

the Pulse

December 2019

News for Munson Healthcare Medical Staff

Integrated Providers, System: Worth Doing, Worth Having

Innovation. Engagement. Transformation. These are not just empty buzzwords. Rather, they describe the system-wide drivers of Munson Healthcare's continued integration. Years of work building a lean-based structure have paved the way toward a more patient-centered, clinically-integrated network. Now it's time to dive deeper because the end game – a fully-integrated health system – is truly something worth having and is necessary for success.

Change is never easy. EHR integration, technology advancements, and informed decision-making are complex conduits of this charge toward system integration. The road has been bumpy and will continue to be so, at least in the short term.

But there is something even more valuable than EMRs, data, and technology. **The most important element to our success is our providers.** Indeed, the present challenges cannot be overcome without provider leadership, especially as it pertains to community health.

Health care is rapidly evolving. As a system, we can no longer be hospital-centric. National data tells us that 80% of patient care occurs outside the hospital. We've got to lift our heads up and start looking around our communities, understanding how care in ambulatory settings, urgent care, or even no care at all affects our patients. We need to partner with our ambulatory providers to promote healthy communities.

Expanding our vision of what a healthy community looks like means a more robust focus on external health issues that directly impact a patient's quality of life: food security, substance abuse, access to behavioral health, transportation concerns, and more. And though Munson Healthcare has made progress on that front through various partnerships, federal and state grants, and by slowly working through regional silos, there is more we can do – with providers at the helm.

Looking at the big picture, physicians are making inroads into senior leadership positions. Four years ago there were no physicians in senior leadership for the Munson Healthcare system; now we have three: John Beckett, MD, FACEP,

FAAEM, Chief Medical Information Officer; Jim Whelan, MD, Medical Director, Population Health Management, and me.

On the administrative side, we continue to engage and align our providers through the evolving clinically integrated network as well as through regional and local meetings with provider stakeholders. **Provider alignment is key, because we know that engaged providers provide safer care and promote empowered teams; they naturally support our purpose of improving patient lives. Provider alignment results in better patient care and happier staff and patients, which is at the center of everything we do.**

Alignment also means further involving advanced practice providers (APPs) in how we work. That changes how we've done things in the past. APPs play an integral part in our health care system, and it's vital that they take a bigger role in our organization.

Provider leadership – dovetailed with technology, data, and administrative support – will drive our engagement beyond the four walls of the hospital and our clinics. As I reflect on where we have been and where we are going, integrating our system and our providers, in spite of our current growing pains, are worth doing because they're worth having.

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Transparency

Tom Peterson, MD, FAAP; Vice President, Quality and Safety, Munson Healthcare

What is transparency? It is a friend, an ally, to any good quality and safety program. Transparency is a key component of high reliability, and achieving zero harm. Transparency is about being open, sharing, and learning from mistakes or shortcomings. It is sharing those stories with peers, with your teams, and even with senior leadership such as your MEC or Board. It is also about apologizing and disclosing any of our mistakes to our patients in a personal and not “blaming others” way. As humans, we will always make mistakes and errors; being totally transparent about even the smallest of them, drives improvement overall.

Transparency must be used in a positive, not punitive, way. We grew up in medicine in the 20th century with the assumption doctors did not, or should not, make mistakes. There was typically a shaming attitude throughout that greatly limited open discussion about mistakes. The malpractice boom 30-40 years ago did not help either; the liability phenomenon caused hospitals and health care providers to keep things quiet for many years. Risk management grew up as a very reactive service in this time.

But in the past 10-15 years, hospitals throughout the country have become more transparent about their harm events to patients and injuries to their employees. Groups like Institute for Healthcare Improvement (IHI), The Joint Commission (TJC), National Patient Safety Foundation (NPSF), and American College of Healthcare Executives (ACHE) all now strongly support full transparency. It is well known that in very transparent cultures, liabilities are lower overall and safety and quality efforts improve. Recently, in a Blue Cross Blue Shield (BCBS) state quality collaborative for Cardiovascular Surgery, our own cardiovascular surgeons learned they were underperforming in blood utilization compared to their peers around the state. The response was provider-led ownership that resulted in amazing improvement and cost savings. This opportunity arose only because they were open to a transparent, shared learning environment.

Transparency succeeds when it is used with positive feedback, even when mistakes are made. Transparency can provide awareness and personal accountability, and push everyone to improve. Peer checking one another also provides peer-to-peer accountability in a transparent way, and a simple “thank you for checking me” goes a long way in improving the safety culture. Hearing a surgeon discuss openly the mistake they made, why it happened, and how they plan to improve is a great thing to drive future improvements. Cadillac Hospital posts names of those who missed a part of the sepsis bundle, and in an organization I used to work we posted names of providers who did not wash their hands entering/exiting a patient’s room. But this only works well in a mature safety culture.

Another way to be transparent is VOICE reporting of events. While more than 90% are non-anonymous, they have

continually increased throughout MHC, and that is good. We are being more transparent. It’s important not to think of these as “getting voiced,” or blamed, but rather as reporting issues that we can learn and improve from once they’re elevated.

