

A New Home For  
**Beacon**  
Children's Hospital

# PHYSICIAN

QUARTERLY

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Introducing



# BEACON<sup>TM</sup>

## CHILDREN'S HOSPITAL

The new Beacon Children's Hospital began welcoming patients and families in early May. At 95,000 square feet, the new addition more than triples the previous facilities within Memorial Hospital. Built around a central, sun-filled two-story atrium, the new children's hospital includes all-private rooms for NICU, PICU, hematology oncology and pediatric care services.

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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](mailto:Lbailey2@BeaconHealthSystem.org) or  
call 574.647.3008.





Beacon Children's Hospital is the first where mothers who have just delivered can stay in the same room with their babies in the NICU rooms. The innovative model keeps families together no matter how premature or sick their baby is.

The NICU team expects high-risk babies will have fewer complications, better neurodevelopment and a shorter length of stay as a result of the increased human contact that is fostered in the new single-family rooms.

Many features of the new Beacon Children's Hospital came from an advisory board that included former and current pediatric patients and their families: couches that fold out into beds, full-size bathrooms with showers and customizable LED lighting in six colors.

The bright and colorful decor follows a theme for each floor: Lakes and Rivers (fourth floor), Woodlands and Parks (fifth floor) and Shoreline (sixth floor). The hallways have their own street name, and each room has its own mailbox. Family gathering places and play areas throughout the children's hospital provide a comforting respite from the clinical spaces.



On Track with Telehealth

# Preparing for Liftoff:

Early Adopters Set to Launch from Telehealth Platform



Connected Care

**Soon after** the initiation of virtual urgent care video visits through Beacon Connected Care in January 2017, Beacon Health System began a pilot program to bring its own physicians and providers onto the secure, web-based telehealth platform.

Currently, as systems for scheduling, billing and electronic health record integration are being mapped out, the first group of Beacon Medical Group providers are training on the platform to prepare for scheduled visits with established patients. As the project moves forward in the coming months, more BMG providers will join the platform with these early adopters.

Brett Belock, Beacon Health System Innovation Project Consultant, is working closely with the providers through the prototyping process for developing potential use cases for their practices. If the group believes the use cases are sound and could prove valuable to other providers, staff and patients, they will be scaled up through the rest of the health system. Part of Belock's role is to help the group get comfortable with change.

"With this project, we're working with both the dynamic nature of technology and

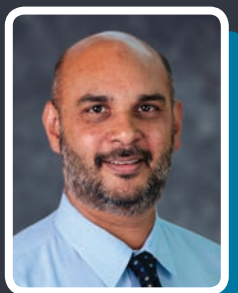
the dynamic nature of the health care industry," explains Belock. "We need to be agile in that new future, to get used to change and adapting. Adapting to change is going to be the new normal."

Along with the anticipated benefits of convenience and access for patients that telehealth visits will provide, the emphasis of the work of this early adopter cohort will be developing ways to use the telehealth platform to improve practice life.

"This process is unique in that we are leaving it to the physicians and providers to explore the benefits of using the platform - they are doing the discovery themselves," says Belock.

## Beacon Medical Group

Telehealth Early Adopters



**Asad Ansari, MD, MPH, FAAP**

Pediatric Pulmonology  
Infectious Disease and Sleep Medicine



**Bryan Boyer, MD**

Orthopedics/Orthopedic Trauma Surgery



**Lars Kneller, MD**

Family Medicine



**Carol Luzzi, MD**

Developmental Pediatrics

## Telehealth Pioneers in the Virtual Landscape

Mark Schmeltz, DO, family medicine physician and co-chair of the Beacon Health System Telehealth Committee, is eager to implement telehealth in his practice.

"I always want to be ahead of the curve and not playing catch-up," he explains. "From establishing a patient-centered medical home, implementing electronic health records and now immersion in telehealth, I've always been happy to be an early adopter."

Conducting virtual house calls, acute care visits and managing patients with chronic conditions are just a few of the ways Dr. Schmeltz anticipates using the platform.

"I want to be able to connect with patients in whatever way they want to connect with me - that's part of that patient-centered approach," he adds.

Laura Jordan, MA, RD, CDE, believes that the demand for telehealth visits for nutrition counseling and education will grow over the next several years, becoming mainstream.

"Since I'm not performing clinical tasks to diagnose patients, it is not necessary for us to be physically together," she explains.

"We are an on-the-go society that looks for convenience in all things that affect us. Telehealth visits provide a great option for those who may work out of town or can't get away to make an office visit."

In the spirit of adapting to a virtual work environment, Scott Eshowsky, MD, and Dale Patterson, MD, used the Beacon Connected Care platform for a discussion with *Physician Quarterly*.

