

# Premier Pulse

## News for Premier Health Physicians

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### Responding When Patients “Decide to Be Heard”: A Comprehensive, Community-Based Approach to Advance Care Planning

By **Abi Katz, DO**, medical director of Premier Health Advanced Illness Management



Recently I spent the evening with a retired philosophy professor and his wife to discuss his Advanced Directives. They wanted to know if he needed to have a DNR. He said, “For several years I

have been trying to think about my death in a rational manner. I want to accept my aging and my death without prolonging things.” His biggest fear was that “even comfort care would be an opportunity for dying to take longer than it should.” At 89 years old and married for 65 years, he is looking forward to his 90th birthday party. He also has late stage Parkinson’s, peripheral vascular disease, and has recently had several hospitalizations due to frequent falls. We talked through what matters most to him, his fears, what “living well” means to him, what he would want to have happen in the case of a sudden change in his condition (for example, if he was unable to know who he was or who he was with), and how he would like his wife to make decisions for him. He was clear and articulate, and he and his wife both learned some important values and goals. His wife felt more confident in approaching future decisions she may need to make.

I share this story to advocate for a cultural shift in our approach to advance care planning. That is why Premier Health is

partnering with other providers and agencies in the Dayton region to launch “Decide to Be Heard,” a regional model based on “Respecting Choices,” an internationally recognized, evidence-based model of advance care planning. Created in 1993 by Gunderson Health System in LaCrosse, Wis., Respecting Choices has been adopted by more than 100 cities around the world. It takes a community-based approach, providing trained facilitators to help people engage in productive conversations with their health care agent and loved ones and complete advance care directives. In LaCrosse, 80 percent of residents have participated in Respecting Choices and have established advance care directives that are accessible to medical providers.

#### Pilot Testing Begins

Our local partners include Kettering Health Network, Ohio’s Hospice, University of Dayton, and Wright State University, as well as the Greater Dayton Area Hospital Association, which is providing coordination and extensive administrative support. Pilot testing involves developing educational tools, refining work flow and operational processes to manage change at each pilot site, inviting a target population to participate in a conversation, and training facilitators to have a structured conversation about advance care planning. So far, we have trained 26 facilitators, including physicians, nurses, social workers, chaplains, and volunteers.

*(continued on page 3)*



# Premier Health First in Ohio to Offer Less Painful Prep for Reconstructive Surgery

Premier Health is the first health system in Ohio using a new device that allows breast cancer patients to prepare for reconstructive surgery more quickly, with less pain and discomfort and fewer visits to the doctor.

“We’re delighted to bring this new technology to our region,” said **Mary Boosalis**, president and chief executive of Premier Health. “It promises to be much more convenient and less painful for patients who have already endured enough.”

Traditionally, doctors insert a temporary implant during a mastectomy. This implant is gradually filled with saline over a period of up to several months to expand the skin



and muscle of the chest wall to make space for a long-term reconstructive implant, explained plastic surgeon **Todd Hicks, M.D.**, of Premier Health. The process requires patients

to get repeated needle sticks and make numerous trips to the doctor’s office.

The new AeroForm Tissue Expander System now in use at Miami Valley Hospital and Good Samaritan Hospital allows women to accomplish this process discreetly at home or at work in much less time, using a wireless, hand-held dosage controller that fills the temporary implant with air instead of liquid. Patients use the needle-free process to release 10 cc of carbon dioxide into the insert up to three times daily. Each dose takes only seconds to administer.

The product was approved by the U.S. Food & Drug Administration in December.

*Todd Hicks, MD, a plastic surgeon at Miami Valley Hospital South in Centerville, holds up the dosage controller that is part of the new AeroForm Tissue Expander System, which was used by Kimberlyn Johnson of Dayton, a patient of Dr. Hicks.*

Clinical trials found that use of the AeroForm system reduced the expansion process from 46 days to 21 days on average and allowed women to get long-term implants a month sooner.

“I love it. For me, it’s working out great,” said Kimberlyn Johnson of Dayton, a patient of Dr. Hicks. “I wish the women going through this could all use it.”