We also are now reporting all sentinel and serious patient safety events to our boards, and will be doing the same with serious employee injuries. Not to be punitive, but to allow the boards the knowledge and ability to drive accountability in all of us. Maybe our MECs could do the same?

Transparency is not easy. But when a transparent culture truly exists, it is very easy to see, easy to feel, and much more fun to be part of. As well, the safety and quality of that culture improves, and attaining 100% or zero harm gets closer and closer.

“I believe in accountability, efficiency, and to provide quality and compassionate care thus I value transparency. I also believe such culture will lead to trust, respect, collaboration, and it brings out the best in us.”

– Bobby Kong, MD, Cardiothoracic Surgeon
Section Chief, Cardiothoracic Surgery,
Munson Medical Center

“Reviewing unblinded state-wide data fosters the sharing of optimal practice methods, with the goal to improve the quality of care of cardiovascular surgery patients across the state. Through this process we have learned from our colleagues, and also have had the opportunity to share and teach them Munson Healthcare’s best practices. It is a win-win situation for patients all over Michigan.”

– Shelly C. Lall, MD, FAC, Cardiothoracic Surgeon
Quality Improvement Physician Champion

Editor’s Note

This is Dr. Tom Peterson’s last column as he has left Munson Healthcare to pursue a new and exciting opportunity: the first Chief Safety Officer for the Trinity Health System. We wish Dr. Peterson all the best, and he can be reached at thomaspeterson31@gmail.com.

Service Line Update: Managing Violence in the Emergency Department

Paula Colombo, MD, Chair, Psychiatry Department, Munson Medical Center

John Bolde, System Director of Safety and Security, Munson Healthcare

Background

Munson Healthcare emergency department staff are using evidence-based best practices to evaluate and treat patients experiencing a mental health crisis. A mental health patient's presentation can be complicated and complex due to co-occurring substance use disorders, medical comorbidities, and developmental disabilities.

There are multiple types of mental health emergencies including severe anxiety, intoxication, or withdrawal from substances; agitated or violent behavior secondary to intoxication, delirium, mania, or psychosis; or suicidal ideation or attempt.

Treatment goals include excluding and managing medical causes for presentation, stabilization of acute crisis, and appropriate disposition and discharge planning. Treatment should occur in the least restrictive setting. The approach to the patient should be empathic and supportive. Addressing these issues and achieving these goals can be much more challenging when staff do not have the adequate resources and training. Thus, Munson Healthcare is working to educate staff on how to best assist patients experiencing a mental health crisis.

Update

Munson Healthcare is committed to providing care to patients experiencing a mental health crisis while maintaining a safe environment for staff and providers. While the majority of patients admitted to the Munson Healthcare emergency departments are not violent, it is essential for staff to have the resources to identify patients at risk for violence and to mitigate the risk of violence. It is also important to note that mental illness is not a precursor to violence. Instead, most people with mental illness are more likely to be victims of violence versus perpetrators of violence. Screening patients for any evidence of violence and improving awareness is recommended.

Best practices guide us to two initiatives being implemented system-wide:

- **Crisis Prevention Institute (CPI) non-violent crisis intervention training model used to educate staff how to manage and prevent difficult behaviors.**
- **Broset Violence Checklist, a six-item checklist that assists in the prediction of violent behavior in psychiatric patients in the next 24 hours.**

Crisis Prevention Institute (CPI) Training

All emergency department and security staff in the MHC system are receiving CPI Training. CPI utilizes competency and evidence-based behavioral and verbal de-escalation techniques to calm and support patients who are at risk of becoming irritable, agitated, or violent. Additionally, employees are given

tools to help maintain a non-stimulating and non-threatening environment. Munson Healthcare currently has 16 CPI certified in-house instructors providing training to our front-line staff, keeping safety in the forefront for our employees, providers, and our patients.

Broset Violence Checklist

The Broset Violence Checklist (BVC) is an evidence-based tool developed in Norway to assess the potential for violence in adult patients admitted to a psychiatric unit. It assesses six behaviors: confusion, irritability, boisterousness, physical threats, verbal threats, and attacking objects.

The BVC is completed by nursing staff. An algorithm is utilized to determine how often a patient is screened with the BVC. The frequency of screening is associated with a patient's score, with a higher score leading to screening every hour versus every four hours.

The BVC was first implemented at Munson Medical Center on the inpatient behavioral health unit. As expected, staff found the BVC to be very effective in identifying a patient's risk for agitation and violence. If a patient has an elevated risk, staff uses verbal and behavioral de-escalation techniques to mitigate the risk of violence. As a consequence, incidents of violence towards staff and the use of seclusion and restraint of patients has declined.

Munson Healthcare determined the BVC would be a useful tool for evaluation of patients who are admitted to the emergency department for a behavioral health crisis. Since 2018, the BVC has been implemented in the Munson Medical Center Emergency Department. In early 2019 BVC was implemented in five additional Munson Healthcare Emergency Departments: Cadillac Hospital, Grayling Hospital, Kalkaska Memorial Health Center, Mackinac Straits Health System, and Paul Oliver Memorial Hospital. Charlevoix Hospital, Manistee Hospital, and Otsego Memorial Hospital plan to implement in 2020.

