

PHYSICIAN

QUARTERLY



BEACON[™]
HEALTH SYSTEM

.....
Fall 2017

LEADERSHIP
TRANSITION

.....
*Kreg Gruber
appointed CEO*



Beacon Bits

Congratulations to coach/manager Thomas Reid, III, MD, PhD, FACP, and his Medical Oncology team on winning the third annual Memorial Regional Cancer Center softball tournament against the Radiation Oncology team. Radiation Oncology pitcher David Hornback, MD, first baseman Sam McGrath, MD, and the Radiation team will seek to regain the coveted title next year.



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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.

On September 19, Beacon Health System Chief Executive Officer Phil Newbold announced he is stepping down from his current position on Nov. 1. The Board of Directors appointed Beacon's Chief Operating Officer, Kreg Gruber, to take his place.

Newbold has served as CEO for 30 years and will remain at Beacon until the end of the year to provide transitional support.

"It has been an honor and privilege to work alongside such a remarkable team," Newbold said. "This is the beginning of a new chapter. I plan to continue my work with innovation and improving the health and well-being for organizations and communities, and would like to share what I've learned as a CEO with future generations of leaders."

Newbold is recognized as one of the most innovative health care leaders in the country, while remaining committed to health initiatives in the local communities served by Beacon. The health system was created under his leadership through the affiliation of Memorial Hospital and Elkhart General Hospital in 2011.



“*Phil's influence on this region is profound. His legacy will be felt for a long time.*”

Newbold completes tenure at Beacon Health System

Gruber appointed CEO by Board of Directors



DURING NEWBOLD'S TENURE:

- Beacon established one of the first hospital tithing policies in the country.
- Beacon became the first Indiana hospital to join the Mayo Clinic Care Network, allowing local physicians to collaborate with Mayo specialists.
- Beacon Children's Hospital completed a \$50 million expansion in downtown South Bend, incorporating an advanced single-family room NICU model that is new to the U.S., encouraging parents to bond with their premature babies.
- More than 1,000 business and community leaders have taken innovation and leadership development courses at the Pfeil Innovation Center.
- Memorial HealthWorks! Kids' Museum opened a health education center in South Bend with the model replicated in St. Louis and Tupelo, Miss.
- Beacon purchased Madison Center and renamed it Memorial Epworth, to ensure the continuation of inpatient psychiatric services in the region.
- Beacon Health & Fitness opened medically based, full-service fitness centers in South Bend and Mishawaka and began construction on an Elkhart location, which included an innovative public-private partnership that will also bring a state-of-the-art aquatics center to the community.
- Elkhart General Hospital completed an \$83 million surgery center expansion.
- Memorial introduced the first and only MedFlight service in the region, and became the region's only designated Level II Trauma Center.
- Beacon became the only health system in Indiana to offer the Ornish Lifestyle Medicine™ Program for reversing heart disease.

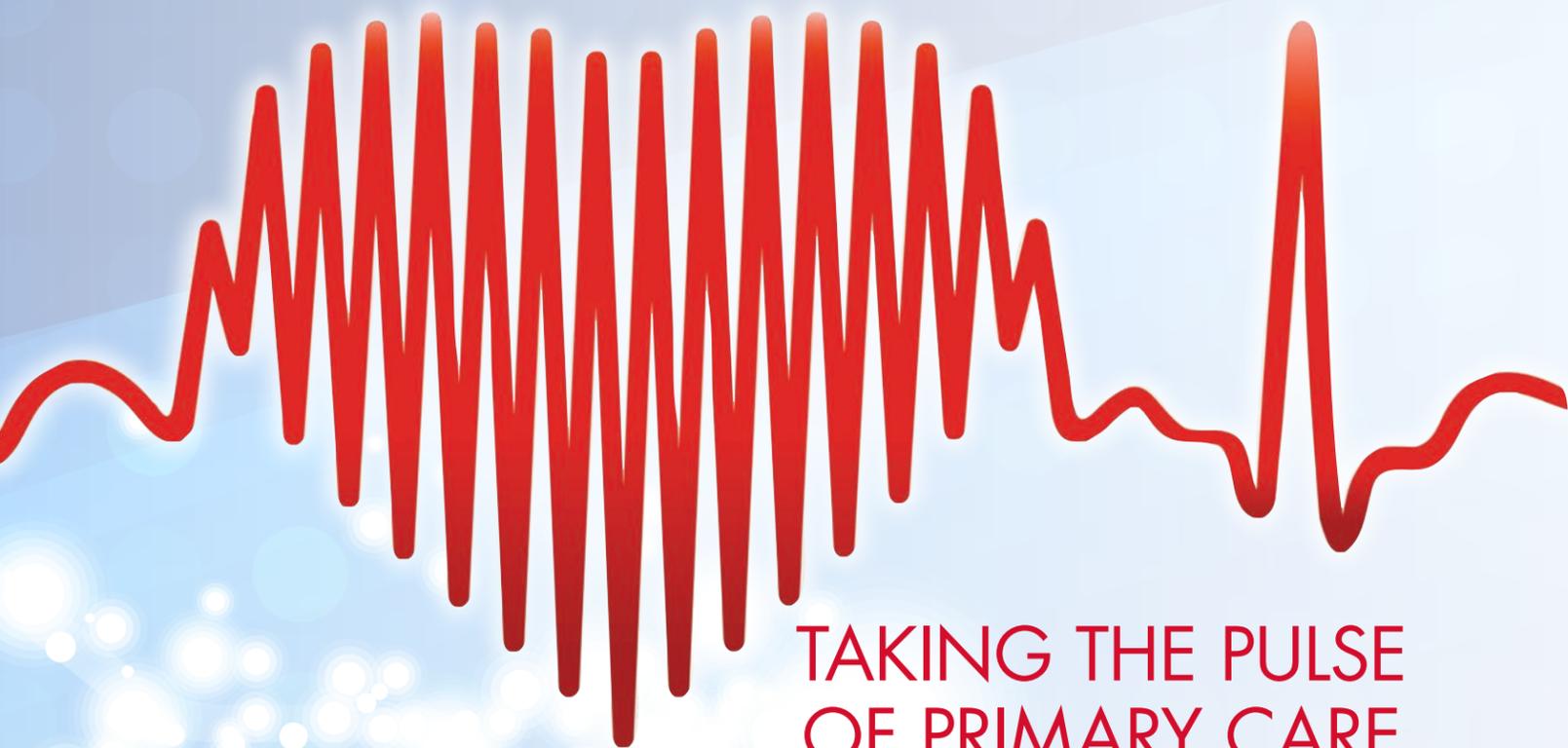
"After 30 years of dedicated leadership, we find ourselves grateful for Phil's steady influence," said Dan Morrison, Chairman of the Beacon Board of Directors. "He has uplifted the potential of the organization, overseen the expansion of more sophisticated and quality health care in our region, and fostered an environment where creative thinking regularly leads to innovation."