Johnson, who had a double mastectomy in February 2016, has had repeated problems with malfunctions of traditional expanders on her left side, delaying her breast construction. Dr. Hicks suggested the air expander, and inserted it on Aug. 22.

The device has been trouble-free, Johnson said, and it’s more comfortable. “It feels softer, it feels lighter,” she said.

Nationally, more than 100,000 women have mastectomies each year to remove cancerous tumors, with 42 percent of them going on to have breast reconstructions. Dr. Hicks said the air expansion technique will eliminate logistical hurdles that dissuade some women from having reconstructions.

“Normally, they’re bound by my office hours and their work schedules,” he said. “Some patients in our nine-county area live an hour away from my office.” Additionally, patients “have been poked and prodded enough” between their diagnosis and mastectomy and often hesitate to undergo a painful expansion process.

So far, the new system has been used four times locally, at Miami Valley Hospital, Miami Valley Hospital South and Good Samaritan Hospital, by Dr. Hicks, Jason T. Hedrick, M.D., and Thaddeus P. O’Neill, M.D. The first local surgery was performed June 27 by Dr. O’Neill at Miami Valley Hospital South.

The new process gives women a sense of control that they may feel cancer has taken from them.

“A lot of times, they feel powerless, like they have no control,” Dr. Hicks said of cancer patients. “This will empower them to have more control over their disease and recovery process.”



# Premier Health Hospitals Perform Well in Latest Healthgrades Specialty Awards

Healthgrades announced in October that Premier Health hospitals achieved dozens of awards for the quality of their care.

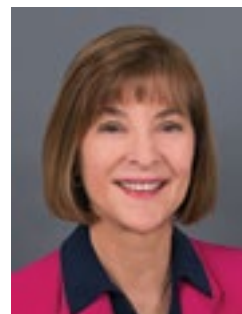


Miami Valley Hospital received “America’s 100 Best Hospitals” awards in five specialties: critical care (seven consecutive years); cardiac care (five consecutive years); stroke and pulmonary care (four consecutive years); and gastrointestinal care (three consecutive years). The hospital also received an “Excellence Award” for critical care and pulmonary care (ten consecutive years); cardiac care (five consecutive years); cardiac surgery; general surgery; joint replacement; neurosciences, stroke care and gastrointestinal care (four consecutive years).

Good Samaritan Hospital garnered “America’s 100 Best Hospitals” awards for critical care; cardiac care (three consecutive years); and coronary intervention (two consecutive years). The hospital achieved an “Excellence Award” for cardiac care (three consecutive years); coronary intervention (two consecutive years); stroke care and critical care (two consecutive years).

Atrium Medical Center achieved an “America’s 100 Best Hospitals” award for critical care (four consecutive years), and an “Excellence Award” for critical care (five consecutive years).

Upper Valley Medical Center received a five-star rating for its treatment of sepsis (three consecutive years). The hospital also was a five-star recipient for its treatment of pneumonia.



“Our hospitals continually work to raise the bar across the board when it comes to patient care,” said **Mary Boosalis**, president and CEO of Premier Health. “These distinctions are

a confirmation of the quality care for which Premier Health is known.”

Excellence Awards are achieved by hospitals that perform in the top 10 percent among their peers in various specialty areas based on risk-adjusted mortality or complication rates.

*(continued from page 1)*

## When Patients “Decide to Be Heard”

The Respecting Choices model helps us begin conversations about a person’s goals for care and wishes while they are still healthy, thereby moving the conversation upstream and making it part of the continuum of care. Our comprehensive approach helps people complete advance directives that are inclusive of personal values and beliefs, and communicate their wishes with their family members, loved ones, and health care providers.

This summer, Premier Health and Kettering Health Network began a six-month pilot study with eight pilot sites that are voluntarily hosting trained facilitators and advance care planning conversations. At Premier Health, this includes a test with Premier’s Healthy Living program

for employee wellness, patients who are not yet on dialysis receiving treatment at Miami Valley Hospital’s renal unit, and patients who receive a social work order for Fidelity Health Care’s home health services. Each conversation takes about an hour, and participants are encouraged to bring a loved one if desired.

