Right Things, Right Reasons
Christine Nefcy, MD, FAAP, Chief Medical Officer at Munson Healthcare, shares thoughts about her first 12 months at the helm.

Defining the systemic direction has taken time. Last year, Nefcy met with Munson Healthcare’s chief medical officers to begin that process, she said.

“The big things that came out of that meeting were that they wanted to work on shared governance, reducing variation, clarification of roles, culture, leadership development, removing silos, and optimizing the EHR,” Nefcy said. “They wanted to make sure we were aligned clinically, operationally, and financially.”

From there the group met monthly, inviting various regional physician organizations, recruiting, communication, and, each quarter, chiefs of staff and leadership from physician organizations. See pg. 5 for what the CMO team has accomplished so far.

With a year under her belt, Nefcy admits the role is “a big job.”

“‘This field is a complex one with lots of moving parts, layered on top of very different hospitals with cultures and histories – then on top of that a federal change and uncertainty with payment and the future,” she said. “There’s a lot going on.”

Despite the complexities, Nefcy said that best practices at each hospital have elevated the system’s approach to care.

“Our behavioral standards document was created by the CMO in Charlevoix; Grayling’s approach to high-risk OB patients is a best practice,” she said. “We will likely be adopting some of Manistee’s quality measurement practices, and Cadillac really led the way in their development of a massive blood transfusion protocol.”

With an eye to year two, Nefcy said she has three goals in mind: continuing leadership development, system peer review, and increased transparency to drive quality and safety improvements.

And even though there is so much work to do, Nefcy says she keeps it all in perspective.

“When I talk to physicians going into administrative roles, I remind them that even though there’s really important stuff going on at this level, nothing is really emergent,” she said. “I have a poster in my office that says, ‘When there’s an emergency, no one shouts, ‘Is there a hospital administrator in the house?’” “It helps keep things in perspective,” she laughs.

Another piece of advice she always keeps in mind is to “do the right things for the right reasons.”

“We have a great opportunity here to work together as a system and learn from each other’s strengths and our weaknesses. We really are stronger together.”

Dr. Christine Nefcy can be reached at 231-935-6556 and cnefcy@mhc.net.
Tom Peterson, MD, FAAP
Munson Healthcare’s new VP of Quality and Safety started in June and we caught up with him for a quick Q&A during his first week:

What attracted you to this role? I have worked in many areas of health care the past 25+ years, so being part of an excellent high-quality, growing system like Munson Healthcare was a draw for me. Also, I wanted to work for a system that has a true commitment to safety and quality work. Not every health care organization incorporates safety and quality into their mission and values, or a framework like True North. Traverse City was another attraction. My family and I had always talked about coming to northern Michigan so we’re trading mountains for lakes.

What are your first impressions of our system? With Munson Healthcare being a relatively new system, I think there will be opportunity to help build and shape a system culture, which I find exciting. But the commitments to high quality and comprehensive safety are very apparent. Folks have been extremely inviting and friendly as well.

What’s your game plan for the first 90 days? My first priority is to learn — about the system, the history, the personalities and the culture — and understand the good things that are happening and where we could improve. Leadership engagement is a big deal in the quality and safety world so I need to get to know the system leaders in these areas and understand what we’re already doing. I am a big proponent of a shared learning approach, especially in a new system.

Why is it so important to have someone overseeing both quality and safety? If you are overseeing both, then you can really integrate all areas of these disciplines. My approach for quality and safety is that everyone does it together. We can’t work in silos and it can’t just be a clinical approach. Everyone does it together. We can’t work in silos and it can’t just be a clinical approach. The tools, methods, and resources need to work for everyone.

Is there anything else you’d like physicians to know? I’m a pediatrician by profession and worked for many years in the quality, safety, and the population health worlds. I have a passion for all of these areas. I am also a very outcome-driven person. That is what truly makes the work fun.

Can you tell us a little bit about your personal life? I met my wonderful wife in 9th grade, and we’ve been married 35 years. We have three great kids, with two of them working in the medical field and one in marketing at PepsiCo. My dad was also a physician, and with my son in the field, it gives us three generations of Dr. Tom Petersons.

What’s the first tourist attraction you plan to hit in northern Michigan? We have covered Leelanau and Old Mission peninsulas already, and just received a gift from my children to kayak off of Sleeping Bear Dunes. We also want to hike North Manitou Island. Nordhouse Dunes is also on our list, and we are looking forward to the many northern Michigan festivals.

