Long after it was cool, I was a hippie college student at the University of Texas – it was there that I learned the power of advocacy.

Our student protest against UT’s financial holdings in South Africa prompted the school to withdraw its money. I like to think that this, along with countless world-wide acts like it, helped end apartheid nine years later.

I recognize that sitting on the administration’s steps in protest was a miniscule change agent, but even this one act held power as part of something greater. If my small voice was heard halfway across the world, how much more power do we as physicians have in northern Michigan when it comes to advocacy?

As a collective, our voice is sought after, respected, and heard. That’s why it’s important for legislators to hear what we are saying... not the other way around. Indeed, through various forms of advocacy, we’ve seen progress in Medicaid, environmental, and opioid legislation. In each of these cases, Munson Healthcare is meeting with local groups and our elected officials to advocate for our patients.

Meetings with state and federal legislators this spring touched on the following:

- With U.S. Sen. Debbie Stabenow, we discussed veterans’ health care. Senator Stabenow was instrumental in getting a VA clinic built in our area, so veterans no longer had to drive to Saginaw for their care. She is also advocating for the clinic to offer expanded services to better serve those who have served us.

- Opioid abuse prevention and treatment was the topic with U.S. Congressman Jack Bergman, who was enlightened on how many of our patients with opioid addictions aren’t allowed by Medicaid to get treatment unless they have had some contact with the legal system. This, combined with poor coverage from a payer/insurance perspective, was a point we were able to make.

- The new state opioid legislation has meant changes to our processes, but from our perspective not all changes were well defined. To that end, we are working with the state elected officials and the Michigan Health & Hospital Association to clarify changes, such as what it means to have a “bona fide” relationship with our patients. Our questions prompted the state to push back the effective date on that requirement.

On a micro level, we continue to advocate for our community in ways both big and small. As an example, we are working with local environmental groups to support clean energy initiatives and local non-profits to support combating obesity and getting fresh food in schools. Most importantly, our physicians continue to advocate for patients, on an individual basis, day in and day out.

Munson Healthcare and its 8,000 employees have captured the attention of our legislature. Although there is a lot of work to do, our lawmakers are listening and working with us to provide better care in our communities. What we say matters, but we have to continue to speak up, advocating for ourselves and for our patients and communities. That advocacy goes out beyond the walls of the hospital and into our community, whether it’s people, our environment, or far-reaching legislation.

The good thing is, becoming the voice for the voiceless comes naturally to people who are all about getting the right thing done for their patients.

So, take your seat on the steps. Your voice, no matter how insignificant it feels, matters.
Quality and Safety in Practice:

Physicians Lead in Safety, Always

In the world of safety, two areas promote the existence of errors: the blunt end and the sharp end.

We, as providers, are leaders in all areas when it comes to safety. Our presence alone is a form of leadership since many of our behaviors are modeled by other staff—both our good behaviors and our bad. Providers can lead at the blunt end by participating in committees and helping solve issues with EMRs or formularies. We can lead new safety initiatives such as simulation programs, team-based rounding, safety coaching, developing dashboards, and leading safety debriefs. Providers can demonstrate in words and actions safety as a core value that cannot be compromised at any time. And we can generally act as problem solvers as opposed to problem seekers.

At the sharp end, providers lead by our actions. We carry significant weight in making or breaking a good safety culture. In the briefs or timeouts, providers can ask everyone to please speak up with concerns, and say “thank you” when they do. We can place the scalpel in the no pass zone (a.k.a. neutral zone) every time to lower chances of sharp injuries to staff. We can clearly communicate with repeating back, and acknowledging and confirming responses when a medication is ordered. And we peer check each other, speak up ourselves, and wash our hands in and out of every room every time.

We are safety leaders, every one of us whether you realize it or not. Staff listens to our words and watch to see how well our actions match. If you pay no attention, they pay no attention. Providers have the ability to influence both positive and negative behaviors. Physicians have tremendous influence on teams in health care and are always leading, even when simply rounding on their own patients or accepting phone calls from staff.

