Behavioral Health: It Takes a Village
Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare

The behavioral health care of our community is a complex problem system-wide.

Funding cuts, substance use disorder, a lack of providers, and increasing demand has created the perfect storm: overwhelmed EDs and primary care providers, underserved patients, and a nearly always full, brand-new 17-bed inpatient behavioral health unit in Traverse City.

Demand for pediatric and geriatric behavioral health is growing, too, impacting the EDs further because there are no designated beds for these two patient populations in northern Michigan. And because our geography is so spread out, some communities have only one behavioral health provider, while others have none. To top it off, there is no system wide behavioral health service line, with the structure, funding, and strategy that goes with it.

It’s a dark picture to paint. Indeed, this places financial and time burdens on our providers. We know that patients with behavioral health needs use the health system more frequently, are more expensive to treat, require longer stays, have an increased risk of readmissions, and require coordinated ambulatory outpatient care.

Fortunately, there is some light peeking through the clouds. Munson Healthcare is close to finalizing a partnership with Pine Rest for two psychiatry residents to begin a 4-year residency program in 2020. The residents will train two years in Grand Rapids and then two years in Traverse City (read article on pg. 3). We know that access across northern Michigan is a problem, and we are looking at ways to meet that in our communities, through initiatives such as embedding behavioral health providers at the primary care clinics, expanding telehealth services, and the use of phone and computer apps to aid patients in preventing the need to seek crisis care.

Preventing opioid use disorder (OUD) is another priority. MHC was fortunate to receive multiple grants to help combat the opioid epidemic (read article on pg. 3) and that work is ongoing.

Another bright spot is a grant from the Michigan Health Endowment Fund to Northern Lakes Community Mental Health, which deploys community-based family assessment and safety teams to young patients prior to an emergency department visit.

Undoubtedly, insurance has added to the complexity. Prior authorization is required for nearly all behavioral health care, which is often tied to substance abuse disorders. Both conditions require separate funding streams as well as simultaneous treatment, but unfortunately there is a four-week waiting period to get into the substance treatment program. Change is slow in this area, but the opioid crisis is bringing the conversation front and center, and support is increasing from the local communities, the state, and nationally.

Collaboration among behavioral health agencies, such as Northern Lakes Community Mental Health and Pine Rest, will continue to be important. Especially as a nationwide lack of board-certified psychiatrists is hampering recruitment and retention efforts.

The upshot? There is a lot of work to be done to help ensure that we are meeting the needs of our community and our patients. The focus of our CHNA will help align efforts, but will take time (read article on pg. 2). By communicating openly, thinking creatively, and leveraging partnerships, we will be able to provide a broader scope of care for this growing, underserved patient population.
Community Health Needs Assessment Identifies Behavioral Health, Basic Needs as Top Priorities

Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare
Christi Nowak, Community Health Manager, Munson Healthcare

Many factors combine to determine the health of a community – it is much more than the absence of disease. In medical school, we were all trained to identify the disease process and formulate a plan to either fix it or ease suffering. Some of us received training on wellness and prevention or monitoring health, but rarely did we do a deep dive on social determinants of health. We now know much more how other factors such as education level, economic status, environmental issues, food insecurity, and transportation can impact our patients’ health. No one organization can address the multitude of issues alone. However, working together, we can better screen for and understand the issues and create a plan to address them collectively.

Every three years, Munson Healthcare conducts a Community Health Needs Assessment (CHNA). The 2019 CHNA covered 31 counties with 154 collaborative partners over 18 months. More than 3,500 northern Michigan providers and community members provided input via community events and an online survey to help identify and prioritize the top community health needs.

The 2019 CHNA identified behavioral health and access to basic needs as the top two strategic priorities.

Strategic Priority 1: Ensure a community that provides preventive and accessible mental health and substance abuse services
Mental illness and substance use disorders can have grave impacts on length and quality of life for individuals, as well as significantly impact families and communities. For individuals, mental illness and substance use disorders can disrupt every area of life, including relationships, work, health, and other areas. Individuals facing these conditions are at higher risk for comorbidities and have an increased risk of premature death. For families, mental illness and substance use disorders can disrupt family ties and social connections, make it more difficult to meet basic needs, and create additional stress for family members. For communities, mental illness and substance use disorders can disrupt community cohesion, present extra burdens on law enforcement, and create risks for the community like drunk driving and second-hand smoke.

