Inside

Network Offers Unparalled Preventative Cancer Care • Clinical Integration Network Launches
**Table of Contents**

**NETWORK**

4  Cancer risk stratification program
7  Clinical Integration Network expands collaboration with physician partners
9  Fertility preservation services available for cancer patients
10  Innovative pain control option
11  Leadership changes support network alignment
12  Hybrid hospital-in-a-box model ensures top-quality patient care
13  Mission trip opportunities
14  Partial knee replacements
15  Patient guides foster communication
16  Patient privacy and protection
17  Patient privacy and protection
18  Health insurance updates
19  Helping patients with weight management
20  Increasing long-term disability insurance
21  Kettering/Sycamore welcomes new physicians
22  Kettering/Sycamore welcomes new physicians
23  Sycamore transition clinic connects patients to care
24  Kettering/Sycamore welcomes new physicians

**GRANDVIEW/SOUTHVIEW**

25  Comprehensive primary care payment
26  Grandview celebrates expansion completion
27  Grandview Foundation supports RACE for Health
28  Soin launches hernia center
29  Soin/Sycamore welcomes new physicians
30  Fort Hamilton welcomes new physicians
31  Fort Hamilton recognizes patient safety
32  Comprehensive primary care payment
33  Soin launches hernia center
34  Soin/Sycamore welcomes new physicians
35  Soin/Greene welcomes new physicians
36  Soin launches hernia center
37  Soin/Greene welcomes new physicians
38  Soin launches hernia center
39  Soin/Greene welcomes new physicians
40  Fort Hamilton welcomes new physicians
41  Fort Hamilton recognizes patient safety
42  Comprehensive primary care payment
43  Soin launches hernia center
44  Soin/Greene welcomes new physicians
45  Fort Hamilton welcomes new physicians
46  Fort Hamilton recognizes patient safety
47  Comprehensive primary care payment
48  Soin launches hernia center
49  Soin/Greene welcomes new physicians
50  Fort Hamilton welcomes new physicians
51  Fort Hamilton recognizes patient safety
52  Comprehensive primary care payment
53  Soin launches hernia center
54  Soin/Greene welcomes new physicians
55  Fort Hamilton welcomes new physicians
56  Fort Hamilton recognizes patient safety
57  Comprehensive primary care payment
58  Soin launches hernia center
59  Soin/Greene welcomes new physicians
60  Comprehensive primary care payment

**SOIN/GREENE**

28  Soin launches hernia center
29  Soin/Sycamore welcomes new physicians
30  Fort Hamilton welcomes new physicians
31  Fort Hamilton recognizes patient safety
32  Comprehensive primary care payment
33  Soin launches hernia center
34  Soin/Greene welcomes new physicians
35  Soin launches hernia center
36  Soin/Greene welcomes new physicians
37  Fort Hamilton welcomes new physicians
38  Fort Hamilton recognizes patient safety
39  Comprehensive primary care payment
40  Soin launches hernia center
41  Soin/Greene welcomes new physicians
42  Fort Hamilton welcomes new physicians
43  Fort Hamilton recognizes patient safety
44  Comprehensive primary care payment
45  Soin launches hernia center
46  Soin/Greene welcomes new physicians
47  Fort Hamilton welcomes new physicians
48  Fort Hamilton recognizes patient safety
49  Comprehensive primary care payment
50  Soin launches hernia center
51  Soin/Greene welcomes new physicians
52  Fort Hamilton welcomes new physicians
53  Fort Hamilton recognizes patient safety
54  Comprehensive primary care payment
55  Soin launches hernia center
56  Soin/Greene welcomes new physicians
57  Fort Hamilton welcomes new physicians
58  Fort Hamilton recognizes patient safety
59  Comprehensive primary care payment
60  Soin launches hernia center

**KETTERING PHYSICIAN NETWORK**

32  OARRS, NARX-CHECK, and TRAC: A new solution
33  Keys to weight loss after bariatric surgery
34  A hernia center serves as a critical access point to quality care
35  A hernia center serves as a critical access point to quality care
36  A hernia center serves as a critical access point to quality care
37  A hernia center serves as a critical access point to quality care
38  A hernia center serves as a critical access point to quality care
39  A hernia center serves as a critical access point to quality care
40  A hernia center serves as a critical access point to quality care
41  A hernia center serves as a critical access point to quality care
42  A hernia center serves as a critical access point to quality care
43  A hernia center serves as a critical access point to quality care
44  A hernia center serves as a critical access point to quality care
45  A hernia center serves as a critical access point to quality care
46  A hernia center serves as a critical access point to quality care
47  A hernia center serves as a critical access point to quality care
48  A hernia center serves as a critical access point to quality care
49  A hernia center serves as a critical access point to quality care
50  A hernia center serves as a critical access point to quality care
51  A hernia center serves as a critical access point to quality care
52  A hernia center serves as a critical access point to quality care
53  A hernia center serves as a critical access point to quality care
54  A hernia center serves as a critical access point to quality care
55  A hernia center serves as a critical access point to quality care
56  A hernia center serves as a critical access point to quality care
57  A hernia center serves as a critical access point to quality care
58  A hernia center serves as a critical access point to quality care
59  A hernia center serves as a critical access point to quality care
60  A hernia center serves as a critical access point to quality care

**KETTERING/SYCAMORE**

22  Kettering CDU reboots
23  Kettering named top hospital
24  Kettering/Sycamore welcomes new physicians
25  Network Offers Unparalleled Preventative Care

**On Our Cover**

Caroline Peterson, DO, director of Breast Cancer Screening and Prevention, is elevating the network’s breast cancer prevention efforts through comprehensive genetic screening (see more on p. 4).

**Physician Quarterly**

40 million
Patients qualify for chronic care management in the U.S. (p. 19)

150
Potential bed days are created per month by reducing length of stay in Kettering Medical Center’s critical decision unit to 23 hours (p. 22)

104.5%
Increase in mutations that can be identified by TRAC testing (p. 4)

50%
Less oral pain medication is needed for patients who use new infusion pump versus those who do not (p. 10)

600
Hits per day on Kettering Health Network’s Up To Date application (p. 16)

“Game-changer”
It’s a common thread that runs throughout this issue of Physician Quarterly—describing the care you deliver to communities and to individuals every day.

As you get up to date on things happening throughout the network and with your fellow providers, think about the game-changers we haven’t talked about yet. Does a fellow provider deserve a special shout-out? Is there a medical topic you’d like to see discussed in an upcoming issue?

Send us your ideas. Email PhysicianQuarterly@khnetwork.org

Patients are getting quick, appropriate, expert care right in their community, and then following up with their local primary care doctors. Having this continuum of care available close to home makes a big difference.

Nancy Pook, MD, on how the Preble County Freestanding Emergency Center serves as a critical access point to quality care (p. 8)

Better health, better care, at lower costs for the entire population across the U.S. is the goal of healthcare stakeholders.

Paul Martin, DO, on how a comprehensive primary care payment model supports innovative, patient-centered care (p. 25)

Because of the significant follow-up that comes with any hernia surgery—in some cases, up to five years—research is showing that care coordination by a hernia center actually improves the healing process.

Christopher Schneider, MD, on Soin’s Hernia Center and how coordinating care improves patient experience and outcomes (p. 28)

Accessing the Ohio Automated Rx Reporting System to obtain a patient’s prescription drug record is essential, but until recently running an OARRS report was a cumbersome, time-consuming task.

David Doucette, MD, on how OARRS-CHECK allows physicians to access a patient’s opioid history at the click of a mouse (p. 32)

Only a handful of healthcare practices in the country are screening at such a comprehensive level…We’re offering an unparalleled level of preventative care to our patients.

Caroline Peterson, DO, on how cancer risk stratification is elevating the network’s proactive cancer care and treatment (p. 4)
Unparalleled Preventative Cancer Care

Network at national forefront of genetic testing

Most OB/GYN practices affiliated with Kettering Health Network and select family medicine and internal medicine providers are participating in a cancer risk stratification program known as TRAC, short for Transforming Risk Assessment in Cancer.

The purpose of the program is to identify patients who are at high risk for developing preventable cancers. The program has been designed to not only prevent cancer from occurring but also to detect cancer earlier when it does develop.

“Kettering Health Network has always been committed to being proactive in cancer care and treatment. Adopting this screening and prevention program demonstrates continued progress in that commitment,” says Caroline Peterson, DO, OB/GYN, director of Breast Cancer Screening and Prevention for Kettering Health Network.

Determining risk

There are two layers to determining risk. The first is utilizing genetic markers.