The conversation I described above followed our local model with Decide to be Heard. The outcome of our conversation provided the patient the opportunity to express his most precious values and beliefs while educating the future health care agent with additional knowledge and skills she needs to make the many potential decisions, as well as completing the legal documentation needed for the health care team to respond.

### Be Part of It

Creating partnerships with community leaders and organizations is essential to the success of Decide to be Heard. You can help! If you are part of a professional group, church, or other community organization and willing to present information about advance care planning, or have an interest in being a future pilot site, please let me know by emailing me at [alkatz2@premierhealth.com](mailto:alkatz2@premierhealth.com). Together, we can help people in our community understand the benefit of advance care planning for them and for those who may one day need to speak for them when they are no longer able to speak for themselves.



# Walking Trail Crosses Finish Line, New Biopsy Technology, Putting Hernias in Their Place



## Atrium Medical Center

Atrium Medical Center now offers advanced diagnostic imaging with a new 128-Slice CT scanner. The Siemens SOMATOM® Definition Edge scanner with the innovative FAST CARE software platform is an advanced diagnostic imaging computed tomography (CT) system. This CT technology enables physicians to obtain high-definition images of the body at a much lower dose of radiation for a wide range of clinical applications. The technology combines multiple components in a dynamic manner, including a large-volume coverage area, a larger gantry bore and the ability to use a high-capacity table for examining patients of all sizes, up to 660 pounds. Additionally, the system helps achieve outstanding images at a lower dose through its innovative Combined Applications to Reduce Exposure (CARE) features.

Business After Hours will be held at Atrium Medical Center on Thursday, December 7, 4 to 6:30 p.m., in collaboration with the Chamber of Commerce serving Middletown, Monroe and Trenton. Main entrance lobby, One Medical Center Drive in Middletown.

There will be a short program at 5:15 p.m. This year marks not only the 100th anniversary of the founding of the hospital in Middletown, but also 10 years since Atrium Medical Center was built and opened for patients in Middletown's Renaissance District. Tour the newly opened Senior Emergency Center, Natural Beginnings Birth Center and the hospital's Surgery Center. Appetizers will be served. For more information, email [cjlevingst@premierhealth.com](mailto:cjlevingst@premierhealth.com).

A generous donor helped complete the walking trail on the Atrium Medical Center campus. Patients, visitors and staff can now enjoy a paved 1.3-mile path through a series of gardens surrounding the hospital building with water features, a bronze statue Angel of Hope, benches and wooden pergolas. The path has been named Turner Trail, to honor former Atrium President Carol Turner. A bench along the trail has also been named in honor of Jeffrey Zollett, MD, for his years of service and leadership.

## Good Samaritan Hospital

Good Samaritan Hospital is among the first hospitals in Ohio to offer 3D™-guided breast biopsy (along with Miami Valley Hospital and Upper Valley Medical Center). The advanced, minimally invasive technique utilizes the Hologic® Affirm® Prone Breast Biopsy System. Procedures can be performed with patients reclining comfortably in the prone, or lying flat, position. This system allows radiologists to use 3D imaging to locate and accurately target areas of interest for biopsy, including those that can be challenging to detect using conventional imaging techniques. Key advantages over traditional 2D stereotactic procedures include faster targeting and fewer X-ray exposures, which lessen procedure time and reduce patient dose. Additionally, 360-degree access to the breast enables challenging locations to be reached without repositioning the patient.

The Heart Institute of Dayton presented the Schear Family Heart In Sports Community Conversation Series on November 8, featuring Cincinnati Red George Foster, five-time All-Star and the National League's Most Valuable Player in 1977.



### Miami Valley Hospital

The Miami Valley Hospital trauma team hosted the annual “Trauma Survivors Celebration,” an event to celebrate the lives of survivors and thank caregivers and first responders. At this moving event, six trauma patients, all of whom were treated at MVH, were recognized for overcoming tremendous odds on their journey to recovery. This year, the trauma team is also celebrating their 25th anniversary of providing the highest level of trauma care in the region. This milestone was recognized during the event by Dr. Mary McCarthy, the physician who founded the program.

