Physician Quarterly

Clinical Integration
What Should You Expect?

Embracing One Best Practice

Physicians Bring Advanced Procedures to Dayton

Cardiologists Weigh In on the Future
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One Best Practice
Terri Day, President, Kettering Health Network

When I arrived at Kettering Health Network two years ago, I found a dedicated leadership team that was and continues to be 100% focused on making our network successful.

I also found a health system with outstanding quality scores, beautiful campuses, and a culture that put employees and physicians first. In the last two years, we have started major initiatives that need to be completed or stabilized. They include:

• Installing Epic at all campuses and Kettering Physician Network
• Completing the opening of Soin Medical Center
• Expanding Grandview Medical Center
• Integrating Greene Memorial and Fort Hamilton hospitals into the network
• Building our physician base through the employment of between 100 and 250 KPN physicians

Any one of these initiatives would have been a significant event. But we had to diligently focus on all of them. And we did. However, we are now in a new year and we have mapped out a course that will continue to strengthen us as a network. Our senior executive team has committed to five guiding principles which we believe defines who we are:

1. Our culture will be patient-centered and reflect our spiritual mission,
2. We will be known for excellent clinical quality, high employee engagement, and excellence in patient satisfaction everywhere across our network,
3. Our physicians will play a key leadership role in the future of Kettering Health Network and will help us to be more integrated and aligned as a network,
4. Our operations and service lines will be designed to support our network as a whole,
5. We will have one strategic plan and one financial plan to guide us as a network.

Once we identified these guiding principles, we refined our strategic plan and created a leadership structure that achieves results. The triangle illustrates four key goals that we will work to achieve by 2014.

• World Class Status in Employee Engagement – Our success is in our employees hands.
• Top Decile in Quality & Safety – Our patients deserve nothing less.
• Top Decile in Patient Experience – Our customers’ needs. We need to develop, identify, and promote the best practices for our key processes.

What does One Best Practice mean?

One Best Practice means every patient can expect to receive the same standard of care no matter where they access care.

One Best Practice means that as a network, we are committed to learning from each other and practicing the best method for delivering quality care.

One Best Practice means that leaders consistently empower and engage staff.

One Best Practice means that we are all committed to excellence as a network.

Being committed to One Best Practice means that we resist unnecessary duplication, internal competition, and stay open to ideas no matter where they originated.

I am confident that we have the talent and resources to achieve our best laid plans.
The Future of Cardiology: Cardiologists Weigh In

We asked cardiologists throughout Kettering Health Network several questions on their perspective of the future of cardiology. Below are their responses.

How do you believe cardiologists should frame the future of cardiology?

By promoting health with specific heart health options in addition to disease management. Cardiologists must lead in the “appropriate use” of cardiac testing and interventions. It is imperative to be stewards of the vast array of diagnostic and interventional resources that are at our disposal. This is how we best serve our patients. We must work with our physician colleagues, professional societies, CMS, and third party payers to ensure all physicians determine the appropriate testing and options for patients.

– Robert Kiefaber, MD
Southwest Cardiology Inc.

Many factors will affect the future of cardiac care. As part of the larger healthcare landscape, PriMed cardiology is now more than ever focused on quality metrics that demonstrate the success of caring for our patients. At PriMed, we have a strong physician referral approach. We provide care at our Dayton-based hospitals to provide immediate care and intervention for all acute needs. Our practice has DOs and MDs.

– Robert Blalow, DO
Cardiology Specialists of Dayton

Patients are encouraged to keep all scheduled appointments and have all testing performed as recommended. We offer dietary counseling, assistance with medications the patients cannot afford, a team of cardiac registered nurses available to speak to patients regarding all their health care questions, and a website with links to numerous resources.

– Brad Gibson, DO
Cardiology Specialists of Dayton

What does your practice offer that sets you apart in the field of cardiology?

Southwest Cardiology offers expertise in all areas of cardiology. Our team encompasses both board-certified and specialty-boarded cardiologists enabling us to provide the full spectrum in advanced cardiac diagnostics, interventions, and niche specialties for the care of cardiac and vascular patients. Our practice centers on the full spectrum of disease management with a special focus on cardiac health strategies to improve the quality of our patients’ lives.

– Brian Schwartz, MD
Southwest Cardiology, Inc.

We are the only Dayton cardiology group with female cardiologists. Our cardiologists are board certified in all areas including diagnostic and interventional cardiac catheterization and peripheral vascular intervention. Our complete onsite imaging includes echocardiography and nuclear stress testing, implantable device management, and electrophysiology testing. Our cardiologists provide care at our Dayton-based hospitals to provide immediate care and intervention for all acute needs.

– Raja Nazir, MD
PriMed Cardiologists

What new technology advances will improve the way you practice?

The revolutionary advances in cardiac CT imaging provide complete 3D anatomical views of the heart with one heartbeat scanning and markedly reduced radiation for our patients. Such scientific advances improve the way we practice. Robotic equipment in the cath lab, such as Stereotaxis, gives us the ability to use smaller, more precise tools and techniques. Advances in minimization and electrolary energy (batteries) provide cardiologists better solutions for our patients. Finally, physicians have access to patients’ electronic medical records via Epic—a great benefit.

– Bruce Hymon, MD
Schuster Cardiology Associates;
Brad Gibson, DO
Cardiology Specialists of Dayton;
David Stultz, MD
Southwest Cardiology Inc.

Advanced technology, new or revised techniques, and interventional supplies have created resurgence in the use of radial artery approaches to heart caths including STEMI and vascular stenting. Our interventional cardiologists use the radial artery technique for approximately 90% of the patient procedures, including many emergency cases, compared to the 10% national average. This greatly reduces bleeding and groin complications and mobilizes the patient 75% earlier than comparable femoral access. Dr. Baig, medical director for electrophysiology, has done more radiofrequency ablations for atrial fibrillation than any cardiologist in the region. The roots of EP services at Kettering Medical Center are directly linked to Dr. Ahmad’s work and leadership for the past 20 plus years.

– Niraj Reddy, MD
PriMed Lincoln Park Cardiology

It is my privilege to join the heart program at Kettering Health Network and provide patients advanced care in the forefront of cardiac arrhythmia treatment. The most advanced EP systems employ magnetic navigation technology and Fast Anatomical Mapping to diagnose and treat arrhythmias such as supraventricular tachycardia, Wolff-Parkinson-White Syndrome, paroxysmal and persistent atrial fibrillation and flutter, as well as idiopathic and ischemic premature ventricular beats, and ventricular tachycardia. The robotic advances for Stereotaxis Robotic Navigation and non-contact 3D mapping allow me to be much more precise and reduce EP case time and radiation for my patients. The future introduces Cryoablation technology and Lariat left atrial appendage closure devices as new treatment modalities for atrial fibrillation patients.

