

the Pulse

October 2019

News for Munson Healthcare Medical Staff

Beyond the Clinical: How External Factors Affect a Community's Health

Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare

The message is clear: More than 3,500 northern Michigan providers and community members identified behavioral health and access to basic needs as top priorities for Munson Healthcare. The 2019 Community Health Needs Assessment (CHNA) – which assessed 31 counties using 154 collaborative partners over 18 months – is a powerful report with a sobering message: Factors outside the clinical setting are detrimentally affecting our patients' health and we aren't meeting our community's mental health needs.

We are working to better understand these factors system-wide and identifying next steps. Access to care, social economics, climate change (see page 4), food insecurity, and transportation challenges are all things have not been traditionally aligned with health care, but that causality can no longer be ignored.

The CHNA underscores what we know from our own practices: that external factors can negatively impact people's ability to access basic health care. If a patient's children aren't getting enough to eat, she might be less concerned about immunizations and well child visits. For patients with diabetes, if they don't have gas money, they may not be able to shop for fresh fruits and vegetables, or make their doctor's appointment.

Layer a mental health diagnosis on top of a lack of access to basic needs and the concern deepens: We know patients with a mental health diagnosis have higher complication rates and their care is more expensive. If a patient is also depressed or suffers from substance abuse or anxiety, it affects care inside and outside the hospital walls and attention to all environmental factors is essential.

These are complex problems with few simple solutions, but surveys like the CHNA plainly show that MHC needs to address and partner with communities on non-clinical needs like housing, transportation, food security, and the environment. Questions we're trying to answer include: What is MHC's part in affordable housing or transportation issues? What is our role in addressing the impact of climate

change, which is broadening the geographical range of certain infectious diseases that we've not previously experienced in our regions (see page 5)?

The silver lining is that this awareness and data means MHC is working more closely together with our community partners to break down silos. The CHNA is a compass for providers; our hope is that the new focus and resulting data will impact patient care in a positive way. It is also helping our organization better align with community organizations to identify priorities and improve our work where it may overlap.

While great work has been going on within Munson Healthcare to address mental health and social determinants, other forward thinking initiatives include:

- Fruit and Vegetable prescription program (already in place in several communities)
- Locally hosted culinary medicine training conferences
- Medication Assisted Treatment (MAT) in the Traverse City emergency department and Munson Family Practice Center, and more providers are being trained across the system

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Health Care Quality Ratings

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

Diane Barton, MSN/MHA, RN, CPHQ, CPPS, Director, Organizational Quality & Accreditation, Munson Medical Center

Public reporting of health care quality performance allows consumers and payers to access data on how clinicians, hospitals, and other health care organizations perform on quality and safety measures. It also allows health care providers to evaluate their own performance against their colleagues. Ratings are recognized as a valuable tool to drive improvement.

As advocates for their own care, many patients research health care quality ratings to ensure that they're receiving top notch care. It's important to understand how the various health care quality agencies rate (or grade) our performance so that you can respond to patients' questions and understand how we are represented to the public.

Centers for Medicare and Medicaid Services (CMS) Hospital Compare (medicare.gov/hospitalcompare/)

Data source: Hospital data submission and Medicare claims (2 year lag)

Evaluates: patient experience, timely and effective care, complications and deaths, unplanned hospital visits, psychiatric unit services, payment and value of care

Ratings: 1-5 stars; individual measures are rated as performing "worse than," "no different than," or "better than" the national rate

Healthgrades (healthgrades.com)

Data source: Medicare Provider Analysis & Review (MedPAR) data to assess risk-adjusted clinical outcomes for 32 common conditions and procedures (2-4 year lag)

Evaluates: mortality, complications, patient experience, patient safety indicators

Ratings: 1-5 stars to indicate a hospital's actual performance as compared to expected

Awards: America's Best Hospitals, Outstanding Patient Experience, clinical specialty awards; Hospitals must pay in order to advertise these awards

Truven Health Analytics (ibm.com/watson-health/learn/truven-health-analytics)

Data sources: CMS Hospital Compare, CMS MedPAR data, Medicare Cost Report Information System

Evaluates: risk-adjusted mortality and complication indices, thromboembolism prophylaxis for several patient populations, acute myocardial infarction mortality and readmissions, emergency department throughput, severity-adjusted length of stay, Medicare Spend per Beneficiary (MSPB) and adjusted inpatient expense per discharge, adjusted operation margin, patient experience

Awards: Top 100 Hospitals, Top 50 Cardiovascular Hospitals, 15 Top Health Systems (quality and financial performance)

Leapfrog Group (leapfroggroup.org/compare-hospitals)

Founded by business leaders to reduce the cost of employees' health care costs while assuring health care quality and safety
Data source: Includes some outcome measures, but its primary focus are structural and process measures and allows self-reporting (subject to on-site verification) by hospitals (1 year lag)

Evaluates: management of inpatient care, medication safety, infections, high-risk surgeries, cancer surgeries, maternity care, pediatric care

Safety Grades: A-F; publicly reported hospital metrics are ranked 1-4 ranging from "willing to report" to "fully meets standard"

Awards: Top Hospitals

Notes: The Leapfrog Value Based Purchasing (VBP) Program allows health plans, transparency vendors, and others to identify hospitals that have attained top performance or made significant improvement year over year. Their aim is to design benefit packages that steer employees towards the safest, highest quality hospitals. Some health plans require a hospital's participation in the Leapfrog Survey, as does the State of Michigan for hospitals to receive full funding of Graduate Medical Education.