Miami Valley Hospital unveiled its newly renovated maternity center on October 1 by hosting a community open house. Visitors spoke with clinical staff who deliver babies at Miami Valley Hospital and toured the renovated Berry Women’s Center. The renovations include a space dedicated for use by families with infants staying in the NICU. Also with a debut on October 1 was the Ronald McDonald Family Room in Emmett’s Place. Fully funded by the Miami Valley Hospital Foundation in partnership

with Ronald McDonald House, this space consists of three sleeping rooms that will serve as respite for the immediate family members of the hospital’s NICU patients, as well as high-risk pregnant mothers and their immediate family members.

Amanda (Mandy) Via, CareFlight Air and Mobile Outreach Manager, was named the 2017 recipient of the AAMS Excellence in Community Service Award from the Association of Air Medical Services (AAMS). AAMS presents this award annually to an emergency medical transport organization or individual that demonstrates a broad-based continuing commitment to the communities they serve. Mandy received the award for her work on CareFlight’s “Drive Smart” mock crash program. In 2017 to date, Mandy has dedicated more than 400 hours and has driven approximately 2,000 miles to execute 28 separate Drive Smart events. In 2016, Mandy coordinated more than 600 outreach events, strengthening relationships with outside organizations and improving collaboration, patient care, and outcomes.

### Upper Valley Medical Center

UVMC hosted a free hernia screening on September 20 at the Miami County Surgeons office in the UVMC Physician Office Building. Surgeons Stewart Lowry, MD, FACS, and Zachary Simmons, MD, conducted the screenings. The event – the first of its kind for the practice – was deemed a success, with 19 patients registered, 10 hernias found, six hernia appointments scheduled, and four more scheduled for follow-up. Another screening is being planned for the Darke County market.

The UVMC Emergency Department and Foundation partnered to offer “Operation Street Smart,” a free drug education and awareness program for the community in September at Edison State Community College. The day-long program provided up-to-date information on drug trends, terminology, paraphernalia, concealment techniques, and physiological effects. It was attended by more than 100 area health care workers, educators, DARE/school resource officers, law enforcement, social workers and parents.

UVMC Cancer Care introduced a unique new colon cancer awareness tool to the community in September. The 12’x12’ inflatable colon educational tunnel debuted at Piqua High School sports events on September 20 and 29. The giant tunnel was generously donated by the UVMC Foundation to help raise community awareness about colorectal cancer and related diseases.

The UVMC Foundation in September launched the fourth year of Rachel’s Challenge in Miami County Schools. Rachel’s Challenge, offered to students in elementary grades through high school, focuses on empowering strategies borne from the tragedies of the 1999 Columbine High School shootings. It involves a series of projects designed to combat bullying and address feelings of isolation through the use of kindness and compassion in everyday dealings.



# Joint Bundle, Helmet Impact Monitor Deployed

By Gary Blake, vice president, service line integration, orthopedics



The orthopedic service line in conjunction with reimbursement services and several joint surgeons have completed the joint care redesign and bundled product for introduction in the November time frame. The bundled product will be unique compared to others in the market because it will include post-discharge services. These services include any post-discharge care provided for physical therapy or physician office follow-up. The care path and bundle are designed to optimize patients prior to surgery and patients should rarely need EFC care. This will be a significant advantage to companies selecting the product and will add value to the overall joint service.

Orthopedic surgeons who are part of the joint bundle will follow the care path that was established by the joint surgeon team. This will ensure consistency and efficiency in the process. Patient outcomes will continue to be monitored using industry supported tools that measure a patient's pain and mobility at specified time increments following the joint replacement. This information will be posted for patients and the public to access.

The Sports Medicine Institute met with several athletic directors from our school

partnerships to discuss a new technology called InSite. InSite is a technology that is placed in a football player's helmet and measures the impact to the helmet during football games and practices. The technology registers the information on a device that tracks the information. This information is downloaded, accessed by the athletic director, team physician, and athletic trainer, and used for teaching purposes.

