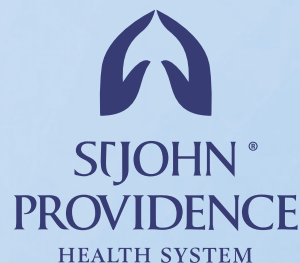


UPDATES & INNOVATIONS

Winter 2010

REPORTS AND BEST PRACTICES FROM ST. JOHN PROVIDENCE HEALTH SYSTEM



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Forward-thinking IT plan means higher quality care and access to incentives

AS ST. JOHN PROVIDENCE HEALTH SYSTEM moves into the next decade, it is also moving toward integration of medical information. Expectations from insurers, government and insurance company incentives, and the ability to provide seamless, coordinated care between providers are the motivating factors toward adopting new technology.



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According to the National Center for Health Statistics, 38.4% of office-based physicians reported using fully or partially electronic medical record (EMR) systems in 2008. However, the same study found that only 20.4% of all physicians reported using a system that included orders for prescriptions or tests, viewing laboratory or imaging results, and clinical notes.

While less than one-fifth of physicians report using basic EMR systems, those who do find them effective. In late 2007 and early 2008, another national study of nearly 3,000 physicians revealed that physicians reported positive effects of electronic health records systems on several dimensions of quality of care and high levels of satisfaction. Financial barriers were viewed as having the greatest effect on decisions about the adoption of electronic health records.

In order to remove that barrier, St. John Providence Health System has allocated funds to acquire the solutions necessary to begin clinical IT transformation. Currently, an EMR system is in place in our hospitals with selected ambulatory tools available to physicians in their offices. Many physicians are already taking advantage of it, using features such as disease registry and e-prescribing. Some physicians use software provided and supported by the system, while others use technology they've acquired on their own.

St. John Providence Health System, in collaboration with its affiliated physician organizations, is developing and implementing a strategy to

(continued on page 2)

Forward-thinking IT plan means higher quality care and access to incentives *(continued from page 1)*

provide a suite of clinical IT solutions to providers. Through St. John HealthPartners, a physician-hospital organization, a comprehensive product will be made available and include consultative services, installation, training, ongoing support and assistance at a competitive cost. This suite of clinical IT tools will easily allow practices to choose from a variety of solutions, including a Health Information Exchange (HIE), EMR, disease registry, e-prescribing and a patient portal.

This approach can help practices improve office flow, patient processing, and the quality of care they provide. By choosing only those solutions that are most important for them, a practice can avoid solutions that will not be successfully implemented. Practices that utilize clinical IT solutions have realized lower staffing

costs, more effective use of office employees, and improved outcomes on various quality and efficiency measures, often improving returns through pay-for-performance plans.

One key clinical IT strategy for 2010 is the establishment of a system HIE that will facilitate electronic sharing of data among physicians, facilities, other care providers, and patients. This will provide single sign-on access to other clinical tools. This next step furthers St. John Providence Health System's goal of improving the coordination of patient care.

St. John Providence Health System recognizes that physicians are vital to its ongoing viability in the market. It is dedicated to offering the tools, security, transformation, training, implementation and decision support opportunities to make your practice