Consumer Reports (consumerreports.org)

Data sources: claims and various health care agencies (e.g., American Hospital Association (AHA), CMS, CDC)

Evaluates: mortality, readmissions, infections, patient experience, patient safety, appropriate utilization of diagnostic modalities

U.S. News and World Report (usnews.com)

Data sources: CMS, AHA (2-3 year lag)

Evaluates: various clinical specialties, survival rates, patient safety, hospital reputation, expert opinion of physician specialists garnered by survey

Awards: Best Hospitals

For a listing of Munson Healthcare awards and quality ratings:

- munsonhealthcare.org/recognition
- munsonhealthcare.org/qualityratings

Munson Healthcare Strategic Goals Inform: Decision Making

Executive sponsors:

John Beckett, MD, FACEP, FAAEM, Chief Medical Information Officer, Munson Healthcare

Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare

As we move from a collection of individuals to a cohesive system, we must ask ourselves: How do we work more directly and collaboratively? How do we get the right data to make good decisions across the system? How do we integrate a single information platform so that no matter where a patient is – Charlevoix, Gaylord or Traverse City – their data is available to all involved their care?

Munson Healthcare has reached a systemic tipping point. Of the many challenges facing us, two stand out: first, the fee for service world is eroding and second, the data needed to steer us through this change is difficult to obtain. **To move forward in a financially viable, patient-centered way, Munson Healthcare and its provider partners need fully integrated clinical and business data for real-time decision making that is accessible, transferable, and useful.**

As you may know, our integrated electronic health record (EHR) journey started with the rocky implementation of Cerner Ambulatory in some of our network practices. A lack of organizational preparedness, poor understanding of existing provider and clinic workflow, and customizations contributed to an understandable delay.

Building upon what we have learned, we are now implementing the next phase of our IT roadmap even as IT personnel continue to prioritize performance and software issues associated with Cerner Ambulatory. This upgrade will not only standardize our system to best clinical practices, but also deliver data to help providers manage the health of our patient population.

We will also have the capability to process data from multiple systems like EHRs, claims, pharmacy benefits, operations, and finance, enabling delivery of value-based care. Clear data drives the analysis across all of these different disciplines, leading to significant insight around what kind of safe care and quality we're delivering. Additionally, it helps to clarify financial and operational performance.

Most importantly, clear data will help providers better manage their population's health. Once the data systems are integrated, it will allow us to function and coordinate care better across the system. Value-based care represents a new mindset in health care: How do we create value for our patients by keeping them as healthy as we can, interfacing with them in appropriate venues...before the clinic, before the hospital...and ensure they

IT Roadmap Highlights

- Continued ambulatory EHR optimization for providers and office staff
- Inpatient optimization for providers and nurses
- SurgiNet, a surgical suite information system that includes anesthesia documentation
- Population health data platform and its associated tools, which include data analytics tools, care management tools, and disease registries

are receiving the right care – no more, no less?

Analyzing the data as a whole is fundamental: It is insight that will help us deliver the quality, safety, and performance that's needed to support a healthier patient population and provide the right care at the right time and place.

To do this right, physicians need data that is clear and accessible system-wide.

Currently, 80% of patient care takes place outside the hospital, and providers are getting paid less for that care. Taking care of our patients in the most efficient way possible begins with prevention and understanding our patients' psycho-social conditions better. Holistic care means something new: We are now thinking about not only the patient's body, but also their social situation, their environment, and their family. It's no longer about treating silos of symptoms – it's about meeting benchmarks of certain chronic diseases like high blood pressure, asthma, congestive heart failure, and mental health issues.

To do this right, physicians need data that is clear and accessible system-wide. From a system standpoint, it is our obligation to support providers in this change by providing the information needed to do deliver this kind of care and function under new payment models.

As we get ready to launch the next phase of our IT roadmap, please know that in addition to following best practices, there is a strong governance model including a physician governance committee and provider champions for the

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Munson Healthcare's Role in Climate Change

Mark Cannon, MD, PhD, Infectious Disease, Munson Healthcare

Elizabeth (Lisa) Del Buono, MD, Pathologist, Munson Healthcare

As the region's largest employer, Munson Healthcare is well positioned to play an important role in stemming and preparing for the local effects of climate change. We do this by how we design buildings and ensuring our daily operations are as energy efficient as possible, as well as developing and testing disaster plans (read page 6).