Additionally, all MHC emergency departments' behavioral patients in crisis are evaluated by a behavioral health specialist who collaborates with the attending physician or APP. Prior to discharge, the behavioral health specialist works with the patient to complete a safety plan, which includes natural supports, community resources, and coordination with primary care provider and specialists as indicated.

The treatment of a patient's mental health crisis is achieved through the utilization of evidence based best practices and collaboration with providers and patients to ensure a safe and effective outcome.

Munson Healthcare Strategic Goals | Transform: Care Delivery

Executive sponsors:

Ed Ness, President and CEO, Munson Healthcare

Laura Glenn, President, Ambulatory Services & Value Based Care, Munson Healthcare

MHC Strategy:

To partner with providers to develop the infrastructure needed to be successful in a value/population based environment.

The transition from fee-for-service to a value-based reimbursement model is truly a paradigm shift that requires us to think differently as a health care provider. This change is being driven both by the Centers for Medicare and Medicaid Services (CMS) and commercial payors as a way to control rising health care costs. Commercial payors, such as Blue Cross Blue Shield, are advocating for these changes on behalf of both patients who are struggling with out-of-pocket costs as well as employers who are struggling to afford year over year premium increases. In addition to mandates such as MACRA, CMS and commercial payors also offer providers incentives that reward value over volume. CMS models for hospital providers are still optional at this point (e.g., ACOs, Bundled Payments). We need to be prepared for these optional programs (or programs like them) to become mandatory in the future.

How can we as a health care system transform our care delivery to promote healthy communities? By being proactive to:

- **partner with primary care providers**
- **develop the infrastructure needed to be successful in a value/population based environment**
- **develop new strategies and arrangements with our payors to facilitate this transition**

Partner with Primary Care Providers

Providers, particularly primary care providers (PCPs), play a central role in managing population health. We need to better collaborate with our PCPs and support them in delivering preventive services, coordinating care, and managing patients with chronic conditions. Subspecialists and hospitalists serve key roles in this as well. It's vital that we strengthen our partnerships with PCPs and support them as the "quarterback" of patient care.

Our physician organization partners – the Wexford/Crawford PHO (PHO) and the Northern Physicians Organization (NPO) – have been doing this important work for years and have led the transition to value-based reimbursement. We're actively working with NPO and the PHO to identify opportunities for continued collaboration as we move forward. For example, Munson Medical Center recently joined NPO's accountable care organization (ACO) Trillium Health.

The PHO also serves as the foundation of Munson Healthcare's Clinically Integrated Network (CIN). The work of the PHO and CIN is helping us to better coordinate between providers, as well as between hospitals and providers, to achieve the goals of higher quality, lower cost care. For more, read the CIN update on pg. 5.

In partnership with both NPO and PHO providers, the CIN is currently focused on driving improvement in quality metrics specific to Munson Healthcare employees.

Develop Our Infrastructure

We are defining and developing the infrastructure needed to help support the additional work that is necessary to effectively manage a patient population under a value-based payment model.

That infrastructure includes:

- Care management
- Adequate clinical and quality support staff at the practice level
- IT infrastructure
- Data and analytics support

To move forward in a financially viable, patient-centered manner, Munson Healthcare and its provider partners need fully-integrated clinical and business data for real-time decision making that is accessible, transferable, and useful. One way we are working to achieve this is by implementing Cerner's HealtheIntent platform as part of our IT roadmap. And providers don't need to be on Cerner to use HealtheIntent, which is a real advantage.

To be successful in our new value-based reality, it is critical that we work with our provider partners to develop and implement the needed infrastructure that will help us be successful in the future. And doing so is the right thing for our patients.

Anticipate Changes in Payor Strategies

CMS and commercial payors continue to introduce new reimbursement incentives and mandates. As an organization, we need to be proactive in anticipating and implementing these new payment models.

For example, CMS will soon be publishing regulations regarding new optional value-based payment models. Once we know the details of these new regulations, we need to determine if and how we should participate. The biggest benefit of early adoption of optional reimbursement programs is it allows us to learn and prepare for when these, or similar programs, become mandatory.

We'll also need to engage with commercial payors to adjust our contractual relationships and incentives to better align with value-based reimbursement.

In a fee-for-service world, providers can sometimes feel like they're on a hamster wheel where they constantly have to do more to get paid. By prioritizing value over volume, this will allow providers to focus on what matters: keeping people healthy and being more proactive in managing their chronic conditions effectively.