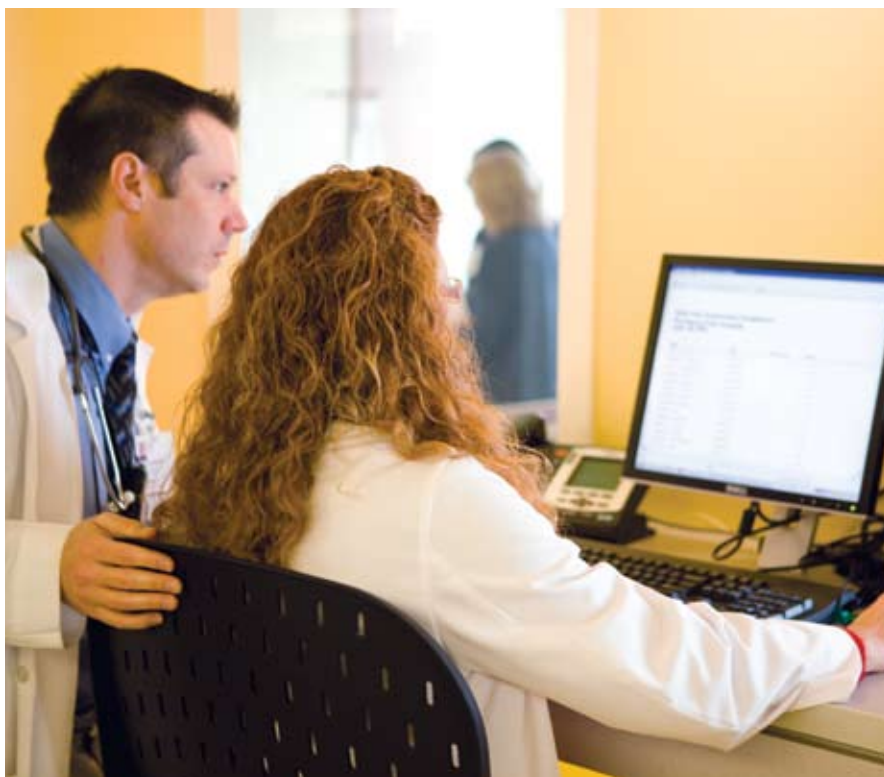
Top Rated EMR Vendors

According to KLAS, healthcare technology monitoring company, the three most highly rated and regarded ambulatory EMR vendors are:

- Allscripts (#1 rated ambulatory EMR in 2008)
- eClinicalWorks (#1 rated ambulatory EMR so far in 2009)
- NextGen

more efficient, enable you to provide the highest quality patient care, and offer the most seamless access to actionable information and communication.

It is clear that patients, payors, and state and federal government are mandating and incentivizing the expanded use of electronic tools. These tools will help improve patient outcomes, proactively prevent expensive hospitalizations, improve communication across the continuum of care, and decrease the cost of rendering care. A practice's ability to successfully implement selected clinical IT tools and improve the quality and efficiency of care will be rewarded in the evolving pay-for-performance market, including the government incentives for practices achieving "meaningful use" of health-care IT. As a provider, understanding these trends and positioning your practice for the future will be keys to success. St. John Providence Health System, through its partnership with member physicians, is poised to provide practices with the clinical IT support to help them achieve current and future goals. To learn more, call the St. John HealthPartners provider relations staff at (586) 228-4660 or (586) 913-5381. [↗](#)



Physician focus group results put into practice

AS PROMISED, this is an update to you on the work underway as a result of the primary care physician focus groups held last fall.

We have significant progress to report:

- **Capital funding was approved** to begin deploying a Health Information Exchange that will initially connect 1,000 primary care physicians. This is a huge step forward in sharing patient information between PCPs, specialists and inpatient facilities, developing a patient portal and further implementation of our EMR systems.
- Hospitals that have eCare now **automatically notify PCPs** when their patients visit the ED or are admitted, along with key diagnosis information.
- At St. John Hospital & Medical Center, we are piloting a similar notification process that sends the PCP **discharge information**



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on their patients. We expect to implement the process system-wide in June.

- We are working with our partner Accretive to **improve lab billing** and make patient statements more understandable and user-friendly.
- We are exploring the possibility of developing a **Health ID Card** for St. John Providence Health System patients.

All of these actions are the direct result of comments we heard from you during our focus groups, and we continue to ask for your feedback on these initiatives. While there have been some improvements, we need to continue our physician compact and relationship-building strategies. As ever, thank you for your passion for healing. 🙏

Clinical trials hold promise for patients



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THROUGH OUR PARTICIPATION in several oncology study groups, Providence Hospital offers patients access to cutting-edge treatment protocols designed for specific disease stages, as demonstrated by the examples that follow.

Stage II colon cancer

This stage presents difficult treatment choices for physicians. One active trial (although no longer recruiting) evaluates patient risk based on molecular markers. For patients at low risk, we simply observe and offer supportive measures. Those at high risk receive one of two regimens: chemotherapy only (FOLFOX 6) or chemotherapy plus a monoclonal antibody (FOLFOX 6 + bevacizumab). The primary aim of this trial is to determine disease-free survival, assessed by recurrence, second

primary cancer, or death from any cause, after four years. Trial code: NCT00096278.

Stage III colon cancer

A trial currently recruiting patients is evaluating the use of FOLFOX chemotherapy with or without targeted treatment with the monoclonal antibody cetuximab. Eligibility is limited to patients with tumors free of mutation in the K-ras oncogene. The study seeks to determine disease-free survival at three years. Trial code: NCT00079274.

(continued on page 4)

Clinical trials hold promise for patients *(continued from page 3)*

Stage IV colon cancer

Two studies are currently enrolling patients with previously untreated metastatic stage IV disease: FOLFOX and FOLFIRI with bevacizumab or cetuximab or both. Eligible patients must exhibit no mutation of the K-ras oncogene. The aim of this trial is to determine whether two targeted biologic agents improve survival compared with just one agent. Trial code: NCT00265850.