Every twelve months patients complete a family history questionnaire. The results of the questionnaire indicate if a patient is considered to be at an increased risk for hereditary or familial cancers. If an increased risk is present, the patient will have a simple blood draw or saliva test collected and evaluated for the presence of cancer-causing genes.

“If a patient tests positive for a gene, it helps guide his or her physician team to determine if the patient needs additional screening or surveillance and gives him or her the best information to make an informed decision regarding preventive procedures,” explains Dr. Peterson.

When increased risk is indicated, the next step is to identify the patient’s risk level.

“Standard models are utilized to calculate a patient’s risk score, which gives us the ability to determine a patient’s chances of developing certain types of cancer,” says Dr. Peterson.

A more complete evaluation

Traditional genetic testing models screen for a limited number of genes, which creates a clinical dilemma. Multiple genes can be associated with increased risk of a single cancer, and multiple cancer risks can be associated with one gene. Assessment that is too narrow can lead to a false sense of security and patient mismanagement.

TRAC panel gene testing uses Myriad Laboratories My Risk technology to screen for more cancer-causing genes—25 in total—and is even able to test for moderately aggressive genes that were just recently discovered like the RAD51, CHEK2, ATM, and PALB2 genes. “Only a handful of healthcare practices in the country are screening at such a comprehensive level,” says Dr. Peterson. “By analyzing a greater number of genes, up to 104.5% more positive mutations can be identified.”

The technology from the TRAC program is being incorporated into the Kettering Breast Evaluation Centers as well. Physicians are utilizing a computer app that was developed by Kevin Hughes, MD, a breast surgeon out of Massachusetts General Hospital. The app calculates if a patient is at high risk for developing breast cancer.

“Beginning in 2016 all Kettering Breast Evaluations Centers will ask patients to provide their family and personal history on an iPad at the time of their mammogram visit,” states Mary Cockerham, network director of Breast Imaging for Kettering Breast Evaluation Centers. “By following the American Cancer Society Guidelines and the National Comprehensive Cancer Network (NCCN) Guidelines, we are offering patients who meet the high risk criteria an annual breast MRI along with their mammogram, as well as cancer prevention techniques,” says Dr. Peterson.

A powerful impact

“Through implementing a network-wide genetic screening program, we’re offering an unparalleled level of preventative care to our patients. The genes we test for indicate a patient’s risk for developing breast, ovarian, uterine, colon, pancreatic, and other cancers,” explains Dr. Peterson. “By establishing a baseline for all patients that will be updated annually, we are able to monitor our patients’ health more closely and ultimately see fewer occurrences, and higher survival rates, for hereditary and familial cancers.”
Expanding Collaboration with Physician Partners

Kettering Health Network launches new Clinical Integration Network

Kettering Health Network has launched a Clinical Integration Network, Kettering Physician Partners, in order to bring physicians, hospitals, and other network facilities together into an organization with the focus of further improving quality of care. As a Clinical Integration Network, Kettering Physician Partners is the organizational and legal foundation for expanding the partnership between physicians and Kettering Health Network in pursuit of bringing exceptional quality in healthcare to our patients and communities.

Kettering Physician Partners will expand our ability to:

- Further enhance the quality, value, and efficiency of our patients’ care
- Prepare for innovative reimbursement models available through commercial and government insurance programs
- Further develop technological and quality improvement tools and processes that will allow us to optimize the delivery of care across the entire continuum
- Allow physicians and Kettering Health Network to collaborate together based on the quality and efficiency of the care we provide

Kettering Physician Partners began operations on January 1, 2016, and includes several insurance contracts that are available to all participating providers. These contracts currently include Medicare Advantage Programs, which have the opportunity to distribute incentive bonuses for performance improvements. Additional contracts with area insurance companies and employers are in process and will include incentives focused on value, quality outcomes, patient satisfaction, and cost effectiveness.

A number of physician leaders have been included in the development of Kettering Physician Partners over the past few months. Physician members represent a cross-section of specialties with a primary care emphasis as well as representation from various campuses and both independent and Kettering Physician Network physicians. Kettering Physician Partners is seeking physicians interested in participating in the following committees: Contracting/Finance, Quality Metrics and Analytics, Care Management, Provider Participation/Credentialing, and Information Technology.

As a member of our medical staff, you are invited to join Kettering Physician Partners as a participating physician. Both independent and Kettering Physician Network providers are invited to be included in this network.

For more information about joining Kettering Physician Partners or committee membership, please email KetteringPhysicianPartners@khnetwork.org

Building the Future of Cancer Care

Progress continues on the site of Kettering Health Network’s five-story cancer center at Kettering Medical Center. A December beam signing and tree topping ceremony celebrated the final steel beam being placed on the structure.

To seamlessly integrate the cancer center with Kettering Medical Center, a sky bridge for both patients and physicians will join the cancer center with the main hospital.

Each month, the patient advisory council—a dedicated group of cancer survivors—continues to provide direction for physicians, nurses, and other providers to improve cancer care services.

In addition to touring the construction site and providing feedback about planned retail space, patients and clinicians from the advisory council recently reviewed new infusion chairs from three different vendors. The new chairs have a full recline position; have folding, swiveling side tables; contain both heat and massage; and are designed for comfort and ease of use for patients, caregivers and family.

“The patient advisory council continues to provide us with invaluable feedback and direction to ensure we are building a patient-centered model of care,” says Elizabeth Koelker, director of the Oncology Service Line for Kettering Health Network. “Even more importantly, the patient advisory council is a constant inspiration to us. They are an ever-present reminder that the decisions we make for this center will have long-lasting and far-reaching implications.”

Construction on the 120,000-square-foot center is scheduled to be completed by the end of 2016.

“Watching the construction of this center is motivating and encouraging to the physicians, staff, and patients,” Koelker says. “It is incredible to think that by this time next year, we will be in the building.”

For details on the center’s progress, visit ketteringhealth.org/cancercenter

For more information about joining Kettering Physician Partners or committee membership, please email KetteringPhysicianPartners@khnetwork.org

A view of the future of cancer care.
Freestanding Emergency Centers Expand Access to Care

New Emergency Centers quickly becoming part of the communities they serve

Kettering Health Network’s three freestanding emergency centers are helping expand access to care in our communities as patient volumes are on the rise at the Franklin, Huber Heights, and Preble County locations.

All three centers are a reflection of the communities they serve, and that is no accident, says John Weimer, network director of Emergency and Trauma Services. “Part of our strategy was to meet with local residents, businesses leaders, and primary care physicians before we opened to understand what each community’s needs are from an emergency medicine standpoint,” he explains.

A game-changer

In the case of rural Preble County, the need was great: of Ohio’s 88 counties, it was the only one without an emergency medicine facility. The new center is a “game-changer,” says Nancy Pook, MD, medical director of the Kettering Medical Center Emergency Department. “Our presence has reduced the average round-trip time for emergency medicine services teams from about 90 minutes to about 20,” she says. “Patients are getting quick, appropriate, expert care right in their community, and then following up with their local primary care doctors. Having this continuum of care available close to home makes a big difference.”

Preble County residents embraced the new center immediately, says Thomas Proctor, MD, who serves as president of Emergency Medicine Specialists and, like Dr. Pook, has worked many shifts at the center. “It seems that the community trusted and appreciated us right from the start, in large part because of Kettering Health Network’s reputation,” he says. “Patients tell us over and over how grateful they are for a full-service emergency center, and their enthusiasm is so refreshing.”

Addressing a potential challenge

The success of these freestanding emergency centers underscores a potential challenge: ensuring that they are staffed with experienced, well-trained emergency medicine physicians, nurses, and other medical personnel. “Each of these emergency centers requires the equivalent of five full-time physicians, and that is in addition to our staffing needs at the network’s anchor emergency departments,” Dr. Proctor says. “We are following a careful strategy to make sure that no matter which of our emergency medicine facilities patients go to, they receive the high-quality care they have come to expect from Kettering Health Network.”

Fertility Preservation for Cancer Patients

Kettering Reproductive Medicine offers oncology options

The fast-growing field of oncology combines the specialties of oncology, reproductive endocrinology, and assisted reproductive technologies to provide patients undergoing life-saving cancer treatments options to enhance their future reproductive potential. A recent advancement in assisted reproductive technology, called oocyte vitrification, has expanded the fertility preservation options for female oncology patients and has resulted in over 2,000 births worldwide.

Kettering Reproductive Medicine offers fertility preservation services, including vitrification, to patients who will receive chemotherapy, radiotherapy, or other treatments that could negatively impact reproductive health.