CIN Update: First Year Review

James Whelan, MD; Medical Director, Wexford PHO; Medical Director; Munson Healthcare Population Health Management

As the health care industry continues to rapidly evolve the ways in which providers and hospitals are reimbursed by insurers and incentivized by the government, practices and health systems need to transform and collaborate to be successful. Fiscal Year 2019 marked the first anniversary for Munson Healthcare's Clinically Integrated Network (CIN). **With the majority of Munson Healthcare providers as members, MHC's CIN helps us to both collaborate with providers and the health system as well as coordinate efforts as we lead the system in a value-based reimbursement model to better care for our communities.**

Knowing we needed to align our efforts to lower costs while improving quality, focusing on Munson Healthcare's employees was an obvious place to start as it affords us the opportunity to develop capabilities and improve quality within a smaller population. Once we've celebrated successes with our employees and their beneficiaries, we can implement our acquired knowledge with other patient populations.

First-Year Successes:

Reduced Smoking, BMI, ER Utilization Rates

In 2019, we focused our efforts on reducing smoking rates, patients' body mass index (BMI), and emergency room (ER) utilization for the MHC employee and beneficiary population. Although we had also wanted to focus on diabetes control, we chose to wait due to challenges with Priority Health's Diabetes Prevention Program enrollment.

We're happy to report that we have successfully reduced all three targeted measures:

Measure	October 2018	July 2019	% Change
Smoking Cessation	8.4%	7.9%	↓ 0.5%
BMI	30.4%	28.0%	↓ 2.4%
ER Utilization	151.8%	117.0%	↓ 34.8%

MHC employees and spouses recently completed Priority Health's 2019 Health by Choice questionnaire, which will provide updated population data for these measures. Looking forward to 2020, we will add diabetes and hypertension as targeted measures.

First-Year Lessons Learned: Communication and Data Collection

It's critical that we improve our channels of communication and education to providers. We know that many providers rely on their practice managers to share this information and have found that some providers are more informed on our CIN initiatives than others. We understand that providers have busy practices and can find it hard to carve out time to stay up to date on CIN initiatives, and we would appreciate your feedback on how we could be more effective in disseminating this information to you.

Another lesson learned is that we are reliant on payors for most of our population health data. In an effort to provide more timely and relevant data to the providers, we have launched two major initiatives that will help us access real-time clinical data: SPH Analytics and the early rollout of Cerner HealtheIntent. We have accelerated the timeline for Cerner HealtheIntent, which will provide the clinical and payor claims data and analytics required to help us track performance measures.

Lastly, we are evaluating value-based contracting opportunities with our commercial payors, as well as CMS for the Medicare population.

Stay tuned for future updates, and thank you for your work in making the first year successful!

ASAM Treatment of Opioid Use Disorder Course

The American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course covers all evidence-based practices and medications for treating patients with opioid use disorder and provides the required education needed to obtain the waiver to prescribe buprenorphine in an office-based setting.

There is no cost to attend, and this program has been approved for a maximum of 8 *AMA PRA Category 1 Credits™*.

Three opportunities – only need to attend one:

- Sat., April 25, 2020 | 9 am - 5:30 pm | Central Michigan University, Mount Pleasant
- Mon., April 27, 2020 | 8 am - 5 pm | Hagerty Center, Traverse City
- Fri., June 5, 2020 | 8 am - 5 pm | Thunder Bay National Marine Sanctuary, Alpena

For more information and to register: elearning.asam.org

Standard of Care: Autopsies

John C. Keep, MD, Anatomic Pathology & Clinical Pathology, Grand Traverse Pathology

Ordering an autopsy can be understandably confusing as two different scenarios exist:

- One is mandated by state law and requires the county medical examiner.
- The other prompts an autopsy by Grand Traverse Pathology.

To identify the appropriate autopsy referral route, a physician should determine:

- **Is this a medical examiner case?**
- **What is the proper type of autopsy necessary?**

In general, an unexplained and/or violent death (including car accidents) is considered a medical examiner case, even if the patient died several days later in the hospital.

When to notify the medical examiner:

We recommend the medical examiner be notified on any death not considered natural. A referral to the medical examiner is mandated by the law in the case of:

1. Unexpected death
2. Violence or deaths of individuals who are in custody or in jail
3. Any death involving the potential of neglect
4. Suspected communicable disease or other disease that poses a potential public health threat

After notification and information gathering, the medical examiner decides if he or she has interest in pursuing an autopsy or is willing to sign the death certificate as a natural death, accidental death, or suicide. Most homicides will proceed to a forensic autopsy.

If the local medical examiner decides an autopsy is needed to 1) determine the cause and manner of death, and/or 2) for the purpose of public health and safety, then the body will be transported to Kalamazoo, where the chief medical examiner for 12 Michigan counties is based. Family permission is not required to do those cases; they are authorized by the state in those events.

Once the autopsy is done, the body is released back to the family and/or funeral home.

When to notify Grand Traverse Pathology:

Grand Traverse Pathology is a group of pathologists contracted by Munson Healthcare. We are available for autopsy cases that arise at any MHC hospital. Annually we perform about 25 autopsies.

Our mission is to give autopsy-derived information back to the patient's physicians and other providers in the hope they can gain knowledge about that disease for the next patient who presents in similar fashion.