Primary Myelofibrosis, Post-Polycythemia Vera Myelofibrosis or Post-Essential Thrombocythemia Myelofibrosis

The Incyte trial is enrolling patients with myelofibrosis or myelo-proliferative diseases who are resistant, refractory or intolerant, or, in the investigator's opinion, not candidates for the current available therapies; or have an enlarged spleen (determined by palpation to be about at least 5 cm). The trial compares placebo to the JAK-2 inhibitor in regard to improvement in splenomegaly, constitutional symptoms and transfusion dependency. Monitoring the JAK-2 mutation is required as an indicator of gene suppression. Trial code: NCT00952289

For further information, visit www.clinicaltrials.gov and enter the code appearing at the end of the trial descriptions above. ↗

FOLFOX = folinic acid, fluorouracil, oxaliplatin

FOLFIRI = folinic acid, fluorouracil, irinotecan

Update: Patient-Centered Medical Home expands



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THE GOAL OF THE Patient-Centered Medical Home (PCMH) is to build a safe haven for patients where collaborative, coordinated care leads to improved health and lower health-care costs. Each patient establishes a continuous relationship with a personal physician to coordinate sick and well care with a focus on the whole person and improved quality, satisfaction and safety. Physicians who participate are rewarded with incentives from Blue Cross Blue Shield of Michigan (BCBSM) and, potentially, Medicare.

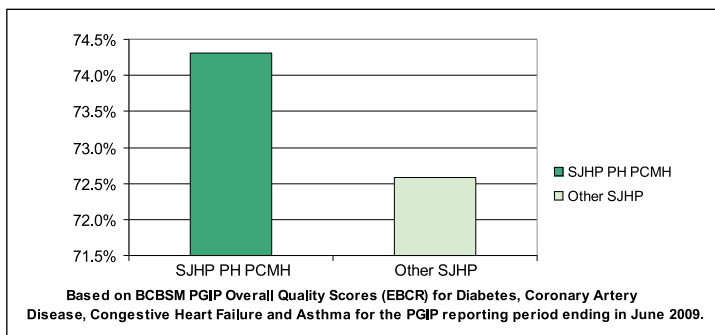
The PCMH model is based on patient-centered care built on the physician-patient relationship. Health and chronic diseases are managed more effectively due to decreased fragmentation and duplication of services. Improved continuity of care and more effective navigation of the health-care continuum also provide a strategic advantage for physician-hospital organizations.

PCMH Designation Facts

- Designation must be renewed annually.
- PCMH physicians receive enhanced reimbursement from Blue Cross Blue Shield of Michigan and, potentially, Medicare.
- The Physician Group Incentive Program (PGIP), created by BCBSM, offers incentives for PCMH designated physicians.
- Partner Health administers the PCMH within St. John Providence Health System. Made up of nearly 1,000 physicians, Partner Health is physician led and physician driven, and focuses on connecting physicians and practices to St. John Providence Health System.

Research shows physicians who use the PCMH model have higher quality and efficiency scores than those who do not. PCMH patients have lower pharmacy costs, ER utilization and high-tech radiology utilization. Based on quality, efficiency and patient satisfaction outcomes, we're seeing better care with decreased utilization. Quality scores for PCMH physicians were almost 2 percent

FIGURE 1



Analysis shows that physicians enrolled in PCMH demonstrate improved quality scores as compared to non-PCMH physicians.

higher than quality scores for non-PCMH physicians for the reporting period ending June 2009 (see figure 1). In addition, physician utilization scores for PCMH physicians showed markedly higher efficiency for January through June 2009 for multiple areas of use (see figure 2).

Funding provided by BCBSM's Physician Group Incentive Program (PGIP) enables development of resources for primary care practices to make infrastructure changes that support the development of the medical home model. E-prescribing tools, electronic medical record (EMR) systems, and disease/patient registries – as well as technical support – ensure successful implementation in physician practices.

PCMH accomplishments and goals

St. John Providence Health System IT will soon offer a full array of computer technology, including Health Information Exchange (HIE), EMR and electronic prescription refill. Implementation of this technology allows physicians to achieve PCMH designation and maximize incentive payments.

PCMH and IT initiatives at St. John Providence Health System are closely tied. The IT enhancements and processes described in the article on page 1 will be necessary for PCMH physicians to receive incentives and

enhanced reimbursement.