The board anticipates a smooth transition, he said, because Beacon has long been committed to a strong leadership development culture across the health system.

"The full board completed a very thorough and thoughtful process to select our next CEO," Morrison said. "Outstanding succession planning ensures us that under Kreg's leadership, the health system will continue its tradition of excellence, high quality and innovative spirit."

As preparation for his role as CEO, Gruber has served as President of Memorial Hospital, President of Elkhart General Hospital, President of Beacon Medical Group, and most recently as Chief Operating Officer of Beacon Health System. He moved to the South Bend area and joined Memorial Hospital in 2006.

"Phil's influence on this region is profound," Gruber said. "In addition to raising the bar on the level of care we provide, he has also worked to uplift the economic health of the community. We are grateful that Phil and his wife, Mary, have chosen to remain here and continue to serve and lead. His legacy will be felt for a long time."



TAKING THE PULSE OF PRIMARY CARE



Vince Henderson, MD
Beacon Medical Group President

Nationally, the role of primary care is evolving. Beacon leaders partner with health care strategists at Sg2 for trending market intelligence and opportunities within primary care, focusing on improving patient outcomes, reducing costs and addressing population health goals. Meeting these challenges requires continuous retooling of how this important work is being delivered. Beacon Medical Group President Vince Henderson, MD, spoke with *Physician Quarterly* recently about honing the capabilities within primary care practices at Beacon to do just that.

Primary care's charter — where we are now

Despite the uncertain path of the Affordable Care Act and its implications on providers and health systems, Dr. Henderson is confident that health care's future will always be about providing value.

"We talk a lot about value-based metrics and what we're really talking about is quality and cost — and insurers are pushing in that direction," he explains. "So, no matter what happens with all the rhetoric out of Washington, DC, as far as 'we're going to repeal and replace Obamacare' or 'we're going to do this or that,' it's not going to change this progression that we're on with regard to quality. It's going to continue to move forward."

A team approach to quality

Having better quality data available is creating opportunities to act upon that data, including reaching out to patients for preventive care and chronic condition support. For example, a BMG-employed transitional care nurse is now available to follow up with hospital patients in Elkhart, LaPorte and St. Joseph counties to ensure they have the resources they need to prevent a readmission.

If a BMG physician needs help meeting established quality metrics, a provider-led Quality Team is available to help PCPs ensure their patients receive important preventive screenings including mammograms and colonoscopies. Dr. Henderson says the measure can have a positive impact on reimbursements tied to achieving certain metrics.

Paying attention to patient-centric care

Consumerism in health care is a growing phenomenon — increasingly, health care customers are influencing the where, when and how care is being provided. While Dr. Henderson admits that there are still some organizational and financial barriers to achieving the desired level of patient centricity at BMG, he adds, "We're getting better at it." Cases in point:

Deepening the bench with advanced practice clinicians:

To help address the primary care provider shortage felt locally, BMG has added more than 120 nurse practitioners and physician assistants, a strategy recommended by Sg2.

Within the Beacon Medical Group practices, some APCs have a panel of their own patients and some work in support of physicians; Dr. Henderson adds that there are hybrid situations in-between those extremes, too. To ensure top-of-license practice by the APCs, additional training is provided through the Memorial Hospital Family Medicine Residency Program as well as continuing medical education opportunities.

"APCs are also increasingly integrated into the governance structure of the medical group so they have a voice on the important committees," says Dr. Henderson. "I see them as extremely invaluable going forward."

Ensuring of timed workflow: Using a leapfrog method of rooming patients is proving to be a satisfier for both patients and providers. In this team-based model of care, two medical assistants alternate patient visits with the physician or provider. The staff member who rooms the first patient stays to transcribe the visit; after the provider leaves the room, the same staff member remains to complete dictated orders, schedule follow-up appointments and give patient education as needed. Meanwhile, the provider continues on to see the next patient who is already prepared in another exam room.

"This is one of the most exciting things I think we're doing," says Dr. Henderson. "We started the leapfrog program with our primary care providers and now many of our specialists are clamoring for it." Not only does the program improve quality scores and overall office operations, it's giving providers a renewed sense of engagement.

"Several physicians have said, 'This is why I got into medicine,'" Dr. Henderson explains. "They can actually spend more time focusing on the patient and less time on the documentation. We think this will pay large dividends down the road for our patients."

Embracing technology: With more than 90 "pods" of Beacon Medical Group providers across four counties, connectivity among primary care physicians and specialists can be challenging. A recent investment in videoconferencing technology with high-definition monitors is expected to reduce provider and administrative "windshield time." Dr. Henderson said he envisions using the technology to connect primary care patients with select BMG specialists via video meeting from any BMG office.

Looking ahead

During a recent Executive Summit, Sg2 advisors predicted a continued path of truly patient-centered care over the next decade, care that is not necessarily provided at a physical "place," but more within a connected network enabled by technology. Dr. Henderson feels Beacon Medical Group is well on its way to fulfilling this future vision of health care.

"Sometimes you go to a conference and you take away a large number of new ideas, and that's extremely important. And sometimes you go to a meeting and get a validation for what you're already doing. After attending the Executive Summit, I felt a lot of validation of what we're already trying to accomplish. I am extremely proud of all of the physicians, providers, administrators and other staff at Beacon Medical group who support great work each day."

We started the leapfrog program with our primary care providers and now many of our specialists are clamoring for it.

Vince Henderson, MD
Beacon Medical Group President



Special thanks to Sg2 for its cooperation in the preparation of this article. Sg2, a Vizient company, is the health care industry's premier authority on health care trends, insights and market analytics.

OPERATION JANUS UPDATE

Submitted by Scott Eshowsky, MD
Chief Medical Information Officer
Beacon Health System

Revenue Cycle is the single largest and most transformative IT project Beacon has pursued to date.



We have continued to make progress on Operation Janus. In February 2017, we reached our first major milestone of Operation Janus by successfully transitioning to a remote hosting option (RHO) status. This moved our Cerner® servers and databases to Kansas City where they are managed by Cerner teams dedicated to Beacon.

As a result of the RHO switch, we've enjoyed improved system stability, performance and overall reliability. Monthly planned downtimes are a thing of the past. Unplanned downtimes have been minimized/eliminated. Our last upgrade was even completed without any downtime — a major satisfier for the overnight staff and providers who previously endured the downtime procedures on a regular basis.

Lastly, the RHO status makes it easier for us to stay on the latest code levels that Cerner offers. This allows us quicker access to bug fixes and new functionality to improve our caregivers' workflows.

Cerner Revenue Cycle

Our next major Janus milestone is the transition to the Cerner Revenue Cycle™ platform. Revenue cycle includes all of the non-clinical activity that is necessary “behind the scenes” to navigate our patients through the health system. This includes things like registration, scheduling, billing, coding, charging, accounting and case management, to name a few. All of these activities are currently supported by over 70 different applications. Over 50 of these applications will be replaced by Cerner's Revenue Cycle, reducing a major maintenance burden and allowing for significant standardization across the system.

