midland memorial hospital

Medical Staff Newsletter

Medical Staff Services are the foundation of a solid, well governed medical staff that prides themselves in providing Midland Memorial Hospital and its customers with the highest quality of patient care possible.

Culture of Ownership: Core Action Value #8—Vision

Cornerstone #1: Attention

What you choose to give your attention to will create the platform upon which you create your future vision—choose wisely.

Cornerstone #2: Imagination

Visualization is the active process that precedes the creation of vision; don't abuse your imagination with fantasy and worry, but rather use it to create memories of the future.

Cornerstone #3: Articulation

Before your vision can become reality, it must be articulated in such a way as to inspire passion and confidence in those who must contribute to bringing that vision into being.

Cornerstone #4: Belief

Belief is a force of nature. All achievement begins in the mind of someone who believes in possibilities.

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Introducing Our New Practitioners

October 2016

Mohammed Aljarwi, MD—Pediatrics/Hospitalist
Kavitha Bagadi, MD—Internal Medicine/Hospitalist
Matthew Brown, MD—Plastic & Hand Surgery
Michael T. Caglia, MD—Dermatology
Adnan Haider, MD—Internal Medicine/Hospitalist
Kathryn Hutton, DO—Obstetrics and Gynecology
Timothy McCavit, MD—Hematology/Oncology
Vabhave Pal, MD—Internal Medicine/Hospitalist
Joan Sybell Petalcorin, MD—Physical Medicine & Rehabilitation
Jimmy Uy, MD—Internal Medicine, Pulmonary Disease, Critical Care
Marivel Subia, NP-C –Nurse Practitioner, Emergency Medicine

Continuing Medical Education

Midland Memorial Hospital is accredited by the Texas Medical Association to provide Continuing Medical Education for physicians. Midland Memorial Hospital designates this live educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*™ for each teaching program throughout 2016. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Department Name Changes—Effective October 1, 2016

Birthplace to Labor & Delivery
OB/GYN to Mother-Baby

Medical Staff Leadership

Chief of Staff
Sari Nabulsi, MD

Chief of Staff Elect
Michael Dragun, MD

Past Chief of Staff
John Dorman, MD

Department Chairs
Hospital-Based Services
Larry Edwards, MD

Medical Services
Gerardo Catalasan, MD

Surgical Services
T.M. Hughes, MD

Rebecca Pontaski, MHA, CPMSM, CPCS, RHIT
Medical Staff Manager
432-221-1625

Alma K. Martinez, BAT-OM, RHIT
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432-221-1510

L. Michael Pallan
Credentialing Specialist
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Missy Taylor
Executive Assistant
Medical Affairs/Medical Staff Services
432-221-4629

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New Information

Forward Thinking

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

The Why and the HOW in Health Care Delivery

Victor Frankl survived difficult to imagine hardships during World War II. Having survived the concentration camps, he recognized that those who survived were able to adapt to the hardships. Those that were unwilling to change succumbed to the hardships. He developed Logo therapy on the principle that meaning and purpose are paramount to success. His quote, "those who have a 'why' to live, can bear with almost any 'how'" is valuable to remember if tough times.

The changes in health care delivery today are tough times. Certainly adapting to the change is essential to success. To successfully manage the change we must have an answer to "why?" With that in mind, I had some useful information provided to me recently related to our national economic health. One factoid was the cost of health care to the average American. The percent of middle class income spent on basic needs: food, clothing, housing, transportation has decreased over past decade. At the same time, the amount spent on health care has increased 25%.

Health care, despite the ACA, consumes 18.2 percent of the GDP as of this past June. That's up from 13.3 percent in 2000. With these unsustainable cost increases, employers are decreasing the burden they carry and shifting costs to the employees; more of our patients are responsible for more of their health care costs than ever before. Patient cost sharing is up 77% between 2004 and 2014.

When you begin to digest those economic realities it is clear that that we are on a non-sustainable trajectory. The Medicare and CHIPs Reauthorization Act (MACRA) is a very well supported legislated effort to grapple with the change. The goal is good: incentivize the quality and cost effectiveness of health care delivery while increasing collaboration in care delivery.

The problem is that it is legislated to be implemented by the Department of Health and Human Services. That translates to a bureaucratic process that will impact all of our FFS pay in 2019 based on service provided in 2017 (2 ½ months from now) and the rules for implementation are just now being completed. How does one prepare for that?

