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**WE NEED PHYSICIAN EXPERTS!**

Are you willing to volunteer your expertise in any of the following areas?

- Contribute content ideas
- Speak at community events
- Author Physician Quarterly articles
- Serve as media spokesperson

Email physicianquarterly@ketteringhealth.org or call (937) 762-1053

The collaborative efforts of patients, doctors, nurses, staff, community, researchers, designers, builders, tradespeople, administrators, and benefactors sculpted this building as our sanctuary of physical redemption. . . They understood that thinking outside the box doesn’t mean to just do something different, it means to do what matters most. They dared to do something great. They dared to leave a legacy of love.

E. Ronald Hale, MD, MPH, on the Kettering Cancer Center (p. 4)

There is no profession in the U.S. healthcare environment better situated to achieve the triple aim than empowered and informed primary care physicians and their teams in patient-centered medical homes. Nevertheless, new types of information and new software technology are needed to support the effort to achieve the triple aim.

Paul Martin, DO, on the changing role of technology in primary care (p. 26)

The nurse midwife model appeals to a lot of women in our service area who are looking for a more natural approach to labor and delivery but still want high-tech monitoring and the availability of medical interventions if something unexpected arises.

Steven Crawford, MD, on the benefits nurse midwives offer (p. 28)

Team-based care, incorporating effective intentional use of APPs, helps bridge the gap between society’s expectations for primary care and the well demonstrated diminishing resources.

David Doucette, MD, on utilizing APPs to improve patient care (p. 36)
Buildings matter. I bear witness to this. My testimony is the story of my dad’s epic journey through his terminal diagnosis of stage IV kidney cancer.

Behind the well-tolerated immunotherapy that shrunk his tumors to just a few, behind the surgery that removed his kidney and ended the pain and bleeding, behind the focused radiation treatments that killed his last remaining tumors and resulted in curing the life-ending disease he’d had for the past two decades, allowing him to see his grandchildren come into this world and grow up to be young adults, behind my resultant epiphany that I was to be a cancer doctor, behind all that was a building—an amazing building rich in history, architecture, and beautiful aesthetics. The original Johns Hopkins Hospital is an impressive bastion of allopathic medicine.

Upon learning of my father’s six month expected survival from his new terminal diagnosis, I found myself sitting quietly in a leather wingback chair under the rotunda of the old hospital. This is a beautiful space where during the morning hours, doctors would gather in the hallways overlooking the rotunda space to discuss their patients. This is where the term “rounds” originated. On the floor of the rotunda, surrounded by leather wingback chairs, sits the “Christus Consolator,” a 23-foot-tall sculpture also known as the Divine Healer, created by Danish sculptor Bertel Thomsen.

During the dedication of the work on October 14, 1896, distinguished donor Mr. William Wallace Spence spoke these words: “The thought came into my heart how eminently appropriate it would be to have this ideal statue placed where it now stands, in the center of this hall, under the lofty dome of this great hospital. To every weary sufferer entering these doors, the first object presented to them is this benign, gracious figure, looking down on them with pitying eyes and outstretched hands.” He later commented that when the sculpture was unveiled, and the divine figure revealed, the effect upon the audience of this presence was so impressive that they were awed into silent admiration, rather than moved to applause.

For me, in that moment of quiet reflection under His outstretched healing hands was born a glimmer of hope. It all starts with hope. The progeny of hope is possibility. Then plans. Then action. Courage is applied hope. Courage is hope that takes action. Courage is taking one small step after step to move closer toward each waypoint on the journey. Courage is taking that step in the dark, not knowing exactly what we are stepping into. Courage begets courage. Faith becomes the driving force that compels us to take that step in the dark. Faith ignites our hope. For me, that building in that moment gave me the courage to embrace my hope, make my plans, and put one step in front of the next. That building was the foundation of my father’s physical redemption that rewrote our family’s history.

Like Mr. Spence’s vision, this bold, beautiful cancer center bears witness to the indomitable human spirit. The collaborative efforts of patients, doctors, nurses, staff, community, researchers, designers, builders, tradespeople, administrators, and benefactors sculpted this building as our sanctuary of physical redemption. They understood that the cause of cancer is multifactorial, and the cure for cancer is multifactorial. They understood that thinking outside the box doesn’t mean to just do something different, it means to do what matters most. They dared to do something great. They dared to leave a legacy of love.

As we ordain this Pavilion, arguably the finest community cancer center ever created, let it be a beacon of light to those who walk the difficult journey of a cancer diagnosis, for it is well known that light shines brightly soon after the darkest hour.

Written for the dedication of the cancer center December 7, 2016

by E. Ronald Hale, MD, MPH medical director of radiation oncology, Kettering Health Network
In December 2016 Kettering Health Network welcomed the first patients to its new, world-class cancer center. Each floor and space within the building was designed by cancer patients, survivors, families, physicians, and clinicians who contributed their knowledge and experience to create the future of cancer care.

**1st Floor**

**Welcome & Registration**

Floor-to-ceiling windows, friendly color palettes, and natural elements like water features and fireplaces help create a soothing and welcoming atmosphere. A meditation chapel is available 24/7 for patients, their families, physicians, and clinicians who contributed to its design. Each floor and space within the building was designed by cancer patients, survivors, families, physicians, and clinicians who contributed their knowledge and experience to create the future of cancer care.

**Radiation Oncology**

The radiation oncology suite was strategically placed on the first floor at the rear of the building to allow for convenient and efficient technology upgrades and additions. Design decisions were made to simultaneously accommodate the most advanced technology as well as patient needs. "We have all the latest cutting-edge technology to track, target, and kill tumors in any part of the body, sparing normal healthy tissue," says E. Ronald Hale, MD, MPH, radiation oncology network medical director. "While there are other machines that can do the same thing, our advanced treatment center can deliver the same knock-out punch to a tumor in under two minutes, where an older machine like the CyberKnife would take about two hours."

Kettering Breast Evaluation Center

Having a full-service breast evaluation center onsite with technology like 3D Mammography and ultrasound-guided biopsies offers women access to the highest level of preventative care and diagnostics. The convenient location also enables rapid referral to surgeons in the same building.

Specialty Pharmacy

A specialty pharmacy manages filling and distribution of all cancer medicines and has designated consult spaces for patients and family members.

Ancillary Services

Kettering Health Network places an emphasis on mind, body, and spirit in health and wellness and has brought in additional services to support the patient and their family in achieving whole health.

A meditation chapel is available 24/7 for patients, care-givers, and staff; a café offers menu items specifically selected to be delicious, nutritious, and appealing for patients; and a boutique and spa provides patients the ability to look and feel their best while undergoing treatment. A multi-purpose conference space allows for staff and physicians to collaborate and offers space for patients and family members to attend classes relevant to treatment.

"All of these services are brought into the same building, understanding that we are providing a continuum of care," Dr. Hale says. "Diagnosis, treatment, recovery and survivorship are all important in maximizing health outcomes."

"Having our physicians in one building is helping us achieve the collaboration and communication we hoped for," says Elizabeth Garrison, executive director of Kettering Health Network Oncology Service Line. "Just last week, one of our surgeons came down the hall to discuss a shared patient with a medical oncologist. As she was leaving, she popped her head in my office and said, ‘Elizabeth…. It’s working!’ That is an example of design success. We are proving that giving our clinical care team easy access to each other translates into a better experience for the patient."

**2nd & 3rd Floors**

**Space to Grow**

Some specialties have already been identified as additions, but this space was intentionally made available to adapt and strategically bring in practices and technology.

**Specialty Pharmacy**

Specialties from gynecological oncology to surgical oncology along with social workers, physical therapists, nutritional medicine, and other patient support staff can be found on this floor.