Grand Traverse Pathology does not honor any autopsies requested solely by families without medical staff approval. We are interested only in providing useful information to the clinicians who were taking care of the patient.

We will only accept cases that meet ALL of the following criteria:

1. Munson Healthcare inpatient
2. Were previously seen as inpatient in the six months prior to the patient's demise and that have been actively managed by Munson Healthcare staff
3. Have – after presenting to emergency departments and system hospitals – expired without a diagnosis to help physicians understand why that patient died.

To order an autopsy from Grand Traverse Pathology:

Once the patient passes away, a physician authorization for autopsy is signed. An authorization for autopsy must also be signed by the patient's legal next of kin. Most physicians do this through the nursing supervisor's office.

Once we get those two things and the body is in the morgue – and there is adequate staffing to assist – we will proceed.

Munson Healthcare autopsies are performed Monday - Friday, 8 am - 3 pm, and Saturday, 8 - noon. If paperwork or bodies are not available in the morgue on time, we will defer to the next work day during which we have adequate help in the morgue.

Preliminary results based on gross dissection are usually available within 24 hours of performing the case. The College of American Pathologists requires that all uncomplicated autopsy reports be finalized within 60 days. Final results become a part of the patient's electronic health record and go to the ordering physician, who may contact the family and discuss the case with them. The findings will not automatically result in presentation at a Morbidity/Mortality conference but may be presented upon physician request.

When to order a private autopsy:

If the family wants an autopsy, but their case does not meet the above criteria, there are private autopsy services available through Michigan Pathology Specialists in Grand Rapids and through a company called Independent Autopsies.

Culinary Medicine: The Healing Power of Food

James Fox, MD, FACC; Cardiology; Traverse Heart & Vascular

Serving up a dose of healthy food is the right prescription every time – especially if it tastes great. Patients don't need to understand the scientific reasoning behind their diet, they just need the desire to make food that tastes good and in the end is good for them. I am very passionate about helping patients improve their health through proper nutrition, which is why I have helped guide the culinary medicine conferences in Traverse City since 2017.

This past September, Munson Healthcare sponsored the Culinary Medicine track of the Farms, Food & Health Conference. During the conference, attendees enjoyed tours, lectures on nutrition science, and innovative, hands-on training on culinary skills, all of which were tied to Michigan-grown foods. Topics included plant-forward recipes and guidelines for disease prevention, and hands-on cooking using ancient grains, local proteins or plant proteins, and seasonal ingredients.

This program was a partnership with Groundwork Center for Resilient Communities, Great Lakes Culinary Institute

of Northwestern Michigan College, Traverse Bay Area Intermediate School District, and Munson Healthcare. As part of our sponsorship, Munson Healthcare provided scholarships to six providers to attend the Culinary Medicine Training.

We really hope you will join us for the next Culinary Medicine Training!



Della Lambert, FNP (left); Ethan Morrical, MD (right)

HEALTH CARE TEAM

Getting to Know: Jim Whelan, MD

Medical Director; Munson Healthcare Population Health Management

Medical Director, Wexford PHO; Chair, Munson Healthcare Opioid Task Force



How do you see your role as Medical Director, Population Health Management for Munson Healthcare?

I work for the providers, helping maximize their performance in value and quality-based opportunities, like payor incentive programs and accountable care organization (ACO) type work. My work includes

the Wexford PHO and Munson Healthcare Clinically Integrated Network (CIN) physician groups.

What would you like providers to know about Population Health Management?

Our reimbursement environment will continue to put pressure on providers to shift from a volume-based payment to a pay structure that rewards clinical quality and cost control.

Looking forward, what will be the most significant challenge as we grow as a system?

Traditional hospital-based utilization will continue to shrink and finding the right balance between access, cost efficiency, and safety (especially for our smaller hospitals) will determine how successful Munson Healthcare will be. In the short run, that will require building trust and strong relationships across system hospitals, at all levels. Despite some bumps in the road, the current leadership has gotten off to a good start.

Advice on building positive relationships?

My personal approach revolves around honesty, transparency, and a servant mentality. I started with Trinity Health, which values servant leadership, and I am most comfortable with that approach; support rather than direct. As I grow as a leader, I still need to be better at listening and follow through.

What would people be surprised to learn about you?

My Bachelor's degree is in Wildlife Management, and I like Broadway show tunes.

Favorite Piece of Advice

As Elsa taught us in Frozen, when things are stressful: "Let it go..."

In Brief

Hospitals: MHC Cadillac Hospital (1993)

Practices at: Cadillac Family Physicians

Specialties: Family Medicine

Education: Wayne State University

Residency: Providence Hospital

Married to: Jill (30 years)

Children: Connor and Riley

Favorite pastimes: The outdoors, especially hunting and fishing; reading

Contact: jwhelan@mhc.net, 231-876-6636

Great Place to Practice: Hospital Initiatives

Creating a *Great Place to Practice* for providers is one of Munson Healthcare's True North goals (Health Care Team) as well as one of our strategies: To engage providers more directly and substantively in the future of Munson Healthcare. To gauge this, providers were asked to participate in a satisfaction survey May 7-20, 2019. The annual survey helps us assess how our big picture strategies align with the day-to-day goals and pain points for our providers, and changes are made based on your feedback.