So the shared vision (the why) is that our health care delivery system is failing today. "The how" is how to make all this work. We, as the decision makers in health care delivery, have to find solutions to reduce the cost of the care we are delivering while providing high quality care to an increasingly attentive and concerned consumer.

Another factoid, mentioned in the recent TMA magazine, is that over 50% of Texas physician are not familiar with MACRA. I can assure you that not paying attention will fail as a strategy. One of our own physician's, who is very engaged with a successful quality improvement effort, was taking a survey to assess our readiness for the changes necessary for success in developing a clinically integrated network. He stopped taking the survey because he could not understand the questions. Questions using language around topics of health system networking and collaboration were not familiar to him. It would seem a good idea for us all to learn the same language!

The economic argument for changing the health care delivery model is compelling. The need for better collaboration between health care leaders -physicians along with administrators- is recognized as best practice and will take some work to accomplish. If we can agree to the "why" we can get busy working on the "how"…

Forward Thinking Continued

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

Building a Care Transition Process

Recognizing the gap we have in the care continuum from when a patient enters and then leaves our hospital, we are adopting a best practice process on our inpatient care team. We are developing the role of a Clinical Cared Coordinator (CCC). This will be an experienced Allied Health Professional (AHP). We currently are assigning one to a hospitalist team as a trial. That will create a ratio of one coordinator for 15-18 patients. The role will be to identify care needs early during the admission and aligning care needs with the services we provide. Also the CCC will ensure that discharge planning stays ahead of the care so that discharges occur on time with post-acute care needs being met and arranged. The plan is for a pre-discharge appointment so a follow-up with their informed PCP is arranged. In other systems where this method has been used, there has been significant decreases in LOS, avoidable bed days as well as more engaged patients and families with higher levels of patient satisfaction.

As we realize the success with this team concept, we plan to build upon it through the hospitalist service and then integrate it into the remainder of the service lines at the hospital.

Ultimately, a similar outpatient role will be used to enhance compliance with care after discharge. Mr. Johnny Flitton, PA-C, working with Midland Fire Department (MFD) and Midland Memorial Hospital (MMH) through the Community Health Program (CHP) is already doing some remarkable work with targeted high risk patients, visiting them at home which has reduced ED visits and hospitalizations.

Life Style Medicine Program

Our trial is into its second week with nearly sixty hospital employees engaged in the program. Twenty eight are involved in the Whole Foods Plant Based diet (WFPBN) arm while the remainder are participating in a standard ADA, AHA guidelines program. We look forward to reporting our outcomes in approximately two months. Thanks to Drs. Awtrey, Padmaja Patel and Dr. Stubbs for the help and involvement in the program. Also Marcy Madrid and of course the program coordinator, Cynthia Brock, MSN, BSN, RN, for their extensive work and time commitment to the program.

Musculoskeletal Disorder Management

Please welcome Dr. Joan Petalcorin to the West Texas Therapy offices. She is a PM&R physician with specific interest in musculoskeletal disorder management. Conveniently officed with the physical therapy services, she would like to see all patients with newly diagnosed musculoskeletal problems or difficult to manage chronic conditions. Her goal is to assess and treat with established best practices and avoid unnecessary costly work ups and treatments. In the process, she can serve to screen patients so that appropriate patients are referred to specialty care thereby allowing the specialist to do less of the works ups and more of the care they are trained to do.

Dr. Petalcorin would particularly like to see any hospital employees and their dependents. Refer those patients to her with acute musculoskeletal problems.

West Texas Therapy
5615 Deauville Boulevard, Suite 240
Midland, TX 79706
432-221-5560

Forward Thinking Continued

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

Cerner is our new Electronic Medical Record Vendor

We are officially contracted with Cerner for our new EMR platform. We will be onboarding with them over the next year. We plan to have the new platform online within 15-18 months. Any medical Staff with interest in the onboarding process please let Taylor Weems or myself know and we can discuss physician roles in the new platform development. We need your involvement for a successful implementation.

We are looking for Subject Experts for each specialty area. These will be physicians that will get extra Cerner training beyond the practical "how to" use the system. Taylor suggests the time commitment will be about 20-30 hours spread out over the 15 months of onboarding the system. That's maybe 2-3 hours a month. Please let us know if you are interested. There will be the need for a few physicians with more extensive involvement and I will reach out to those System Champions as the time approaches.