"Having our physicians in one building is helping us achieve the collaboration and communication we hoped for," says Elizabeth Garrison, executive director of Kettering Health Network Oncology Service Line. "Just last week, one of our surgeons came down the hall to discuss a shared patient with a medical oncologist. As she was leaving, she popped her head in my office and said, ‘Elizabeth…. It’s working!’ That is an example of design success. We are proving that giving our clinical care team easy access to each other translates into a better experience for the patient."

**4th Floor**

**Provider Offices**

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**5th Floor**

**Infusion Services**

46 state-of-the-art private and semi-private infusion bays have the ability to be opened up for increased patient community. A service of Grandview, the infusion space offers floor-to-ceiling windows, beautiful views, and touches that make the area feel more like a home environment than a medical facility.

Nursing bays are near patients but not immediately next to them, creating a quieter, more relaxed environment.

The infusion pharmacy is also located on this floor. It is the largest in the state of Ohio and the close proximity allows for efficient distribution of the correct drug to the correct patient in a timely manner. The infusion pharmacy is also located on this floor. It is the largest in the state of Ohio and the close proximity allows for efficient distribution of the correct drug to the correct patient in a timely manner.

"The cancer center is a beautiful combination of perfect form and perfect function coming together," says Dr. Hale. "When creating it, one wasn’t more important than the other—both had to be balanced."
In 2016 Physician Hospital Alliance members were able to take advantage of several resources that have resulted in great news for their practices. By renegotiating their medical malpractice insurance, 50 providers were able to have a premium savings of $150,000. And by enrolling in the CMS grant, 541 providers received free support and education. To ensure that providers are well-equipped with a toolbox to successfully navigate the Medicare Access and CHIP Reauthorization Act and Merit-based Incentive Payment System, the Physician Hospital Alliance has been providing free support resources to Physicians Hospital Alliance members through a grant awarded by CMS.

Topics have included:
- Reimbursement changes (MIPS 2019)
- Meaningful use and PQRS reporting
- Electronic health record optimization
- Patient-centered population health
- Workflow optimization
- Coding

Physicians have had access to customized, one-on-one support from a quality improvement advisor and gain a community of physician practices to learn and network with.

The collaboration with Medical Advantage Group (MAG) has proven to be a valuable tool in the journey to transform physician practice. Grant and support services are provided in collaboration with Medical Advantage Group, the University of Indiana, and the Great Lakes Practice Transformation Network.

Thank you for allowing us to guide you through this “Education for Success” journey.
Historically, the goal in healthcare has been to provide exceptional inpatient care. While this remains an important focus, Kettering Health Network is making efforts to set a higher standard of care across all settings, including post-acute care. The network remains committed to the triple aim of excelling in quality and improving patient experience while lowering costs. To this end, developing a post-acute care strategy helps ensure that we are managing the quality of service across each patient’s continuum of care.

Across the country, quality metrics are shifting from only being measured in the acute care setting to being measured across the entire care continuum to include 30 to 90 days post-discharge. For example, mortality rate is changing from inpatient mortality to a 30-day mortality rate. This change requires a plan of care that extends beyond the acute care setting.

Several federal initiatives are in place to accelerate collaboration between acute care providers and post-acute care providers with the goals of improving quality and lowering the cost of care. One initiative includes penalties for patients readmitted within 30 days. Readmissions within 30 days is a quality measure that is included in “Pay for Performance,” or value-based, contracts. This measure requires better coordination between acute care services and post-acute care than we have seen traditionally.

Similarly, the Medicare bundled payment initiatives require strong coordination across a patient’s care experience. Healthcare payment structures in this initiative include episodic payment incentives and penalties that hold physicians and other providers accountable for delivering well-coordinated service throughout an episode of care. Within the network, Fort Hamilton Hospital is starting its second year as part of the Medicare Comprehensive Care for Joint Replacement project. The initiative has expanded this year to include fractures.

In addition to the Medicare initiative at Fort Hamilton, additional contracts are being entered into that will require deliberate partnerships with post-acute care providers. We have identified a narrow network of both home care and skilled nursing facility partners that share our commitment to excellence to serve as partners as our quality and financial success move beyond our walls and into the community.

### Network and MedFlight Expand Access With New Medical Helicopter

**Addition provides comprehensive air and ground coverage in 16-county service area**

#### Improving lives

In July 2016 Kettering Health Network partnered with Buckeye Ambulance to form Kettering Mobile Care. As one of the largest hospital-based transport services, consisting of 27 vehicles, this medical transportation service is designed to improve patient access to care at Kettering Health Network.

In November, network leaders announced another plan to once again increase access by partnering with MedFlight to add a permanent medical helicopter and base at the Preble County Medical Center in Eaton. With this addition, known as MedFlight 8, Kettering Health Network will have three helicopters that routinely serve the network and provide access to its 10 emergency centers.

“With the addition of an Emergency Center and Air Medical Service, residents of the community and surrounding areas have access to some of the best emergency services when minutes matter,” says John Weimer, vice president of emergency and trauma services for the network.

#### Building tomorrow

The addition of a MedFlight helicopter expands the network’s access to MedFlight’s total fleet of nine Ohio helicopters, allowing Kettering Health Network to provide comprehensive air and ground coverage for residents in the network’s 16-county service area. Expanding critical care transportation supports the network’s efforts to enhance patient access to the network’s hospitals and outpatient facilities.

Services began January 3, with a helicopter stationed at Preble County Medical Center during the day. As of February 27, helicopter coverage became available 24/7. The network will also construct a base on site, including a hangar for the helicopter and crew living quarters. The base will be staffed by pilots, mechanics, and critical care nurses and paramedics.

### Delivering Top Quality Across the Continuum

**Post-acute care strategy coordinates care across providers, settings, and time**

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**by Brenda K. Kuhn RN, PhD, FACHE, CPHQ, Network Chief Quality Officer**

**by John Weimer**

**by**
Is There a Clinical Researcher Inside of You?

The opportunity to participate in a study could be closer than you think

There has never been a better time to participate in clinical research trials at Kettering Health Network. Opportunities are on the rise, as pharmaceutical and biotechnology companies increasingly seek out community hospitals to enroll their patients in clinical trials. And the network is ready, thanks to the Office of Innovation, Research and Grants.

"Our office provides physicians with the support and resources they need to participate in clinical trials to the greatest extent possible without interfering with their usual clinical duties," says Mary Connolly, PhD, manager of innovation, research and grant operations at Kettering Health Network. "We provide training, find studies that are a good fit for the physician’s practice, look for funding opportunities, and take care of the business aspects of trial participation, including contracting, financials, and regulatory documentation. The most important element of support we offer is the clinical research coordinators, who assist with scheduling patients for visits and collect and document most of the data collected."

THE BENEFITS OF PARTICIPATING IN CLINICAL RESEARCH

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<thead>
<tr>
<th>FOR PATIENTS</th>
<th>FOR PHYSICIANS</th>
<th>FOR THE INSTITUTION</th>
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<tbody>
<tr>
<td>Free medication</td>
<td>Ability to offer your patients more treatment options</td>
<td>Fulfills our mission to help people in the community through health care and education</td>
</tr>
<tr>
<td>Free testing (labs, scans, etc.)</td>
<td>Access to the latest, newest technologies, medications, procedures, etc.</td>
<td>Serves as basis for regional partnerships through access to different patient populations, facilities, and equipment</td>
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<tr>
<td>Access to experimental treatments (new and more options)</td>
<td>Demonstrates scholarship, helps shape the future of medical treatments</td>
<td>Enhances our reputation and helps us achieve accreditation (Committee on Cancer, Stroke Center, ACGME, graduate programs)</td>
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<tr>
<td>Active role in treatment plan</td>
<td>Allows participation in national initiatives</td>
<td></td>
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<tr>
<td>Opportunity to improve care protocols for future generations</td>
<td>An outlet for scientific curiosity</td>
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To learn more about clinical research opportunities at Kettering Health Network, contact Mary Connolly at (937) 395-8227.

We asked two physicians who are active in research to share the passion behind their participation. They would agree that while clinical research involves a level of sacrifice, the investment of time and energy is more than worthwhile.

