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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.

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Do you have a story idea? Contact us at MScroope@BeaconHealthSystem.org or call 574.647.3234.



### BEST MEDICINE

# A Prescription for Exercise

A national-caliber exercise program dedicated to helping people affected by diseases like cancer and heart disease is offered right here in Michiana. The Best Medicine Program, conducted at Beacon Health & Fitness, is a collection of exercise classes for people managing a medical condition who need additional support to improve their level of physical activity.

Individual classes address cancer, heart disease, arthritis, Parkinson's disease and other neurological problems. Each class adheres to nationally recognized guidelines and is led by trained fitness specialists. In addition to the health benefits, the classes give participants a sense of camaraderie and accountability.

For someone who is recently diagnosed with a disease, completed treatment or transitioning out of therapy, Best Medicine is a safe and effective program that can reduce the severity of symptoms and improve overall quality of life. Organizers say the program may even assist in reducing disease recurrence and hospital readmissions.

"Just because a person has cancer or Parkinson's disease doesn't mean he or she is going to the hospital every week for treatment," says Sarah Strefling, fitness manager at Beacon Health & Fitness. "Classes are physician-approved with medical oversight, and participants feel less anxiety because of the relaxed, uplifting environment."

David Hornback, MD, radiation oncologist at Memorial Regional Cancer Center, has seen the patient benefits of Best Medicine's yoga program.

"I encourage many of my patients to try our yoga program and for those who do, the results are wonderful," says Dr. Hornback. "These patients will often regain stamina and flexibility much quicker than without the program. And when they pair this with the restorative fitness program, survivors find themselves much stronger – mentally and physically."

"There is nothing like Best Medicine in the region. It is about encouraging those with major health challenges to integrate exercise into their lives."

- Alan Loyd, Director of Beacon Health & Fitness

### BEST MEDICINE PROGRAM CLASSES

Arthritis Fitness | Joint Venture - Relieves the pain and limitations of daily movements, along with improving balance and overall strength through warm-water therapeutic activities.

Parkinson's Fitness | CLIMB – Improves quality of life through movement, stretching, a focus on balance and posture, along with building camaraderie between participants and caregivers.

Neurological Aquatic Fitness | NeuroH2O – Warmwater exercise for those with neurological conditions for overall cognition, balance, endurance and flexibility.

### Post-Physical Therapy Fitness | Guided Path

Assistance for those who are finished with physical therapy, but are eager to continue improving, along with re-injury prevention.

Cancer Fitness | Restorative Fitness at Memorial Regional Cancer Center - Improves muscle function, fatigue, cardio endurance during and following treatments. Patients also benefit from connecting with other oncology patients/survivors.

Cancer Yoga | Yoga Remedy – Empowers oncology patients to heal and grow, along with providing tools to assist with relaxation, renewal and reducing tension.

#### Heart Attack/Heart Disease Fitness | Heart Healthy

As the maintenance phase of cardiac rehabilitation, participants continue their cardiac fitness, with the addition of strength and endurance exercises and yoga. Biometric data such as blood pressure, along with other successes, are recorded and shared with physicians if requested.

For more information about the Best Medicine Program, contact Sarah Strefling, fitness manager at Beacon Health & Fitness, at SStrefling@beaconhealthsystem.org or **574.647.2654**.

### New Physician and Expansion in Sports Medicine



When Beacon Health & Fitness opens its Mishawaka-area facility on Nov. 10, it will be the first major expansion of Beacon's fitness services in nearly 20 years. The new location will be under the medical direction of a physician with considerable sports medicine experience. Michael Messmer, DO, will be the Medical Director for the new location of Beacon Health &

Fitness, which includes the Sports Performance Center and Beacon Medical Group Sports Medicine Mishawaka.

He has managed a concussion clinic, served as a team physician at the college and professional level and as a medical director for a medically integrated fitness center.

"The new Beacon Health & Fitness facility," says Dr. Messmer, "will allow the medical community to oversee the changing landscape of fitness and sports performance and integrate sports medicine with it."

"At Beacon Medical Group Sports Medicine, we are developing programs that will allow each person to reach their full potential, whether it be to lose weight or to work at becoming a national prospect for college or professional sports.

"We will integrate medical care, nutrition, performance and coaching, as well as various aspects of proper recovery into workout programs through education and program-derived performance enhancement. This will occur under the care of certified medical professionals who will ensure the highest standards of care are followed."

Dr. Messmer joins Drs. Linda Mansfield and Jennifer Brake at Beacon Medical Group Sports Medicine, offering expanded services and locations for our area's athletes and patients.

### Michael Messmer, DO Sports Medicine

PROFESSIONAL EXPERIENCE Mount Carmel Medical Group – Sports Medicine; Team physician for two professional teams: Columbus Rugby Club and Columbus Eagles women's soccer team; Team physician for Division II Washburn University

**MEDICAL SCHOOL** Lake Erie College of Osteopathic Medicine (Erie, Pennsylvania)

INTERNSHIP St. James Health Center (Chicago)

**RESIDENCY** St. James Health Center

**FELLOWSHIP** Metro Health Hospital (Grand Rapids, Michigan)

**BOARD CERTIFICATION** American Osteopathic Board of Family Practice (Family Practice and Sports Medicine)

**AREAS OF INTEREST** Non-surgical orthopedics including regenerative orthopedic medicine encompassing prolotherapy; platelet rich plasma therapy and percutaneous tenotomies for chronic tendon and ligament conditions; and osteopathic manipulation

### Beacon Health Systems CARE Project

### Clinical Alignment Resource Efficiency



Submitted by Shelly Harkins, MD Chief Medical Officer Beacon Health System

### What's the single largest scope — and potentially largest impact — initiative for Beacon Health System over the next few years?