Be it prevention, detection, correction, or at the blunt end or sharp end, we can all help improve safety and the outcomes of the patients we serve, and the staff we work with. It is the right thing to do.

Tom Peterson, MD, can be reached at 231-935-6519 and tpeterson2@mhc.net.

Footnote

Four MHC Hospitals Receive ‘A’ from Leapfrog Group

Four Munson Healthcare hospitals ranked among 750 hospitals nationally awarded ‘A’ safety grades from the Leapfrog Group for spring 2018.

The organization recently released grades, which range from “A” through “F” for approximately 2,500 hospitals across the country. Leapfrog Group is one of several organizations who examine hospital quality and safety. Munson Healthcare Cadillac Hospital, Munson Healthcare Grayling Hospital, Munson Medical Center, and Otsego Memorial Hospital all received the top mark.

Munson Healthcare Vice President of Quality and Safety Tom Peterson, MD, FAAP, said the grades for the hospitals reflect a continual focus on patient safety and quality care. “We are pleased to see the high quality care reflected in Leapfrog grades in this survey,” Dr. Peterson said. “Every day across the system our teams are working hard to provide the best care for our patients, to ensure we have the right processes and procedures in place for patient safety, and to promote a quality outcome.”

More information on Leapfrog safety grades can be found at hospitalsafetygrade.org.

While Leapfrog offers one source for quality transparency, another source for quality information in Michigan is VerifyMICare.org. The website is the result of lobbying efforts by the Michigan Healthcare and Hospital Association to offer an alternative source for quality data that would allow the public to compare hospitals.

In 2017, the state legislature attempted to tie GME funding to hospital price and quality transparency efforts in order to force hospitals to submit data to Leapfrog. Lobbying efforts by the MHA, which received feedback from providers across the state, resulted in the website VerifyMICare.org.

MHA Chief Medical Officer Gary Roth, DO, FACOS, FCCM, FACS, said for many years, the MHA voluntarily published Medicare-focused hospital quality data on a public website. In 2017, the association and its board decided the MHA needed to do more to lead the conversation about health care quality transparency. As a result, VerifyMICare was created.

“At the same time, the MHA worked with the Legislature to help them understand that the new MHA website was going to be a reliable and comprehensive tool by which consumers could get better access to all acute-care hospital information, and that hospitals were publishing this data voluntarily,” Dr. Roth said. “The efforts of the MHA and its member hospitals in educating legislators about this matter proved vital to protecting funding for hospitals and establishing hospitals’ roles as leaders in quality transparency.”

The launch of VerifyMICare was a MHA board-driven initiative, and had broad support from member hospitals across the state. It also signified a notable shift in what quality data was now available to the public, Dr. Roth said. “As with any major change, hospitals and the MHA alike have experienced growing pains with this effort. Provider feedback regarding how to best report and display quality data for critical access and specialty hospitals has been critical to our evaluation of the current website and what the MHA must do to improve it going forward,” he said. “The MHA continues to seek feedback from our members regarding what type of quality data is most useful for consumers, how that data should be explained, and how to add the conversation around hospital prices to the website in phase two.”
For Aaron Burr in the Broadway musical *Hamilton*, seeing Alexander Hamilton being invited to participate in a private dinner table discussion to decide the location of our nation’s capital, brought him to sing, “I wanna be in the room where it happens.”

While you won’t hear me break out into song anytime soon, my work as System Director of Government Relations is focused on ensuring Munson Healthcare has a seat at the table in the room where it happens. Munson Healthcare also has a responsibility as the largest rural health care provider in the state of Michigan to ensure that policy makers in Lansing and Washington hear our perspective on rural health care issues.

That is why over the last three years, in my role, I have developed a robust advocacy and government relations program for the system that focuses on engaging our internal audience, our external community audience, and the state and federal legislative and regulatory audience on issues that impact our ability to provide care.

