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Summer 2016

GREAT MINDS

WORKING

TOGETHER

Beacon Health System Joins the Mayo Clinic Care Network



PHYSICIAN

QUARTERLY

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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
MScroope@BeaconHealthSystem.org or
call 574.647.3234.

Physician Resources Through the Mayo Clinic Care Network

As a member of the network, Beacon will work with Mayo to share medical knowledge in ways that will enhance patient care. Network products and services include:

AskMayoExpert (AME) — An online tool initially developed by Mayo for its physicians to provide a concise resource at the point of care. AME offers disease management, care guidelines, treatment recommendations and reference materials for a wide variety of medical conditions.

eConsults — An electronic consultation service that connects physicians directly with Mayo Clinic specialists when they feel additional input will benefit the patient.

eTumor Boards — Live videoconferences of Mayo Clinic eTumor Boards to promote educational and informal discussion on the management of complex cancer cases with a Mayo multidisciplinary panel and other providers within the network.

Mayo Clinic Patient Education — Mayo's library of patient education for use with Beacon patients. The material includes 2,500 pieces written to a 7th grade reading level, with a percentage also available in Spanish.

Mayo Clinic Grand Rounds — Presentations by Mayo Clinic physicians and scientists in a variety of specialties are archived and available for provider viewing and earning CME credit.

Physician Access to Mayo Clinic Resources

These Mayo Clinic resources are available to Beacon Medical Group physicians and physicians who have a contract with Beacon Health System: AskMayoExpert, Grand Rounds, Health Care Consulting, Patient Education and eTumor Boards. Specialists will also have access to eConsults.

Non-employed, non-contracted, credentialed physicians have access to 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.



Great Minds, Working Together

On May 19, Beacon Health System CEO Philip Newbold announced that Beacon is the first system in Indiana to become a member of the Mayo Clinic Care Network. The transformative agreement affords members of the Beacon medical staff with resources and tools to enhance care for our region's patients. Beacon and the other members of the Mayo Clinic Care Network remain independent, but share Mayo's commitment to collaboration to improve the quality and delivery of health care.

"The foundation of this relationship holds the patient at the center," explains Shelly Harkins, MD, Chief Medical Officer at Beacon. "It isn't about prestige or market share or revenue. It's about patients who need Beacon to deliver exceptional care so they can live better lives. Having Mayo Clinic expertise available for our uniquely challenging patients right here at home allows them to avoid the cost and time of travel, the potential pain of travel, the added medical expense and the stress of waiting, which are all typical of a second opinion process. Mayo and Beacon share a core value of placing patients first and above all else. This shared value was a critical requirement to be accepted as a member of the Mayo Clinic Care Network."

Thomas J. Reid, III, MD, PhD, FACP, Beacon Medical Group Director, Oncology, has already experienced the benefits of eConsults for his patients — he receives information within two to three days from Mayo oncology specialists. That information also becomes a part of the patients' medical records.

"It's peace of mind for the doctors because it's peace of mind for the patients," Dr. Reid explains.

Looking forward, the possibilities for collaboration among Mayo Clinic Care Network members — including Beacon Health System — are vast.

"The Mayo Clinic Care Network is exploring research opportunities for this large, growing and diverse group of national and international health care systems," explains Mark Larson, MD.

"Initially, we are collecting data from network members that focus on population health. Mayo Clinic also recently hired a medical oncologist who will put together cancer clinical research trials suitable for network members."

Beacon Health System Joins the Mayo Clinic Care Network

According to Mark Larson, MD, Medical Director, Midwest Region, Mayo Clinic Care Network, the group represents well over 100 member hospitals. "By working together, sharing what we know, more than 10 million patients and their care teams have access to additional knowledge, clinical protocols and consultations," says Dr. Larson. "That means more care stays local with greater peace of mind — all at no cost to the patient."

Through an eConsult, one of several clinical resources offered through the network, Beacon physicians can connect directly with a Mayo specialist or subspecialist for additional input. Physicians have access to all Mayo Clinic specialties, with requests for consults in cancer, cardiology and neurology topping the list. There is no cost to patients for eConsults.

Learn More

For more information about the Mayo Clinic Care Network at Beacon Health System, please contact:

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Mayo Clinic Care Network representatives, Beacon leadership and members of the Beacon Physician Advisory Board gathered on May 18 to introduce medical staff members to the resources available through the collaboration. Back row, L-R: Vincent Henderson, MD, President, Beacon Medical Group; Mark V. Larson, MD, Medical Director, Mayo Clinic Care Network; Shelly Harkins, MD, Chief Medical Officer, Beacon Health System; Kreg Gruber, Chief Operating Officer, Beacon Health System; Philip Newbold, CEO, Beacon Health System; Dale Patterson, MD, Director, Memorial Family Medicine Residency Program. Front row, L-R: Marilyn Marolt, Operations Manager, Mayo Clinic Care Network; Lenae Barkey, Administrative Chair, Mayo Clinic Care Network; Cheryl Wibbens, MD, Vice President, Memorial Medical Staff; Tony Spaulding, Operations Administrator, Mayo Clinic Care Network; Eric Crockett, Administrative Vice Chair, Mayo Clinic Care Network; Thomas J. Reid, III, MD, PhD, FACP, Beacon Medical Group Director, Oncology; Aisha Shareef, MD, Director of Neurology and Stroke, Beacon Health System.

Members of the Physician Advisory Board not pictured include: M. Shakil Aslam, MD, MPH, FACC, FSCAI; Gerard Duprat, MD; Scott Eshowsky, MD; John Gilbert, DO; Mathew Kallookulagara, MD; Genevieve Lankowicz, MD, CPE, Vice President of Elkhart General Hospital Medical Staff; Raman Mitra, MD, PhD, FACC; and Donald Westerhausen, MD.



Beacon Health System has an alarmingly high reimbursement denial rate for the care we provide — both inpatient and outpatient care are seeing significant dollars lost every day.

There's **NO** Denying Denials, Docs!

Intensified scrutiny by health insurance companies and CMS in recent years has resulted in higher denial rates. Every entity of health care delivery is being squeezed more tightly from both a financial and regulatory standpoint. It is not sustainable. The “Power of Our Pen” and our influence with our staff and associates can’t be underestimated on the topic of squashing our denials problems.

Key Facts for Our Physicians to Know about Denials at Beacon Health System

1 Beacon Health System has seen a dramatic increase in the number of denials for reimbursement in the last 24 months. The dollar amount of lost revenue exceeds \$1 million per month for just one Beacon hospital alone. The problems span across the entire health care system. This is unacceptable and unsustainable, but is, fortunately, preventable.

2 The process of billing for medical services rendered and then receiving reimbursement for those services from CMS and other third-party payers through the revenue cycle is remarkably complicated. The number of steps and number of associates involved in the revenue cycle provides a host of opportunities to improve the process and tighten the accountability structure. Physicians have a critical role in the process and can significantly impact the reduction of denials.

3 Focused attention and scrutiny by the Beacon revenue cycle team is underway. They know where the issues lie. Problems with the following core steps account for the bulk of Beacon’s denials.

- VERIFICATION OF INSURANCE/BENEFITS
- PRE-AUTHORIZATION FOR MEDICAL SERVICES, INCLUDING PROCEDURES AND IMPLANTS
- MEDICAL NECESSITY DOCUMENTATION

Where Physicians Have an Impact Starting Right Now!

VERIFICATION OF INSURANCE/BENEFITS

- a. Know who performs this function in your Beacon circle (office/inpatient/outpatient/diagnostics/OR). Make a point to tell them how important their job is to sustain the health care mission of Beacon and that you appreciate their attention and diligence.
- b. Avoid rushing the staff who are performing this critical element of the process by demanding faster throughput (important, but not at the risk of a denial), suggesting they should be performing a different function that is more helpful, or asking that this be done later. The staff will devalue this function if the doctor devalues it.
- c. Support and even encourage staff to complete this process before you provide services — unless it is an emergency.
- d. Manage up the staff performing this element if you receive a complaint from a patient about the process (e.g., "I know that can be frustrating and I wish health care were not so complicated for us all. But we've got a super-dedicated staff and they really know what they are doing to ensure you and your family don't find yourselves caught up in insurance money messes down the road.")