Vitrification is a new and improved method of cryopreservation that instantly freezes eggs and prevents ice crystal formation. Because there is no ice crystal formation, there is a decreased risk of damage to the egg cell, and as a result, higher survival and success rates utilizing cryopreserved and thawed oocytes in future in vitro fertilization (IVF) cycles.

Kettering Reproductive Medicine (KRM) is the most experienced fertility and reproductive medicine practice in the Greater Dayton area. Mark Bidwell, MD, and Joe Kaminski, MD, are board certified in obstetrics and gynecology and reproductive endocrinology and work alongside Erin Yontz, MS, CRNP, and Laboratory Director Jason St. Pierre, PhD, HCLD, who is board-certified in reproductive biology. The nursing and laboratory team at KRM have years of practice specific to reproductive medicine and the office is supported by a skilled and responsive staff.
Innovative Options for Pain Control

Southview Medical Center offers advanced care for orthopedic surgery patients

A

The Hand and Orthopedic Center of Excellence at Southview Medical Center, we are using a new infusion therapy pump to help patients achieve better pain control after orthopedic surgery. Southview is the only hospital in the region offering this innovative technology.

Previously, our pain control protocol at Southview involved using a single-shot nerve block prior to surgery. The nerve block provided eight to 18 hours of pain control, after which patients relied on oral pain medication. While this technique was sufficient for some patients, others struggled with pain control in the first two to three days following surgery.

Last year, I began looking for an alternative. My research led me to the Cleveland Clinic, whose pain management program included the use of the perineural catheter infusion pump. I began to develop a similar infusion therapy protocol that my colleagues at the Hand and Orthopedic Center at Southview and I piloted last spring. Patient response was very positive, so we began offering the pain pump to patients who were undergoing orthopedic surgery of any kind at Southview. (Contraindications include severe lung disease, an orthopedic surgery at Southview and the pain pump to patients who were undergoing orthopedic surgery of any kind at Southview. The nerve block provided eight to 18 hours of pain control, after which patients relied on oral pain medication. However, this technique was insufficient for some patients, others struggled with pain control in the first two to three days following surgery.

The first time I used the pump was on a patient who had undergone knee replacement surgery. The pump was successful, and the patient expressed interest in trying it again.

The infusion therapy pump has a number of advantages:

• The pump’s medication delivery settings range from 0.1-20 ml per hour, providing anesthetists with precise basal rate control.

• We can titrate dosages to allow for increased range of motion and motor control so that patients can participate in physical therapy almost immediately after surgery.

• Surgeons report they are prescribing about half the quantity of oral pain medication for the patient versus those who do not.

Since the institution of our catheter-based pain program, we have seen a significant increase in patient and surgeons satisfaction. Future applications of this technology include any major abdominal surgical procedure, via TAP block catheter placement. Given the success of our program so far, I am excited for what the future holds as we continue to offer innovative options for perioperative pain control at Southview Medical Center.

The infusion therapy pump has a number of advantages:

• The pump’s medication delivery settings range from 0.1-20 ml per hour, providing anesthetists with precise basal rate control. Patient-controlled analgesia dosages can also be precisely changed on a range of 0.1-20 ml every 1-60 minutes.

• We can titrate dosages to allow for increased range of motion and motor control so that patients can participate in physical therapy almost immediately after surgery.

• Surgeons report they are prescribing about half the quantity of oral pain medication for patients who use the pump versus those who do not.

Since the institution of our catheter-based pain program, we have seen a significant increase in patient and surgeons satisfaction. Future applications of this technology include any major abdominal surgical procedure, via TAP block catheter placement. Given the success of our program so far, I am excited for what the future holds as we continue to offer innovative options for perioperative pain control at Southview Medical Center.

By

Maureen Leist, MD, Director of Anesthesiology at Southview Medical Center

Leadership Changes Support Network Alignment

Roy Chew, PhD, has assumed the role of president of Kettering Health Network. He will be responsible for implementing structure and providing the oversight that continues our path of network alignment. Chew has served within the network system for 38 years, most recently as president of Kettering Medical Center. Prior to that, he served as president of Grandview and Southview medical centers for 10 years.

Roy Chew, PhD

Jarrod McNaughton has been promoted to president of Kettering Medical Center and an executive vice president of Kettering Health Network. He will provide executive oversight to the hospital while continuing network responsibilities for Marketing and Government Relations. McNaughton has nearly 20 years of healthcare experience and has expanded the network’s influence in local and state communities since arriving in 2013.

Jarrod McNaughton

Terry Burns was named an executive vice president of Kettering Health Network and chief financial officer of Kettering Medical Center. Burns previously worked at Kettering Medical Center from 2001-2007, where he was instrumental in improving revenue and reversing operating losses. Returning to the network in 2011, Burns completed the construction and opening of Indu and Raj Soin Medical Center in addition to guiding significant organizational improvements at Greene Memorial Hospital.

Terry Burns

Todd Anderson was named an executive vice president for Finance and Clinical Integration Strategies. Anderson previously served as senior vice president of Market Strategies for the network. His knowledge of the rapidly changing healthcare environment and his strong financial background will ensure successful positioning and continued growth.

Todd Anderson

Rick Dodds has been promoted to president of Soin Medical Center and Greene Memorial Hospital. Dodds has been an administrative director of Human Resources for Kettering Health Network since January 2014. He has experience in finance, human resources, and hospital operations in addition to his five years as a vice president at Adventist Health.

Rick Dodds

Steve Chavez has become network vice president of Contracting. His extensive experience with payers and strong background in finance position him well for this new role. He previously served as vice president of Finance and Operations at Kettering Medical Center.

Steve Chavez

Roy Chew, PhD

Jarrod McNaughton

Todd Anderson

Rick Dodds

Steve Chavez
Network Establishes Hybrid Hospitalist Model with New Employed Group

Kettering Physician Network recently hired its first hospitalists, who join the network’s well-established group of independent hospitalists. Currently, the nine employed hospitalists work exclusively at Kettering Medical Center. Nationwide, about half of all hospitalists are employed by a hospital, health system, or integrated delivery system, and many hospitals rely on both employed and independent hospitalists. “Employed and independent hospitalists bring different experiences and perspectives, and this can be a very healthy dynamic,” says Ashlee Ames, MD, a full-time hospitalist who serves as medical director for the group, which is called Kettering Physician Network Hospital Medicine Services. “A hybrid model allows us to explore different ways of doing things that accomplish the same goal of taking great care of patients. I feel like the administration really listens to what we have to say and is open and receptive to our ideas.”

Kettering Health Network began using hospitalists almost 20 years ago, around the time the word “hospitalist” was coined, says Rebecca Ramirez, MD, medical director for hospital medicine at Kettering Health Network. “These specialists are incredibly important to the network, because they care for so many patients at every campus,” she explains. “It doesn’t matter who employs them—the important thing is that all of our physicians are aligned and engaged around the network’s mission of providing good, quality care.”

To that end, Dr. Ramirez and Robert Smith, MD, chief medical officer at Kettering Medical Center, hold a “hospitalist summit” every three weeks at Kettering Medical Center. Employed and independent hospitalists attend the meeting, where discussions focus on operational issues related to patient care. In addition, many employed and independent hospitalists serve on several hospital committees, including the patient flow task force and diabetes committee.

A Mission for Vision: Returning Sight to People in Belize

In just four 12-hour days, the mission team treated 150 people, performed 26 surgeries, and completed 14 laser procedures.

Perts returns annually with Grandview ophthalmology residents, a surgical scrub, and another attending.

Resident Brittney Dautremont, DO, says missions are a chance to “grow your cultural awareness so you can be more sensitive to people's needs, no matter where you're practicing medicine.”

The missions would not be possible without donated supplies and equipment, in addition to the time and expertise contributed by network providers. Why do it? “What I get out of this far exceeds what I give. The benefits are intangible,” Dr. Perts says.

Each year Kettering Health Network employees and physicians volunteer to travel across the globe to bring physical and spiritual healing. Both medical and nonmedical specialists are encouraged to help deliver care around the world.

2016 MISSION TRIP OPPORTUNITIES

Cuba March 2-13
Belize March 30-April 10
Argentina May 27-June 7
Panama June 22-July 3

Brazil September 16-27
Guatemala June 24-July 2
Ghana July 6-17
Guatemala December 10-18

March 2-13
March 30-April 10

Panama June 22-July 3

Brazil September 16-27

Germany November 3-16

GET INVOLVED!
Learn more on the Intranet. Visit the Missions tab under Resources. Call Missions Outreach at (937) 762-1063.
Saving the Cruciate Ligaments in Knee Replacement

When diagnosing a patient who needs a knee replacement, it is important to consider not only total but also partial replacements. While a total knee replacement may be in the best interest of some patients, many patients are candidates for a partial knee, which may result in a more satisfying joint experience.