Recognizing the importance of this work to our System, the Munson Healthcare Board convenes a quarterly Advocacy Committee meeting to discuss current legislative and regulatory issues. We have also developed a robust community advocacy network and email distribution list made up of community leaders, employees, and senior leadership through which we communicate updates and requests for advocacy actions on state and federal legislation. With the goal of shaping and impacting the public policy discussions in Lansing and Washington, I work to engage directly with our legislative delegation, to ensure they are aware of the impact that their decisions have on the Munson Healthcare System, our patients, communities, and rural health care providers.

When we look at public policy issues, it is helpful to have a framework to evaluate the impact to the system. Therefore, working with Ed Ness and the Advocacy Committee, we have developed legislative advocacy priorities that include supporting rural health care and protecting critical reimbursements, keeping patients at the center of all that we do, and improving the health of our northern Michigan population. Recognizing the thin margin on which health care providers operate in rural areas, we are committed to supporting policies that protect cost and payment models that support our ability to continue delivering high quality care.

Applying these priorities to legislative and regulatory work in Lansing and Washington has resulted in Munson Healthcare advocating in support of rural obstetrics funding in the State of Michigan’s annual budget, raising concerns about state legislative attempts to reform auto no fault insurance law, opposing changes to the Affordable Care Act that would reduce the number of individuals covered by insurance, and educating our federal lawmakers about impacts from the tax legislation passed last year and its impact on hospital financing options.

Certainly to be successful in this work requires communication to flow in both directions and as we move forward, I would encourage you to engage with me and participate in our advocacy network as you see public policy issues arise that impact that work that you do. We look forward to your participation in our future meetings on public policy issues including upcoming opportunities to discuss the impact the new state opioid law has on providers.

Today’s legislative decision making process is no different than it was in the 1700s and to ensure that rural health care issues are considered in our state and federal public policy debates, Munson Healthcare is committed to being at the table and in the room where it happens.

Opt In to Receive Advocacy Updates from Munson Healthcare: Gabe Schneider gschneider@mhc.net
So, how do we know if we're doing a good job and creating the best patient experience possible? We ask. A majority of our patients are asked to complete a survey regarding their experience. This survey allows patients to tell us about the care they received from their perspective.

“The patient experience is a vital part of the healing process and this survey provides us with invaluable feedback,” said Patient Experience Specialist Tiffany Fortin.

The survey identifies opportunities for improvement and we are always working on initiatives that will continue to enhance the patient experience. “We are implementing specific behaviors that we are asking staff to use when interacting with patients,” added Fortin. “What we're trying to ensure is that patients have the same kind of experience no matter where they're being treated in our system.” These behaviors include:

- Knocking before entering a patient’s room to display privacy and respect
- Introducing yourself to patients and visitors to build trust
- Listening to your patients to show that you care and understand their needs
- Encouraging questions so patients become active participants in their care
- Thanking patients to show that you appreciate them

The launch of the new Munson Healthcare website and patient portal are two more initiatives that are helping to improve the patient experience.

New Website
“Our website is often the first place people visit before they come to any of our facilities,” said Digital Marketing Specialist Keri Amlotte. “It’s important to provide an easily navigable site so users can quickly and easily find the information they need.”

That's the idea behind the Munson Healthcare website redesign and update, launching soon. The new site takes a comprehensive system approach so patients and visitors can see all of the services available throughout northern Michigan.

Patient Portal
Big changes can also be seen on our patient portal, making it easier for patients to navigate, obtain important health information, and communicate with their health care providers.

Upgrades include improved navigation; a Spanish language option; ambulatory clipboards to fill out paperwork electronically; and ambulatory appointments, which allows patients to request appointments or information from their doctor.

“With these upgrades, everything is available to our patients in one spot,” said System Analyst John Rokos. “This portal is a great example of keeping the patient at the center and we will keep talking with patients about it so we can continue to improve their health care experience.”
Behavioral Health’s Reality:
Some Success, Many Challenges

Look no further than the patient in crisis in the Emergency Department and his or her family waiting for a care solution to understand the challenges of Behavioral Health needs in northern Michigan. However, through collaboration with community agencies, a new inpatient unit at Munson Medical Center, and provider recruiting and retention, progress is being made.