The transition to Revenue Cycle will be a major source of change in every department of the organization. Much of the Rev Cycle change won't have a direct impact on the clinical care we provide. However, it has the potential to streamline many of the processes that indirectly challenge how we build and design the system for clinical care. Revenue Cycle is considered by Cerner to be “clinically driven,” so this change presents us with opportunities to gain major efficiencies in how we design our workflows.

Revenue Cycle is the single largest and most transformative IT project Beacon has pursued to date. We are looking forward to its completion in the first half of 2018. I am truly proud of how our team members have stepped up and put in a fully engaged effort to making this project successful.

PowerChart Ambulatory Transition

The Elkhart-based Beacon Medical Group (BMG) providers went live with PowerChart® Ambulatory in August of 2014. That go-live proved to be a major challenge for the health system — and it was one of the leading reasons for the development of Operation Janus. One of the questions we asked when developing the Janus strategy was, “How do we successfully convert the remaining BMG practices to PowerChart Ambulatory?”

Upon the recommendation of our consultants, the remainder of the BMG clinics have been “on-hold” until after the Revenue Cycle project is complete. Nevertheless, we have been working for the past few months on the design of PowerChart Ambulatory by using many of Cerner's new specialty physician experience concepts and functionalities. We are designing workflows and MPages™ for a provider experience unique to each of our specialties.

We plan to go live with the remainder of the BMG clinics in the second half of 2018. Our intention is to utilize what we learn during the Ambulatory transition for the creation of improved inpatient specialty experiences.

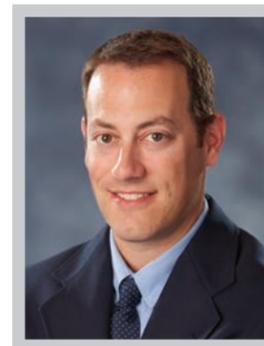
Nuance eScripton vs. Electronic Documentation

The recent ransomware event that crippled Nuance's operations on a national/global level shined a bright light on our continued reliance on very expensive dictation and transcription services. Historically, PowerNote® has been inconsistently adopted by providers. This is understandable, as PowerNotes are very “click-intensive” with a lot of structured/templated data. PowerNotes have long been criticized as difficult to read in order to decipher the actual “story” of the patient. It's often a challenge to discern what the author is “thinking” regarding differential diagnosis, plan of care and medical decision making.

While we are back in business with Nuance, this event will force us to make significant effort to reduce or eliminate provider dictation in the future. We intend to take advantage of newly developed Cerner capabilities and voice recognition software to develop an improved design of the provider documentation experience. Currently, we are in the process of developing plans to strategically approach different provider groups and workflows. Our intention will be to replace dictation/transcription with electronic documentation that is of high quality and well accepted by our medical staff.

In Summary

Beacon continues to make significant strides in improving the EHR experience for our providers. In an ever-changing health care landscape and a rapidly developing health IT industry, the challenges are endless. However, we have improved our position significantly and will continue to work diligently on earning the confidence of our caregivers. Our goal is for the EHR to be considered a useful tool that helps us take care of patients in an efficient and safe manner, while promoting the highest quality of care.



Scott Eshowsky, MD
Chief Medical Information Officer
Beacon Health System

“ I am truly proud of how our team members have stepped up and put in a fully engaged effort into making this project successful. ”

TACKLING BURNOUT

“Through the framework of the collaborative, we’re going to develop a comprehensive plan to establish resources and mechanisms to make beneficial changes for physicians throughout the system.”

– Dale Patterson, MD, Director,
Memorial Family Medicine Residency



LONGITUDINAL PROGRAM FOR PHYSICIAN WELL-BEING BEGINS

Beacon Health System will be among the first in the country to participate in the Mayo Clinic Care Network Physician Well-Being Collaborative.

Anonymous data from physician and staff pilot groups is currently being collected and the program will be expanded system-wide in the first quarter of 2018. This data will help guide Beacon leaders over the next 18 months to develop a comprehensive plan to support medical staff physicians’ health and well-being.

“Through the framework of the collaborative, we’re going to develop a comprehensive plan to establish resources and mechanisms to make beneficial changes for physicians throughout the system,” explains Dale Patterson, MD, Director, Memorial Family Medicine Residency, and executive and physician leader for Beacon’s membership in the Mayo Clinic Care Network.

The collaborative is an outgrowth of the Mayo Clinic’s focus on physician health. Mayo Clinic established a Physician Well-Being program in 2007. The multidisciplinary program seeks to develop evidence showing what factors must exist in an organization to promote physician and clinician engagement and resilience as well as measures individuals can take in their own self-care.

Look for more information about the Mayo Clinic Care Network Physician Well-Being Collaborative in future issues of *Physician Quarterly*.

MAYO CLINIC CARE NETWORK NEWS TO KNOW

To access provider resources, visit the Mayo Clinic Care Network Tools for Health Care Providers tab on the Beacon intranet. Contact Victoria Moon at VMoon@BeaconHealthSystem.org with any questions.

New — Inflammatory Bowel Disease eBoard

Case submissions for inflammatory bowel disease are now being accepted; please use the same process for submissions as an eConsult and eTumor Board through the Beacon intranet or the EHR (under “special instructions,” indicate case is for IBD eBoard). Cases must be submitted to Mayo Clinic for review and approval a week in advance. IBD eBoards are held on the second and fourth Thursdays of each month.

Case submission requirements: clinical summary note, clinical notes, radiology imaging and reports, pathology specimens and reports. A PowerPoint presentation is also required on the day of the board; this does not need to be submitted to Mayo Clinic in advance.

AskMayoExpert (AME)

AskMayoExpert — the online resource that delivers Mayo Clinic-vetted medical knowledge, answers to common clinical questions and need-to-know key facts — can now be accessed through PowerChart and through the Beacon Health System Medical Library on the intranet.



As this issue of *Physician Quarterly* goes to press, virtual urgent care visits through the Beacon Connected Care platform exceeded 1,000. Beacon Business Innovation consultants Mary Kuhr Anderson and Brett Belock believe the milestone is an indication of the excitement and momentum behind the technology as well as its value to both patients and providers.

With virtual Urgent Care, Nutrition Counseling and Behavioral Health Counseling available, Kuhr Anderson and Belock are working closely with Beacon Health System physicians and providers to develop additional use cases and opportunities. Current pilot programs

include using the Beacon Connected Care platform for scheduled patient visits with select Beacon Medical Group providers as well as inpatient consults. These pilots are the first steps toward embedding telemedicine within Beacon Health System.

A multimedia consumer campaign for Beacon’s virtual Urgent Care will continue into this fall and winter. The targeted campaign includes digital advertising, broadcast television commercials, direct mail and email as well as digital and poster billboards. The service is also featured on a banner at Four Winds Field, home of the South Bend Cubs, which attracts over 300,000 fans during baseball season.

