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Marketplace Open Enrollment Reminder

Open enrollment for 2017 individual health insurance ends
on January 31.

You can help ensure that your patients receive the best possible care.
Inform your patients about the plans you accept and
the plans accepted by Kettering Health Network.

By developing a unified care philosophy at the cancer center,
we are raising the ‘floor,’ or the standard by which
we practice. At the same time, we will continue to
innovation and technology leaders going forward.

In that way, we are raising the ceiling–our aspirations
to push the envelope further.

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Immediately after [the man’s] prayer, he found out about
this event, and he came here today. He was able to get dental
care and health checkups. Only God has that kind of timing.

Harvey Hahn, MD, on the Heal Dayton clinic’s impact (p. 8)

I was uneasy at changing from paper charts to an EMR
system, but the Epic team made the transition remarkable.

After only one month, I am back to my original volume
but with connectivity I never thought possible!

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Our staff could step into any busy emergency department
and perform in a way that would be a credit to the profession.

Thomas Vajen, MD, on emergency care at Fort Hamilton Hospital (p. 36)

The Latin origin of ‘doctor’ is ‘docere,’ which means ‘teach.’
What better way to teach your patients than practice what
you preach? I try very hard to practice moderation and
balance so that my patients will do the same.

Bhairavi K. Patel Brittain, MD, on creating empathetic relationships (p. 40)
Ringing all of the network's cancer care services under one roof, the Kettering Cancer Center opened to patients December 13. The network celebrated the opening with physician tours, a ribbon-cutting ceremony, and community open house at the center, located on Kettering Medical Center's campus in the new Pavilion, earlier in the month.

Designed by patients for patients, the cancer center makes a great first impression, with its easy access, bright colors, and amenities that include a boutique, café, and massage therapy. Less obvious but even more important is the way this center provides complete cancer care under one roof, a treatment model that will have a positive impact on patient outcomes and satisfaction.

Sheila Manion, MD, director of medical imaging for Kettering Health Network, believes that the center provides care on par with academic medical centers in Columbus, Cincinnati, and beyond. “Kettering Health Network has a long tradition of offering high quality cancer care with great patient satisfaction scores, and against all odds the majority of women in our region with breast issues come to us for care—more than 50,000 women and counting,” she says. “I’m excited about some of our new services—for instance, we hired a new geneticist, who cares for patients with a high familial risk for breast, gynecological and colon cancers, among others.”

No matter what their diagnosis and treatment plan, cancer patients benefit from a centralized team approach that maximizes collaboration and care coordination, says pulmonary medicine specialist Hemant Shah, MD. “As all physicians know, there is practically no such thing as ‘the best’ treatment plan—rather, the goal is to establish a plan that is most appropriate for that patient with that problem at that time,” he says. “Collaboration, whether it is happening in a tumor board meeting or in the hallway, allows us to share our different viewpoints and present families with options, then come up with a plan. Patients love and appreciate this process, and they enjoy being part of it.”

Dr. Shah’s partner, pulmonary medicine specialist Ehab Hussein, DO, adds “convenience” to the list of ways that the center benefits patients. “Cancer treatment requires frequent medical appointments over a long period of time, and having everything consolidated in one place eliminates the stress of traveling to different facilities,” says Dr. Hussein. “Some of our patients are very ill or in wheelchairs, and some may be dealing with adverse effects from chemo or radiation therapy. Oncologists, pulmonologists, surgeons, and other specialists are close by for emergent needs, and patients also have easy access to nurse navigators, social workers, nutritionists, and many others. No matter what a patient needs, we are able to help and provide support.”

This holistic approach to care has a strong appeal for surgeon Warren Muth, MD. “The way the leadership involved community members in the design resulted in a facility that caters to patients and their loved ones,” he says. “The public spaces are really beautiful, and everything is right there—not just medical services, but massage and palliative care and chaplains. We are able to treat the whole person in an environment that communicates warmth and caring.”

That kind of personal attention sets the cancer center apart, says E. Ronald Hale, MD, MPH, medical director of radiation oncology for Kettering Health Network. “Patients receive the same, if not better, quality of care here than they would at most major cancer centers, because we can take the time to personalize treatment and support patients every step of the way,” he explains. “The big cancer centers simply can’t do that.”

Arash Kordan, MD, nuclear medicine, takes a ‘big picture’ view, describing the cancer center as the embodiment of Kettering Health Network’s “One Best Practice” initiative and its commitment to innovation. “By developing a unified care philosophy at the cancer center, we are raising the ‘floor,’ or the standard by which we practice,” he says. “At the same time, we will continue to be innovation and technology leaders going forward. In that way, we are raising the ceiling—our aspirations to push the envelope further.”
The man had gone 90 days without alcohol. Estranged from his five daughters and living in a halfway house, he had started eating healthy, exercising, and trying to turn his life around. One morning at the halfway house, he prayed for a way to find free medical care because he couldn’t afford to see a doctor. When he walked out to the lobby, he saw someone holding Heal Dayton fliers.

"Immediately after his prayer, he found out about this event, and he came here today. He was able to get dental care and health checkups," said cardiologist Harvey Hahn, MD, who helped organize Heal Dayton and volunteered with his family. "Only God has that kind of timing."

Heal Dayton, Kettering Health Network’s first-ever free community clinic, took place Labor Day weekend in downtown Dayton in collaboration with the Adventist Medical Evangelism Network (AMEN).

More than 500 volunteers, including more than 220 doctors, nurses, and other medical professionals, served nearly 900 local community members over the course of the two-day clinic.

“The big goal here is to serve the community and try to make people healthier,” Dr. Hahn said at the clinic. “The first thing we’re trying to do is help the community and show them a little more about Christ.”

People who attended the clinic were able to receive care from dentists, dermatologists, optometrists, ophthalmologists, podiatrists, physical therapists, as well as other medical and mental health providers. In addition to receiving physical care, attendees could also learn more about social and spiritual services available in the community and through Kettering Health Network.

In order to meet the growing healthcare needs of the community, every service was offered free of charge.

“When we took a look at the needs of the community, we recognized there are a number of people who are not able to access our services and who still have great need. Even with everything we do, we’re still missing some of those important needs,” said Wally Sackett, president of Sycamore Medical Center.

“Field limb amputation is a very rare event and should be utilized as a last resort to free a patient only after all other options have been exhausted. The Surgical Emergency Response Team is a resource that can be called upon by the Greater Miami Valley Regional Emergency Medical Services (EMS) personnel when they encounter a person who needs procedures which exceed the capabilities of the EMS service and who cannot be extricated and transported in a reasonable amount of time from the scene to definitive treatment.

These may include someone who is trapped and requires an emergency amputation, blood loss from trauma that cannot be controlled by conventional means at the scene, or situations where emergency administration of blood products is required.

After scene stabilization, the patient will be transported to Kettering Medical Center’s Level II Trauma Center. Pediatric patients will be transported to the most appropriate facility.

Kettering Health Network has established a Surgical Emergency Response Team (SERT), the first program of its kind in the Dayton area.

The program went live November 1, and the team—composed of a surgeon, physician assistant, and surgical technician—is able to provide advanced surgical care at the scene of an accident for a person who cannot be extricated and transported to a hospital for treatment in a reasonable amount of time.

Led by Douglas Paul, DO, medical director of Trauma Services for Kettering Health Network, the team is part of Kettering Medical Center’s Level II trauma center.

“In keeping with our mission, this is another opportunity to serve the people in our community,” says Marla Werner, FPC, an EMS coordinator for Kettering Health Network. “By providing an innovative service such as the SERT, we can take the surgeon to the patient when we cannot get the patient to the surgeon in a critical time of need.”
Kettering Physician Partners Reaches New Agreements

Membership, contracts continue to increase

The Kettering Physician Partners Contract and Finance Subcommittee has been meeting on a regular basis to review, discuss, and develop key economic and non-economic contracting principles and parameters; determine objectives and key strategies relative to new value-based agreements with payers; and provide general education around value- and risk-based payer models (e.g., bundled payments, shared savings).