PRE-AUTHORIZATION FOR MEDICAL SERVICES, INCLUDING PROCEDURES AND IMPLANTS

- a. Be VERY descriptive and specific when scheduling and documenting a procedure. Include laterality, specific level and any implants or devices you intend to use. And then please use THAT implant or device.
- b. Include possible additional procedures, additional levels or potential changes to implants or devices that you may have to consider once the procedure has begun and you are better able to assess the clinical picture.
- c. Ensure your documentation leaves no possibility that you end up performing a procedure or utilizing a device that you didn't mention beforehand (to every extent possible).
- d. Make sure your care plans and orders get to the staff who are performing the pre-authorization function. Do you know how your dictated plans get to the pre-authorization staff? Could there be a place you document critical information that they don't know about?

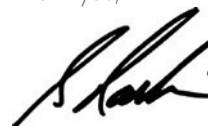
- e. If pre-authorization is not completed or if the procedure is not approved, please do not proceed with the service unless it is an emergency. The hospitals are accountable for timely pre-authorization process on your patient's behalf and to serve you, our physicians. But there are many forces beyond the hospital's control that require a delay in the service being provided to work through.
- f. Support and encourage staff to be diligent in this process and manage staff up as often as possible.

MEDICAL NECESSITY DOCUMENTATION

- a. There is no other pen, besides yours, able to provide the evidence that any given service is medically necessary.
- b. There is no other pen, besides yours, respected by third-party payers when it comes to medical necessity.
- c. Document clearly the reason the procedure should be done and, just as importantly, why alternative procedures will not be effective.
- d. Discharge summaries being complete and timely can't be underestimated as a factor in reducing denials. Even though it may feel redundant to state all of those diagnoses again in this summary, this may be the key source of medical necessity information and is the defining document when a specific diagnosis has been somewhat unclear throughout the hospital stay.
- e. Labs and radiology exams require medical necessity, too. Make sure you are matching any diagnostic procedure to the diagnosis requiring it by clearly documenting the diagnosis (and better yet, exactly what you are ruling in or out) along with the written or electronic script.
- f. Don't assume those receiving your script can see your progress note or dictation. Put the medical reason directly on the script — even electronic scripts.
- g. If you receive a query or request to provide additional information on medical necessity, please take it seriously. This typically means that the service or procedure has been deemed not medically necessary and reimbursement has been denied. And you are the ONLY one who can reverse that decision.
- h. If you are caring for an inpatient and are asked to make a peer-to-peer call to justify medical necessity for the inpatient stay, absolutely make that call!

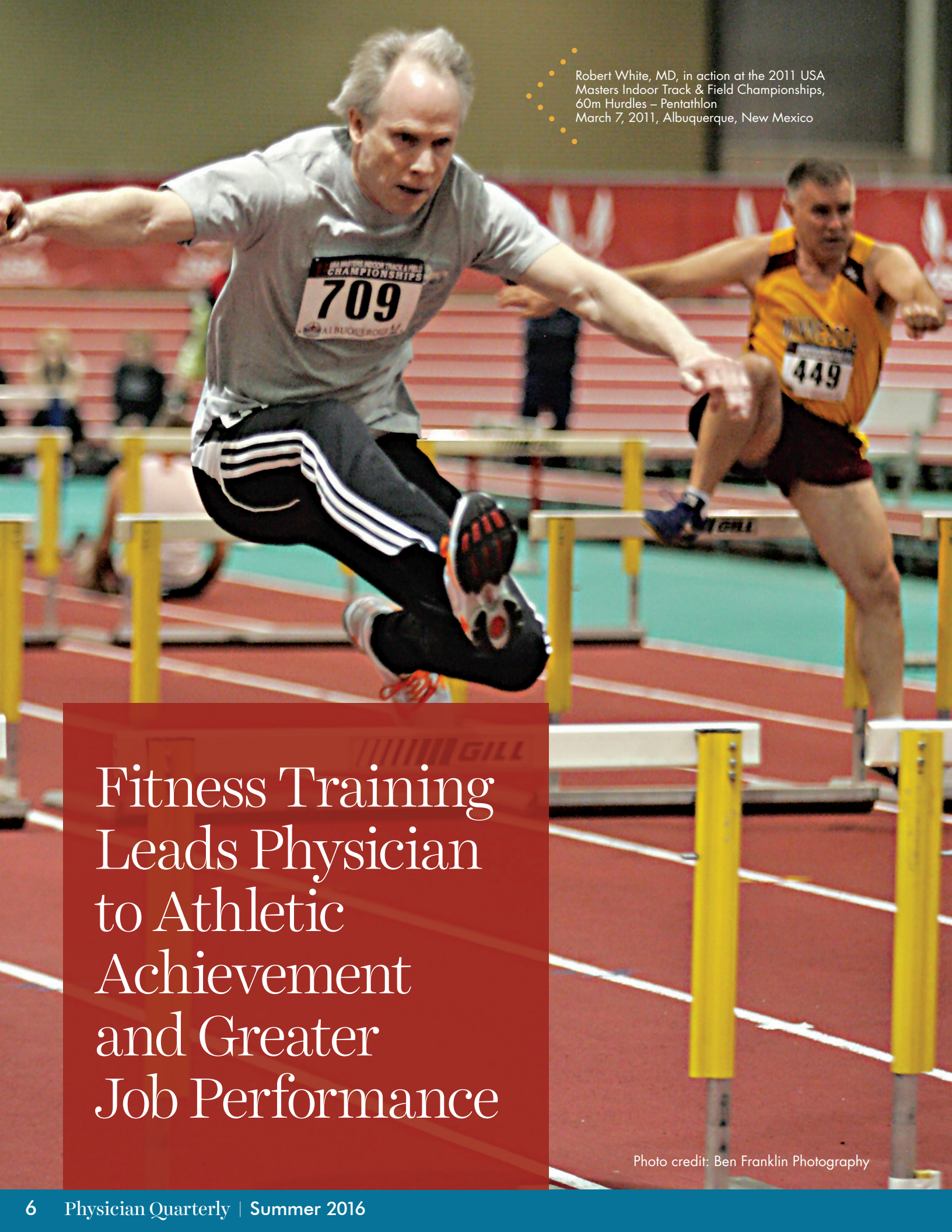
We must have Beacon physicians' help to squash denials and collect the reimbursement to sustain our business and continue to provide for our communities for the long haul. The other physician leaders of Beacon and I ask you to make a commitment to yourself to be a physician whose care provided is never denied for reimbursement at Beacon.

Thank you,



Shelly Harkins, MD
Chief Medical Officer
Beacon Health System



A photograph of Robert White, MD, in action during a 60m Hurdles race. He is wearing a grey t-shirt with a race bib number 709 and black athletic pants with white stripes. He is captured mid-jump over a yellow hurdle. In the background, another athlete in a yellow and maroon singlet with bib number 449 is also jumping over a hurdle. The race is taking place on a red track with yellow hurdles. The background shows a blurred audience in the stands.

Robert White, MD, in action at the 2011 USA Masters Indoor Track & Field Championships, 60m Hurdles – Pentathlon
March 7, 2011, Albuquerque, New Mexico

Fitness Training Leads Physician to Athletic Achievement and Greater Job Performance

Photo credit: Ben Franklin Photography

Robert White, MD, has always loved playing sports, including basketball and softball, but when he noticed at age 60 that he was slowing down and unable to jump as high or throw a ball as far, he knew he had to do something about it. The long-time neonatologist at Memorial Children's Hospital resolved to tip the scales back in his favor.