When patients present to the Emergency Department in Traverse City, Centralized Access Center staff begins an assessment and referral process to place the patient in the appropriate level of care. Since September, a Michigan Health Endowment Fund Grant to Northern Lakes Community Mental Health has allowed community-based Family Assessment and Safety Teams to deploy to young patients in hopes of keeping them out of the Emergency Department. Munson Medical Center is part of the collaborative involved in the grant.

When it comes to older patients, funding remains an issue.

Behavioral Health Director Terri Lacroix-Kelty said part of the challenge her service line faces is linked to insurance reimbursements and the need for pre-authorization of nearly all behavioral health care. There is also the reality that a high percentage of behavioral health patients have substance use disorders but mental health and substance use disorder treatment have to rely on two different funding streams.

“We have to be able to treat both needs at the same time,” she said.

“We have to have the ability to send the patient into treatment when they need it. We have a four-week waiting period for our substance treatment program. If someone is having a heart attack, they don’t tell them they come back in four weeks. When you are in crisis you need the care now.”

Lacroix-Kelty said plans are in the works with the Michigan Health and Hospital Association to lobby state legislators for more resources for behavioral health. One major area the region and state need solutions for are aggressive patients – many with intellectual and developmental disabilities – who get stuck in the hospital for days. There are limited resources in the state to care for them.

“We are just doing our best to keep them safe,” she said.

Meanwhile, collaboration with other behavioral health agencies in the community such as Northern Lakes Community Mental Health and Pine Rest helps resources reach those with less acute needs.

“I think our area has always been a collaborative community,” Lacroix-Kelty said. “Munson and Community Mental Health psychiatrists share rotation. In the future we are going to see even more coordination.”

Munson Medical Center has three inpatient psychiatrists and two outpatient psychiatrists who share inpatient duties in Traverse City, one psychiatrist dedicated to the Partial Hospitalization Program, and several community-based providers who are on medical staff. Munson Healthcare Charlevoix Hospital and Otsego Memorial Hospital both have one psychiatrist on their respective medical staffs.

“Recruitment is a challenge because of the lack of board-certified psychiatrists in the country,” Lacroix-Kelty said. “It’s hard to recruit from a limited resource.”

Nevertheless, Munson Healthcare has recruited two advance practice professionals in the past year and is hopeful in efforts to bring a new psychiatrist to Munson Medical Center as well.

Typically when a patient presents at a Munson Healthcare hospital outside Traverse City, a local provider will respond if one is available. Those in need of inpatient services are sent to Munson Medical Center if a bed is available.

Since opening the new inpatient unit on D6 at Munson Medical Center in January, Lacroix-Kelty said staff have seen a reduction in violence. To date, there has been no need for restraints and no use of the isolation room.

“The feel is better. People have more space, so there is more of a relaxed atmosphere,” she said.

With additional capacity, staff at times have also been able to move patients out of the Emergency Department more quickly.

Looking to the future, Lacroix-Kelty said efforts to improve the care model for patients with both mental health and addiction needs are underway. Behavioral Health Manager Sue Kramer recently visited a South Dakota community that uses a collaborative model.

“There are some good community collaborative models that show great success,” Lacroix-Kelty said.

Behavioral Health At A Glance

Inpatient Services
17-bed, state-of-the-art unit in Traverse City

Outpatient Services
Partial Hospitalization Program, Alcohol and Drug Treatment Center, psychiatric assessments, and medication evaluation

Website: munsonhealthcare.org/behavioralhealth

Community Collaborators
- Third Level Crisis Center Crisis Line: 231-922-4800 or 800-442-7315
- Family Assessment and Safety Team: 833-295-0616
- Michigan Child Collaborative Care provides support for primary care providers via telephone consult for patients 26 years and younger and women who are pregnant or postpartum with children for up to a year. Coordinator: 844-289-0350
- Northern Lakes Community Mental Health Crisis Line: 833-295-0616

munsonhealthcare.org/ForPhysicians
Controlled Substances and Opioid Resources Toolkit Available Online

To help providers prepare for the new controlled substance legislation, as well as support their patients, Munson Healthcare has developed an online controlled substances and opioid resources toolkit.