The Contract and Finance Subcommittee is pleased to announce that Kettering Physician Partners has reached an agreement with Custom Design Benefits. In effect since October 1, 2016, this agreement applies to all Kettering Physician Partners Fee-for-Service members.

The agreement with Custom Design Benefits and its employer partners provides an opportunity for Kettering Physician Partners to engage directly with self-funded employers looking for alignment with a clinically integrated network to deliver value and quality for its healthcare services.

Kettering Physician Partners remains engaged in discussions with multiple payers for each of the membership categories, focusing on strategic partnerships that align with triple aim principles. In addition, Kettering Physician Partners continues in discussions on ways to better integrate patient responsibility in their overall healthcare experience.

For more information about contract terms with Custom Design Benefits, Fee-for-Service members may contact Belinda Poe at (937) 558-3452 or Belinda.Poe@ketteringhealth.org, or contact Beverly Knapp at Beverly.Knapp@ketteringhealth.org.

Getting on track
Being the best stewards to meet community needs

Our Guiding Principles
• Be transformational rather than incremental
• Pull to Best Practice and reduce variation
• Remain a Best Place to Work
• Remain focused on our Quality KRA
• Take ownership for our respective areas
• Make the tough decisions and difficult choices
• Take ownership for our respective areas
• Remain focused on our Quality KRA
• Remain a Best Place to Work
• Pull to Best Practice and reduce variation
• Be transformational rather than incremental

Together, we are about to forge into an exciting frontier that brings hope and healing for our community. Again, thank you for your continued support of our mission, and if you have suggestions and solutions, please take these ideas to your respective administration teams for consideration.

Blessings to you and thank you for all you do!

Roy Chew, President, Kettering Health Network

We put in place some key, long-term strategies to proactively meet the demands of our community, including freestanding EDs for access to our world-class care, the new cancer center, Kettering Medical Center’s “Always Say Yes” initiative, and the recruitment of key physicians to serve our community. This budget challenge will take everyone’s focus, ideas, and fortitude, and I know we can do it together. We will continue to grow our organization to serve those who need it most.

Our Guiding Principles
• Remain patient-centered
• Continue persistent pursuit of growth with a return on investment
• Lower expenses to stay in line with unrelenting lower revenues from federal, state, and commercial payors
• Take a network approach to growth and wherever applicable, to lowering expenses
• Make the tough decisions and difficult choices
• Take ownership for our respective areas
• Remain focused on our Quality KRA
• Remain a Best Place to Work
• Pull to Best Practice and reduce variation
• Be transformational rather than incremental

Together, we are about to forge into an exciting frontier that brings hope and healing for our community. Again, thank you for your continued support of our mission, and if you have suggestions and solutions, please take these ideas to your respective administration teams for consideration.

Blessings to you and thank you for all you do!
To Prescribe, or Not to Prescribe?
Opiate crisis prompts education for responsible prescribing practices

Treating pain is one of the top reasons why patients seek medical care. It is rare to find practitioners who haven't pondered whether or not they should prescribe an opiate. Over the last several years, making this decision may have become more challenging.

As physicians, we are faced at times with competing values. We are graded by patient satisfaction scores of how effectively we treat pain while at the same time we are cautioned to not over-prescribe opiates.

While there are many alternate pain therapies and consultants who can assist us in providing care with specific treatment plans, it is important for physicians to be educated about current prescription drug laws in order to protect patients and themselves.

In 2015, we introduced a state initiative Smart Rx—Smart Medicine and Responsible Treatment. Kettering Health Network, in partnership with the Ohio State Medical Association (OSMA) and other major hospital systems across the state, began rolling out this innovative educational initiative, which offers information on crucial compliance issues.

Smart Rx provides highly-visual, interactive online courses that doctors and nurses can take in 15- or 20-minute modules from their laptops, tablets, or phones. The sessions cover new and pending laws that affect opioid prescription and reporting, strategies to help identify patients who might be abusing painkillers, and alternatives to prescription painkillers for chronic pain.

Some of you have taken the online course, received Continuing Medical Education credits, and learned of the state’s response to the opiate crisis. I would encourage those who have not checked it out to visit mindsetdigital.com/smartrx-kettering.

Kettering and Sycamore medical centers have also been in discussion with state groups to bring Continuining Medical Education programs locally for instruction and discussion. The Kettering Medical Education office will update us to the time and place of these events.

As we continue to pursue the highest standards of treatment for our patients, I would encourage you to get involved as we discuss concerns and develop solutions.

To enroll, visit mindsetdigital.com/smartrx-kettering
Log in using your email address and the temporary password: rxtraining

Do you have questions or feedback? Contact me at (937) 395-8658 or robert.smith@ketteringhealth.org.

Community Connect Provides Epic EMR in Private Practices

Kettering Health Network, in partnership with the Physician Hospital Alliance (PHA), is providing an opportunity for private practices to utilize Kettering’s Epic Ambulatory EMR through the Community Connect program. This software offering allows providers to use Epic’s award-winning and fully integrated registration, scheduling, clinical documentation, ordering, and billing system within the office.

By joining Kettering’s Epic program, access to patient data is seamless as practices join an electronic network that includes Kettering Health’s hospitals, emergency departments, and ancillary services; Kettering Physician Network; and several other independent practices. While clinical data is shared to provide continuity of care, a practice’s financial data is separated from the rest of the network, allowing for privacy and security.

Partially subsidized by Kettering Health Network, there is an additional discount offered through PHA membership that allows for very competitive pricing. Support is provided locally by Kettering Health Network employees with no separate fees for upgrades, training, and maintenance.

As CMS launches new quality programs, utilizing an EMR is a key component of the fee-for-value model. Providers utilizing an electronic system in 2017 will avoid penalties, and those meeting certain criteria may receive a positive payment adjustment. If you currently use paper records in your private practice, are unsatisfied with the support you’re currently getting for your EMR, or are concerned that your EMR won’t meet the new guidelines, Kettering Health Network’s Epic offering may be a good choice for your practice.

If you are interested in finding out more about the Kettering Community Connect program, please call (937) 914-7072 or email Bryan.Beer@ketteringhealth.org.

Scott Vosler, DO, with Community Connect Project Manager Kendra Wilson
Dr. Vosler went live on Epic with us in August. “I was uneasy at changing from paper charts to an EMR system, but the Epic team made the transition remarkable. After only one month, I am back to my original volume but with connectivity I never thought possible!”

by Robert Smith, MD, Chief Medical Officer of Kettering and Sycamore medical centers
Five-star quality rating system reflects network strengths, room for improvement

Despite resistance from some lawmakers and the American Hospital Association, the Centers for Medicare and Medicaid Services has released star ratings for hospitals in the United States.

The controversy mainly centered around concerns that large urban and teaching hospitals serving a larger proportion of underserved socioeconomic groups would fare poorly due to the methodologies used.

The Centers for Medicare and Medicaid Services developed the website Hospital Compare, which is intended to allow patients to compare up to three hospitals side-by-side. Previously there were no intended to allow patients to compare up to three groups would fare poorly due to the methodologies used.

The Centers for Medicare and Medicaid Services developed the website Hospital Compare, which is intended to allow patients to compare up to three hospitals side-by-side. Previously there were no intended to allow patients to compare up to three groups would fare poorly due to the methodologies used.

The national breakdown of the Hospital Compare Star Ratings is as follows:

<table>
<thead>
<tr>
<th>Overall Star Rating</th>
<th>Number of Hospitals (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Stars</td>
<td>102 (2.2%)</td>
</tr>
<tr>
<td>4 Stars</td>
<td>934 (20.3%)</td>
</tr>
<tr>
<td>3 Stars</td>
<td>1770 (38.5%)</td>
</tr>
<tr>
<td>2 Stars</td>
<td>723 (15.7%)</td>
</tr>
<tr>
<td>1 Star</td>
<td>133 (2.9%)</td>
</tr>
<tr>
<td>Not enough data</td>
<td>937 (20.4%)</td>
</tr>
</tbody>
</table>

The results for the hospitals within Kettering Health Network are as follows:

- Kettering Medical Center: 4 Stars
- Sycamore Medical Center: 4 Stars
- Grandview Medical Center: 4 Stars
- Fort Hamilton Hospital: 4 Stars
- Greene Medical Center: 3 Stars
- Soin Medical Center: 3 Stars

These results are consistent with other quality rankings such as Truven and show that we are performing in the top 20% of hospitals nationwide.