Strategic Priority 2: Address basic needs of living to create resiliency and promote equity
Addressing basic needs of living is crucial to improving the conditions in the environments in which people are born, live, learn, work, play, worship, and age. Conditions in the physical and socioeconomic environment have a vital impact on a wide range of health, function, and quality-of-life outcomes and risks. A few examples of how these basic needs are linked to important health outcomes:

• Lack of education can lead to poor diet and weight gain for families in food insecure households.
• Living in housing with physical problems (e.g. need for appliance, roof, and heating updates) is associated with poor self-assessed health, increased limitations to activities for daily living, and chronic disease. Faulty appliances and inadequate heating may increase nitrogen dioxide.
• Plumbing leaks, roof leaks, and inadequate ventilation increases mold, which are associated with higher rates of asthma.
• Communities and housing not designed for senior accessibility can increase risk of falls, social isolation, loss of independence, and many other problems.
• Neighborhoods with unsafe sidewalks and a lack of streetlights have more crime and lower physical activity levels.

Next Steps
Based on the CHNA results, Munson Healthcare is shifting its community health priorities from focusing on specific chronic illnesses, e.g. diabetes, to the broader priorities mentioned above. And while we will continue to support community health programs that promote wellness, our more intensive focus will be on behavioral health issues and addressing patients’ basic needs of living.

This increased focus on behavioral health services will impact provider recruitment efforts. We are also partnering with area agencies on how best to collaborate on both local and regional levels to significantly improve access to treatment. Focusing on basic needs of living will impact how we screen for these as part of our daily workflow, and coordinate better with our community resources who might be in a better position to address those needs.

As a system, we are adjusting how we work with providers and our communities to address these complex health issues of chronic illness, mental health disorders, and the overlap of socioeconomic factors. We need all of our health community and geographic communities to work together in a holistic and coordinated way in order to provide better care for our patients.

To read the CHNA for your local hospital/region: munsonhealthcare.org/chna
Multiple grants, long-term injectables, and a new psychiatry residency program have recently bolstered our care of patients with behavioral health and substance use disorders.

In terms of regional care for this population, providing preventive and accessible mental health and substance abuse services was recently identified as strategic priority based on the results of the 2019 Community Health Needs Assessment (see article pg. 2).

The Munson Medical Center (MMC) Behavioral Health team – along with our regional partners – is supporting Munson Healthcare’s system community health initiatives in the following ways.

**SAMHSA $1.5 Million, 3-Year MAT for OUD Grant**

In 2018, MMC Behavioral Health Services received a $1.5 million, three-year Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) grant from the state Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to bringing MAT services to northern Michigan, these funds allowed us to recruit a full-time psychiatrist (me) and a full-time nurse practitioner (Nanette Peters, NP), who works half time with MAT patients and half time in the residential program.

Our Behavioral Health team has a long history of helping substance use disorders patients with its residential, evening intensive, and several outpatient service options, as well as offering support to families experiencing addiction. Under the grant, the program focuses on people who struggle with opioid use disorders. There is specific outreach and coordinated care to pregnant women and people with substance abuse disorder who present in crisis in the Emergency Department.

MHC’s MAT program follows best practices for OUD recommendations, which includes access to recovery medications, behavioral health treatment services, peer recovery coaching, and referrals to additional community recovery supports. This year, our team’s focus has been to maximize the grant by expanding services. New services launching in Traverse City this summer include wellness activities and family support services.

Substance abuse is often co-morbid with mental health issues. The SAMHSA grant has aided in the behavioral health side. Incorporating psychiatric care and medication treatment will continue to strengthen Munson Healthcare’s unique position as one of the few places that offer substance abuse and mental health services together.

Currently all of the providers in the Munson Family Practice Residency Program are certified to prescribe Suboxone and have started treating pregnant patients with OUD. This represents a great increase in available TC area MAT providers. Additionally, we started a night program in Traverse City specifically for MAT patients, where they meet once a week to help process the issues they are facing.

Next, we will be hiring additional nursing staff for MMC’s residential unit to provide more medication oversight to those patients.

Going forward, we will continue to collect data, track our patients’ progress, and monitor the community-wide effects the SAMHSA grant continues to have.

**MMC Receives Grant to Implement MAT in ED**

Munson Medical Center was recently named by Gov. Gretchen Whitmer as one of two hospitals statewide to receive funding for the implementation of MAT in the Emergency Department. We hope through this pilot we will gain knowledge and experience enough to consider whether this should be a system wide process.

**Long-term Injectables Help Treat Alcohol and Opiate Addiction**

Recently, we began administering two long-term injectables for alcohol and opiate addiction: Vivitrol and Sublocade.

Naltrexone (brand name Vivitrol) is an evidence-based medication for opioid use disorder formulated as an extended-release once-a-month injection. This medication is delivered once every four weeks and might help address concerns about needing to take the medication daily as well as the potential problems that could arise if someone is also taking other drugs (in addition to opioids) like alcohol. Buprenorphine (brand name Sublocade) is used in to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine. It is also delivered once every four weeks and can be prescribed and dispensed in physician offices.