Available in the toolkit are:
- Prescriber Resources
- CDC guidelines
- Complete list of controlled substances
- Prescribing recommendations
- Talking points and scripts for office managers and staff
- Local resources for opioid treatment
- Start Talking Consent Form
- Education Opportunities (when available)
- Patient Education
  - Printable brochures and handouts for patients
  - Medication disposal resources
- Information on Controlled Substance Legislation
- New controlled substance prescribing guidelines and effective dates

Munson Healthcare Controlled Substances and Opioid Resources Toolkit:
munsonhealthcare.org/opioid

Maternal-Fetal Medicine Program Update

June C. Murphy, DO, FACOOG, currently practices several days per month in Traverse City and is now accepting appointments for patients in Manistee.

Dr. Murphy is a board certified, fellowship-trained Maternal-Fetal Medicine physician with special interests in:
- Chronic hypertension in pregnancy
- Diabetes management
- Disorders of fetal growth and development
- Preterm birth prevention

Dr. Murphy is accepting new patients and accepts most major insurances. She fills a consultative role and does not perform deliveries. Dr. Murphy is available to providers 24/7 for phone consultations by calling her directly at 810-875-1398.

How to Refer
Fetal Testing Request Physician’s Orders (form #11808) are available at munsonhealthcare.org/physicianforms or can be ordered by faxing a Forms Order Requisition to 231-947-2436.

Referrals to Munson Healthcare – Maternal-Fetal Medicine:
1. Fax referral form #11808 to 231-935-2127
2. Appropriate MFM clinic will call patient to schedule

If you have any questions about Munson Healthcare’s Maternal-Fetal Medicine Program, please call 231-392-8280.
MHC Physician Leadership Retreat 2018: Lessons Learned

For the 2nd year, Munson Healthcare hosted a retreat for physician leaders to learn about the challenges affecting our system and our strategies to impact them, as well as lean and safety best practices.

The Retreat hosted talks on:
• Credentialing and Privileging
  OPPE – Ian Donaldson; Horty, Springer, & Mattern
• Speaking Up Through Lean Culture – Christine Nefcy, MD
• MHC System Updates – Ed Ness
• The Business of Medicine – Al Pilong
• Foundations of Safety Culture – Tom Peterson, MD, FAAP
• Safety and Ethics Lessons Learned from the Space Shuttle Challenge and Columbia Accidents – Allan McDonald; engineer during the Space Shuttle Challenger disaster who had advised against the launch and also the author of “Truth, Lies, and O-rings: Inside the Space Shuttle Challenger Disaster”

“The annual Physician Leadership Retreat is a great way for our physician leaders to learn about the state of our system and provide them with tools that they can take back to their communities,” said Christine Nefcy, MD; Munson Healthcare Chief Medical Officer. “This year’s theme was safety and many of our speakers stressed how important it is that we all speak up when we have a safety concern.”

Here are a few lessons we learned at this year’s system Physician Leadership Retreat.

Credentialing and Privileging
• There are no shortcuts in credentialing!
• Develop good policies/procedures and follow them
• Develop objective threshold criteria for appointment
• Save “waivers” for exceptional circumstances
• Don’t process incomplete applications
• Get appropriate and meaningful information from peer references
• Use the telephone and document calls
• When it comes to references, remember that you will be on both sides of the table, i.e. give references the way you would like to receive them
• Department Chair’s appraisal must be thorough and meaningful
• Develop and maintain credentialing expertise
• Put the burden on the applicant