Patient Ratings of Providers

(average through September 18, 2017)



Patient Ratings of Experience

(average through September 18, 2017)



Patient Gender



Average visit Duration



Average wait time to see provider

Where patients would have gone for care:



BeaconConnectedCare.org

Beacon Virtual Urgent Care By The Numbers

Data Reported September 18, 2017

FAST LANE FEEDBACK

Digital tool speeds survey results across Beacon

Beacon Health System is embarking on a new path to support the Beacon Promise to *Make Every Experience Exceptional*. Using a real-time, text-based survey tool called RateMyHospital®, valuable feedback from associates, patients, physicians and providers will be gathered, measured, transparently reported and acted upon.

“For the first time, we have a dynamic tool that will help us positively impact service culture throughout Beacon,” explains Lori Turner, Beacon Chief Marketing, Experience and Innovation Officer. “The survey information we receive is immediately actionable, allowing for timely service recovery as well as for sharing positive experience feedback.”

The survey tool is intuitive: Via smart phones, survey recipients respond by selecting one to five stars depending on the degree to which they agree or disagree with a statement. Department or unit managers may also include open-ended questions for more qualitative responses. The web-based results of the surveys are live and can be directed to unit leaders or managers who have the ability to respond quickly and directly to the patient or associate. A feedback-improvement loop will ensure that learning and improvement can occur continuously.

Currently, patient pilot-phase sites are nearly complete:

- Outpatient diagnostics
- ER treat and release
- Urgent care
- Beacon Medical Group office visits

Future implementation plans include:

- Inpatient rounding test environment beginning mid-October, expanding to all inpatient units in Q1 2018 if test environment objectives are met
- In January 2018, surveys will go live for:
 - All Beacon Medical Group locations
 - Three urgent care locations
 - Emergency Departments at Elkhart General Hospital and Memorial Hospital
 - More broadly implemented associate surveys following successful completion of test environment phase



Lori Turner
Beacon Chief Marketing,
Experience and Innovation Officer



Elkhart General Hospital readies for TJC survey

Submitted by:
Kariann Brown Nisley
Safety & Accreditation Coordinator
Elkhart General Hospital

Currently, work is being done on several fronts to ready Elkhart General Hospital for an upcoming Initial Accreditation Survey with The Joint Commission (TJC). The hospital intends to indicate a ready-for-survey date with TJC as January 2, 2018. Initial surveys are typically performed within 30 to 45 days of specified “ready” dates, according to TJC representatives working with the hospital.

Preparations for the survey include updating Medical Staff Bylaws with the help of a Joint Commission Resources consultant to ensure compliance with TJC standards of bylaw language.

Across the hospital, teams continue to focus on the hot topics of workplace violence and ligature risks for patients being treated outside of the hospital’s behavioral health unit. Teams are also putting forth a lot of work regarding the new pain assessment standards that will go into effect January 1, 2018.

The Accreditation Steering Committee has been and will continue to meet twice monthly to drive the process of change from the Healthcare Facilities Accreditation Program (HFAP) to TJC and embracing new standards of work and procedure to be compliant.

ELKHART GENERAL HOSPITAL TO PURSUE STROKE CERTIFICATION

Jose Luis Lopez, MD
Beacon Health System Stroke
Program Medical Director

Kyle Berry,
BSN, RN, CCRN
Stroke Program
Coordinator at
Elkhart General

In 2018, Elkhart General Hospital will submit an application to become certified by the Joint Commission as a Primary Stroke Center. Kyle Berry, BSN, RN, CCRN, Stroke Program Coordinator at Elkhart General, says the milestone is the result of over two years’ worth of work of preparation and training led by Beacon Health System Stroke Program Medical Director, Jose Luis Lopez, MD, with multidisciplinary teams in the hospital, regional EMS teams and post-acute care providers. Memorial Hospital achieved Primary Stroke Center certification in 2015.

“The engagement among all the teams has been phenomenal,” says Berry. “Everyone is giving 125%, if not more. It’s the right thing for our patients, it’s the right thing for the community and it’s going to be vital for us to stay competitive in this marketplace.”

Becoming a stroke care-certified hospital before Indiana HB 1145 goes into effect on July 1, 2018, is a primary focus of the Elkhart General teams.

“On that date, EMS teams will be required by law to bypass non-stroke certified hospitals,” Berry explains.

Because Elkhart General serves a population of approximately 198,000 people in Elkhart County as well as portions LaGrange County to the east and southern Cass County in Michigan, providing timely, lifesaving stroke care is critical. Patients who need clot removal via thrombectomy or inpatients with contraindications for receiving tPA are transferred to Memorial Hospital. Those patients can return to Elkhart General for inpatient rehabilitation, keeping the patient and their family close to home.

Following discharge, patients are offered follow-up care through the Post Acute Care Transition program.

“In 2016, our 30-day readmission rate was 9.7% — the national average is 12.5%,” says Berry. “For 2017 year-to-date, we are currently at a mere 3.8%. The program is working.”

“*The commitment to achieve certification as a Primary Stroke Center by The Joint Commission at Elkhart General Hospital is conveyed by the dedication of the staff and administration to partake in the establishment of optimal systems of care for patients with cerebrovascular disease.*”

- Jose Luis Lopez, MD

Elkhart General Stroke Care Stats

- In-hospital stroke mortality was 2.87% in 2016 vs. the national average of 5.19%.
- 30-day mortality was 7.32% vs. the national average of 9.77%.
- In 2016, the IV tPA, treatment rate was 7% (on par with the national average of 7%). For 2017 YTD, the rate is just over 9%.

See the next page to learn about Memorial Hospital’s endovascular thrombectomy program for stroke treatment.



SPECIALTY SPOTLIGHT:
STROKE CARE

Endovascular thrombectomy, multidisciplinary care strengthen capabilities at Memorial Hospital

Michael Hall, MD
 Vascular & Interventional Radiologist
 Beacon Medical Group Vascular Interventional Radiology

I am very happy with how far we have come with our multidisciplinary stroke program at Memorial Hospital. Several years ago, involved physicians and administrators sat down to evaluate the then current state of stroke care. We identified key areas that could be improved upon. With dedication, many meetings, and support from our excellent nursing staff, we have developed a mechanism to continually improve the care that we provide. This work has resulted in Primary Stroke Certification from The Joint Commission and now a joint effort between Memorial and Elkhart General Hospital to coordinate care across Beacon Health System.

Program growth, leading-edge care

Part of the growth that we are seeing in stroke admissions is the direct result of our dedication to quality that must be documented and confirmed through the stroke certification process. Growth is also the result of our capabilities to provide American Stroke Association guideline-based standard of care treatment for large vessel occlusive stroke: endovascular thrombectomy.

In 2015, several articles published in the *New England Journal of Medicine* confirmed thrombectomy as the most effective treatment for patients with large vessel occlusions. Not only is this treatment the most effective clinically, but studies have also shown that it reduces cost by decreasing time in extended-care settings and improving the likelihood of discharge to home.