– Frank Chen, MD
Southwest Cardiology Inc.

What advances are occurring in cardiac research?

Quality metrics are much more developed and monitored to ensure that the “science” supports the cardiac care. Research is ardently moving to new innovations and not as much “me too” technology and pharmacology. The industry is looking at cardiac-protective pharmacology. Finally, there is a wealth of new research on optimum heart health and achievable lifestyle changes to prevent and also treat heart disease in non-traditional ways. There are new biologic treatments for hypercholesterolemia including antibody treatment to lower serum cholesterol; new anticoagulant therapy to prevent the risk of stroke in atrial fibrillation; new antiplatelet therapy to prevent the risk of cardiac events in patients with peripheral vascular disease.

– Franklin Handel, MD
Schuster Cardiology Associates;
Harvey Hahn, MD
Southwest Cardiology

How do you integrate a health and wellness preventative message into your practice?

Every patient, with or without a heart condition, needs to understand the importance of lifestyle in preventing and treating disease. Good dietary habits, exercise, and stopping smoking are more important than any medication we can prescribe. We focus on “achievable steps” in our counseling to patients as dramatic lifestyle changes are a journey, not a dash. Also, we refer patients to Kettering’s Center for Cardiovascular Health, which incorporates motivational interviewing as well as the Am I Hungry? and CHIP programs to focus on patient cardiac care.

– Harvey Hahn, MD
Southwest Cardiology, Inc.

What does your practice perspective of the future of cardiology?
Physicians Bring Advanced Procedures to Dayton

Two physicians affiliated with Kettering Health Network recently brought two cutting-edge procedures to Dayton for the first time ever.

New Technologically Advanced Total Ankle Replacement

Safet Hatic, DO, orthopedic surgeon at Orthopedic Associates of SW Ohio and graduate of the Grandview Orthopedic Surgery Program, performed Dayton’s first technologically advanced total ankle replacement using Wright Medical Technology’s PROPHETE INBONE® Total Ankle System.

Dr. Hatic performed the surgery at Grandview Medical Center on a patient with severe ankle arthritis.

What does the INBONE® system offer?

The INBONE® system is unique in that the surgeon works with the medical device company’s engineers to virtually perform the surgery before the surgeon even sets foot in the operating room. Using a CT scan of the patient’s ankle, engineers generate a surgical template that includes custom cuts and a jig, which is an anatomically matched model of the ankle. The template allows the surgeon to cut into the ankle in the exact desired location.

“I am able to interact with the engineers via the computer in a secure fashion, and can make changes up until we finalize the surgical plan to develop the necessary custom jigs,” says Dr. Hatic. “I can change alignment, rotation, and sizing of the implant—all those variables can be adjusted.”

Surgeons who apply the technology using the INBONE® System, however, can be limited based on accompanying deformities.

“There is a threshold in what we can do with a total ankle, but I think it is a very good option in patients who need or desire a motion-preserving procedure,” says Dr. Hatic.

The system allows for the patient to walk without a limp because the surgeon is able to preserve mechanical motion.

“The goal is to maintain as much motion as possible and to get the patient back to an active lifestyle,” says Dr. Hatic. “This unique technology helps me to optimize the outcome of the surgery and has the potential to keep patients pain-free down the road.”

First Carotid Artery Stenting Procedure from the Radial Approach

Niranjan Reddy, MD, cardiologist at PhilMed-Lincoln Park Cardiology, recently performed Dayton’s first carotid artery stenting procedure by the right radial approach at Kettering Medical Center.

“The procedure was successful,” says Dr. Reddy. “The patient was discharged home within 24 hours and has done very well.”

While it is a growing trend for cardiologists in the U.S. to perform heart catheterizations from the radial approach, a carotid stent from the radial approach is fairly uncommon.

“One of the reasons why cardiologists are trying to convert to the radial approach is because the patient can bleed a lot with the femoral approach,” says Dr. Reddy, “especially when he or she is on blood thinners.”

Why use this approach?

Patients may be given a lot of medication before the operation, which can thin the blood during the procedure. This can cause bleeding through the groin and require transfusions if the patient experiences a large amount of blood loss.

Research has proven that a radial arterial approach decreases such bleeding episodes.

Ambulation is another reason Dr. Reddy opted for the radial approach. “We are seeing that early ambulation after any procedure decreases the risk of any patient developing deep vein thrombosis,” he says.

Dr. Reddy has performed approximately 1,000 heart catheterizations from the radial arterial approach. With this approach he has been able to discharge patients within three hours.
Heartfelt Manner of Healing
Mike Brendel, Vice President, Clinical Services, Kettering and Sycamore Medical Centers

"Above all else, guard your heart, for everything you do flows from it." — Proverbs 4:23

In 1963, President John F. Kennedy proclaimed February as National Heart Month. The opportunity to focus on North America’s single largest cause of death also provides opportunity to increase awareness of all matters of the heart—physical and spiritual.

The manner of healing mentioned in the Bible does not make clinical sense. This healing doesn’t follow the modern medicine world that uses diagnostics, imaging, molecular science, pharmacology, or considerations of anatomy and physiology. The core of healing was from the heart of God for the heart of man. This healing connection that our patients desire is often hidden from their physicians. The heart functions as both the functional organ for life and as the center of emotion, passion, and compassion. In our acute setting, the patient seeks relief from pain and fear of death and hopes for assurances of near-eternal life from the healer. This healer is you, the physician.

Just as Christ healed to draw people to God, He acutely tuned into the unfortunate, underprivileged, distraught, and sickly beings—much as you experience every day. You make a difference when you use your heart to understand every patient’s circumstance. Together, we choose to bring them healing in the spirit of God’s love in a caring, compassionate, and expert environment.

Take a look at your heart to align both the functional manifestations of healing and the emotional, compassionate healing that called you into service for mankind.

Clinical Results Now Delivered Electronically
Bryan Beer, Director, Epic Ambulatory Services

Fueled by incentives provided by the Centers for Medicare and Medicaid Services and Meaningful Use, the adoption of Electronic Medical Records has dramatically increased across our community. Whether it’s systems like Athena, Allscripts or Kettering Health Network’s own Epic system, more and more providers are using EMR for their clinical documentation.