With recent changes in total knee design, it is now possible to retain all of the natural ligaments of the knee joint. Older designs of the total knee replacement removed that cartilage and surface bone from each compartment, and often removed the very important anterior cruciate ligament and bone from each compartment, and often removed the posterior cruciate ligament. Now, it is possible to retain all of the natural ligaments in a more satisfying joint experience.

**Considerations for candidacy**
This partial knee replacement functions well with both younger and older patients.

**Experience counts**
Because they are technologically-demanding procedures, partial knee replacements are most successful when performed by a highly-skilled, experienced surgeon. Kettering Joint Center is a high-volume center, performing more than 2,000 joint replacements a year.

**Benefits of partial knee replacement**
A partial knee replacement saves the patella and surrounding cartilage. It also keeps the anterior and posterior cruciate ligaments intact, enabling patients to maintain a more active lifestyle. This procedure saves more of the natural knee, which allows the knee to function more normally.

Patients may also experience a more rapid recovery—they can return to light activities as soon as two weeks postoperatively, and return to full-time employment by six weeks. A partial knee can also last longer, have fewer complications, and result in better motion, strength, and function when compared to a total knee.

Office of Innovation, Research and Grants Builds Solutions for Patients

How does a patient retrieve clean laundry if he can't reach the washer's top loader from a wheelchair? Or how does she put her hair up in a ponytail if one hand is paralysed?

The Office of Innovation, Research and Grants, in collaboration with the NeuroRehab & Balance Center (NRBC) at Kettering Health Network, posed these questions and others to freshman engineering students from the University of Dayton (UD), who came up with some ingenious solutions for network patients.

Oc[...](Image 240x-1 to 612x454)

Builds Solutions for Patients

**Laundry unloader**
Students assembled a lazy susan track, cords, and laundry bags to create a mechanism that enables someone to unload a washing machine while seated in a wheelchair. Even better, the system attaches to the washer's lid by magnets, so it can be easily transferred when a person replaces the washer.

**Ponytail hook**
It took two years to figure out a way to put one's hair up with limited hand mobility. This year's engineers designed a wristband hook and flexible ponytail holder. The ribbon holder is grabbed with the hook, and then, by the same process, looped and tightened as needed. For one mom with toddlers, this is a real time-saver, allowing her to keep the long hair she loves out of the way during her busy schedule.

**Vision dome therapy**
Two years ago, students developed a "vision dome" and accompanying software to assess patients' visual problems, as well as treat and measure patient progress. No other device on the market works this directly with peripheral vision, and the vision dome cost less than $2,000 to build, a savings of nearly $20,000 compared to commercial devices.

This year, senior students added better stability to the dome's base. The dome spans the patient's field of vision. A therapist lights up tiny LEDs inside, then asks the patient to acknowledge when they see the light appear by pressing a button.

“This can help retrain patients to scan their environments, and help them pay attention to certain areas they’ve not been able to see, as well as improve their eye-hand coordination and improve their reaction time,” says Shelly Janning, OTR/L, an occupational therapist at the NRBC. Recently, OT students from Xavier University used the dome for a research project.

For the past three years, these projects have been largely supported by the Kettering Medical Center Foundation, and recently Innovation, Research and Grants won a National Science Foundation grant in collaboration with UD that will fund their projects for the next three years. Projects like these epitomize the network's values of innovation, caring, and collaboration. "It’s part of our ongoing mission to do meaningful research studies and projects that support the patients we serve,” says Coleman.
IT Optimization Projects

Following a smooth network-wide implementation of ICD-10, a number of optimization projects and other new tools have been added. Physicians may be interested to know that the popular Kettering Health Network Up To Date application averages nearly 600 hits per day by network clinicians including physicians, residents, nursing, and medical students. With care providers across the network accessing these tools, our aim is to continually improve their function and interoperability to help physicians improve patient care.

New in 2016, we will use a physician database software that interfaces with Epic and assists with Results Routing. This product will allow for more accurate physician demographics and routing preferences so that physicians receive their results in a timelier manner by the routing method they prefer, be it fax, Healthbridge secure address, or Healthbridge integration with their office EMR.

NARxCHECK and a new training video are now available for all network office EMR.

Due to the recent functionality difficulties with Nuance Dragon, the IS department is piloting alternative voice recognition solutions with a small group of physicians. The IS department is also exploring easier access for end users to other network Epic environments from inside the Kettering Health Network firewall. Other networks have agreed to do the same for those physicians who may also practice at other health networks.

If you have any questions regarding optimization projects, Medical Informatics, or physician-related information technology, contact me at (937) 914-7361 or charles.watson@khnetwork.org.

Improving Patient Communication

In an effort to provide patients and their families access to valuable information regarding their hospital stay, Kettering Health Network teamed up with PatientPoint, a widely respected national partner, to produce an updated patient guide, which began rolling out at the first of the year. The publication is easy to read and contains essential information to enhance the patient experience and to help patients and their family members be better informed during their hospital stay. The customized guides also provide patient education content to reinforce quality care, patient safety, and satisfaction messages, along with information to help patients have successful transitions of care. Topics covered include patient rights, resources, patient safety, billing, discharge information, and campus phone numbers.

New Technologies Provide Options for Lung Cancer Detection

Lung cancer claims the lives of more people in the U.S. than breast, prostate, and colon cancers combined. Early detection can be the best method to determine the right course of action.

New technology is available to detect lung cancer earlier. Electromagnetic Navigational Bronchoscopy (ENB) is a minimally invasive bronchoscopic technique with GPS-like technology using natural airways to access small nodules. ENB is 10 times safer than commonly used CT-guided biopsies, and even more accurate. This technology collects enough samples to permit ‘designer’ chemotherapies and can deposit lung markers for more focused radiation therapy.

Endobronchial Ultrasound (EBUS) is also minimally invasive and allows doctors to detect if cancer has spread, sparing patients from major chest surgeries, and provides information regarding lung cancer stage.

Early detection is always the goal, and low-dose CT scans may lower cancer-attributable mortality by up to 20%. These low-dose CT scans are now covered by Medicare for those who qualify. Primary physicians will determine if a patient is eligible for the low-dose CT scan, and patients can be referred to the Kettering Health Network Lung Nodule Clinic to review their scan. “Our lung nodule clinic will help diagnose lung cancer in early stages and provide patients with a chance for a cure,” says Ehab Hussein, DO.

Patients may be eligible for a CT lung screening if they:

• Are a current or former smoker
• Are age 55-74
• Are in good health – no signs or symptoms of lung disease
• Have no personal history of lung cancer
• Have a 30-pack-a-year smoking history
• Have quit within the last 15 years, if a former smoker

These advanced lung cancer services are provided at:

Fort Hamilton Hospital
• Michael Gabrilovich, MD
Grandview Medical Center
• Patrick Allan, MD
Kettering Medical Center
• Ehab Hussein, DO
• Hemant Shah, MD

In Innovation Symposium on Wednesday, January 20, from 6-8 p.m. Call (937) 558-3457 for more information.

Coming in 2016: Kettering Health Network Lung Nodule Clinic

Network Only Site in Region to Offer Newly FDA-Approved Primary Glioblastoma Treatment

On October 6, 2015, the FDA approved Optune™ as a primary form treatment for glioblastoma.

Optune (formerly NovoTTF™–100A System) is an innovative, non-invasive treatment option for adult patients with newly diagnosed or recurrent glioblastoma. It is as effective as chemotherapy but has fewer side effects, offering a better quality of life.

Optune is a portable, helmet-like medical device that produces alternating electric fields or Tumor Treating Fields (TTFields), which can slow or stop cancer cells from dividing. It is designed to be worn continuously throughout the day and night and should be used for at least 18 hours a day to get the best response to treatment.

Kettering Physician Network Neuro-Oncologist Herbert Newton, MD, FAAN, is the only neuro-oncologist in the Greater Dayton area who is certified to prescribe and monitor Optune treatments.

To learn more about Optune and other neuro-oncology treatments, attend the 2016 Neuroscience Innovation Symposium on Wednesday, January 20, from 6-8 p.m. Call (937) 558-3457 for more information.
**Helping Patients Understand Weight Management**

Kettering Sports Medicine offers several programs to assist physicians with patients who need to better understand basal metabolic rate (BMR) and how this measurement aids in maximizing weight management techniques. Primary care physicians often suggest that patients need to eat healthier diets and lose weight to improve their health, but many patients struggle to understand why they are not losing weight even after reducing calorie intake and increasing exercise.