You may suggest that it's Project Janus, the system-wide and multi-year IT plan to restructure our EHR to be more efficient in providing our kind of "meaningful use." This is a significant undertaking and has enormous scope and impact, indeed. It's exciting to see the improvements already accomplished as we proceed with the carefully designed plan. You may guess the answer to be related to our work around CMS's new bundled payment programs, including stroke and lower-extremity joint replacements. This bundled model has challenged our clinical leaders to critically evaluate methods to deliver the highest quality care at a lower cost to patients over an entire 90-day episode. And as we've taken on this bundled risk for patients' care for 90 days after discharge, the Beacon Post-Acute Care Network (PACN) was firmly established. We've now seen a full year and continued success with this carefully selected network of nursing home partners. No doubt, bundles are a major initiative for Beacon and we expect more to come.

But even broader and likely more impactful than either of these is the CARE Project. CARE stands for Clinical Alignment and Resource Efficiency. This physician-led initiative will move across Beacon Health System slowly but steadily, touching nearly every service line eventually. And in a few years, we expect to look back on the value-added work

we've done as an integrated effort and the level of quality and cost efficiency we've achieved across the System, and recognize the CARE Project as the one that transformed Beacon Health System the most.

#### The Goal

Simply stated, the goal of the CARE Project is to become the highest value health care delivery organization we can possibly be. The shift from volume to value is happening quickly. To remain a top health care delivery system, we must eliminate waste, decrease potential for errors, lower overall cost of care, and ensure quality and safety targets are met consistently. We must also be wise about market trends and predictions and consider strategies for new revenue, enhancing the patient experience and repositioning for the future.

The opportunities to do any of those are endless. And, with the help from our executive strategic planning teams and the data they gather and interpret for us, those opportunities are often best realized by the physicians and clinical associates who are delivering the care. It is also the physicians and clinical teams who can best make things happen. So the goal, to become the highest value health care delivery organization possible, is achieved through the ideas, work and changes designed and decided by our physicians and their clinical teams.

### The Method to Decide the Starting Point

Provide more value everywhere you can! That's a daunting task, to say the least. Where do we begin? Believing that only as a clinically-led initiative would we find success, we decided to ask the physicians and clinical leaders where we should start.

An opinion survey about our service lines was sent to a host of participants from across the system. Based on a variety of factors including service complexity, expected time needed to make changes, the current degree of standardization within the specialty, impact the service has on the system, and weighting of those factors, the survey returned a priority list. The first priority was obstetrics services, the second was orthopedic services and the third was cardiovascular/cardiothoracic surgery services. We intend to begin CARE work in those top three service lines within a year.

We weren't surprised that ortho and cardiovascular/CTS were high on the list, but OB was not expected. So we dug a little deeper into current statistics, market projections, quality scores, the number of lives touched and the finances for OB services at Beacon. And guess what? It made sense that the survey would return OB as a first priority.

We've all heard that women make the health care decisions for their families, so there is an important long-term benefit to our organization in providing high value to these young moms. Beacon OB care touches more lives than any other service line. The nature of the OB specialty lends a tendency to standardization, which is a key method to eliminate errors and create efficiencies. Beacon already scores high in many OB quality performance metrics so reaching top decile would not require a giant leap. And on the financial front, a \$400/case savings would shift OB services to a net positive bottom line — a \$13 million difference. The opinion survey results from docs and clinical leaders seem a valid tool. The survey effectively provided reliable objectivity to a previously subjective question.

#### Where We Are Right Now

The OB service line kickoff meeting was held the evening of July 14, 2016. About 50 attendees, including Beacon OB physicians from across the system and key OB clinical leaders, gathered for dinner. We shared all of the available statistics, market analysis projections, quality and safety related metrics and financial data. The discussion was robust and nearly everyone in attendance had an idea or realization to share. By the end of the evening, we had a list of initial projects to tackle and a plan to come back together in three months to maintain forward momentum and discuss ideas for upcoming projects. The project list created includes:

- Develop a discharge process to decrease length of stay by addressing the two most common reasons for delay transportation for mom and newborn nursery screen delays for baby.
- 2 Ensure that emergent OB triage visits performed on the OB floors generate a facility charge/bill capture missed revenue opportunity.
- 3 Itemize the cost of each element in commonly utilized power plans to assess for savings opportunities or quality improvements, and develop a single power plan proposal showing where savings or higher quality can be achieved.
- Target focus on patient satisfaction on the OB units.
- 5 Return to the physician group in October with more information and a plan regarding efforts to gain market share in specific populations.

After the kickoff meeting, we have formed workgroups around these specific projects

with clinical representatives from across the system. These projects cover a range of opportunities to eliminate waste, find efficiency in resources, provide higher quality, save dollars or generate new revenue. These goals are the goals of the CARE Project.

We will continue to meet with the physicians and clinical leaders every three months for the first year to provide updates on project status, hold each other accountable to forward progress, gain buy-in for proposals, and share additional ideas for clinical alignment and resource efficiency. We expect 12 months of intensive work-around opportunities to provide higher value. At the one-year mark, we will determine together the frequency of meetings and pace of project work based on our progress to date and the distance left to go. For OB, the one-year mark is July 2017.

