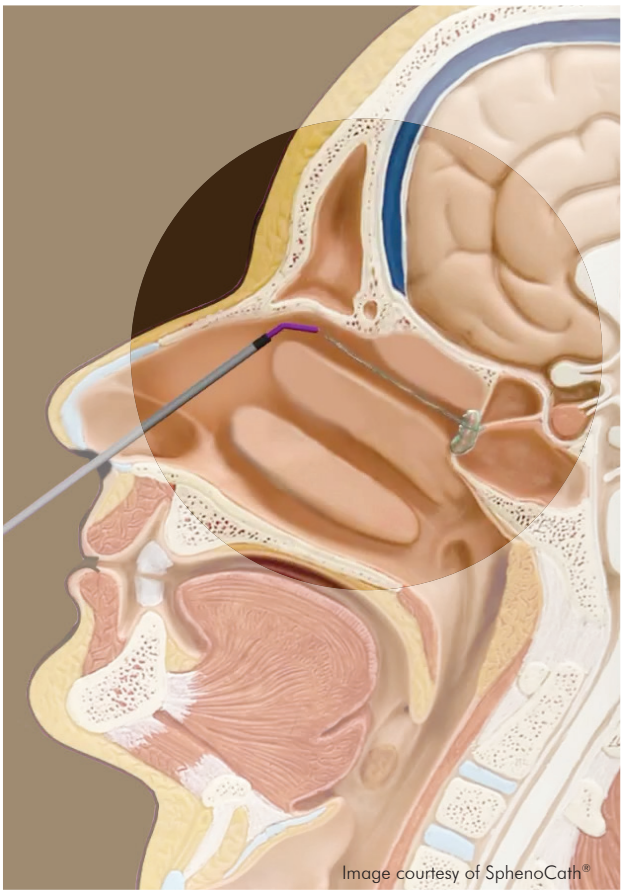


Image courtesy of SphenoCath®

"The sphenopalatine ganglion (SPG) block is a "needle-less" procedure and does not require sedation. It is effective in as little as 15 minutes and can last for a few days up to several months. This procedure may be repeated as often as needed to reduce pain."

– Nazar Golewale, MD

# Real-Life Training for Nurse Practitioners

## "Mini Residency" Develops NP Clinical Skills

Ask doctors about the value of a residency program, and they will attest to the critical need for hands-on application of the vast written knowledge acquired in school.

Newly certified nurse practitioner Krista Blankinship, FNP-BC, feels a similar appreciation for the 12-week "mini residency" she has received under the umbrella of the Memorial Hospital Family Medicine Residency Program.

"In school, you take a lot of exams and write a lot of papers," she says.

"You have clinical experiences with preceptors during school, but it's never as much as you want. In this residency, I've had more time to apply all that knowledge to real patient situations."

The nurse practitioner training program implemented at E. Blair Warner Family Medicine Center (which houses the Family Medicine Residency Program) this past summer evolved as the center hired nurse practitioners to assist family physicians and residents in providing patient care. Blankinship is the first NP to complete a formalized 12-week program.

The concept began with a previous NP hired internally whose training did not equip her with the skills needed to fulfill job expectations.

"I tutored that first nurse practitioner until she was up to the level we thought she should be to be successful," says Robert Riley, MD, MSEd, associate director of the residency program.

As the center has hired new nurse practitioners, the training program has paid off.

Dr. Riley explains, "We want NPs to hit the ground running and be a benefit to the practice from the beginning."

Blankinship confirms that she's seen a wide variety of patients, learned about thorough and efficient documentation and attended frequent family medicine conferences in her 12 weeks.

This past fall, Blankinship joined Beacon Medical Group Main Street in the Family Medicine Department.

*The mini residency training is available to practices within Beacon Health System. If you are interested in enrolling a newly hired NP for the 12-week training, contact your director.*

### More Than Orientation

Dr. Riley emphasizes that the in-depth training program reaches well beyond a typical orientation: "We're the bridge to transforming medical knowledge into sound clinical judgment and efficient patient visits."

**NP training during the 12-week program includes:**

- Ambulatory care issues
- Acute presentations, illnesses and injuries
- Chronic disease
- Wellness issues and sports physicals
- Clinical judgment—learning how to think in a systematic way about an undifferentiated problem and work toward a diagnosis
- Efficient documentation, including information necessary for appropriate billing and risk management
- Time management—evaluating a problem efficiently, while listening carefully and conveying compassion and caring
- Knowing limits of knowledge and when to consult a physician

With a projected nationwide shortage of primary care physicians, Beacon predicts hiring several nurse practitioners in next couple of years.

"I anticipate we'll take on a lot of them to complete our training program," Dr. Riley says.

Dr. Riley knows of formal one-year nurse practitioner residency programs in other parts of the country, but he's not aware of an internal program such as this one.

Blankinship is grateful to be a part of it. "This has been a confidence-building process for me. It's been so great to have successful interactions with patients and their families. I'm continuing to add to my knowledge base in a very safe, supportive environment."

HEALTH CARE INNOVATION

# PUT CUSTOMERS IN CHARGE?


## SUMMARY

Most innovators, enlightened business leaders and change agents are on-board with a customer-centric belief system. It makes good sense. In addition to the exchange of dollars for services, customers are an excellent source of candor, ideas and insights. Recently though, after listening to a series of customer focus groups for nine hours on the topic of how they interact with health care, it seems that the people who we call ***patients***, are ready to move faster, farther and more creatively to innovate the future than we are. So… what if we actually put our health care customers in charge of innovation?