Why do you participate in clinical research?

A passion to benefit patients through scientific inquiry

I did my fellowship training at Massachusetts General Hospital, where the three pillars guiding medical practice are clinical care, education, and research. During that time, I was awarded a National Institutes of Health research grant in translational medicine, which helped me learn the scientific and regulatory aspects of clinical research. My teachers at Harvard and, later, at Stanford inspired me to make translational research an integral part of my life's work.

Kettering Health Network is an ideal environment for translational medicine, with its longstanding history of innovation, commitment to progressive thinking, extensive resources, and high-quality clinical care. We have so much potential to explore new frontiers in medicine and expand our understanding of what is possible! Our scientific pursuits will contribute to the development of new therapies, and as those new therapies are made available we will be ahead of the curve—not catching up with what other physicians already know. Scientific inquiry allows us to be part of something bigger, to be thought leaders, and ultimately to advance the standard of care in our community and beyond.

A commitment to improving patients’ quality of life

Heart disease is still the leading cause of death in the United States, and a major cause of disability. My research focuses on finding new therapies to improve patients' quality of life, primarily in coronary heart disease prevention and heart failure therapy. Anything we can do to prolong life and improve quality of life is very important for our patients. We mostly offer phase III studies that allow participants to undergo drug therapies that are not widely available. While we can never guarantee it, many patients do experience a clinical benefit.

Research is well integrated at our practice, and we are fortunate to have a clinical research coordinator to help with a lot of the day-to-day responsibilities. Right now we are offering about five studies, and I'd estimate that clinical research takes 15 to 20 hours of my time every month. In addition to offering potential benefits for current and future patients, these studies also give me a chance to network with other cardiologists across the country to share our ideas and findings, and come up with new ideas for investigation.

by Dr. Franklin Handel, MD, Cardiology

Dr. Handel has participated in about 25 clinical trials over the last 10 years.

by Arash Kardan, MD, Nuclear Medicine

Dr. Kardan serves as principal investigator on multiple clinical trials, including a Phase 1 trial that is investigating a novel molecular imaging agent for rheumatoid arthritis.
In January 2015 Kettering Health Network launched a cancer risk stratification program called Transforming Risk Assessment in Cancer (TRAC). The first of its kind in the country, the program tests patients for 28 genes that have been identified to detect eight types of cancers including breast, ovarian, uterine, pancreatic, gastric, melanoma, and prostate cancers.

By the numbers
Since TRAC’s introduction more than 200 patients have been identified as carriers of at least one of the genes associated with causing cancer. All patients who tested positive have been flagged for enhanced screening and monitoring along with surgical procedures and hormone blocking agents for the prevention of hereditary cancer.

In addition 16% of patients have been determined to be at an elevated lifetime risk for developing breast cancer based on family history. These patients have been encouraged to have an annual breast MRI along with their annual mammogram to achieve closer surveillance, based on the National Comprehensive Cancer Guidelines. Patients who are identified for an elevated colon cancer risk, are also placed under a personalized screening program for the prevention of colon cancer.

The TRAC program is also leading the way in identifying males who are carriers of hereditary cancer genes. In the two years since TRAC’s inception 186 male patients have been tested, compared to no males tested prior to 2014.

Through the network’s TRAC program, thousands of patients have been tested and treated, placing Kettering Health Network as the number one health system in the United States to offer this type of program for risk assessment and cancer prevention.

Next steps
TRAC is moving to a new phase, which will expand the reach of the cancer risk assessment tool.

All patients receiving screening mammograms at Kettering Health Networks’ 13 Kettering Breast Evaluation Centers—a projected 70,000+ in 2017—will be offered the cancer risk assessment tool. The program plans to expand to Kettering Health Network colonoscopy and GI centers to identify high risk patients for gastric, pancreatic and colon cancers.

“We’re changing the standard of care with the goal of risk stratification, genetic screening and prevention becoming part of every person’s preventive care,” says Caroline Peterson, DO. "Physicians participating in TRAC have been integral in achieving this goal. They’ve attended training sessions as well as quarterly meetings with educational updates and review of progress and data."

Education sessions for physicians and their staff are being scheduled for 2017 and will focus on program guidelines, interpreting results, and available resources for high-risk patients.

“The TRAC program has seen immense success so far, but we are only just beginning,” Dr. Peterson says. This cancer prevention program illustrates our commitment at Kettering Health Network to our patients and our community to be proactive in cancer prevention.”

Attend an upcoming information session:
May 2 - Dean Amphitheater at Kettering Medical Center – 6 pm
May 9 - Austin Landing Learning Center – 6 pm
June 13 - Kumar Conference Center at Soin Medical Center – 6 pm
RSVP: www.ketteringhealth.org/trac
For questions or further information call: (937) 558-3714
This year, Kettering College celebrates its 50th anniversary. A look back at the college’s history shows its commitment to excellence in education and the future of health care.

Charles F. Kettering, the college’s namesake, dedicated his life to pursuing innovation. He held more than 300 patents for inventions, including the first reliable automobile ignition system and an incubator for premature infants.

In this spirit of innovation, construction began on a new hospital in Kettering in 1961. From the beginning, Kettering Medical Center was envisioned as a research and education center, as well as an outstanding clinical facility. Work began on building a second facility adjacent to the hospital as well as creating an administrative team to develop a curriculum for a hospital-based school of nursing. As construction neared completion, the board determined the new school should be an accredited college, offering two-year associate degrees.

In 1964, Kettering Medical Center opened. The clinical division was named Charles F. Kettering Memorial Hospital, while the educational division was named Kettering College of Medical Arts. The college became a new model for educational programs affiliated with a hospital.

In 1967, the college welcomed its first class of students majoring in nursing, radiology, or respiratory therapy. Eventually, additional health profession degree programs were added to the college’s offerings. Early on, Kettering College earned a widespread reputation for excellence: “Doing things the Kettering way” meant excellence. Innovation shines through at the college as well, where our physician assistant and occupational therapy doctoral programs were among the first in the nation.

Today, at a time when the public expresses increased concern about student debt and the value of a college degree, Kettering College leads Ohio and competes with institutions such as Harvard University for “value added” to students. Kettering College graduates rank 16th in the nation in employment and professional growth for students ten years after they enroll. We have also been selected by University Research and Review as a Best Value School. We will continue to focus on program development that delivers value to our students, as well as to healthcare at Kettering Health Network and beyond.

Today, Kettering College continues to thrive and expand with the same passion for education and the future of healthcare. With 775 students, Kettering College’s programs include associate of science degrees, bachelor degrees, a Master’s Degree in Physician Assistant Studies, and an Occupational Therapy Doctorate – with additional doctoral degree programs planned for the near future.

Our programs and students represent far more than opportunities for Kettering Health Network to fill needed positions and for students to pursue careers in health care. Kettering College is a strategic partner for our entire organization. It is a wellspring of excellence and innovation that infuses our mission and our facilities with new people and new ideas. In the college we find both the Kettering heritage of excellence, as well as the abiding commitment to the future of health care.

by
Nate Brandstater, President of Kettering College
ABCs of Network Retail Pharmacies

Convenient locations offer benefits to physicians and patients

**Access**
Kettering Health Network is home to 12 retail pharmacies, six in hospitals, five in health centers, and one specialty pharmacy at the Kettering Cancer Center.

All network retail pharmacies accept the majority of insurances and there is no difference in patient cost from other retail pharmacy locations.

Both health center and hospital-based retail pharmacies offer physicians direct access to pharmacists, which can expedite solving any insurance or filling issues, like needing documentation for prior authorization or requiring a prescription for a different drug.

**Benefits**

Hospital-based retail pharmacies are ideal locations for filling patient discharge prescriptions and can contribute to lower readmission rates.