Good examples of recent green initiatives include:

- Manistee Hospital's energy project that reduced annual costs
- A robust recycling program at Munson Medical Center
- Compostable containers at Paul Oliver Memorial Hospital
- LEED-certified Cowell Family Cancer Center has a green roof

These are a great start, and there's more we can do. We need to continue to work with other organizations on Munson Healthcare's role in terms of climate change and sustainability, and ensure that good programs at one hospital or region are implemented elsewhere.

Additionally we need to identify what we can do as a system to increase our resilience (especially when extreme weather events occur), educate on how to be prepared in case of a natural disaster as well as increased infection disease risk, and continue to work on reducing our carbon footprint.

Why is this focus important for Munson Healthcare? Because it impacts our patients, providers, care, safety, and operations.

Natural Disasters/Extreme Weather: We know historically in extreme weather situations, the local hospital is often looked to for leadership and shelter, so it's important for us to be prepared. Recent extreme weather examples include June 2018 flooding in Houghton, which almost totally destroyed their infrastructure, and June 2019 flooding in Kalamazoo, where Bronson Hospital had flooding in its parking lots, roads, and loading docks. Extreme weather events could happen in our region at any time. One way to be prepared is by transitioning to renewable forms of energy and having backups like solar panels to support us during extreme weather events and emergencies.

Ultimately, being prepared can help us avoid a public health calamity. For example, in the case of extreme weather, we know that the elderly population's mortality and morbidity increase for six months afterward. In addition, people are forced to relocate and don't have their medications, all of which can wreak havoc in a person's wellbeing. If an extreme weather event should happen, there will be severe economic consequences and patient suffering from things like flooded sewage systems and overcrowding due to home and infrastructure damage. These conditions lead to the emergence of food-borne and water-borne bacterial illnesses like Salmonella, Shigella, Campylobacter, Yersinia, and leptospirosis. Severe weather events also put undue stress on those with chronic health issues.

Locally, we've experienced extreme cold events three years in a row that prevented patients from getting in to see their providers. This is a barrier to disseminating good community health.

Vector-borne illnesses: Imperceptible climate changes can drastically affect insects like ticks and mosquitoes, enhancing their survival, their reproduction, and the rate at which the infecting pathogen incubates. Due to warmer temperatures in the northern U.S., the home range for the mosquitoes *Aedes aegypti* and *Aedes albopictus* are extending farther north, and with them providers can expect to see more of the untreatable viral diseases they transmit, such as dengue fever, yellow fever, chikungunya, and Zika. Although we have only seen West Nile in our region so far, providers need to be vigilant in identifying infections new to our region. Please don't hesitate to consult Munson Healthcare's Infectious Diseases to aid in a diagnosis.

Water-borne or drought-related illnesses: We are concerned both in the increased number of severe weather events, such as storms and flooding, as well as the health consequences from farming and industrial water runoff. Wastewater systems overflow can also bring along food-borne illnesses that are currently rare but could become much more prevalent after severe weather events and flooding. Providers will begin to notice an uptick in diarrheal diseases like salmonella and viral diseases like hepatitis A. Some are treatable but can be deadly. These events and their detrimental health effects will also result in economic loss for patients and our region.

Better Sustainability: In addition to disaster preparation, what our hospital system does now to reduce emissions will affect the change we see and how rapidly we see it. Renewable energy and recycling are both cost saving measures as well as environmental ones – giving us an edge on financial sustainability.

At the end of the day, we live in an interconnected system, we know that social determinants of health impact wellness just

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CME Opportunity

For more on this topic, please join us for the Jan. 24 Friday Medical Conference when Dr. Mark Cannon and Dr. Elizabeth Del Buono will present.

Jan. 24 | 12:30 – 1:30 pm

Cowell Family Cancer Center Conference Room
Or via GoToWebinar (munsonhealthcare.org/cme)

This activity has been approved for 1 *AMA PRA Category 1 Credit™*.

Standard of Care: Infectious Disease

Mark Cannon, MD, PhD, Infectious Disease, Munson Healthcare

Munson Healthcare is working to reduce the spread of infectious diseases in our communities by:

- **Decreasing unnecessary use of antibiotics system-wide**
- **Stemming over-testing of patients for certain infectious diseases, e.g., C. difficile, UTIs**
- **Promoting vaccines regionally for vaccine-preventable diseases**
- **Being prepared for vector, water, and drought borne illnesses caused by climate changes and severe weather events**

Antibiotics: One of our main initiatives has been the Antibiotic Stewardship Team (AST), which is working to decrease unnecessary antibiotic use. ASTs are standard throughout the country as it is required that hospitals measure and report antibiotic use.

According to the Centers for Disease Control and Prevention: “20-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. . . . Patients who are unnecessarily exposed to antibiotics are placed at risk for serious adverse events with no clinical benefit. The misuse of antibiotics has also contributed to the growing problem of antibiotic resistance, which has become one of the most serious and growing threats to public health. . . . The CDC estimates more than two million people are infected with antibiotic-resistant organisms, resulting in approximately 23,000 deaths annually.”