Since Spring 2009, St. John HealthPartners, a physician-hospital organization made up of more than 2,000 physicians, has focused on growing the PCMH physician group. We've recruited new physician practices and assisted them as they begin their journey down the PCMH path. The group designated for 2009 has more than doubled in size now that we are nominating for 2010. More than 140 additional PCPs are also prepared and currently requesting PCMH designation.

St. John Providence Health System is working to recruit physicians and practices interested in obtaining PCMH designation, then assisting in the transformation. This transition occurs through process improvement at the practice level and learning to adapt daily workflow in the practice to accommodate these changes. Our staff is available to work with practices, get physicians involved, and expand connections with specialists, hospital-based services, and diagnostic centers.

In 2010, the PCMH will expand. A strategic initiative for St. John Providence Health System is to develop holistic, safe, effective care across the continuum. We've begun to make connections with specialists, hospitalists, ERs, and urgent cares and incorporate the use of HIE technology. This will allow these

entities to communicate with PCPs and access information about patients they may see in their offices. The HIE will enable electronic sharing of information, medication prescribing and test results.

Within Partner Health, PCMH practices can offer intensive disease care management. We're able to remove barriers to care, whether they are financial, social, educational or psychological, and help patients learn how to better care for their disease. In addition, improved transitions of care decrease readmission for the same diagnosis. For example, when a patient is admitted to the hospital for recurrent congestive heart failure, the transition from the inpatient setting back to the PCP, cardiologist and home care is done quickly and seamlessly, preventing readmission.

In 2008 and 2009, Partner Health provided care-management services to participating physicians and their patients with diabetes. Diabetic patients who participated in the Care Enhancement Program showed quality scores at completion of the program that were 38 percent higher than at enrollment (see figure 3).


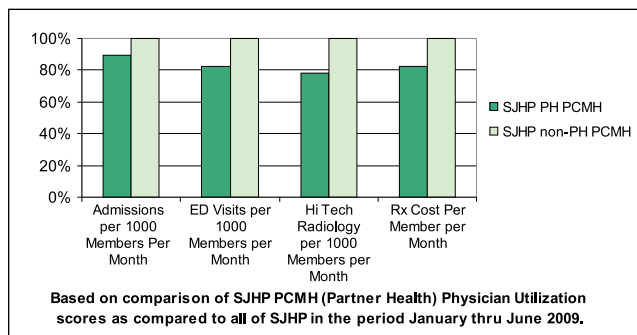
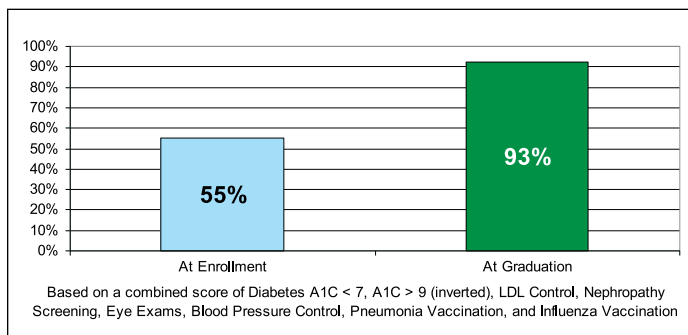
In 2010, Partner Health will expand services for congestive heart failure, coronary artery disease and asthma, and will continue to work to add more tools to enable better management of more chronic diseases. 

FIGURE 2



Analysis shows that physicians enrolled in PCMH demonstrate early improvements in overall efficiency (utilization) as compared to non-PCMH physicians.

FIGURE 3



Diabetic patients referred by SJHP PCMH physicians into the Care Enhancement Program show significantly improved quality scores at graduation.

Colorectal cancer surgery: optimal patient outcomes



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FOR SIX CONSECUTIVE YEARS,

colorectal and general surgery at Providence Hospital has received “center of excellence” ratings based on national MEDPAR outcomes data provided by the Centers for Medicare & Medicaid Services. Fewer than 50 hospitals (out of 5,000) nationally have achieved this consistency of recognition.

Superior survival rates

Our goals are to ensure that patients survive surgery and return home free of complications, and that they enjoy long-term survival. Short-term postsurgical success begins with preoperative management. We order Ensure supplements for patients with inadequate nutrition. We also correct low hematocrit levels with iron supplementation, thus minimizing the need for perioperative transfusion, which is known to decrease survival.

Before surgery, many patients undergo stress testing. Each year, several patients must first have bypass surgery or stent implantation to improve their chances of survival following colorectal surgery.