Despite these excellent results, the Network Quality Department continues striving for top decile performance.

Room to improve

Generally, our Patient Experience (HCAHPS) scores track close to national averages. We are doing fantastically well with some hospital-acquired infections but are closer to average with others, such as Clostridium difficile infection rates at Kettering Medical Center. We continue to focus on reducing complications throughout our facilities, and network efforts are underway to improve readmission rates.

Some of the strategies we are using to improve these areas include the adoption of best practices from published guidelines, care pathways, team-based care such as antimicrobial stewardship, and initiatives to improve the culture of safety throughout the network.

With everyone’s dedication and help, we can remain in the upper echelons of healthcare systems and keep the patient at the center of everything we do.

If clinicians and care-providers care for patients and their families from a faith perspective that shapes their hearts for seeing their work as a calling and motivates them toward loving, empathic service, will it improve the patient’s perception of their care, and further—will it improve outcomes?

Today there is a wealth of research showing the benefits to mental and physical health/longevity for those who have a positive religious community and spiritual practice. Research in the 1990s shows that 80-85% of patients in hospitals wish that someone would offer to pray with them, and they believe their spiritual well-being has as much or more to do with their recovery as does their medicines and treatments (Donald King, MD, Faith, Spirituality, and Medicine. 2000).

To enlarge our caring capacity as clinicians of faith, consider incorporating the following:

- Begin the day by checking in with your energy and attitude. Being “present” for others requires a “presence” with ourselves—spiritually, mentally, and physically.
- Each day, reflect on your sense of calling and purpose. In your prayer time ask, “How can I step more fully into my life purpose?”
- For 3 Good Things is a Duke University best practice for resilience. At the close of your day, think back over the day and ask yourself, “What 3 good things happened today and what was my part in them?” Write them down. This builds mindfulness and gratitude.
- Practice moving through your day and interactions with a relaxed body. Notice any muscle tightness and release it. Breathe more slowly. This engages the parasympathetic nervous system, allowing your thinking and discernment to be clear.

In the book The Soul of the Physician (2002), Bob Barnes, MD, writes, “If I am sitting in front of a patient in conversation and if, as a physician, I can be aware that I too will suffer and am no different than the patient, I can be at ease with this suffering patient. I can let go of the notion that I can always cure; I am simply to be an instrument of compassion and healing—which I can always bring if I keep my heart open and alive for this work.”

At Kettering Health Network, we believe that everything we say and do matters because every life matters. We see our work as a calling by God to lift the burden of suffering for others. Physical pain does not necessitate suffering, but suffering is present when there is no sense of hope or purpose. Suffering cannot be eliminated with medicine. Suffering is only healed through compassionate love. Truly, this is Sacred Work and our highest joy.

May you be richly blessed as you answer your Call to Care.

by Sandy Johnson, Director, Organizational Culture/Called to Care

To learn more about Hospital Compare, visit medicare.gov/hospitalcompare

by Jeffrey Weinstein, MD, Chief Quality Officer, Kettering and Sycamore medical centers
A Different Kind of Gift
Diagnosed with breast cancer, Carrie Baker, DO, gained a new perspective

When I was an undergraduate student, I helped with a breast cancer awareness booth for the American Cancer Society at my college. We had a box with plastic breasts of different sizes, with lumps in them to know what to feel for. We set it up in the cafeteria for people to learn about self-exams.

And then last year, that’s how I found my own lump.

I was in denial at first. I didn't have any risk factors, so I thought it would be benign. Then I thought I would just tackle it like medical school: set a goal and work toward it. But there were so many unknowns. It was hard to wait for test results when I wanted to know the exact plan.

After my diagnosis, I thought back to the first time I ever had to tell someone they had cancer. It was one of the most difficult conversations I'd ever had. And as I began the journey as a patient, I felt like I knew too much and had seen too many complications, too many sick patients. As an emergency physician, I am trained to prepare for the worst-case scenario, but the reality that it could happen to me was terrifying.

Then someone told me cancer is a gift and I thought, “Yeah right, some gift this is.” But finding out you have cancer is all about the glass half-full perspective. When I look at all the connections I've made in the community and all the support I've received, I can see how cancer is a gift, especially for doctors like me.

Doctors generally try to tough it out and not get sick. I was used to being the one who takes care of others. I was used to being self-reliant, so it was hard to let others take care of me.

My greatest advocate throughout the process has been my husband, to whom I am incredibly grateful for his strength and loving support. We were in the middle of planning our wedding when I found out I had cancer. I feel fortunate to work at a place that I trust to care for me and my family, to save my life.

One of the silver linings of having cancer is discovering the kindness of others. My oncologist, Joseph Lavelle, DO, and his nurse Milissa are amazingly compassionate providers who have carried me through this journey. Before putting in my chemo port, Roxane Weighall, DO, had me draw the outline of my wedding dress on my body so that she could hide my port. These are just a few caregivers whose small acts of kindness made a huge impact on my care and on my family.

There are so many other people who helped me through my treatment, including the Patient Advisory Council for the new cancer center. Meeting other cancer patients and talking with the people who are creating the new cancer center was wonderful, and I am grateful for their sincere effort to include the patient perspective to optimize the patient experience. They have worked hard to make the new cancer center amazing.

Now I try to show my gratitude in the way I live my life now by trying to make a difference for others. After becoming a patient, I have a new perspective on life. I'm inspired to help the greater community, not just my patients who I see at work. I feel a different level of connection and compassion; I guess it would be true empathy on a deeper level than I had experienced before.

Going through cancer treatment is something I wouldn't wish on anyone, but it did help me re-prioritize my life. I have a new sense of desire to seize the opportunities that matter most to me. Facing my own mortality grounded me in the reality of what we do every day.

As physicians, we can resist being cared for. But it’s important that we not try to be our own doctor. Make time for your routine checkups. Get Own-Occupation Disability insurance. This was a lifesaver when it came to paying student loans, medical,
To continue to provide innovative diagnosis and treatment solutions for patients throughout the community, Kettering Breast Evaluation Centers are expanding the availability of 3D mammography. This new technology is now available at Cornerstone Medical Imaging, Greene Memorial Hospital, Fort Hamilton Hospital, Sycamore Medical Center and in the cancer center, which opened mid-December.

3D mammogram technology, also known as tomosynthesis or “tomo,” is in high demand from patients. A 3D mammography provides images of the breast in multiple slices from an arc angle, which helps to see layers of breast tissue that may be hidden.

3D mammography with tomosynthesis provides extremely precise imagery, presenting a much clearer, higher resolution picture of the breast structure to the radiologist. In patients with dense breast tissue, seeing more detail can be important.

“This gives patients and their physicians the opportunity to locate potential issues within the breast tissues earlier while reducing the number of unnecessary biopsies,” says Michael Caccamo, DO, chief radiologist for Greene Memorial Hospital.

Kettering Breast Evaluation Centers use Hologic Selenia Dimensions Genius 3D technology, which was the first and only clinically superior breast tomosynthesis exam as approved by the FDA. Hologic, the manufacturer of Genius 3D Mammography machines utilized in the network, states that 3D mammography reduces the number of false positives by up to 40%.

An exam for 3D mammography is very similar to having a conventional 2D mammogram. Patients experience the same amount of compression, and 3D screenings only take a few seconds longer for each view.

For more information or to schedule your patients for a screening mammogram, call 1-800-373-2160.

Inpatient Wound Program Offers Vital Treatment Options

When patients are admitted to the hospital with a non-healing wound, the treatment of that wound is often delayed while acute conditions are addressed. Once stabilized, many patients are discharged home without advanced wound care or arrangements for follow-up care in one of Kettering Health Network’s outpatient wound centers.