As a system, it’s been a challenge to properly manage antibiotic stewardship. Our team recognizes that we need to help all MHC hospitals appropriately reduce their antibiotic use. We anticipate that once a system electronic health record has been implemented, it will be easier to monitor and communicate antibiotic usage.

Over-testing for C. difficile and UTIs: In partnership with Munson Healthcare Microbiology and Infection Prevention departments, we recently launched an initiative to help test for C. difficile. Although these new guidelines initially caused some confusion and concern, being tougher on testing

guidelines has successfully decreased unnecessary treatment of C. diff. Regarding the stricter criteria, our role is to help providers navigate newer technology-driven tests that are not always simple or easy to apply.

We receive a lot of questions about urinary tract infection (UTI) diagnostics. Our standards reflect standards of care throughout the U.S. and are supported by multiple studies and published guidelines. Stricter standards of care are an influence everywhere, but UTIs remain one of the main issues because of the widespread overtreatment. The stricter criteria for testing UTI samples stemmed from misdiagnoses and also routine sending of urine samples for catheterized patients. From a public health standpoint, these guidelines help prevent increased resistance to bacteria and other unnecessary side effects as well as allergic reactions to overuse of antibiotics.

Since the stricter UTI criteria were enacted, we have shown a decrease in unnecessary antibiotics being given. The bottom line: Just because there’s asymptomatic bacterial growth doesn’t mean treatment is warranted.

Vaccine-related initiative: In 2014, when pertussis and measles cases presented in our region, the Northern Michigan Vaccination-Preventable Disease task force was organized. This task force includes community pediatricians, hospital administrators, and infectious disease physicians and facilitates system-wide promotion of vaccinations. Now, in addition to regional promotion of the importance of vaccines, we have mandated education of parents who are requesting waivers for their children. As a result, we have seen waiver rates decrease.

Vector, Water, and Drought Borne Illnesses Caused by Climate Changes and Severe Weather Events: Where infectious disease is concerned, the new normal in Michigan will likely include viral diseases that health care providers rarely have had to consider before. This potential arises from increased global reach and changes in our climate. We will see vector-borne infections from mosquitos and ticks increase. Emerging infections such as Eastern Equine Encephalitis (EEE) may also be influenced by warming weather. For more, read “Munson Healthcare’s Role in Climate Change” on page 4.

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The Community and Population Health Committee, a system-wide board committee, pulls in several different members of our community agencies like local health departments and educators. The committee is performing a gap analysis to define opportunities, consolidating the work being done to create focus and efficiencies.

Stigmas are breaking down where mental health or social determinants are concerned. In the past, provider attitudes

may have been, “It’s none of our business; it doesn’t affect what we do. We can’t do anything about it anyway so why do we ask?” There is validity in addressing these issues.

Times have changed – we need to be transparent with about our gaps. And as a system, keep our eyes wide open to these changes, partnering where we can, and thinking progressively and differently than what may have been the traditional approach. Better has no limit.

Disaster Preparedness Important for Hospitals, Clinics

John Bolde, System Director of Safety and Security, Munson Healthcare; Emergency Management Co-Chair, Munson Medical Center

Randi Terry, System Director of Information Systems, Munson Healthcare; Emergency Management Co-Chair, Munson Medical Center

Hospitals should be havens of care, but hurricanes, tornadoes, bomb threats, mass shootings, and other natural and man-made disasters require our facilities to ensure there are plans in place for the unexpected.

Munson Medical Center's Disaster Preparedness Committee and other similar committees around the health care system meet regularly to ensure system hospitals remain ready for the challenges that can arise. Annually we conduct a hazard vulnerability assessment to identify the most likely scenarios so we can plan accordingly, while simultaneously being prepared for the events that might be more unusual.

Our most significant threats in northern Michigan involve:

- Weather-related events such as flooding, blizzard, tornado, or severe high winds that knock out power for an extended period of time
- Wildfire
- Mass casualty trauma
- Pandemic flu or other contagious disease
- Active shooter in a hospital or health system facility

Once likely threats are identified, the committee develops action plans and conducts disaster drills, including at least one region-wide drill a year involving our Region 7 Disaster Preparedness resources. We also do table-top exercises and use opportunities such as annual power plant maintenance and required testing of backup power generation to work through issues of preparedness.

Recently in Traverse City, we provided volunteers to help support our community partners at Cherry Capital Airport as they worked through a disaster scenario. These kind of experiences also help us become better prepared to collaborate with community agencies and keep our disaster readiness sharp.

Every system hospital has an incident command structure that reflects the Hospital Incident Command System (HICS). And each hospital's Emergency Management Committee has created a mandatory emergency plan that outlines the appropriate response for the emergency.

The basic incident command system includes a medical officer role who advises the Incident Commander on tactics related to patient and medical care. Provider roles during a disaster could include but are not limited to:

- Helping triage/care for patients in the Emergency Department
- Evaluating patients for an early discharge from the hospital
- Reviewing OR cases and canceling non-essential surgeries
- Evaluating for the medical officer the priorities affected by your specialty, such as care of patients in the ICU during a power outage, or establishing lab priorities if you are a pathologist, etc.

