

# the Pulse

December 2019

News for Munson Healthcare Otsego Memorial Hospital Medical Staff

## A Letter From Our Chief Medical Officer

Janelle Hendrian, DO; Chief Medical Officer, MHC Otsego Memorial Hospital



I was recently at a system board meeting and listened to a physician from a different MHC entity speak about our Hospital Medical staff. He described our providers and local culture as having “esprit de corps” in other words, a feeling of pride, fellowship, and common loyalty shared by our members. I smiled and thanked him for his thoughts. Privately, I thought about some of the conversations I have had with our providers while presenting the Great Place To Practice survey results. Two years ago, I would

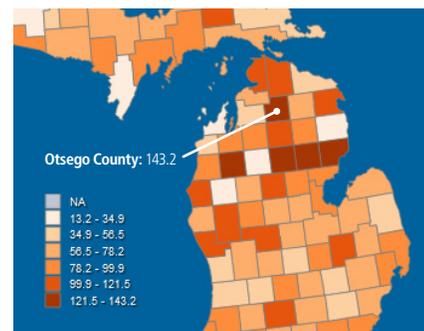
have agreed 100% with the above appraisal. Currently, our providers are frustrated with the speed and lack of communication. It has taken a toll on our spirit. We are struggling with communication

due to some significant leadership gaps on the medical group side. Cancellation of meetings has made providers feel isolated and without support. I hear your frustrations, and Tom Lemon and I have elevated them to the highest level within our organization. It will get better, but it will take time. Please know we are going to fill these gaps with the right people. We are actively recruiting and have some strong candidates for the East Region Physician Network Director. Brad Eshbaugh will be moving to a Practice Administrator role. Some current clinical leaders will be receiving formal leadership training. Once the leadership gaps are filled, regular meetings will resume, and communication opportunities will improve. With the right people in the right roles, we can once again have a strong esprit de corps. Thank you for your patience as we transition. Although my responsibilities primarily reside on the hospital side, please know I have an open-door policy and you can reach out to me anytime.

## Addressing Substance Abuse In Our Community

One of the main strategic priorities identified in the 2019 Community Health Needs Assessment was to “Ensure a community that provides preventive and accessible mental health and substance abuse services.” While our community is reacting to and taking steps toward this need, it is clear that a lot of work still needs to be done. For purposes of this article let us narrow it down to Opioid Use Disorder (OUD). Centers for Disease Control data shows opioid prescribing rates in Otsego county (2017 rate per 100 persons) are the highest in the state. As a contributing source to these prescriptions, we need to be proactive in addressing the problem with OUD in our community, and it will take a comprehensive and integrated approach for successful treatment of these patients. A couple of hallmarks of successful opioid use disorder programs are Medication Assisted Recovery (MAR) with integrated Behavioral Health. We currently do not have any MAR, Addiction Medicine, or Behavioral Health

providers at MHOMH. Federal and state grant money is currently available. There are numerous opportunities to get free MAR and Addiction Medicine training. We are looking for providers who are interesting in these training opportunities. We will be bringing various programs to our community that will help spotlight



Opioid Prescriptions per 100 Persons

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this epidemic within our own community and shed some insight into new research that has been done surrounding addiction. For us to be successful, we need to build relationships and break down some of the stigmas that surround this complex issue.

The Northern Michigan Opioid Response Consortium (NMORC) is one of the entities in our region actively playing a role in the coordinated response to reduce opioid use disorders. NMORC consists of the health care facilities in a targeted 16-county region (including ours), encompassing all hospitals, hospital affiliated clinics, Federally Qualified Health Centers, Community Health agencies, and local public health agencies. Some of the key opportunities for OMH to begin working with NMORC will revolve around stigma reduction activities, Naloxone distribution and expansion of access, and behavioral health integration.

Behavioral health integration through NMORC would involve training on evidence-based approaches to integrating behavioral

health services into primary care, integration of group counseling activities into primary care, education on behavioral health and SUD/ODD billing and coding, documentation, and workflows.

With regards to Naloxone, we will have access to free Naloxone in the Emergency Department. This program will be up and running soon. We will be educating our nurses on how to use the kits and screen for high-risk patients who could benefit. We will provide education on the State of Michigan Naloxone Standing Order set and facilitate provider education on co-prescribing to high-risk patients.

If you would like to learn more through educational webinars and free training programs or play a central role in implementing some of these changes at MHOMH, please contact Dr. Hendrian.

<https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>

## Stepping Towards Medical Staff Integration For APPs

One area of focus is the need to strengthen our connection with our advance practice providers within the organization. Our Great Place to Practice surveys have shown that there is opportunity for improvement in the ways our APPs are engaged, challenged, and involved with our medical staff. Some APPs shared that they felt voiceless. As a result, we have been working to involve advance practice providers in medical staff committees. Currently, Dawn Jones, CRNA, contributes to the Pharmacy & Therapeutics committees; Lori Schiller, NP, presides on the Credentialing committee; Brittney Book, PA-C, has been serving on the Bylaws Task Force; and we are hoping more will come. At this time all positions are without vote. However, in the near future, this could change.

To further counteract this 'voiceless' sentiment, we have begun evaluating our bylaws to identify opportunities to better involve the input of our APPs. Currently, our bylaws are in the tail end of a five-year review cycle. They are routinely updated to ensure that we stay abreast of any legal changes, new precedents, and the overall health care climate. MHC has partnered with a 3rd party

consultant, Horty Springer, to review and identify areas in which we can enhance the language to better incorporate APPs into the mix.

Physician leaders convened last summer to discuss the full integration of APPs into the medical staff. APP involvement has been a topic of conversation with the Bylaw Task Force committee since March 2019. There is consensus that our advance practice providers play an integral and important role in the care delivery model at MHOMH and as such, consideration should be given to allow APPs the opportunity to vote and contribute as a member of the medical staff. Bylaw revisions to make this become a reality are currently being assessed. If the revisions are approved, the updated bylaws will be sent to the MEC for a vote. Advance practice providers should keep their eyes peeled for upcoming meetings to discuss next steps and what it means to be a member of the Medical Staff.

The Pulse is published six times a year. We welcome your feedback and topic suggestions: [pulse@mhc.net](mailto:pulse@mhc.net) | Brett Strebby, 989-731-2383, [bstrebby@mhc.net](mailto:bstrebby@mhc.net)

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