#### Where We Are Headed

These same steps are planned as we launch the CARE Project within each service line. The orthopedic service line is next and we expect to launch with a kick-off meeting to create the initial list of projects this fall/winter 2016. In the spring of 2017, we will launch our third priority service line, cardiovascular/CTS. Just as with OB, the first year will be intensive work with physicians and clinical leadership, meeting every three months. At the one-year mark, we will reassess meeting frequency and intensity of project work for the following year.

And so it will go, consistently and steadily, service line by service line, according to the priorities demonstrated in the survey, until we have moved through most all service lines in Beacon Health System. We are gearing up to launch the orthopedic service line with a kick-off dinner in early November.

It will be a long haul. There will be difficultto-navigate whitewater at some points. We will have success beyond expectations for some projects and less with others. As your CMO, my mission with this CARE Project is to maintain steady, meaningful forward momentum, keep a pace of project work and service line launches that is reasonably matched to time and resources, and to guide each change carefully to ensure execution and sustainability. Most importantly, my role is to ensure physicians are leading the way. I ask that you please attend the five CARE Project physician meetings that will be scheduled over the course of a 12-month period once we launch your service line. And to remain engaged, forward-thinking and supportive of necessary change as the work progresses.

The first priority was obstetrics services, the second was orthopedic services and the third was cardiovascular/ cardiothoracic surgery services.



The Centers for Medicare & Medicaid Services (CMS) has now publicly released an overall star quality ranking for all qualifying hospitals in the country. Memorial Hospital of South Bend received a four-star ranking and Elkhart General Hospital received a three-star ranking. In addition to the official July release, we also received a preview report for the projected October public release which indicates that both Beacon hospitals will receive four-star ratings. With the release of this rating system and the extensive discussions leading up to it, we undertook a deeper search into how the ratings are assigned and where the data is obtained.

#### **Distribution**

Across the country, 3,662 hospitals received star rankings. Hospitals which are too small, or were otherwise unable to have participated in a minimum number of measures, were excluded. Overall rankings were assigned in a typical bell curve as shown in **Table A**.

### Methodology

The star rating system is a complex melting pot of 64 health care quality metrics, each of which are separated into one of seven groups and then assigned individual weights within that group. These individual weights vary significantly. In **Table B**, we see how each major group is weighted and the actual number of measures within that group.

This weighting demonstrates the movement of CMS toward placing a much higher value on claims-based quality outcome measures as opposed to the chart-abstracted timeliness and effectiveness process measures. This same pattern is repeated within value-based purchasing and other penalty programs specified within the Affordable Care Act and associated programs.

#### **Data Sources and Timeliness**

From Table B, we see the data sources are either based on claims or direct reporting with the exception of the HCAHPS patient survey. A claims-based measure utilizes traditional Medicare claims and social security information to determine readmissions, mortality and complications. Direct reporting to CMS for process measures such as ED throughput and appropriate discharge medications are used for both timeliness and effectiveness of care groups. These measures are chartabstracted. Health care-acquired infections, which are part of the safety group, are also directly reported by hospitals via the Centers for Disease Control. Data timeliness within the star report has been a major concern for hospitals as the data used for the report lags by one to four years. For example, in the July star report, mortality and readmission data utilized the period July 1, 2012, through June 30, 2015. As evidenced by the October preview report, CMS plans to release star ratings on a quarterly basis, which will at least partially address these concerns; however, there will continue to be significant data lags in the process.

Table A

HOSPITAL OVERALL STAR RATING DISTRIBUTION				
Rating	Number of Hospitals	Percentage		
☆☆☆☆☆	102	2.79%		
<b>☆☆☆☆☆</b>	934	25.52%		
<b>☆☆☆</b> ☆☆	1770	48.33%		
	723	19.74%		
	133	3.63%		

"Therefore, we must not simply maintain but must constantly improve if we hope to retain and improve our position in this highly competitive environment."

- Pete Kamphues, RN

Table B

Measure Group	Group Weight	Number of Measures	Data Source
Outcome: Mortality	22.0%	6	Claims
Outcome: Readmission	22.0%	8	Claims
Outcome: Safety	22.0%	8	Claims and Direct Reporting
Patient Experience	22.0%	11	Patient Surveys
Efficiency: Imaging	4.0%	5	Claims
Process: Timeliness of Care	4.0%	7	Direct Reporting
Process: Effectiveness of Care	4.0%	18	Direct Reporting

#### **Other Concerns**

Many hospitals and hospital associations have lobbied CMS to either make major modifications to star reports or to eliminate the concept altogether. A common theme among the concerns has been that hospital quality data is simply too complex and varied to be funneled into a single grade. Other concerns have been raised regarding the timeliness issues and with how both individual measures and measure groups are weighted within the system. Some minor changes were made by CMS but overall the concept of combining all of these complex measures into a single, simple and theoretically easy-to-understand grade has now come to pass and it is up to us as a health care organization to strive for the best performance possible while always doing what is right for our patients.

### **Opportunities**

Both Beacon hospitals have opportunities for improvement with the STAR ratings in order to maintain a four-star ranking. At both hospitals, maintaining and improving our mortality, readmissions, HCAHPS and patient safety indicators are all essential areas to retain a four-star ranking. It is important to remember that with every release, changes in both the data periods and the relative weights assigned to each measure will occur and that some improvement that has already occurred will be reflected as the updates happen. It is even more important to understand that the other 3,660 hospitals are also seeking to improve. Therefore, we must not simply maintain but must constantly improve if we hope to retain and improve our position in this highly competitive environment.