At first, he believed he could get in better shape on his own to keep up with the younger guys in his sporting activities. But then did something he wouldn't have even considered 20 years ago. At the urging of his son Luke White, DO, a Memorial intensivist, he began working with personal trainers Jeremy Sexton and James Foster in 2011 at Memorial Health & Lifestyle Center (now Beacon Health & Fitness). Today, Dr. White won't dispute the fact that it was one of the best decisions of his life.

A Fitness Rebirth

So began his weekly workouts in the downtown South Bend fitness center that include bench presses, dead lifts, 3-point rows, step-ups and chin-ups, among others. The fit Dr. White raised his fitness level even higher, getting noticeably stronger and building endurance. He decided to test his abilities, so he entered the Michigan Senior Olympics — and to his amazement, he secured second place in the long jump in his first competition.

That was the start of an athletic rebirth, but it wasn't always the case. As a freshman at Buchanan High School in Michigan, he was told by a doctor that he couldn't compete on the track team due to knee inflammation caused by Osgood-Schlatter disease. While he still managed to play and excel at high school baseball, Dr. White's dreams of "flying through the air" in pole vault never materialized — until more than 40 years later.

The Nation's Best

Today, Dr. White is among the most decorated athletes in his age group across the country. He most recently won the 2016 USA Track & Field National Masters Indoor Heptathlon in January and then won the championship and set the national records for squat and deadlift in his age group at the American Drug-Free Powerlifting Federation in March.

His next goal? Finish in the top five in his age group for decathlon and top three for powerlifting at the world championships next year in New Zealand.

The husband and father of four grown children admits that he didn't take up personal training to enter athletic competitions — it just sort of happened that way.

"It wasn't on my bucket list. I never imagined this kind of success," he concedes.

Career Extension

The success, however, hasn't been limited to the gym or track. Dr. White recognized that his fitness training had other significant benefits.

After a year of workouts, he realized he had more stamina, was more alert and had more energy for his long shifts in the Newborn Intensive Care Unit.

"It would be a struggle to do as good a job in the middle of the night at my age if I weren't working out. It's made me a better doctor under the most stressful times. I do a better job for my babies."



While he first got into personal training to keep up with his peers (especially the younger ones), it turns out that the regimented workouts could very well prolong his career.

"I don't know how long it will last, but longer than if I hadn't done it," he acknowledges. "I don't want to retire. I love taking care of babies and I love the people I work with, and I want to do it as long as I can. It's the best job in the whole world and there's no reason to stop when I love what I am doing and I have the energy to do it at a high level."

For the Long Haul

Dr. White is 66, though he says he feels more like 44. But, by no means did his health renaissance happen overnight.

His long-term perspective on his health keeps him motivated to keep coming back to the gym. He says for those who find it difficult to stay motivated week in and week out with exercise, they should consider a personal trainer.

Athletic achievements and career longevity aside, Dr. White has discovered another benefit, even more personal to him. He now has the energy and stamina to keep up with his five grandchildren.

"I started working out to eke out a few more years, but it turned into something much bigger. I've turned back the clock and I'm grateful for every day I get to do what I do."



“Beacon Health & Fitness will provide comprehensive wellness. This includes not only exercise, but also resources for nutritional advice, information about injuries and a place for people to take their athletic performance to a new level.”

— Linda Mansfield, MD

Health Is the New Medicine

Beacon Health & Fitness to open this fall in Mishawaka

When Beacon Health & Fitness opens in the fall of 2016 in Mishawaka, the world-class fitness center will expand its focus to integrate exercise and well-being in the same space. This will be done in part by accomplishing a first for Beacon Health & Fitness — having a dedicated on-site physician who is dual-trained in family medicine and sports medicine to closely link exercise and overall well-being.

Beacon Health & Fitness is unlike most gyms in the area in that all of the programs and services are approved by a medical advisory board — with physician oversight — ensuring a safe and effective approach. Members have a whole team behind them, dedicated to their wellness. This team includes personal trainers, fitness specialists, physical therapists, exercise physiologists, massage therapists, as well as a primary care physician.

What this all adds up to is a more medically integrated facility with the capability of not only addressing the fitness side of clients, but the health of the whole person.

“The model which Memorial Health & Lifestyle Center pioneered 20 years ago with the physicians at Beacon Medical Group Sports Medicine Institute will be enhanced at Beacon Health & Fitness with a new physician and an infrastructure that even better facilitates an integrated relationship,” says Dale Patterson, MD, Director of the Memorial Family Medicine Residency Program. “As a physician, I frequently recommend exercise to my patients. I also work out at the current facility. Being separated by space, communication between physician and fitness professionals is challenging. Having a physician present at Beacon Health & Fitness will improve the communication

within the team and, hopefully, improve outcomes for our patients. It should also be convenient for patients to see their physician at the same location they exercise.”

Opportunities for exercise will abound in the 67,000-square-foot facility on Beacon Parkway. It will feature cardiovascular equipment, strength equipment, a lap pool, running/walking track, a sports medicine practice, physical therapy, cardiac rehab and a sports performance clinic.

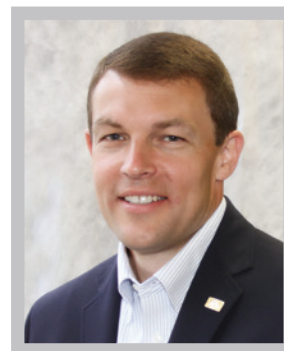
The facility is quite unique not just for the area, but for the nation, says Linda Mansfield, MD, Medical Director of Beacon Medical Group Sports Medicine.

WANT TO JOIN?

To schedule your personal tour of the existing facility or review membership information, contact the Beacon Health & Fitness Membership Office at **574.647.2597** or email Amanda Kuczmanski at AKuczmanski@BeaconHealthSystem.org.



Linda Mansfield, MD
Director, Beacon Medical
Group Sports Medicine
Medical Director, Sunburst Races



Dale Patterson, MD, FAAFP
Director, Memorial Family
Medicine Residency Program

BEACON *Bulletin*



Beacon CMO Lauded for Patient Safety, Quality

In March, Becker's Hospital Review named "100 Hospital and Health System CMOs to Know," a list comprised of physician leaders who have demonstrated a commitment to improving and innovating on patient safety and quality endeavors. Congratulations to Beacon Health System's **Shelly Harkins, MD**, Chief Medical Officer, for achieving this prestigious accomplishment.



Physician Honored

In May, Memorial Leighton Trauma Services presented **Gary Fromm, MD**, with the inaugural Trauma Hero Award.

Dr. Fromm, who retired at the end of May after a distinguished career of nearly 40 years, was medical director of both Pulmonary Services and the Intensive Care Unit at Memorial Hospital.

The Trauma Hero Award honors a medical professional who demonstrates caring, compassion and commitment to providing the highest quality care and outstanding clinical skills.

Scott Thomas, MD, FACS, Chief of Trauma Services for Beacon Health System, says his colleague will be greatly missed.

"Dr. Fromm is an individual who stands out and reflects the highest standards of ethics, empathy and compassion with patients, their family members and fellow staff, thus being a role model for us all. His dedication to patient care is unsurpassed," says Dr. Thomas.

Beacon Medical Group Cleveland Road Opening Soon

With the exterior portion of the building complete, crews are finishing interior work with plumbing, framing, drywall and painting. Tim McGovern, Beacon Medical Group Executive Director of Primary/Ambulatory Care, says the new facility at 2235 Cleveland Road in South Bend, which is relocating

from nearby Portage Road, will include family medicine, pediatrics, podiatry, urgent care with a MedPoint, radiology and laboratory services. Beacon Medical Group Cleveland Road is on target to open Aug. 1, 2016.



Dean Ornish, MD, Visits Beacon

For as long as **Liz Ullery** could remember, she always thought she was going to die of a heart attack.