**Pine Rest Residency Partnership**

In 2020, Munson Medical Center will welcome two psychiatry residents as part of a collaboration with Pine Rest Christian Mental Health Services – a 200-bed nonprofit behavioral health provider based in Grand Rapids with 19 outpatient clinics throughout Iowa and Michigan, including Traverse City.

Through a partnership with Michigan State University’s College of Human Medicine, Pine Rest will sponsor residents who will spend their third and fourth years in Traverse City. Residents’ first two years will be based in Grand Rapids, interwoven with rotations in Traverse City. Training will occur at various behavioral health providers throughout the area, with the majority of time focused at MMC, Northern
Continued from page 3

Lakes Community Mental Health, and Pine Rest’s Traverse City clinic.

**Young, Elderly, and Patients with Aggressive Behavior: Partnerships and Opportunities**

For complex reasons, behavioral health care of the elderly, young, and patients who exhibit aggressive behavior continues to be an area of concern. Partnerships with local agencies help ease the pressure, such as a recent Michigan Health Endowment Fund Grant to Northern Lakes Community Mental Health. This grant has allowed community-based Family Assessment and Safety Teams to deploy to young patients in hopes of keeping them out of the ED.

When it comes to older patients, funding is linked to insurance reimbursements. Prior authorization is necessary for nearly all behavioral health care, but progress is being made on the legislative side.

As for patients exhibiting aggressive behavior, our goal has been and will continue to be keeping them safe. State resources are few in spite of this being a growing issue statewide. We will continue to search for solutions for this group.

For more information or to refer a patient, please contact MMC Behavioral Health Services at **231-935-6382 (800-662-6766)**.

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**New Psychiatry Phone Consult Service for Providers**

Molly Britton, MD, Consult-Liaison Psychiatrist, Munson Medical Center

Munson Medical Center’s Psychiatry department now offers an expanded phone consultation service for Munson Healthcare providers to help support you and to better integrate behavioral health care across our system.

As MMC’s Consult-Liaison Psychiatrist, I, or a covering psychiatrist, will answer your calls. This new psychiatry consult service will support patients who are currently admitted to inpatient units or who are in the emergency department at any of our system hospitals.

Our service will help providers with:
- reviewing psychiatric diagnoses
- psychotropic medication options
- patient management options for patients with significant psychiatric comorbidity

Our service does not cover:
- placement issues
- outpatient referrals (these will continue to be handled by medical social work)
- The Central Access Center – **800-662-6766** – will continue to assist with referrals for:
  - inpatient psychiatric treatment
  - partial hospitalization program
  - residential substance abuse treatment

**How to Access**

Monday - Friday, 8 am - 4 pm

**231-935-5000** – ask for Consult-Liaison Psychiatrist

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**Thank You to Our Midwives!**

National Midwifery Week is celebrated Sept. 29 - Oct. 5. We would like to share our appreciation for our midwives who bring our littlest patients safely into the world. Many patients choose a midwife for the birth of their child to have a more natural experience. In our system, midwives cover births at Munson Medical Center and Munson Healthcare Cadillac Hospital.

“Midwives are an integral part of the care team,” said Mary Schubert, Executive Director, Women’s and Children’s Services, Munson Healthcare. “Midwives offer a high touch experience with a holistic view. They partner closely with the obstetric care physicians to oversee all aspects of care.”

Thank you for the amazing things that you do for mothers, babies, and their families each and every day!
Munson Healthcare Strategic Goals
Attract: Preferred Choice for Patients

Executive sponsors:
Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare
Laura Glenn, President, Ambulatory Services & Value Based Care, Munson Healthcare

By now, we’re all well aware of the health care “disruptors” – Amazon with its intent to establish a new health care enterprise, Walgreens partnering with Microsoft to create new and more-integrated health care delivery models, and health care apps for mobile devices, to name just a few. Our competitive landscape is changing, and our competitors are not just other traditional health systems in Michigan.

The reality is that our competition will continue to change and evolve as more “disruptors” enter the health care sector. Munson Healthcare needs to think differently about how we both respond to and prepare for these types of competitive shifts in our region. Resting on our laurels or maintaining the status quo is no longer an option. To stay competitive and relevant, we need to achieve the quadruple aim: high quality, timely, and cost effective care with engaged providers and staff. That is the right thing to do for our patients and our communities. And we need to learn how to accomplish this using new risk-based payment models. This is an absolute if we’re going to build a sustainable future for the organization.

So here’s the good news: while we have a big shift ahead of us, we are up for the challenge.