The inpatient wound program at Kettering, Sycamore, and Soin Medical Centers provide bedside evaluations, eliminating delayed wound care. The wound consultation program is led by Louis Pilati, MD, medical director of the Wound Healing and Hyperbaric Medicine Centers at Sycamore Medical Center, Greene Memorial, and Beavercreek Health Park.

The goal of the program is to evaluate and start a treatment plan for each patient while they are still in the hospital. The initial wound evaluation occurs within 24 hours of a referral.

“That immediate evaluation and initiation of a wound treatment plan is vital in many ways,” Dr. Pilati says. “We see a reduced hospital stay, quicker healing response, and continuum of care with outpatient follow-up in a wound center. By the time patients are discharged, their treatment plan has already begun. Outpatient follow-up also reduces hospital readmissions.”

The wound team works with a collaborative team approach including vascular, orthopedic foot and ankle, podiatry, infectious disease, and primary care physicians to ensure a successful outcome for all wound patients.

To refer a patient or for more information, call the new, centralized number: (937) 384-5772.
Continuous monitoring offers new insight on blood glucose patterns

Diabetes affects nearly 10 percent of the population in the United States, with an estimated direct medical cost of about $174 billion.

One of the worst aspects of this disease is the absence of symptoms that can prompt patients to comply with a treatment plan. In fact, the absence of warning signs and symptoms may even delay the diagnosis in apparently healthy individuals for many years. Patients with diabetes are enjoying their daily lives while high blood glucose continuously damages their eyes, kidneys, and nerves.

Healthcare professionals rely primarily on fingerstick glucose monitoring to control blood glucose and prevent the devastating complications of diabetes. For some patients, especially those with type 1 diabetes, more frequent testing per day is mandated to improve their outcomes. Although many are committed to doing these frequent checks on their blood sugar, they are costly, inconvenient, and frustrating to a majority of patients.

The technology of continuous glucose monitoring (CGM) may help overcome some of these obstacles. Recently, the FDA advisory panel voted in favor of allowing this technology to be used as a replacement for fingerstick glucose monitoring.

A small glucose sensor is inserted under the skin to measure glucose levels in a patient’s tissue fluid. The sensor transmits readings to a monitoring device that can display the readings and alert patients before they reach their glucose limits. With continuous monitoring, patients can see if their glucose levels are increasing or decreasing throughout the day.

By providing extensive data, it may reduce the need for frequent testing and help healthcare professionals make more accurate clinical decisions. Most importantly, this data can empower patients to self-manage their disease and modify their own behavior.

At the Joslin Diabetes Center affiliate at Kettering Health Network, we are striving to provide our patients with state-of-the-art technology. We believe this new monitoring technology will greatly help patients who are struggling with unmanaged diabetes.

For more information or to refer a patient to Joslin Diabetes Center, call (937) 401-7588.
Brenda Kuhn has been named Chief Quality Officer for the network. She has served the network for over 13 years, most recently as the network’s chief nursing officer and vice president for patient care at Soin Medical Center and Greene Memorial Hospital.

Becky Lewis, president of Southview Medical Center, was recognized on the Dayton Business Journal 2016 Power 50, a list of the Dayton region’s fifty most influential women. She became president of Southview in 2014 and has 44 years of health care experience.

Timothy Schoonover, DO, (left) and Michael Valle, DO, (right) from the Dayton Center for Neurological Disorders have both been named Distinguished Fellows by the American College of Neurology and Psychiatry. Kenneth Pugar, DO, (center) received the same honor several years ago and presented Dr. Schoonover’s award. This award is given to fellows for lifelong outstanding service and significant contributions to neurology and psychiatry. This is the first time two of the awards were given at once.

William Villegas is now Vice President of Finance and Operations for Fort Hamilton Hospital. He served as the finance director for Florida Hospital Celebration Health for the past two years, where he was responsible for managing and overseeing the financial operations of the hospital.

Julie Vincent, DPN, is Chief Nursing Officer for the network. Julie has 20 years of clinical and managerial experience including her most recent role as vice president of patient care at Sycamore Medical Center and Kettering Behavioral Medicine. She will continue in her role at Sycamore Medical Center while also assuming her network responsibilities.

John Weimer is now Vice President of Emergency and Trauma Services for the network. John will continue his operational responsibilities at Soin Medical Center and Greene Memorial Hospital over procedural and women’s services in addition to his network role.

Three Kettering Health Network hospitals have achieved the Blue Cross Blue Shield – Blue Distinction Center+ designation in 2016. Kettering Medical Center was recognized as a Blue Distinction Center+ for Knee & Hip Replacement and Spine Surgery. Sycamore and Grandview medical centers were each recognized as a Blue Distinction Center+ for Knee & Hip Replacement.

NETWORK HOSPITALS RECOGNIZED FOR HIGH PERFORMANCE
U.S. News & World Report has ranked Kettering Medical Center among the best hospitals for 2016-17. Kettering Medical Center is ranked #17 out of 210 hospitals in Ohio, and is recognized among the Best Hospitals in the Dayton metro area and the Ohio River Valley region. It is recognized as high performing in the Orthopedics, Abdominal Aortic Aneurysm Repair, Heart Failure, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease (COPD), and Knee Replacement specialties.

U.S. News & World Report also recognized Fort Hamilton Hospital as high performing in the Heart Failure and Chronic Obstructive Pulmonary Disease (COPD) specialties. Sycamore Medical Center has been recognized as high performing in the Heart Failure specialty.

NETWORK HOSPITALS EXCEL IN PATIENT SAFETY
Kettering Medical Center, Greene Memorial Hospital, and Fort Hamilton Hospital are three of 844 hospitals to receive an “A” from The Leapfrog Group, a national patient safety watchdog, ranking among the safest hospitals in the United States.

Sycamore Medical Center (including Kettering Behavioral Medicine Center) and Grandview Medical Center (including Southview Medical Center) received a “B.”

“Quality is at the heart of all we do in caring for patients,” says Brenda Kuhn, chief quality officer for Kettering Health Network. “We are honored by The Leapfrog Group’s recognition of the success of our quality initiatives.”
Knee Pain Relief—Without Opioids, Steroids, or Surgery

Genicular nerve ablation is an innovative, non-surgical option for patients with painful arthritis of the knee. The technology that is utilized for this procedure is an advancement on a technique that has been available to treat spinal arthritis for more than 20 years.

We are the first physicians in the Dayton region to offer genicular nerve ablation. The therapy is appropriate for patients who have painful arthritis and:

• Are no longer receiving benefit from steroid or viscosupplement injections
• Want to delay or avoid knee replacement surgery
• Are not candidates for knee replacement surgery due to comorbidities
• Need to lose weight before they are candidates for knee replacement surgery
• Are experiencing pain after knee replacement surgery

A two-step procedure

Genicular nerve ablation targets three of the genicular nerves located around the knee joint, outside the joint capsule. It involves two separate outpatient procedures. The first procedure is diagnostic only, and helps predict whether ablation will provide pain relief. Using fluoroscopic guidance, the physician injects a long-acting local anesthetic to numb the nerves. The effect mimics the level of pain relief the patient is likely to experience with ablation. If the patient reports at least 50 percent pain relief, we will move forward with the ablation.

The second step is therapeutic and takes 20-30 minutes. The physician uses a water-cooled radiofrequency probe to perform the ablation of the genicular nerves. The treatment creates a thermal lesion on each of the nerves, which effectively disables the nerve so it cannot transmit pain signals.

About 80 percent of patients who undergo the diagnostic procedure are candidates for ablation. The ablation can be done 24-48 hours after the diagnostic blocks and is usually scheduled within two weeks of the test procedure.

Long-term pain relief

Pain relief is expected to last six months to a year, but can be longer. The pain relief allows patients to more easily participate in their normal daily activities, and may also allow for an increase in exercise tolerance and more effective physical therapy. If the knee pain returns when the genicular nerves regenerate, the ablation procedure can be repeated. The patient also may have the option to pursue knee replacement surgery.