### Setting the Stage for Telehealth

Submitted by Mark Schmeltz, DO Beacon Medical Group Chair, Beacon Health System Telehealth Committee

In March, Indiana Gov. Mike Pence signed into law House Bill 1263, a law providing for telemedicine practice standards and remote prescribing rules. The law, which became effective on July 1, made Indiana the 47th in the nation to adopt telemedicine legislation.

In May, Beacon Medical Group providers gave their impressions on the implementation of telemedicine at Beacon through an online survey. The survey was fielded to approximately 350 providers (physicians and advanced practice clinicians), 144 of whom responded, yielding a 41 percent response rate (see chart below).

### **Survey Highlights**

- Telemedicine is perceived as more of a good idea than a bad one.
- A majority 59.7 percent feel that telemedicine will help Beacon Medical Group stay competitive.
- There is broad understanding that telemedicine will be a part of everyday practice and will be a great benefit to patients.
- There is concern that personal relationships with patients may diminish.
- Over 30 respondents indicated they would be interested in piloting or early delivery of telehealth services at Beacon.
- There were mixed results on how respondents believe telehealth will impact the practice level (see graph below).



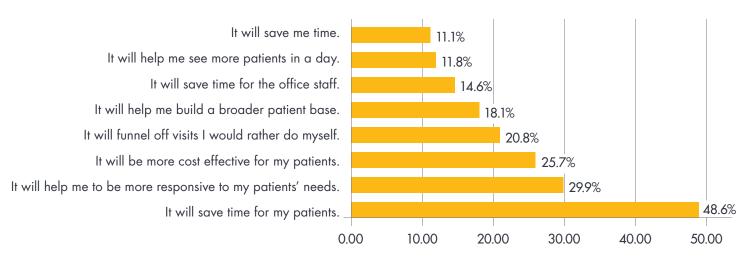
### Telehealth features of interest to physicians and providers include:

- Live video visits and secure email
- Virtual waiting room for patients
- Ability to connect family or other care team members remotely
- Online documentation and e-prescribing
- Payment collection
- Integrated patient health record

### Next Steps

Telehealth is a dynamic and expanding field, and Beacon is poised to meet the challenges and benefits of this transformational way to provide exceptional health care. Look for more information about plans to harness telehealth capabilities in the next issue of *Physician Quarterly*.

### How will the implementation of telemedicine affect your practice?



# Diabetes Prevention Program Available Locally

Submitted by Dale Patterson, MD | Director, Memorial Family Medicine Residency Program

The YMCA of Michiana is on the forefront of promoting wellness and preventing diabetes. The YMCA's Diabetes Prevention Program (DPP), supported by funding from Beacon Health System, provides local residents with an opportunity to decrease their risk of developing type 2 diabetes.

The program has two primary goals: decrease body weight by seven percent and increase physical activity to 150 minutes per week. It consists of 16 weekly sessions; three bi-weekly sessions; and then six monthly maintenance sessions. All sessions last one hour and there is usually an average of eight to 10 participants per class. Lifestyle coaches help participants navigate healthy eating, physical activity and lifestyle choices in a supportive group environment.

DPPs have been shown to be both medically and cost effective. The average participant loses seven percent of their body weight; data has shown this results in a 58 to 71 percent reduction in the progression of developing diabetes, depending on the age of the participant. The program protocol is CDC approved and Medicare will begin reimbursing for the services DPPs provide in the near future. This decision was based on the demonstrated \$2,650 savings in medical costs per participant over the 15 months following program completion.

To qualify for the program, participants must be at least 18 years old, overweight (BMI > 25) and have a high risk for diabetes (see box). The cost of the program is \$429, but some insurers and employers will defray the cost to participants. The YMCA of Michiana also offers significant scholarships to all participants based on an individual's income. Patients can be referred by their physician or enroll without a referral. For more information, contact Natalie Tavernier at the Michiana Family YMCA at **574.287.9622**.

### **Diabetes Prevention Program Requirements for Enrollment**

Participants must be at least 18 years old and have a BMI > 25. They must also be at high risk for diabetes or prediabetic, which includes any of the following:

- 1. HgbA1C 5.7 to 6.4%
- 2. Fasting glucose 100-125
- 3. 2-hour 75 gm glucola between 140-199
- 4. Previous diagnosis of gestational diabetes
- 5. Risk score of 9 or higher in box below

### **Meets At-Risk Qualification:**

Complete the questions below based on the candidate's responses.	Yes - Points	No - Points
Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?	□ 1	□0
Does the candidate have a parent with diabetes?	□1	□0
Does the candidate have a brother or sister with diabetes?	□ 1	□0
Does the candidate weigh as much as or more than the weight listed for their height?	□5	□0
Is the candidate younger than 65 years of age and gets little or no activity in a typical day?	□5	□0
Is the candidate between 45 and 64 years of age?	□5	□0
Is the candidate 65 years of age or older?	□9	□0
Total Risk Score (score must be 9 or greater to qualify for enrollment in 'At-Risk' category):		

#### AT-RISK WEIGHT CHART

Height	Weight (in pounds)
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	1 <i>77</i>
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221



### The New Absorb Scaffold: A Patient Perspective

Carolyn Krull of Goshen took a stress test this summer at the recommendation of her doctor because she was experiencing shortness of breath and has a family history of heart conditions. That stress test led to a catheterization that found a blockage and required a stent.



"They found it without

me having to have a heart attack," Krull said.

And she became the first patient outside of medical trial participants in Indiana to receive a new dissolvable scaffold.

