

POE: Hospitalist Shares His Thoughts

Hospitalist Brian Lishawa, MD, is among the Munson Medical Staff who has worked with Physician/Provider Order Entry at other hospitals.



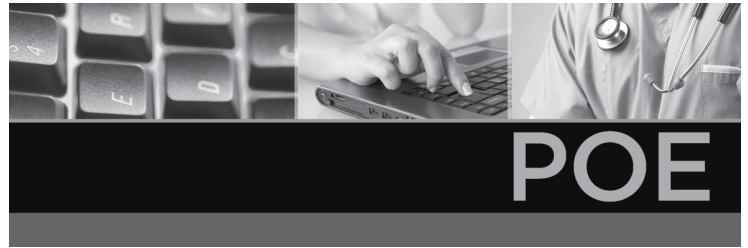
He offers this perspective.

Does POE improve patient safety?

I have worked with several different computerized provider order entry systems during my medical training and residency. I am convinced that POE does improve patient safety.

What do you think of Munson's proposed system?

Munson's system seems to be rather intuitive and less



cluttered than most of the others I've used.

What would you tell other providers apprehensive about POE?

Adjustment to a new system

always brings headaches. I'm quite confident that our heads will ache less than they would have if Munson had chosen other systems, and I'll welcome my own headache if it improves my patients' safety and care.

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Here are three questions that were asked on April 27, and a recap of responses:

What's in it for Spectrum?

Rick Breon: As we look forward to what's going on with health care reform and other issues in the industry, dealing from a position of strength will be critically important. When two strong health care systems combine, the whole will be greater than the sum of the parts. For both of us, having a strong partner would add to our strength.

Will there be a consolidation of services that eliminates jobs?

Rick Breon: No. What we're talking about doing is growing this organization. We're not talking about job cuts. This is a growth initiative.

Ed Ness: It's important to acknowledge the concerns out there about job loss, but I really don't worry about that for three reasons: 1) health care jobs are local; 2) we benchmark our costs and there's not much we could consolidate because we're efficient already; 3) we've had steady growth of 2 to 3 percent each year and we expect that to continue. We'll need to add 75 to 100 jobs

per year just to accommodate that 2 to 3 percent growth.

Mike Freed: This industry is growing. Many of us in health care leadership are baby boomers. As we retire and become health care users, we've got a bigger concern: How are we going to produce the talented clinicians, the financial leaders, and other workers who will run this industry in the future? I don't think the concern is a loss of jobs; it's about filling them.

Will services move to GR?

Rick Breon: The hub for tertiary services in the north is and will continue to be Traverse City.

Ed Ness: People need services and testing close to home. What's different here is our geography. There isn't another hospital five miles down the road. We want to be a strong tertiary hospital in this region. To do that we need technology, we need capacity, and we need state-of-the-art service line programs, such as cancer. The next five to 10 years, as we grow, will be very expensive.

For questions or comments about the ongoing talks, physicians may leave a voice message at (231) 935-2000 or email voicesandviews@mhc.net.

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numbers are a credit to Stauter and Jan Boettcher, RN, who coordinate efforts of the research committee at Munson.

They are doing a wonderful job in identifying patients and getting them enrolled, he said. What has been key in our very rapid success in cardiac research in just two or three years has been the cooperation between various cardiologists. We work very well together in deciding which trials we are most interested in.

Dr. Lauer said the research committee considers the benefit for patients, the scientific goal of the research, and the costs involved before joining a particular study. All research also has to be approved by the Munson Institutional Review Board.

The Yale study, which uses the acronym VIRGO for Variation in Recovery: Role of Gender on Outcomes of Young AMI Patients, is examining younger women and heart disease to determine how women recover from heart attacks, how their outcomes are different from men, what factors contribute to premature heart disease in women, and if the quality of care

for women differs from men.

The study began enrolling 2,000 women and 1,000 men in August 2008, is about halfway toward its patient goal. Munson had 53 patients enrolled as of early April. The study's principal investigator at Munson is Cardiologist James Fox, MD, FACC. His role is to review the patients enrolled to ensure they meet the criteria of the study and then coordinate with national researchers at Yale as information is compiled.