After reviewing the National Cancer Database, the American College of Surgeons Commission on Cancer noted Providence Hospital’s five-year survival rate of 60.5%, compared with a 52% average at teaching hospitals. Our facility is large enough to offer the latest technologies, yet small enough to foster close teamwork and careful strategies, leading to superior outcomes for

patients. This achievement reflects our thorough evaluation of patients, application of state-of-the-art procedures and technologies, and close collaboration among specialties. Our team approach to each case varies. We approach and treat colon cancer and rectal cancer differently.

Colon cancer: staging directs treatment choices

When we assess a patient’s general condition and ability to endure surgery with medical clearance, we also explore the possibility of tumor metastasis by obtaining CT scans and measuring liver enzymes and carcinoembryonic antigen (CEA) levels. We then decide on the most appropriate surgery, using a laparoscopic technique whenever possible. If pathology reports indicate that disease has spread beyond the bowel wall, the medical oncology team initiates treatment with chemotherapy, antiangiogenesis therapy, or both.

Many of these patients qualify for inclusion in groundbreaking studies (see *Clinical trials hold promise for patients* on page 3). Our pathology department accurately harvests lymph nodes, making staging efforts more accurate. We have standardized postoperative care with implementation of a major bowel pathway.

Rectal cancer: benefits of cross-specialty collaboration

Effective treatment of rectal cancer necessitates the expertise of a colorectal surgeon and cross-specialty collaboration from the outset. At colonoscopy, we first obtain a biopsy to identify the lesion’s histology. As part of the workup, we use rigid sigmoidoscopy to identify the tumor’s exact location and morphology, obtain

measurements and determine next steps. Options may include (1) local transanal excision, (2) immediate laparoscopic resection of the rectum with advanced sphincter-saving techniques or (3) delaying surgery for four to six weeks to allow preoperative treatment with radiation or chemotherapy.

Pathologists, radiologists, gastroenterologists, radiation oncologists and medical oncologists contribute to our decisions. We order a triple-contrast CT of the abdomen, pelvis and thorax. Rectal ultrasound distinguishes lesions that are superficial to the mucosa from those that have invaded muscle layers or lymph nodes. When a tumor invades the rectum by direct extension (stage II) or spreads to lymph nodes (stage III), treatment begins with six weeks of radiation (see *Innovations: radiation for rectal cancer* on page 7) and chemotherapy. After a four- to six-week hiatus, we perform surgical resection.

Our laparoscopic experience, coupled with our ability to perform colonic pouches, coloplasties, and nerve-sparing and sphincter-saving operations, offers patients the option of avoiding permanent colostomies.

Because stage IV cancer usually involves the liver or lung, we assess these patients for possible liver resection. Advanced surgical techniques, including laparoscopic resection, are considered. Previously associated with a very poor prognosis, selected stage IV cancer now has a survival rate after resection of 30% to 40%.

Even patients with bilobar disease, not amenable to liver resection, can do well on newer FOLFOX regimens, living for years. 🐾

FOLFOX = *folinic acid, fluorouracil, oxaliplatin*

St. John Providence Health System hospitals ranked among the top in U.S. for heart care



PROVIDENCE AND ST. JOHN MACOMB-OAKLAND hospitals were recently ranked as 100 Top Hospitals in the United States for heart care, according to an independent national study conducted by Thomson Reuters, a health care information company.

Providence is the only hospital in Michigan to be recognized in the category of Teaching Hospitals with Cardiovascular Residency Programs. This is the ninth consecutive year that Providence has been named to the list, making it the only hospital in southeast Michigan to receive this recognition nine years in a row. St. John Macomb-Oakland (SJMOH) is ranked as one of the top Teaching Hospitals without Cardiovascular Residency Programs. This is the first time that SJMOH has been ranked.

The study examined the performance of 971 hospitals by

analyzing outcomes for patients with heart failure and heart attacks and for those who received coronary bypass surgery or percutaneous cardiovascular interventions (PCI) such as angioplasties.

The study, in its eleventh year, found that the 100 Top Hospitals cardiovascular winners share these qualities:

- 17% lower mortality rates for heart attack patients
- 10% lower mortality rates for heart failure patients
- 27% lower mortality rates for bypass surgery patients
- 22% lower mortality rates following PCI
- Fewer post operative complications – 99% of patients were complication-free
- Close to 12% shorter average hospital stay

- 12% lower cost per case
- The top performing hospitals perform over 50% more cardiac surgeries than peer hospitals

“These hospitals provide balanced, high performance across cardiovascular services. This means they are providing high-quality and highly efficient services at a reasonable cost in comparison to peers across the United States,” said Jean Chenoweth, senior vice president for performance improvement and 100 Top Hospitals programs at Thomson Reuters.