"Carolyn was a great candidate for this new technology," said Donald R. Westerhausen, Jr., MD, the Elkhart General Hospital cardiologist who performed her surgery. The stent will completely disappear in two to three years. "I think she is going to do as well as if we put a metal stent in, and she has an excellent chance of maybe doing better without that metal stent."

### State-of-the-Art Stent Makes Debut

Elkhart General Hospital first in Indiana to implant naturally dissolving heart stent.

### You don't always need a permanent implant to treat a temporary problem.

Traditional metallic stents were once considered revolutionary by cardiologists performing balloon angioplasty on patients with coronary heart disease. A stent expands and permanently adheres to the artery wall so the patient can avoid open heart surgery.

But just like a cast isn't needed after a broken bone heals, a new dissolvable stent made of material similar to dissolving sutures allows the artery to pulse and flex naturally and disappears completely once it has done its job.

In late July, the interventional cardiology team at Elkhart General Hospital, led by Donald R. Westerhausen, Jr., MD, was the first in Indiana to implant the new, FDA-approved Absorb GT1 Bioresorbable Vascular Scaffold in a female patient in her 60s with symptomatic coronary heart disease.

Elkhart General is one of only three hospitals in the state implanting the new device because it has been at the forefront of the new technology through years of clinical studies.

Westerhausen, President of the Midwest Cardiovascular Research and Education Foundation and Director of the Cardiology Catheterization Laboratory at Elkhart General Hospital, was thrilled to be selected to participate in studies involving the dissolvable stent because the device promotes healing of the treated artery segment without permanent implantation.

"To be one of the 140 hospitals in the country to get into these studies was a big deal for us," Westerhausen said.

The innovative plastic scaffold, manufactured by Californiabased Abbott Vascular, starts to break down several months after implantation and completely dissolves within two to three years. Only tiny metallic markers remain in the artery to enable a physician to see where the device was placed.

"It has the opportunity to promote healing and restore the vessel to its natural state. This could potentially be the 'gold standard' in treating non-calcified arteries interventionally in the future," Westerhausen said. "And this technology is going to be useful in other areas like certain areas of the leg that are unstentable."

### Cardiology Research Activities

The physicians at Beacon Medical Group Advanced Cardiovascular Specialists RiverPointe are currently participating in nine active clinical trials. Over the past 15 years, the group has participated in over 40 such trials, caring for over 600 study participants from the Michiana area.



**Dr. Westerhausen**, the Midwest Cardiovascular Research and Education Foundation Board President, heads up the **ABSORB** study (discussed on the previous page). In addition, he is the site primary investigator for the **ODYSSEY** study. This study is looking at the recently FDA-approved injectable drug Praluent® (alirocumab) for patients with a recent hospitalization for acute coronary syndrome and evaluating if patients who receive this drug after their heart attacks have less future cardiac adverse events over those patients not receiving this drug. He also is the site primary investigator for the **RE-DUAL** study, which looks at Pradaxa® vs. warfarin for patients after coronary angioplasty and stent placement (currently enrolling). The Re-Dual study will add much-needed safety and efficacy information on the novel anticoagulant Pradaxa, when used in the setting of patients with atrial fibrillation who undergo intra-coronary stenting.



Interventional cardiologist **Troy Weirick, MD**, is the site's primary investigator for the **EUCLID** study for patients with peripheral-vascular disease, comparing mono-antiplatelet therapy of Plavix® to Brilinta® for long-term outcomes. This study has just ended and we are looking forward to its presentation at the American Heart Association's annual November 2016 conference. In addition, he is the primary investigator for the **THEMIS** study, looking at Brilinta as an add-on therapy to aspirin for diabetic patients with coronary disease, to see if this could help reduce future heart attacks and strokes in this patient population.



Cardiologist **Charles Mathis, MD**, is the site primary investigator for the currently enrolling **STRENGTH** study, which looks at Epanova® (omega-3 fatty acid), an FDA-approved drug for long-term use in high-risk cardiac patients who have high triglycerides and low HDL. The goal of the Strength study is for the use of Epanova to reduce future cardiac adverse events. He was also the lead investigator in the **ACCELERATE** study, looking Evacetrapib for event reduction in patients with low HDL. This study was halted by the sponsor Eli Lilly due to "lack of efficacy with no safety concerns" and reported at this year's American College of Cardiology national meeting.



Electrophysiologist **Gurudutt Kulkarni, MD**, is leading the **RE-CIRCUIT** study, looking at Pradaxa vs. warfarin for patients undergoing atrial fibrillation ablation. Our site met our enrollment goal of four patients and helped contribute to the 120 U.S. patients who participated in the total cohort population of 700 patients. The study findings are anticipated in mid-2017.



Cardiologist Vijay Mehta, MD, was the primary site investigator for the AEGIS study. This was our first ever phase two trial looking at infusion of apoA-I, the active component of HDL cholesterol, in Elkhart General patients with a recent MI (study just ended). Additionally, Boehringer-Ingelheim is recruiting him to be a site primary investigator for use of an investigational drug for an outpatient congestive heart failure trial in Elkhart.

For more information about these studies, contact the Midwest Cardiovascular Research & Education Foundation at **574.522.0337** or email:

- Ruthann Weil, RN, BSN, Research & Education Coordinator, rweil@BeaconHealthSystem.org
- Julie Large, RN, BSN, jlarge@BeaconHealthSystem.org
- Kendra Riehm, RN, BSN, kriehm@BeaconHealthSystem.org

### A Physician's life:

## Full Speed Ahead

### Dr. Walter Halloran Showcases Passion for Automobiles on the Race Track



Walter Halloran, MD Beacon Medical Group Cardiothoracic Surgery

Long before Walter Halloran, MD, ever picked up a scalpel, the Beacon Medical Group cardiothoracic surgeon was handy with a socket wrench.