In fact, there is a cardiac research program at Munson, a credit to the administration and to the cardiologists who are committed to quality patient care, he said.

They take the care of their cardiac patients seriously, Dr. Fox said. We are doing research in hopes of finding ways to better treat patients in the future.

The DAPT study out of Harvard is trying to determine how long patients with a drug-eluting coronary stent should receive a combination of aspirin and anti-clotting medication to reduce the risk of blood clots. Munson's study is led by principal investigator Cardiologist Kevin Clayton, DO, FACC.

MSU-CHM Student Chats With TC West Anatomy Class

Experiencing her third year of medical school at Munson Medical Center has proven to be a good choice for Colleen Lane.

Students at Traverse City West's Anatomy and Physiology class listened attentively to the medical student describe the hands-on training that the six Michigan State University College of Human Medicine students receive at Munson Medical Center.

At Munson we are working with attendings and not with residents, Lane said. Because we're new, it's nice to have people who want you there.

The former translator and pediatric AIDS worker in Honduras described how a language major came to the realization of her desire to help the young patients she saw on a daily basis herself, and not just translate their needs to others.



MSU-CHM Student Colleen Lane answers a question from students at TC West.

Lane said she came to Traverse City intent on going into family medicine, but now is leaning toward working in an emergency room.

I like the mystery of someone coming in

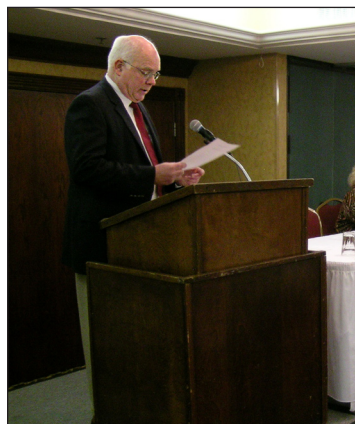
and you having to figure out what's wrong with them, she said. It would also be shift work, so someone like me who wants to do international medicine could leave to do that.

Physician Testifies Before State House Subcommittee on Community Health

Two members of the Michigan House of Representatives Appropriations Subcommittee on Community Health heard testimony in Traverse City about the proposed 2011 Department of Community Health budget.

Michigan State University College of Human Medicine Community Assistant Dean Daniel Webster, MD, was among local health care professionals who testified recently before the panel. The former Director of the Munson Family Practice Residency Program told legislators that poor reimbursement funding for Medicaid and the use of Medicaid HMOs is hurting access to health care in northern Michigan.

Many of my colleagues have



MSU College of Human Medicine Community Assistant Dean Daniel Webster, MD, testifies before the state House Appropriations Subcommittee on Community Health.

decided to not see Medicaid patients secondary to the poor reimbursement and the administrative hassles of

providing care to this group of clientele, he said. This is not a reflection on the patient, but more a reflection on the system of reimbursement.

Dr. Webster said the Munson Family Practice Centers Medicaid caseload has grown to 30 percent and is unsustainable on a long-term basis because of declining reimbursement. As MSU CHM's Community Assistant Dean, he said he works with idealistic medical students who want to serve patients regardless of their ability to pay. However, those same students graduate with an average debt of \$180,000.

The decision of specialty choice is unfortunately directed from

the initial pure intentions to the reality of debt repayment, he said. Among students who choose primary care, few take Medicaid patients because of poor reimbursement.

He urged subcommittee Chairman Gary McDowell, D-Rudyard, and Rep. Alma Wheeler Smith, D-Salem, to help patients, physicians, and hospitals by funding Medicaid so that health care remains accessible and sustainable.

If there is a responsibility for the state of Michigan to provide Medicaid benefits to its residents, there is an equal responsibility for Michigan to adequately pay providers who deliver care, he said.

IN BRIEF

Hand Surgery of N. Mich. Relocates Its Office

Hand Surgery of Northern Michigan has moved their offices to a new location at the corner of West Front Street and Division Street.

Hand surgeons Danielle A. Conaway, M.D.; Paul S. Jacobson, M.D.; and Mark S. Leslie, M.D., have relocated their practice to 701 W. Front St., Suite 100, in Traverse City. Hand Surgery of Northern Michigan was formerly at 701 Third St. in Traverse City.