"I think being a part of the rising tide of telehealth is where we want to be as a health system, to position ourselves as the go-to expert in the marketplace," says Dr. Eshowsky. In family medicine, he expects that the most important use cases for the technology will be for following up with patients who have chronic illnesses, including behavioral health issues. Dr. Patterson views the early adoption of the telehealth platform as essential for residents and faculty of the Memorial Family Medicine Residency program to be on the cutting-edge of providing health care.

Noting that very few residency programs are currently teaching telehealth, Dr. Patterson anticipates the technology will be helpful in several scenarios. One example is the ability for residents to consult in real time with the supervising physician - no matter the location of either

party - using secure video during a patient visit, sharing secure images or clinical findings that can't be described over the phone. He also sees telehealth technology as being helpful to residents caring for patients in extended-care facilities.

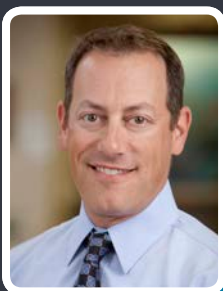
"I see a huge opportunity if we could put this technology into the hands of nurses who need to contact us at 2 a.m. when something doesn't look right to them," Dr. Patterson explains. "We would be able to see and talk to the patient and the nurse immediately."

## Looking Forward

The Beacon Medical Group early adopters anticipate rapid growth of telehealth within the next three to five years, saying that it will become a part of daily practice life and workflow.

"Ultimately, telehealth has the potential to help reduce the overall cost of care as providers can more effectively engage with patients across the health care continuum," says Dr. Eshowsky.

"We're trying to pave the way and gain experience in telehealth with the intention of working with our local physician partners and colleagues to see if we can spread this technology across the region," he adds.



**Scott Eshowsky, MD**  
Family Medicine  
Chief Medical  
Information Officer  
Beacon Health System



**Jeffrey Howe, MD**  
Family Medicine



**Laura Jordan, MA, RD, CDE**  
Registered Dietitian  
Certified Diabetes  
Educator



**Michael Messmer, DO**  
Sports Medicine



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



**Mark Schmeltz, DO**  
Family Medicine  
Co-Chair  
Beacon Health System  
Telehealth Committee  
Medical Director,  
Beacon Home Care

(Left to Right)  
Walter Halloran, MD, FACS  
Mary Miller, RN, BSN  
Troy Weirick, MD

# PATIENT BASE EXPANDS FOR TAVR

## Elkhart General Reaches 100 Transcatheter Aortic Valve Replacement Procedures

**Once in a generation**, a groundbreaking technology comes along that dramatically changes the landscape of cardiovascular care. Forty years ago, it was angioplasty. Today, the transformational technology is transcatheter aortic valve replacement (TAVR), says interventional cardiologist Troy Weirick, MD, Beacon Medical Group Cardiovascular Specialists Riverpointe.

He and cardiothoracic surgeon Walter Halloran, MD, FACS, Beacon Medical Group Cardiothoracic Surgery Riverpointe, recently performed their 100th TAVR procedure at Elkhart General Hospital. Cardiothoracic surgeons Stephen Dickson, MD, and Jay Patel, MD, and interventional cardiologist M. Shakil Aslam, MD, are also part of the TAVR team. Elkhart General established its TAVR program in 2014 and is one of only seven hospitals in the state equipped and trained to perform TAVR.

The payoff of having a program in a community setting is enormous, as people who are not able to have surgery or to travel out of town for TAVR can get life-changing care.

"You've got these folks who are sickly, frail, short of breath and resigned that this is how their life will be, and we offer this therapy that gives them a new lease on life," Dr. Weirick says. "To offer this to people 15 to 30 minutes away from their home is literally saving their lives."

### The Evolution of TAVR

TAVR originally received Food and Drug Administration (FDA) approval for only the

sickest aortic stenosis patients, considered at high surgical risk. In summer 2016, approval extended to use for intermediate-surgical-risk patients. Dr. Weirick talks about an intermediate-risk patient of his who was short of breath and could no longer care for his frail wife. The TAVR procedure restored his ability to breathe and, consequently, his energy to take care of his spouse.

"Especially for people who don't have co-morbid diseases, this has really changed their lives," Dr. Weirick says. "People can walk 500 feet, go grocery shopping, and attend birthday parties and other social events."

Dr. Halloran says engineering technology has made TAVR possible, with development of better catheters, sheaths and artificial valves over decades.

"This is a high-intensity, unforgiving, very cool technology that's being compared to a very successful standard surgical procedure," Dr. Halloran states. "The engineering behind this is unbelievable. The process has to be as perfect as we can make it."