When patients leave with the medications they need, they are more likely to adhere to taking them and continue on the path to recovery. Kettering Health Network hospital-based retail pharmacies offer a concierge service where pharmacy staff can visit a patient’s room, talk with the patient, fill the prescription ordered by the physician, and have the medication delivered back to the patient’s room prior to discharge.

“It is much easier and less time consuming for providers to work with a pharmacy that is in the same building,” says Network Outpatient Pharmacy Director Kevin Blackburn, RPh. “It is convenient for patients to pick up prescriptions that are right down the hall from their appointments.”

Get Out and Walk

Answer community questions at Health Strides

Every first Sunday of the month, Kettering Health Network and St. Leonard CHI Living Communities invite local area community members to lace up their shoes and take a walk with a doctor. Walkers of all ages are welcome, and participants have the opportunity to get their medical questions answered in a fun and personal setting—all while getting some exercise.

Physicians from all specialty areas are encouraged to get involved. “We love having multiple doctors available so that we can have different pace groups,” says cardiologist Harvey Hahn, MD.

Health Strides events are taking place the first Sunday of each month in 2017.

Technology upgrades improve functionality, efficiency

Kettering Health Network has successfully completed a software update to the Epic 2015 version. Physicians will note optimizations for both quality and efficiency. There is an effort to complete another upgrade within the next twelve months to Epic version 2016, where improved functionality for CPC+ and MACRA will enhance the network’s payment for value initiative.

Along with the Epic upgrade, Kettering Health Network introduced ACR+, a decision support tool for better utilization of radiology resources. Physicians have noted that initially this project has been applied to CAT and MRI study orders and is live in the emergency and inpatient settings. Eventually the tool’s functionality will be applied to the ambulatory environment and include additional radiology studies.
Bruce Chan is the new executive director of Business Development and Physician Partnerships at Kettering Medical Center. Most recently, Bruce served as regional director of Business Development at Adventist Health in California.

Steve Chavez has been named vice president of Finance for the network, with responsibility for Accounting, Accounts Payable, and Payroll. He most recently served as the interim vice president of Finance.

E. Ronald Hale, MD, MPH, radiation oncology network medical director, was honored as a Leukemia & Lymphoma Society Man of the Year candidate for helping raise funds for blood cancer research.

Cheryl Kennison has been named director of Network Marketing and Communications. She most recently served as director of Annual Giving for Kettering Medical Center Foundation. Prior to that, she served as facilities marketing manager in Network Marketing.

Jon Larabee was sworn in as president of the Miami Valley Military Affairs Association. John is vice president of physician recruitment at Kettering Health Network, and is a past president of the Kettering Moraine Oakwood Chamber of Commerce Board of Directors.

Terri Moore, RN, has been named clinical director of Quality for the Grandview Medical Center System. In the past two years, Terri has provided leadership as manager of Quality and Patient Experience for Grandview and Southview medical centers.

Erika Schneider has joined the network as vice president for Patient Care at Soin and Greene. She most recently served as associate chief nursing officer at Parkridge Medical Center. Prior to that she was assistant vice president of Nursing Services at Florida Hospital in Altamonte Springs.

Kamal Woods, MD, FAANS, joined Kettering Health Network as network medical director of neurosurgery last fall. A board certified neurosurgeon, he graduated from Loma Linda University School of Medicine, where he also completed his neurosurgery residency. He completed a fellowship in minimally invasive and complex spine surgery at Cedars-Sinai Medical Center in Los Angeles. Dr. Woods practiced medicine in California for about six years before joining Kettering Health Network.

JoAnn Yohn is interim vice president of Revenue Cycle Management. JoAnn joins us from the Cerner Corporation in Roseville, Calif., with more than 30 years of leadership experience and successful results in revenue cycle strategies and optimization efforts for large healthcare systems.

NETWORK’S CANCER PROGRAM RECOGNIZED FOR QUALITY CARE
Kettering Health Network’s oncology program received the Outstanding Achievement Award from the Commission on Cancer, a quality program by the American College of Surgeons.

The network is the only program in the state of Ohio to receive this award, which recognizes cancer programs achieving excellence in providing quality care to cancer patients. This marks the second consecutive cycle that the network has been recognized for meeting or exceeding the American College of Surgeons Commission on Cancer Standards for 2010-2015.

To receive this award, the program was evaluated on 34 standards in four activity areas: cancer committee leadership, cancer data management, clinical services, and quality improvement. In addition, the program was also evaluated in seven commendation standards.

GRANDVIEW AND SYCAMORE MEDICAL CENTERS RECOGNIZED FOR EXCELLENCE
Grandview Medical Center’s Inpatient Behavioral Health Unit and Sycamore Medical Center’s Emergency Department have been named 2016 Guardian of Excellence Award® winners by Press Ganey, a leading provider of patient experience measurement, performance analytics and strategic advisory solutions for health care organizations across the continuum of care.

The Guardian of Excellence Award recognizes top-performing health care organizations that have consistently achieved the 95th percentile or above of performance in patient experience.

Presented annually, the award honors clients who consistently sustained performance in the top 5% of all Press Ganey clients for each reporting period during the course of one year.
Minimally Invasive Spine Surgery

One are the days when patients are too sick or too old to undergo spine surgery—for the most part, that is. Minimally invasive techniques cause less disruption to adjacent structures and less bleeding, leading to shorter hospital stays. In fact, a growing number of spine surgeries can be done on an outpatient basis.

A one-inch incision may be all that it takes to fix the problem once and for all. Surgery is not for everyone, but with recent advances in spine surgery, we can offer more surgical options to a greater number of patients. Among the many minimally invasive spine surgeries we can offer patients are:

- Lumbar laminectomies and microdiscectomies, which can be done through a Band-Aid incision as an outpatient procedure
- Oblique lateral interbody fusion (OLIF), a new technique for lumbar spine fusion aimed at faster return to work and normal function
- Cervical disc replacement/arthroplasty, an alternative to cervical fusion which maintains normal motion and preserves adjacent discs

I hope to be able to add to the legacy of great care that has been rendered by neurosurgeons and orthopedic spine surgeons in the Dayton area. Unfortunately, many patients still resist the idea of spine surgery because they are unaware of recent advances in the field or heard some horror story years ago. Others are interested in minimally invasive spine surgery but think they have to travel outside Dayton to find it. We need to build awareness and trust in our community so that people feel confident coming to us for their spine care.

In addition to patient care, Dr. Woods is actively involvedly in research. His most recent work on OLIF surgery was just accepted for publication in The Spine Journal, and he is a key investigator in an international study looking at outcomes from OLIF.

For more information about minimally invasive surgery procedures or to refer a patient, please contact Dr. Woods at kamal.woods@ketteringhealth.org or (937) 643-9299.
WATCHMAN Offers Unique A-Fib Treatment

Implant is a game changer for many patients with non-valvular atrial fibrillation

Atrial fibrillation is the most common rhythm problem of the heart, and is associated with high stroke risk, especially among patients over the age of 60. Patients with non-valvular a-fib are susceptible to stroke in large part because the condition causes blood to pool in the left atrial appendage (LAA). In fact, for this patient population, more than 90 percent of stroke-causing clots form in the LAA.

The mainstay treatment has been anticoagulation, which significantly reduces the risk of stroke in a-fib. However, lifelong anticoagulant use is associated with increased risk of bleeding and has major impacts on the lifestyle of the patient. Medical device manufacturers have been researching device-based therapies to occlude the LAA for about 10 years. In 2016, physicians at Kettering Medical Center began offering the WATCHMAN device, the first LAA occlusive device approved by Food and Drug Administration for non-valvular a-fib. The WATCHMAN team at Kettering Medical Center includes myself, fellow cardiologist Brian Schwartz, MD, and electrophysiologist Khuwaja Baig, MD.

This WATCHMAN permanently blocks the LAA, eliminating the risk of blood clot formation and migration. The procedure is performed under general anesthesia in the cardiac cath lab using a standard transseptal technique. Whether performed by a cardiologist or electrophysiologist, the procedure has a success rate of 95 percent. Common reasons for aborted attempts include a mismatch between the LAA size and shape compared to implant size and shape, or the discovery of a new LAA thrombus during TEE.