For more information or to schedule an appointment, contact Hand Surgery of Northern Michigan at (231) 935-0800.

Grand Traverse Surgery Also at New Location

Grand Traverse Surgery, P.C., has relocated its office to the corner of West Front Street and Division Street.

Surgeons Roche J. Featherstone, M.D.; David M. Kam, M.D., M.S., F.A.C.S.; Michael A. Nizzi, D.O.; and Steven Slikkers, M.D., have relocated their practice to 701 W. Front St., Suite 200 in Traverse City.

The practice specializes in general surgery and bariatric surgery. Grand Traverse Surgery formerly was at 3575 W. Front St.

For more information, or to schedule an appointment, contact Grand Traverse Surgery at its new number (231) 346-4000.

April E. Kurkowski, DO, Joins KMHC Medical Staff



April Kurkowski, DO

April E. Kurkowski, DO, has joined the medical staff of Kalkaska Memorial Health Center as a specialist in Family Medicine.

Dr. Kurkowski practices at Kalkaska Rural Health Clinic, 419

S. Coral St., in Kalkaska.

Dr. Kurkowski graduated from Kansas City University of Medicine and Biosciences and completed her residency in the Munson Family Practice Residency Program at Munson Medical Center.

Online and Cell Phone Library Resources Available

Need credible medical information at your desk or away from the office?

You can now access Munson's Online Library resources through **mymunson.org**. From the Physician/Office Staff login, click on Resources, then Library Online Resources. You will be asked to submit a quick form verifying that you are a qualified user.

For iPhone users, mobile apps have been created so that physicians, residents, and medical students can access online content quickly.

To download one of the apps, visit <http://mymunson.org/mobile>.

Munson is Top 100 Hospital 12th Time

Munson Medical Center for the 12th time has been recognized as a member of the nation's *100 Top Hospitals*. The hospital joins an elite group of three in the nation to be recognized a dozen times or more.

There were 2,926 hospitals nationwide included in the annual study that leads to the national rankings.

The team is focused on our quality and patient safety goals year round, said Ed Ness, Munson Medical Center President and CEO. To get Top 100 this year really reflects those continual efforts and focus of our physicians, staff, volunteers, and the leadership of the board. I applaud them all.

Munson Medical Center also was among 23 hospitals nationally named an Everest Award for National Benchmarks winner. This is the second year this award has been issued by Thomson Reuters. It recognizes a hospital's rate of long-term improvement. Munson Medical Center has been named to the list both years.

For the 2009 recognition, Thomson Reuters analyzed public data to examine 10 performance areas, including mortality, medical complications, patient safety, average length of stay, expenses, profitability, patient satisfaction, adherence to clinical standards of care, and post-discharge

mortality and readmission rates for acute myocardial infarction, heart failure, and pneumonia.

If all Medicare patients had received the same level of care as patients at the Top 100 benchmark hospitals:

- More than 98,000 additional lives would have been saved.
- Nearly 197,000 other patients would have avoided complications.
- Total expenses would have declined by \$5.5 billion.

It is exceedingly difficult to be selected as a national benchmark hospital every year. Although three hospitals have won this award 12 times or more, no U.S. hospital has won this award every year since its inception in 1993.

This year's study magnified the value that *100 Top Hospital* award winners provide to their communities even during the economic downturn, said Jean Chenoweth, Senior Vice President for performance improvement and *100 Top Hospitals* programs at Thomson Reuters. The insistence of these hospital leaders, their boards, executive teams, and physicians and staff on overall excellence makes a difference.

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HBOT

Research shows that chronic wounds respond to daily HBOT treatments by:

- Decreased local tissue edema
- Improved cellular energy metabolism
- Improved local tissue oxygenation
- Improved leukocyte killing ability
- Increased effectiveness of some antibiotics
- Promotion of collagen deposition
- Promotion of neoangiogenesis
- Enhanced epithelial migration

HBOT is used to treat diabetic wounds, crush injuries, certain infections, carbon monoxide poisoning, cyanide poisoning, decompression sickness, and several more conditions.

The Advanced Wound Center is at 5085 Anna Drive, Suite C, Traverse City. Physician offices may refer patients by calling (231) 935-0727.