Kettering Sports Medicine programs help patients understand their metabolism, increase their exercise behavior, and assess their dietary intake to give them a better picture of how to move forward with weight management.

The metabolic efficiency evaluation determines a patient’s unique resting metabolic rate using the MedGem oxygen consumption device. Nutrition and exercise professionals will analyze caloric intake, assess individual caloric needs, and review current physical activity to create an action plan that includes nutrition goals, meal plans, and exercise goals.

Therapy2Fitness is a program designed to improve overall fitness training, including cardiovascular, flexibility, and strength components to increase patients’ strength before surgery or enhance physical therapy success.

Individual nutrition counseling sessions incorporate lifestyle-related issues like stress management and body image into a nutrition plan. Particular medical challenges such as high blood pressure, diabetes, and irritable bowel syndrome are also addressed. The patient’s diet is analyzed and a plan of action for food choices and grocery shopping is outlined.

For more information, call Kettering Sports Medicine at (937) 395-3920.

**PHA Tool Facilitates Chronic Care Management**

Providing chronic care management services to qualified patients can be a major game changer for primary care providers according to a recent article by the American College of Physicians. Medicare began paying providers an average of $42 per patient, per month for non-face-to-face chronic-care management services (CCM) related to chronic conditions such as high blood pressure, heart disease, dementia, and arthritis.

According to the Centers for Medicare and Medicaid Services, more than 40 million patients are eligible for CCM nationally. Physicians, nurse practitioners, certified nurse midwives, clinical nurse specialists, and physician assistants all qualify to be reimbursed for providing CCM, and a recent healthcare association study notes that providers could earn more than $100,000 in additional revenue per year by providing effective CCM services as part of their normal routines.

As a resource for facilitating practices to be financially viable, quality-driven, and patient-centered, the Physician Hospital Alliance (PHA) recently partnered with ChangeMed Healthcare, a firm based in Dayton, Ohio, to provide CCM support services to our member providers.

To ensure that the CCM program was operational, I asked ChangeMed to test their software and processes in a real-world healthcare environment. ChangeMed Founder and President Matthew Hollingsworth personally conducted a pilot program in two separate practices. PHA members Jill Vosler, DO, and Mark Vosler, DO, allowed us to test the program in their high-volume primary care practices and were instrumental in identifying other complementary components besides the software that were needed for a well-rounded and successful CCM Program.

Through the testing process, ChangeMed developed a comprehensive solution that integrates well with any EHR software a provider may be using and simplifies a complex process into an easy-to-manage program.

The pilot program demonstrated:

- 97% of patients signed up for CCM when given the option.
- Traditional Medicare and Medicaid and all of the Medicare Advantage plans pay for CCM.
- The Medicare Supplemental plans paid patient co-pay as anticipated.

Most importantly, feedback has been positive as patients in our community feel they are receiving the attention and care they deserve.

The pilot yielded such great results that both practices fully implemented this process for all their patient populations, positively impacting the practices by increasing revenue while providing more integrated chronic care for hundreds of patients.

**Open Enrollment Continues**

Open Enrollment for 2016 individual health insurance coverage ends on January 31. You can help. Inform your patients about the plans you accept and the plans accepted by Kettering Health Network.

Please note, patients enrolled in a Medicare Advantage plan can return to a traditional Medicare plan through February 14.

Network Named Preferred Provider for Anthem Blue Cross and Blue Shield

Anthem Blue Cross and Blue Shield has announced that Kettering Health Network is a preferred provider for Anthem’s new Ohio HMO Exchange plans supported by the Pathway X/HMO/Pathway HMO provider networks in the Dayton region. The products are available to individuals both on and off the exchange, and the agreement includes all network facilities.

Members choosing the new HMO products will have in-network benefits only by accessing preferred providers like Kettering Health Network.

To incorporate the software in your own practice, contact ChangeMed Healthcare at (937) 310-2270 or email at ccm@changemed.com. Don’t forget to tell them you are a PHA member.

To enroll in PHA, call Kim Kristian at (937) 752-2164.

Questions? Email troy.tyner@khnetwork.org

Physicianhospitalalliance.com

Troy Tyner, DO, president of the Physician Hospital Alliance

**Health Insurance Updates**

Network Named Preferred Provider for Anthem Blue Cross and Blue Shield

Anthem Blue Cross and Blue Shield has announced that Kettering Health Network is a preferred provider for Anthem’s new Ohio HMO Exchange plans supported by the Pathway X/HMO/Pathway HMO provider networks in the Dayton region. The products are available to individuals both on and off the exchange, and the agreement includes all network facilities.

Members choosing the new HMO products will have in-network benefits only by accessing preferred providers like Kettering Health Network.

For more information, call Kettering Sports Medicine at (937) 395-3920.
Anita Adams, MBA, has joined Kettering Medical Center as the new chief operating officer. Previously she worked as vice president of Operations at Good Samaritan Hospital and system vice president of Respiratory Care for Premier Health. In this role, she provided operational oversight at Good Samaritan Hospital and Good Samaritan North Health Center.

Phillip Boorman, MHA, was promoted to service line director of Orthopedics, Rehab, Sports Medicine, and Neuroscience for Fort Hamilton Hospital. In his new role, he will work to improve service line integration, identify opportunities for growth, and improve quality and outcomes.

George Burton, MD, has been elected to the 2015 Legends and Leaders of the Profession of Respiratory Care by the American Association for Respiratory Care (AARC). He was the founding president of the National Association for Medical Direction of Respiratory Care (NAMDRD) in 1978 and continues as an active member today. He has served as medical director of the Respiratory Care Program at Kettering College since 1983, medical director for Respiratory Services at Kettering Medical Center from 1983-2001, and co-director of the Sleep Disorders Lab since 1985.

Leslee Chavez, RN, MSN, has accepted the position of Kettering Physician Network Director of Advanced Practice Providers. In this role, Leslee will advance the infrastructure and processes needed to support NPs, PAs, and other advanced practice providers.

Ray Chew, PhD, was named Leader of the Year by Leadership Dayton, a program of the Dayton Area Chamber of Commerce. Each year, the organization chooses approximately 50 community leaders who complete nearly a year of programming aimed at exploring our region’s history, culture, and current service needs in order to help the class better serve its community. He serves as president of Kettering Health Network.

Brian Cummings, Esq., has joined the network as manager of contracting for Kettering Physician Network. He brings over 20 years of professional experience to this role, most recently serving as Federal Compliance Manager for LexisNexis.

Nancy Robie, MBA, vice president of Business Development at Kettering Health Network, was recognized in Dayton Business Journal’s BizWomen Power 50. The list highlights female leaders from multiple industries throughout the Dayton region.

Paul Martin, DO, received the Contributions to Osteopathic Medical Education Award. The award recognizes Heritage College CORE faculty members who provided exceptional clinical teaching for 25 years or more and/or are planning to retire within the award year. Dr. Martin has been teaching for 35 years and is the fifth physician to receive this award in the history of Ohio University – Heritage College of Osteopathic Medicine at Grandview Medical Center.

Brandi Palmer, MS, is the new administrative director of Medical Education at Grandview Medical Center. She provides direction and leadership for the administrative, operational, and financial components of the Medical Education Department. For the last nine years, Brandi was manager of Research Operations at Kettering Medical Center.

Teresa Roland, RN, MSN, serves as the director of Clinical Quality, and Sarah Overholser, BSN, is manager of Clinical Quality for Grandview Medical Center System. They provide leadership to the division of Clinical Quality and promote performance management workflows, campus and network quality practice standards, and safe, timely, integrated patient care processes.

Jessica Rutschilling, MS, RN, is administrative director of Emergency Services and Clinical Decision Unit at Kettering Medical Center. Jessica joined Kettering in 2005 as a new graduate RN. She was promoted to clinical team leader in 2006, and 2012 she was named clinical nurse manager for the 47-bed Emergency Department.

Tom Vajen, MD, is medical director of the Fort Hamilton Hospital Emergency Department. Previously he ran an Emergency Department in Lancaster, Ohio. He also serves as deputy coroner and hospice director. Tom is board certified in Emergency Medicine, Family Medicine, and Palliative Care.
Critical Decision Unit Reboots to Improve Care

Kettering Medical Center opened the network’s first Critical Decision Unit (CDU) in May 2013 for patients who come to the Emergency Department with symptoms including chest pain, abdominal pain, nausea, diarrhea, balance issues, and dehydration. Admitting these patients for observation on the CDU allows staff to provide more streamlined care and detailed discharge planning.