To attract and retain patients, we’re focusing on these key areas within our health care system:

1. Addressing system transfer issues to retain high quality care within MHC
As we’ve grown into a stronger system over the past several years and established a more formal footprint in northern Michigan, we have an opportunity to better collaborate and coordinate care across our region. Munson Medical Center (MMC) in Traverse City is our only location with inpatient psychiatry, NICU, and Level II trauma center, as well as a host of surgical and medical sub-specialists. Our community hospitals have broad capabilities as well, but they cannot provide everything. We likely received many of those patients at MMC prior to becoming a system, but now we have a hub-and-spoke model to build on and better ensure the right care at the right place.

From a patient-centered perspective, how can we best provide the local care that our patients deserve, seamlessly get them to the regional referral center (MMC) when more advanced care is needed, and then return them to their community for follow-up care close to home? We know transfers have been an issue – on both the receiving and sending ends – and are working to identify root causes and implement solutions. It’s important to ensure that patients who can stay in their local community do, and those that need to get to our tertiary medical center can do so quickly and easily. Not only is this important for our patients, it is necessary to ensure that specialists at MMC have a manageable, sustainable workload and are able to focus on patients requiring their subspecialty expertise.

Two success stories: Traverse City-based Traverse Heart & Vascular provides specialized care in 9 communities, allowing patients to remain close to home for much of their care. Grand Traverse Oncology and Hematology is doing similar work across the system. We need to learn from these services and consider models to expand this system approach to care across more specialties, while also ensuring adequate provider resources.

Trusting in each other, level setting, and coordinating care will be integral to making this system work. We need to figure out how to move past the history of the way it’s been and create a new vision for how we work together as a system in a collegial, patient-centered way that doesn’t over burden our subspecialists.

2. Identify the biggest opportunities for service coordination to develop a platform for determining a sustainable model for delivering care and service around the system
With this effort, we’re consulting our service line executive directors, specifically in the areas of oncology, cardiovascular, surgery, and women’s and children’s services. In partnership with physician leaders in each of these service lines, we will endeavor to determine the best way to provide care from a regional perspective, as well as the best clinical standards and how to appropriately implement them. In addition, the service line executive directors will partner with providers and teams across the system to develop system-wide growth strategies.

A couple of years ago, we did this successfully with inpatient pediatric care at Cadillac Hospital. A multidisciplinary team
Standard of Care: Sepsis
John Krcmarik, MD, FCCP, Pulmonary Critical Care and Clinical Lead for the Munson Sepsis Initiative
Claudia Orth, BSN, RN, Sepsis Coordinator, Munson Medical Center

Sepsis is one of Munson Healthcare’s 2020 True North Metrics and thus a major focus for us.

Sepsis has also been a CMS quality metric (SEP-1) since 2015. Most hospitals (excluding critical access hospitals) are required to report sepsis data, which is then publicly reported on CMS’ Hospital Compare website (medicare.gov/hospitalcompare) as the combined percentage of sepsis and septic shock patients who receive timely and appropriate care.

The Munson Sepsis Initiative (MSI), which originally launched in 2010, recently refocused under the executive leadership of Tom Peterson, MD, FAAP, and clinical expertise of John Krcmarik, MD, FCCP, and Claudia Orth, BSN, RN. In an effort to close identified gaps and remove barriers, we reengaged key stakeholders, including frontline providers and nurses, IT, Cerner EHR Education, and Quality and Safety specialists to launch MSI 2.0 in May 2019.

MSI 2.0 defines standard work to improve early detection of sepsis, facilitate clear communication, and ensure timely and effective care. MSI 2.0 also created a common language and sense of urgency for sepsis, leveraging early warning alerts through our Cerner electronic health record, creating force functions to facilitate nurse-provider communication, standardizing order sets, and implementing a paper checklist to ensure hand-off communication and adherence to timely evidence-based care bundles across the Munson Healthcare (MHC) system.

Additionally, we are developing ongoing education forums and feedback mechanisms to help close the knowledge gap, onboard new staff, and decrease ongoing variation in understanding, care, and cost of sepsis. The education effort includes leveraging high-fidelity, multidisciplinary sepsis simulation opportunities. Because of this, we recently conducted an intensive and successful joint sepsis simulation with Kalkaska Memorial Health Center’s Long Term and Acute Care teams, and have several simulations scheduled across the system this year.

We understand that some providers, nurses, and phlebotomists may be frustrated by the perceived non-specific nature of early warning alerts and conditional flex rules around labs being auto-ordered by the system. We ask that you please be patient as these process changes are still very new. We are working diligently to review, analyze, and monitor both individual cases and aggregate data for ongoing improvement opportunities to the processes, performance, outcomes, and the MSI as a whole.

If you have any questions, please contact Claudia Orth (231-935-5692, corth1@mhc.net).