- Staffing alternate care areas to free space in the Emergency Department

Weather Disaster

In all disasters, the health system collaborates closely with other agencies. In a weather-related situation that impacts the ability of providers and staff to get to work, such as a blizzard or flooding, the hospital coordinates closely with other agencies to ensure our mandate to provide care continues.

For example, several years ago in Charlevoix, a city snowplow drove a doctor from his home to the hospital. That same kind of collaboration continues today. Our relationships with the region's fire, police, and EMS agencies become very important in terms of transportation for patients and staff. During a snow storm a few years ago, police asked motorists to stay off the road but made an exception for hospital workers driving to work who showed police their name badge.

Pandemic

During a situation involving pandemic flu, or other infectious disease such as the ebola outbreak a few years ago, each hospital in the system needed disaster planning to screen, isolate, stabilize, and transfer patients to a more appropriate care setting. All of our hospitals have relationships with area health departments who typically take the lead during infectious disease situations in the community.

Communication with provider offices becomes vital during these situations and providers should regularly check their email and fax for important information. It is also important to notify us of any contact information changes involving you or your office.

Active Shooter

Munson Healthcare has conducted several drills and simulations involving an active shooter scenario at various system hospitals and clinics. As our annual staff training recommends in these situations the proper response is to run, hide, or fight. Calling 911 to alert police to the situation is critical.

Physicians in private practice are encouraged to ensure that you and your staff know what to do and have a plan for this type of situation. Helpful websites include:

- ready.gov
- emergency.cdc.gov
- dhs.gov/cisa/active-shooter-preparedness

Thank you to all medical staff for your ongoing efforts to promote the safety and security of our patients and staff!

Opioid Task Force Update

James Whelan, MD; Chair, Munson Healthcare Opioid Task Force;

Medical Director, Wexford PHO; Medical Director; Munson Healthcare Population Health Management

Opioid Event Calendar

This fall there are several opioids-related events including:

- **Opioid Town Hall: Treatment & Recovery**
Fri., Nov. 7, 7 pm, Milliken Auditorium,
Dennos Museum, Traverse City
- **Opioid Overdose Prevention: Emergency Care of the Post-Overdose Patient *Fall Summit***
Wed., Nov. 20, 9:30 am – 3:00 pm,
The Kellogg Center, East Lansing
For more information and to register:
eventbrite.com/e/opioid-overdose-prevention-emergency-care-of-the-post-overdose-patient-registration-73468707883
- **Impacting the Opioid Crisis: Prevention, Education, and Practice for Non-Prescribing Providers**
Self-paced online course
For more information and to register:
edx.org/course/impacting-the-opioid-crisis-prevention-education-and-practice-for-non-prescribing-providers

With so many events in the area popping up, we plan to create a calendar to help everyone keep track. Stay tuned...

Want to earn certification in Addiction Medicine?

The MiCARES program supports physicians interested in achieving Addiction Medicine certification. This program is grant funded and free to primary care physicians. For more information: micares.msu.edu.

Want to be a MAT provider?

BCBS of MI has created a program to incent physicians to become Medication Assisted Treatment (MAT) providers. The details are too large for this article, but once waived, a provider receives \$10,000 when one patient is treated and an additional \$5,000 with their tenth. In addition the physician's PGIP PO receives some incentive as well. Better, the patients DO NOT have to be BCBS patients. For more information, please contact Christina Eickenroth (231-935-8746, ceickenroth@mhc.net), me (jwhelan@mhc.net), or your PGIP PO (NPO, Wexford/Crawford PHO, or CIPA).

MAPS Data Now Available

A new database with Michigan Automated Prescription System (MAPS) data has been made available and anyone interested in reviewing their county's historical performance should reach out. We are requesting access for all providers, but until then, please contact me (jwhelan@mhc.net) and I can provide reports on number of scripts, number of pills, and where they were prescribed (county), filled, and where the patient resided for those scripts. Good news: opioid prescriptions are declining in every county. Bad news: most of our counties are still above the state-wide average so there is more work to do.

In my role as Chair of the Opioid Task Force, I am often the face of our response to Community Coalitions. Providers should be aware that we are under scrutiny more than ever for our prescribing practices. Recently I learned about several incidences where physicians within our system prescribed opioids to patients who specifically refused the prescription, often several times, but were informed they were going to need them anyway and a prescription was sent. By doing this, we perpetuate the sense that providers are the problem and magnify the scrutiny we are currently practicing under. It is not hard to imagine a frustrated patient reporting the interaction to LARA.

MMC ER Receives MAT Grant

In June, Munson Medical Center (MMC) received a \$400,000 grant to pilot a program to utilize MAT to treat patients presenting in the Emergency Department. Although this grant program is inching along, the enthusiasm of ER staff and our community partners is palpable. Thanks to the great work of Christina Eickenroth, RN; Tim Archer, MD; and many others, this program will serve its first patient as early as Nov. 1.