The medical directors for Sports Medicine met with the athletic directors to establish a protocol for when information will be downloaded and accessed. This is a new technology and has not been scientifically proven. The physicians felt that although the technology looks promising, the output needs to be validated. As a result, the medical directors established a conservative approach protocol for all Premier Health schools. Currently, only five of the 41 Premier Health schools have invested in the technology. Early results indicate a high level of false positives in relationship to the national and international standard assessment protocol used by athletic trainers and physicians. More assessment of the data will occur following the football season.





# Early Collaboration with Pain Specialists Can Lead to Healthier Outcomes

Understanding how to properly diagnose and treat patients coping with chronic or acute pain has always been one of a physician's greatest challenges, but it has become more complex as the nation's opioid epidemic continues to expand.

The specialists at the Miami Valley Hospital Pain Center and the Advanced Pain Treatment and Evaluation Center at Atrium Medical Center serve as valuable resources for primary care physicians as they seek to provide the best course of treatment for their patients.

"We can best serve primary physicians, not by taking over a patient's care, but by acting in a supporting role and making treatment recommendations based upon current guidelines," said **Janet Hunt, BSN, RN**, program manager, Miami Valley Hospital Pain Center. "We are able to treat patients ideally through injections or even assist with medical management if needed, but providing documented recommendations for primary care doctors gives them the protection they need through the medical board to ensure they've done their due diligence."

Continued collaboration between primary care physicians and pain specialists has become increasingly important, not just because it leads to healthier outcomes, but because the number of patients needing treatment is so vast.

"Essentially, there's one pain physician for every 10,000 patients suffering with pain,



so it's simply not possible for the specialist to take over a patient's medical management," said **Townsend Smith, III, MD**, medical director of the Miami Valley Hospital Pain Center.

"If there are interventions to consider, we as pain specialists can deliver them whether



it's through injections, implantable devices, or anything else that would likely resolve the underlying sources or symptoms."

When a patient is referred to one of Premier Health's pain centers at an earlier stage, it also allows the specialists to design a course of treatment that may not only shorten their recovery times, but also potentially utilize treatment methods that may help them minimize or even avoid the use of medications altogether.

"At the pain clinic, we have minimally invasive procedures to treat back pain,



for example, and utilize spinal implants to decrease it," said **Howard A. Seitzman, MD**, medical director of the Advanced Pain Treatment and Evaluation Center at Atrium

Medical Center. "This makes it more possible for patients to do the activities they want and need, and reduces the amount of medications they have to take. When you look at the studies, they have shown that if you actually get to people within the first

two years of their problem it works so much better and prevents medication problems." Though the use of narcotics may be ideally avoided, they can sometimes play a necessary role in the course of a patient's treatment. Pain specialists can work closely with primary care physicians and their patients to help administer the right treatment at the right time.

"Ultimately our goal is to be more interventional and avoid the use of medication, but that's not always possible," said Dr. Seitzman. "These days, pain medicine may be considered bad, but in reality, the pendulum ought to swing a little more toward the middle. It's neither good nor bad; it just has to be used properly."

Charting the right course for a pain patient's short- and long-term health can certainly come with its challenges, but consulting with a specialist may open doors of opportunity that lead to healthier outcomes.

"We're committed to providing doctors and patients with another set of eyes, so they can know they're moving forward in the best way, whether it's chronic medication management, or through some other method," said Hunt.

# Medication Shortages Update

By: Michael G. DeBusk, PharmD, MBA system director, Pharmacy Operations, Premier Health



Medication shortages are a serious public health crisis. Quality issues are listed as a major cause of sterile drug shortages. However, aging manufacturing infrastructure, regulatory compliance, discontinuation of items with low margin, industry consolidation, and unpredictable significant weather events disrupting production and distribution are also of significance.

The American Society of Health System Pharmacy has identified 131 current medication shortages<sup>1</sup>. Manufacturers have voluntarily recalled 54 medications in the past two months, compounding the issue. Many of the recalled medications were already on the drug shortage list. The top five therapeutic categories of medications listed on the current FDA drug shortages list<sup>2</sup> (accounting for 50 percent of the shortages) are:

- Chemotherapy
- Antibiotics
- Cardiovascular drugs
- Central nervous system agents (including pain and anesthesia medications)
- Injectable electrolytes and nutritional products.