As a 10-year-old, his mechanical inclinations were matched only by his need for speed. The back

roads and open lands of his rural hometown in southwestern Minnesota made for the perfect setting to explore some speed on a six-horsepower mini bike he built from a kit. He admits to a few misadventures, like the time he had to jump off the bike while traveling at 35 mph before it crashed in woods at the bottom of a ravine. He came out a little bruised, but his youthful confidence was left untouched — and he fixed the brakes.

At 15, he found a second home working on cars at a nearby service station. From there, Dr. Halloran's automotive mastery continued to grow. At age 16, he rebuilt the engine in a 1972 Ford Mustang, a kind of vehicular surgery that wouldn't be his last. But as much fun as he had in working on and being around cars as an adolescent and teen, his path to a medical career consumed his life for a period of 12 years, leaving very little time to focus on his beloved hobby.

#### The Fast Track

His automobile passion reemerged in 1995, four years into his tenure at Elkhart General Hospital, when he purchased a 1995 Porsche 911, the German-manufactured high-performance sports car. Less than two years later, following ongoing conversations with friends who were interested in racing, Dr. Halloran entered the world of sports car racing through the Porsche Club of America Club Racing.

Those first few years on the track were less than spectacular. "I was learning to race and it's nerve-wracking at first. I had a lot to learn," he acknowledged.

In 1999, Dr. Halloran bought his next sports car, a 1979 Turbo Porsche to which he did much work to convert it to a safe and fast track car.

"This older Porsche," says Dr. Halloran with a twinkle in his eye, "was high-powered and unpredictable, with top speeds of 165 mph. It was a handful."

Despite the high speeds, the Porsche Club of America Club Racing is unlike professional racing with its multiple collisions and accompanying injuries. The racing league has a major emphasis on driver safety. In almost two decades of racing, Dr. Halloran has never crashed into another car, though he has driven off a track several times.

"People still wreck their cars, but I haven't seen a single injury."

### A Wonderful Escape

Dr. Halloran is well aware of how opinions differ among people about a cardiothoracic surgeon competing in automobile racing.

"Some think it's cool. Some think it's ridiculous."

For him, it's the best kind of medicine.

"It's an absolute blast. It's exhausting, frightening and physically demanding, but exhilarating. I like the speed, the noise, the smells, the competition and the mechanical aspect of it. It's infectious. Racing distracts me from my everyday job. It's a wonderful escape."

Interestingly enough, Dr. Halloran acknowledges surgery and racing have more in common than some might think.

"Both surgery and racing are decision-intensive. Just as I have to be supremely focused when I'm performing surgery, I need to exercise that same focus when I'm making a turn on a crowded track at 130 mph."

Still, when he's behind the wheel on the track, surgery is the last thing on his mind.

"Being a surgeon is all-consuming. When I'm racing, I'm not a surgeon — I'm a race car driver."





Racing Portfolio

A member of the Porsche Club of America Club Racing, 1997-present

Current race car: 2004 Porsche Turbo

Top speeds, 170 mph and 650 horsepower

Four races a year, from April to September

Locations: Watkins Glen (New York); Road America (Wisconsin); Virginia International Raceway (Virginia); Road Atlanta (Georgia); Mid Ohio (Ohio)



### Larry Tracy Begins Tenure as Memorial Hospital President

In late June, Larry Tracy joined
Beacon Health System as president
of Memorial Hospital. He previously
served as the president of Barnes-Jewish St.
Peters Hospital and Progress West Hospital
in Missouri from 2013 to 2016 and chief
operating officer at Barnes-Jewish West
County Hospital from 2008 to 2013.

A United States Army officer from 1991 to 1999, Larry's career turned to health care when he served as a business analyst for The Ohio State University Health System, an administrative fellow for Northwestern Memorial Hospital in Chicago and vice president for Evanston Northwestern Healthcare. He earned his master's degree in health administration from The Ohio State University.

Physician Quarterly asked Larry about his plans as he takes the helm at Memorial.

What will be some of your top priorities as you begin your career at Memorial?

My first priority is to learn about Memorial, Beacon and our community. All aspects of the health care industry are going through significant transformation. I think it is important to understand the organization, our people (physicians, leaders, team members, volunteers and many others) and our community in order to be an effective leader through this time of change and uncertainty.

Long-term, what does being successful as president look like to you?

Success comes in many forms — quality, safety, patient satisfaction, employee engagement and many more. Success, in my mind, will be top decile performance in all of the traditional categories, while combining it with new systems, processes and relationships that make us known for being a great value — an organization that every employer and household in our region wants to be connected with through all stages of their lives. With all of this rapid change in health care, there are many organizations struggling to find the right balance in transitioning to providing great value. I would like to see us do it in a thoughtful manner that strengthens our community and is sustainable for the long run.

In your opinion, is this an exciting time to be working in health care? What are some aspects of the field that motivate you or energize you?

I think this is a very exciting time to be working in health care. While there are countless pressures to change, I am energized by the opportunity (mandate, if you will) to build a better system of care...one that is transparent, focused on evidence-based medicine that drives superior outcomes and is centered on how the consumer of health care services wants to engage with us. The proliferation of mobile devices and other technologies holds vast potential for all of us. I am motivated by the potential I see in designing a care delivery system that makes sense to all the people outside of health care (rather than just those of us inside of it).