Throughout the clinical trials and long-term follow-up, WATCHMAN proved to be beneficial from a safety, efficacy, and quality of life standpoint.

• **SAFETY** The procedure-related complication rate is under 2 percent, while the long-term complication rate (due to infection, leakage and other problems) is less than 1 percent.

• **EFFICACY** The WATCHMAN device reduces the risk of stroke as effectively as warfarin. In one large trial, 92 percent of patients were able to stop taking warfarin 45 days after WATCHMAN implantation, and more than 99 percent within a year.

• **QUALITY OF LIFE** Patients who undergo one-time WATCHMAN procedure no longer have to worry about taking anticoagulation and bleeding. This improves quality of life and is cost effective in the long run.

Patients with non-valvular a-fib whose stroke risk is well managed with anticoagulation do not need the WATCHMAN device. But the procedure is indicated for those who have a history of major bleeding while taking oral anticoagulants, a career or lifestyle that increases the risk of major bleeding, or prior experience of being inadequately controlled while on oral anticoagulants.

Heart disease can be debilitating, and therapies all too often are limited to providing symptom management. The WATCHMAN device is unique in its potential to protect patients from devastating stroke and bleeding episodes, and my colleagues and I are excited to offer it to patients.

To learn more, contact Dr. Nazir at 937-298-8058 or Raja.Nazir@ketteringhealth.org

Sycamore Named a 100 Top Hospital

The study shows that if all hospitals in the U.S. performed at the level of Sycamore and the other winning hospitals:

- Nearly 89,000 additional lives could be saved
- More than 81,000 additional patients could be complication free
- More than $5.6 billion in inpatient costs could be saved
- More than 300,000 fewer discharged patients could be readmitted within 30 days

The Truven Health 100 Top Hospitals is the most comprehensive, academically driven study of its kind. It uses a validated, national balanced scorecard that evaluates hospitals on measures of patient care and satisfaction, operational efficiency and financial stability. The study has been conducted annually since 1993.
Technology’s Future in Primary Care

Technology has great potential to help foster partnerships and relationships within the primary care setting. It connects physicians, specialists, individuals, and communities, and supports efforts to help patients achieve optimal health across a complex and diverse set of individuals, relationships, and situations.

However, this potential is not fully realized in today’s healthcare environment. Sometimes technology becomes a barrier rather than a catalyst for improved health and health care. In addition to hindering better health and better care at a lower cost, questionable usability and utility of technology is contributing to a growing problem of physician burnout.

There is no profession in the U.S. healthcare environment better situated to achieve the triple aim than empowered and informed primary care physicians and their teams in patient-centered medical homes. Nevertheless, new types of information and new software technology are needed to support the effort to achieve the triple aim.

Thus, all future healthcare software technology should:

1. Allow for accurate and actionable health-related data to be widely available.
2. Provide a means to support healthy behaviors, such as improved diet and exercise and the use of safety equipment (seatbelts, helmets, etc.) natively.
3. Support more efficient and reliable learning in our health system (e.g., rapid assessment of the effectiveness of a flu vaccine).
4. Enable every person in the U.S. to have their own health record that summarizes the medical, social, emotional, and environmental factors relevant to them.
5. Support value-based care and payment to enable achievement of the triple aim.
6. Enable task interoperability, allowing primary care physicians and patients to follow a care process that may be obscured (i.e., sharing real-time inpatient and outpatient consultations between physicians, patients, and families, as well as viewing the status and results of diagnostic and laboratory data from various sources and following delegated tasks).
7. Effectively deliver meaningful and relevant health-related information at the right time and place in a way that is seamless and supports bringing the joy back into the practice of primary care.
8. Fully support primary care physicians to be leaders, partners, and advocates for the health of all.

Ultimately, medical avatar technology and Intelligent Virtual Agent (IVA) technology will allow the patient to be in control of their own health virtually. As primary care providers, we must be prepared to support patients in making important healthcare decisions.

by

Paul Martin, DO, Chief Medical Officer for Grandview and Southview medical centers

Welcome Doctors

Grandview | Southview New Physicians on Medical Staff
October 2016-February 2017

Anesthesiology
Jonathan Lowrey, MD
Grandview Hospital
Anesthesiology
(937) 723-5807

Emergency Medicine
Stephen Huffman, MD
Philip Lam, MD
Andrew Mulvey, MD
Richard Nevels, MD
EmCare, Inc. - North Division
(215) 442-5058

Family Medicine
Kendra Van der Embse, DO
Beavercreek Commons
Family Practice
(937) 427-3333

Zyabib Zanibi, DO
KPN Primary Care - Tipp City
(937) 667-0400

Internal Medicine
Shruti Patel, MD
Infectious Disease Associates, Inc.
(937) 912-9964

Niranshira Rahaman, MD
Asad Shah, MD
Kettering Physician Network Hospital Medicine
(937) 395-6665

Abidemi Akande, MD
Srisita Gaddipati, MD
Sarah Jackson, DO
Amith Parekh, MD
Michael Smith, MD
KHNP IP Med
(937) 395-6665

Paminder Modgil, MD
Primer - Miamisburg
(513) 618-5536

Pathology
Ernie Pousargue, MD
Kettering Pathology Associates
(937) 395-8849

Radiology
Neil Baron, MD
Louis Marone, MD
Kettering Network Radiology, Inc.
(937) 297-6306

Excellence in Education

Grandview Foundation funds medical education facilities upgrade

For more than 90 years, Grandview Medical Center’s commitment to training osteopathic physicians and providing quality healthcare to the Dayton community has earned the hospital a national reputation for excellence. To further this tradition of excellence, the Grandview Foundation has launched a campaign to renovate the medical education facilities, transforming them into a library and learning center to educate osteopathic physicians and healthcare professionals into the future.

A $1 million lead gift from foundation board member Mary Rieck helped initiate the renovation plans, which will take place throughout 2017. The facility will be named the Mary and Harold Rieck Center for Osteopathic Education, thanks to the donors’ generosity.

A complete renovation

The three-story, top-to-bottom renovation includes a new community room and a state-of-the-art library and auditorium with new seating and new computer lab, setting the course for the future of education at Grandview and Southview medical centers.

Physicians have the opportunity to participate in the campaign to support the renovation. To learn about other giving and naming opportunities, please contact Kelly Fackel at (937) 723-3358 or kelly.fackel@ketteringhealth.org

— Jim Schoen, DO, Director of Medical Education Program Director of Family Practice Residency Program

This renovation is an important step along our journey to ACGME accreditation. Thanks to the generosity of Mary and Harold Rieck and other supporters of the Grandview Foundation, our educational facilities at Grandview and Southview will be on par with the best academic centers in the country. This transformation will create a new space for educational activities, resident and faculty interaction and research, and a state-of-the-art osteopathic manipulation treatment lab that will allow our residents to develop their osteopathic identity and distinctiveness during training and as they move into practice.
New addition improves patient satisfaction

An expecting mother’s birth team often includes her family, doctors, and nurses—and now, women delivering at Soin Medical Center have the option to include a midwife.

It is all part of a growth strategy for OB/GYN care at Kettering Health Network, says Miriam Cartmell, MS, RN-C-OB, NEA-BC, executive director, women’s and children’s service line. “We were the only hospital system in the surrounding competitive market to not offer nurse midwifery or a formal natural birth program. We found that many women who would otherwise choose a Kettering Health Network provider were going elsewhere, just to see a nurse midwife.”

Full-scope care

Two certified nurse midwives have joined the team at Kettering Physician Network Women’s Health—Advanced Women’s, Darla Baker and Andrea Carr, who both hold Master of Science degrees in nursing and are advanced practice registered nurses with multiple certifications, including nurse midwifery and electronic fetal monitoring.