As we work toward the goal of a truly “paperless” office, Kettering Health Network has entered into agreements with area Health Information Exchanges, allowing for electronic results delivery. By building an interface between a practice’s EMR and the HEI, the need for faxing results can be eliminated and instead electronic results will arrive directly into the system.

Items that can be delivered include discrete laboratory results, radiology reports, admission/discharge/transfer notifications as well as transmitted reports. These results are delivered in real time and eliminate the need for manually scanning and attaching a result.

The network is engaged with two regional HEI solutions. The first is HealthBridge, which operates in the Greater Cincinnati Hamilton Area. By connecting with HealthBridge, practices can receive results from Fort Hamilton Hospital. The network has also connected with the statewide HEI ClinSync, which would allow for results delivery from Kettering, Sycamore, Grandview, Southview, Soin, and Greene hospitals.

Kettering First In The World to Receive Gamma Knife Upgrade

Kettering was the first to bring Gamma Knife to the Dayton region in 1999, and the recent upgrade to the Leksell Gamma Knife® Perfexion® system continues the legacy of innovation.

"We now have the most advanced gamma knife in the world with our new upgrades," says Douglas Einstein, MD, director of Radiation Oncology at Kettering Medical Center.

Gamma Knife is a type of radiosurgery that uses concentrated beams of radiation for the precise treatment of tumors in the brain while minimizing damage to the healthy tissue around it. "With this machine...the accuracy of the pinpoint radiation I'm able to deliver is 0.2 millimeters, which is smaller than the size of a pin tip,” says Dr. Einstein.

The upgrade from Elekta AB of Sweden included software, hardware, and time from Elekta's technical team. Elekta provided the upgrade free of charge, a value of more than $150,000.

There is no transactional cost for results to be delivered from Kettering Health Network; however, there is a nominal fee from the HEIs and depending on what system the practice is using, the EMR vendor may charge a fee for interfacing into the HEI. In most cases, though, practices find that they’re able to recoup these costs through decreased labor in scanning and locating results.

If you would like more information on connecting to the Health Information Exchange or receiving results from the network, contact Bryan Beer at (937) 384-4584 or bryan.beer@khnetwork.org.
Primary Care Physicians’ Role in Clinical Integration
Richard Blakely, MD, Chief Medical Officer, Memorial Hermann Physician Network

Dr. Blakely recently spoke to primary care physicians affiliated with the network regarding his expertise and success in clinical integration.

As physicians, we were trained and believed that our job was to care for the sick. The measures of quality were instilled into us by our mentors during our medical education and training. Many of us chose medicine as a career because, in part, of the autonomy and choices it offered. And we really gave little thought to how health care would be paid for.

But our rapidly expanding understanding of the pathophysiology of diseases together with the many technological innovations in diagnostic and treatment interventions have resulted in an escalation of costs to the extent that those who paid for health care can no longer afford to do so.

That fact is forcing these payers, companies to make a profit shareholders of insurance insurance companies Clinically integrated insurance companies... can the patient be involved know what each other include “Do all the caregivers right diagnosis?” new questions... prescribe the right treatment... quality standards, must now also be viewed from the standpoint of the... physicians themselves. The result is something completely different from the HMO model of years past.

Primary care physician role
Why would a physician want to participate in clinical integration?
- Medicare reimbursement dropping
- Government looking for change from current ACOs
- Payers demand more but will not pay more
- Value-based payments

Competition is intense
Without primary care physicians, clinical integration becomes specialist centric. Clinical integration includes primary care physician leaders. Even more importantly, these leaders can become the cornerstone of the clinical integration model to the rest of the health care world.

How does this happen?
Primary care practices will need to:
- Extend their reach beyond the patients who request appointments
- Enhance access to services
- Increase preventive and wellness services
- Manage chronic illness outside of the clinical walls
- Seamlessly exchange healthcare information with other providers

Facing adversity
The biggest problem facing clinical integration is physicians’ lack of trust in the organization. Moreover, individual physicians do not have the resources to be successful on their own. A balanced partnership between clinically integrated physicians and a hospital system to manage the health of populations of people is essential for survival in the new world of health care. Too often, the administration of a hospital system provides physicians with a plan and solution. Instead, the administration should bring physicians the problem first and work together to find a solution.

The bottom line
Hospitals need physicians to provide patients and to give care that offers evidence-based measures, and... competitive. Physicians need hospitals to provide patients with a sophisticated healthcare facility and to provide... and expertise to support accountable care.

Change is never easy—no one likes being told what to do. But healthcare has changed and now physicians are part of a team. If primary care physicians are to succeed, we must commit to doing the right thing by communicating and trusting each other. There is a great opportunity to flourish.

HMO vs. Clinical Integration

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<th>HMO</th>
<th>Clinical Integration</th>
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<td><strong>WHAT IS THE GOAL?</strong></td>
<td>Shareholders of insurance companies to make a profit</td>
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<td><strong>WHO SETS THE GOALS?</strong></td>
<td>Insurance companies</td>
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<td><strong>WHERE DOES BONUS $ GO?</strong></td>
<td>Insurance companies decide</td>
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Check out the new robotic surgery commercial on Kettering Health’s YouTube channel or scan the QR code for quick access.
Kettering and Grandview Receive Top Recognition

Kettering Medical Center was recently named a 2013 Truven Health Analytics 100 Top Hospital®—an award previously given by Thomson Reuters. This was Kettering’s ninth time to be recognized as one of the nation’s top hospitals.

Kettering’s cardiac program was specifically noted by Truven as a 50 Top Cardiovascular Hospital® for the fourth year in a row and by Becker’s Hospital Review in their list of 100 Hospitals with Great Heart Programs.

Grandview Medical Center was named one of America’s Best 50 Hospitals™ and a Distinguished Hospital for Clinical Excellence™ by Healthgrades®. The hospital was also recently noted by Becker’s Hospital Review as the 10th best hospital in the nation for the lowest 30-day mortality rate for pneumonia patients.

Chemistry Platform Becomes Network Standard

Geoffrey Hahm, MD, Pathologist, Kettering Medical Center

The Kettering Health Network laboratory team is pleased to announce a new standard for chemistry analyzers across the network.

After a two-year selection process, pathologists and technical specialists throughout the network selected the Siemens Vista analyzer for its comprehensive menu, multiple incorporated methodologies, high-sensitivity testing, and fast throughput.

Changes you’ll see with Vista technology

New reference ranges will be reported on the patient results as the analyzers are implemented throughout the network. With the implementation of the Vista test menu, we are able to expand and modify our current test menus. A high-sensitivity Troponin I is now available with a testing time of often minutes only using 20ul of plasma.