During a TAVR procedure, the physician typically makes a small incision in the groin, places a catheter into the femoral artery and guides it through the heart to the aortic valve. He then inflates a balloon on the end of the catheter to stretch the valve open. Next, he guides a new, self-expanding valve over the catheter to replace the old aortic valve. The three calcified leaflets of the diseased aortic valve are pushed against the aortic wall and help cement and anchor the new valve in place. The procedure typically takes 90 minutes.

Clinical trials throughout the country are now working with TAVR for low-risk surgical patients, as well. Both Drs. Halloran

and Weirick agree that the transcatheter technique is safe for implanting aortic valves. What is not yet clear is how the valves will perform 10 to 15 years down the road. TAVR valves, currently either the Edwards SAPIEN™ Valve or Medtronic CoreValve™, are made of cow and pig tissue, but they are constructed differently than aortic valves that are placed surgically.

Dr. Weirick comments, "We have feasibility and good results, but how will the prosthesis last in a 65-year-old man? I'm interested to see the data."

What's not in question is that TAVR has been proven to be equal or superior to surgery in outcomes of all-cause mortality or disabling stroke by one year after the valve procedure.



Additionally, it has several advantages over surgery — even minimally invasive surgery:

- Shorter length of stay, with hospital discharge two to three days after the procedure
- Less blood loss and fewer complications from the procedure, including fewer incidents of atrial fibrillation
- Shorter recovery time, with ability to resume normal activities within a couple of weeks

Patients typically notice immediate improvement in their breathing and a gradual improvement in energy.

### It Takes a Village

Both physicians agree that the success of Elkhart General's program is reliant not only on their efforts but on the support of referring physicians and the work of the entire Elkhart General TAVR team.

Dr. Halloran notes, "This couldn't be successful without the collaborative trust

and faith of physicians from Memorial, St. Joseph, Plymouth, Warsaw and Goshen. We're doing this because the community supported us."

In praise of the Elkhart General staff, he notes the thoroughness and efficiency of all involved. "We spend way more time preparing for the procedure than performing it," he says. "Cardiologists and surgeons already had a great collaborative relationship. Cath lab and operating room teams are very detail-oriented with procedures and protocols. Everyone wants to do this."

Elkhart General TAVR coordinator Mary Miller, RN, BSN, guides a meticulous work-up and assessment over two to four weeks. Two cardiothoracic surgeons must agree that the patient falls into the surgical categories of inoperable, high risk or intermediate risk. The Society of Thoracic Surgeons score of 8 percent or greater risk of dying has been lowered to 4 percent to accommodate the intermediate-risk patients.

Every Monday morning, the TAVR team gathers for a conference to discuss details of upcoming cases. Referring cardiologists and primary care physicians are welcome to participate in person or via conference call. On the day of the procedure, team members review critical details before beginning the procedure.

"This is an excellent example of how a program can thrive in a small, community environment," Dr. Weirick says. "Our preparation early on was great, and we haven't relaxed our protocols or gotten complacent. The support of our referring physicians is essential. We've built trust and good communication."

For more information visit  
[BeaconHealthSystem.org/TAVR](https://BeaconHealthSystem.org/TAVR)

During the TAVR evaluation, I ask every patient why they want to have this surgery. They want to breathe and be able to walk around their house. They want to keep driving their car. They want more time with family.

We show their response along with their picture to our team at the start of our TAVR conference. Sharing this information has allowed the team to understand the unique, personal aspect of the individual who is receiving the TAVR.

- Mary Miller, RN, BSN, TAVR Coordinator, Elkhart General Hospital



TAVR images courtesy of Edwards Lifesciences





# BEACON WELCOMES

## *Carlton Lyons, MD, FACOG, FPMRS*

### South Bend Urogynecologist Joins Beacon Medical Group

Carlton Lyons, MD, FACOG, FPMRS, has practiced gynecology and urogynecology in South Bend, Ind., for more than 25 years. He is board-certified in both specialties. He recently joined Beacon Medical Group and is enthusiastic about expanding the urogynecology services offered to women in the South Bend area. His ultimate goal is to offer world-class urogynecologic services, so patients do not have to travel to other centers to address their complicated medical needs. He actively serves on several community boards and committees and is committed to improving the well-being of our community.

*Below, Dr. Lyons answers questions about his work and his practice philosophy.*

#### **Q: On what areas of women's health do you focus?**

We offer comprehensive gynecology care, including annual exams and treatment for disorders such as pelvic pain, abnormal bleeding, fibroids and endometriosis. We offer minimally invasive surgical techniques and incorporate alternative medical therapy in patient management. We also specialize in surgical and non-surgical management of urinary urgency/incontinence, fecal urgency/incontinence and vaginal prolapse.

#### **Q: What are some of the advances you're excited about in your field?**

Laparoscopic and robotic-assisted surgery allow us to treat most pelvic disorders effectively and less invasively, resulting in a quicker recovery. We also offer neuro-modulation devices such as InterStim® that can significantly reduce overactive bladder and fecal urgency and incontinence. [See sidebar story on InterStim.] Botox® is also very useful for the right patient.