Thomson Reuters, based in Ann Arbor, Mich., provides strategic information to the health care industry. More information about the results of this study is available at www.100tophospitals.com.

Innovations: radiation for rectal cancer



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HISTORICALLY, the standard treatment for rectal cancer was surgery, followed by adjuvant radiation therapy. Although cure rates generally were acceptable, the small bowel often dropped into the cavity vacated by the rectum and was exposed to postoperative radiation, causing small bowel obstructions years after treatment.

Today, ultrasound staging (see FIG.) identifies patients who will benefit from preoperative radiation, usually

in combination with chemotherapy. Preoperative radiation avoids small bowel complications and lessens the chance that viable tumor cells will be implanted during surgical removal. These combined modalities offer rates of local control of rectal cancer of greater than 90 percent.

For the rare patient with recurrences in the pelvis, a new

advance in radiation – stereotactic body radiation therapy (SBRT) – delivers high-dose, focused radiation with greater precision through daily imaging by computed tomography while the patient is on the treatment table. Providence offers this advanced technology – image-guided radiation therapy (IGRT) – which can similarly be used to treat liver metastasis.

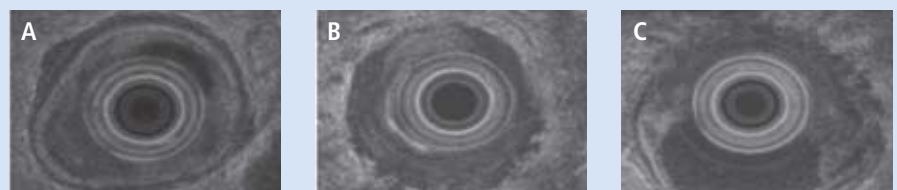


FIG. Transrectal ultrasound staging of rectal cancer determines the need for preoperative radiation therapy and chemotherapy. (A) Stage T1 cancer limited to the mucosa, not requiring radiation. (B and C) Stage T3 and T4, respectively, invading the muscularis propria (B) and the adjacent bladder (C), both necessitating radiation.

Inpatient psychiatric services for complex patients



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THE PSYCHIATRIC SERVICES UNIT at St. John Hospital & Medical Center offers specialized care for patients with both psychiatric and medical illnesses. This combination of care is key to improvement, as medical and psychological issues often exacerbate one another. Two-thirds of the patients admitted are medically ill or considered geriatric, and require specialized psychiatric and medical treatment by the unit's staff as well as their primary care physician or specialists.

Oxygen, IV medications and hemodialysis are often needed by patients admitted to the unit, but these services are not typically available at psychiatric care facilities. Stroke, congestive heart failure and diabetes are frequent diagnoses, yet patients sometimes have as many as five or six comorbid conditions and are taking multiple medications. The unit also specializes in treating geriatric patients. Patients who do not respond to standard treatment may benefit from electroconvulsive therapy, which has been provided in a safe and effective manner for more than 20 years.

Unit admission

Patients come to the unit through the ER or psych consultations. The active consultation service at St. John Hospital & Medical Center is available to assess whether patients who have been admitted for a medical or surgical event also have a psychological issue requiring intensive treatment, such as

severe depression, bipolar disorder or psychosis.

Patients also receive a medical consultation upon admission to determine whether a medical issue is contributing to or complicating psychological issues. Both conditions can be treated during patient stays. Regular contact between the unit's staff and primary care or specialty physicians facilitates coordination of care.

Every patient sees his or her psychiatrist daily and a medical doctor, depending on the level of care needed. A nurse is assigned at every shift, and occupational therapists, physical therapists, mental health technicians, health unit coordinators, social workers and discharge planners play integral roles in each patient's care. Social workers arrange support, educate family members and facilitate transfer at discharge, when appropriate.

Fall prevention program

Falls are a risk, particularly for the elderly or medically compromised. We began a fall prevention program on the unit that uses Tai Chi to improve patient balance.

An instructor visits the unit to show patients how to do perform Tai Chi exercises, and we have found that it decreases falls by improving their balance.

Active recovery

An exercise room is equipped with a treadmill, exercise bike and ping pong table. For patients who are capable, exercise adds to their physical and mental health. Studies show aerobic exercise offers the most benefit for mental conditions such as depression, anxiety, insomnia, forgetfulness and inattentiveness.

The 27-bed unit has double rooms and several private rooms. The unit is

Safety track record

On any psychiatric unit, depressed patients are often suicidal, making suicide a real risk. Since our opening, we have treated more than 600 patients per year and have never had a suicide event.