Is there anything else you’d like us to know? Traverse City is the smallest city we’ve ever lived in so it is a new experience. However, we’ve been very impressed with everything it has to offer. We feel very fortunate to be here.

What is the best way to reach you? I can be reached at 231-935-6519 (office), 616-717-0911 (cell), and tpeterson2@mhc.net. Please contact me at any time!
Cardiovascular Services continues to expand as we look for three new cardiologists to join the current 19-member Traverse Heart and Vascular (THV) physician team in FY18. Also, Cardiothoracic Surgeons of Grand Traverse added a sixth cardiovascular surgeon in July.

During FY17, there was a lot of activity that included new technology, expanded community clinics, and growth in the number of patient visits across the Munson Healthcare system. In Grayling, we expanded our capabilities through the opening of the Maxon Medical Building across from the hospital. Five cardiologists and additional staff now offer extended hours and expanding testing. The clinic has the capacity for up to 2,000 patient visits and 600 heart tests per year.

A cardiologist and two APPs now hold clinics weekly at Paul Oliver Memorial Hospital in Frankfort. THV also has expanded clinic locations to Indian River. Other clinic locations in include Cadillac, Charlevoix, Gaylord, Grayling, Kalkaska, Manistee, Prudenville, and Traverse City.

In Traverse City, we look forward to the completion of an expansion project of the THV office that will allow for more patient visits, consolidate heart and vascular testing equipment, add Lab space, and provide for a more rapid assessment of patients whose primary care physicians, or the Emergency Department, feel have an urgent need.

On the technology front, cardiologists and cardiothoracic surgeons continue to stay current with new modalities of care to benefit northern Michigan residents. In FY17 we:

• Started implanting the Micra Transcatheter Pacing System, the smallest pacemaker available. Eligible patients benefit because the device is completely within the heart and the body puts a layer of cells over it within three months, taking the risk of infection down to zero.

• Were among the first group of health systems in the country to receive bioresorbable scaffold stent-like devices to treat patients with coronary artery disease. The THV team was involved in the clinical trial that led to the stent being approved in the U.S.

Cardiovascular Services cared for 332,098 patients from 76 different Michigan counties in Fiscal Year 2017.
Maternal Fetal Medicine Program to Launch in Fall

Munson Healthcare looks to start a new Maternal Fetal Medicine program as early as this fall that will eventually encompass the owned facilities in the health care system.

Women and Children’s Services Executive Director Mary Schubert said the health system is on track to hire a perinatologist to begin working two days a week in the system, possibly starting in October.

“What is really exciting is that our plans are to implement a full program,” she said. “And consistent with our True North metrics, putting the patient in the center, the new perinatologist will be going out to the individual organizations and seeing the patient in their home organization.”

Seeing a patient at the OB provider’s office close to home in Grayling or Charlevoix will save the patient travel time and also allow the perinatologist to build relationships with local providers. Along with the perinatologist, the program will include a nurse, social worker, and an ultrasound technologist as part of the team.

The perinatologist will fill a consultative role and will not perform deliveries.

Plans call for the program to be implemented gradually with the perinatologist working two days a week with one or two OB practices in the health system, allowing any issues to get worked out of the program before it expands to additional facilities. The goal is to have the program fully implemented in 2019.

“We want to make sure that our program is really integrated and something that all of our OB providers are comfortable with,” Schubert said. "It's really exciting that this is wrap-around care."

The role of the RN on the team will be to make sure that information gets back to the care managers in the individual practices so the care managers can ensure that all the family’s needs are met. Under the program, if a mom needs to deliver at the medical center due to a known condition, prenatal visits could still take place in her community.

Of the 5,000 births that occur in northern Michigan annually, nearly one-third are characterized as "at-risk." Some of the at-risk births will continue to need care from higher-level facilities in Grand Rapids or Ann Arbor.

“Our local obstetricians have done a phenomenal job of caring for moms at the local level,” Schubert said. “This will be an added level of support for the obstetrician and for the patient. It is just really providing an extra layer of safety for the entire region.”

For more information on the MFM program, contact Schubert at 231-935-6560 or mschubert@mhc.net.

---

Kiersten’s Ride Suicide Prevention Conference

Sept. 26-28, 2017
Ellison Place, 150 Dale Dr., Gaylord

Cost for the 3-day conference is $35, which includes meals. There is an extra $25 cost to attend either of the Day 3 workshops: C.A.S.E. Experiential Training or Suicide to Hope.

Sponsored in part by Munson Healthcare Charlevoix Hospital, this program has been approved for AMA PRA Category 1 Credit™.