#### **Q: What is most gratifying about your work?**

What drives me is helping patients get back to being themselves emotionally, physically and spiritually. Women often are so focused on their families and careers that they put themselves last. When medical issues go untreated, patients can be isolated by painful or

embarrassing conditions, suffering within themselves, unknown to others. I like making patients comfortable, giving them options, assisting them to get better and seeing them gain a new sense of confidence. In particular, I like hearing patients say they no longer worry about locating the nearest bathroom or remembering to always have a change of clothes due to urinary or fecal incontinence — or hearing that their vaginal prolapse is no longer falling out and the pain is gone.

#### **Q: How do you work with patients and with other doctors?**

My staff and I spend time with our patients listening, educating and weighing options for treatment and management. We work collaboratively with urologists, gynecologists, general surgeons and primary care physicians to come up with the best possible treatment plan and follow-up care for each patient.

#### **Q: Does your practice have a new name?**

Yes, the Northern Indiana Center for Pelvic Health & Gynecology has been renamed Beacon Medical Group Center for Pelvic Health & Gynecology. We're still located at 707 N. Michigan St., Suite 102, South Bend, IN 46601.

#### **Q: How can doctors reach you for questions or referrals?**

I welcome physician referrals. Please contact me via our practice line at 574.367.3800.

# InterStim® Device Reduces Incontinence

A small device the size of a cardiac pacemaker battery called InterStim® provides a promising option for patients with both urinary and fecal incontinence who have not been helped by other treatment methods.

Before trying InterStim, first-line treatments include behavior modification and physical therapy, and these can be successful for some patients. Medications also provide some relief, but up to 70 percent of people don't stick with their medications for the long term, Dr. Lyons says. Expense and inconvenience are two big reasons.

If these methods have failed to improve overactive bladder, patients can undergo a thorough evaluation to assess whether they are candidates for the InterStim device.

The device is implanted while the patient is under twilight sedation. Its job is to send mild electrical pulses to the sacral nerves, located near the tailbone. These impulses help regulate communication from the sacral nerves to the bladder and brain so the bladder can function properly.

InterStim is successful 77 to 80 percent of the time in reducing episodes of urgency or incontinence by 50 percent or more, says Dr. Lyons, who has implanted the device in a growing number of patients.

"For someone getting up three to seven times per night, it radically improves quality of life by allowing restful sleep," Dr. Lyons says. He notes the added benefits of being able to work, attend meetings, interact socially and do physical activity without the constant worry of finding a bathroom or leaking urine.

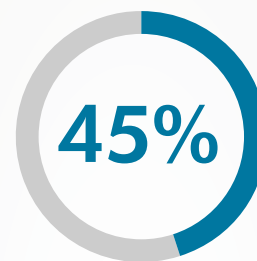
Dr. Lyons says InterStim is also the treatment of choice for fecal urgency and incontinence, using the same placement and connection to the sacral nerves.

"My goal is to use the least invasive method to get people back to their lives as quickly as possible," he says. Patients report not having to worry about wearing a pad or leaking urine, which can be life changing. For some patients, maintaining bladder and bowel control can mean the difference between living independently or going to a nursing home.



## 1 in 3

One in three adults suffers from overactive bladder, with the embarrassment and discomfort of urgency and/or urinary loss.



Only 45 percent of patients will seek help specifically for incontinence and urgency.



***"Studies have shown patients often suffer seven to 10 years before they come to see a doctor for help."***

**-Carlton Lyons, MD, FACOG, FPMRS**

For referrals or more information, contact

**Beacon Medical Group**  
Center for Pelvic Health & Gynecology

**574.367.3800**

# BEACON *Bulletin*

## Mayo Clinic Care Network News

In May, Beacon celebrated the one-year anniversary of membership in the Mayo Clinic Care Network. The agreement affords ongoing collaboration, resources and tools to enhance care for our region's patients. One of the tools offered through this relationship is Health Care Consulting. Through Mayo Clinic's Health Care Consulting services, Beacon physicians, providers and clinicians participated in the COPD Collaborative between September 2016 and March 2017. During the kickoff event in Rochester, Minn., 13 care network member teams from across the U.S. benefitted from shared learning among each other and with Mayo Clinic's COPD clinical experts.

On March 21, the 13 health system teams reconvened to present their findings at the Practice Redesign Collaborative COPD Hospital Readmission Reduction event in Phoenix, Ariz. All teams reported lowered readmission rates for COPD during the six-month period.