What kind of working relationship do you hope to have with the medical staff/physicians at Memorial? What can they expect from you as the leader of the hospital?

Physicians are confronting their own transformation journey outside of, and in addition to, ours in the hospital. My goal is to be a trusted partner with a high degree of mutual transparency. I want to work closely together throughout this transformation process. Ideally, we will be able to reach our objectives together. Regardless of the outcome, physicians can expect me to be inclusive (multiple stakeholders) and transparent as we work through issues or projects together. Also, accessibility is important to me — every physician is welcome to contact me directly.

Is there any other information you'd like to share with members of Beacon's medical staff?

Yes. I would like to thank the physicians who participated in the interview process that brought me to Memorial Hospital and Beacon. They readily shared their views of the organizations, to include successes and challenges. They inspired me to come here and partner with them (and the entire medical staff) in this transformation journey. I believe the physicians who participated in the interview process represented the medical staff very well and each medical staff member should take some degree of comfort in knowing that their colleagues asked the tough questions, tested me thoroughly and, ultimately, encouraged me to join this team. I am quite thankful to all of them for their trust and confidence, and I hope to earn the trust of the entire medical staff.

### On a Personal Level

Larry and his wife, Debbie, have three children: son Christopher, and daughters Madison and Isabel. Ohio natives, the Tracys enjoy returning to their home state to visit family and watch the Ohio State Buckeyes play football (where Christopher is now a student).

"First and foremost, my extracurricular activities center on my wife and children. Personally, I like many things that require physical activity: cycling (road and hybrid/leisure), walking, basketball and a variety of other sports. Non-fiction reading (military history, leadership and sports) is also high on the list. Another activity I enjoy is taking care of my yard. As strange as that may seem, I find it relaxing and a way to disconnect from the world on a local level."

### BEACON Bulletin

### WELCOME

In mid-September, Carl Risk, II, joined Beacon Health System as the new President of Elkhart General Hospital. With 17 years of health care administration experience, Carl most recently served as lead administrator of St. Vincent Jennings Hospital in North Vernon, Indiana. Look for Carl's Physician Quarterly interview in the fourth quarter issue.

### **KUDOS**

Nonyem Onujiogu, MD, Beacon Medical Group Gynecologic Oncology, has been appointed Director of Gynecologic Surgical Oncology. Dr. Onujiogu is board-certified in obstetrics and gynecology, is a member of the Society of Gynecologic Oncology, and a Fellow of the American Congress of Obstetrics and Gynecologists.

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In July, the American Cancer Society honored Beacon Medical Group radiation oncologist Sam McGrath, MD, and Thomas Poulin, MD, vascular surgeon at General & Vascular Surgery, PC, during the annual Coaches vs. Cancer Night of the Stars hosted by the University of Notre Dame's head basketball coach Mike Brey.

Dr. Poulin received the Dr. Juan Garcia Lifetime Achievement Award from the Society. Given in honor and memory of oncologist Dr. Juan Garcia, this award has only been given three times to extraordinary physicians in the Michiana community who have gone above and beyond in their scope of care and treatment for cancer patients.

Nominated by his coworkers and peers, **Dr. McGrath** received the Hope Award for his dedication and tireless efforts to deliver the highest quality of patient care.

### **ACHIEVEMENTS**

Elkhart General Hospital was one of four hospitals ranked number eight out of 165 hospitals in the state in U.S. News & World Report's Best in Indiana. U.S. News rated the hospital's chronic obstructive pulmonary disease, heart failure and hip and knee replacement programs as high performing. At Memorial Hospital, the hospital's chronic obstructive pulmonary disease, heart failure and hip replacement programs were rated as high performing.

Interventional radiologist Gerard Duprat, MD, FRCP, and Cathy Bringedahl, MS, RCIS, Executive Director of Cardiovascular Services at Memorial Hospital, presented to a group of 200 physicians, nurses and administrators at the Society for Vascular Surgery's Vascular Quality Initiative (VQI) annual meeting in June. The presentation, "Memorial Hospital of South Bend: A Physician-Led Approach to Improving Quality Data," detailed the positive effects of building a collaborative relationship among cardiologists, interventional radiologists, vascular surgeons, a neurosurgeon and hospital leadership.

More than 220 centers in the U.S. and Canada participate in VOI. The organization promotes vascular quality improvement via data collection for outcomes analysis as well as sharing best practices among members.

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Beacon Health System was selected as a Top 100 Healthiest Employer in the Country as a result of Beacon's population health and wellness initiatives. The Employer Healthcare and Benefits Congress granted the award.

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The Centers for Medicare & Medicaid Services announced that Beacon Medical Group was selected as a participant in the Million Hearts® Cardiovascular Disease Risk Reduction Model. The five-year model will involve nearly 20,000 health care practitioners in 47 states. Puerto Rico and the District of Columbia and 3.3 million Medicare fee-for-service beneficiaries.