Both her parents, and three out of her four grandparents, died of heart disease. She became morbidly obese, worked 70-plus hours at a stressful job, and smoked two packs of cigarettes a day. She suffered five heart attacks and had eight stents placed in arteries leading to her heart.

"I thought my fate was out of my control," she said.

While going through traditional cardiac rehabilitation at Memorial Hospital, Ullery heard about the Ornish Reversal Program. Beacon Health System is the only health system in Indiana to offer the nationally recognized treatment option.

Started by **Dean Ornish, MD**, the program aims to help people safely manage weight loss, diabetes and risk factors for heart disease including high blood pressure and high cholesterol.

Ullery was among the first participants at Beacon in 2015. It helped her lose weight. She gained more energy. "It gave me my life back," she said.

In April, Ullery and other program graduates had the opportunity to meet and thank Dr. Ornish, when he came to Mishawaka and spoke about "The Transformative Power of Lifestyle Changes."

She credits Dr. Ornish for giving her a new lease on life.

"Whoever you are, it will change your life and maybe even save it," Ullery said. "It certainly saved mine."

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.

September 14

Nonyem Onujiogu, MD

Beacon Medical Group Gynecologic Oncology

Adnexal Masses and Post-Menopausal Bleeding: When to Refer to a Gynecologic Oncologist

September 15

Shruti Fadia, MD

Beacon Medical Group Pediatric Multispecialty, Memorial Children's Hospital

Pediatric Grand Rounds: Disorders of Growth in Childhood

September 28

Luiz Pantalena, MD, PhD

Beacon Medical Group Dermatology

Triaging Rash Patients: Steroids, Biopsies and When to Call a Dermatologist

October 5

Tina Payne Bryson, PhD

Executive Director, The Center for Connection, Pasadena, California

Leighton Lecture: The Whole-Brain Child

October 26

Basharat Buchh, MD

Pediatrix Medical Group of Indiana, PC

NOWS (Neonatal Opioid Withdrawal Syndrome): Where We Stand Now

November 9

Scott Eshowsky, MD

Chief Medical Information Officer, Beacon Health System

Cerner Update

December 14

Neal Patel, MD

Beacon Medical Group, North Central Neurosurgery, South Bend

Neurosurgical Update: Brain Tumor Management

December 15

Elizabeth Hay, MD

Beacon Medical Group, Behavioral Health South Bend

Pediatric Grand Rounds: Somatic Disorders in the Pediatric Population

EHR as a Strategic Imperative

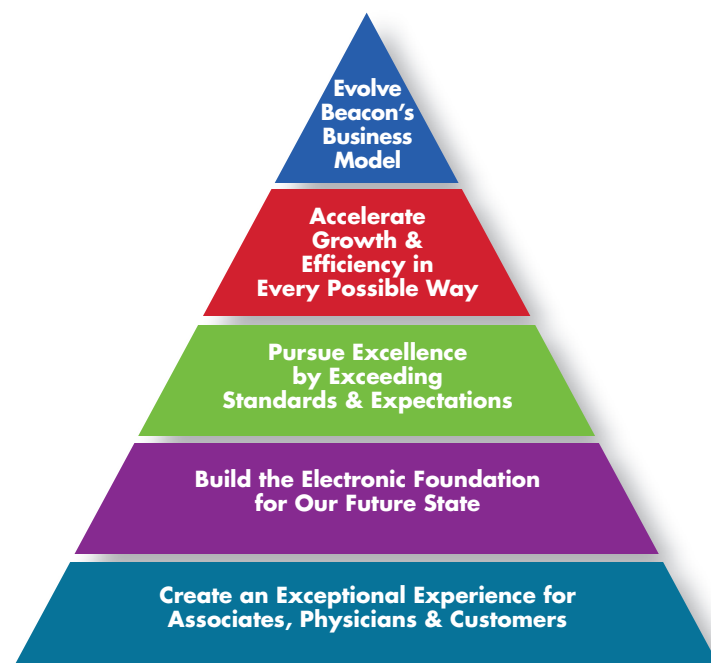
Submitted by Scott Eshowsky, MD, Chief Medical Information Officer, Beacon Health System

We find ourselves at a time with seemingly endless opportunities to improve upon our technology in the realm of patient care. I'm happy to report that in the past several months, we've seen a renewed dedication of resources and commitment by executive leadership to get us on the right path. The importance of a well-functioning Electronic Health Record (EHR) is widely recognized as a major strategic imperative for Beacon Health System.

In my time as the CMIO for Beacon Medical Group and now for the health system, it has become apparent that we are in good company across the nation as most health systems struggle to realize the benefits promised by EHR and technology vendors. We've been promised efficiency, safety, clinical decision support and improved quality of care. While we've made progress on our journey, we still have a long way to go before considering those promises fulfilled.

Federal Regulatory Pressures

Our payers and the federal government have prematurely bought into the promises of technology vendors. As such, they have created regulatory and reporting programs under the assumption that health systems have been able to keep up with their ever-changing demands. The federally driven programs, such as Meaningful Use, PQRS, ACO, ICD-10 and bundled payments have put a significant strain on all health systems. Over the past several years, in an attempt to keep up with these demands, we've found ourselves feeling forced to make short-term decisions, which in hindsight are not serving us well in the long-term. Our physicians and associates have found the end-user experience



 **BEACON HEALTH SYSTEM**
STRATEGIC IMPERATIVES

riddled with unreliable performance and lack of standardization. Many have made the comment to me that it constantly feels like we are merely "plugging different holes in the dam" as we address our issues.

Operation Janus

Under the advice of Beacon's Chief Information Officer, Mark Warlick, we engaged with a consultant to do a virtual "History & Physical" on Beacon Health System's use of technology. After about two months of intensive evaluation, we received their report. They clearly outlined many opportunities for improvement, starting with a variety of "root causes." From this engagement, Operation Janus was created as a major health system initiative. The goal was to develop a roadmap to put us on a path of sound, long-term decisions regarding the management, prioritization and development of our EHR initiatives. With the help of our consultants, we've made many of the recommended "fixes" and will be continuing this work steadily into the future.

Application Overload

One of the major messages from our consultant was that we cannot rely solely upon an EHR to take care of patients. We learned we have an entire "Electronic Health System," made up of hundreds of different applications. Many of these applications contribute to or receive data from our EHR via interfaces. Achieving harmony among these applications is exceptionally difficult as our EHR often receives conflicting, duplicate, and slightly different information. In response, one of our major strategic imperatives is to reduce the number of duplicate/redundant systems to standardize our processes across county lines. This will improve our ability to coordinate care across the entire continuum, while significantly reducing the ongoing cost of our duplicated infrastructure.

Remote Hosting and 2015 Upgrade

Another major decision assisted by Operation Janus was to upgrade our Cerner platform to the most recent code level and transition our EHR platform to a "remote hosted" status. Historically, we have maintained all of our servers and databases locally. With the increased complexities of hosting ourselves, we've seen problems with system stability and downtimes (planned and unplanned). One area where Cerner has truly excelled nationally is with remote hosting their clients' servers in Kansas City. Other Cerner clients who are remote hosted report unplanned downtimes have become a thing of the past, while planned downtimes are shorter, less frequent (one to two times per year) and much smoother. Work has already begun on this transition and we expect our system to be fully upgraded and transitioned to remote hosted status in early 2017.

Revenue Cycle

As mentioned above, we simply have too many applications, many of which are redundant. For example, we have at least five different registration, scheduling and billing systems — none of which are on the same platform as our Cerner PowerChart EHR. This can result in duplicate patient charts, confusion and inefficiency — not to mention patient safety risks. Led by our Chief Financial Officer, Jeff Costello, a Beacon

team is engaged in a thorough evaluation of Cerner's complete revenue cycle solution. I am happy to report that on June 24 we signed an agreement with Cerner to implement one system. The new system is anticipated to go live in 2018. This would allow us to go from five systems to one system, fully integrated with our EHR. Additional benefits include the key functionalities of Cerner's EHR that rely upon our use of their revenue cycle solution. These are functionalities we are currently unable to leverage in our current state.