Stroke treatment is very time sensitive. The faster that treatment is given to eligible patients after symptoms arise (whether that is IV tPA or endovascular thrombectomy), the greater chance of improved function. Memorial Hospital is the only regional hospital providing endovascular thrombectomy. That's a big deal when the treatment window for most patients is approximately six to eight hours after symptom onset. Traveling to Chicago, Fort Wayne, Indianapolis, or Grand Rapids is not an acceptable option. Amazingly, approximately 2 million brain cells die each minute a large vessel stroke goes untreated. The ability to provide this service locally is a great benefit to our community.

We currently have five Interventional Radiology physicians as well as a team of excellent technologists and nurses allowing us to provide this stroke surgery any time of the day or night. Offering this service requires significant investment from our ER, hospitalist,

neurohospitalist, and ICU services. The ability to provide stroke thrombectomy is truly a team effort and part of our multidisciplinary stroke program. Currently, we are treating approximately two patients per month using endovascular clot removal.

Focus on continuous quality improvement

Similar to all hospitals providing these complex services, challenges arise as volumes increase and we accept more patients from outside institutions. There is always room for improvement. As part of our larger Heart, Vascular, and Stroke initiative we are in a constant state of quality improvement.

Specifically, with respect to endovascular thrombectomy, we track many variables of care, including:

- Severity of deficit upon discharge compared to admission;
- Time from symptom onset (and time from presentation to Memorial) to completion of stroke surgery;
- Technical success of the procedure (including documenting and reviewing any complications);
- Hospital length of stay;
- Discharge (home vs. rehab); and
- 90-day follow-up.

These variables and several others are entered into national registries so that we can compare the care that we provide to other centers across the country.

Looking forward

It is my strong belief that our multidisciplinary engagement and commitment to objective, transparent quality will drive continued program success. These commitments are a key strength in providing our patients with the best care possible.

Unfortunately, stroke is still misunderstood and symptoms are often ignored until it may be too late. Now that we have a solid stroke program with data on quality outcomes, we should be in a great position to actively provide regional education on stroke and the capabilities of Beacon Health System through traditional media, social media, and other outreach initiatives. One great educational resource for both providers and patients is the Get Ahead of Stroke Campaign (www.GetAheadOfStroke.org).

Learn More

To learn more about endovascular thrombectomy at Memorial Hospital, contact Dr. Hall at MHall2@BeaconHealthSystem.org.

About Michael Hall, MD

Dr. Hall received his medical degree from Indiana University School of Medicine and completed his residency in diagnostic radiology at Loyola University Medical Center in Maywood, Illinois. He completed his internship in transitional medicine at St. Vincent Hospital in Indianapolis and his fellowship in vascular and interventional radiology at Medical College of Wisconsin in Milwaukee.

Board-certified in radiology, Dr. Hall holds a certificate of added qualification in interventional radiology. He is currently receiving additional subspecialized training in neurointerventional radiology. Dr. Hall is a member of the American Medical Association, the American Heart Association, the American College of Radiology, the Society of Interventional Radiology and the Society of Neurointerventional Surgery.

A Day Like No Other

Her early November morning in 2015 started out like many others — waking up at 4:30 a.m. to make coffee and see her husband, Carlos, off to work, then returning to bed before beginning her own morning routine. But for Tina Hill, the rest of her day was anything but usual.

With a full-time job, husband, four kids and one grandchild, Tina still found time to exercise daily and keep a healthy diet. So when her alarm went off again at 6:30 a.m., she couldn't understand why she wasn't able to turn it off right away. She did, eventually, and believed she was perhaps just waking up too quickly and not quite coordinated yet.

As fate would have it, Tina's teenage daughter, Kennedy, had been sleeping next to her, recovering from a bout of strep throat. Down the hall, Tina's son, Roman, and younger daughter, Rylee, were still sleeping. When Tina got out of bed and went to her bedroom door, she could only stand there, trying to figure out how to turn the knob. Kennedy realized something was wrong with her mom and guided her back to bed.

"I knew something was going on, but I didn't think it was a stroke," says Tina.

Kennedy called Carlos, who told her to call 9-1-1, and the paramedics soon arrived to take Tina to the Emergency Department at Memorial Hospital. "The paramedics asked me questions, and I wanted to answer, but I couldn't," Tina describes.

Tina doesn't remember much about being evaluated for her ischemic stroke in the Emergency Department by the neurologist, or being whisked into surgery so that Beacon Medical Group interventional and neurointerventional radiologist Michael Hall, MD, could remove the clot from the left middle cerebral artery in her brain with a special stent to open the artery and restore blood flow. But, she says, "I'm thankful for their knowledge and for being quick on their feet — for knowing what to do and when to do it."

It wasn't until the next day that Tina learned she'd had a stroke. She wasn't able to speak for several days and remained in the Intensive Care Unit. Then, she was transferred to the Ortho/Neuro



"I'm thankful for their knowledge and for being quick on their feet — for knowing what to do and when to do it."

- Tina Hill

Unit where received physical, occupational and speech therapy. Fortunately, the fact that Tina was in good physical condition before her stroke aided her recovery. Her doctors initially told her she would be able to go home just before Christmas, but instead she was discharged before Thanksgiving.

Tina continued outpatient therapy for several weeks after being discharged and went back to work part-time just four months later. She finished speech therapy in December 2016 and returned to full-time work in early 2017.

"I spend more time with all of my family than ever before," says Tina. "And I still work out, but not every day, but I'll get there! I'm blessed!"

Looking back, Tina realizes the actions everyone took on the day of her stroke — her family, the paramedics and the hospital care teams — played an important part in where she finds herself today.

"I could've died without everyone's quick thinking," says Tina. "When you have a stroke, the more time you waste, the worse things could turn out." Along with support from her family, friends and church community, Tina's strength shines through. "I've pushed myself — I had faith that I would make a full recovery. I've never thought anything different than that. To God be the glory!"

"I'm thankful for their knowledge and for being quick on their feet — for knowing what to do and when to do it."

BEACON *Bulletin*

CONTINUING MEDICAL EDUCATION

Memorial Hospital of South Bend Hospital Auditorium

(unless otherwise noted)
12:10 to 1:10 p.m.
Lunch available at 11:30 a.m.
Registration is not required. Call
574.647.7381 with questions.

October 11

Lily Wong-Kisiel, MD
Children's Center & Pediatric & Adolescent
Medicine, Neurology, Mayo Clinic,
Rochester, MN

Pediatric Epilepsy

October 25

Farris Timimi, MD
Cardiovascular Diseases, Mayo Clinic,
Rochester, MN

Health care Social Media: You Handle Scalpels and Lives, You Can Handle This

November 8

Michael Steinberg, MD
Beacon Medical Group Cardiothoracic
Surgery South Bend

Complex Proximal Aortic Reconstructions

December 13

Thomas J. Reid, III, MD, PhD, FACP
Medical Director, Memorial Regional
Cancer Center

Challenging and/or Unusual Cases in Hematology

December 14

Ahmed Elmaadawi, MD
Beacon Medical Group Behavioral Health

Pediatric Bipolar Disorder

Elkhart General Hospital

November 1

6 p.m. Dinner | 7 p.m. Lecture Presentation
Windsor Park Conference Center | 4020 Edison Lakes Parkway | Mishawaka, IN 46545

What's New In Hypertension Management?