Medical safety is also at stake. During medical emergencies, the response from staff is remarkable. The team is assembled in 15 seconds when codes and other emergencies occur, and medical emergencies are handled swiftly.

designed with a large common area where community events are held. An attached dining room allows patients to enjoy meals together. A private meditation/relaxation room is a peaceful space where patients can retreat for quiet reflection. In the occupational therapy room, patients take part in a variety of activities. New hobbies and interests are encouraged, with an emphasis on music and art.

Insurers offer flexible caps

Since the Mental Health Parity Act was renewed in 2002, insurers are more flexible with caps on the number of days patients may receive covered care in the hospital setting. At the same time, the unit has become more efficient decreasing average length of stay from 15 to 11 days.

To request a psychiatric consult

Physicians may request a psychiatric consult for patients who show signs of mental illness or who display a drastic change in thinking and behavior. Call or page any of the active psychiatrists at St. John Hospital & Medical Center, or contact the Department of Psychiatry and Behavioral Sciences at (313) 343-7054. [↗](#)

Lymphoma treatment: multidisciplinary care and effective use of cutting-edge research



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OUR DISTINCTIVE PROGRAM dedicated to the treatment of lymphoma features comprehensive services not available in most communities. These services are made possible through a unique alliance between clinical and research efforts and our team of specialists in a variety of areas critical to treating lymphoma.

The indispensable contribution of different specialists

Lymphoma is a disease with significant variables and complexities. Thus, a hematopathologist specializing in cancers of the blood system must first determine a patient's exact type of lymphoma for fully effective treatment.

In determining whether disease is localized or has disseminated, we rely on radiologists with expertise in PET and CT imaging for lymphoma assessment. Medical hematologist-oncologists and radiation oncologists evaluate the type and stage of disease and assess the utility of available treatment modalities – chemotherapy, radiation therapy, immunotherapy – determining the optimal combination of therapies for each individual. The patient may be best served by participating in a clinical trial.

Although many community hospitals have some of these experts available, few feature staffs with the degree of specialization – and collaboration – that we have at St. John Providence Health System.

How our team collaborates

Our working group of specialists meets weekly to discuss and coordinate management strategies for individual patients and to refine Center policy. Each attendee who has interacted with a patient updates the group about what they've learned since the last meeting. This process educates and enhances understanding of lymphoma and the ability to treat it.

Following an initial report by the lead physician, all personnel involved in direct patient care pose questions in an effort to better assess the patient's condition.


Images of PET and CT scans are projected; the radiologist describes the relevant data. The pathologist reviews his or her findings, showing the group images of tissue and cell samples. The team then comes to a consensus about the stage of disease and the most appropriate form of therapy.

Keeping PCPs in the loop

In March 2009, the American College of Surgeons Commission on Cancer commended us on our means of involving primary care physicians in their patients' ongoing care. Primary

care providers are invited to attend our working group meetings. Because most are far too busy to join us, we developed a form summarizing our findings and recommendations. To raise patients' comfort level and make sure they comply with testing and treatment, a nurse navigator facilitates appointments and serves as a patient advocate.

Linking clinical care to advances in research

St. John Providence Health System offers the latest innovation in treatment – radioimmunotherapy, in which a monoclonal antibody is paired with a radioactive substance and injected intravenously. The antibody seeks out lymphoma cells that have a specific antigen and destroys just those cells. This targeted form of radiation therapy is often indicated for patients whose disease has failed to respond to more conventional therapies. Because of this unique capability, St. John Providence Health System receives many referrals from the broader region beyond our local community. We also offer clinical trials to eligible patients. 



Remote technology brings stroke experts to bedside



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A NETWORK OF HOSPITALS that includes Providence, Providence Park, St. John Hospital & Medical Center, St. John River District and Genesys, a sister hospital in Grand Blanc, is using remote robot technology to leverage the expertise of stroke experts for real time evaluation and treatment of all stroke patients. A remote presence network now connects stroke St. John Providence Health System specialists and patients, enabling physicians to evaluate patients without travel time to reach off-site locations.

Using robots, St. John Providence Health System's stroke neurologists and neuroendovascular specialists can be at the patient bedside within minutes, enabling patients to be treated up to one hour faster. With quicker evaluation and treatment, the possibility of injury to the brain decreases. Acute stroke treatment is a time-dependent process; the sooner the stroke is treated the better the clinical outcome for the patient. Intravenous thrombolytic drugs (tPA) must be administered within three to four and a half hours of the onset of stroke. Patients who are not intravenous tPA candidates or those who do not respond to intravenous tPA may qualify for endovascular treatment. The window for endovascular treatment is also narrow, generally six to eight hours after onset.