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entire IT roadmap. The EMR implementation process is complicated and multifaceted. We need provider engagement and participation, not only in the governance of these projects, but as subject matter experts and as champions.

The imminent shift to value-based care has put providers at the forefront of managing population health through prevention and management across the continuum. By investing in an integrated EHR, Munson Healthcare is doing everything it can to help you be successful as the health care environment changes.

Getting to Know: Laura Glenn

President of Ambulatory Services and Value Based Care, Munson Healthcare



Recently you were promoted from VP of Munson Healthcare Physician Network to President of Ambulatory Services and Value Based Care. How does your new role connect with your previous responsibilities in the Physician Network?

This new role is really an expansion of my responsibilities. I will continue

my work with the Physician Network but will be hiring a Chief Operating Officer for the Physician Network to further our focus on integration, standardization, and operational improvement given the additional responsibilities I've assumed.

How does your work with the Physician Network naturally transition to your new role?

I have been doing work on our value based care strategy for the past two years and have worked closely with our service line executive directors. Services lines really span the continuum of inpatient, outpatient, and post-acute care. In fact, 70% of services are delivered in the ambulatory setting so our service line growth strategy will in part focus on expansion of outpatient services including provider recruitment to meet the growing outpatient demands.

What are some key initiatives you'll be working on as a part of your new role?

I will be doing a lot of work to support our new 2025 Strategic Goals, specifically Transform Care Delivery and partnering with Dr. Christine Nefcy, MHC's CMO, on Attract Patients and Engage Providers. My role in operations has many of the components needed to help drive those strategies including the physician network, clinically integrated network, home health, and clinical business intelligence – and partnering with Dr. Nefcy on the service lines.

Can you describe the importance of the dyad leadership structure that will help you and Dr. Nefcy with service line work?

A dyad leadership structure recognizes the importance of the clinical perspective matched with operational and financial expertise. Dr. Nefcy's leadership brings the clinical perspective and my involvement offers strength in the operational and business aspects of MHC's service line strategies. This kind of structure supports the engagement of providers and ensures that hospital administration is making decisions in partnership with clinical leadership.

The goal of Transform Care Delivery is to partner with providers to develop the infrastructure needed to be successful in a value/population-based environment. Can you explain more?

Reimbursement for health care is changing – we are evolving to a state where we will be reimbursed for keeping people healthy and out of our hospitals. Payors are changing their approach to address the unsustainable growth in health care costs in this country. So we need to think differently about providing care and more specifically, the care we provide to patients outside our hospitals aimed at keeping them healthy and managing chronic conditions. In order to do that, we need to work very differently with our providers in the community. They will play a very important role in this evolution.

Part of our strategy is continuing to build upon the relationships with Northern Physician Organization (NPO) and Wexford Crawford PHO. Both of those organizations have been working on transform care delivery for years as their professional reimbursement models evolved. They have done extraordinary work, and we need to partner with them on this important initiative. (For more on the Transform Care Delivery strategy, stay tuned for the December 2019 issue of The Pulse.)

Three regional directors are also supporting you and the Physician Network: Brad Eshbaugh (East Region), Randy Hodges (South Region), and Tim Nelson (Grand Traverse Region).

That's right. They will report directly to the COO and will remain very connected to the entity CEOs. In their roles, they will be the connection between the integrated Physician Network and the local/regional strategies and priorities of the entity hospitals. (For more, read page 9.)

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.

Meet Our Physician Network Regional Directors

Munson Healthcare has three regional directors for its Physician Network: Brad Eshbaugh (East Region), Randy Hodges (South Region), and Tim Nelson (Grand Traverse Region).

What is your role in connecting the Physician Network's initiatives to the local hospitals' senior leadership teams (SLT)?



Brad Eshbaugh: An important strategic goal for the East Region is to develop more specialty support between the two communities – Gaylord and Grayling. For some specialties, neither community alone has the volume to support a full complement of physician specialists, but together they do have the volume and sustainability. I look forward to working with our hospitals to develop and grow sustainable specialties to promote local patient care.



Randy Hodges: Having the opportunity to serve on both senior leadership teams in Manistee and Cadillac provides that important link between the Physician Network and the local hospital. My role is to build those service lines locally while collaboratively working with hospital leadership to ensure an optimal health care delivery system.



Tim Nelson: In addition to many collaborative efforts, I act as a liaison for day-to-day operations and strategic initiatives between the practices and the local SLT. We focus on all elements of True North, including access to care and getting appropriate resources to the practices. We are currently piloting an ambulatory operating system roll-out for Cardiology, Nephrology, and Munson Family Practice Center.

How will a regional approach help?

Brad: A regional approach will bring the necessary resources and patient volume needed for sustainability.

Randy: A regional approach enables the ability to improve the health care of the population by delivering high-quality, accessible, and financially sustainable health care. In my role, I collectively work with the practices and hospitals to improve the health care options across multiple specialties and in multiple communities. This approach will provide the community the necessary care close to home without the burden of traveling long distances for their care.

Tim: One of the 2025 Strategic Goals is *Integrate Operations*. By working together regionally, we will be better able to standardize best practices, coordinate care, and improve access for all patients.