### 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.

### 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

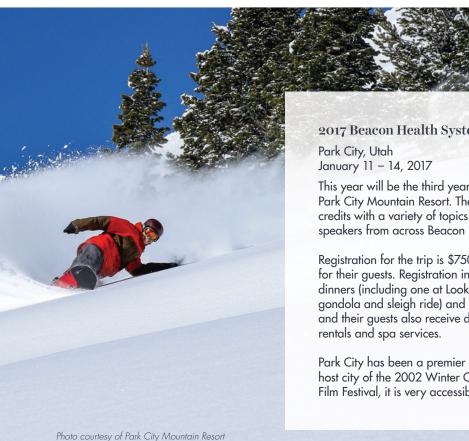
Elizabeth Hay, MD

Beacon Medical Group, Behavioral Health South Bend

Pediatric Grand Rounds: Somatic Disorders in the Pediatric Population 2016 Elkhart General SCUBA Topics XX

Roatan, Honduras November 5 - 12, 2016

This year marks the 20th anniversary of the Elkhart General SCUBA Topics CME trip. Held at Anthony's Key Resort in Roatan, Honduras, the trip encompasses approximately 20 CME credits in a wide range of topics. Participants engage in CME lectures for a portion of the day and are then able to enjoy the beautiful scuba diving and snorkeling at Anthony's Key, a 2016 TripAdvisor Travelers' Choice award-winning hotel.



2017 Beacon Health System CME Winter Symposium

This year will be the third year for the Winter Symposium at Park City Mountain Resort. The trip offers participants 13 CME credits with a variety of topics in a wide range of specialties with speakers from across Beacon Health System.

Registration for the trip is \$750 for CME participants and \$250 for their guests. Registration includes breakfast each day, two dinners (including one at Lookout Cabin that is accessible by gondola and sleigh ride) and a cocktail reception. Participants and their guests also receive discounted lift tickets, equipment

Park City has been a premier ski destination since 1960. As the host city of the 2002 Winter Olympics and the annual Sundance Film Festival, it is very accessible from Salt Lake City, Utah.

For more information or to register for either trip, please contact Jen Cline with Medical Staff Services at Elkhart General at jcline@BeaconHealthSystem.org or 574.523.3118.



(April - June 2016)

# **MEMORIAL**

MEMORIAL FAMILY MEDICINE RESIDENCY PROGRAM

#### ALLERGY & IMMUNOLOGY

Sohaib Aleem, MD, MPH

**DENTISTRY** 

Scott Keiser, DMD

DIAGNOSTIC RADIOLOGY

Brian Bolinger, MD

**EMERGENCY MEDICINE** 

Michael McBride, MD

**FAMILY MEDICINE** 

Tamer Caleel, DO Joel Mulder, DO Amanda Springer, MD

HOSPICE & PALLIATIVE MEDICINE

Nicholas Kerr, DO

HOSPITAL MEDICINE/ FAMILY MEDICINE

Jordon Despain, MD Caroline Greenidge, MD **Aaron Lewis, MD** Richard Ward, MD

INFECTIOUS DISEASE MEDICINE

Anil Mathew, MD

**NEONATOLOGY** 

Kimberly Brathwaite, MD

NEPHROLOGY

Brian Sucharetza, MD

**NEUROLOGY** 

Karen Rodman, MD

OBSTETRICS & GYNECOLOGY

Danielle Anderson, MD

UROLOGY

Roger Jump, DO

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

### Graduating Class of 2016











Catherine K. Bast, MD

Edna S. Becht, DO

Jordon B. Despain, MD Rachel E. Dunham, MD Laura E. Fink, MD











Aaron C. Lewis, MD

Joseph A. Marino, MD Pranjal R. Patel, MD

Richard J. Ward, MD

### Incoming Class of 2019













Robert Cassady, MD

Jonathan Ditty, MD

Ryan Enck, MD

Michael Fecher, MD

Benoit Herbert, MD







Thomas McGinn, DO

Thomas Pechin, III, MD Alexander Porte, MD







### 7th Annual Pediatric **Environmental Health Symposium**

Wednesday, Oct. 12 | 4 to 8 p.m. **Lerner Theatre** 410 South Main St. | Elkhart, Indiana

Topics include:

Lead in Water | Treatment of Lead Toxicity Zika Virus | Pediatric Asthma

Presented by:

#### Helen J. Binns, MD, MPH

Professor, Feinberg School of Medicine Northwestern University, Chicago, Illinois

#### Daniel A. Nafziger, MD, MS

Health Officer, Elkhart County Health Department

Elkhart General Hospital, Elkhart County Health Department and the Pediatric Environmental Health Specialties Unit, supported by the EPA and CDC, have co-sponsored this educational event.

For more information, contact Jen Cline, 574.523.3118 or jcline@beaconhealthsystem.org.



Friday, November 4 8 a.m. to 5 p.m.

Windsor Park Conference Center 4020 Edison Lakes Parkway, Mishawaka, Indiana

Topics include:

Memorial Children's Hospital NICE: Our Journey to FiCare | A Playful Experience: Helping Kids and Families Cope with Hospitalization | Perinatal Mood Disorders: An Overview | Failure to Thrive: Developing Resiliency for Healthcare Professionals | Just Eat It: Infant Feeding and Nutrition | Investigating and Prosecuting Child Physical and Sexual Abuse

For more information, contact Jessica Shuppert, 574.647.1658 or jshuppert@beaconhealthsystem.org.







As a physician, you have dedicated so much of your time and energy to taking care of others. As a result, it can be difficult to find the time and energy to take care of yourself.

You deserve a cutting-edge and convenient place that accommodates the dynamics of your busy life. At Beacon Health & Fitness, we will soon open our 67,000-square-foot facility in Mishawaka – that's in addition to our downtown South Bend location. We offer 24/7 access at our new location, more than 50 pieces of cardio equipment, a lap pool, an indoor track, group classes, a sports performance center and more.

Make time for you – you deserve it. Join Beacon Health & Fitness.



Call 574.647.2597 or visit BeaconHealthAndFitness.org.