For more information and to register by Sept. 12: kierstensride.org

---

Northern Michigan HIV Summit

Friday, Sept. 15 | 9 am - 3 pm | Kirkbride Hall, 700 Cottageview Dr., Ste. 200, Traverse City

Learn about and discuss the state of HIV care across our region. Topics will include the impact of health care reform on the care of patients with HIV, strategies for reducing perinatal HIV transmissions in Michigan, and what it means to age successfully with HIV.

There is no cost to attend, and lunch is included. This program has been approved for AMA PRA Category 1 Credit™.

For details and to register by Sept. 8 (registration required): munsonhealthcare.org/TJCC/HIV-summit
Chief Medical Officers – What we have accomplished so far

Since they started meeting monthly last year, the results from the Munson Healthcare CMO team include:

- **Credentialing/Recruitment**
  - More standardization around credentialing and privileging processes
  - Standardizing OPPE (Ongoing Professional Practice Evaluation) and expectations for providers and physicians
  - First steps to regional peer review
  - Working towards using the same medical staff categories
  - Standardization of recruiting, highlighting places of greatest need

- **Policies**
  - Some standardization and broadening of policies applicable across the system

- **Quality/Patient Safety**
  - Standardizing clinical guidelines across the system for strokes, sepsis, and STEMs
  - More integrated conversations about transfers
  - Finalized neonatal transport algorithm
  - Shared serious safety events so that we can learn from each other
  - Launched system-wide initiative for management of patients with concussions

- **Technology**
  - Multi-hospital approach to EMR implementation ongoing, currently in Phase I
  - Developed forum to assess and recommend system-wide Cerner changes
  - Implemented system-wide IT governance decisions

What We’re Working on Next:
- Roll-out chest pain assessment protocol across system
- System-wide contract for radiology and pathology services
- Develop system peer review committee
- Bring antimicrobial stewardship out to the system

If you oversee or have a proposal for a system-wide initiative, or would like to become involved with any of the initiatives listed above, please contact Christine Nefcy, MD, FAAP, at 231-935-6556 or cnefcy@mhc.net.

Getting to Know

Joe Santangelo, MD
Vice President of Medical Affairs, Cadillac Hospital

Biggest “a ha!” moment since becoming VPMA?
One of my first projects was a process improvement to address OB hemorrhages. It was a multidisciplinary team that included anesthesia, ER, lab, OB, and others. I was very impressed by the team’s willingness to work together quickly towards the goal of better care for our patients

“Listen more.”

Advice on building positive relationships?
More communication is always better! We often work from assumptions that aren’t true. Not all physicians and clinicians share the same perspective on an issue. Be prepared to listen!

Looking forward, what will be the most significant change for our health care community?
The Medicaid expansion has had a very positive impact on our northern Michigan community by increasing the number of patients with health insurance, which has increased preventive care for our patients and reduced bad debt for our hospitals. Our patients and hospitals would be negatively impacted if the Medicaid expansion were to be rolled back or eliminated.

What would people be surprised to learn about you?
I may not look like it, but I am a long-distance runner. My favorite race is the Highlands Sky Trail Run, which I’ve completed 11 times. It covers 41 challenging miles over the beautiful mountains of West Virginia.

Anything else you’d like providers to know?
Cadillac Hospital and our medical staff have a great relationship because we work together to provide the right care in the right place. I think it helps that most of Cadillac’s providers belong to the Crawford/Wexford County PHO. This has been a very positive, helpful partnership for both providers and the hospital resulting in many process improvements for our patients.

I am always willing to listen to what providers have to say. Your feedback is very important to guiding the delivery of care in our community.

In Brief

Hospital: Munson Healthcare Cadillac Hospital
Practices at: Mackinac Trail Pediatrics
VPMA Since: January 2016
Specialty: Pediatrics
Education: Case Western Reserve University School of Medicine
Residency: Cincinnati Children’s Hospital Medical Center
Married to: Megan Santangelo, MD (19 years)
Children: Ellah (13), twins Dino and Freddie (11)
Favorite pastimes: Trail running, music, coaching my kids’ soccer teams, spending time outdoors
Contact: 231-876-7152, jsantangelo@mhc.net
Jim Jeakle, MD
Chief Medical Officer, Charlevoix Hospital

Biggest “a ha!” moment since becoming CMO?
No real “a ha” moments as I have practiced in our community for more than 20 years. Our staff determines Charlevoix Hospital’s culture, which is why we recruit people who value continued process improvement on every front. Sustaining that level of energy requires a very special and committed group of people.