Natriuretic Peptide measurements across the network will be converted to measuring the amino-terminal fragment (nT-proBnP) with the instrument go lives. Both BnP and nT-proBnP are produced in a 1:1 ratio and released into the circulation in equal parts. The Vista technology allows us to measure the nT-proBnP. The nT-proBnP has a longer half-life—approximately 120 minutes, compared with 20 minutes for the BnP—and thus, circulates in higher concentrations measured in pg/mL with medical decision thresholds of:

• Patients < 75 years of age: 125 pg/mL
• Patients > 75 years of age: 450 pg/mL

If you have any questions regarding the selection process or validation studies, please contact Dr. Hahm at (937) 395-8849.

New VP of Missions & Development Announced

Kettering Health Network has named Jarrod McNaughton vice president for missions and development.

In this new role, Jarrod will assist in aligning network services. He also will be responsible for spiritual outreach, community relations, development, and marketing.

Most recently, Jarrod served as vice president of San Joaquin Community Hospital, a 254-bed medical center in Bakersfield, California. He holds a bachelor’s degree in Public Relations from Pacific Union College, an MBA from the University of La Verne, California, and is a fellow in the American College of Healthcare Executives.

Touchdown Teddy Bear

Timothy Quinn, MD, orthopedic physician at Far Oaks Orthopedists, plays quarterback in Kettering Health Network’s Super Bowl Commercial. Check out the spot on Kettering Health’s YouTube channel or scan the QR code for quick access.

Celebrating Doctors Day


We are pleased to have so many skilled and caring physicians who work hard to make our health a priority.

To all the physicians throughout our community, you make our lives better and are there when our families need you most. Thank You.

Find a physician at ketteringhealth.org
Sailing Through the Storm
Rajeev Mehta, MD, Chief of Staff, Kettering and Sycamore Medical Centers

Dr. Mehta received several requests at the Quarterly Staff Meeting in December to print his Chief of Staff message.

Below is his speech.

It has been a good year. Thanks to all of you for supporting us, the physicians of the medical staff.

With your help, we have been able to achieve several of our goals and objectives this year.

The last phase of Epic was implemented in April 2012. Barring some initial hitches, we have done pretty well. Epic task force led by Lenis Companin did a fantastic job working with Dr. Chuck Watson to identify some concerns held by the medical staff. As we move forward into 2013, Ann Reddington has agreed to help us in this effort.

Epic will soon be upgraded, which will help alleviate some of the problems associated with our current software.

Although Clinical Work Station will be available via the Kettering Health Network intranet until September 1, 2013, it will no longer be available on the Carelink launch pad – therefore no patient contest – as of July 1, 2013.

The Medical Records committee, led by Dr. Hemant Shah, has been working very hard to resolve in-basket issues. We hope to soon be at a point that we will be able to follow an algorithm for delinquent records and make the process of managing delinquent records more efficient.

Under the leadership of Dr. Jon Velasco, we were able to define the guidelines for an attached patient, which has helped the ER in making referrals to the right physicians.

The central credentialing office has been a great help for the network. Year to date, they have received a total of 710 initial applications. Their turnaround time for new applications is 53 days. The steering committee approved a reappointment application in August 2012 and the reappointment process will be implemented network-wide beginning January 1, 2013. The Bylaws committee led by Dr. Milt Johnston and Dr. William McCullough did a great job in addressing the issue of primary board certification and maintenance of certification for our staff. This committee also addressed the issue of verbal and telephone orders so we are compliant with CMS standards.

Representatives from each hospitalist groups sat down with the team of hospital personnel and ER physicians to come up with proper acceptable guidelines for the ER lean project. Dr. Nancy Pook led this effort.

The Credentials committee under leadership of Tom Proctor defined guidelines for Telemedicine, re-entry of a physician into the work-force, and radiation safety guidelines to name a few. Tom has also been working on improving communication to the nursing staff so they can check the status of privileges of any physician at any given time.

Network alignment has been on the agenda at our chief of staff meetings with Fred Manchur, in which the network’s chiefs of staff get together to discuss strategy for the network.

Areas receiving attention are laboratory, radiology, credentialing, medical records, and CQRC guidelines for assigning peer review levels in keeping with Just Culture.

Thank you for filling out the physician partnership survey. More than 50% of Sycamore based physicians and around 27% of Kettering based physicians participated in the survey. The results will be available in an Advantages of MPI

Arash Kardan, MD, Nuclear Medicine Physician

A 47-year old man presents at a primary care physician’s office encouraged by his wife to seek treatment for a two-week history of intermittent left-sided chest pressure associated with shortness of breath but no radiation, palpitations, or cough. Discomfort dissipates within 15 minutes. He has not seen a doctor for more than a decade but has no known risk factors other than a family history of hypertension. His electrocardiogram in the clinic showed poor R-wave progression and minimal ST-elevation in the lateral precordial leads, suggestive of pericarditis or left ventricular hypertrophy.

What kind of cardiac testing should be done? How can the primary care provider provide a cost-effective workaround?

Myocardial perfusion imaging (MPI) refers to the utilization of radionuclides to image regional myocardial perfusion using coronary artery blood flow to the heart muscle. Used effectively, MPI can provide the clinician with a noninvasive technique that yields both important diagnostic and powerful prognostic information regarding the functional significance of anatomic coronary artery disease. MPI can also help guide therapeutic decision-making by stratifying patients with respect to future risk for adverse outcomes.

• MPI provides a noninvasive technique that yields both important diagnostic and powerful prognostic information regarding the functional significance of anatomic coronary artery disease.

• Single photon emission computer tomography (SPECT) can detect perfusion abnormalities early in the ischemic cascade before metabolic, electrical, or anatomic disturbances occur.

• A large meta-analysis of 33 studies including thallium-201 and technetium-99m tracers found SPECT with treadmill exercise had a sensitivity of 87% and specificity of 73% in defining stenosis of more than 50%.

• Appropriate Use Criteria (AUC) for radionuclide imaging is an attempt to improve patient care and health outcomes in a cost-effective manner and serve as practical guidelines for practitioners who order MPI studies.

• Effective radiation doses of MPI procedures are non-trivial and vary greatly between protocols. Physicians who order and perform cardiac imaging should be familiar with procedures that are done in accordance with the As Low As Reasonably Achievable (ALARA) philosophy.

To schedule an outpatient MPI test, please call Kettering Health Network’s Central Scheduling at (937) 384-4510.