They provide full-scope obstetric and gynecologic care for women from puberty through menopause, including well-woman gynecologic care, family planning consultations and contraception, and prenatal, pregnancy, and delivery care. Baker and Carr have privileges at Soin Medical Center, where they can provide natural birth experiences as well as pharmacologic pain management.

This marks the first time in many years that patients will be able to choose a Kettering Health Network certified nurse midwife for full-scope OB/GYN care, including deliveries.

A strong patient satisfier

Physicians, nurse midwives, nurse practitioners and clinical nurse specialists at Advanced Women’s work together to ensure that patients receive well-coordinated, collaborative care for all their obstetric and gynecological needs. Kettering Physician Network OB/GYN Steven Crawford, MD, says he and the practice’s other physicians quickly embraced the idea of adding nurse midwives.

“The nurse midwife model appeals to a lot of women in our service area who are looking for a more natural approach to labor and delivery, but still want high-tech monitoring and the availability of medical interventions if something unexpected arises,” says Dr. Crawford, who had worked successfully with nurse midwives at his previous practice. “Another plus is that nurse midwives can offer longer office visits, which provides more time to teach and build relationships with patients.”

Certified nurse midwives follow strict care guidelines established by the American College of Nurse Midwives (ACNM) in collaboration with the American College of Obstetricians and Gynecologists. In fact, according to a 2009 study by ACNM, care from a nurse midwife is associated with lower rates of cesarean birth and regional anesthesia, and higher rates of breastfeeding.

Adding certified nurse midwives to the care team is likely to increase patient satisfaction and contribute to growth, Cartmell says. “Ultimately, we want the nurse midwife model to be wildly successful and replicate it at other network practices,” she explains. “We expect this to benefit everyone—providers and, most importantly, the families we serve.”

“By 2020 we are anticipating a national shortage of 25,000 family medicine physicians,” says James Tytko, MD, director of Soin Medical Center’s residency program. “It’s already challenging for patients to get an appointment with a family practitioner, so if we can produce six more a year through our residency program it will be a big boon to the community.”

Soin Medical Center recently received accreditation to add a family medicine residency program. The program will accept six residents per class with the ability to expand as needed. Residents will complete both inpatient and outpatient electives and rotations.

“This residency is bringing a whole new chapter to Soin,” says Robert Smith, MD, Designated Institutional Official of Kettering Health Network and Chief Medical Officer for Kettering and Sycamore medical centers. “The program will not only benefit patients, but also advance medical staff and the community.”

Beginning July 1 residents will split their time between Soin Medical Center and a nearby, newly renovated family practice center with state-of-the-art exam rooms and equipment.

The residency will begin as an unopposed program, granting members the full teaching attention of participating physicians and staff.

“Family medicine requires exposure in many areas” says Anna Squibb, MD, associate program director. “This program is a great opportunity for medical staff to build relationships with future practicing physicians.”

Residents who complete the program would offer a great value to the network, Dr. Tytko says. “We are very interested in recruiting and retaining residents upon completion of the program. Given the vibrant Dayton community and positive work culture at Kettering Health Network, we are anticipating many of the residents will want to stay in the area and work with Kettering Physician Network.”

The program’s initial success has been due to team effort, Dr. Smith says. “Many of the medical staff have offered to volunteer their time and expertise in training this next generation of physicians. We want to thank the staff for their enthusiasm and look forward to a bright and successful future in this beginning.”

Soin Medical Center Launches Family Medicine Residency Program
A new nuclear medicine gamma camera at Greene Memorial Hospital features state-of-the-art detectors and advanced scanning capabilities, offering extremely precise lesion detection. The technology results in shorter exam times and reduces radiation doses by as much as 50 percent.

The addition of the GE Discovery 630 dual-head SPECT camera expands Greene Memorial Hospital’s already strong nuclear medicine capabilities and complements the advanced nuclear medicine technology that is available at nearby Soin Medical Center (see box).

“With the Network’s growing cancer program, it is important to have all the diagnostic services patients need close to home,” says Holly Adkins, RT, RSO, testing center coordinator and radiation safety officer at Greene Memorial Hospital. “Between the two hospitals, we can now offer comprehensive nuclear medicine studies. Plus, the new camera is upgradeable, so if we want to add computed tomography capabilities to it down the road, we can.”

With the new camera, exam times are significantly shorter due to fast and flexible robotic gantry motions and streamlined workflow software. For example, a SPECT bone protocol takes about 16 minutes imaging time, compared to 30 minutes with the hospital’s previous SPECT camera.

Doubling patient volume

By adding the new camera, Adkins estimates that patient volume could double in the Greene Memorial nuclear medicine department. “We can use both of our gamma cameras all day,” Adkins says. “We are scheduling next-day appointments, and can accommodate patients who aren’t able to lie on the table for very long. Plus, we can almost always have results available within five hours.”

In addition to the two gamma cameras, the nuclear medicine department at Greene Memorial offers breast-specific gamma imaging (BSGI) as an adjunct to mammography for women with breast implants or dense breasts, and for those who are not able to undergo magnetic resonance imaging. Greene Memorial is the only Kettering Health Network hospital to offer BSGI.

COMPREHENSIVE NUCLEAR MEDICINE STUDIES ARE NOW AVAILABLE AT GREENE AND SOIN

Greene Memorial’s technology includes:
• GE Discovery Nm 630 SPECT camera
• GE Infinia Hawkeye SPECT/CT camera
• Breast-specific gamma imaging (BSGI)

Soin Medical Center’s technology includes:
• Siemens Symbia T SPECT/CT camera
• Siemens Symbia SPECT camera
• Siemens Biograph PET/CT camera

For more information, please call Holly Adkins at (937) 702-4261.

W hen the cardiac cath team at Soin Medical Center performed its first emergency percutaneous coronary intervention (PCI) in January, adrenaline was running high. But with more than 5,000 hours of training in the books, the team was more than ready.

Just eight months earlier, Soin’s cath lab had only been authorized to perform diagnostic cath procedures. But in April 2016, the Ohio Department of Health broadened its criteria for which hospitals could perform PCIs. “This was an invitation for Soin to take another big step in providing Greene County residents with access to quality heart care,” says Deborah Berry, BSRT, cath lab manager at Soin Medical Center.

Beginning in May 2015, 64 inpatient care nurses and another eight from the cath lab began training extensively to provide PCIs and post-PCI care. The Soin team modeled its operations after the cath lab at Kettering Medical Center, using the same supply and medication lists and staffing models. As part of the upgrade, the Soin cath lab purchased new equipment, including an intravascular ultrasound device and the Impella, a percutaneous ventricular assist device.

The Soin cath lab team began performing planned, elective interventions on Oct. 3, and emergent cases on Jan. 16. “Before, we had to transfer emergent cases to another hospital, and it could be an hour before intervention could start,” Berry says. “Now, we can keep patients here and get them revascularized much faster.”

These new services would not be possible without strong collaboration between members of the interdisciplinary team, including Thomas Roff, DO, medical director of the PCI program; nurse educators; and staff in the Emergency Department, Intensive Care Unit, Coronary Care Unit, Administration, cath lab, and pharmacy.

Patient volume in the cath lab is up, and more and more cardiologists are performing PCIs at Soin. “It’s so exciting to be part of the cath lab, because you get this instant gratification of saving someone’s life,” Berry says. “As a health care professional, it doesn’t get any better than that!”

For more information, please contact Deborah Berry at Deborah.Berry@ketteringhealth.org or (937) 702-3131.
Some musculoskeletal injuries heal on their own or with very little medical intervention. Others require the expertise of an orthopedic surgeon. For everything in between, there is Kettering Sports Medicine at Soin, which opened in January in the Ollie Davis Pavilion at Soin Medical Center.