SEPSIS AND SEPTIC SHOCK ARE TIME SENSITIVE MEDICAL EMERGENCIES!

Definitions:
Sepsis = “life threatening organ dysfunction caused by a dysregulated host response to infection”

MSI’s Guiding Principles:
• Recognition – early-warning alerts & manual screening by nursing
  – Be alert for infection (suspected or known)
  – If both infection and systemic inflammatory response (SIRS) are present/suspected
  – KEY QUESTION: Is there evidence of organ dysfunction present? (Dysregulated host response)
• Response & Treatment – mandatory provider notification & use of the Sepsis order set
  – Initial Lactic Acid
  – Blood cultures
  – Rapid antibiotics – ideally within 1 hour
  – Weight-based fluid bolus to maintain blood flow and perfusion to vital organs
• Reassess – ongoing monitoring and reassessment for response to treatment
  – Adequate tissue perfusion?
  – Source control achieved?
• SAVE LIVES

2019 Sepsis with Organ Dysfunction and Septic Shock Cases from Coding

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Continued on page 7
Zero harm is the aspirational goal for Munson Healthcare (MHC), in both injuries to our employees as well as harm to our patients. Safety is also one of our True North goals. To help continuously improve in our safety journey we have hosted an annual two-day safety training for all MHC staff and providers: Journey to Reliability in Healthcare. Close to 200 people attended this year's conference.

These conferences allow more continuous learning in safety, which is a hallmark of any high reliability organization (HRO), as well as a strong lean operating system. Continuous learning means we always learn from our serious safety events, always share learnings with colleagues, senior level and board members when we have a harm event, and continuously learn new skills and understanding in applying our safety and continuous improvement strategies. Hence, the safety training conference.

In addition to Munson Healthcare providers and staff at all levels, the 2019 conference hosted participants from five other Michigan hospitals. Many providers and physician leaders attended the conference, and three board members, including the chair of the Munson Healthcare Board of Directors, Bob Sprunk, MD, who kicked off each day with their own safety stories. Dr. Sprunk led the first day announcement, while Kris Thomas, board member of Paul Oliver Memorial Hospital, and Ruth Hoppe, MD, member of the MHC Board of Directors and Chair of the MHC Quality and Safety Committee of the Board, gave wonderful testimonials to launch the second day.

Three national experts on safety and continuous improvement spoke at the conference, as well as other Michigan and MHC safety experts.

Topics included:

- How a Daily Management System Creates a Safe System
- The World of Leading Indicators
- Human Factors in Cause Solving
- Learning Good Safety Tactics – Briefs/Debriefs/Swarms
- A Provider’s Role in Patient Safety
- The CANDOR Program Simulation Training – Communication AND Optimal Resolution
- Developing Skills for Better Rounding
- Preventing Workplace Violence
- Creating a Culture for Sepsis Management

A big thank you to the planning staff who helped organize the conference!

For more Safety resources: visit Patient Safety on the Munson Healthcare Intranet.

Save the Date

Please mark your calendars for next year’s safety conference April 20 - 21, 2020!

Continued from page 6
Service Line Update: Heart and Vascular Services
Michael Boros, MD, FACS, Vascular Surgery, Vascular Center of Northern Michigan
Bobby Kong, MD, Cardiothoracic Surgery, Cardiothoracic Surgeons of Grand Traverse
Dino Recchia, MD, FACC, Cardiology, Traverse Heart & Vascular

Munson Healthcare Heart and Vascular Services includes cardiology consultation and longitudinal care, coronary intervention, cardiac diagnostics, electrophysiology, structural heart, advance heart failure, cardiothoracic surgery, vascular intervention, vascular surgery, cardiac rehabilitation, and cardiovascular research.

Health care has become increasingly complex. Significant challenges include the provision of digital transformation, infrastructure alignment, culture, and communication methods across our expansive system.

Areas of focus continue to be providing all-encompassing care across a large geographic footprint, recruiting the highest quality physicians and advanced practice providers (APPs), and providing the best technological and commercially available advancements, while keeping the patient-centered mindset as our True North.

Cardiovascular
The Munson Healthcare Cardiovascular team handles more than 40,000 patient visits each year, with 15,000 of those visits outside of Traverse City in one of our regional clinics. The structure of the service line supports this level of care. About 10 years ago, the existing three cardiovascular practices transitioned from a private group to a hospital/health system employment model.

This change mirrors what 80% of cardiovascular physicians have done nationwide. The shift in scope and strategy not only supports the health care system, it represents a true patient focus.

One way we are keeping the patient at the center of what we do is by providing care close to home with local clinics in communities across northern Lower Michigan and into the Upper Peninsula. Because our cardiologists travel to clinics across the region, patients and their families were saved 1.7 million miles of driving in 2018, the equivalent of driving around the Earth 68 times.