Advice on building positive relationships?
If someone knows you value their input and trusts you as a leader, there will exist a foundation for a positive relationship. This trust isn’t gained overnight and it’s earned more from actions than words.

“Whenever possible, lead by example.”

Looking forward, what will be the most significant challenge for our health care community?
Governmental and private insurers continue to reach new levels of intrusion into the doctor-patient relationship in an effort to cut cost, increase quality, and improve outcomes based mostly on unproven methodologies. These changes have come in tidal wave fashion, greatly affecting the day-to-day practice of medicine especially in the primary care setting. The most significant challenge for providers will be finding a way to deal with the additional level of stress and frustration these changes will continue to bring.

What would people be surprised to learn about you?
During my high school summers I worked at Tiger Stadium where I collected tons of autographed balls, and I gave away every one as I figured I had a never-ending supply.

Anything else you'd like providers to know?
Our hospital’s leadership style is based on collaboration, trust, and putting the patient first.

In Brief
Hospital: Munson Healthcare Charlevoix Hospital (1995)
Practices at: Charlevoix Women’s Health; Boyne Area Health Center
CMO Since: Sept. 2015
Specialty: OB/GYN
Education: Michigan State University College of Human Medicine
Residency: St. Mary’s Health Services Family Medicine, William Beaumont Hospital - OB/GYN
Married to: Rebecca (26 years)
Children: Madeline (25), twins Molly and Will (22), Noah (20), Olivia (17)
Favorite pastime: Spending time with our kids, golfing, fishing, glass fusing
Contact: 231-547-4477, jjeakle@mhc.net

Marty Lougen, MD
Chief Medical Officer, Grayling Hospital

Biggest “a ha!” moment since becoming CMO?
My biggest “a ha!” moment was when I was listening to our daily safety briefing and first learned of a process that was causing a serious safety concern at the time. I knew that if we shared how we fixed this issue with our other providers and clinics, we could partner with them to improve and prevent this problem from occurring in the first place. And because this safety issue wasn’t isolated to Grayling, we needed to share our solution with all of the Munson Healthcare hospitals and clinics so that we could all, together, improve our processes and help protect patient safety.

“Take a ‘time out’ to ask a lot of questions first to really try to understand the problem and situation before identifying possible solutions.”

Advice on building positive relationships?
There is no substitute for face-to-face time and actually spending time listening and interacting with that person.

Looking forward, what will be the most significant challenge for our health care community?
There is a ton of uncertainty right now concerning health care reform and so many of the future changes are impossible to predict. However, it’s safe to say that payers will continue to reward for higher quality measures and outcomes and withhold for lower quality performance. Thus our health care community must continue investing in improving the quality of care for our patients. It’s good for the hospital system and it’s good for our patients.

What would people be surprised to learn about you?
My wife and I go out on a date night every week.

Anything else you'd like providers to know?
All of our hospital leaders work hard and strive to uphold our hospital’s core values.

In Brief
Hospital: Munson Healthcare Grayling Hospital (2007)
Practices at: Grayling’s Emergency Department as part of Emergency Physicians Medical Group
CMO Since: January 2017
Specialty: Emergency Medicine
Education: Wayne State University School of Medicine
Residency: Wayne State University/Detroit Medical Center
Married to: Dr. Jennifer Leino (16 years)
Children: Marty (13), Anastasia (9)
Favorite pastime: boating, swimming, biking, hiking, downhill skiing
Contact: 989-348-0313, mlougen@mhc.net

munsonhealthcare.org/ForPhysicians
Getting to Know

Jeremy Holmes, DO
Chief Medical Officer, Kalkaska Memorial Health Center

You’ve been a CMO for a decade...what might others be surprised to learn about KMHC?
We’re very unique in that our hospital is owned and funded by the Kalkaska County townships. For a small community hospital, we offer a wide variety of services that meet many community needs such as the newer services of surgery and a dialysis center.

Advice on building positive relationships?
Communicate. It takes time and effort, but open dialogue helps us all work through challenges.

Looking forward, what will be the most significant challenge for our health care community?
Kalkaska County also has one of the highest percentage of patients on Medicaid or Medicare in Michigan – 68 percent. Plus another 13 percent of Kalkaska County residents under 65 are uninsured. The programs are working, as many of our patients are scheduling wellness visits after receiving a letter from Medicaid. There’s still a lot of uncertainty right now over some of these programs because no one knows the future of Medicaid expansion.