Optimize What We Have

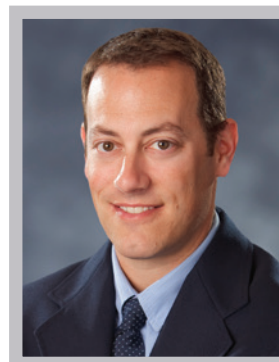
The road to remote hosting, upgrades and revenue cycle is long — about two years in total. During that time, we are putting major effort toward optimizing the EHR that is already in place. This means re-evaluating our change request/control processes. It also means redefining/confirming our approach to CPOE, documentation and organization of data display. Specifically, we will be revisiting how we build, maintain and use a variety of the functionalities of the EHR — PowerPlans, Orders, PowerForms, iView bands, Results Review flowsheets, mPages and the DocViewer. We will be focusing on standardization of build, with an emphasis on the ability to capture data that is reproducible and reliable for patient care and reporting. We will also revisit many of the existing workflows for various tasks that need to be completed by our caregivers and physicians. Much of this work will be orchestrated by

our new Department of Clinical Informatics, led by CJ Wachs, RN. The specifics of many of these topics will be the subject of future communications.

"The road to remote hosting, upgrades and revenue cycle is long – about two years in total. During that time, we are putting major effort toward optimizing the EHR that is already in place."

A Bright Future

While many of us have suffered through months or years of system slowness and unpredictability, we feel we are now on a path to realize the benefits of the EHR for which we have been hoping for so long. Our focus will shift from "plugging the dam" to putting in place long-term solutions. While that work is more time and effort intensive, it is the only way we will ever be able to deliver an EHR experience that fulfills those promises. I wish these changes could take place overnight. As CMIO, my pledge is commit to the goal that all of our team members feel the EHR makes them more efficient and assists in taking better care of patients. Working together, I see no reason why that goal cannot become a reality. I look forward to the challenge.



Scott Eshowsky, MD
Chief Medical Information Officer
Beacon Health System

BEACON

Health System

Welcomes New Docs

(January – March 2016)

DIAGNOSTIC RADIOLOGY

Syed Ali, MD

John DePersio, MD

EMERGENCY MEDICINE

Aoko Crain, MD

GYNECOLOGIC ONCOLOGY

James Fanning, DO

HOSPITAL MEDICINE

Satya Ramiah, MD

(Neurohospitalist)

INFECTIOUS DISEASE MEDICINE

Joseph Pulvirenti, MD

INTERNAL MEDICINE

Anamaria Bondici, MD

Catherine Wolff, DO

PEDIATRIC CARDIOLOGY

Jyoti Patel, MD

RADIATION ONCOLOGY

Russell Johnson, MD

For more information about the new physicians, please visit BeaconHealthSystem.org.

Opioid Abuse

In recent years, opioid abuse and accidental overdose of opioids has become a significant medical issue. Our community, like many others, has been affected by this issue. Recently, emergency physician and American Medical Association President Steven Stack, MD, made suggestions regarding the opioid epidemic. Dr. Stack's recommendations included using prescription drug monitoring programs, taking advantage of education and training opportunities and pursuing a balanced approach to treatment.

Indiana has a law regarding opioid prescriptions. This law addresses many of these issues. This law has exclusions for terminal medical conditions, which means it addresses opioid use in non-cancer medical situations. This opioid law applies to patients requiring large amounts of opioids for more than three consecutive months. There needs to be appropriate patient assessments as well as drug monitoring tests, such as urine drug screens. It also requires the prescribing physician to run an INSPECT report on these patients, at least annually. INSPECT is Indiana's prescription drug monitoring program. I have found INSPECT easy to use and it gives valuable insight into a patient's prior controlled substance use.

Most physicians care for patients in pain. Learning more of the pros and cons of treating pain with opioids is a necessity. Education regarding pain management is time well spent. Learning more regarding community resources for the treatment of addiction is also valuable.

Dr. Stack urged practitioners to address the addiction crisis. The American Medical Association offers resources and education (including CME courses and webinars) about preventing opioid abuse through its website: AMA-ASSN.org.

Submitted by Daniel M. Cooke, MD
Michiana Anesthesia Care, PC



Moving the Needle in Clinical Documentation

Because electronic medical records hold so much important data related to patient safety, care quality and even the financial health of a health care institution, ensuring accuracy is vital. At Elkhart General Hospital, making connections among clinical documentation improvement (CDI) specialists, coders, medical staff members and other clinicians is a key to success. During the first quarter of the year, this team celebrated a month in which all physician medical record queries were answered, helping to create a more complete picture of patient care.

"Our response rate was always very good — then all of the sudden it was 100 percent! We were thrilled," says Jen Lankowicz, MD, CPE, Vice President of Medical Staff Affairs at Elkhart General.

The Ever-Changing Landscape of Patient Medical Records

When Dr. Lankowicz first came to the Elkhart area to practice family medicine in 2001, the physician whose 30-year practice she assumed wrote his patient records on notecards.

"Each line was a visit, with the date and the diagnosis, and sometimes a medication or a test he ordered," she recalls. "And that's all he needed. That tool was for him to use to remind himself about that patient. Nobody was billing from that documentation, he wasn't sending it to other physicians for consults, and certainly CMS wasn't looking to score his quality or safety from it. And if you think about it, it wasn't that long ago."

Today, of course, the patient medical record is much more complex. "We've had a program here with clinical documentation improvement specialists for quite some time," Dr. Lankowicz says.

"Because we have more reporting of our data, more transparency of quality and safety, it's become more important to have this team of specialists to bridge the gap between the folks who take care of patients at the bedside and use clinical jargon and people who are responsible for decoding the clinical chart into the language of regulators and payers."

Make Time for Teamwork

At Elkhart General, ongoing education and encouraging interaction between CDI specialists and clinical staff has gone a long way toward developing a successful mechanism to address the continually changing clinical documentation requirements.

"Our team is really starting to click a whole lot better and understand their roles and how important it is to have great communication and collaboration," says Dr. Lankowicz.

Clinical documentation takeaways from the Elkhart General team:

- Create opportunities for people to talk with each other and cross paths at work. This way, team members can learn whom they may turn to for resources.
- Encourage clinical documentation improvement specialists to visit patient care units, meeting face-to-face with physicians for any specific concerns.
- Establish query response time guidelines and report out results. At Elkhart General, physicians are asked to respond within 48 hours. Response times are tracked and physicians receive feedback during peer review meetings.

Behind the Scenes of Clinical Coding

The hospital coding staff are credentialed by one of two nationally recognized agencies: the American Health Information Management Association (AHIMA) or the American Academy of Professional Coders (AAPC).

Our staff specialize in either inpatient or outpatient records. Those in the outpatient realm require an understanding of billing edits and modifier usage, as well as technical understanding for the complex surgical procedures that continue to shift into the outpatient setting.

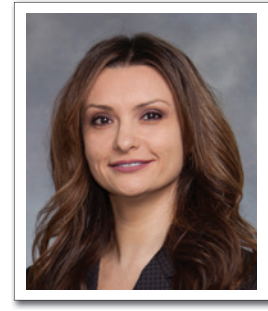
Those in the inpatient realm require a deep and thorough understanding of the clinical portions of the record. We must understand and be able to follow along with the physicians and other clinical staff to accurately assign the appropriate diagnosis and procedure codes within the Official Coding Guidelines (OCG).

The OCG is defined and approved by: The Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), American Hospital Association (AHA) and AHIMA.