Beacon Health System participants included:

**Jan Cosby, BS, RRT**, Clinical Manager, Pulmonary Services, Memorial Hospital



Beacon Health System participants in the MCCN COPD Collaborative included: (L-R, clockwise): Faith Kobrehel, Pam Vail, Jessica Gingerich, Dr. Matthew Koscielski, Debra Thompson, Jan Cosby and Dr. Diego Heredia.

**Jessica Gingerich, NP-C**, Director, Cardiovascular Clinical Services, Elkhart General Hospital

**Diego Heredia, MD**, COPD Medical Director, Pulmonary-Critical Care Attending Physician, Beacon Medical Group Specialists Fulton Street, Elkhart General Hospital

**Faith Kobrehel, RRT**, COPD Navigator, Memorial Hospital

**Matthew Koscielski, MD**, Medical Director, ICU and Pulmonary, Memorial Hospital

**Debra Thompson, RN, BSN, MSN/MBA**, Executive Director, Surgery, Trauma and Pulmonary Services, Memorial Hospital

**Pam Vail, RN, BSN**, COPD & Heart Failure Care Coordinator, Elkhart General Hospital

For information on accessing Mayo Clinic Care Network resources, visit Beacon Health System's intranet page or Cerner. Or, contact Alicia Dombkowski at [ADombkowski@BeaconHealthSystem.org](mailto:ADombkowski@BeaconHealthSystem.org), 574.286.9994; or Victoria Moon, [VMoon@BeaconHealthSystem.org](mailto:VMoon@BeaconHealthSystem.org), 574.647.7370.

## Perinatal and Pediatric Provider Courses

Memorial Hospital offers the following courses open to all health care providers. To register or for more information, contact Jessica Shuppert, Manager, Perinatal & Pediatric Outreach: [jshuppert@BeaconHealthSystem.org](mailto:jshuppert@BeaconHealthSystem.org) or call 574.647.1658.

### PALS Provider Course

This course helps participants: Recognize and treat the infant and child at risk for cardiopulmonary arrest • Demonstrate the Evaluate – Identify – Intervene systematic approach to assessment and management of a seriously ill infant or child • Demonstrate the cognitive and psychomotor skills necessary for resuscitating and stabilizing the infant or child using effective resuscitative team dynamics  
**Dates:** Aug. 14-15 • Oct. 9-10  
**Cost:** \$125 Beacon associates/\$250 non-Beacon associates

### PALS Renewal Course

**Dates:** July 10-11 • Sept. 11-12  
• Nov. 13-14 • Dec. 11-12  
**Cost:** \$100 Beacon associates/\$175 non-Beacon associates

### Neonatal Resuscitation Program (NRP)

The new, extensively updated Neonatal Resuscitation Program (NRP) represents a shift in approach with a hands-on, interactive, simulation-based learning environment. Provider renewal courses are no longer offered per recommendations of the NRP steering committee. Instead, a provider course tailored to the needs of the learner is offered.  
**Dates:** Sept. 21 • Oct. 26 • Nov. 30  
**Time:** 8 a.m. to 5 p.m., 1-hour classes starting on the hour  
**Cost:** \$75 (Does not include NRP test that must be completed prior to attending the course.)

### S.T.A.B.L.E.

The S.T.A.B.L.E. Program is a concise, directive tool to help maternal/child health

care providers organize the many details and interventions necessary to provide care to a sick and/or premature infant. This mnemonic-based tool focuses on the post-resuscitation care of sick neonates, including physical assessment, problem recognition and patient management. Memorial also offers the opportunity to teach S.T.A.B.L.E at your facility for a flat fee. For more information, call 574.647.1658.  
**Date:** Oct. 3  
**Cost (does not include textbook):** \$75

### ACLS OB Provider Course

This course focuses on managing an obstetric code and implements the AHA ACLS guidelines established in 2016. Information is provided via mini presentations focusing on critical points related to specific algorithms, with each case scenario involving a pregnant or newly delivered patient. Participants receive ACLS and AHA certifications upon completion.  
**Dates:** Oct. 18-19 • Nov. 15-16  
**Cost:** \$275 Beacon associates/\$500 non-Beacon associates



Dale Patterson, MD, (right) and Sen. David Niezgodski of Indiana Senate District 10.

## Memorial Family Medicine Residency Program Updates

In March, Memorial Family Medicine Residency Director Dale Patterson, MD, visited the Statehouse in Indianapolis to be the "Physician of the Day." In addition to providing medical care to several legislators, Dr. Patterson enjoyed talking with our area's Senators and Representatives as well as being introduced on the floor of both houses.

The Memorial Family Medicine Residency Program hosted 30 alums and their families for a weekend of family-friendly activities and medical education May

5 and 6. Highlights included a lunch at the E. Blair Warner Family Medicine Center and a South Bend Cubs game.