The goal of this procedure, as with all pain management procedures, is to allow for improved functionality and a better quality of life with minimal need for pain medication. This is important, because the side effects of pain medication, especially opioids, can be significant. In addition, our community is facing an epidemic of prescription drug abuse, especially opioids, which has kept the clogged artery open and promoted healing of the treated artery segment.

“The Absorb stent is the new direction and future of stenting,” Dr. Reddy says. “We are glad to have this advanced technology at Kettering Medical Center. Kettering is one of only 60 medical facilities in the United States to offer implantation of the Absorb stent.”

In clinical studies conducted around the world, Absorb has demonstrated comparable outcomes to the leading metallic stent—Abbott’s XIENCE drug-eluting stent. At one year in ABSORB III, a 2,000-patient company-sponsored U.S. clinical trial, patients who received Absorb experienced comparable rates of specific adverse events—including heart disease-related death and heart attacks and repeat procedures related to the stented artery (collectively termed “target lesion failure”)—as compared to patients who received the metallic XIENCE stent.

For more information, please call Dr. Reddy’s practice at (937) 298-8058.

by Nirmala R. Abraham, MD, and Daniel B. Verrill, MD, KPN Pain Management

Kettering Medical Center recently became the first hospital in Dayton to offer a first-of-its-kind, naturally dissolving heart stent.

Niranjan Reddy, MD, implanted the world’s first FDA-approved dissolving heart stent on August 19. The Absorb bioresorbable vascular scaffold is a major advancement in the treatment of coronary artery disease, which affects 15 million people in the United States and remains a leading cause of death worldwide despite decades of therapeutic advances.

While traditional metal stents are permanent implants, Abbott’s Absorb stent is made of a naturally dissolving material, similar to dissolving sutures. Absorb stents disappear completely in about three years, during which time the stent has kept the clogged artery open and promoted healing of the treated artery segment.

“How Absorb™ Works

Absorb is placed into the artery on a balloon at the end of a thin flexible tube. Absorb is expanded by inflating the balloon, pushing the plaque against the artery wall to enable greater blood flow. The balloon is removed, leaving Absorb to slowly release medication into the diseased area. With blood flow restored, Absorb begins dissolving. Over time, Absorb™ dissolves into the blood vessel, which now remains open without support.”

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Dr. Abraham and Dr. Verrill are fellowship-trained pain management physicians with KPN Pain Management at Sycamore Medical Center. If you have patients who you feel may be candidates for this procedure, please send a referral to KPN Pain Management at Sycamore for a consultation with one of our physicians. Referrals can be faxed to (937) 384-4501 or sent through Epic.
A team at Kettering Medical Center performed the network’s first fecal microbiome transfer in endoscopy this August. Fecal Microbiome Transfer is used to replace good bacteria that has been killed or suppressed, causing bad bacteria such as Clostridium difficile to over-populate the colon. This infection causes a condition called C. difficile colitis, which results in often debilitating, sometimes fatal gastrointestinal conditions. “Clostridium difficile infection can be life altering for patients as it frequently recurs with severe diarrhea and it can be fatal,” says Jeffrey Weinstein, MD, chief quality officer and director of the Antimicrobial Stewardship Program at Kettering and Sycamore medical centers.

The treatment of recurrent C. diff. may require multiple long term courses of oral vancomycin which is expensive — yet the relapse rate increases with each episode. Cure rates with Fecal Microbiome Transfer are as high as 90 percent. Referrals of patients with severe or recurrent C. difficile colitis can be made through the endoscopy unit at Kettering Medical Center. Call 395-9786.

Sycamore Listed Among 100 Great Community Hospitals

Sycamore Medical Center has been named on the Becker’s Hospital Review list of 100 Great Community Hospitals. “The collaboration between the physician medical staff and the employees and volunteers at Sycamore has driven performance to nationally high levels on a clinical basis, and reflect a patient-friendly culture that is evident as soon as one steps onto the campus,” says Wally Sackett, president of Sycamore Medical Center.

“Sycamore is integrated into every aspect of the lives of the people in the communities it serves through its people, programs, and services. We are proud to be recognized as a nationally ranked top 100 facility and equally proud to be living out our mission as an exemplary ‘Community Hospital.’”

Kettering Medical Center is the leading source of cutting-edge business and legal information for healthcare industry and hospitals are selected for inclusion based on rankings and awards from such organizations as Vantage Health Analytics, Tivozon Health Analytics, Healthgrades, CareChex, the American Nurses Credentialing Center, and the Leapfrog Group.

Welcome Doctors

Kettering | Sycamore New Physicians on Medical Staff July-September 2016

The team that worked to develop and perform the first Fecal Microbiome Transfer: Jeffrey Weinstein, MD; Asia Fields; Tami Locke; Charisa Teller; Rose Danielson, MD; Rose Massaquoi; and Cindy Pauls
“Kettering Medical Center is the only community hospital in the country that has and operates its own cyclotron. This was true when it was installed twenty-five years ago and it remains true today,” shares Arash Kardan, MD, nuclear medicine and molecular imaging physician at Kettering Health Network.

A cyclotron is a piece of equipment that produces [11C]methionine, an amino acid that is used in Positron Emission Technology (PET) scans to provide more distinct borders in identifying tumor locations, better diagnose tumors, and assist in determining patient treatment plans.

“PET imaging with [11C]methionine is critical in giving patients their best chances,” says Dr. Kardan. Traditional imaging technologies like MR and CT provide limited information on the metabolic activity and biology of a tumor. Methionine is an essential amino acid which is not produced in the body, but is required for a myriad of biosynthesis processes and cell growth. Tumor tissue grows at a significantly faster rate than normal tissue, and therefore, tumor tissue has a greater methionine requirement for growth than normal body tissue. As a result of this increased need, methionine is concentrated in tumor tissue, providing additional metabolic information about tumors and allowing for greater contrast ratio between tumor and non-tumor tissue, resulting in better delineation of tumor margins.

PET methionine imaging delineates a far greater tumor extent than that observed on MR imaging.

PET imaging:
• improves sampling and diagnostic yield of stereotactic biopsies without increasing the amount of tissue removed;
• provides additional prognostic information;
• better delineates lesions that were poorly delineated on an MRI;
• substantially increases the amount of tumor tissue removed in cases in which total resection influences survival;
• guides resection in hypermetabolic areas;
• improves early postoperative detection of residual tumor;
• avoids unnecessary reoperation;
• supports the decision to undertake early second-look resection.

Invaluable Integration
[11C]methionine has a half-life of 20.334 minutes. Because of its short viability, it cannot be transported. The capability Kettering Health Network has to produce it on-site for use in patient PET scans is invaluable.

Another factor that sets Kettering Health Network apart is the team of providers that diagnose and treat brain tumor patients.

“A multi-disciplinary team is critical because it allows us to integrate information all the way from diagnosis through patient treatment planning and follow-up,” says Dr. Kardan.

The Neuro-Oncology Tumor Board continually strives to innovate the body of knowledge at Kettering Health Network. In addition to utilizing MET-PET technology in a clinical setting, the team recently published a case report in The NeuroRadiology Journal detailing an integrated PET-MRI technique utilizing methionine and also presented new information on PET methionine in comparison to MRI perfusion at the American Osteopathic College of Radiology national conference.

“This level of progression is typically carried out by large, academic institutions,” says Dr. Kardan. “At Kettering, these initiatives are internally undertaken to directly serve the patient and provide the best possible care.

“If you do not have a team with the internal drive to deliver something other than what the current model around them can conceptualize, you will never advance the standard of care.”
Primary Care and Payment

Throughout the world’s various healthcare archetypes, primary care is known to be cost-effective care. Enhancing primary care is a critical success factor in the evolution of the United States healthcare system. It is widely accepted that unlike procedural-based specialty services, primary care is not a driver of medical inflation, increased Gross Domestic Product (GDP), or over-utilization. The United States healthcare system must find ways to increase patient access to primary care as well as ways to attract more medical students to primary care residencies. Yet the current primary care business paradigm is a barrier as it creates an emphasis on increasing the number of visits without regard to the revenue required to support the technological infrastructure for high-quality primary care.