OPPE/Peer Review
• Know why you are concerned – and make sure you articulate those reasons
• Meet with the physician provider before imposing a suspension
• Appearances matter – manage them carefully! (conflicts of interest and otherwise)
• Consider less restrictive alternatives
• Follow your policies (and document variances)

Lean/Key Leadership Behaviors
• Respect every individual
• Seek perfection
• Think systemically
• Lead with humility
• Focus on process (not people)
• Know your goals and accomplish something to improve the organization
• Assume good intent and build trust
• Know what the right thing is and do it with as much humor and grace as you can
• Be transparent and humble
• Find the balance in your life and have fun

System Updates
• We must continue to invest in our employees
• We are experiencing more competition from non-traditional sources
• Population health is a continued focus as we strive to keep patients out of the hospital

Continued on page 12
You became Chief Medical Officer at OMH in July 2017. What has been your biggest “a-ha!” moment since stepping into the CMO role?

My biggest “a-ha” moment as CMO has been realization of the tremendous number of committees, meetings, and teams that are required to meet the required standards for the high level of care OMH provides to the community. I am also amazed by how seamlessly these committees and teams work together, which is a testament to the quality of the medical staff and administration at OMH.

“Do not judge someone until you have walked a mile in their shoes.”

Advice on building positive relationships?

The key to any positive relationship is open-minded communication. Before I make any significant professional or personal decision, I always attempt to discuss the situation with those involved – in a nonjudgmental manner – before I form a final opinion.

Looking forward, what will be the most significant challenge for our health care community?

Ever increasing regulation and higher demand combined with declining reimbursement has placed unprecedented burdens on our health care system. Fortunately, OMH and MHC have been proactive under these circumstances. In fact, I foresee that the integration of OMH into the MHC family will provide easier access to high quality and specialized care within our northern Michigan community.

What would people be surprised to learn about you?

I primarily grew up in Africa. Between the ages of 6-18 years old, I lived in Ghana, Lesotho, and Nigeria.

What would you like providers to know about you and your hospital's leadership?

Our leadership team has an “open door” policy. If you have any questions or concerns, please do not hesitate to contact me or one of my colleagues!

In Brief

Hospital: Munson Healthcare Otsego Memorial Hospital (2008)
Practices at: Otsego Memorial Hospital – Emergency Department
CMO Since: July 2017
Specialty: Emergency Medicine
Education: Nova Southeastern University
Residency: Sparrow Hospital
Married to: Wendi
Children: Two sons (ages 7 and 9)
Favorite pastime: Skiing, snowmobiling, boating, fishing
Contact: 989-731-4118, kaseycnelson@gmail.com

In Brief

Hospital: Paul Oliver Memorial Hospital (2014)
Practices at: Crystal Lake Health Center – Williamsburg
CMO Since: February 2018
Specialty: Family Medicine
Education: Wayne State University
Residency: William Beaumont Hospital – Troy
Married to: Robert Dolinka
Children: Two sons (ages 15 and 18)
Favorite pastime: Biking, horseback riding, hiking with my family
Contact: 231-642-5556, nreye1@mhc.net
In recent years, Michigan State University College of Human Medicine’s Rural Community Health Program has focused on changing those numbers. MSU-CHM Traverse City Campus Community Assistant Dean Dan Webster, MD, said the program prepares medical students to practice in a rural setting after their residencies.

“There is a different skill set needed to practice in a rural area when you think about things such as stabilization of a patient and treatment plans,” he said.

Program success at the Traverse City campus will result in expansion of the program in northern Michigan in 2019. Since the program launched in 2012, six students of each 12-student class assigned to MSU-CHM’s Traverse City campus have been part of the program. Students are assigned to one of three communities participating in the program: Alpena, Charlevoix, or Ludington. Starting in 2019, Grayling also will participate and all 12 students will be in the program.

Dr. Webster said students spend about half of their time in those regions for their clerkship experiences in general surgery, family medicine, internal medicine, psychiatry, pediatrics, obstetrics and gynecology, and other areas. They also spend time at Munson Medical Center for elective rotations such as cardiology, pathology, radiology, to name a few and a long list of specialty surgical areas such as plastic surgery and cardiothoracic surgery.