What are you most looking forward to in terms of your new responsibilities?

Brad: The opportunity to keep care local and help reduce the burden on rural patients seeking the care they need.

Randy: I look forward most to making a difference in improving and growing the health care options to the people of rural communities in the southern region.

Tim: Working together to accomplish our purpose: We improve lives.

MMC Names New President

Matt Wille assumed the position of President and CEO for Munson Medical Center, effective Sept. 23.



Matt has a proven track record in executive-level leadership. He has led operational, financial, strategic, and visionary activities at several medical centers and health systems. Most recently, Matt served as vice president of operations at Allina United Hospital in St. Paul, MN. He was also served as interim president from January 2017 to April 2018.

Matt has successfully implemented Lean programs and best practices over the course of his career and will ensure that we continue the great progress we've made on our True North and 2025 Strategic Goals.

Matt holds a Master of Public Policy and Administration degree from Northwestern University, Evanston, IL; a Master of Healthcare Administration degree from the Carlson School of Management at the University of Minnesota, Minneapolis, MN; and a Bachelor of Science in Economics degree from the University of Iowa, Iowa City, IA.

Matt's personal mission is to "help create a healing environment that we would expect for ourselves and our families." Matt is married with one child and enjoys fishing, cross-country skiing, running with his wife, and trying to keep up with his young son.

To learn more about Matt, read Munson Medical Center's October Pulse.

Getting to Know: Casey Kadow

System Vice President of Ancillary Services, Munson Healthcare



Our new System Vice President of Ancillary Services joined Munson Healthcare in August.

Can you tell us a little bit about your background?

I moved here from Dewitt where I was chief operating officer of McLaren Greater Lansing. Prior to that, I served

as the McLaren corporate director of laboratory operations. I graduated from Michigan State University, and have a master's degree in molecular biotechnology from Wayne State University and an MBA from Oakland University.

What is your role in the system?

I'm responsible for all ancillary services across Munson Healthcare for both acute care based and ambulatory services. That includes laboratory, pharmacy, radiology, environmental services (EVS), and food and nutrition services.

What will you be doing on a daily basis?

I'll be focusing closely on our 2025 Strategic Goals, one in particular: Integrate Operations. More specifically, I'll be working with senior leadership teams and system directors to ingrate operations and improve operational performance. Ultimately, I want to ensure that wherever a patient is in our system, they will have the same level of services and quality of care. Building the right infrastructure and standardizing work will be key components for that.

What will you be focusing on in your first several months here?

Building relationships is my number one priority. I will be spending a lot of time getting to know the teams I'm be working with on a regular basis. Also, I'll be listening and learning. There's a lot to learn about the culture and current state here. I'm doing my best imitation of a sponge and soaking it all in. I know I can bring new ideas but I'm also seeing a lot of best practices already happening here.

What would we be surprised to learn about you?

Before health care, I was in biotechnology and did a lot for breast cancer research. Also, I used to sail on Great Lake freighters for a summer job during college. I'm the son of a sailor and I considered it for a career. I almost went to the Maritime Academy here. I've sailed more than 40,000 nautical miles and visited more than 35 ports in 4 of the 5 Great Lakes.

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

I enjoy spending time with my wife and three kids. I also like to sail, cycle, and downhill ski. Golf is another favorite but I'm not any good at it.

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

I'm looking forward to working with the providers and getting to know them. I want to have the kind of relationship where they are involved in the decisions we make as we look to improve lives together.

CME Program Reaccredited with Commendation

Kara Classens, BSN, RN, Manager, Provider Relations & CME, Munson Healthcare

Katie West, BSN, RN-BC, CME Specialist, Provider Relations & CME, Munson Healthcare

We are thrilled to announce that Munson Healthcare's Continuing Medical Education (CME) Program recently received Accreditation with Commendation by the Michigan State Medical Society. This reaccreditation allows Munson Healthcare to continue providing and sponsoring quality educational activities that award valuable CME credit to our provider learners with a 6-year accreditation period that extends to Sept 2025.

Accreditation with Commendation is awarded to organizations that demonstrate compliance in all criteria and accreditation policies but also participate as strategic partners in quality initiatives within their institution, health system, or community through collaborative alliances; implement educational strategies to remove, overcome or address barriers to physician

change; and integrate CME into the process for improving professional practice. Additionally, the Michigan State Medical Society recognized the Munson Healthcare CME program for outstanding work in the area of meaningfully engaging with the community in support of physician learning.

"I am so very proud and lucky to be working with a fantastic committee and Kara, Katie, and Tammie. Smart, hard-working, thoughtful, dedicated people!"

— Kyle Carr, MD, CME Committee Chair,
Munson Medical Center

Legislative Update: The Bumps and Cuts of Health Care

Gabe Schneider, System Director, Government Relations, Munson Healthcare

Any parent expects the occasional bump and cut, especially when their children are climbing trees or riding bikes. The health care industry also faces bumps and cuts. In health care's case, bumps are actually positive but the cuts can be deep and negatively affect how we provide care, closest to home, for the patients we serve.