Initially, the CDU reduced bottlenecks in the ED and reduced average length of stay for patients admitted for medical observation. Unfortunately, early gains proved difficult to maintain. Average length of stay gradually increased to 32-34 hours, well above the best practice benchmark of less than 24 hours. Slower turnover meant fewer ED patients could be transferred to the CDU, which led to longer wait times and patient dissatisfaction.

Recognizing the problem, senior leadership led to inefficiencies,” Dr. Polenakovik says. “The CDU is not what it was designed to be so successful that it becomes a model for other network hospitals interested in launching their own CDU.

Kettering had been involved in a number of initiatives, including:

• Working with the Epic and Information Systems teams to streamline workflows, develop order sets, and standardize admission criteria;

• Recruiting, hiring, and training nurse practitioners and physician assistants to work in the CDU, many of whom have emergency experience;

• Establishing a closed admissions policy, and identifying a group of hospitalists who will prioritize rounding based on acuity.

Hospitalist Sylvia Polenakovik, MD, serves as medical director of the restructured CDU, which launched on September 30. “Our initial goal is to get our average length of stay down to 23 hours,” she says. “That will create 150 bed days a month, effectively creating another entire unit without adding any beds.”

While it is too early to celebrate any tangible successes, Dr. Ramirez says the time is right to applaud the hard work of those involved in the restructuring. “This was an enormous team effort with great physician and senior leadership support,” she says. “I particularly want to recognize Lori Fannin in Process Excellence. We couldn’t have done it without her!”

The multidisciplinary team continues to meet weekly to evaluate quality metrics and refine CDU processes. Dr. Ramirez says she hopes the unit is so successful that it becomes a model for other network hospitals interested in launching their own CDU.

Kettering Recognized As a Top Hospital

Kettering Medical Center was recognized with a 2015/2016 Consumer Choice Award by National Research Corporation. The annual award identifies hospitals across the U.S. that healthcare consumers choose as having the highest quality and image.

“We are pleased to receive this recognition,” says Roy Chew, president of Kettering Health Network. “It reflects our employees’ passion for providing an exceptional experience for every person who comes to us for care.”

Winners are determined by consumer perceptions on multiple quality and image ratings collected in the company’s Market Insights survey, the largest online consumer healthcare survey in the country. Hospitals named by consumers are analyzed and ranked based on Core Based Statistical Areas defined by the U.S. Census Bureau, with winning facilities being ranked the highest.

Sycamore’s Transition Clinic Connects Patients to Care

Sycamore Medical Center’s Transition Clinic opened in September of 2014 with the goal of supporting patients who have visited the hospital’s Emergency Department by connecting them with the care they need. Intended for patients who may be under-insured or in need of a primary care physician for follow-up, the Transition Clinic aims to reduce readmission by qualifying patients for insurance and establishing them with a primary care provider if they do not already have one.

Since opening, the clinic has seen more than 800 patients, 200 of those being inpatient and resulting in only one readmission. The clinic was able to establish over 700 patients with a primary care provider in our network and qualified 155 patients with insurance, resulting in over $320,000 being brought back to the network through retro-billing.

Andrew Moren, MD, who now staff the clinic, work closely with the Emergency Department to help frequent patients become established with a primary care provider and are proud of the clinic’s performance as it addresses a need within the community.
Welcome Doctors

Kettering | Sycamore New Physicians on Medical Staff
June–September 2015

Cardiovascular Disease
Parthiv Shah, MD
Kettering Cardiovascular Consultants
(937) 867-3231

Critical Care
Imad Basha, MD
Rajesh C. Patel, MD, Inc.
Dayton Respiratory Center
(937) 832-0990

Emergency Medicine
Alexander Bedard, MD
Terry Charnas, MD
Jeremy Jackson, MD
Artgum Kothari, MD
David Lazenby, MD
Valerie Moren, MD
James Wornyo, MD
Emergency Medicine Specialists
(937) 436-4558

Family Medicine
Andrea Dillon, MD
PrinMed/ Woodbury
(937) 274-2117
Elaine Fogel, MD
CenterMed Family Practice
(937) 436-3117
Andrew Maigur, MD
Kettering Acute Care
(937) 395-4665

Gastroenterology
Roopa Gandhi, MD
Gandhi, GI, LLC
(937) 500-6700

General Surgery
Donovan Teel, MD
Premier Metabolic and Bariatric Associates
(937) 208-5300
Mujeeb Siddiqui, DO
Premier Bariatric Assoc.
(937) 208-5300

Hospitalist
Yaser Yahia Jbara, MD
Archanu Nair, MD
Jeweje Harris, MD
Kettering Internal Medicine
(937) 395-6665

Infectious Disease
Katelyn Booher, DO
Hari Polenakovik, MD
Kettering Internal Medicine
(937) 435-7216

Neonatal-Perinatal
Brenda Pinder, MD
Cincinnati Children’s Hospital - Newborn Care Associates
(937) 636-9331

Neurology
Megan Mackenzie, DO
Dayton Center for Neurological Disorders
(937) 439-6186

Neurosurgery
Peter Bouz, MD
Neurosurgery, Inc.
(937) 643-9299

Obstetrics/Gynecology
Michael Gay, MD
Women’s Cancer Center at Kettering
(937) 395-8020
Samantha Houser, DO
Jennifer Mittlerstedt, MD
Far Hills OB/GYN, Inc.
(937) 435-6222

Orthopedics
Jennifer Jerelle, MD
Bone and Joint Surgeons, Inc.
(937) 836-3118
Pediatric Cardiology
Christopher Statile, MD
Cincinnati Children’s Hospital Medical Center
(937) 636-9931
Pediatrics
Hitshesh Deshmukh, MD
Cincinnati Children’s Hospital Medical Center - Newborn Care Associates
(937) 636-7216
Allison Divovnik, DO
Cincinnati Children’s Hospital Medical Center
(937) 636-1199
Stephanie Hertz, DO
Ohio Pediatrics, Inc.
(937) 299-2339
Smita Mehta, MD
Dayton Children’s Hospital
(937) 641-3418

Plastic & Reconstructive Surgery
Sumitha Wimalawansa, MD
Kettering Plastic & Reconstructive Surgery
(937) 208-4955

Radiology
Logan Lackey, MD
Virginia Moelleran, MD
Kettering Network Radiologists, Inc.
(937) 297-3006

Rheumatology
Hana Bedredine, MD
Dayton Arthritis & Allergy Center
(937) 296-0015

Surgical Oncology
Rebecca Tuttle, MD
Kettering Surgical Oncology
(937) 424-2469

Trauma
Stephen Hafertepen, MD
Kettering Acute Care Surgery
(937) 395-6010

Comprehensive Primary Care Payment

Laying the foundation for improved care at reduced cost

Better health, better care, at lower costs for the entire population across the U.S. is the goal of healthcare stakeholders. An innovative and patient-centered value-based payment methodology serves as the foundation upon which primary care will be successful in realizing this mission.

Improving the healthcare system requires simultaneous pursuit of three aims: improving the care experience, improving population health, and reducing healthcare costs per capita. Many primary care physicians have identified a fourth aim: improving the ability of primary care professionals to lead fulfilling lives as caregivers. Prerequisites for this system include a specific identified population, a commitment to universality of care standards, and the existence of an “integrator” that accepts responsibility for all four aims for that population. A myriad of studies and expert opinions are united in their assertion that access to high quality, patient-centered primary care is the only way to achieve this goal.

The Healthcare Transformation Task Force brings together patients, payers, physicians, and purchasers to align private and public sector efforts for a sweeping transformation of the healthcare system. It is committed to rapid, measurable changes. In its January 2015 white paper “Improving Commercial, Medicaid, and Medicare Accountable Care Organizations,” the task force calls out improving financial stability as one of three care imperatives. In order to achieve financial stability, it recommends a simplified reimbursement methodology that sufficiently rewards performance based on outcomes and is adjusted for risk and access to care.

Comprehensive payment for primary care is a fixed, periodic payment for a basket of services delivered over a period of time. This model replaces encounter-based payment, which tends to incentivize volume of office visits rather than value. It also differs from former iterations of primary care capitation and bundles, many of which erected barriers to necessary care, encouraged providers to avoid complex patients, and placed physicians at financial risk for utilization of services.