Ongoing IV fluid shortages have escalated due to the impact of hurricane damage in Puerto Rico. Medication exports from Puerto Rico (where 80 drug manufacturers have plants) make up 72 percent of the island's economy<sup>3</sup>. Premier Health Supply Chain recently announced critically low levels of Lactated Ringers (LR) available within the system. Wholesale distributors and suppliers are unable to meet demand. This has strained the already challenged (and in short supply) IV Normal Saline, and Dextrose 5 percent fluid status, which are on allocation status from manufacturers and wholesalers. Allocations are not guaranteed and are designed to prevent hoarding by end user clients.

Cumulatively, medication and IV fluid shortages have created an acute crisis, particularly for hospitals, since many of the medications in short supply are sterile injectable products used in treatments either prior to hospitalization (i.e. by emergency medical services) or within hospitals (e.g. for emergency care, surgical procedures, or other serious acute conditions). The lack of so many medications and IV fluids fundamental to care has had significant implications for patients, clinicians, and hospitals, including treatment delays and increased costs.

There have been ongoing and increasing frustrations and concerns expressed by physicians, pharmacists, nurses, supply chain officials, and others about the clinical effect that shortages have on patients and the tremendous strain on resources required to address shortages every day. Ongoing management strategies have included identifying alternative therapies when possible, load leveling between facilities, buying off-contract (or branded) medications if available, EPIC Alternative Alerts, criteria based restrictions, education about alternatives, frequent communication with wholesalers/distributors to obtain and maximize allocations, etc. A list of medications and IV fluid shortages can be found at <https://www.ashp.org/drug-shortages/current-shortages/drug-shortages-list?page=CurrentShortages>.

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#### References:

1. <https://www.ashp.org/drug-shortages/current-shortages/drug-shortages-list?page=CurrentShortages>
2. Drugs that are life-supporting, life-sustaining, or intended for use in the prevention or treatment of a debilitating disease or condition, including any such drug used in emergency medical care or during surgery. Does not include radiopharmaceuticals
3. The New York Time 10-4-2017 <https://nyti.ms/2xTQwwF>



# Better Explanations and Setting Expectations at the Bedside

**By Marc R. Belcastro, DO, regional chief medical officer, Premier Health (Miami Valley Hospital, Miami Valley Hospital South, Atrium Medical Center)**

I am the Southern Region Chief Medical Officer (MVH/MVHS/Atrium). Every day I am thankful to serve you. I hope you continue reading this series on patient experience. Thank you for your time and consideration of my challenge to you.

While this article concerns the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey, it is more about physician satisfaction and personal fulfillment. For your information, below are the questions patients are asked when evaluating their physician interactions. Truly, would you not want your patients to answer “always” to these questions?

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
2. During this hospital stay, how often did doctors listen carefully to you?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

Recall the simple tool represented by the acronym AIDET: Acknowledge, Introduction, Duration, Explanation, and Thank you. A tool is simply something to facilitate what we desire to accomplish. The tool, or “script” as some argue, is not the point of this discussion. Our passion to care and serve is what must drive us. In May, I wrote about the introduction with a powerful addition called “manage up.” In this article, I will discuss Duration and Explanation.

Finding a way to inform your patient of “durations” will provide some measure of calm regarding their fears and anxieties. This might be how long you will spend with them talking or performing a procedure, how long until you return to talk with them, or how the time of a scheduled procedure may easily change to accommodate

emergencies. Admittedly, we all feel better when we know how long something might last, how long we might have to wait, or when to expect an answer to a test that is life-changing. It is also true, particularly in medicine, that wait times are subject to many variables we cannot control. After three decades of practicing, I came to realize that the families I cared for understood that my predictions of their “waiting times” were not precise, especially when advised of the unexpected events that can alter a physician’s day or cause delays in procedures and tests.

For certain, an attempt to provide a time frame is far better than saying, “I just can’t say, it’s too variable.” Even more powerful were the expressions by some families knowing that their wait was allowing me to care for another family in distress.