The above excerpt was taken from “Myocardial Perfusion Imaging: From Diagnosis to Prognosis,” an article published by Dr. Kardan in the January issue of Primary Care Reports.

Sailing Through the Storm (cont. from page 14)

Dr. Rakesh Gupta, nephrologist in the network, climbed with his daughter and son-in-law to the summit of Mt. Kilimanjaro in December 2012. Our medical staff is always reaching new heights. Congratulations!

Cont. on page 15

Upcoming Issue. We will share the results with you and try to act on the requests that you have made in a timely manner.

Kettering and Sycamore Medical Centers were in Truven Health Analytics—previously known as Thomson Reuters —top 100 hospitals for eight and five years in a row, respectively. Thanks for the great work you all do and good care that you give to our patients.

We are putting together a physician orientation video for the entire network. Each network hospital will be able to piggyback specific areas of interest if they so desire. This will give opportunity to the new applicant to get to know our system, our culture, and our expectations.

We communicate with you via email, Physician Quarterly, fax, and through our quarterly staff meetings. Please also look at your Epic in-basket regarding medical records issues.

Going forward, look for the new Epic upgrade in 2013.

A clinical integration model, in which physicians govern themselves and share some profits with the hospitals through quality matrix, will be rolled out as well— you may want to participate in it.

There will be more network integration and consolidation. Health care will continue to change and we will change accordingly.

I am excited to be a part of Kettering Health Network. Together with your help, our administrative leadership, and God willing, we will sail through the new health care storm with flying colors.
Kettering Named Level II Trauma Center

The American College of Surgeons recently named Kettering Medical Center a Level II Trauma Center. A team of reviewers experienced in the field of trauma conducted an on-site review and determined that the hospital qualified for verification status.

“Kettering Medical Center is committed to providing trauma care through our dedicated physician, nursing, and allied health staff,” said Roy Chew, president of Kettering Medical Center, “so all our EMS providers can get seriously injured people to the best care available in the shortest amount of time.”

Kettering opened its Level II Trauma Center in November 2011 with provisional designation.

Thank You

Dr. and Mrs. David Small made a contribution to the Kettering Medical Center Foundation to upgrade the AV system for the Kettering Dean Amphitheater. Because of their generosity, physicians and other health care professionals are now able to video conference across the Network to discuss and analyze current medical cases.

Kettering • Sycamore Med Staff
Welcomes New Docs!

(Oct 2012-Jan 2013)

Shelsea Johnson, MD
PhMed Physicians, Wright Dunbar
(937) 288-3483

Adam Mezoff, MD
Cincinnati Children’s
(513) 636-4375

Howard Saal, MD
Cincinnati Children’s, Human Genetics
(513) 636-4790

Cristina Tarango, MD
Cancer and Blood Diseases Institute
(513) 636-4266

Cameron Thomas, MD
Cincinnati Children’s, Neurology
(513) 636-4222

OB/GYN

Misty Dickerson, DO
OB/GYN South
(937) 298-0167

Nicole Humphries, DPM
Community Medical Specialists
(937) 322-7607

ORTHOPEDICS

Cristina Tarango, MD
Cancer and Blood Diseases Institute
(513) 636-4266

RADIOLOGY

Ava Beaudoin, DO
Richard Leo Sulek, DO
Kettering Network Radiologists, Inc.
(937) 297-6306

SURGERY

Travis Gerlach, MD
Norma Smalls, MD
Kettering Acute Care Surgery
(937) 395-6010

Daniel Von Allmen, MD
Cincinnati Children’s
(513) 636-7365

* Kettering Physician Network doctor

KETTERING • SYCAMORE

Thank You

Kettering and Sycamore physicians, administrators, and their families enjoyed Kettering’s first-ever Quarterly Medical Staff Talent Show in December. From playing in a band, to singing, to photography, the talent exceeded everyone’s expectations.

Performing acts included:
Matt Tong, DO
Patrick Mezu, MD
Rajeev Mehta, DDS
Xoliswa Cross, RN
Stephen House, MD
Indu Rao, MD

Luis Teliez, MD
Code Blue Band

KETTERING • SYCAMORE

Thank You

Kettering Named level II Trauma Center

The American College of Surgeons recently named Kettering Medical Center a Level II Trauma Center. A team of reviewers experienced in the field of trauma conducted an on-site review and determined that the hospital qualified for verification status.

“Kettering Medical Center is committed to providing trauma care through our dedicated physician, nursing, and allied health staff,” said Roy Chew, president of Kettering Medical Center, “so all our EMS providers can get seriously injured people to the best care available in the shortest amount of time.”

Kettering opened its Level II Trauma Center in November 2011 with provisional designation.

Thank You

Dr. and Mrs. David Small made a contribution to the Kettering Medical Center Foundation to upgrade the AV system for the Kettering Dean Amphitheater. Because of their generosity, physicians and other health care professionals are now able to video conference across the Network to discuss and analyze current medical cases.

Kettering • Sycamore Med Staff
Welcomes New Docs!

(Oct 2012-Jan 2013)

Shelsea Johnson, MD
PhMed Physicians, Wright Dunbar
(937) 288-3483

Adam Mezoff, MD
Cincinnati Children’s
(513) 636-4375

Howard Saal, MD
Cincinnati Children’s, Human Genetics
(513) 636-4790

Cristina Tarango, MD
Cancer and Blood Diseases Institute
(513) 636-4266

Cameron Thomas, MD
Cincinnati Children’s, Neurology
(513) 636-4222

OB/GYN

Misty Dickerson, DO
OB/GYN South
(937) 298-0167

Nicole Humphries, DPM
Community Medical Specialists
(937) 322-7607

ORTHOPEDICS

Cristina Tarango, MD
Cancer and Blood Diseases Institute
(513) 636-4266

RADIOLOGY

Ava Beaudoin, DO
Richard Leo Sulek, DO
Kettering Network Radiologists, Inc.
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Travis Gerlach, MD
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Daniel Von Allmen, MD
Cincinnati Children’s
(513) 636-7365

* Kettering Physician Network doctor
Are you confused about hospital awards and rankings? From Healthgrades, to U.S. News & World Report, or to Truven Health Analytics—previously known as Thomson Reuters—it seems that everyone has something to say. More often than not, they aren’t saying the same things about Grandview and Southview.

In the last year, we’ve celebrated honors from Healthgrades and U.S. News. Grandview and Southview were recognized together as one of America’s 50 Best Hospitals. We were ranked as a U.S. News & World Report Best Regional Hospital, and recognized as high-performing in nine specialties, including orthopedics, geriatrics, neurology and neurosurgery, and pulmonology.