As medicine advances, the regulatory environment continues to tighten its hold on the manner in which providers practice and receive reimbursement for their services. With this in mind, Beacon Coding and CDI teams are committed to working with the physicians to navigate the "language of Medicare" while they provide care in the world of medicine.

Jennifer Downey, RHIT, CCS
Director, Coding, Beacon Health System

A Physician's Life: Caring for Post-Ebola Patients in Liberia



Monika Niemiec, MD

When the Ebola virus struck the West African nations of Liberia, Guinea and Sierra Leone in 2014, it was a devastating blow to a region already laden with innumerable burdens.

In Liberia, 20 years of a bloody civil war left an estimated 250,000 people dead; many who lived endured unthinkable acts of violence. Today, just 13 years after the end of the war, Liberia has virtually no infrastructure, sanitation or connectivity to the rest of the world. Add in the catastrophic effects of malnutrition and diseases such as Ebola, AIDS, measles, cholera and dozens of others, and you find a population whose daily survival is a true uncertainty.

Monika Niemiec, MD, a Beacon Medical Group hospitalist at Memorial, chose this setting for her first mission for Doctors Without Borders in April 2015, establishing the first Ebola survivors clinic in Monrovia, Liberia's capital. Her six-month assignment also included working in the city's new pediatric hospital.

Recounting stories while browsing through photos of her patients, colleagues and surroundings from the mission, Dr. Niemiec's passion for the work becomes clear.

"Doing volunteer work is just a big part of who I am," she explains. "My undergraduate work was in civil engineering and I did mission projects in Nicaragua — rehab projects after Hurricane Mitch struck in the late '90s — and it just grew from there. When I switched into medicine, I wanted to continue volunteering."

In her work in Monrovia, she and her team cared for patients ranging from infants to the elderly. Having electricity at the clinic and hospital was never a guarantee. Medical supplies were scarce and unpredictable, as were the limited lab services available — she could check hemoglobin and for hepatitis C and HIV. Running pathology on a patient was impossible — there weren't any microbiologists in the country.

Treating the Visible and Invisible Wounds

Beyond the physical ailments of Ebola survivors — joint pain, vision and hearing problems, among others — Dr. Niemiec discovered the survivors suffered just as many emotional and social injuries.

"People were ostracized in their communities, people were being rejected at the doors of hospitals — the few hospitals that were left. People were being denied any kind of medical care or community care. They weren't allowed in their churches because there was such a stigma surrounding the disease."

One young man, Alex, 22, traveled from his village three hours away to the Monrovia clinic to seek care for a large, tumor-like growth around one of his eyes.

"People were accosting him in the streets, saying he looked like a freak. He became suicidal," says Dr. Niemiec.



According to the Food and Agriculture Organization of the United Nations, Liberia's population has tripled over the last 40 years. The World Health Organization estimates life expectancy for men at 61 years and 63 years for women.



At the new 46-bed Doctors Without Borders Children's Hospital in Monrovia, toxic plant ingestion, malnutrition, measles and cholera were just a few of the conditions Dr. Niemiec helped to treat.



Dr. Niemiec explained that parents whose children left the hospital alive were allowed to draw a picture on the "Happiness Wall." The mortality rate was about 25 percent, she said.



Dr. Niemiec shared the simple joy of a selfie taken with an iPad with a few local children.

Despite the lack of medical services or tests she could offer to Alex, she did find a local Liberian ophthalmologist who agreed to perform surgery on the growth. Though coordinating schedules with the city's single nurse anesthetist was a challenge (she covered four hospitals), the team managed to drain the growth. Whatever the condition was, it had liquefied the eye completely.

"I'll never know what caused it, but does it matter in the end?" Dr. Niemiec ponders. "He's OK. Alex told me before I left that he had re-enrolled in school — he was going into the fourth grade."

Before she left Liberia, the ophthalmologist also promised her that he'd get Alex a prosthetic eye.

More Work To Do

More missions with Doctors Without Borders seem a certainty for Dr. Niemiec. In the meantime, she's planning to go to Haiti this November with the group of Memorial Hospital emergency medicine physicians, anesthesiologists and surgeons who volunteer their services each year at Saint Luke's Hospital in Port-au-Prince [see Physician Quarterly, Spring 2015 issue to learn more].

And though Liberia is over 5,000 miles away from South Bend, its people seem to remain close in Dr. Niemiec's mind.

"It was tough, thinking that we have so much and they have nothing," she says. "But you make do with your situation. It makes you really appreciate what we have here."

About Monika Niemiec, MD

Dr. Niemiec received her medical degree from Jagiellonian University College of Medicine in Krakow, Poland, and a bachelor's degree in engineering from McMaster University in Hamilton Ontario, Canada. She completed her internal medicine and pediatrics residency and internship at Michigan State University/Kalamazoo Center for Medical Studies in Kalamazoo, Michigan.

Study Examines Effect of Light Treatment on Alzheimer's Disease



Dr. Suhayl Nasr listens in on a conversation between University of Notre Dame graduate Ishaan Dixit and John Stahly, who suffers from dementia and is participating in the light study.

Lighting tailored to the needs of an individual can improve their sleep at night and reduce depression and agitation in people suffering from Alzheimer's disease and related dementias.

These are the preliminary findings of an ongoing study being led by the Lighting Research Center at Rensselaer Polytechnic Institute in New York.

Beacon Health System is taking part in the study by helping MorningView Assisted Living Center residents in South Bend have access to this innovative and noninvasive intervention.

MorningView is the only study site in the Midwest, and one of only several participating long-term care centers nationwide. The facility is located across the street from Memorial's Epworth Center.

Residents taking part in the study sit for an hour a day under cool, high light levels delivered from ordinary lamps, or they receive the light treatment while sitting at self-luminous tables. University of Notre Dame graduates and graduate students collect data from a small box that hangs around the necks of participants and from a device worn on their wrists.

Different types of lights are now being studied for efficiency. They are similar to

the lights used to treat Seasonal Affective Disorder, but are not nearly as bright.

"The constant, unvarying dim light found in many homes, offices, hospitals and schools means that people in modern society are not experiencing the robust light-dark patterns necessary for circadian entrainment and optimal daytime alertness."

Mariana Figueiro, PhD,
Director, Light and Health
program at Rensselaer

Suhayl Nasr, MD, Medical Director of Beacon Medical Group Behavioral Health and Epworth Hospital, arranged the local study.

"Residents are now sleeping through the night," Nasr said. "We have also seen a vast improvement in their mood."

John Stahly, a MorningView resident who suffers from dementia, has become more engaged in conversations since the study began, center administrator Roger Ringenberg has observed. Other participants, too, have become more talkative.

Stahly is thrilled to be sleeping better at night after he sits under the lights in his room during the day.

Research has shown that poor sleep may directly impact the onset and progression of several illnesses including Alzheimer's disease, Nasr said. Conversely, healthy sleep may prevent or slow progression of the disease.

"Lack of sufficient amount of sleep is a problem nationwide," Nasr said.

The same lighting principles and technologies being utilized in long-term care facilities like MorningView can be transferred to benefit other populations: NICU newborns, students in schools, office workers, and eventually, the general public in their own homes.

"Today, many people think of light as just part of a building," Figueiro said. "In the future, light will be more personalized and customizable, to support people's health and well-being."

Bronchiolitis: Getting Better at Doing Less

Submitted by Kate Dutkiewicz, MD, FAAP, Pediatric Hospitalist



Kate Dutkiewicz, MD, FAAP, Pediatric Hospitalist

Bronchiolitis season is just wrapping up, and the rattling, febrile 2-month-olds who lined up in offices and ERs around the country with anxious parents in tow, have finally stopped wheezing. In reflecting on this past season's strategy for managing this age-old bane of any practitioner's existence, consider some of the changes implemented at Memorial Children's Hospital based on the American Academy of Pediatrics' (AAP) 2014 Clinical Practice Guideline: The diagnosis, management and prevention of bronchiolitis.