As improvement initiatives happen at the local hospital level, here are highlights from the Chief Medical Officer of each of the six participating hospitals.

Cadillac Hospital | Joe Santangelo, MD

- Based on provider feedback, we are working on transfers, as well as communication both within the hospital and between the hospital and PCPs.
- We have standardized provider communication from the MEC using the Pulse.
- We are evaluating outpatient service usage by service line to ensure access and support, e.g., increased outpatient MRI hours.
- CPC and Cerner communication are a work in progress.
- Foundations of Safety Culture training is in progress and FSC training at a General Med Staff meeting was well received.

Charlevoix Hospital | Jim Jeakle, MD

My goal was to have all our scores at 75% favorable, which I now realize is a lofty goal. We did make some good progress as a result of better communication, e.g., we now update medical staff after each MEC meeting.

We are still struggling around the EMR. Our main improvement strategy was to implement new voice recognition software, which I'm hoping will be well received.

Grayling Hospital | Aditya Neravetla, MD

In response to the 2019 survey, we have focused on:

- Recognition:
 - Peer recognition: Starting in Jan. 2020, a provider will be recognized quarterly as a *MHG Simply Amazing Provider* based on nominations from their peers, and award winners will be featured in our local Pulse newsletter.
 - Patient and family recognition: To recognize the great work being done each day by our providers, we now share kudos from patients and their families with our providers weekly and personally thank them for their continued commitment to great patient experience and excellence in care.
- Staying Informed: To increase transparency, we now update medical staff after each MEC meeting, including financials, kudos, etc.
- To help keep providers up to date on EHR initiatives and changes, we recently hired an IT/EHR liaison to facilitate two-way communication with our providers and to make sure their concerns are handled and escalated in a timely fashion.

Manistee Hospital | Brian McComb, DO

A big takeaway from the 2019 survey was that our providers felt unappreciated. Both I and senior leadership now personally thank our providers who have been recognized by our patients and their families. The GPTP survey is an ongoing topic at every medical staff gathering. We are also working to notify our providers well in advance of upcoming changes, e.g. system medical staff bylaws.

Munson Medical Center | Kevin Omilusik, MD

We are working hard to try to get providers engaged in what the future of MMC will look like. We have been discussing how this looks at the MEC, Physician Retreats, and Matt Wille and myself will be reaching out to all sections including the ones that are mainly ambulatory. The transfer process also continues to be an area of focus.

Otsego Memorial Hospital | Janelle Hendrian, DO

- We have established a means to regularly celebrate the hard work of our providers. So far, we have highlighted APPs throughout various FLASH Pulse newsletters and have identified a physician to recognize and highlight in an upcoming edition of the Pulse.
- We have identified physicians and APPs who have an interest in assisting with integration of Cerner at MHOMH. The IT integration Road Map has been shared with the medical staff.
- We shared the GPTP results at our Combined Medicine/Surgery Staff Meeting and met with individual subspecialties to share department specific survey results for feedback and to develop a plan for improvement.
- To help move toward our goal of ZERO harm for patient and staff, we implemented Foundations of Safety Culture training. Almost 100% of our employed providers are trained or scheduled to be trained by the end of the year. We are now working to schedule our non-employed providers.
- We are working to empower and train physicians to use the VOICE reporting platform.

Paul Oliver Memorial Hospital | Nancy Smith, MD

- We have made great strides in improved communication and greater uniformity and efficiency when working within the MHC system, e.g. new system medical staff bylaws.
- We are working on improving the provider onboarding process.
- We are committed to growing and educating our provider leaders.
- Due to the ambulatory nature of POMH, communication can really be a challenge for us. As improved communication and relationship building is an area of focus, we hosted our first Medical Staff event in Feb. 2019 with plans for another in spring 2020, and more providers have been participating in the quarterly Medical Staff Meetings. Continuing to engage on this level ensure that our providers' voices are heard.

Continued on page 9

Getting to Know: Butch Bowlby

System Director of Pharmacy, Munson Healthcare



Our new System Director of Pharmacy joined Munson Healthcare in October.

Can you tell us a little bit about your background?

I came from McLaren Bay Region in Bay City, MI where I served as Director of Pharmacy and Diabetes Education. Prior to McLaren, I spent 22 years with the Shopko Retail Health organization in various pharmacy leadership roles. My first job out of pharmacy school was at McLaren Bay Region as a clinical staff pharmacist. I graduated from the Ferris State University College of Pharmacy in 1990 and hold a Master of Science in Healthcare Administration from Central Michigan University.

What is your role in the system?

As system pharmacy director, I oversee pharmacy operations, regulatory compliance, and resource management. Drug costs continue to escalate at unprecedented levels, so that will be a big area of focus.

What do you see yourself concentrating on for your first few months here?