The result? The quality of care has gone up as we've enhanced access close to home. It's been a work in progress, but we are fulfilling our aim of providing all-encompassing care across a large geographic area.

The number one way to support a successful care model like this is to recruit cardiologists of the highest caliber. Recently, three cardiologists (Kristen Maurice, DO; John Coatney, MD; and Jennifer Emmons, DO) joined our team, which now totals 22 providers and 16 APPs.

Bolstering this successful model is what we call the quadruple aim, which means giving the right care from the right provider in the right place at the right time. This may be a complicated stent procedure in Traverse City by an interventional cardiologist or a follow-up in Grayling by a highly-trained cardiology APP.

Certainly, no structure can guarantee success, and cardiovascular care is complex in its scope. By honing a patient-centered mindset, Munson Healthcare Cardiovascular Services has helped support far-reaching regional care in northern Michigan for patients and their families.

Cardiothoracic Surgery
The continuing evolution of cardiothoracic surgery means embracing new technology, techniques, and products.

This has allowed us to offer patients a full spectrum of treatment options, including:

- Lobectomies (for lung cancer): Large painful incisions from the past have become much smaller using a scope. Using the da Vinci® Surgical System robot is the latest and most advanced tool to further this less-invasive approach. We have been performing robotic-assisted lobectomies for more than a year. Cosmetically it's superior; the pain and the body trauma are less.

- Mitral valve repairs: Instead of a midline incision through the sternum, we are now using the da Vinci® Surgical System for mitral valve repairs. For patients, this again means less pain and faster recovery. We are the only program in northern Michigan, and among a small elite group in the country, to offer this less invasive approach to correct mitral valve disease.

Cardiothoracic Surgeons of Grand Traverse is in the process of recruiting another surgeon for our nationally-recognized program. Due to our supportive team, reputation, and overall quality of the Munson Healthcare Cardiovascular and Oncology programs, we have had excellent candidates applying for the vacancy. We look forward to announcing the addition of a new cardiothoracic surgeon in the near future.

Vascular Surgery
For a system of our size, it is exceptional to have three board-certified, fellowship-trained vascular surgeons doing the highest acuity of care in a subspecialty like vascular surgery. There are few hospital systems that can offer what we can offer. For example, our Vascular Surgery team deployed the first commercially available iliac branch stent graft in the nation.

All commercially-available advancements are available to Munson Healthcare patients, including treatments like:

- Non-thermal, non-tumescent varicose vein treatments, giving patients quicker recovery with little to no pain and scarring

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Getting to Know: 
Aditya Neravetla, MD
Chief Medical Officer, Munson Healthcare Grayling Hospital

How do you see your role as CMO? Since becoming CMO, what has been your biggest “a ha!” moment?
My role is to enhance and guide our team towards making that complexity manageable and subtle as not to disrupt the fundamental principle of health care which is the delivery of effective, high quality, and safe care to all our patients.

My biggest “a ha!” moment so far has been the eagerness and the willingness of Munson Healthcare to grow towards functioning as an effective health care system.

Advice on building positive relationships?
Learning to trust. Accepting and celebrating differences.

Looking forward, what will be the most significant challenge for our health care community?
Health care is constantly evolving from the standards of care to the models for delivery of care. The challenge will be ensuring this is centered around the patient while we keep those who deliver the care engaged and at the table.

What would we be surprised to learn about you?
I speak six languages (English, Hindi, Telugu, Urdu, Punjabi, Gujarati).

What would you like providers to know?
We have a great team that believe in being accessible and approachable. Our vision for our hospital is to continue to provide quality care to the communities we serve.

Favorite Piece of Advice
If you want to improve, innovate, and lead, be open to stepping out of your comfort zone.

In Brief
Hospital: MHC Grayling Hospital (2016)
Practices at: Sound Physicians
CMO Since: December 2018
Specialty: Internal Medicine
Education: Kamineni Institute of Medical Sciences, India
Residency: McLaren Regional Medical Center, Mich.
Married to: Dr. Meghana Tipparthy (8 years)
Children: Rudra (2)
Favorite Pastimes: Listening to Bollywood music
Contact: 989-348-0575 (office), 516-673-6996 (mobile), aneravetla@mhc.net

Cheryl Wieber
System Executive Director, Cardiovascular Services, Munson Healthcare

What would you like providers to know about MHC Cardiovascular Services?
Our nationally-recognized Heart and Vascular program and exceptionally skilled, compassionate providers and staff are centered around a genuine purpose to improve lives. To fulfill this purpose, we are moving into the future focused on providing longitudinal care through critical partnerships with providers, patients, families, staff, physician organizations, and the community. Our dedicated and talented team not only welcomes such partnerships but truly counts on them, as we collaboratively provide exceptional care for patients throughout every stage of their lives.