The clinic treats athletes and active individuals who have:

• An acute musculoskeletal injury
• A recurrent musculoskeletal injury
• Chronic joint or muscle pain that is atypical to arthritis or overuse injuries
• A musculoskeletal injury that is not healing as expected
• A concussion or suspected concussion

David Buck, MD, a family physician who is fellowship-trained in primary care sports medicine, sees patients at the clinic on Monday, Tuesday, Wednesday, and Friday from 7 to 11 a.m., and Tuesday and Thursday from 1-5 p.m. Same- and next-day appointments are available. The staff also includes an athletic trainer.

“We offer bracing at the Soin practice, and X-rays across the hall,” says Dr. Buck. “Soin Medical Center offers more advanced testing. If patients need a higher level of care, we will refer them to subspecialists, such as orthopedic surgeons or neurologists, as needed. And we’ll provide case summaries for referring physicians and primary care doctors as well.”

A state organizations evaluate three common types of organizational threats: preventable risks, strategy risks, and external risks. Authors Robert Kaplan and Annett Miles (HBR, 2012) noted that threats in the third category are often the most difficult to identify in advance and are impossible to prevent due to strong cognitive biases against blunt risk assessment. In healthcare, physicians discuss the concept of risk with patients daily in a wide variety of contexts: the risk of starting new medications, the risk of surgery, even the risk of taking no action.

When evaluating their own risk, patients collectively tend to defer to expert opinion. However, a recently published systematic review of 48 studies in JAMA (Hoffman and Delmar, 2017) showed that physicians have a significant tendency to overestimate benefit and underestimate harm. In short, we tend to be overly optimistic about our ability to heal, and underestimate the long-term risk of therapies and unhealthy behaviors.

Given the recent administrative change in the federal government, we are now forced to ask what are the external risks that may threaten us in the future, both individually and collectively as healthcare providers and institutions.

Astonishingly, U.S. healthcare spending is anticipated by CMS to reach 20 percent of the GDP by 2025. That’s 5.5 trillion dollars!

Our own successes in technology, medications, and quality of care have lengthened the expected lifespan for millions of Americans. We as a nation will become our own greatest risk unless we fully acknowledge that health begins at birth, or even before, and that we can shape the health outcomes decades from now through today’s lifestyle choices.

Our mission to improve the quality of life of the people in the communities we serve has never been stronger.

by

Marcus Romanello, MD, MBA, FACEP,
Chief Medical Officer for Fort Hamilton Hospital
Kettering Physician Primary Care Practices have been on a journey to become Patient-Centered Medical Homes (PCMH) and recognized by the National Committee for Quality Assurance (NCQA). By Quarter 2 of 2015, 11 practices achieved this recognition. Now, nine more Kettering Physician Network Primary Care practices have received the NCQA PCMH Recognition for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships.

Level 3 is the highest recognition level awarded and is given to practices that meet stringent criteria in six standard categories: Enhance access and continuity, Team-based care, Population health management, Care planning and management, Care coordination and tracking, and Performance improvement and measurement.

“This is quite a remarkable achievement for these primary care practices,” says David Doucette, MD, Chief Medical Officer for Kettering Physician Network. “The Patient-Centered Medical Home Recognition is a major achievement in our journey of redesigning primary care. The transformation of our practices to patient-centered medical homes benefits our patients now and for a long time to come.”

The NCQA PCMH is a model of primary care that combines teamwork and information technology to improve care, improve patients’ experience of care and reduce costs. Medical homes foster ongoing partnerships between patients and their personal clinicians, instead of approaching care as the sum of episodic office visits. Each patient’s care is overseen by clinician-led care teams that coordinate treatment across the health care system. Research shows that medical homes can lead to higher quality and lower costs, and can improve patient and provider reported experiences of care.

**Six Primary Care Practices Achieve NCQA PCMH Recognition**

Rigorous standards emphasize enhanced care through patient-clinician partnership

**The Following KPN Primary Care Practice Locations Have Achieved Level Three NCQA PCMH Recognition:**

• Beaver Creek
• CenterMed Family Practice
• Congress Park Family Practice
• Helena Duque-Pages, MD
• Latha Venkatesh, MD
• Southmoor Medical Associates
• Sycamore Family Medicine
• Sycamore Internal Medicine
• Xenia

**Welcome Doctors**

Fort Hamilton New Physicians on Medical Staff

October 2016-February 2017

**Family Medicine**

Fatin Albezargan, MD
Kettering Physician Network Primary Care Hamilton
(513) 867-9000

**Hospitalist**

Chalana Gunawardena, MD
Medicine Inpatient Group, LLC.
(513) 610-7430

**Neonatology**

Prasoon Verma, MD
Children’s Hospital Medical Center
(513) 636-4830

**Oncology**

Karyn Dyehouse, MD
Oncology Hematology Care, Inc.
(513) 751-2273

**Pathology**

Enie Pougasare, MD
Kettering Pathology Associates
(937) 395-8849

**Radiation Oncology**

Joseph Shaughnessy, MD
Oncology Hematology Care, Inc.
(513) 751-2273

**Excellence in Wound Care**

Fort Hamilton Wound Healing Center named a Center of Distinction

The Center for Wound Healing at Fort Hamilton Hospital has been awarded the Center of Distinction award for clinical excellence from Heallogics Inc., the nation’s leading and largest wound care management company.

The Center for Wound Healing received the award because it achieved outstanding clinical outcomes for 12 consecutive months, including patient satisfaction higher than 92 percent, and a wound healing rate of at least 91 percent in less than 31 median days. Out of 630 Centers eligible for the Center of Distinction award, 334 achieved this honor in 2017.

“This is a great honor,” says Michael Mewhirter, president of Fort Hamilton Hospital. “This award shows the high level of wound care that is available for residents here in Hamilton and all of Butler County. This quality of care is possible thanks to our skilled wound care specialists.”

Fort Hamilton Hospital’s Center for Wound Healing specializes in the treatment of chronic or difficult-to-heal wounds, including hyperbaric oxygen therapy, negative pressure therapies, and skin substitutes. A member of the Heallogics network, the Center for Wound Healing employs a rigorous scientific approach to explore, test, find, and develop the clinically proven methods and technologies which reintroduce the body’s innate ability to heal.

The NCQA PCMH is a model of primary care that combines teamwork and information technology to improve care, improve patients’ experiences of care and reduce costs. Medical homes foster ongoing partnerships between patients and their personal clinicians, instead of approaching care as the sum of episodic office visits. Each patient’s care is overseen by clinician-led care teams that coordinate treatment across the health care system. Research shows that medical homes can lead to higher quality and lower costs, and can improve patient and provider reported experiences of care.
As we consider the future direction of healthcare, explanations of when and how we transition from a traditional fee-for-service reimbursement model toward value-based reimbursement models are filled with uncertainty and some vagueness. Two things, however, are without ambiguity. First, we will continue to undergo significant changes in the way we deliver health care with patient-centricity and more attention to population wellness, replacing more physician-centric and episodic dominant delivery systems. Second, we will proceed on our journey knowing we will deliver the best care in an ever increasingly demanding workload environment, and will do so in light of a shortage of primary care and some specialty physicians.

As the increasing demand for services challenges overburdened physicians, one important group has been emerging as an effective solution for the healthcare delivery team: Advanced Practice Providers (APPs).

Team-based care
Kettering Physician Network has been adapting a staffing model that includes increasingly independent APPs. Through models such as Patient-Centered Medical Homes and Comprehensive Primary Care Initiatives, we have been combining both physicians and APPs with other healthcare providers, including care managers and care navigators. The resulting team provides high-value healthcare where each member of the team is operating at the top of his or her license. Far from being just a safety valve for physicians, APPs are able to produce high-quality results as they provide services including annual examinations, acute care visits, maintenance care of chronic diseases, and wellness promotion. As state regulations relax and recognize the data-proven value of APPs, and with “managing up” by other members of the care team, patients accept and appreciate the value of the APP and the continuity of care.