In fact, many aspects of care management and care coordination can be done without a face-to-face office visit. The currently popular patient-centered medical home (PCMH) model utilizes physician-led, allied healthcare teams which may include various mid-level providers, nurse care coordinators, social workers, home health services, etc. to achieve improved outcomes and patient engagement. However, the current payment model only reimburses the practice when a physician/patient face-to-face office visit is completed.

Comprehensive primary care payment (PCPP), which is defined as a fixed periodic payment for services delivered over a period of time, shifts the focus to maximizing patient and family engagement as well as patient health outcomes. The comprehensive payment could be a monthly or quarterly payment and physicians who receive it are accountable for meeting the covered patient’s needs for episodic services, preventive and chronic care needs, coordination of care, and for quality improvement efforts. PCPP transforms the payment model to one that functions to support all types of patient interactions, including office, phone, electronic, and video visits.

In the PCPP model, the physician’s time is reallocated to include care team oversight and coaching, as well as asynchronous and virtual patient care such as email, video, telephone, and group visits. In addition, a practice would take accountability for care coordination of the larger medical neighborhood and care management of their patient population. This model of care requires a rethinking of both the method of payment and the amount (percentage) of the total cost of care that is allocated to primary care.

PCPP should be considered foundational to other payment models of its kind. This means that all existing and proposed MACRA transitional quality-based payment models (e.g., Accountable Care Organizations (ACOs) with full risk, ACOs with shared savings, blended payment systems [payment for infrastructure, fee-for-service, and payment for performance/quality, etc.] are compatible with CPCP. CPCP is compatible with independent practices as well as hospital and group employed primary care physicians. CPCP can be used to restructure compensation for employed physicians that currently have incomes tied to a Relative Value Unit (RVU)/productivity scale. This will allow for practice transformation even within large health systems and independent groups where the physician does not directly influence contract negotiations with payers.

This year Grandview Medical Center is celebrating 90 years of serving the Dayton community. In honor of this milestone, Grandview held events throughout the year, culminating in a reunion weekend in August, where hospital leaders invited all past physicians and residents to “come back to campus.”

Grandview began its 90th year of service in February with heart Month at Grandview. Throughout the month, patrons had the pleasure of viewing and purchasing art by local artisans, participating in an art class for charity, and attending a health fair where they could receive heart screenings as well as healthcare information.

In July, Grandview invited the community and employees to participate in a gardening and dedication of its new gateway monument sign. Designed to withstand the test of time, the new gateway honors the hospital’s 90 years of service and symbolizes growth within the Dayton community.

Grandview’s alumni weekend kicked off on Saturday, August 13 with a lecture on the history of Grandview given by cardiologist James Laws, DO, Grandview’s “resident” historian, followed by tours of the hospital. That evening, guests were treated to a game of baseball at the Dayton Dragons courtesy of the Dayton Dragons Academy of Osteopathic Medicine. On Sunday, alumni were invited to Mudlick Farm, the home of Dr. Laws, where they enjoyed live music, food, train rides, vintage army vehicles, and self-guided tours of the property’s one-room school house and grain mill.

The weekend provided an opportunity for many physicians to come back with their families and reminisce.

“ONE of my favorite memories is being here as an intern in 1984,” said Brian Crecce, DO, of Orthopaedic Associates of Southwestern Ohio. “When you speak about coming full circle, my daughter, who was here in 1984 as our first child, is here with her first child today, our grandson, sitting on the same train tracks that she got to ride.”

Grandview was founded in 1926, when three osteopathic doctors converted a private home on West Second Street in Dayton into a 10-bed hospital. From these early days, Grandview has grown into a 293-bed facility with more than 1,600 employees and physicians. It also serves as one of the largest osteopathic teaching hospitals in the nation, continuing the founders’ osteopathic tradition of whole-person care.

Congratulations, Grandview, and thank you for your 90 years of service in the Dayton community!
Percy Frasier, MD, has delivered well over 10,000 babies in his 40-year career. But only one has returned to his practice for medical training.

That baby, Jessica Tipton, is now a student in the family nurse practitioner program at Wright State University College of Nursing and Health. Last spring, she was desperately searching for a place to do her women’s health clinical rotation. “Every place I tried was booked through 2018,” Tipton says. “One day I was telling my mom how frustrated I was and I thought, wait—what about Dr. Frasier?”

Dr. Frasier had been her mom’s OB/GYN for many years, and had delivered Jessica 29 years earlier. Jessica’s mom, Sue, called Dr. Frasier’s office the next day. “Our clinical rotations were booked solid, but Sue played the delivery card,” Dr. Frasier recalls, laughing. “I couldn’t say no.”

Jessica began her four-week rotation at Southview Women’s Center soon thereafter, and Dr. Frasier did not disappoint! “Dr. Frasier has such a big heart and a big personality—I’d always hear him coming in the office before I’d see him,” she says. “I loved getting to know him and his staff.”

Dr. Frasier got a kick out of the interaction as well. “My enjoyment came from seeing how special this experience was to Jessica,” he says. “She was proud of the fact that I’d delivered her and that she had come full circle. There was a gleam in her eye during the whole rotation. Jessica performed excellently during her time with us, and she will make a great nurse practitioner.”

As her women’s health clinical rotation came to end, Jessica faced a familiar conundrum: she couldn’t find a preceptor for her pediatric clinical rotation. Dr. Frasier came to her rescue again, this time contacting Robert Myers, DO, a pediatrician who sees newborn babies at the Southview Medical Center maternity unit. Dr. Myers’ practice usually only trains pediatric nurse practitioners, but he made an exception for Jessica. “Dr. Myers told me, ‘the only reason you got in here is because of Dr. Frasier,’” Jessica says. “I’m so grateful to both of them!”

Jessica expects to graduate from the nurse practitioner program in 2017. She is considering a career in family medicine, and hopes to incorporate holistic health in her practice.
In order to meet the growing needs of the community, Kettering Health Network recently completed an expansion of the Englewood Health Center. With the 12,000 square-foot, $4.3 million addition, the health center is one of the largest primary care offices in the North Dayton region.

The expansion, which opened in November, provides more patient care rooms as well as increased services in radiology, sports medicine, and specialty services.

“This expansion is a great example of a combined team effort with Kettering Physician Network, Kettering Sports Medicine, and Grandview Medical Center Imaging to bring increased access and services to our community,” says Jeff Fuhrer, practice manager for Englewood Primary Care.

Earlier this year, Greene Memorial Hospital’s Level III Trauma Emergency Center welcomed a new helicopter pad, located adjacent to the emergency entrance.

“This reconfigured location facilitates more efficient patient transfer to and from the hospital,” says Director of Facilities for Greene Memorial Hospital and Soin Medical Center Andy Brinkman.

The helicopter pad was previously located on the back part of the hospital property.

“Now we can move our patients from their bed directly to the helicopter,” says Emergency Trauma Center Clinical Nurse Manager John Larch.

“This relocated helipad demonstrates that Greene seeks to offer the best patient care even to those who need to be flown in or out of the hospital,” Brinkman says.

Expansion Completed at Englewood Health Center

Soin Opens Interventional Cardiology Lab

As a network we are dedicated to expanding access to care in our community. To accomplish this goal, Soin Medical Center has opened a Level II Interventional Cardiology Lab. The addition of interventional cardiac services is a vital step in providing access to quality heart care for residents in Greene County.

Due to new Ohio Department of Health regulations, hospitals that do not offer open heart procedures now have the opportunity to perform percutaneous coronary intervention (PCI). On Monday, October 3, Soin began performing scheduled outpatient interventional cardiac catheterizations.

All procedures will be ordered by cardiologist referral. Soin is not handling emergent cases for the time being, but plans are in place to accommodate them at a later date.