I want to get to know my teams and build relationships across the MHC system. I need to fully understand pharmacy operations across all the system hospitals and to begin the work of integrating operations within pharmacy.

What are some of the observations you've made since you've been here?

MHC has an excellent reputation. In addition, there seems to be a very strong relationship between providers and the pharmacy department. It was evident early on to me that there is an overall focus of delivering quality care to our northern Michigan patients.

Continued from page 8

For more on local Great Place to Practice initiatives, read the hospital issues of Pulse and MEC minutes, or reach out directly to your CMO.

To ensure your voice is heard, please plan to participate in the next Great Place to Practice survey:
April 20 – May 5, 2020!

What is your advice on building positive relationships?

Be genuine, trustworthy, and always have a positive attitude. I'm an eternal optimist. In addition, it's critical to follow-through on what you say you're going to do. I believe in transparency and want to ensure people understand the 'why' behind decisions.

What might we be surprised to learn about you?

I have run multiple marathons including Disney's Goofy Challenge, which is a bucket-list item for marathoners. The Goofy Challenge involves running the Donald Duck half marathon on a Saturday and the Mickey Mouse full marathon the very next day.

What do you enjoy doing when you're not working?

Spending time with my wife, Jenny, and our 13-year-old son, Harsen, who was named after Harsens Island in Lake St. Clair. I love everything outdoors — skiing, snow-shoeing, running, biking, diving, fishing, and hunting. I brought home a 600-pound elk from Colorado in October.

Favorite Piece of Advice

You should love what you do — just don't expect to *every* day.

Is there anything else you'd like providers to know?

We have an extremely knowledgeable staff that is passionate about serving our providers' patients. Also, we will continue to foster and grow the incredibly collaborative relationship that already exists between pharmacy and our providers. Medication safety and patient care is paramount to what we do.

To contact Butch with questions:

gbowlby@mhc.net, 231-935-6548

Munson Healthcare Annual Provider Symposium ^{NEW}

Please join us for our new Provider Symposium!

AGENDA

Friday, January 31

- 12 - 5 pm: CME Sessions
- 6 - 8:30 pm: Provider Reception

Saturday, February 1

- 7 - 8:30 am: Breakfast
- 8 am - 9 am: CME Sessions
- 9 am - 10 am: Keynote
- 10 am - noon: CME Sessions

Grand Traverse Resort & Spa
100 Grand Traverse Blvd., Acme

The Provider Symposium will include:

- State of MI Licensure CME Sessions
 - Human Trafficking
 - Pain and Symptom Management
 - Medical Ethics
- **CME Sessions**
 - Broad spectrum of topics covering subjects applicable to your daily practice
 - Approved for AMA* and AOA** Category 1 CME credits
- **Provider Reception**
 - Network with colleagues
 - Cocktails and heavy hors d'oeuvres
 - Spouses welcome



Keynote Address: The Power of Joy

Amanda Gore, award-winning international speaker and author, will explore the mind-body connection to inspire attendees to lead, work, and live more effectively through emotional and social intelligence, better relationships and connections, enthusiasm, great attitudes, less stress, and more joy!

Cost is \$125 (excludes lodging).

For more information and to register by Jan. 17: munsonhealthcare.org/providersymposium

*This activity has been approved for 6.5 AMA PRA Category 1 Credit(s)TM.

**This program has been approved for 6.5 AOA Category 1-A credits.

On-Demand CME Programs Now Available

Munson Healthcare's Continuing Medical Education (CME) now offers select programs on demand for CME credits, including several that meet state re-licensure requirements. These programs were previously recorded live.

CME for MI State Re-Licensure Requirements

- Taking the Pain Out of Managing Chronic Buprenorphine Patients; Amanda Shoemaker, MD (Pain and Symptom Management)
- Munson Surgical Prescribing Practices; Joel Strehl, DO (Pain and Symptom Management)
- When Clinicians Say No: Reconsidering Autonomy; Andrew G. Shuman, MD, FACS (Medical Ethics)
- Human Trafficking at the Intersect of Healthcare; Merkeb Yohannes (Human Trafficking)

Other CME Programs

- The Truth About Electronic Cigarettes (a.k.a. Vape Products); Jim Harrington
- Implementing Office Based Strategies for Plant Based Diets; William James, DO
- Prevention and Treatment of Childhood Obesity: A Provider's Duty to Tip the Scale; Thomas Walbridge, DO

MHC On-Demand CME: munsonhealthcare.org/cme

Please check back as we will continue to add offerings to our on-demand CME library.

Notes:

- In order to receive CME credit for these activities, please review the document linked in each video description in its entirety. Instructions for claiming CME credit are included in each document.
- Must use Google Chrome – videos are not supported by other browsers.
- This service is only provided to Munson Healthcare credentialed medical staff.

Legal Update: New System Conflict of Interest Policy

Kate Flewelling, Assistant General Counsel, Munson Healthcare

As part of our transition to being an integrated health care system, we are developing system medical staff policies that affect all providers credentialed at a Munson Healthcare hospital. It benefits us all to have shared policies across our system that reflect best practices.