Access and growth
At Kettering Physician Network, we have seen the number of employed APPs increase from 40 at the end of 2013 to more than 100 at the present time. Given the range of services an APP can provide, this represents unprecedented access opportunities for our patients. Because APPs typically are more readily recruited and take less time to train than a physician, a practice can add an APP sooner than a new physician, which decreases patient backlog and demand for services. They help a practice extend practice hours and the number of appointment slots that are available.

Operating within their scope of practice and with appropriate collaboration and referrals to other physicians, APPs provide timely, high-quality patient-centered care. In the most ideal models of team-based care, the collaborating physician is no longer the bottleneck. There is improved practice efficiency and throughput, which helps enhance patient satisfaction without compromise of patient safety and quality.

Healthier communities
As healthcare moves toward population health, we are being asked, “What are we doing to improve the overall health of our communities?” There is increasing demand on practitioners to meet the “triple aim” of medicine that includes providing patients with high quality care at reduced cost and with good patient satisfaction. Patients and policymakers are increasingly seeking value, which they partially define as increasing health and wellness so more expensive services are reserved for those who fail preventive measures.

APPs are vital to meeting the increasing workload imposed by these wellness initiatives and preventive measures. A patient who feels the caring and trust of a dedicated team of professionals develops a therapeutic relationship that is not solely dependent on one physician. That therapeutic alliance is effective—even when the physician is not available. With deliberate and caring communication with the patient, there is a greater likelihood of achieving incremental and frequent small outcome improvements needed to promote overall patient health and wellness.

Team-based care, incorporating effective intentional use of APPs, helps bridge the gap between society’s expectations for primary care and diminishing resources. As a provider solely responsible to bridge that gap, burnout and feelings of inadequacy will continue. To achieve the quadruple aim, which includes improving the work-life balance of those providing the care, a team-based approach offers some meaningful protection.

The team-based care approach is an effective strategy, beneficial to both patients and to practices. By employing multiple team members who contribute at the top of their licenses to form meaningful therapeutic alliances, patients enjoy better health and wellness while team members are more likely to achieve greater outcomes and find better work-life balance.
Welcome Doctors
Kettering Physician Network New Physicians and Advanced Practice Providers
October 2016-February 2017

29 Practices Join CPC+ Partnership to Strengthen Primary Care

Kettering Physician Network is proud to announce that 29 primary care practices have been selected to participate in the Comprehensive Primary Care Plus (CPC+) partnership. This initiative provides participating primary care practices with additional resources to improve coordination of care.

The 29 Kettering Physician Network practices are among more than 2,900 primary care practices nationwide chosen to participate in this public-private partnership intended to strengthen primary care as a whole.

Through a competitive application process, Centers for Medicare & Medicaid Services selected primary care practices within the chosen markets to participate in CPC+. Practices were chosen based on their use of health information technology; ability to demonstrate recognition of advanced primary care delivery by leading clinical societies; service to patients covered by participating payer partners; participation in practice transformation and improvement activities; and diversity of geography, practice size and ownership structure.

The partnership is between payer partners from Centers for Medicare & Medicaid Services, state Medicaid agencies, commercial health plans, self-insured businesses and primary care providers. It is uniquely designed to provide improved access to quality health care at lower costs. The five-year model started January 1, 2017, and will end December 31, 2021.

“It is a distinct honor and privilege to be accepted into this program,” says Kettering Physician Network Chief Medical Officer David Doucette, MD. “This initiative is an advanced primary care medical home model that aims to strengthen primary care through regionally based multi-payer payment reform and care delivery transformation. This program will be instrumental in providing the necessary resources needed to improve patient care outcomes and control the rising costs of healthcare.

“My sincere congratulations go to KPN Director of Patient Care Services, Theresa Slyby, RN, APRN, and her team and to all of the primary care practices who were a part of the competitive application process, and who are committed to participate in the hard work of transforming primary care delivery to better serve the patients of our communities.”

Congratulations to the following Kettering Physician Network Primary Care practice locations:

- Beavercreek
- CenterMed Family Practice
- Congress Park Family Practice
- Drs. Askew, Basundra and Stone
- Richard Byers, MD
- Helena Duque-Pages, MD
- Ronald Taylor, MD
- Latha Venkatesh, MD
- Englewood Health Center
- Fairborn Family Practice
- Far Hills
- Franklin Medical Group
- Greystone Family Care
- Indian Creek Family Health Center-Oxford
- Indian Creek Family Health Center-Ross
- Integrated Medical Group
- MiamiSburg Family Practice-Alex Road
- MiamiSburg Family Practice-Byers Road
- Ollie Davis
- South Dayton Internists
- Southmoor Medical Associates
- Springboro Health Center
- Sycamore Family Medicine
- Sycamore Internal Medicine
- Tipp City
- Village Green
- Walden Ponds
- Xenia Family Practice

BEHAVIORAL HEALTH
Alexis Marcum, LPC
Kettering Counseling Care
(937) 384-6920

GENERAL SURGERY
AndrewArcher, DO
Michael Eldor, DO
Paul Levy, DO
First Surgical Care
(937) 531-0195

GENERAL SURGERY/ SURGICAL CRITICAL CARE / TRAUMA
Ragavan Narayanan, MD
Melissa Whitmill, MD
Marieke Ferguson, PA-C
Kathleen Kelly, PA-C
Justin Stafford, PA-C
Leonie Weiss, PA-C
Kettering Physician Network General & Acute Care Surgery - Trauma
(937) 395-8556

HOSPITAL MEDICINE
Abdemi Akande, MD
Jeremy Chapman, DO
Kettering Physician Network Hospital Medicine
(937) 395-6665

NEUROSURGERY
Kamal Woods, MD
Amy Ross, APRN-CNP
Angela Yost, APRN-CNP
Kettering Physician Network Neurosurgery
(937) 643-9299
Michelle Caesar, APRN-CNP
The Wallace-Kettering Neuroscience Institute
(937) 395-8002

ONCOLOGY
Christian Richardson, PA-C
Kettering Physician Network Oncology
(937) 558-3595

ORTHOPEDICS & SPORTS MEDICINE
Elizabeth Dolaney Crimp, MD
Kettering Physician Network Orthopedics & Sports Medicine
(937) 433-5309

PRIMARY CARE
Felix Albecega, MD
Kettering Physician Network Primary Care - Hamilton NW Washington
(513) 867-9000
Eve Connolly, MD
Kettering Physician Network Urgent Care - Xenia
(937) 225-2500
Dino Morello, MD
Kettering Physician Network Primary Care - Beavercreek
(937) 426-0049
Michelle Yost, MD
Kettering Physician Network Primary Care - Franklin
(937) 667-0400

SECONDARY CARE
Zina M. Williams, APRN-CNP
Kettering Physician Network Primary Care - Dayton
(937) 490-0123

UROLOGY
Joanna Cathcart, PA-C
Kettering Physician Network Urology
(937) 360-2011

VASCULAR SURGERY
Stacie Singleton, PA-C
Kettering Physician Network Dayton Surgeons
(937) 728-4126

Women’s Health
Amy Byerly, DO
Misty Dickerson, DO
Amy Park, DO
Whitney Sharp, DO
Kimberly Warren, DO
Kettering Physician Network Women’s Health – Contemporary
(937) 433-4325
Carolyn Peterson, DO
Sarah King, APRN-CNP
Progressive Women’s Health
(937) 531-0190
Darla Baker, APRN-CNM
Andrea Car, APRN-CNM
Kettering Physician Network Advanced Women’s
(937) 429-7350
Jennifer Hill, APRN-CNP
First Choice
(513) 894-4121
Women’s Health / Maternal Fetal Medicine
Hind Moussa, MD
Sara King, APRN-CNP
Perinatal Associates of SW Ohio
(937) 610-3220
Physician and Advanced Practice Provider ENGAGEMENT SURVEY

Help Plan THE FUTURE

• Five-minute survey
• April 10-June 2
• Share your ideas and concerns confidentially

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healthstreamsurveys.com/kettering2017