What would people be surprised to learn about you?
My wife, Sarah, and I are starting a flower farm in Alden that specializes in cut flowers for weddings or special events as well as personal use and gifts. It’s been a lot of work getting the flower farm off the ground, but we’re really having fun with it.

Anything else you’d like providers to know?
Our hospital’s leadership is very friendly, down to earth, and invested in our community. Our presidents attend town hall meetings to ask the community what it needs...and then use millage funding to meet those prioritized needs. Surgical services started this way.

Advice on building positive relationships?
I am a big believer in being honest and building trust. It’s very important to follow through and do what you say you’ll do.

“Be true to yourself but do it in the right way.”

Brian McComb, DO
Chief Medical Officer, Manistee Hospital

Biggest “a ha!” moment since becoming CMO?
I now have a better understanding of hospital operations and logistics. It’s been eye opening to see how administration actually works. I have a better sense of the whole picture – the hospital’s perspective as well as the provider’s. My role is to build bridges between area providers and hospital administration.

Advice on building positive relationships?
Communication. It takes time and effort, but open dialogue helps us all work through challenges.

Looking forward, what will be the most significant challenge for our health care community?
The government and insurances are putting a lot of restrictions on what tests providers can order and the medications we can prescribe for our patients. I see where some of these changes are necessary, but it’s all happening so quickly that it can be challenging for providers to keep up with all of the new regulations.

What would people be surprised to learn about you?
I’m an avid angler and used to compete in bass tournaments for both small and large mouth bass. A few years ago, I competed in the northeast division B.A.S.S. tournament on Chesapeake Bay and placed 28th out of 190 competitors and was awarded $440.

Anything else you’d like providers to know?
Please know that whatever the challenge, we’re here to help.

“Try to see a situation from the other person’s point of view.”

In Brief
Hospital: Kalkaska Memorial Health Center (2003)
Practices at: Kalkaska Medical Associates
CMO Since: 2006
Specialty: Family Practice
Education: Michigan State University College of Osteopathic Medicine
Residency: Munson Family Practice Residency
Married to: Sarah (24 years)
Children: Adelaide (19), Wilson (18), Jordan (17), Levi (13), Breanna (12), Megalyn (8), Lewis (8)
Favorite pastime: Running, basketball, sports
Contact: 231-258-7777, jholmes@mhc.net

In Brief
Hospital: Munson Healthcare Manistee Hospital (2003)
Practices at: Manistee Primary Care
CMO Since: November 2016
Specialty: Family Medicine
Education: Michigan State University College of Osteopathic Medicine
Residency: Saginaw Cooperative Hospitals Inc.
Married to: Michelle (24 years)
Children: Meghan (20), Jacob (18), Brendan (13)
Favorite pastime: Spending time outdoors, especially hiking with his golden retriever, Cooper
Contact: 231-398-1143 (office), 231-398-1143 (cell), bmccomb@mhc.net
Getting to Know

George Ryckman, DO
Chief Medical Officer, Paul Oliver Memorial Hospital

CMO is a new position at POMH…how do you see your role?
I'm really looking forward to my new position as Chief Medical Officer (CMO) for POMH, which just started this July. As we develop as a system, the CMO role will be very essential, especially in the smaller hospitals. My role as CMO will be to help champion and achieve True North strategies, in particular our system-wide quality initiatives. For me, this is all very necessary…and very rewarding work.

Advice on building positive relationships?
Honesty. If you're not honest, then game over. And it also helps to be concise in your communications and speak in a common language.

Looking forward, what will be the most significant challenge for our health care community?
Reimbursement, especially for Medicaid and block grants. How can we help our uninsured population receive necessary primary and preventive care? Health care in this country has just become too expensive for our patients to afford. It's important for us, as a health system, to do all that we can to contain costs.

What would people be surprised to learn about you?
I was a pharmacist for 5 years before going to medical school. As a third generation pharmacist, I worked in my family's pharmacy. My time as a pharmacist was a great foundation to becoming a physician.

Anything else you'd like providers to know?
At POMH, we're a team. We may be small compared to other hospitals, but our commitment to providing quality care to our patients drives us to accomplish large goals, which is why we have been recognized multiple times for excellence in delivering quality care to Benzie County.