Most – if not all – physicians provide “explanations” for their families and patients. The two keys to an explanation that is understood are speed and our choice of words. We must truly “slow” down a bit for our patients and families to keep up with our discussions. Our days are truly fast paced. This requires an intentionality to our slowing down. In addition, try to pay attention to how often you use even the simplest of medical verbiage that may not be understood. Combine this with an explanation at even a normal pace, and most patients will not comprehend us.

Finally, complete your explanation with only open-ended questions. “What questions do you have?” or “What would you like me to repeat?” are very effective.

These two steps do not take more time; in fact, they will save you time in the long run throughout your day. Most importantly, your patients will find more peace in their journey.



# A Little Laughter Can Be Good Medicine



**Joseph Allen, MD**, sees patients at the Family Medicine of Vandalia.

**What is your specialty?**

Family medicine

**What brought you to Premier Health?**

I came to Premier Health straight out of residency, which I completed at Good Samaritan Hospital. I was drawn here by the quality of people that I interacted with during my residency.

**Why did you choose medicine as a career?**

Medicine sort of chose me. I was not the greatest high school student, and when I started college, I did not have any real direction. I had a friend that decided he wanted to become a physician. I thought that sounded like fun so I started taking classes with him. Funny thing about that is the friend that got me started never actually went to medical school. However, I did, and the rest is history.

**Who are the people who influenced and/or mentored you?**

I was influenced by a great many people during my journey to this point. My father instilled a strong work ethic in me. That has served me well. I learned a great deal about how to be a physician from multiple sources. Dr. David Garrety has helped me see the lighter side of medicine. Recently I have been mentored by a group of physicians who are helping me navigate some of my administrative duties. The PPN Physician Market Leads have provided me with this mentoring and influenced me greatly.

**How do you describe your bedside manner?**

I would describe it as jovial and light-hearted, but serious when the situation requires that. I love to laugh with my patients, but will not shy away from crying with them as well...

**What is one thing most people don't know about you?**

Most people know that I am an avid baseball fan. However, most folks do not realize that I still play baseball and can still hit a ball 400+ft regularly.

**How do you want to be remembered?**

I want people to laugh or at least smile when they think of me. We are all remembered in some way or another but if someone can crack a smile when their memories turn to me then I feel I did something right.

**What is the last book you read?**

I have read quite a few books lately that deal with personal and professional improvement. However, the last book I read for sheer pleasure was *Atlas Shrugged* by Ayn Rand.

**What is your favorite song in your playlist?**

Tough question. It depends on my mood. One song that I always enjoy is "Whipping Post" by the Allman Brothers

**iPhone or Android?**

iPhone

**Early bird or night owl?**

Early Bird

**Beach bum or mountain hiker?**

I do not care for the beach, and I am not much of a hiker. I do love to lounge around in the mountains though. I must be a Mountain Bum, then.

**Dress shoes or tennis shoes?**

Tennis shoes, if at all possible.



# Peer Review Enhances Patient Care

By Keith Bricking, MD, president of medical staff, Emergency Medicine, Miami Valley Hospital



The Medical Staff Quality Committee (MSQC) at Miami Valley Hospital recently celebrated its first anniversary. Our MSQC is led by Chair Dr. Mike Galloway, a fellow colleague

who has genuinely done a magnificent job in creating an environment of openness, professional dialogue and collegiality. The MSQC is comprised of 18 physicians

on the medical staff with expertise in more than 10 specialties. They review clinical cases to evaluate and improve practitioner performance. The true goal is to create a performance improvement culture for peer review and improve patient care. In the past year, we have accomplished that goal and will continue to enhance the efficiency and effectiveness of this committee.

The MSQC physician team works with the quality department to review and provide recommendations on physician Ongoing Professional Practice Evaluation (OPPE) annual indicators, peer protected case

review, as well as feedback to provider and Chair. The committee has oversight of MMI (Morbidity Mortality Improvement Conferences) and other quality conferences.

I would personally like to commend the MVH physician MSQC team for their commitment to the medical staff and our patients. I look forward to continued enhancement and medical staff partnership with this committee. If you have questions about the MSQC, please contact Dr. Mike Galloway [mlgalloway@premierhealth.com](mailto:mlgalloway@premierhealth.com) or myself at [kdbricking@premierhealth.com](mailto:kdbricking@premierhealth.com).