So what do I mean by a bump? For starters, as Medicare and Medicaid do not adequately reimburse rural hospitals, we welcome any bump that increases our reimbursement rate. Whether you call it a bump, uplift, or an add-on, these additional percentages over and above baseline Medicare or Medicaid reimbursements can translate into significant revenue for the Munson Healthcare system.

For example, the federal government designates certain hospitals as a "Critical Access Hospital," because of their unique role in providing care in rural communities that are isolated from the next nearest location for care. The Munson Healthcare system has four Critical Access Hospitals – Charlevoix Hospital, Kalkaska Memorial Health Center, Mackinac Straits Health System, and Paul Oliver Memorial Hospital. The CAH designation results in these hospitals getting a "bump" in their Medicare reimbursement.

Unfortunately, sometimes an anticipated bump turns into a cut. Thanks to our legislators going to bat for us, the State's Fiscal Year 2020 budget had included a 7% bump for Medicaid outpatient reimbursements and increased funding for small and rural hospitals as well as hospitals that provide obstetrics care, and our Critical Access Hospitals. Unfortunately, Governor Whitmer line vetoed these important programs.

Munson Healthcare is now urging the Governor and legislature to return to budget negotiations and pass a supplemental budget that fully funds these programs as quickly as possible. If this does not happen soon, Munson Healthcare will lose more than \$5 million this fiscal year.

Please help us by writing [your lawmaker](#) and [the governor](#) and ask them to support improving health care funding. Your voice is important as we work towards preserving access to health care services that Michigan residents need.

On the federal side, potential cuts can be just as damaging. For example, the Trump administration cut pharmaceutical

reimbursements under the 340B drug-pricing program contained in the CY19 Outpatient Rule for certain hospitals. When fully implemented, this could result in a loss of millions of dollars for hospital systems around the country and could potentially impact Munson Healthcare if these cuts are expanded to sole community hospitals like ours.

Another example would be if the federal government implements "site-neutral payment policies," whereby the reimbursement rate for certain services are decreased if that service was provided in an outpatient setting, such as at the Foster Family Community Health Center. Millions of dollars are at risk if site-neutral policies are implemented, a cut that we cannot sustain.

And it is not just government payers who are causing cuts to health care reimbursements. The Michigan Legislature recently passed legislation that will cut reimbursements from automobile insurance companies as part of an effort to reform Michigan's auto no fault insurance law. This legislation will slash reimbursements through the implementation of a government mandated cap and also allows individuals to opt out of carrying personal injury protect coverage altogether, potentially costing Munson Healthcare tens of millions of dollars annually and making it very difficult to sustain trauma care services in the communities we serve.

So how can we collectively work to minimize the cuts and protect the bumps? One way is to take immediate action on state and federal legislative initiatives that threaten to reduce health care funding, but we also need your help. By understanding how legislative bumps and cuts impact health care at the local level, you can better advocate for funding local hospitals with your neighbors, friends, and family, as well as members of the state legislature.

To learn more about these and other policy issues, visit Munson Healthcare's advocacy website: munsonhealthcare.org/advocacy. Please sign up for advocacy alerts so that you know when there is an opportunity to assist in our advocacy efforts.

As our partners in health care, let's work together to advocate for increased health care funding so that we can continue to provide the highest quality of care to our patients. You can help, and your understanding of the issues is critical. Thank you for your continued support!

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like disease processes do (read page 1). If we're putting the health of our patients at the center of what we do, we have to be concerned with what's happening in their environment, too. As health care providers who have all taken the oath to first do no harm, it's vital to remember that this mindset applies to the patient's earthly environment as well as to the physical body.

Thank You to Our APPs!

We would like to share our appreciation for our Advanced Practice Providers (APPs) and their role on our Health Care Team.

“APPs are an integral part of the Munson Healthcare system, and I’m excited to see them take a bigger role as we move forward as an organization,” said Christine Nefcy, MD, Chief Medical Officer, Munson Healthcare.

In celebration of National PA Week (Oct. 6-12) and National NP Week (Nov. 10-16), we asked our CMOs and Service Line Executive Directors to nominate amazing APPs. Please join us in congratulating these honorees...

To read quotes from our honorees on what they love about being an APP: munsonhealthcare.org/ouramazingapps

And to ALL of the Munson Healthcare APPs, **thank you for the amazing things that you do for patients and their families each and every day!**

“APPs play an integral role in the delivery of high quality and safe care to our patients. We have the knowledge, empathy and expertise to collaborate with our amazing physicians to ignite throughput, patient care management, and overall access to health care.”

— Karri Vaughan, PA-C, Munson Urgent Care



Heather Nolan, NP
MHC Cadillac
Primary Care
MHC Cadillac Hospital



Cole Strange, PA-C
Emergency Physicians
Medical Group
MHC Cadillac Hospital



Mark Eichenlaub, PA-C
Paul Oliver Memorial Hospital
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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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