Yet, we did not perform as well in other ranking systems. We were not even ranked as a Truven Health Analytics 100 Top Hospital®, and we received a score of 40 out of 100 in Consumer Reports’ hospital safety ranking.

Why the difference in rankings?

Hospital rankings and awards are complex. The truth is, these organizations are not rating the same data and they use different methods to rate our facilities. We don’t always know those methodologies. Healthgrades focuses on clinical factors, while Truven Health Analytics incorporates hospital financial performance rankings.

A closer look at the methodology behind ratings and rankings

To determine America’s 50 Best Hospitals, Healthgrades analyzes about 150 million Medicare patient records from fiscal years 1998 through 2010 for 26 medical procedures and conditions. To be included in the analysis, hospitals have to meet minimums for patient volumes, quality ratings, and the range of services provided.

U.S. News & World Report selects award winners based on 16 medical specialties. Hospitals that are nationally ranked or high-performing in at least one specialty are recognized as Best Regional Hospitals. In 12 of the 16 specialties, a hospital’s ranking depends largely on objective data. Most of the data comes from the federal government. The rankings were based on reputation, patient survival, patient safety, and care-related factors. Hospitals that fall in the top 25 percent of the range in a given specialty were recognized as high-performing in that specialty.

Truven Health Analytics chose the 100 Top Hospitals by studying nearly 3,000 U.S. hospitals. They analyzed the cases of Medicare inpatients over one year. The data comes from public Medicare reports. They look at:

1. Risk-adjusted mortality index (in-hospital)
2. Risk-adjusted complications index
3. Risk-adjusted patient safety index
4. Core measures mean percent
5. 30-day risk-adjusted mortality rate for acute myocardial infarction (AMI), heart failure, and pneumonia
6. 30-day risk-adjusted readmission rate for AMI, heart failure, and pneumonia
7. Severity-adjusted average length of stay
8. Case mix- and wage-adjusted inpatient expense per discharge
9. Profitability (adjusted operating profit margin)
10. HCAHPS score (patient rating of overall hospital performance)

The Consumer Reports safety score combines six categories of hospital safety into a score between 1 and 100. The categories are infection, readmissions, communication, scanning, complications and mortality. All data except infection information came from the Centers for Medicare and Medicaid. Infection data came from the Ohio Department of Health and the Leapfrog Group.

The Real Reward

You may have noticed that sometimes we publicly promote the awards. In previous years, we promoted our Healthgrades awards with posters, banners, and press releases. This year, we secured limited rights to promote Healthgrades surrounding the opening of the Grandview expansion.

U.S. News & World Report also requires us to pay a fee. We are paying the fee because studies have shown that consumers recognize U.S. News & World Report as a reputable source. Truven Health Analytics and Consumer Reports do not charge hospitals money to publicize their awards. While we are honored to be recognized, let’s not get discouraged by those rankings that don’t include us. Let’s continue to focus on ensuring safety and high-quality outcomes for our patients. The recognition will be icing on the cake.

Kettering Health Network Expands Grandview

Thanks to the efforts of several Kettering Health Network affiliated orthopedists, Jeanne Kannon, a seven-year-old girl from West Africa’s Ivory Coast, is now able to walk and run.

Jeanne Kannon, 7, walks with her new leg upon her return home to the Ivory Coast.*

H. Brent Bamberger, DO, program director of Grandview’s Orthopedic Surgery Residency Program and a physician at Orthopedic Associates of SW Ohio, learned of Jeanne’s unusual birth deformity and recommended her to his colleagues and partners Safet Hatic, DO, and Chad Weber, DO, physicians at Orthopedic Associates of SW Ohio and graduates of Grandview’s Orthopedic Surgery Residency program.

Living with a type 2 congenital hemimelia, Jeanne could not use her knee, foot, and ankle since birth. Because of her age and the rareness of her condition, Drs. Hatic and Weber were very careful when they amputated Jeanne’s left leg from the knee and arranged for her prosthetic fitting—it was important that Jeanne’s leg still have the ability to grow.

Until Jeanne returned safely home to West Africa’s Ivory Coast, she was the only person in the United States walking with this version of the prosthetic foot.

“Jeanne’s surgery was very successful,” says Drs. Hatic and Weber. “It’s certainly among the most rewarding opportunities we’ve had to date.”

* Photos provided by the Booher family and Children’s Medical Mission

The new addition at Grandview opened in March. Patients and visitors now enter Grandview in style. The new entrance allows you to drive up to the main doors via a circular driveway covered by canopies for convenient patient drop-off. Upon entering you are greeted by the new lobby area, which is part of the expansion. From here you will easily find the information desk and registration areas. The two-story entrance will include an atrium with comfortable waiting areas.

The new dining area, Grand Central Café, opened last year in the new addition. It houses a restaurant-style kitchen that provides inpatient room service so patients can order their meals when they want them.

Up one floor are the new ambulatory surgery and recovery areas that consolidated and improved surgical services, and inpatient and outpatient flow.

“We were focused on co-locating all of our surgery support space on the same floor as the existing surgical suites,” says Dave Seidel, Grandview’s vice president of clinical and support services. “Now all of our pre- and post-operative care is right next to the operating rooms.”

The top two floors are shielded for future private rooms.

A public open house for the new addition is planned for June 2, from 1-3 p.m.

Richard Haas, President, Grandview Medical Center System
Soin Celebrates Anniversary

Soin Medical Center marked its first year on February 22. The hospital hosted a staff picture and lobby celebration with free cupcakes for all employees and visitors in honor of the milestone. Twelve months after its ER opened for business, the hospital continues to grow. In January, crews began building out the fourth floor with 32 private medical/surgical private rooms to prepare for a July opening. A fifth floor remains empty for future use. While the hospital is licensed for 95 inpatient beds, those designated for medical and surgical patients are already reaching occupancy rates of more than 80%.

“We are really humbled to have served with our team this past year and experience such success,” says Terry Burns, president of Soin and Greene. “We look back on the last 12 months, the number in this community we’ve served, the welcome Beaureveck and Fairborn offered, and we can only thank God. We appreciate the rest of the network rallying around us as well.”

First year in review:

February 23, 2012 – Dr. Amol Soin, chairman of the Ohio Pain Clinic and son of Indu and Raj Soin, performed the first elective procedure at Soin.

April 1, 2012 – Soin received certification from the Healthcare Facilities Accreditation Program and the Centers for Medicare & Medicaid Services.