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## Kiosks Seen As Way to Streamline Registration, Improve Patient Experience

During the fourth quarter of 2017, Premier Health will be implementing self-service check-in kiosks at two of the system's locations to enhance patient experience. These self-service check-in kiosks will be located at Atrium Medical Center's Trenton location, and Upper Valley Medical Center's Outpatient Registration.

Welcome is the EPIC application used in the kiosk. Welcome is a powerful tool that helps patients take aspects of their care into their own hands. The touch screen interface is easy to use and the application is intuitive.

The initial roll-out allows patients who have scheduled appointments and are pre-registered to:

- Check in for appointments
- Update demographic information (address and phone number)
- Verify insurance information

- Change emergency contact information
- Sign consent to treat form
- Sign up for MyChart
- Make credit card payments
- Print receipts

If the pilot proves successful, we'll expand to additional locations in 2018 and add functions such as:

- Self-registration
- Self-scheduling appointment(s)
- eCheck-in

Self-service check-in has never been so fast or easy. Utilization of this technology provides numerous benefits. The self-check-in process allows patients to take control of their own health care from the moment they walk through the door. This reduces patient wait times, improves demographic accuracy, maintains HIPAA compliance, and improves patient experience.





# Premier Health Plan Expands Relationship With Evolent Health

Premier Health Plan has signed an expanded partnership agreement with Evolent Health, the company that helped Premier Health launch the locally based, physician-led health plan in 2015.

Under the terms of the agreement, Evolent will acquire Premier Health Plan's Medicare Advantage (MA) and commercial lines of business. The organizations anticipate that members enrolled in Premier Health Plan's MA and commercial health insurance products will transition to Evolent management in early 2018. The change in plan ownership will not affect member benefit changes for the 2018 plan year. No changes will be made to the plan's network of nearly 6,000 providers. The organizations aim to maintain core health plan operations in the Dayton, Ohio, area.

"Evolent has been a trusted partner whose experts have played an essential role in operating and growing Premier Health Plan from its inception," said Premier Health President and CEO **Mary Boosalis**. "This change plays to the strengths of both organizations, and the timing was right, given the current growth opportunity. We're pleased to continue to partner with Evolent as we focus on our mission to build healthier communities using the population health models and resources we have already put in place to support value-based care."

The acquisition will have no impact on Open Enrollment currently under way for Medicare Advantage plans, nor will it affect

the plan's commercial products. Medicare beneficiaries can continue to enroll in Premier Health Plan through the end of Open Enrollment on December 7.



"We have added to our membership each year and expanded into additional counties, and we think Evolent is well-positioned to maintain that momentum," said **Renee George**,

president of Premier Health Plan.

Evolent, which provides an integrated, valued-based care platform to many health systems and physician organizations nationwide, recently announced similar partnership expansions in Illinois and New Mexico as part of its value-based care strategy. Ownership of Premier Health Plan will strengthen and expand Evolent's footprint in Ohio.

As part of the agreement, Premier Health will enter a continued services agreement in which Evolent will support the health system's population health management efforts for the Premier Health employee benefits plan, Next Generation ACO and payer partnership populations.

The acquisition is expected to close early in 2018, subject to regulatory approvals.

## Our New Physicians

New physicians routinely join the medical staff at each of the Premier Health hospitals. Are you interested in knowing who joined the medical staff at each facility?

You can find the lists in the Physician Portal.

**Atrium Medical Center** go to [atriummedcenter.org/ournewphysicians](http://atriummedcenter.org/ournewphysicians)

**Good Samaritan Hospital** go to [goodsamdayton.org/ournewphysicians](http://goodsamdayton.org/ournewphysicians)

**Miami Valley Hospital** go to [miamivalleyhospital.org/ournewphysicians](http://miamivalleyhospital.org/ournewphysicians)

**Upper Valley Medical Center** go to [uvmc.com/ournewphysicians](http://uvmc.com/ournewphysicians)

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