## PROBLEM

After completing a yearlong, Voice of the Customer listening project, including thousands of lines of verbatim comments, input from hundreds of frontline staff members, and nine hours of focus group discussions with 60 participants, one thing became strikingly clear. We (the health care industry) think of patients, well, as…patients. Yet our research is clear: When people interact with health care, they think of themselves, and are increasingly behaving, as customers. *Houston, we have a problem.*

With the advent of high-deductible plans and more costs being paid out of pocket by the health care customer, they are weighing in on how care should be available and delivered. We have entered the age of the health care customer. They are seeking ease of access, options, control, information, fluid communications, price transparency and alternatives to in-person care. And while focus group participants from 10 years ago would have never described their time as being as valuable as that of a physician, that is not the case today. Health care customers want their time to be respected, too.

In light of the rapid emergence of consumerism in health care, Beacon Health System's internal efforts to achieve enterprise-level operations, and the enormous amount of change induced by the Affordable Care Act, we worked to clarify how we recognize innovation, and landed on this. At Beacon Health System, we see innovation as… INSPIRED by CUSTOMERS, creating value as defined by them. Armed with clarity on innovation and the voices of our customers, we definitely have our work cut out for us.

Let's say at 7 p.m. you discover your middle-schooler has a high fever. Your options are to see if your doctor is on call (if you even have a PCP), go to an urgent care clinic or possibly go to the ER. It's a tough call, with little information to make it an easier call. In the current state, when customers have a medical need, their thinking goes something like this: "Oh no, this is going to be difficult…I don't know where to begin and I'm not confident I can get in…What will this cost?...What about insurance?... What if this is something really serious?" And so, uncertainty and stress prevail as the search for care begins.

## SOLUTION

A better future state might have the customer who is in need of care thinking along these lines: "OK. This can be easy…With Beacon, I'm certain to get the answers and care that I need…I feel like I am in control and have options." In general, customers need more information, choices and control on accessing care, understanding pricing and knowing what options they have. In addition to access, the insurance, co-pay, deductible, out-of-pocket thing remains a huge mystery. The challenge for health care is to provide information so customers can make good decisions for their care and their pocketbook.

While this will not be easy, it can be accomplished. Most of the technology, customer relationship and communication processes are already available. It is the *simple matter* of applying them to health care. (Think stunned emoji here.) Maybe it is not so simple. Health care has a long history and the culture thing works against us. From inside health care, providers are born from a position of expertise, a history of highly controlled access, the orthodoxy that care is delivered in-person, relatively limited communications, the continued use of fax machines (yes, seriously), and a process that is cumbersome and low on convenience.

## PRACTICAL IMPACT

On the flip side, customers want us to understand that life is busy and most of us manage a large part of life with electronic devices. Our focus group participants said things like: "If I can schedule a haircut on my smartphone with ease and certainty, but can't conduct the important tasks of managing health needs for my family and I, it's a problem. In fact, it makes me wonder if you (health care) know what you are doing."

## CHALLENGES

Regardless of age, sex, state of health or insurance coverage, focus group respondents universally agreed that health care is bad at communications. "When a doctor is running behind, a heads-up would be nice," is a comment that originated, and was echoed, in every group. Customers, though, do want a partner in their care, and they want it conveniently. They would like more information and they want simple and clear instructions. While these requirements are as old as consumerism itself, it is important to remember that consumerism is new to health care, and fiscal pressures of today are insisting on action.

## FIRST STEPS

Embedding a customer-centric philosophy, technology, transparency and relationship management will require restructure and investment in new systems. Understanding and designing for patients as customers will require massive amounts of process reengineering. If managed in small increments, needed change will not occur. This problem cannot be solved on the margins. It requires an enterprise-level view…a fundamental shift, where health care leaders need every bit of humility, innovation and creativity we can muster as we change the assumptions, challenge the orthodoxies and begin to write a new playbook.

As drivers of innovation, customers are pushing health care closer and closer to their desired state. Although it may be a rough ride, health care is working to respond. In any case, the results of improved logistics, transparency, service and better health, are certainly worth it. As Beacon Health System moves into this journey, please join us in looking to the customer and thanking them to keep the pressure on and move us faster, farther and more creatively to innovate the future.

By Lori Turner
Chief Marketing, Experience and Innovation Officer, Beacon Health System

BEACON
HEALTH SYSTEM
615 N. Michigan Street
South Bend, Indiana 46601



SAVE THIS DATE
March 18
2017
ANNUAL TRAUMA SYMPOSIUM

# 17TH ANNUAL TRAUMA SYMPOSIUM

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## MARCH 18, 2017

JORDAN HALL OF SCIENCE, UNIVERSITY OF NOTRE DAME

The 17th Annual Trauma Symposium continues the tradition of exploring successful and innovative trauma care. Dynamic speakers will present recommendations for multidisciplinary care within the larger context of the trauma system. The symposium is designed for trauma/general surgeons, orthopedic surgeons, neurosurgeons, emergency physicians, anesthesiologists, intensivists, nurses, therapists, and allied health and EMS personnel involved in providing trauma care.

For further information visit **BeaconHealthSystem.org/TraumaSymposium.**