These new services would not be possible without outstanding leadership. Thomas Ruff, DO, has been named the medical director of the PCI program at Soin Medical Center. Dr. Ruff specializes in interventional cardiology and not only serves at Soin, but also Kettering, Grandview and Southview.

Thomas Ruff, DO

**Helipad Improves Care at Greene**

**Expansion Completed at Englewood Health Center**

**Soin Opens Interventional Cardiology Lab**
The entirety of medical knowledge is presently estimated to double every few years, and this rate will continue to accelerate to less than three months by the end of the decade. With so much new information being generated every day, the standard of care has the potential to eclipse the average working physician without a dedication to journalistic reading and clinical updates. Partly because the medical school cannot just expand beyond four years to accommodate the volume of knowledge, Harvard is already systematically applying spaced repetition techniques to the delivery of novel information to medical students with great success, increasing recollection. Spaced repetition progressively increases the time interval between each subsequent presentation of the information.

We physicians are ever thankful for that hot button linking out to UpToDate. Kettering Health Network Chief Information Officer Andy Lehman tells me that we now have over 27.8 terabytes of patient data in storage. The internet traffic for the entire year in 1993 was only 100 terabytes! As individual patients accumulate 400-plus gigabytes of data in their medical record, it's likely we will soon rely on computers to parse the chart quick enough to effect timely interventions. Algorithms will soon manage our most critical scenarios. Self-driving cars will seem pedestrian compared to auto-weaning ventilators, self-titrating drips, and diagnostic patient kiosks powered IBM's Watson Health.

Last year, President Obama announced the Precision Medicine Initiative, created to aggressively fund and develop individual gene-based therapies for certain disease states and encourage greater collaboration among researchers. Each and every patient’s genome will be analyzed and archived, representing huge sums of data attached to each patient. This project will hopefully move us closer to the fabled cancer vaccine and ultimate eradication of genetically originating pathology, but necessitate a novel approach in the way each of us practice medicine.

Here’s to the future!

by

Marcus Romanello, MD, Chief Medical Officer for Fort Hamilton Hospital
The emergency department at Fort Hamilton Hospital is more than a place where patients in Butler County go for exceptional care. It is also a vital community resource, with a reputation for innovative programs, continuous improvement and—above all—teamwork.

“Our staff could step into any busy emergency department and perform in a way that would be a credit to the profession,” says Thomas Vajen, MD, medical director of the Fort Hamilton ED. “All of us work together to provide total patient care.”

Team-based care

Two especially strong clinical programs are cardiology and stroke, Dr. Vajen says. The University of Cincinnati’s renowned stroke team provides backup, using telemedicine technology to help evaluate patients. UC and Fort Hamilton providers then make a joint decision about which treatment modality to use. The ED also has four psychiatric holding beds. From there, patients can be admitted to the hospital’s 28-bed psych unit, the only hospital-based psych unit in the area.

Recently, the ED team noticed an increase in the number of patients presenting with advanced conditions that call for end-of-life care. “Instead of doing extensive tests and procedures that are futile, we made a concerted effort to talk openly with patients and families about what we see medically and the services that may help,” Dr. Vajen says. “These services can include everything from palliative care and hospice to home health and spiritual support. The hospital chaplain, Larry Davis, is phenomenal, and his staff supports our efforts wholeheartedly.”

Care for patients with opioid addiction

An ED-based program called Fort’s Opiate Recovery Task Force (FORT) helps patients who are addicted to opioids. Jennifer Mason, a Kettering Health Network emergency medical services coordinator based at Fort Hamilton Hospital, began the program in April 2015. The mission is to reduce the stigma of addiction and nurture a culture of care for addicted individuals.

FORT is a joint partnership with regional law enforcement and emergency medical services. The group created a recovery resource booklet for patients who come to the ED because of an opioid overdose. The booklet includes information about addiction, naloxone, opioid withdrawal, and local recovery resources. It is available in the ED and from law enforcement and EMS personnel in the community.

Following the success of this booklet, the task force created another initiative, nicknamed the “golden ticket.” “When a patient in the ED seems sincere about getting into treatment, a group of us goes to their home unannounced within a week of their ED visit,” Mason says. “This group includes me, an addiction social worker, and a member of local law enforcement. Some patients don’t answer the door, and some say they aren’t ready. But sometimes our visit provides the extra motivation a person needs to get help.”

With more than 500 opioid-related overdose patients in the Fort Hamilton ED this year through August, FORT has the potential to impact many lives. Outcomes for the task force’s efforts are difficult to track, but Mason says that her team has made contact with 23 out of 87 “golden ticket” referrals. The program has garnered attention from municipalities and law enforcement agencies throughout the region.

Community outreach projects take place on a smaller scale every week at Fort Hamilton ED, with training classes for local EMS providers and educational programs for schools, churches, and social service agencies.
Fort Hamilton Honors First Responders
Public safety memorial remembers Patrick Wolterman and Butler County responders

Fort Hamilton Hospital leaders, physicians, nurses, and staff dedicated a 25-foot Public Safety Memorial Flagpole in honor of fallen Hamilton firefighter Patrick Wolterman and all Butler County fire, EMS, and law enforcement officers, living and deceased. The ceremony took place near the hospital’s Emergency Department ambulance entrance.

Wolterman died from injuries sustained while fighting a house fire in December 2015. Fort Hamilton staff members were privileged to care for him and decided to honor Wolterman and all first responders who put their lives on the line every day with a Public Safety Memorial Flagpole. Staff raised money for the tribute and several community partners contributed to the memorial’s construction.

The Hamilton Fire Honor Guard, representatives of other Butler County police and fire agencies, and local community leaders joined in the dedication ceremony.

Welcome Doctors
Fort Hamilton New Physicians on Medical Staff
July-September 2016

Kettering Physician Network Introduces
Pediatrics Service Line

Kettering Physician Network has introduced a new service line centered around the children of our communities. Three practice locations offer comprehensive care designed just for children—from newborn to adolescents.

Beavercreek
Krista Gelford, MD
2476 Dayton-Xenia Road
Beavercreek, OH 45434
(937) 427–2112

Centerville
Bharati Kandar, MD
7345 Far Hills Avenue
Dayton, OH 45459
(937) 433–4877

Springboro
Sue Karnitis, MD, and Joia Henson, APRN
825 N. Main Street
Springboro, OH 45066
(937) 762–5000

At Kettering Physician Network Pediatrics, we are dedicated to providing patient-centered pediatric care,” says Lisa Geloff, director of operations for Kettering Physician Network Women’s Health and Pediatrics. “Our practices provide a range of services including well visits, immunizations, allergy treatment, ADHD and behavioral or developmental screenings, and acute/chronic care.”

Drop-in care
The pediatric service has developed drop-in care for Kettering Health Network physicians, employees, and their families currently enrolled in the UnitedHealthcare plan only. Beginning November 1, the Springboro Health Center location began offering pediatric drop-in care to assist during those unexpected moments. Drop-in care is available for dependents between the ages of 2 months through 18 years of age. Drop-in care is available on Mondays from 3:30 – 7:30 p.m. and Tuesdays through Fridays from 8 a.m. to noon, and patients are seen by either a physician or nurse practitioner in the order of arrival. Registration closes 30 minutes prior to the close of the walk-in clinic.

When should you use drop-in care?
If you received coverage through the network’s UnitedHealthcare plan, this service can be used if your child's primary care physician is unavailable or you cannot get an appointment when needed. Only acute issues such as minor wounds or skin conditions, sore throat, sinus infection, ear ache, urinary tract infection, pink eye, cold or flu, rashes, insect bites, fever for more than 24 hours, or minor injuries will be treated. Drop-in visits will not offer emergent or urgent services, immunizations, well child visits, treatment for mental health conditions, or medication refills. If you are looking for a new medical home for your children, Springboro is also open to accepting new primary care patients.