In Brief

Hospital: Paul Oliver Memorial Hospital (1988)
Practices at: Crystal Lake Health Center
CMO Since: July 2017
Specialty: Family Practice
Education: Kansas City University College of Osteopathic Medicine
Residency: St. Joseph Hospital and Medical Center
Married to: Carolyn (30 years)
Children: Tucker (27), stepdaughter Stephanie (49)
Favorite pastime: Golfing, fishing, hiking at Sleeping Bear Dunes National Lakeshore
Contact: 231-882-9661, gbryckman@msn.com

OMH Exploring Closer Relationship with MHC

Otsego Memorial Hospital (OMH) has decided to explore strengthening its relationship with Munson Healthcare. A non-binding agreement has been approved to develop an integration plan that would permit closer affiliation between the organizations.

While many rural community hospitals across America are struggling to survive, OMH is in a strong position with high-quality clinical services and sound financial performance. That makes this the ideal time to explore closer integration with the Munson Healthcare system. Northern Michigan is better served and health care is stronger when we collaborate and work together. Cadillac Hospital, Charlevoix Hospital, Grayling Hospital, and Manistee Hospital have all recently become fully integrated. With that, Munson Healthcare and Munson Medical Center have already seen the benefits of learning from each other as we grow together.

Otsego Memorial Hospital first affiliated with Munson Healthcare in 2006. During the past 11 years, we have worked together to strengthen cardiology and oncology services in Gaylord and its surrounding communities. Shared planning and physician recruitment activities have also allowed us to reduce costs and enhance local health care services. Being a fully integrated member would enable OMH to have conversations with other Munson Healthcare hospitals, including Munson Healthcare Grayling Hospital, on how to best serve patients in their unique health care environment. Through regional planning, OMH and Munson Healthcare can explore offering services that otherwise could not be delivered based on the size of a single hospital’s individual community. Closer collaboration could also help recruit and retain the best talent. The two organizations are now in a due diligence phase where leadership teams will exchange pertinent information related to planning for full integration and identify any opportunities or challenges.

Once we are fully integrated, we anticipate hiring a Chief Medical Officer for OMH.
Phase One of the Cerner Ambulatory implementation is already well underway and is scheduled to be completed by the end of the 2017 calendar year. Phase One focuses on 182 employed providers amongst 35 practices/specialties (see side bar).

In June, we completed a series of Roadshows where Phase I providers, clinicians, and practice managers were able to view the clinical functionality of the generic Cerner Ambulatory EHR.

Currently, we are planning for the Future State Validation event where Munson Healthcare project champions evaluate Cerner's specialty-specific approved workflows to ensure that they are supported and consistent with the design of our system EHR.

We are also actively recruiting for a system Chief Medical Information Officer (CMIO) to replace Dr. Pete Springsteen, and are interviewing candidates now.

We’re learning a lot through this process and always welcome questions and feedback from our medical staff. If you have questions on how the Cerner Ambulatory project will affect you, please contact one of our provider champions:

**Munson Healthcare:**
- Christine Nefcy, MD, FAAP; 231-935-6556; cnefcy@mhc.net
- Nate Sailor, DO; 231-258-7777; nsailor@mhc.net
- Christina Weasel Brege, PA-C; 231-369-3113; cweaselbrege@mhc.net
- Sara Helm, DO; 231-876-6100; shelm2@mhc.net
- Sue Lanser, MD; 231-825-8101; slanser@mhc.net
- Jennifer Piwowarski, MD; 231-876-6200; jpiwowarski@mhc.net
- Joanna Nigrelli, DO; 989-348-0550; jnigrelli@mhc.net
- Carl Schubert, MD; 989-348-0550; cschubert@mhc.net
- Vince Schultz, MD; 989-348-0550; vschultz@mhc.net
- Amanda Scott, FNP; 989-348-1212; ascott4@mhc.net
- Brian Stirling, DO; 989-348-6610; bstirling@mhc.net
- Timothy Thornton, MD; 989-275-1200; thornton@mhc.net
- Keith Anderson, NP; 231-935-2686; kanderson23@mhc.net
- Joe Cook, DO; 231-935-8013; jcook1@mhc.net
- Jan Drlik, MD; 231-935-6607; jdrlik@mhc.net
- James Fox, MD, FACC; 231-935-5800; jfox01@mhc.net
- Andy Luea, DO; 231-935-0322; aluea2@mhc.net
- Satya Pillay, DO; 231-935-8000; spillay@mhc.net
- Bill Rawlin, DO; 231-935-8015; jrawlin@mhc.net
- Dino Recchia, MD, FACC; 231-935-5800; drecchia@mhc.net
- Kate Shaffer, MD; 231-935-8000; kshaffer@mhc.net
- Nicklaus Slocum, MD, FACC, FScai; 231-935-5800; nslocum@mhc.net