What will be the most significant challenge as we grow as a system?
Challenges include the demand for digital transformation, infrastructure alignment both vertically and horizontally, adopting a synergistic culture, and meeting the needs of an aging population. Overcoming these challenges across our expansive system is necessary for us to perform at our highest level, while ensuring that patients receive the right level of care at the right place and the right time by providers and staff that feel engaged, valued, and supported.

What is your advice on building positive relationships?
Humble inquiry and transparency allow relationships to be built upon seeking first to understand and the clarity of what questions to ask or what opportunities exist.

What would we be surprised to learn about you?
I am currently pursuing my nursing degree.

Favorite Piece of Advice
Change doesn’t mean that the current situation is bad, but it does mean that you are about to build upon a valuable foundation worthy of transformation.

In Brief
Joined Munson Healthcare in October 2017
Education: University of Michigan (MHA), Spring Arbor (BA), Villanova (Black Belt-Lean Six Sigma), NMC-Current
Married to: Robert (26 years)
Children: Zac (29), Grace (13)
Favorite pastimes: Involvement in church and community, family time, basketball, softball, and playing my viola
Contact: 231-935-5800 (office), 810-441-2936 (mobile), cwieber@mhc.net
Fall CME Conferences

Northern Michigan HIV Summit*
Monday, Sept. 9  |  9 am - 4 pm  |  Hagerty Center, Traverse City

Learn about advances in HIV treatment and prevention. Keynote speaker will be artist Mary Fisher, a recognized global leader in the arena of social change, using her art itself as well as writings, speeches, and strategic advocacy. There is no cost to attend, and lunch will be provided.

For details and to register: munsonhealthcare.org/TJCC/HIV-summit

Farms, Food, & Health Conference*
Sept. 26 - 29  |  Great Lakes Culinary Institute, Northwestern Michigan College, Traverse City

This Farms, Food & Health Conference offers northern Michigan health care providers an innovative, hands-on Culinary Medicine training that highlights local food, culinary, and nutrition sessions. Scholarships available.

For details and to register by Sept. 25: farmsfoodhealth.org

Munson Healthcare Annual Provider SymposiumNEW*
Oct. 18 - 19  |  Grand Traverse Resort & Spa, Acme

Primary care providers and Munson Healthcare network providers are invited to attend this NEW symposium that will include courses for licensure renewal CME requirements, Foundations of Safety Culture training, Friday evening networking reception, and full day of CME sessions on Saturday. This event is a unique opportunity for primary care providers to network with regional subspecialists as well as learn valuable skills that can be applied to daily practice.

Cost is $125 (excludes lodging). To register by October 1: munsonhealthcare.org/providersymposium.

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

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did a beautiful job of determining how we transfer these patients to Traverse City, care for them at Munson Medical Center, and then seamlessly transition them back to Cadillac to receive the primary care provider follow-up they need in their own community.

“The care teams in Cadillac and Traverse City worked together to develop a process that ensures patients get the excellent care they need, deserve, and expect,” said Joe Santangelo, MD, Chief Medical Officer, MHC Cadillac Hospital. “Cadillac’s pediatric patients and providers have been very satisfied with the partnership with Munson Medical Center.”

3. Develop standards of care from both a clinical and service perspective across the continuum

Delivering consistent care that follows evidence-based standards is crucial to high quality outcomes for our patients and our success as an organization. For example, there are standards for the treatment of stroke. We want to make sure our care processes are consistent at each hospital so that care starting at Paul Oliver Memorial Hospital transitions seamlessly to Munson Medical Center. And we want this to be true across the system, at all of our locations.

Where those evidence-based standards exist, we’re going to adopt and implement them. And where they don’t, we’re going to work with our physician leadership and service line directors to define and implement best practices.

Just as clinical processes vary across the system, so does the patient experience vary across departments and hospitals. Our patients expect a consistent experience when they see Munson Healthcare on the sign. But we’re not delivering on that today. Let’s figure out how we deliver our brand promise consistently.

Competition and disruption in health care, both nationally and locally, is creating greater choice for our patients, and it is through competition that innovation and improvement occur. That competition is somewhat new for Munson Healthcare, but nevertheless a new reality. When we know what reality we’re dealing with and what problems we’re solving, we will better be able to adjust, adapt, and strengthen our organization, align our providers, and support our communities.
Service Animals provide vital assistance for people with disabilities, but in a hospital or clinic setting there are limits. The role of Service Animals was officially recognized in the Americans with Disabilities Act in 2011.