**Jason E. Marker, MD, MPA, FAAFP**, joined the faculty of the Memorial Family Medicine Residency in late May. Dr. Marker is a 2001 graduate of the program and has been in private practice in Wyatt, Indiana, with 2007 graduate Tricia Walters, MD. He has served as president of the Indiana Academy of Family Physicians and on the board of the American Academy of Family Physicians.

New residents began orientation on June 22; graduation for the class of 2017 was held on June 23. Watch for more information about both residency classes in the next issue of *Physician Quarterly*.

## KUDOS

Memorial Hospital Trauma Medical Director **Scott Thomas, MD, FACS**, received the R.M. Bolman II, MD, Trauma Research Award from the Indiana Chapter of the American College of Surgeons in April at the 64th Annual Scientific Meeting for his research paper titled, "TIC (Trauma-Induced Coagulopathy) is not DIC (Disseminated Intravascular Coagulation)."

**Michael Messmer, DO**, is the team physician for the U.S. Olympic Weightlifting team. He provides sports medicine coverage at both national and international competitions. In May, he traveled to Guayaquil, Ecuador, to cover the 2017 Junior Pan American Championships.

In April, **Liz Saillant, MHA, MSN, RN-BC**, began her new role as director for Inpatient Behavioral Health Services for Memorial Hospital and Elkhart General Hospital. She is a master's prepared and psychiatric-certified registered nurse with over 20 years of experience in behavioral health and health care leadership.

## OF NOTE

The 16-bed, all-private Cardiac Neuro Short Stay (CNS) unit at Elkhart General opened in early May. Located on the third floor in the northwest tower, the unit's patient population includes chest pain patients, overnight cardiac procedure patients (post-angioplasty/stent, post-pacemaker implant or ICD implant) as well as TIA and rule-out-stroke patients.

## DESTINATION LEARNING

Winter 2018

CME Multidisciplinary Symposium

Join your physician colleagues for Beacon Health System's Winter Symposium, "**Advances in the Approach to Multidisciplinary Patient Care.**"

Park City, Utah  
Park City Mountain Resort  
February 7 – 11, 2018

This multidisciplinary symposium offers an expert lineup of medical speakers addressing the most relevant topics with the most up-to-date clinical information. Don't miss this opportunity to obtain 13 CME credits, network with other physicians, and gain a wealth of information on cutting-edge topics. Registration is limited.

To reserve your space or to learn more, contact Tiffany Platz, Medical Staff Services Office at Elkhart General, at [TPlatz@BeaconHealthSystem.org](mailto:TPlatz@BeaconHealthSystem.org) or 574.523.3118.



## Schwartz Rounds at Elkhart General Hospital

Watch for announcements for Schwartz Rounds topics this year. To learn more, contact Tiffany Platz, Medical Staff Services Office at Elkhart General, at [TPlatz@BeaconHealthSystem.org](mailto:TPlatz@BeaconHealthSystem.org) or 574.523.3118.

## Welcome New Docs (Jan – March 2017)\*

### FAMILY MEDICINE

**Lawrence Curry, DO**

### GYNECOLOGY/UROGYNECOLOGY

**Carlton Lyons, MD, FACOG, FPMRS**

### GYNECOLOGY ONCOLOGY

**Paul Liu, JD, MD**

### HOSPITAL MEDICINE

**Raghavender Gotur, MD**

### INTERNAL MEDICINE

**Matous Pradny, MD**

### OBSTETRICS & GYNECOLOGY

**Semuteh Rogers, MD**

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

## Community Spotlight: Beacon's Certified Athletic Trainers

If your practice provides care for student-athletes from Elkhart or South Bend, there is a very good chance those very same patients are under the watchful and expert eye of Beacon Health System's certified athletic trainers (ATCs).

"The ATCs are extremely important in the health and safety of our local athletes — both as first-line caregivers in injury treatment as well as injury prevention," says Linda Mansfield, MD, Director, Beacon Medical Group Sports Medicine, and Co-Director, South Bend-Notre Dame Sports Medicine Fellowship. "The ATCs

are the most familiar with the athletes of anyone on the health care team. This becomes important when an athlete suffers an injury such as concussion that causes a change in the athlete's affect or mental status."

According to the National Athletic Trainers' Association, certified athletic trainers are "health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses." Athletic trainers must be recertified every two years and complete 50 CEUs during that time. Both Indiana and Michigan law require a license to practice athletic training.