**Munson Medical Center:**
- Bay Area Urology
- General Surgery
- Munson Family Practice Center
- Pre-Procedure Services Clinic
- Traverse Heart & Vascular
  - Heart Failure Clinic
  - Structural Heart Clinic
  - Traverse City
- Outreach clinics in Cadillac, Charlevoix, Frankfort, Gaylord, Grayling, Indian River, Kalkaska, Manistee, and Prudenville

For more Cerner Ambulatory information and updates: munsonhealthcare.org/cerner-ambulatory
**Health Care’s Lean Journey:**
Right Care at the Right Time in the Right Place

Recently Munson Healthcare hosted its first system physician leadership retreat, and we were extremely fortunate to have Dr. John Toussaint as our keynote speaker. John Toussaint, MD; CEO of Catalysis (formerly “ThedaCare Center of Healthcare Value”), is one of the foremost figures in the adoption of lean principles in health care.

Here are highlights from the white paper “Lean for Doctors” that Dr. Toussaint authored with John Billi, MD, and Mark Graban, MSME, MBA.

“Lean thinking is about providing the right resources to provide the right care, at the right time, in the right place, with the right safety and quality.”

For those new to Lean, the core idea is to maximize customer value – in our case, patients – while minimizing waste. Although originally adapted from the Toyota Production System and adopted by manufacturing, Lean principles can be applied to all businesses, including healthcare.

“Lean thinking is about providing the right resources to provide the right care, at the right time, in the right place, with the right safety and quality.”

**Lean as Familiar Thinking for Physicians**
For health care organizations to successfully implement lean, it is critical to engage physicians in the process.

“Lean offers physicians a means to remove non-value-added activities that unnecessarily exhaust their time and energy, and, thus, frees time for doctor-to-patient care.”

A key model of Lean, which complements the scientific method, is Plan-Do-Check-Adjust (PDCA).

Physicians should be quite familiar with the PDCA process-improvement cycle because it compares closely to the “SOAP” model:
- Understanding the Subjective complaint
- Looking at Objective facts and data
- Developing an Assessment
- Enacting and evaluating a Plan over time.

“With Lean, clinicians can apply their aptitude and experience to solving system problems related to clinical quality and safety, while simultaneously improving the timeliness of care, cost, and throughput issues.”

An advantage to PDCA problem solving is that it’s done by those actually doing the work. The challenge is making the time for process improvements.

“Improving the process to eliminate workarounds will free up more time, and begins a virtuous cycle of continuous improvement.”

Start by identifying one problem to solve and then work towards developing a culture of problem solving so PDCA becomes a habit. Physicians, as leaders in your practice, can help start and guide your teams on a lean journey.

**From Lean Thinking Practitioners to Lean Health Systems**
Although the science of health care management isn’t as well defined as clinical medicine, its successful practice can significantly improve the lives of staff, patients, and their families.

Key principles of a rapidly adaptable management system are: Align, Enable, and Improve.

**Align:** Align organization’s goals with True North metrics. At Munson Healthcare those are: patient at the center of all we do, health care team, safety, quality, and operational performance.

**Enable:** Demonstrate respect, model continuous learning, and lead with humility.

**Improve:** Focus on process, use scientific method to solve problems, seek perfection, build quality at its source, focus on flow and pull, and understand and manage variation.

To successfully implement Lean in your organization, physician leaders must:
- be willing to change
- be humble and admit that you don’t have all the answers
- be curious and observe the places where value is created for patients
- persevere when the going gets tough

“This is a different way to manage health care, but it’s a better way. Our physicians, staff, and leaders deserve it. More importantly, our patients deserve it.”

To request a full copy of Dr. Toussaint’s “Lean for Doctors”, email pulse@mhc.net with “Lean for Doctors” in the subject.
The Threat From Within
In health care, the hardest thing to secure is your own staff.

Although the large privacy breaches listed below are from around the country, there’s always the possibility that it could happen here at your own hospital or practice. It takes us working as a team to detect inappropriate access to patient information. You can help to prevent privacy breaches by reporting suspicious behaviors or attitudes.

Employees at each of the following hospitals accessed hundreds, in some cases thousands, of patient medical records without a job-related need to know:

- Beacon Health, Massachusetts - 1,200
- Berkeley Medical Center, West Virginia - 7,400
- Chadron Community Hospital, Nebraska - 700
- Covenant Healthcare, Michigan - 6,197
- Trios Health, Washington - 570
- An employee of a Californian plastic surgery clinic stole 15,000 medical records and then uploaded pictures and identification information to social media, including several celebrities who were not amused.