A Service Animal must generally be permitted anywhere a human companion would be allowed, subject to certain limitations. If someone who must interact with the Service Animal's owner is allergic or has a fear of dogs, then that situation must be accommodated in a manner other than banning the Service Animal. For example, a staff person may need to be temporarily reassigned or a patient may need to be assigned a different roommate.

Given this reality, it's important to understand what a Service Animal is, and what it is not. The definition of Service Animal is a dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability. No other animal is currently able to be designated as a Service Animal.

Service Animals are different than Emotional Support Animals. Emotional Support Animals are animals (not just dogs, think cats, monkeys, pigs, chickens, and snakes) that provide comfort just by being with a person. Because they are not trained to perform a specific job or task, Emotional Support Animals do not qualify as Service Animals under the ADA, and hospitals and clinics are not required to allow them on premises.

So if a patient or visitor arrives with a dog, how do we know it's a Service Animal, and not just a pet or emotional support dog? Unfortunately, owners are not obligated to register their Service Animal or maintain an identification card, special vest, or other written proof. In addition, a Service Animal is not legally required to complete any formal training.

When it is not obvious what service a Service Animal provides, hospital/clinic staff are permitted to ask two questions:
1. Is the animal required because of a disability?
2. What work or task has the animal been trained to perform?

Staff cannot ask specifically about the person's disability, require any documentation, or ask that the animal demonstrate its ability to perform the work or task.

The task that the Service Animal has been trained to perform must relate to the person's disability. Examples include guide dogs (or miniature horses) for vision impaired people, or dogs trained to alert their owners when their blood sugar reaches high or low levels. People with depression may have dogs trained to remind them to take their medications. Other dogs may be trained to assist persons with epilepsy detect the onset of seizures, or to sense a trigger is occurring in a person suffering from post-traumatic stress disorder.

It is important for providers and other hospital staff to treat Service Animals as working dogs and not pets; it is important not to pet, touch, or distract them. Best advice is to ignore them.

Owners of Service Animals are expected to keep their animal on a leash at all times, and are responsible for their care and supervision. If the owner is the patient and must be separated from his/her Service Animal while in the hospital, the owner must arrange for the care and handling of the Service Animal through a friend or family member. If a Service Animal is disruptive (running around, jumping on others, barking, howling), aggressive (snarling, biting) or not housebroken, then staff can ask that the Service Animal be removed.

Generally, a Service Animal can go wherever a human visitor can go, but there are limits. Service Animals are not permitted where the presence of an animal presents an actual, objective, and articulable significant risk to human health and safety. At Munson Healthcare, areas designated as operating/procedure rooms, pre- and post-procedure areas, and ICUs are off limits to Service Animals.

Failure to accommodate a Service Animal can result in legal sanctions under the Americans with Disability Act. It is important to be familiar with Munson Healthcare's policy and to use the chain of command when questions arise to ensure compliance.

For more information, please refer to your hospital's policy for Service Animals.

In terms of future advancements, our team is currently researching the viability of offering a new treatment for carotid artery disease as well as improved devices for treating thoracic aorta aneurysms.
HEALTH CARE TEAM

Munson Healthcare Physicians Honored

Congratulations to the following physicians who were recently recognized for their amazing patient care.

Loretta Leja, MD
‘Archie’ Award of Excellence, Michigan Academy of Family Physicians (MAFP)
The ‘Archie’ Award of Excellence is MAFP’s highest honor.
Dr. Leja practices family medicine at Rivertown Medical Clinic (Mackinac Straits Health System), Cheboygan.

Brian McComb, DO
Voted “Best Physician” | 2019 Best of People’s Choice Awards, Manistee News Advocate
Dr. McComb practices family medicine at Manistee Primary Care, Manistee, and also serves as Chief Medical Officer for Manistee Hospital.

J. William (Bill) Rawlin, DO
Family Physician of the Year, Michigan Association of Osteopathic Family Physicians (MAOFP)
The award goes to an osteopathic physician who has demonstrated exceptional commitment to promoting osteopathic family medicine in the state of Michigan.
Dr. Rawlin practices family medicine at Munson Family Practice Center (a service of Munson Medical Center), Traverse City, and is program director for the Munson Family Medicine Residency Program.

Roderic Tinney, MD, FAAP
2019 CDC Childhood Immunization Champion for Michigan
The award, given jointly by the Association of Immunization Managers and the CDC, honors individuals who are doing an exemplary job or going above and beyond to promote childhood immunizations in their communities. Immunization Champions are recognized for providing immunization leadership in the community, finding creative solutions to immunization challenges, and speaking out about the importance of childhood immunization.
Dr. Tinney is a pediatrician at Munson Healthcare Charlevoix Hospital, Charlevoix, and is also their Chief of Staff.

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.
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