Bronchiolitis is a self-limited viral infection that expectedly causes wheezing, fever, tachypnea, and cough, and in otherwise healthy children 1 month to 2 years old who are not critically ill, does not require nebulized bronchodilators, steroids, antibiotics, chest X-ray, laboratory workup or diagnostic testing for RSV. Not only do these things not help a typical patient with bronchiolitis, but they can have negative effects including medication side effects, radiation exposure and unnecessary or prolonged hospitalization. Study after study has shown this to be consistently true, enough so that the AAP revised Clinical Practice Guidelines outlining what NOT to do!

In the fall of 2015, Memorial Children's Hospital was selected to join 34 other children's hospitals from around the country to participate in a Quality Improvement project sponsored by the AAP entitled Stewardship in Bronchiolitis (SIB). This national initiative was a multidisciplinary project that included pediatric hospitalists and ER physicians, with the goal of decreasing unnecessary medications, diagnostic testing and resource utilization for typical patients with bronchiolitis. As well, a major focus of the project was to increase conversations and counseling regarding smoking cessation for parents of children in the ER or admitted with bronchiolitis.

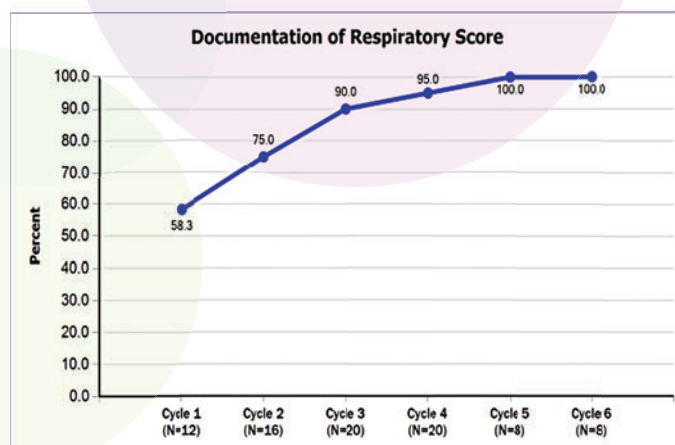
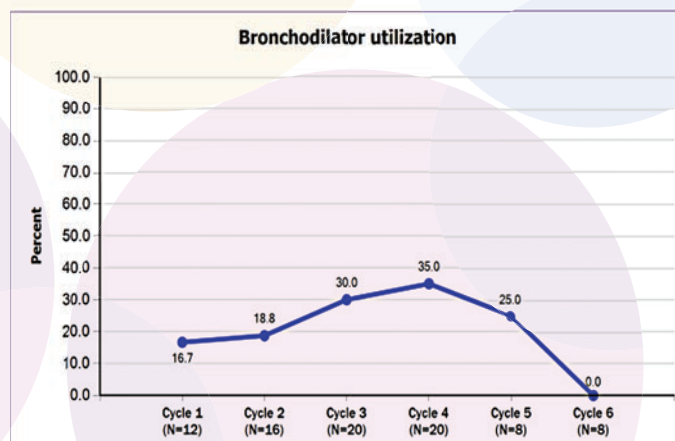
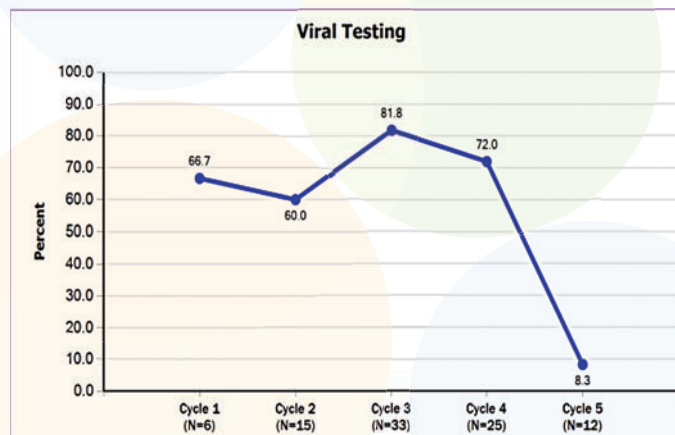
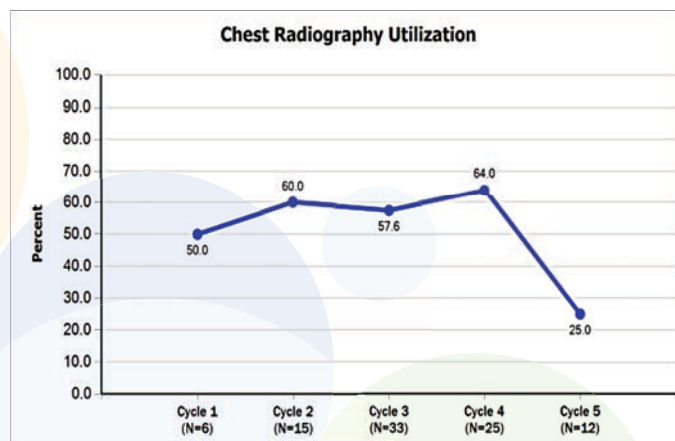
During this most recent season of bronchiolitis, we saw improvement in decreased utilization of unnecessary diagnostic exams and treatments, and increased standardization in assessment of disease severity, among other measures.

The Memorial Pediatric Hospitalist group showed a steady decrease in bronchodilator usage throughout the 2015/2016 bronchiolitis season, as is evidenced in the charts (cycles 1-4 represent prior season; current season starts with cycle 5).

Another area of improvement was in the use of a standardized scoring tool to aid in assessing disease severity, which aids in providing consistent, guideline-based, cost-saving care to all patients.

The Emergency Department at Memorial also made significant improvements in the measures tracked with SIB. The incidence of viral testing for patients with a clinical diagnosis of bronchiolitis decreased significantly, as has the use of chest X-ray.

In the majority of healthy patients, bronchiolitis is a clinically diagnosed, self-limited viral illness that does not warrant many of the diagnostic or medical strategies that have been traditionally been employed by pediatric, family medicine and emergency medicine providers. As part of the national AAP-sponsored SIB project, physicians at Memorial Children's Hospital are getting better at doing less, and pediatric patients are thereby receiving high-quality, evidence-based care.





Expanded Building Opens Doors to More Patients and Residents

The \$4.5 million expansion of Beacon Medical Group E. Blair Warner Family Medicine Center is now open.

The 13,500-square-foot addition, which nearly doubles the size of the facility at 714 N. Michigan St. in South Bend, includes 10 new exam rooms, patient-care areas and radiology services for the growing patient base.

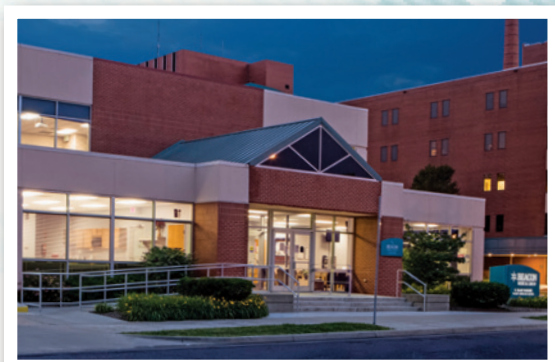
The improved layout allows patients to receive care more efficiently, and with additional exam rooms, more patients can be seen to get the care they need, when they need it.

The expanded space is home to the Memorial Family Medicine Residency Program, a program that includes up to 30 physicians and a medical faculty of 14 experienced physicians. The practice expects patient visits to grow — increasing from 22,000 in 2015 to about 33,600 during the next decade.

Eight residents a year has grown to nine, with plans to increase to 10, thanks to the expansion that includes more educational space for the residents. The program serves as a recruitment pipeline for Beacon Medical Group: About 40 percent of family medicine physicians at Memorial Hospital, and 47 percent at Beacon Medical Group, are residency program graduates.