All employees in the above cases were fired. Multiple accesses to patient information due to curiosity or concern, or malicious intent such as fraud or identity theft, is a flagrant disregard for policy that can, and likely should, result in termination.

How You Can Help
- Report all suspicious EMR access. Munson Healthcare conducts audits on PowerChart and other hosted software, but a real-time witness can be very helpful.
- If you see protected patient information on social media, report it to your hospital’s HR or privacy officer.
- If Munson Healthcare medical staff or employees violate patient privacy, the hospital’s privacy officer is responsible for investigating and notifying all patients involved. Credit monitoring may be offered as well.

It is important for all of us to work together to protect our workplace reputation and community trust.

If you have any HIPAA questions, please contact your local hospital’s privacy officer.

MACRA: What You Need to Know
In 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), which established a new way for providers and hospitals to be paid and that will replace current Meaningful Use measurements. Starting in 2019, providers will be paid...or penalized...based on the Merit-Based Incentive Payment System (MIPS) that rewards for quality performance. Although MIPS adjustments don’t start until 2019, they are based on 2017 performance measurements.

Below are five things you need to know about MACRA and MIPS.

1. MACRA is Here to Stay
   Unlike the Affordable Care Act (ACA), MACRA legislation has bipartisan support.

2. Pay for Performance
   MACRA is part of a broader national push towards value and quality.

3. Population Health Is Vital
   A greater portion of payments will be based on key patient measures.

4. You’re All In This Together
   As most providers will report as a practice group, your overall MIPS score will be determined by an average of ALL the providers in your practice. Which means that high performers will help you...and low performers will hurt you. Which is why it’s more important than ever that your practice work together as a team to improve quality (see Lean article on pg. 10). Because of this, larger practices may fare better than small or individual practices.

5. Transparency
   Your practice’s quality scores will be available to the public on the Physician Compare website, medicare.gov/physiciancompare/. We anticipate that savvy consumers will use Physician Compare to choose their physicians based on reported quality metrics.

We’re currently developing a MACRA resource guide for providers and practices. Look for more information on MACRA and the resource guide in the September/October Pulse.

If you have questions on MACRA/MIPS regulations, please contact Randi Terry at rterry@mhc.net or 231-935-5199.
Protecting Access to Medicare Act

On January 1, 2019, CMS will implement a new regulation – section 218 of Protecting Access to Medicare Act (PAMA) – that will change the current prior authorization process for ordering certain advanced diagnostic imaging studies.

Section 218 of PAMA Highlights:

- Establishes the use of Appropriate Use Criteria (AUC) for advanced diagnostic imaging studies. AUC is defined as “criteria that are evidence-based (to the extent feasible) and assist professionals who order and furnish applicable imaging services to make the most appropriate treatment decisions for a specific clinical condition.”
- For hospitals and radiologists to be reimbursed, they must document that AUC was consulted, similar to the current process for prior authorizations.
- Covers all MR, CT, PET, and nuclear medicine tests for:
  - Outpatients
  - Emergency Department patients
  - Any patient in observation or outpatient status
- Excludes radiology testing for all inpatients.

To prepare for the mandate, Munson Healthcare (MHC) is working with the Nation Decision Support Company to connect these criteria to our current medical record. Although the go live is more than a year away, it is important that we start preparing for this regulation now as it will have a similar impact as ICD-10. We are currently in the process of assembling a team with representatives from all MHC system hospitals.

Please look for continued PAMA Section 218 updates in future editions of Pulse.

“This regulation change will affect the way physicians have to order advanced imaging tests both in and out of the hospital. Please ask questions and make your opinions heard. The rules are the rules, but we can adjust the process somewhat.”

— Kevin Omilusik, MD

Updated CMS Advance Beneficiary Notice (ABN) Form Required

CMS has updated the Advance Beneficiary Notice (ABN) form, which is used when Medicare payment is expected to be denied. Old ABN forms will be invalid for all services performed after 6/20/17 so please update your ABN forms if you haven't already. New ABN form is available at: https://www.cms.gov/medicare/medicare-general-information/bni/abn.html.

The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. While there are no changes to the form itself, providers should note the newly incorporated expiration date on the form. With the 2016 PRA submission, a non-substantive change has been made to the ABN. In accordance with Section 504 of the Rehabilitation Act of 1973 (Section 504), the form has been revised to include language informing beneficiaries of their rights to CMS nondiscrimination practices and how to request the ABN in an alternative format if needed.

All valid ABNs will now have to have this form number and expiration on the bottom of the forms.