George Thomas, MD, MPH, FACP, FASN
Director, Center for Blood Pressure Disorders
Glickman Urological & Kidney Institute
Cleveland Clinic

This CME presentation is part of the Midwest Cardiovascular Research and Education Foundation's ongoing efforts to improve the health of our community. CME credits for up to 1.5 hours have been approved by Elkhart General Hospital.

The board of directors of the Midwest Cardiovascular Research and Education Foundation is committed to supporting local cardiology research, scholarships to medical students attending Indiana University Medical School South Bend, CPR education to area nonprofit institutions, indigent cardiac medication support upon discharge at Elkhart General Hospital and Saint Joseph Health System.

The registration deadline is Wednesday, October 25. To register, email Tiffany Platz at TPlatz@BeaconHealthSystem.org.

Elkhart General Hospital is accredited by the Indiana State Medical Association to provide continuing medical education for physicians. "The Elkhart General Hospital designates this educational activity for a maximum of 1.5 AMA Physician's Recognition Award Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the educational activity."

Elkhart General donates AEDs to City of Elkhart



In late July, Elkhart General Hospital President Carl Risk, II, presented Elkhart Mayor Tim Neese with a donation on behalf of the hospital of four automatic external defibrillators for use by city departments. The AEDs will help speed lifesaving care to community members suffering a cardiac arrest. The AEDs will be located in the Probation office and the airport, and will travel with Parks and Recreation and Emergency Management personnel for various events.

BEACON HEALTH SYSTEM

Welcomes New Docs

(April – June 2017)*

ANESTHESIOLOGY

Ryan Miller, MD

DIAGNOSTIC RADIOLOGY

Mark A. Crain, DO

Gregory M. Tomc, MD

FAMILY MEDICINE

Jason Marker, MD, MPA, FAAFP

James Strycker, MD

John Whitney, MD

GASTROENTEROLOGY

Seth Tatel, MD

MATERNAL AND FETAL MEDICINE

Susan Sherman, MD, FACOG

NEPHROLOGY

Prabhakorn Kitbhoka, MD

Michael Murphy, MD

NEUROLOGICAL SURGERY

Robert Lieberman, MD, FAANS, FACS

OBSTETRICS AND GYNECOLOGY

Jessica Basham, MD

Sara Baumgartner, MD

Emily Heasley, MD

Thalia Pachiyannakis, MD

ORTHOPEDIC AND HAND SURGERY

David J. Pope, MD

PATHOLOGY

Albert N. Huho, MD

PEDIATRIC CRITICAL CARE

Adebayo Adeyinka, MD, FCCM

Konstantin Denev, MD

Christopher Jenks, MD, MS, FAAP

Taj Khan, MD

Mahmood Khichi, MD

Nikhil Pantankar, MD, MBA

Louisdon Pierre, MD, MBA, FCCM

Kerrie Pinkney, MD

Najmul Salman, MD

PEDIATRIC ENDOCRINOLOGY

Elizabeth Parker, MD

PEDIATRICS

Christine Ramirez, MD

PSYCHIATRY

Kathryn A. Kenney, DO, MBA

PULMONARY MEDICINE

Myrna Orban, MD

UROLOGY

Anthony Gauthier, MD

*Includes new Beacon Medical Group physicians and new or rejoining Beacon medical staff members.

KUDOS

Ken Elek, MD, was selected to receive the 2017 Lester D. Bibler Award from the Indiana Academy of Family Physicians. The award recognizes long-term dedication to the field of Family Medicine. Dr. Elek was commended as a "known leader, educator, model and public servant to his colleagues and residents."

In May, pediatric psychiatrist **Ahmed Elmaadawi, MD**, Beacon Medical Group Behavioral Health South Bend, attended the American Psychiatric Association annual meeting in San Diego where he discussed the "Benefits of Transcranial Magnetic Stimulation," or TMS.

TMS is used as an adjunctive therapy for patients with major depression.

In an online interview with MD Magazine, Dr. Elmaadawi explains in detail what TMS is, how it works, and what the benefits are for patients who have exhausted other options for treatment. The interview is available at MDMag.com under the site's Conference Coverage tab.



This spring, Elkhart General Hospital radiologist **Alphonse Harding III, MD**, accepted the American College of Radiology Foundation's Global Humanitarian Award on behalf of Andean Health and Development (AHD). Founded by **David Gaus, MD, MPH**, and the late University of Notre Dame President Emeritus Rev. Theodore Hesburgh, AHD provides quality medical care to the poor in rural Ecuador.

Dr. Harding, a close friend of Dr. Gaus, played an important role in the donation of a decommissioned CT scanner and ultrasound system from Elkhart General to the Hesburgh Hospital in Santo Domingo, Ecuador in 2014. The equipment has helped AHD providers in caring for hundreds of Ecuadorians, including care in the aftermath of a 7.8 magnitude earthquake in the region in April 2016.

Elkhart General Hospital radiologist **Samir Patel, MD, FACR**, received the designation of Fellow of the American College of Radiology. Only about 10% of ACR members receive this honor. In addition, Dr. Patel was chosen to participate in developing national quality measures as a member of the ACR Quality Measures Technical Expert Panel. He is also a member of the ACR's Council Steering Committee, which represents the voice of the 343-member ACR Council.

In July, Memorial Hospital Trauma Medical Director **Scott Thomas, MD, FACS**, and Memorial Hospital Emergency Medicine physician **Mark Walsh, MD**, presented at the International Society on Thrombosis and Hemostasis 26th Biennial Congress and 63rd Annual Scientific and Standardization Committee (SSC) Meeting in Berlin, Germany. Dr. Thomas' presentation was titled "Tranexamic Acid Use in Europe and the United States: A Trauma Surgeon's View" and Dr. Walsh's was "Coagulopathy of Traumatic Brain Injury: Pathophysiologic Origins Distinct From Disseminated Intravascular Coagulation."

SAVE THE DATE

Invitations to follow

Friday, December 1

2017 Beacon Medical Group Holiday Celebration

Wednesday, December 6

2017 Memorial Medical Staff and Retirement Honorees Holiday Gala

Tuesday, December 12

2017 Elkhart General Hospital Medical Staff Holiday Party

PATIENT MATTERS

VAD support group helps patients live life to the fullest



The Northern Indiana Ventricular Assist Device Support Group at Elkhart General Hospital is available for area residents with VADs and their caregivers to connect with each other and learn from health care providers to help achieve a better quality of life.