“Beacon Health System and the Michiana area will benefit from the enhanced education our residents receive as they serve their patients at Beacon and beyond in the years ahead,” says Dale Patterson, MD, Memorial Family Medicine Residency Program Director. “Most importantly, our patients will benefit immediately from the expanded availability and services we will be able to offer in our beautiful new facility.”

Bringing the Band Back Together



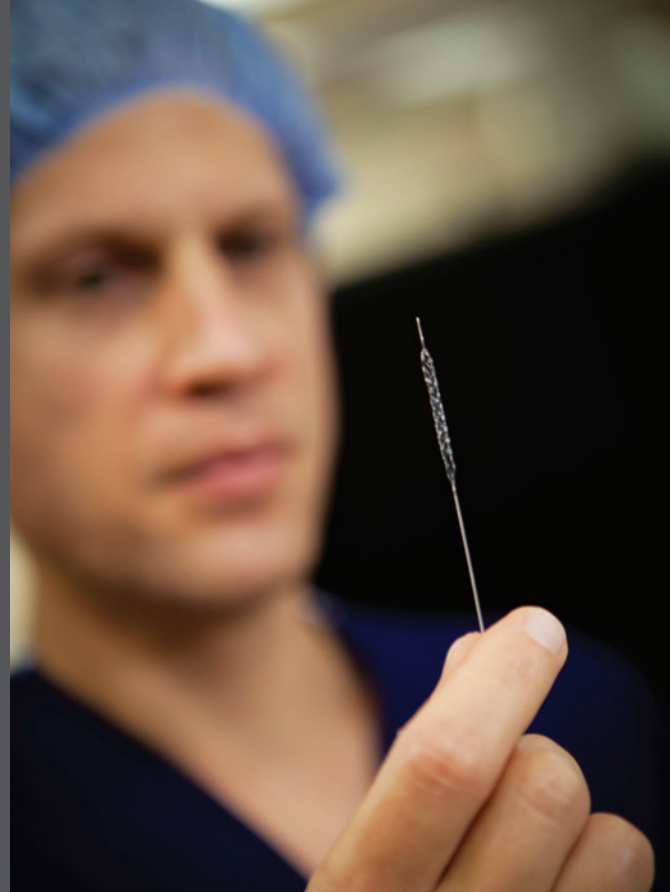
With nearly 300 graduates of Memorial Family Medicine Residency Program across the country, the staff saw an opportunity to invite everyone and their families for a reunion celebration. Thirty-six alums and their family members gathered for a daylong celebration on May 7 that included tours of the newly expanded E. Blair Warner Family Medicine Center, medical education opportunities and family-friendly activities, including a South Bend Cubs game.

HEART, VASCULAR AND STROKE COLLABORATIVE CARE PROGRAM AT MEMORIAL

Submitted by Gerard Duprat, MD

The leaders of Memorial's Heart, Vascular and Stroke Care Program recognize the pressures faced by patients, physicians, hospitals and the nation in the world of health care today. In October 2013, a shared governing body of both physicians and health care executive team members were brought together with the shared goal of improving quality, reducing cost and improving the patient experience. In the past two years, this program has developed into a high-performing care system that organizes the region's top cardiologists, surgeons and interventional radiologists to show systemic change and impactful measurable results. In 2015, the program had 27 physicians participating with over half of the physicians participating in the management services. The goal in 2016 is to have 100 percent of the physicians participating in some aspect of the management services.

Michael J. Hall, MD, interventional and neurointerventional radiologist at Memorial Hospital, holds an intravascular stent used to retrieve blood clots in the treatment of strokes.



NATIONAL AND TOP DECILE PERFORMANCE

Cardiac	National Average	Top Decile	2015 YTD
PCI composite rollup for ASA, Statins & P2Y12	94%	>98.8%	98.8%
CABG discharged on Anti-Platelet Medication	98.8%	>99%	100%
Blue Distinction Cardiac Care Award 2015			
Vascular	National Average	Top Decile	2015 YTD
Pre-procedure ABI prior to PV intervention	72%	75%	93%
EVAR Observed LOS < 2 days	20.4%	11.0%	7.8%
PVI procedure 1 year follow up	39%	45%	89%
Stroke	National Average	Top Decile	2015 YTD
Statins at discharge for Ischemic Stroke	94%	100%	100%
Ischemic Stroke Thrombolytic Therapy	73%		97%
Stroke Education	88%	100%	100%

STRONG FINANCIAL PERFORMANCE

Program net contribution to Memorial Hospital of South Bend

Over \$35 million

NEW PROGRAM DEVELOPMENT AND AWARDS

- Blue Distinction Center for Cardiac Care 2015
- Primary Stroke Center Certification
- Dr. Ornish Program for Reversing Heart Disease
- Accredited adult echocardiography
- Implementation of a nurse navigator program
- Enrollment in the Medicare stroke bundled payment program
- Development of post-acute care network and managing stroke patients to that network
- Beacon Medical Group Vein Specialists opened in 2015 and registry participation began in early 2016

Cost-savings initiatives

- Four focused DRG initiatives recognized \$1,428,085 in savings
- Cardiovascular procurement team \$810,135 (Q4 2014 & 2015)

LOOKING FORWARD: 2016 PROGRAM GOALS

- Communication, branding and access to Heart, Vascular & Stroke Care program
- Multidiscipline peer review process
- Ongoing process improvement with stroke bundled payment process, CHF, PVI and open heart
- CHF certification application
- High-risk patient pilot study (CHF, COPD and PV thrombolytics)
- Vascular surgery credentialing
- Registry for neuro-endovascular cases

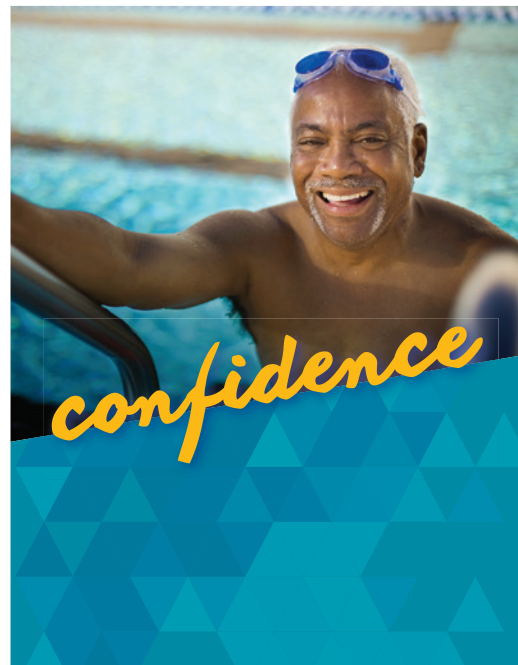
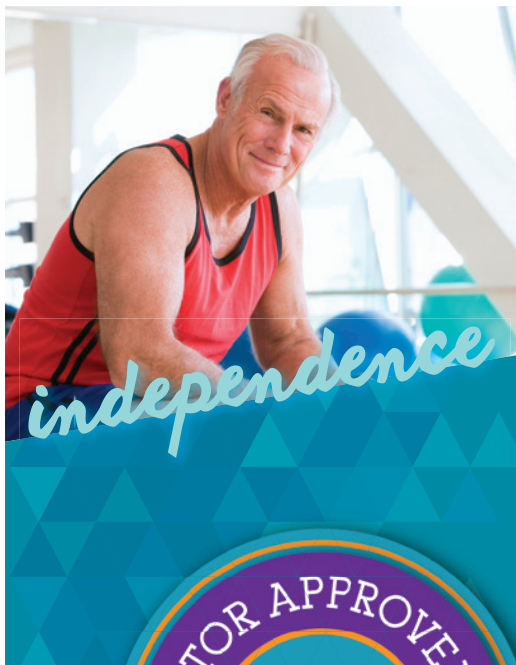


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