“The benefit for Munson Healthcare is that we’re training students with the hope some of them will come back to the region after their residency,” he said. “Ben Edwards in Charlevoix was part of the program as a fourth-year student and now practices family medicine there. We also have a student in Alpena who has signed a contract to go back there after his Emergency Medicine residency.”

Traverse City’s MSU-CHM fourth-year student and Rural Community Health Program participant Carter Anderson plans to return to northern Michigan if possible after his OB-GYN residency. The East Lansing native spent nearly six years serving residents as a paramedic in Mason, south of Lansing, and rural Jackson County, before entering medical school. A significant part of his training has occurred in Ludington and the Mason County region as part of the Rural Community Health Program.

“I didn’t know I wanted to be a doctor until I became a paramedic,” he said. Carter achieved his undergraduate degree in human biology at MSU while working 60-80 hours a week on an ambulance. He has appreciated his time with physicians in Mason County and the physicians at Spectrum Health Ludington Hospital. He also has spent time in Lake and Oceana counties with physicians.

“In some ways, we fill the role of a first-year resident,” he said. “We see patients, and stand as first assistant in surgery – it’s less a shadowing and more an assistive experience.”

As part of the Rural Community Health Program, students spend the last two months of their fourth year in a rural community exploring rural health care interests.

“I was able to spend a week at a migrant clinic in Shelby, Michigan,” he said. “We see patients, and stand as first assistant in surgery – it’s less a shadowing and more an assistive experience.”

As part of the Rural Community Health Program, students spend the last two months of their fourth year in a rural community exploring rural health care interests.

“Munson Healthcare Charlevoix Hospital Physician Receives Rural Health Professional of the Year Award

Congratulations to Dr. Andrea Wendling for receiving Rural Health Professional of the Year from Michigan State University! Dr. Wendling practices rural family medicine at Boyne Area Health Center (a service of Munson Healthcare Charlevoix Hospital) and is director of the Rural Health Curriculum for Michigan State University’s College of Human Medicine.

“Attracting medical students who are interested in practicing in a rural setting has always been difficult, especially in Michigan. Rural populations are our largest medically underserved group in the nation. Finding those students interested in rural medicine and giving them opportunities to train in rural settings is the best way to recruit to these areas.”
The curbside consult is a long-standing practice in the medical community. This quick exchange of information, in hospital hallways, by phone, or by email, all without seeing the patient, can be helpful. There is value in seeking other points of view to expand diagnostic focus, verify a course of action, and/or recognize that a formal consultation should be requested.

On the other hand, there are disadvantages to curbside consults. A study published in the Journal of Hospital Medicine reviewed 47 patient encounters where both informal and formal consults were obtained. The study revealed that patient recommendations differed between informal and formal consults in 60 percent of the patients. The authors concluded that inaccurate and/or incomplete information from a curbside consult can result in inaccurate clinical management advice.

From a risk management perspective, physicians often ask whether providing a curbside consult to a colleague can result in malpractice liability exposure. A malpractice lawsuit can only be successfully prosecuted when a physician-patient relationship is established. In general, a physician-patient relationship is established if the physician formally consults or is the designated on-call physician and directs treatment in that context. In Michigan, providing informal advice to a physician colleague generally is not sufficient to establish a physician-patient relationship.

Given the study cited above, the best advice is to reserve curbside consults only as a means to provide general suggestions. If you find yourself in a situation where you are providing informal patient recommendations to a colleague, here are some practices to follow:

- Be mindful of any written responses (e.g., text or email); consider calling your colleague instead.
- Confirm that your name will not be referenced in the medical record without your permission.
- Keep the information general and simple; avoid a firm opinion or diagnosis.
- Decline requests to review medical records or patient-specific studies.
- Decline curbside consults when examination of the patient is warranted or the case is otherwise complex or controversial.
- Offer to conduct a formal consult when merited.
- Do not bill for curbside consults, order studies for the patient, or otherwise direct the patient’s care.