Beacon's certified athletic trainers in South Bend have access to the health system's electronic medical records in the schools,

which has helped providers coordinate injury prevention or rehabilitative care for student-athletes with the ATCs directly. For more information about Beacon's certified athletic trainers, contact:

Tammy Hayes  
Director, Rehabilitation Services,  
Elkhart General Hospital  
574.523.7948  
THayes@BeaconHealthSystem.org  
For Elkhart-area athletic trainers

Kerri Hessey  
Practice Manager, Beacon Medical  
Group Sports Medicine  
574.647.2624  
KHessey@BeaconHealthSystem.org  
For South Bend-area athletic trainers



### Walk-In Injury Clinic Available for Fall Sports

Beacon Sports Medicine offers a walk-in Saturday Morning Injury Clinic for high school and college athletes from mid-August through mid-October. Staffed by sports medicine physicians, athletic trainers and radiology technicians, the clinic provides rapid evaluations and treatments to return athletes to their sporting activities

quickly and safely. For more information, call 574.647.1670.

### Beacon Athletic Trainers

Joe Dunagan,  
MA, LAT, ATC  
Adams High School

Jenny Dyszkiewicz,  
MS, LAT, ATC  
Riley High School

Gary Hall, LAT, ATC  
Laville High School

Amy Heiby, LAT, ATC  
Holy Cross College

Macy Kujawa, LAT, ATC  
Edwardsburg High School

Carl D. Landis, LAT,  
ATC, CSCS  
Jintown High School

Sarah Redman, LAT, ATC  
Holy Cross College & Indiana  
University South Bend

Amy Schultz, M.Ed., LAT, ATC  
Elkhart Memorial High School

Louise T. Shines, MAT, LAT, ATC  
Clay High School

Amanda L. Traxler,  
MS, LAT, ATC, CSCS  
Elkhart Central High School

Kendra Weber, MS, LAT, ATC  
Washington High School

Kara Werner-Sanders,  
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# Introducing Beacon ACO

## Regional physicians lead the charge in quality and outcomes

Although the roots of Accountable Care Organizations (ACOs) took hold initially in the health care industry several years ago as Medicare payment models, today ACOs are quickly spreading in commercial and private payer settings around the country.

Diane Maas, Chief Planning and Business Development Officer for Beacon Health System, is optimistic about the future of the newly formed Beacon ACO.

Launched on Jan. 1, 2017, the ACO's first group is Beacon associates; more employer groups are expected to join the network in the coming months. As of mid-May, Beacon ACO included 792 providers - both independent and Beacon-employed providers. Building on three years of success of CHA ACO, a Medicare shared-savings ACO (MSSP), Maas anticipates Beacon ACO will follow a similar path.

"We've lowered the cost of care over the last couple of years," Maas says. "We're at the fifth percentile of costs in the country - and low numbers are good in this case. At the same time, our quality results have increased each year."

When ACOs are performing at their optimal level, providing the appropriate level of care in the right setting, at the right time and at the highest value and lowest cost can be achieved. Financial incentives for participating providers are linked to the shared savings resulting from improving quality metrics for established goals.

Having engaged, aligned physician leadership and participation woven within the structure of the ACO is crucial for its success. To that end, Beacon ACO Medical Director Gerard Duprat, MD, is working with member physicians to:

1. Credential all Beacon ACO-contracted providers (Credentials Committee) and monitor quality metrics established by the physicians and ACO administrators who make up the Quality Committee.
2. Physicians will also participate in Beacon ACO's Finance Committee.

"At all of these levels, there is broad representation from physicians from many practices," explains Dr. Duprat.

For Dr. Duprat, the combination of working with area physicians who are passionate about providing excellent preventive care and developing parameters for quality measures is exhilarating.

"None of this is going to be possible without active physician participation and engagement. And it has to be participation that is altruistic - you're not doing this for yourself, you're doing this for the greater good of the patient and the population."

## What Is Beacon ACO?

On Jan. 1, 2017, Beacon Health System launched Beacon ACO; its first group is Beacon associates. An ACO is a collaborative, voluntary network of doctors and other providers who work together to provide the best health care experience possible, which results in a higher level of care at a reduced cost. By partnering with carefully selected providers that represent the highest tier of quality, while reducing cost, the Beacon ACO network offers significant advantages to patients.

Because providers in Beacon ACO are dedicated to improving quality while controlling the costs of health care, patients benefit from better-coordinated care across the health care continuum. As part of an ACO, patients receive more preventive screenings, better-coordinated care, greater patient-physician communication, and better health education. All of these factors result in a significantly improved patient experience.

For more information about Beacon ACO, visit [www.BHSACO.com](http://www.BHSACO.com).





Lessons Learned A

## Half World Away

Family Practice Resident  
Trains in Papua New Guinea

Traveling from South Bend, Ind., to Papua New Guinea (PNG), Isaac Hatton, MD, took 40 hours and four flights, and covered 8,500 miles to reach the tropical island just north of Australia. Despite the distance, the third-year Memorial Family Medicine resident says the journey to PNG was a little like coming home again. After all, he had lived most of his childhood in PNG, while his parents did missionary work there.

During a two-month international elective in winter 2017, Dr. Hatton worked at the Kudjip Nazarene Hospital in the highlands of PNG.