Overview of the new system policy for Conflict of Interest below. To access the full policy text, open PolicyStat on the Munson Healthcare Intranet (under Tools & Resources) or request a copy by contacting Munson Healthcare Provider Services at physicianliaison@mhc.net.

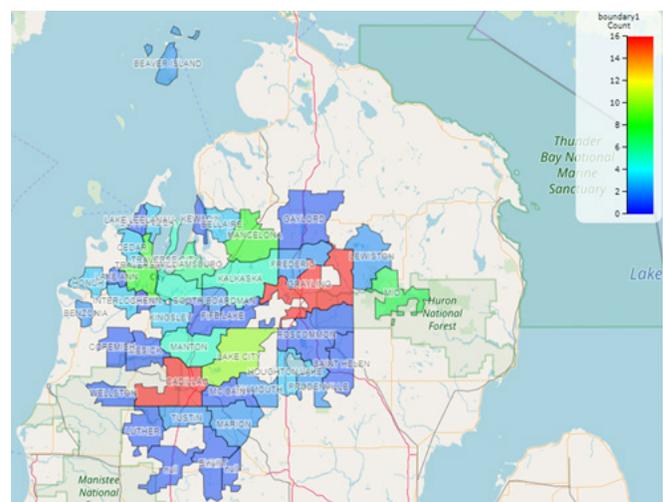
POLICY #	POLICY NAME	EFFECTIVE DATE	SUMMARY OF CHANGES
6943845	Conflict of Interest	11/21/2019	<p>Financial conflicts of interest (COI), and the concern regarding their impact on both the quality of medical care and its appropriate utilization, are at the heart of many of the major Federal regulations that impact MHC. The Stark law, Anti-kickback Statute, and IRS regulations regarding the activities of non-profit corporations are the three main pillars of Federal regulation from which COI policies derive. At MHC, COIs are governed by a few different mechanisms. The bylaws of each system hospital contain COI provisions to which all medical staff members must adhere. In addition to the bylaw provisions, the MHC COI policy provides an additional layer of COI regulation. The policy is intended to supplement, not replace, the Medical Staff bylaws COI provision. It is important to read the policy in detail so that you are able to ensure compliance, but here are some key points:</p> <ul style="list-style-type: none"> • The policy applies to any financial relationship with in-kind or monetary value that exceeds \$500. • It applies to both the credentialed individual as well as his or her family member. • Any relationship between a credentialed individual or his or her immediate family on one hand and a company or individual doing business with MHC on the other hand should be evaluated for disclosure purposes. • Disclosures must occur at credentialing, re-credentialing, and any time there is a significant change to the substance of the disclosure.

Timely Flu Tracking for Northern Michigan

Now that it's winter again, Munson Healthcare Infection Prevention is providing a weekly flu testing report to help providers monitor flu activity close to their practice area. This weekly flu testing and activity report, based on data by Munson Healthcare Laboratories, will run in FLASH Pulse, Munson Healthcare's weekly medical staff newsletter, until the end of the flu season and is also available online: munsonhealthcare.org/flu-activity.

The Michigan Department of Health & Human Services (MDHHS) also maintains a weekly influenza report that is available on their website. To sign up to receive MDHHS' flu activity report, Michigan Flu Focus, email KimS2@michigan.gov.

On right, heat map of influenza activity as of 2.5.18 when Cadillac Public Schools were closed due to an influenza outbreak.



Thank You to Our CRNAs!

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses who provide anesthesia care to patients. National CRNA Week is celebrated Jan. 19-25. We would like to share our appreciation for CRNAs and their role on our Health Care Team.

Thank you for the amazing things that you do for patients and their families each and every day!

“CRNAs play an integral role on the anesthesia teams throughout our system. We are grateful for their dedication and commitment to deliver safe, high-quality anesthesia care. It is a privilege to work with such a fine group of professionals.”

— Janelle Hendrian, DO; Anesthesiologist; Chief Medical Officer, Munson Healthcare Otsego Memorial Hospital

David LaGattuta, MD, Receives PA Preceptor of the Year Award

Congratulations to Dr. David LaGattuta for receiving PA Preceptor of the Year from Central Michigan University!

Dr. LaGattuta practices obstetrics & gynecology at Grayling Community Health Center, Prudenville Community Health Center, and MHC Otsego Memorial Hospital Medical Group in Gaylord.

“We all hope for teachers like this during our rotations. Their knowledge and passion translates into an amazing learning experience for us.”



How to Opt In to Receive Munson Healthcare News Via Email

Practice Managers: If you would like The Pulse, bimonthly MHC medical staff newsletter, and FLASH Pulse, weekly MHC medical staff e-newsletter, emailed to you, please email pulse@mhc.net with “Pulse Opt In” in the subject, and your name and practice in the message.

Munson Healthcare Contacts

The Pulse is published six times a year. An archive of all current and past issues of The Pulse is available at munsonhealthcare.org/pulse. We welcome your feedback and topic suggestions: pulse@mhc.net; 231-935-3388

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