May 1, 2012 – Soin’s Maternity Unit opens. Twenty-four hours later, the first baby is born.

August 1, 2012 – The first da Vinci® robotic surgery is performed at Soin—enabling our surgeons to perform less invasive and more precise procedures, which often result in faster patient recoveries.

October 5, 2012 – Ohio designates Soin as a Provisional Level III Trauma Center.

First year by the numbers:

75 robotic procedures
24,000 emergency center visits
221 babies delivered
2,351 patient admissions
494 employees

*Since May 1, 2012 when Soin maternity opened services.

Soin President Terry Burns and employees in the lobby of Soin.

Realizing Our Strengths

Steven Crawford, MD, Chief of Staff, Greene & Soin

Greene Memorial Hospital has shown significantly improved patient satisfaction scores over the last year. Our staff, physicians, and administration have diligently worked together to attain this goal in 2012, and we will continue to reach higher in our endeavor to be the best at Greene.

Soin Medical Center celebrated its one year anniversary on February 22. We have experienced consistent growth during this first year. We are currently beginning construction on the fourth floor of the hospital, as we need the extra beds now. Greene County and the surrounding service area are truly blessed with such an outstanding hospital.

In terms of Kettering Health Network, I hope to see the development of a network Physician Wellness Program to address physician burnout and addiction issues. I look forward to service line development across our network and working with all the chiefs of staff to begin to realize our strengths as we come together across all of our systems to create a true, clinically integrated network.
Upgrades Underway at Greene

The emergency room at Greene Memorial Hospital is undergoing a makeover. Cabinets, paint, and counter tops are being updated in patient rooms, workstations, and the nursing station. Now the equipment in all 17 patient rooms is standard to enhance the efficiency of patient care.

Improving Quality & Patient Satisfaction
Manish Sachdeva, MD, Chief of Staff, Fort Hamilton Hospital

My focus is on quality and patient satisfaction. This is what I would like the medical staff to pursue. Patient satisfaction is easy to do if you follow the Golden rule, “Treat others the way you want to be treated.” Each member of the medical staff that comes in contact with the patient has an opportunity and duty to provide the best quality of care and enhance the patient’s experience. Each and every member is a participant in that process.

The other area I want the medical staff to focus on is correct and meaningful documentation. With the Epic system, it is easy to generate pages of progress notes with redundant, exhaustive information without actually providing meaningful information that is readily accessible. It is important that we edit and update our templates periodically and make an effort to avoid old resolved problems from showing up on the active problem list as well as tailor our notes to reflect the care that the patient truly received.

I also want to see an increase in our surgical volume by expanding services to include spine surgery for herniated discs, thoracic, vascular, and bariatric surgery.

By working towards these goals, we can continue to improve the overall experience and care we provide for our patients. Dr. Sachdeva has been at Fort Hamilton since 2004. He has served in different capacities as chairman of medicine, medical director quality, utilization review physician, and now chief of staff at Fort Hamilton Hospital.

Sleep Services Move
The Fort Hamilton Sleep Center has moved to the lower level of the Community First Solution building, located at 520 Eaton Avenue, just across from the hospital. The new facility features an expansion from 3 to 6 beds, new diagnostic equipment, and is approximately 4,000 square feet.

Oluwole Onadeko, MD, is medical director of the program and completed his fellowship in sleep Medicine at Ohio State. Also on staff at the sleep center are Richard Sternberg, DO, and Michael Gabrilovich, MD.

To learn more, visit ketteringhealth.org/sleep or call (513) 867-6240.
New Radiation Oncologist Has Long History With Kettering Health Network

Rajanish Singla, MD, radiation oncologist, recently joined the Oncology Hematology Care practice that provides services to the Gebhart Center for Cancer Care at Fort Hamilton Hospital. Dr. Singla is not new to Kettering Health Network. His ties go back a long way to when he was young. He grew up in Kettering. His father, Dr. Ramesh Singla, is a physician and ophthalmologist who was on staff at Kettering Medical Center. When he was a student at Kettering Fairmont High School, Rajanish Singla volunteered at the hospital. “My family always had close ties to Kettering Medical Center which is why I volunteered there,” says Dr. Singla. “I was a candy striper and I helped to transport patients for discharge.”

Dr. Singla previously worked in St. Louis and is happy to be back in the Dayton area near his family.

“It is nice to be back in the community where I was raised and serving in the healthcare system in which I volunteered,” he says. “A lot of technology has changed, and radiation is becoming more of a standard part of cancer care. I am proud to offer this service to patients.”

Dr. Singla praised the Gebhart Center for Cancer Care at Fort Hamilton Hospital. “Fort Hamilton has some of the newest technology available, some of the best that the region has to offer. It’s a privilege to work with the hospital in caring for patients in Hamilton and the surrounding community.”

Mark Smith Holds Down the Fort

Mark Smith, Network Vice President & Interim President, Fort Hamilton Hospital

Mark Smith is no stranger to the hospital president’s chair. The current network vice president served as president of Sycamore Medical Center until May 2012. While Jennifer Swenson takes her medical leave after the birth of her third son, Mark will step in to perform the day to day presidential duties at Fort Hamilton Hospital.

“I am excited to have the opportunity to work with Jennifer’s team, as they continue their great work at Fort Hamilton Hospital,” says Mark. “I look forward to being there to provide administrative support and getting to know all of the staff.”

Fort Hamilton Med Staff Welcomes New Docs! (Nov 2012-Jan 2013)

APHERESIS
James Alexander, MD
James Gatton, MD
Ghada Khaile, MD
Community Blood Center
(937) 461-3450

EMERGENCY MEDICINE
Yevgeny Bulbin, MD
Brandon Conine, MD
Saqib Razaq, MD
Shabbir Sabir, MD
Hamilton Emergency Physicians
(513) 867-2270

SURGERY
Julie Gilkeson, MD
Dayton Surgeons, Inc.
(937) 228-4126

TELESTROKE TEAM
Meenakshi Munshi, MD
UC Physicians
(513) 558-52810

Sateesh Kesari, MD, Fort Hamilton Cardiovascular Services, has been nominated to the Primary Health Solutions 2013 Greater Cincinnati Heart Healers Hall of Fame. Dr. Kesari was recently honored at a gala that will raise funds for mobile dental unit for Butler County schools. Congratulations Dr. Kesari!

Midwest Orthopedics Expands to New Location

Physicians Douglas Gula, DO; Krista Migliore, DO; and Jon Moore, DPM, now accept patients at their new East Butler YMCA location.