The comprehensive payment model represents new investment in primary care, with substantial increases in payments over current levels. Payment is directed to practices for the systems and teams necessary to deliver comprehensive, coordinated care based on the principles of the patient-centered medical home and is commensurate with the level of accountability or performance, outcomes, and train-based practice infrastructure. Physicians are rewarded on the comprehensiveness of preventative care and chronic care goals for each patient, not for meeting utilization and financial targets.

Comprehensive Primary Care Payment is:

• Adjusted according to the patient’s level of risk and need (age, sex, risk score, education, socioeconomic status, etc.)
• For a total basket of primary care services, not individual components of services
• Payment includes required funds to support primary care practice health care teams and infrastructure
• For population health management
• Tied in part to achievement of the Triple Aim (better health, better care, at a lower cost)
• Sufficient to allow practices to adapt to community needs and invest sufficiently in operations to find innovative ways of delivering health care
• Compatible as a subset of global capitation and/or other risk contracts
• Accountable for health outcomes and resource stewardship (efficient and effective use of therapeutic and diagnostic services)

Physicians are rewarded on the comprehensiveness of preventative care and chronic care goals for each patient, not for meeting utilization and financial targets.

by
Paul Martin, DO
Chief Medical Officer for Grandview and Southview medical centers
Grandview Holds Community Open House Celebrating Expansion Completion

In October Grandview Medical Center completed a two-floor, 37,000-square-foot expansion. The project involved a build-out of the vacant fourth and fifth floors. The expansion added 48 private rooms.

The new units started accepting Orthopedic and Trauma patients in November. To celebrate the completion of the $4.4 million project, Grandview Medical Center held a community open house, complete with tours of the new units, free health screenings, special events from the spa and gift shop, and a same-day pass to The Dayton Art Institute.

According to Kelly Fackel, vice president of Grandview Foundation, “This was a great opportunity for us to show patients that we hear them and we are continuing to elevate the level of care for the community. We want them to come and meet the new Grandview.”

Welcome Doctors
Grandview | Southview New Physicians on Medical Staff
June-September 2015

Anesthesiology
Janice Pauley, MD
Pain Evaluation & Management Ctr. Of Ohio
(937) 439-4949

Emergency Medicine
Terry Charnas, MD
Pain Evaluation & Management Ctr. Of Ohio
(937) 439-4949

Valerie Moren, MD
Zachary Ginsberg, MD
Emergency Medicine Specialists
(937) 436-4658

Ronnie Tan, MD
Urgent Care of Hamilton
(513) 896-9700

Family Medicine
Eric Fine, MD
Beavercreek Urgent Care - API
(937) 458-4200

Nicklaus Hess, DO
Cassano Community Health Center
(937) 558-0200

Internal Medicine
Madhu Kandarpa, MD
Kidney Care Specialists, LLC
(937) 436-4658

Sathesh Kathula, MD
Tarek Sabagh, MD
Dayton Physicians
(937) 293-1622

Satish Sarvepalli, MD
South Dayton Acute Care Consultants, Inc.
(937) 643-0015

Anton Vasiliu, MD
Dayton Physicians
Primary Care
(937) 208-8282

Jeffrey Weinstein, MD
Talal Zaid, MD
South Dayton Acute Care Consultants, Inc.
(937) 293-1622

Imad Basha, MD
Rajesh C Patel, MD, Inc.
Dayton Physicians
(937) 293-1622

Anton Vasiliu, MD
Dayton Physicians
Primary Care
(937) 208-8282

Obstetrics and Gynecology
Samantha Houser, DO
Jennifer Mittlestadt, MD
Far Hills OB/GYN, Inc.
(937) 832-0990

Imad Basha, MD
Rajesh C Patel, MD, Inc.
Dayton Physicians
(937) 293-1622

Lindsay Wordie, DO
Advanced Women’s Healthcare
(937) 208-8282

Pediatrics
Hitesh Deshmukh, MD
Cincinnati Children’s Hospital - Newborn Care Associates
(513) 636-7216

Sylvia Parks, MD
South Dayton Pediatrics, Inc.
(937) 435-8232

Radiology
Logan Lackey, MD
Virginia Molleran, MD
Ajiy Agarwal, MD
Kirti Agarwal, MD
Kettering Network Radiologists, Inc.
(937) 297-6306

Gregory Rasp, MD
Dayton Physicians, LLC
(937) 771-2422

Surgery
Christopher Schneider, MD
Kettering Acute Care Surgery
(937) 395-8556

Modernizing the library space, purchasing new technology, and expanding classroom space. The RACE for Health program also benefits community health education programs held on campus and throughout the local area.
Soin Launches Hernia Center

Soin Medical Center launched a hernia center in September 2015 specifically for patients with complex abdominal wall hernias. The goal is to provide a high level of care locally to retain patients who might otherwise seek treatment in Columbus, Cincinnati, and beyond.

Coordinating care to improve experience and outcomes

“While Soin will provide comprehensive surgical and clinical care for these complex cases, this center also will direct hernia care to other surgeons, and seek to give a quality care experience right here in the region,” says Ron Connovich, vice president for Operations and Finance at Soin.

Anchoring the center as co-directors are Christopher Schneider, MD, and Brian Ondulick, DO, joined by Program and Care Coordinator Lauren Sweet, RN.

“Because of the significant follow-up that comes with any hernia surgery—in some cases, up to five years—research is showing that care coordination by a hernia center actually improves the healing process,” says Dr. Schneider.

The center’s phone protocols are designed to efficiently assess a patient’s need, and look to match a patient first with a local surgeon so he or she can receive care close to home. “If a patient’s circumstance is more complex or the patient lives outside our region, we can counsel the patient and primary care physician, and coordinate care with our team,” says Dr. Ondulick. “Our care coordinator will guide these cases through the entire surgical process.”

Pursuing excellence

The Hernia Center will pursue a Center of Excellence designation through the industry standard-setting Center of Excellence in Hernia Surgery, part of Surgical Review Corporation.

“To be a center of excellence requires a medical education component for all our associated surgeons, a full complement of consultative services, standard operating procedures, and a coordinated care team, all focused on achieving a qualified series of outcomes,” explains Dr. Schneider. “This will allow patients the benefit of the newest techniques and products, and heighten the quality of all our surgeons, fulfilling a tremendous opportunity for us to offer leading, quality hernia care to patients in this region.”

Research is showing that care coordination by a hernia center actually improves the healing process.

To refer a patient to the Hernia Center at Soin, call (937) 702-4690.

Welcome Doctors

Soin | Greene New Physicians on Medical Staff
June-September 2015

Anesthesiology
Patricia Knopf, MD
Kettering Anesthesia Associates, Inc.
(937) 293-8228

Cardiovascular Disease
Pankaj Sharma, MD
Complete Cardiovascular Care LLC-AP
(937) 298-0058

Emergency Medicine
Terry Charnas, MD
Valerie Moren, MD
James wormyo, MD
Prestige Billing
(937) 636-4658

Family Medicine
Bobbie Barth, DO
Community Physicians of Yellow Springs - BHC
(937) 767-7291

Andrew Majuir, MD
KHN IP Med
(937) 395-6665

Letitia Thompson-Hargrove, DO
Wells Institute
(937) 293-2157

Christine Weller, DO
Valley Medical Primary Care
(937) 208-0282

General Surgery
John Bullmaster, MD
John Bullmaster, MD, Inc.
(937) 228-0789

Magued Khouzam, MD
Tedras Androm, MD LLC
(937) 717-4884

Michael Swanson, DO
Northeast Surgical Wound Care, Inc.
(216) 643-2780

Hematology/Oncology
Jyothi Challa, MD
Midwest Blood and Cancer Specialist, LLC
(937) 398-1971

Hospitalist
Valerie Allii, MD
Ry Arcenas, MD
Susan Granthl, MD
Sarah Hedrick, MD
Hyungkoo Kim, MD
Kareem Selim, MD
Pangol Samani, MD
Gnanachenthan Thambipillai, MD
South Dayton Acute Care Consultants, Inc.
(937) 433-8990

Christine Weller, DO
Valley Medical Primary Care
(937) 208-0282

Internal Medicine
Rosalie Beverly, MD
Xenia Family Practice
(937) 562-2280

Steven Folkerth, MD
Beavercreek Commons Family Practice
(937) 427-3333

Charles Opperman, MD
Sycamore Primary Care Group
(937) 384-6800

Clyo Internal Medicine
(937) 435-5857

Neurology
Megan Mackenzie, DO
Dayton Center for Neurological Disorders
(937) 429-6186

Obstetrics/Gynecology
Bruce Banias, MD
Genetic Obstetrics & Gynecology
(937) 293-5200

South Dayton Obstetrics/Gynecology Care
(937) 433-8990

Younf Shareef, MD
KHN IP Med
(937) 395-6665

Orthopedics
Jennifer Jerelle, MD
Bone and Joint Surgeons, Inc.
(937) 832-5599

Pediatrics
Hitesh Deshmukh, MD
Cincinnati Children’s Hospital - Newborn Care Associates
(513) 636-7216

Smita Mehta, MD
Dayton Children’s Hospital
(937) 641-3418

Psychiatry
Steven Taylor, MD
Kettering Behavioral Medicine Center
(937) 534-4631

Radiology
Ajay Agarwal, MD
Logan Lackey, II, MD
Virginia Molleran, MD
Kettering Network Radiologists, Inc.
(937) 297-6306

Research is showing that care coordination by a hernia center actually improves the healing process.