This traditional exchange among colleagues should be approached with these common-sense guidelines in mind.


Welcome, Otsego Memorial Hospital!

On June 1, Otsego Memorial Hospital (OMH) became the 7th hospital to fully integrate into the Munson Healthcare system. Our affiliation with OMH dates back to 2006, and we’re excited to form a closer alignment with this team.

“This step is the natural evolution of our relationship with OMH,” said Munson Healthcare President and CEO Ed Ness. “It’s not about Munson Healthcare getting bigger. It’s about bringing rural hospitals throughout northern Michigan together who share the same values and goals. We’re all here to support one another and do what’s right for our patients.”

To get to know the OMH staff better, we asked CEO Tom Lemon to tell us a little more about his team. “We have a strong, cohesive culture here,” said Lemon. “Our teams really support each other. Our customer service is not only directed at our patients, but inward within the organization.”

More than 800 people make up the OMH team, including staff, physicians and providers who help support a wide range of specialties offered at the 46-bed acute care hospital. The team is known for its strong surgical program and family-centered maternal care, along with comprehensive outpatient services such as oncology and infusion, radiology, lab, rehab and cardiopulmonary care.

“There are so many things we’re proud of here,” added Lemon. “For example, our hospital is only the second hospital in northern lower Michigan to offer the da Vinci® Robotic Surgical System to patients for minimally invasive surgeries.” Lemon also went on to say that many initiatives at OMH help bolster their supportive culture including educational, community outreach, and employee recognition opportunities, as well as a successful customer service education program.
It’s important to build our leaders to help guide transitions to the future and that our culture evolves to meet current and future challenges.

From a system perspective, we should not unnecessarily duplicate services.

As a system, it’s vital that we foster teamwork and collaboration among our hospitals and providers and share best practices – “we are all in this together”.

We need our physician leaders to help lead change.

Business of Health Care

Challenges: fixed government payments, increasing costs, shift to value-based incentives, demand for capital.

Our reimbursement is directly tied to our quality outcomes.

Need to invest in our future to remain competitive and provide quality care.

In a time of constant, tumultuous change, we cannot be complacent.

We need to rethink how we do things and think strategically how best to deliver world-class care.

To be successful, it’s key that we improve safety, service, and quality while reducing cost.

Our mission is to help our patients stay healthy and to make a positive different in their lives, and to do so… it’s important that we find the joy in health care.

Sustainability is vital; We are very thankful for our donors as we couldn’t survive without their charitable giving.

We need to attract new market share and evolve our culture to be sustainable for the future.

It’s important to foster conversations among our facilities so that we can learn from one another and share our resources.

Safety

In the U.S., preventable medical errors are the 3rd leading cause of death (after heart disease and cancer).

We must relentlessly pursue zero harm for our patients and employees.

Silence is a “yes” vote.

We need to build a culture of safety; reporting is a key to this.

Don’t let external pressures (such as scheduling) outweigh safety.

It’s your professional responsibility to ask questions and speak up when you have a safety concern.

Check and double check.

Rule-based simulations are an important tool in supporting providers to make decisions during emergencies.

Munson Healthcare will soon implement daily shift huddles across the system.

Key safety behaviors to incorporate into daily practice:

- Timeouts
- Questioning attitude
- Admit mistakes
- Clear communication
- Speak up

Munson Healthcare Cardiology Services Expands to Indian River

The following Traverse Heart & Vascular physicians are now providing cardiology, vascular, and cardiac diagnostic services in Indian River:

- Steven Mast, MD, FACC
- Andrew Teklinski, MD, FACC, CCDS

The Indian River clinic is located at 3696 S. Straits Hwy. (inside the OMH Medical Group Building). Appointments can be made by calling 800-637-4033.

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.

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The Pulse is published six times a year. We welcome your feedback and topic suggestions: pulse@mhc.net

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