Douglas Gula, DO, Orthopedist
Joined: 1996
Med School: Ohio University
Residency: Grandview Medical Center
Specialties: general orthopedics, sports medicine, total joints

Krista Migliore, DO, Orthopedist
Joined: 2012
Med School: Ohio University
Residency: Grandview Medical Center
Fellowship: Methodist Sports Medicine in Indianapolis
Specialties: sports medicine, shoulder and knee arthroscopy

Jon Moore, DPM, Surgical Podiatrist
Joined: 2012
Med School: Rosalind Franklin School of Medicine, Chicago Medical School
Residency: St. Vincent Mercy Medical Center
Specialties: orthotics fit/prescription, diabetic foot conditions, wound care and evaluation, surgical interventions for foot and ankle conditions, ankle trauma

Dr. Moore or Dr. Migliore can usually see patients within 24-48 hours. Dr. Gula can usually see patients within a week.

To refer patients to Midwest Orthopedics & Sports Medicine, please fax a referral form to (513) 261-6549 or call (513) 261-6540.
Two KPN Practices Selected for Primary Care Initiative

Biju Sreedhar, MD, Internal Medicine Physician, Kettering Physician Network

Of the 75 primary care practices chosen in the tri-state area, two Kettering Physician Network practices, South Dayton Internists in Kettering and Integrated Medical Inc. in Beavercreek, were chosen by the Centers for Medicare and Medicaid Services to be part of the Comprehensive Primary Care Initiative. CMS selected 500 offices—representing more than 2,000 providers and 300,000 Medicare beneficiaries—to be part of the nationwide initiative.

New standard of care

The purpose of the project is to improve the delivery of primary care and significantly decrease costs. To accomplish this, CMS compensates physicians based on improving care to their patients by working on two utilization measures—ER visits and hospital readmissions—and 13 clinical measures encompassing diabetes care and preventive medicine.

To begin the project, each cPci practice will be looking at the future delivery of care and cost savings. CMS is not alone in this initiative. All major insurance companies are interested in becoming part of this process. Approximately 10 private insurers have signed contracts with our providers in the cPci project to do similar levels of care for their patients. All seem to be looking at the future delivery of healthcare and cost savings.

Initial success

South Dayton Internists in Kettering staffs three Internal Medicine physicians and a nurse practitioner. On average, we see 60-80 patients per day. Our goal is to coordinate our patient population efficiently and help reduce costs. This is a novel approach for Medicare as they are actually reimbursing physicians to do this—beyond their traditional fee—for service plans. The difference in this project is compensating physicians for quality. Having same day appointments and a never-turn-someone-away policy has allowed our practice to thrive under these new standards.

What’s next?

This is a project that highlights the importance of how practices and hospitals will need to work together, also known as, “Clinical Integration,” to decrease health care costs in the future. Several areas need to improve in order for this initiative to be successful.

• Streamline Epic
• Accurately input data into Epic
• Collaborate with those involved in meaningful use at hospitals
• Follow up with patients after hospital readmission and provide quick access to their physician post-discharge, to minimize re-admission rates
• Eventually, standardize how all primary care practices work in Kettering Physician Network, as this is the future of medicine
• Focus on quality in delivering care

The advantage to the hospitals will be that readmission rates will hopefully decline—saving costs. Patients will be admitted to hospitals for the right reasons. By working together to provide more preventative medicine and better patient access to care, we can lower the total number of ER and hospital visits. The improvement in efficiency will result in more savings for both physician practices and hospitals.

The future of medicine and physician reimbursement is becoming more clear: quality care and coordination of care. At Kettering Physician Network, we see the cPci project as a means to an end—and hopefully this is a win for everyone!

George Lewis Named Kettering Physician Network VP

Please welcome George Lewis to Kettering Health Network to serve as Vice President for Kettering Physician Network.

In this role, George will report to Terri Day and will be responsible for providing strategic leadership and oversight for the KPN organization. George brings extensive executive experience in areas that are critical to Kettering Health Network’s strategic success, most recently at Scripps Coastal Medical Group, a multi-specialty physician medical group serving San Diego County. At Adventist Health, George was instrumental in the reorganization of a Behavior Medicine Hospital in Northern California that was set to close. The hospital was able to renegotiate all payer contracts, contract with additional physicians to secure volume, and ultimately save the facility from having to close.

George led the successful transitioning of a group of 80 primary care physicians into the Scripps family while reducing their operating expenses by over $25 million annually.

George has served in Adventist Health Systems as Administrator for hospital based outpatient clinics and Business Development, Paradise Valley Hospital, California—a 300-bed acute care community hospital. He loves golf, tennis and softball and also enjoys the theatre, reading, bike riding, hiking, and working out. George has a 22 year old daughter who just graduated from UCSF with a degree in communications and dance.

Physician Shout Outs

Congratulations to Cheryl Skinner, MD, medical director of Lebanon Hematology/Oncology, Inc., and Alejandro Calvo, MD, medical oncology director of Sycamore Medical Center, for recently becoming further certified in their areas of expertise.

Dr. Skinner and Calvo are now quadruple board certified by the American Board of Internal Medicine by adding Hospice and Palliative Care Medicine to their list of certifications, which include Internal Medicine, Medical Oncology, and Hematology.

To refer patients to Drs. Skinner and Calvo, please visit www.ketteringphysiciannetwork.org or contact their office listed below.

Physician Breakfast Meeting

Wednesday, April 17
Fort Hamilton Hospital Auditorium

KPN Family Picnic
Sunday, October 6
Dayton Dragon’s Fifth Third Field
Health Connection Podcasts Feature KPN Physicians

Patrick Lytle, DO, and Harvey Hahn, MD, two Kettering Physician Network cardiologists, explain the differences of heart disease in women and men and the importance of heart screens in Health Connection, a new video podcast series produced by KPN.

The series allows KPN doctors to discuss health issues in their areas of specialty.

“There’s a growing demand for health professionals to share their expertise about common health issues,” says Lainie Dean, director of KPN network development. “Our doctors are trained and experienced, so we’re excited to showcase them in these new podcasts.”

You can find Health Connection podcasts at KetteringPhysicianNetwork.org and the network’s YouTube channel. An audio-only version is available on iTunes. Future podcasts will address health issues like obesity and weight loss surgery, infertility, cancer detection and treatment, and other common healthcare issues.

If you would like to submit an article or have information you would like to see in Physician Quarterly, email physicianquarterly@khnetwork.org or call (937) 752-2053.