Insurance coverage
Drop-in Care will bill your employee health care insurance plan for a primary care physician visit. This amount will go toward your deductible and is typically less expensive than visiting an urgent care. A $20 co-pay is due at time of service for the Engaged PPO plan.
Difficult beginnings

Providing a strong support system for mothers who experience a high-risk pregnancy or whose baby’s health is at risk can make all the difference in their care. Annette Bombyrs, DO, is a maternal-fetal medicine specialist with Perinatal Associates of Southwest Ohio who works with women who have high-risk pregnancies.

“Without a doubt, being a parent has made me more compassionate, caring, and empathetic physician,” she says. “Parenthood has allowed me the opportunity to better understand my patients and their concerns and fears.”

For some patients, these concerns begin even before they’re able to conceive. When patients struggle to begin a family, the compassionate caregivers at Kettering Reproductive Medicine, Dayton’s most experienced fertility practice, are able to provide the full spectrum of fertility diagnosis and treatment.

“I’m able to not only sympathize with patients but empathize as well,” Costa says. “I know the fears, frustrations, and joys that are included in the entire process,” says Sara Sweet, CNP, at Advanced Women’s Healthcare, who delivered her children at Kettering Medical Center. “Having something in common with your patients builds trust and allows them to be open about their feelings and thoughts that they may otherwise choose not to share.”

Care with empathy

While the experience of parenthood has helped inform the care that many Kettering Physician Network women’s health practitioners deliver, some even have first-hand experience of the care that Kettering Health Network provides.

Advanced Women’s Healthcare OB/GYN Dena Costa, MD, is a first-time mom who delivered her daughter at Soin Medical Center earlier this year.

“I thought I knew what to expect, having attended so many deliveries before, but there were many details that were new to me,” she says. “It was very surreal for me to be on the other end of labor and delivery care!”

Being on the receiving end of care helps many of these practitioners deliver better care as they build stronger relationships with their patients.

“I am able to not only sympathize with patients but empathize as well,” Costa says. “I know the fears, frustrations, and joys that are included in the entire process,” says Sara Sweet, CNP, at Advanced Women’s Healthcare, who delivered her children at Kettering Medical Center. “Having something in common with your patients builds trust and allows them to be open about their feelings and thoughts that they may otherwise choose not to share.”

Learning curve

It is developing this sense of empathy that Kettering Physician Network Chief Medical Officer David J. Doucette, MD, has says helped him learn a valuable lesson about the relationships built between physicians and their patients.

“It seems ironic given my choice to work in women’s health that I would be blessed by having three daughters,” he says. “Long ago I learned that loving my daughters unconditionally was difficult at times but essential for their self-esteem and future success. I think patients sometimes need the unconditional love and acceptance in forging a successful therapeutic alliance.”

Fellow Oak Creek physician Bhavani K. Patel Britannia MD, emphasizes that creating a successful relationship with patients requires not only empathy but a willingness to lead by example.

“The Latin origin of ‘doctor’ is ‘docere’ which means ‘teach,’” she says. “What better way to teach your patients than practice what you preach. I try very hard to practice moderation and balance so that my patients will do the same.”

For more information on the women’s health services available at Kettering Health Network visit ketteringhealth.org/womens
Investing in Primary Care

The sailor’s saying goes, “You cannot change the wind, but you can adjust your sails.” Change in healthcare, especially primary care, is certainly in the air and Kettering Health Network is adjusting its sails and making significant investment in the present and future of primary care.

A service line dedicated to the physicians and advanced practice providers that offer this front-line care to patients is moving forward to provide patients and caregivers the tools necessary to excel. The aim is to face the future with a coordinated and collaborative plan to deliver the care needed in all stages of a person’s life and their health challenges. In order to accomplish these goals, it will take communication and collaboration on an expanded level.

Primary care and coordination of care involve many aspects of a person’s navigation through the healthcare system. Receiving health care can be a very complicated maze of paths and processes, and for patients, it can be an experience of confusion and anxiety. Primary care specialists—which include family physicians, pediatricians, general internists, and advanced practice providers—are dedicated to calming the anxiety in each patient’s experience. To achieve successful outcomes, the patient and their primary care specialist must forge a partnership and relationship built on trust, mutual respect, and honesty.

These caregivers are the front line of healthcare, and many times the first contact a person has when they are in need. Primary care is there to help plan the route, communicate needs, refer to the appropriate specialist, inform the hospitalist, educate the patient and family, and plan post-acute care to provide continuum of care. When further healthcare services are needed, they are there to navigate, coordinate, collaborate, and forge new relationships and communicate appropriate treatment plans.

Kettering Health Network has shown keen interest and investment in primary care so that a person’s continuum of health is a top priority. The winds of change are blowing and better healthcare will come with a need for physicians, patients, health systems, administrators, spiritual advisors, and all medical staff to coordinate, closely monitor, and effectively communicate. New partnerships and modes of information sharing will be what delivers truly exceptional care to our communities.

Wister George Bernard Shaw said, “The single biggest problem in communication is the illusion that it has taken place.” May we listen, hear, interact, and give feedback so we make sure of our effectiveness.

by Barry Fisher, MD, Physician Network Senior Vice President—Primary Care

New Call Center Connects Patients with Providers
1-844-KPN-DOCS (1-844-576-3627)

Kettering Physician Network is implementing a new call center to connect people in need of primary care to quick access to scheduling. The call center allows new patients to call one centralized number and schedule an appointment with Kettering Physician Network primary care providers.

Physicians are selected based on availability, and patients can narrow the search based on fields like geographic area. They can also ask for a specialized area of care like geriatrics, or a certification like Joslin Prime.

Once a physician is selected, employees at the call center can schedule an appointment directly with the practice. This eliminates the need for patients to call multiple practices before finding an available appointment. Patients also receive a new patient packet in the mail once their appointment is scheduled.

Welcome Doctors
Kettering Physician Network New Physicians
June-September 2016

Cardiology
Christopher Manhart, DO
Cardiology Specialist of Dayton
(937) 454-9527

Nathaniel Dittoe, MD
Haseeb Jafri, MD
Southwest Cardiology
(937) 294-4356

Ryan Clark, MD
Southwest Cardiology—Sidney
(937) 494-5244

Family Medicine
Saba Qureshi, MD
Greystone Family Care
(937) 558-3840

Eve Connolly, MD
Urgent Care (HII)
(937) 558-3300

Gastroenterology
Howard Bernie, MD
Kettering Physician Network Gastroenterology
(513) 896-2200

Genetic Counseling
Arnett Karmen, APRN-CNP
Kettering Physician Network Genetic Counseling
(937) 396-2880

OB/GYN
Elizabeth Moore, MD
Perinatal Associates of SW Ohio
(937) 610-3220

Orthopedics
Elizabeth Dulaney-Cripe, MD
Far Oaks Orthopedics
(937) 433-5309

Pain Management
Daniel Verrill, MD
Kettering Physician Network Pain Management
(937) 384-4511

Pediatrics
Sue Kerns, MD
KPN Pediatrics—Springboro
(937) 762-5000

Advanced Practice Providers
Ryan Cook, APRN-CNP
KPN Cardiac Vascular Care
(937) 298-8058

LaToya Dunson, APRN-CNP
South Dayton Internist
(937) 531-5020

Meta Howard, APRN-CNP
Kettering Physician Network Primary Care
(937) 458-4650

Marcus Ritter, APRN-CNP
Kettering Physician Network Pediatrics
(937) 458-4650

Annette Karmen, APRN-CNP
Kettering Physician Network Primary Care—Huber
(937) 396-2880

Meghan Lundy, MS, LGC
Genetic Counseling
(937) 395-8360

Ashley Ross, APRN-CNP
Kettering Gastroenterology
(513) 896-2200
2nd Annual Kettering Health Network Neuroscience Symposium
January 11 | Moraine Country Club in Kettering
Register at ketteringhealth.org/cme

Advances in Wound Healing
January 19 | Stone Creek Dining in West Chester
Register at ketteringhealth.org/cme

17th Annual Benjamin Schuster, MD, Colloquium
Cardiovascular Oncology Avoiding a Broken Heart
February 22 | Schuster Performing Arts Center in Dayton
Register at ketteringhealth.org/2017colloquium