The Emergency Department and Hospitalist Service—Reducing Unnecessary Expenses

Mr. Ron Kalt, RDMA, RVT with the Vascular Ultrasound Service, worked with Dr. Michael Miller to get some valuable information and data in the hands of our front line physicians in the ED and the hospitalist service. With the data in hand, Dr. John Petersen, in the ED, set standards for indication of Vascular Ultrasounds for DVTs and Dr. Laurence Cunningham, with the hospitalist service, used similar guidelines to enhance appropriate utilization of the ECHOS and Doppler studies. In just a couple of weeks, Ron has seen a reduction in unnecessary studies.

Historically, the ordering physicians have often ordered indicated studies because the patient is here and it was convenient. Unfortunately inpatient studies are rolled into the DRG and are not paid for individually. If the study is done as an outpatient, it is reimbursed. Differentiating required studies for emergent or acute management from those that can be done later can save the hospital hundreds of thousands of dollars. Additionally, everything ordered has unintended consequences. Often ordering a study extends a patient stay by 1-2 days. Thoughtful ordering and appropriate management can improve our hospital bottom line by close to $1,000,000 annually with vascular ultrasound studies alone.

As the reduction in unnecessary inpatient vascular studies translates into dollars saved and earned, I will report the information at a later date. Similar improvements can be made with imaging studies such as MRIs and CT's that might be safely done at future time.

In the meantime, thanks to Ron Kalt, Dr. Michael Miller from Permian Cardiology, Drs. Petersen, Rea and the ED, Midland Emergency Management (MEM) group, as well as Dr. Laurence Cunningham and the Midland Inpatient Medical Associates (MIMA) hospitalist team for the valued work.

Holly Neal, PA-C

"Physician Assistant Holly is wonderful. She is so sweet and helpful."

Shelton Viney, MD

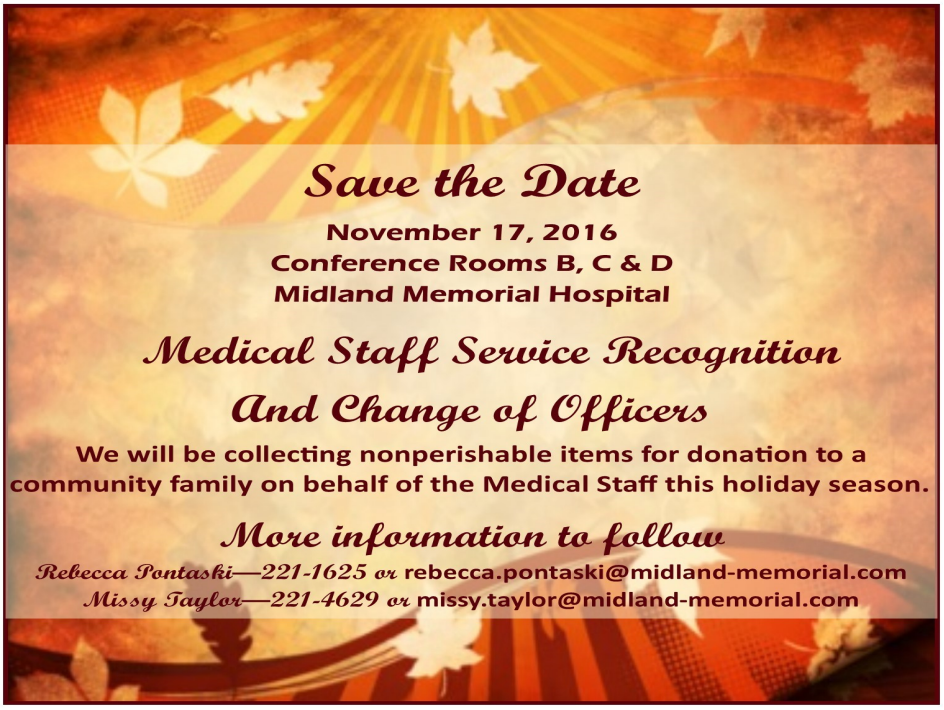
Date 9/7/2016 Dept. _____

I applaud Dr. Shelton (First Name) Viney (Last Name)

Because he took the time to schedule an Qualified Spanish Medical Interpeter and to communicate effectively with patients wife regarding her husband's recent bilateral below the knee amputations.

(Elba Reed) (Your name) X5098

Annual Medical Staff Meeting
November 17, 2016



Medical Staff Holiday Party
December 2, 2016

MEDICAL STAFF
HOLIDAY CELEBRATION
Midland Country Club
More information to follow.