Originally developed as a temporary means of circulating blood in heart failure patients awaiting heart transplant, the VAD was approved in 2010 as a destination therapy for end-stage heart failure patients meeting certain conditions. Nationally, the number of people with heart failure is expected to increase by 46 percent by 2030 according to the American Heart Association.

“The number of donor hearts available is very small compared to the need,” explains cardiology nurse practitioner Jill Newcomer, RN, BSN, MSN, NP-C, CHFNP. “This treatment modality offers patients a chance to extend their lifespan as well as enjoy quality of life they used to have prior to their decline in cardiac health.”

During meetings, members learn from and inspire each other by sharing stories, experiences and ideas. Presentations by health care providers cover topics specific to VAD patients and their caregivers such as psychosocial support, dietary tips and recipes, exercising, traveling and maintaining intimacy in relationships, among others.

“In my experience with cardiology patients in general, I have found that emotional and social support is as important as medical care with living each day with chronic disease,” says Newcomer. “The sense of community created by our VAD support group can help all who participate learn to ultimately live life more fully.”

“In my experience with cardiology patients in general, I have found that emotional and social support is as important as medical care with living each day with chronic disease.”

— Jill Newcomer, RN, BSN, MSN, NP-C, CHFNP

Learn More

The support group meets every other month on Thursdays from 5:30 to 7:30 p.m. in the Outpatient Heart Failure Clinic at Elkhart General. Area physicians with VAD patients on their service may contact Newcomer or Debbie Shemesh, FNP-C, for more information about the support group.

Jill Newcomer, RN, BSN, MSN, NP-C, CHFNP

Cardiology Nurse Practitioner
Beacon Medical Group
Advanced Cardiovascular Specialists | RiverPointe
574.294.2621, ext. 3887
JNewcomer@BeaconHealthSystem.org

Debbie Shemesh, BSN, MSN, FNP-C

Cardiology Nurse Practitioner
Beacon Medical Group
Advanced Cardiovascular Specialists | RiverPointe
574.522.2284
DShemesh@BeaconHealthSystem.org

Elkhart General Hospital Pharmacy Delivers on the Beacon Promise of Convenient, Connected, Coordinated Care

Meds to Beds sets patients on right course for healing

Since the Meds to Beds program began at Elkhart General Hospital in November 2015, the number of Meds to Beds prescriptions filled for patients has more than doubled. The program fills and delivers prescriptions to patients before discharge through the hospital’s Outpatient Pharmacy.

Elkhart General Pharmacy Director Maria Behr, RPh, says the program helps drive medication compliance.

“Studies show that one-third of patients do not fill first-time prescriptions,” Behr explains. “Non-adherence is the highest for expensive drugs, preventive therapies for chronic conditions such as heart disease and depression, and for medications with higher copayments.”

Patient response to the Elkhart General Meds to Beds program is consistently positive — they appreciate the ease and convenience of having their medications delivered to the bedside by a pharmacy associate, eliminating the need to stop at a pharmacy on their way home after leaving the hospital. If patients have questions about their medications, they are connected with one of the hospital’s pharmacists.

What patients may not realize, though, is how they benefit from the collaboration and care “behind the scenes” by Pharmacy team members, nurses, physicians and case managers.

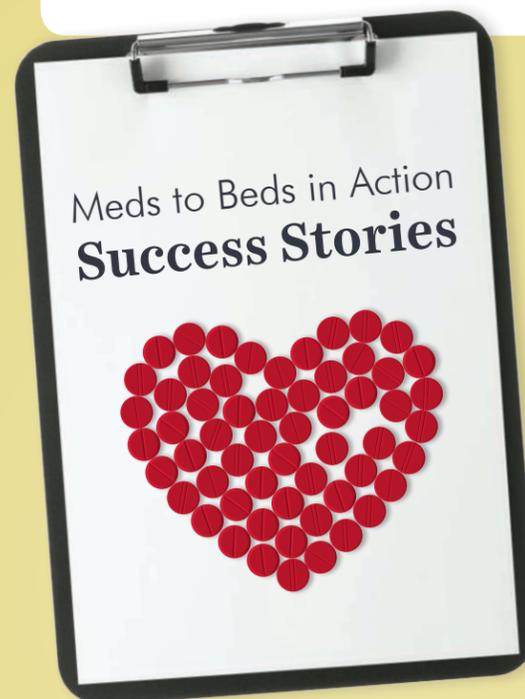
“When the Meds to Beds program is used, we can ensure that the patients have all the medications they need prior to leaving the hospital,” says Behr. “If the patient has a financial hardship, we can get case management involved. If the medication is not covered by the patient’s insurance, or requires a prior authorization, the pharmacist can call the physician and suggest an alternative. Or, we can work with case management to obtain a prior authorization with the patient’s insurance.”

Pharmacy associates also help defray costly prescription prices by searching for copay cards or discount coupons.

Learn More

The Elkhart General Hospital Meds to Beds program is available Monday through Friday from 8 a.m. to 4:30 p.m. Patients may initiate the service through their physician, nurse or case manager. Physicians may contact:

Maria Behr
574.296.6495
MBehr@BeaconHealthSystem.org



Patient saves hundreds on needed inhaler

- Patient was discharged with prescriptions for Protonix® and Spiriva® inhaler.
- EGH Meds to Beds Program was used.
- Spiriva was not covered on patient’s insurance; cost to the patient was \$393 for the prescription.
- Pharmacist called hospitalist to suggest switching to Anoro® inhaler.
- Anoro inhaler was covered with minimal copay expense.
- If patient had been sent to a retail pharmacy, the prescription may not have been filled due to expense.

Team effort prevents prior authorization delay

- Patient was discharged to home with a prescription for Lovenox® at a cost of \$180. Lovenox was not covered on patient’s insurance and required a prior authorization.
- EGH Meds to Beds program was used.
- EGH Outpatient Pharmacist and case management coordinated efforts.
- The final cost to the patient after prior authorization was \$40.
- If patient had been sent to a retail pharmacy, prior authorization would have been lengthy, resulting in delay of patient receiving Lovenox.



MEMORIAL FAMILY MEDICINE RESIDENCY PROGRAM



BEACON CARE COORDINATION:

Linking Patients to Resources to Enhance Quality and Outcomes

A new program focusing on providing patients with the right care at the right place and at the right time is now available in Elkhart, LaPorte, St. Joseph counties in Indiana as well as in Cass County, Michigan.

With a primary emphasis on assisting CHA (Medicare) ACO patients, the free service is provided by the Beacon Ambulatory Care Coordination Group in collaboration with all Beacon entities. Other patients with frequent readmissions or those at particularly high risk of readmission may also be considered for the program.

"Patients currently are identified by a risk assessment or referral from Beacon hospitals to ensure that we focus on those who would benefit the most from the service," explains Mike O'Neil, Chief Administrative Officer, Beacon Health System. "As we are able to demonstrate positive results, we plan to expand the program in the future."