He says all the familiar sights and smells came back to him: "The lush jungle and muddy rivers. The sound of rain every night on the tin roof [during the rainy season]. The people who are so friendly and warm. The horrendous potholes on the drive from Hagen. All those bird songs in the morning that I had forgotten about."

He also notes the primitive living conditions and insufficient medical resources.

"People live in grass huts with mud floors. They are gardeners and farmers, so they have enough food and water but not many



luxuries. And we see diarrhea and infection due to poor hygiene and unclean drinking water. In Papua New Guinea, there are only five doctors for every 100,000 people, and many of those are concentrated together in bigger cities."

Dr. Hatton says he chose Kudjip because it's known for providing a great learning environment for residents, with preceptor support and plenty of opportunities to perform procedures. In addition, he was able to visit his brother and his brother's family, who are missionaries in a remote area of PNG.

Originally from Northern Ireland, Dr. Hatton's family spent a couple of decades cycling through four years in PNG then one year in Ireland, and back again. He completed high school in PNG and then came to the U.S. to attend College of the Ozarks in Missouri. His art major soon expanded to encompass the sciences, and he attended the Medical School for International Health in Israel.

Dr. Hatton was thrilled to enter the Memorial Family Medicine Residency Program, which offers great flexibility to practice international medicine.

“

He was doing great when I discharged him, and his mom named him Isaac after me, which was really sweet. ”

- Isaac Hatton, MD



## International Medicine Up Close

“One valuable lesson I learned in Kudjip is that your differential diagnosis has to adapt to the place where you are,” says Dr. Hatton. “A fever in a 30-year-old male doesn’t mean the same thing there versus here. I saw a lot of things we don’t see in the States.”

Bush knife injuries are commonplace, he says. One night, he saw a man lying on his belly groaning in the ER with a stab wound in his back. “Next, I heard a sucking sound, and I slapped a gloved hand over his wound. He had a big hemothorax, but we got a chest tube in him just in time.”

Dr. Hatton delivered dozens of babies on his own and performed several C-sections. One birth he remembers quite vividly: A woman had been pushing for six hours before she arrived at the hospital. She delivered the baby pretty quickly,

but he was completely unresponsive. Dr. Hatton and a nurse did resuscitation for about 15 minutes.

“I felt sure the baby wasn’t going to make it,” Dr. Hatton recounts, “but he started crying, and he survived. He was doing great when I discharged him, and his mom named him Isaac after me, which was really sweet.”

HIV, pleural TB and Potts disease all have a strong foothold in PNG. Patients came in with such advanced cancer that some died during their clinic visit.

“People with cancer pain are being treated with Tylenol®,” he says. “The hospital had ultrasound and X-ray but no CT or MRI. Medicines — many donated from the U.S. — could run out, so we had to adapt and figure out alternatives.”

## A Future in Global Medicine

“The situation in Kudjip helps me appreciate what we have here in the States, but it also gives me the desire to serve people who don’t have the kind of access we have,” Dr. Hatton says.

When he finishes his residency training with Beacon in June, he’ll start an international fellowship in July at a mission hospital in Africa, most likely Rwanda.

“My long-term plan is to practice overseas full time,” he says.

Dr. Hatton is grateful for his experience in PNG and recommends it highly to other residents and fellows. He notes, “This was a really good place for residents. It has structure and preceptors, but you get to do a lot and do what you’re comfortable with. It exposes you to a lot of things you don’t see in South Bend. It informs your perspective and helps you learn to adapt.”



Dr. Hatton with an elderly patient.

# THE PIOID EPIDEMIC

*"We As Physicians Are the Cause, Can We Be The Cure?"*

*Co-sponsored by Memorial Hospital of South Bend and  
Saint Joseph Mishawaka Medical Center*

## Agenda

### Introduction

**Mark Thompson, MD**  
General Surgeon

**6 p.m.**

**Chad Brummett, MD**

University of Michigan  
Associate Professor, Anesthesiology  
Dir. Anesthesia Clinical Research  
Dir. Division of Pain Research

**5:30 p.m.**

**Don J. Selzer, MD**  
General Surgeon  
Associate Professor of Surgery  
Indiana School of Medicine

**6:30 p.m.** Question & Answer

**Thursday**  
**July 20, 2017**

**5:30 – 7 p.m.**

Raclin-Carmichael Hall at  
IU School of Medicine  
1234 Notre Dame Avenue,  
South Bend, IN 46617

Registration is not required; call  
**574.647.7381** with questions.

## Learning Objectives:

1. Describe how physicians have contributed to the opioid epidemic
2. Review the current best practices for opioid prescriptions
3. Discuss what physicians can do to help stem the tide of this national catastrophe

**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 1.5 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.