The robot is a sophisticated, audio visual, Internet-based system. Using laptop control stations, physicians and hospital staff can activate the robots,

which are at the patient's bedside. Robots are currently in place at Genesys, Providence and Providence Park hospitals; St. John Hospital & Medical Center and St. John River District Hospital are next to be added to the network.

Patients, physicians and staff can see and hear one another. The specialist has access to labs and patient imaging data such as CT and MRI. Family members are also able to talk to the remote physician and hospital staff, easing the transition when transfer to that location is necessary for further advanced treatments.

Depending on their condition and location, patients can be treated with tPA or, if endovascular treatment is required, transferred to one of the system's Comprehensive Stroke Centers at St. John Hospital & Medical Center in Detroit, Providence Park Hospital in Novi, or Providence Hospital in Southfield. The key is getting expertise to the bedside and making decisions quickly.

Stroke is the third leading cause of death in the U.S. and the number one cause of adult disability. With an aging population, experts estimate that with the current level of treatment access, the number of adults with disabilities from stroke will increase from 4.5 million today to well over 6 million in 2020. Use of technology and stroke networks may have a significant, positive impact on this trend.

The robot was introduced last month, so data about its effectiveness are not yet available. However, a similar system, the Michigan Stroke Network, reports that use of its robot has increased tPA delivery rates from 10–12% to 80% in eligible patients.

Funding for the acquisition of this equipment was provided by a generous gift from Art Van Elslander through the St. John Health System Foundation. 



Sleeve gastrectomy covered by St. John Providence Health System employee health plan



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ST. JOHN PROVIDENCE HEALTH

SYSTEM'S SmartHealth health plan is taking the lead when it comes to weight loss surgery coverage. The plan was the first in the nation to cover laparoscopic sleeve gastrectomy, a bariatric surgery procedure offered by surgeons at St. John Weight Loss.

Few insurers in the U.S. accept sleeve gastrectomy as a covered procedure at this time, but hopefully others will follow. It's a safe operation, offering excellent results.


During sleeve gastrectomy, the left side of the stomach is surgically removed. Since it does not involve rerouting or reconnecting the intestines, it is a simpler operation than Roux-en-Y gastric bypass. In addition, the fundus of the stomach, which secretes the hunger-related hormone ghrelin, is also removed. Patients lose weight not only through a smaller stomach size, but through the physiologic hormonal changes that occur after surgery.

The laparoscopic procedure can be completed with a single incision and overnight hospital stay. After one week, patients can begin to exercise. Candidates for the surgery have a BMI of ≥ 40 or ≥ 35 with comorbidities, and should be motivated to lose weight. The best candidates should be genuinely willing to make lifestyle changes, eat healthy and exercise.

SmartHealth's decision to cover the procedure is indicative of the

long-term benefits of weight loss surgery. Weight loss means improvements in overall health, lower medication costs, and decreased risk for obesity related illnesses such as diabetes, hypertension, and coronary artery disease. Research shows that 85% of patients who have weight loss surgery experience resolution of obesity related health problems, often allowing a reduction or elimination of medications.

This move also indicates a sincere desire by St. John Providence Health System to take care of its employees. It recognizes the health benefits of sleeve gastrectomy and while other insurances may not cover it, SmartHealth will.

Referrals may be made by calling St. John Weight Loss at (866) 823-4458 or visiting www.stjohnweightloss.com. Referrals may also be made directly to a surgeon who performs the procedure. 

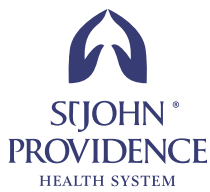
St. John Weight Loss locations for surgical consultations:

St. John Weight Loss
St. John Macomb-Oakland
Hospital, Oakland Center
Professional Building
27483 Dequindre, Suite 204
Madison Heights, MI 48071
(866) 823-4458

St. John Weight Loss –
Eastside Satellite
24911 Little Mack
St. Clair Shores, MI 48080
(866) 823-4458

St. John Weight Loss –
Westside Satellite
47601 Grand River Ave.
Suite B136
Novi, MI 48374
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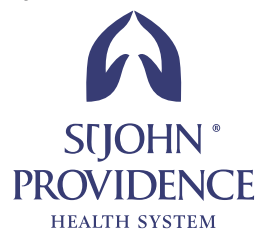
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