Welcome Doctors
The Fort Hamilton Foundation held its annual fundraising event on October 10, raising more than $35,000 for the hospital’s cardiology services. With the Ticket to Hollywood theme, patrons were encouraged to dress as characters from the movie “Grease.” The event also featured a silent auction and live entertainment by The After Hours Band.

In its latest hospital safety score, The Leapfrog Group honored Fort Hamilton Hospital with an “A” – its top grade in patient safety. “We are pleased to receive an ‘A’ from Leapfrog for the second time in a row,” says Mark Smith, president of Fort Hamilton Hospital. “This score validates the success of our initiatives that focus on continuous improvement in patient safety.” Fort Hamilton Hospital received an “A” in the spring assessment as well. The Hospital Safety Score is compiled twice a year under the guidance of the nation’s leading experts on patient safety and is administered by The Leapfrog Group, an independent industry watchdog. The score is free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay.

Fort Hamilton Unveils Creation Wall

Fort Hamilton Hospital unveiled its Creation Wall during a dedication and blessing in early November. Reflecting the sacred work of healing that takes place in the hospital every day, the Creation Wall is an eight-part installation that depicts the story of creation and the beginning of time. The installation serves as a source of beauty and as an inspiration for spiritual reflection.

The event was attended by community members, Board members, and hospital and network leadership, who applauded the completed installation. A reception followed the unveiling and dedication ceremony.
OARRS, NARxCHECK, and You: A New Solution

A brief history of NARxCHECK

Dr. Huizenga created NARxCHECK software to leverage the raw data in OARRS reports. Here's what he says about it: "During one ED shift, we might run an OARRS report for 20 to 40 patients, but only a small percentage of patients have a prescription drug history that warrants in-depth analysis. A NARxCHECK score is kind of like a credit score, in that it correlates usage and risk. It is a companion to the NARxCHECK report, and gives doctors a sense of whether a patient may have the potential to abuse or otherwise have an adverse outcome due to prescription drugs." NARxCHECK is now owned by a company called Apprise, and is being used by a growing number of hospitals and pharmacies in the region. In 2014, news of this software traveled to the KPN Ambulatory Steering Committee, whose charter includes optimizing the use of Epic in the outpatient setting. Robert Sawyer, MD, medical director of the Primary Care Service Line, began working with associates in KPN and IS to evaluate NARxCHECK for inclusion into Epic within the patient medical record screen. Bryan Beer, director of business relationship management in the IS department, worked with several IS teams to make the concept a reality in about three months. They were the first in the country to collaborate with Apprise on integrating NARxCHECK into Epic. Since then, other hospital systems have been using it for years.

Easy, one-click access comes at a good time. As of April 1, 2015, all physicians must query OARRS when writing initial prescriptions for opioid analgesics and benzodiazepines. Physicians must make periodic OARRS requests at least every 90 days after the initial report is requested if a patient’s therapy with an opioid analgesic or benzodiazepine continues for more than 90 days. Accessing the NARxCHECK report also will satisfy the legal requirement for a query of the OARRS report based on the proprietary interface of this product. This will automatically document on the clinical encounter that a query of the OARRS system was completed in conjunction with the encounter.

Surgery is Just the Beginning

Support, education are the keys to weight loss after bariatric surgery

Four patients could lose weight without bariatric surgery, they would. Unfortunately, no amount of willpower is going to change the fact that their bodies are incapable of "normal" weight loss. With a BMI of 35, 50, 75, or even more, they cannot exercise or diet their way to health. Surgical intervention is the only hope of improving their medical status and quality of life.

Two surgical approaches

Greater than 99% of bariatric surgeries performed within Kettering Health Network are Roux-en-Y gastric bypass or sleeve gastrectomy. The hormonal changes that occur as a result of both operations allow a majority of our patients to tolerate small portions of food without experiencing the internal drive to overeat.

Weight loss is not the only measure of surgical success, however. In fact, Roux-en-Y gastric bypass is the gold standard operation for morbid obesity, and still the best operation for treating metabolic conditions such as diabetes mellitus, hypertension, and hyperlipidemia. A 2004 study from the Journal of the American Medical Association looked at 22,000 bariatric surgery patients who experienced an average weight loss of greater than 62% of their pre-operative body weight. Among the findings:

- Type 2 diabetes was eliminated in almost 80% of these patients
- 60-80% had complete resolution of hypertension and high cholesterol
- Almost 90% experienced completely resolved obstructive sleep apnea

Extensive patient support

Following bariatric surgery, patients typically have a nine- to 18-month window of time to incorporate lifestyle habits and lose weight. After that time, their potential for weight loss slows down considerably. The goal is to establish a new, healthy set point for their weight that they can maintain long term through diet and exercise.

Both of our practices offer a comprehensive, multidisciplinary program to educate patients and help them be successful. This program includes:

- A free informational seminar, which is open to the community
- An initial appointment with the surgeon, which includes a full history, physical and education about surgical options
- One-on-one consultations with a dietitian, psychologist, and exercise physiologist, all of whom specialize in treating bariatric surgery patients
- A pre-operative education class and tour at the hospital where the surgery will take place
- A final pre-operative visit with the surgeon to address any concerns and answer questions
- Two follow-up appointments with the surgeon during the first month post-op, and then quarterly follow-up appointments for a year
- Follow-up appointments with the dietitian, exercise physiologist, and psychologist
- Support groups and exercise groups sponsored by Kettering Health Network.

We expect our patients to follow up with us for the rest of their lives to ensure that they are staying on track and not experiencing any complications, such as mineral and vitamin deficiency. It is exciting to see them transform from illness and inactivity to a vastly improved quality of life.
Headache is one of the most frequently cited medical complaints of modern society, affecting virtually every person during their lifetime. Each year more than five percent of the U.S. population will seek medical attention for headache.

Most recurrent headaches are symptomatic of a chronic primary headache disorder, which occurs without an underlying cause and include migraine, tension type, cluster, and miscellaneous headaches (e.g., benign exertional headache). Secondary headaches always have a direct underlying cause (e.g., subarachnoid hemorrhage, brain tumor, meningitis, carotid dissection), some of which can be life-threatening.

How do you decide that a headache is more than a regular headache and should be investigated to rule out a more dangerous variety of secondary headache—such as a brain tumor?

**Signs of an underlying cause**

In general, the presence of focal neurological deficits dramatically increases the potential for a secondary headache disorder. Headaches are the most common symptom produced by intracranial tumors, present in two-thirds of patients with intracranial tumors—often occurring in the morning—and are not always correlated with headaches.

When to investigate

Patients with a new type of severe headache, headaches that are progressively getting worse, and headaches that seem very persistent and refractory to treatment, should all be investigated in more detail with a screening cranial CT scan or MRI scan to rule out a mass or brain tumor. In addition, any patient with focal findings on the neurological examination, in the setting of persistent and escalating headaches, should undergo a CT or MRI.

**REFERENCES**


**By Herbert B. Newton, MD, Neurology and Neuro-Oncology**

---

**Supplemental Long-Term Disability**

Disability insurance can be an important part of a physician’s income security plans. The long term disability (LTD) plan provided by Kettering Physician Network is a strong foundation, but you may want more security in the event of a disability.

Principal Life Insurance Co. and Kettering Health Network Individual Disability Income Advisor Keith P. Davis offer employed physicians a supplemental LTD plan on a voluntary basis. You are able to obtain:

- Individual non-cancellable disability insurance with own occupation protection
- A 30% discount from standard rates
- An issue limit of up to $15,000 per month with financial underwriting
- Retirement security benefits

Visit principal.com/kettering To request a quote or schedule a personal consultation, contact Keith at davis.keith@princor.com or (937) 449-0031.
Your Voice Matters

Thank you for completing the 2015 Provider Survey.

Your feedback is appreciated!

Watch for results coming soon.