In addition, physicians may refer CHA ACO patients to Beacon Care Coordination for a variety of reasons:

- Failure to attend multiple scheduled doctor's appointments
- Major psychosocial issues
- Unable to afford medicine, bills, housing or food
- Lack of transportation
- Lack of caregiver support
- Insurance problems
- Multiple co-morbidities

The Beacon Care Coordination team includes three registered nurses, a social worker and a coordinator serving in a community health worker/health coach role.

"The response to the program has been outstanding," says O'Neil. "Early results are very encouraging as we have helped a significant number of patients improve their quality of life and prevent unnecessary emergency room visits and admissions."

LEARN MORE
Beacon Care Coordination
574.296.6426

Cindy Hayes
Executive Director,
Beacon Medical Group
CHayes@BeaconHealthSystem.org
574.647.1693

Mary Mortensen
Director of Referral Relations,
Beacon Health Ventures
MMortensen@BeaconHealthSystem.org
574.647.8729



BEACON CARE COORDINATION SERVICES

The Beacon Care Coordination Team can help CHA ACO patients with serious and chronic illnesses:

- Understand their doctors' advice
- Learn about their medications
- Coordinate appointments
- Help arrange transportation to and from appointments
- Gain access to meals and other community resources
- Minimize the need for re-hospitalization

Graduating Class of 2017



Monica A. Grygo, MD



Isaac D. Hatton, MD



Benjamin W. Howard, DO



Conor J. Mullin, MD



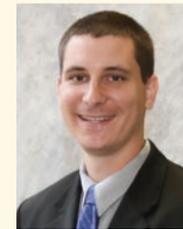
Oluwaferanmi O. Okanlami, MD



Drew E. Schmucker, MD



Christopher M. Sloan, MD



James E. Strycker, MD



John A. Whitney, MD

Incoming Class of 2020



Jonathan Aubry, MD
University of Illinois College of Medicine
at Rockford



Kimberly Azelton, MD
Loma Linda University



Katharine Callaghan, MD
Vanderbilt University



Mitchell Daugherty, MD
University of Illinois College of Medicine
at Rockford



Timothy Day, MD
University of South Carolina –
School of Medicine



Johnny Gerardot, MD
Indiana University School of Medicine



Megan Ishikawa, MD
Indiana University School of Medicine



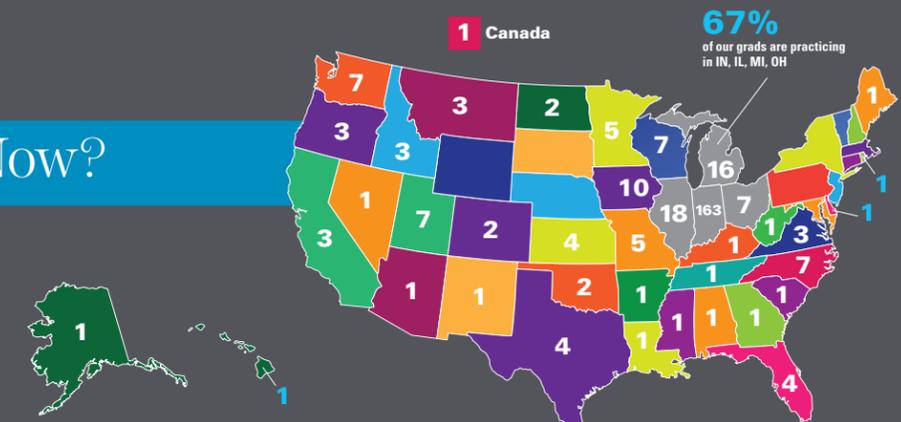
Brent Pickett, DO
Kirksville College of Osteopathic Medicine



Frederick Ruckersfeldt, MD
University of Iowa Carver
College of Medicine

Program Graduates

Where Are They Now?



THE Bright SIDE

A WOMEN'S AND CHILDREN'S HEALTH SYMPOSIUM



The goal of this annual symposium is to provide education on the latest trends in women's and children's health care.

FRIDAY, NOVEMBER 3 | 2017
MORRIS INN | UNIVERSITY OF NOTRE DAME
1399 Notre Dame Avenue | South Bend, IN 46617

Presentations

The biology of fatherhood, skin to skin contact, and the utility of involving fathers early in their babies' lives

– Lee Gettler, PhD, University of Notre Dame

Cultural Competence: Meeting Families Where They Are During Hospitalization

– Kimberly Kim, MSW, Beacon Children's Hospital

The Culture of Birth and Family

– Kelli Brien, CLS, CHW, Doula (DONA), Maternal Child Health Coordinator at Community Wellness Partners

Pediatric Quality and Safety in an Adult World

Creating an infrastructure for pediatric quality in a large integrated practice

– Randall Flick, MD, MPH, Medical Director - Mayo Clinic Children's Center

Breakout Sessions

Emesis in the Newborn: When Should I Be Worried?

– Kim Brathwaite, MD, Neonatologist, Beacon Children's Hospital

Art Therapy

– Sarah Tyler, MAAT, Beacon Children's Hospital

Review of Pediatric Acute Respiratory Distress Syndrome: Consensus Recommendations

– Nikhil Patankar, MD, MBA, Pediatric Intensivist, Beacon Children's Hospital

Case Presentations

- Sloan Shah, MD, FACOG, Michiana Obstetrics and Gynecology
- Sarah Filchak, PNP, Beacon Children's Hospital
- Colleen Morrison, MD, Pediatric Hematology-Oncology, Beacon Children's Hospital

Registration Cost

Professionals (non-Beacon) \$75
Beacon Associates \$75*
Students..... \$25

Registration closes Friday, October 27; register at BeaconHealthSystem.org/classes-and-events

Questions?

Contact Jen Tonkovich at
574.647.6550 or JTonkovich@BeaconHealthSystem.org

**A \$75 fee will be charged to your department cost center. Please remember to enter your department, supervisor and cost center when checking out (this is required for registration).*

Memorial Hospital of South Bend is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) (OH 425.12/1/2018).

The Indiana State Nurses Association has designated ONA as the official approver of CNE Providers and activities for Indiana.

Criteria for successful completion includes attendance at 100% of the program and submission of a completed evaluation form. Registered nurses will receive 6.25 nursing contact hours.

Accreditation Statement: The Memorial Hospital of South Bend is accredited by the Indiana State medical Association to provide continuing medical education for physicians.

Designation Statement: Memorial Hospital of South Bend designates this live activity for a maximum of 6.25 AMA PRA Category 1 Credit(s) TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure: Physician(s) and all planners associated with this activity do not have any potential conflict of interest.

Disclosure Statement: As a sponsor accredited by the Indiana State Medical Association, Memorial Hospital of South Bend must ensure balance, independence, objectivity, and scientific rigor in all sponsored educational programs. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic.

Commercial Support: No commercial support was used in the planning or implementation of this CME activity.