

UPDATES & INNOVATIONS

REPORTS AND BEST PRACTICES FROM ST. JOHN PROVIDENCE HEALTH SYSTEM



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Physician partnership to create a stronger Oakland Center

AN AGREEMENT has been signed between St. John Macomb-Oakland Hospital and a group of 50-plus physicians who will partner with the St. John Providence Health System leadership team to manage and work on improving operations at the Oakland campus. The agreement comes after a year of discussions to create a Management Services Agreement. The physician group is called Oakland Physician Professional Management Group, and was formed to be a management company for the participating physicians.

Last year, SJPHS completed a discernment process that concluded that several SJPHS business entities needed evaluation in terms of their future role and operations, due to changing community needs and health care environment. Oakland physicians enthusiastically joined in the dialogue about management of the Oakland campus.

The agreement calls for those physicians to collaborate with the East Region leadership team to improve four critical areas of operations: clinical quality and safety, patient experience, efficiency and program development. The agreement was effective January 6, 2011.

While SJPHS continues to own and operate the facility, Oakland Physician Professional Management Group will provide services to improve operations through this partnership. Physicians bring unique insights and expertise to hospital operations.

This particular management arrangement is the first of its kind within SJPHS, although the system partners with physicians in many ways to jointly develop and operate services and the physician practice network. 



\$30 million in capital investments improve patient care across SJPHS

ASCENSION HEALTH has authorized \$30 million to St. John Providence Health System for equipment and facilities, this fiscal year. This stimulus capital program will have the immediate effect of improving services, growing our service lines and providing improved patient access. In upcoming issues of *Updates & Innovations*, you'll hear more about each of these improvements.

SPOTLIGHT: \$5 million ED expansion at Providence Hospital

Providence Hospital in Southfield is making an investment of \$5 million to expand and enhance the hospital's emergency department. The \$5 million project calls for the construction of a 4,055 square foot addition to the emergency department that will house 16 new acute care treatment areas, increasing the number of private treatment bays to 54. The addition will bring the total square footage of the department to nearly 30,000. Also, more than 17,300 square feet of the existing space will be renovated as part of the project.

Construction on the project will begin soon. In addition, the Providence Health Foundation has embarked on a campaign to raise funds for further upgrades to the department. [↗](#)

New technology reduces treatment time and improves precision



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THE NORTH MACOMB MRT CENTER

recently became the first location in Macomb County to offer radiotherapy using RapidArc technology. An upgrade to the linear accelerator currently in use, RapidArc improves dose conformity while significantly shortening treatment times.

RapidArc delivers treatment two to eight times faster than Intensity-Modulated Radiation Therapy (iMRT), decreasing the possibility for patient movement, which can result in tissue movement. This not only spares healthy tissues, but the faster treatment time is more comfortable and convenient for patients, improving compliance.

RapidArc technology can be used for a variety of tumor sites. To refer a patient, call (586) 868-9060. *To read the full article, visit stjohnprovidence.org/updatesandinnovations.* [↗](#)

Latest da Vinci® robot enhances gynecologic oncology surgery



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ROBOTIC SURGERY is ideally suited for treatment of cervical and endometrial cancer due to the robot's ability to maneuver in confined spaces like the pelvis. The da Vinci® Si, recently acquired by St. John Hospital and Medical Center through a generous donation, enables high-definition 3D vision and up to 10x magnification of the surgical field.

Quality of life for the patient improves dramatically with robotic surgery. In endometrial cancer surgery, far smaller incisions reduce post-surgical pain, the use of pain medications and complication rates. The hospital stay is cut in half and overall recovery is about 10 days compared with four to six weeks with laparoscopic surgery.

The precision of the robot also allows for fertility-sparing surgery in the treatment of cervical cancer. Robotic trachelectomy, an alternative to hysterectomy, involves dissection of the cervix, lymph nodes and surrounding tissue using the robot.

Patients with cervical or endometrial cancer may be candidates for robotic surgery. To refer a patient, call (313) 647-3243. *To read the full article, visit stjohnprovidence.org/updatesandinnovations.* [↗](#)

Act Now: Important steps to receive ARRA EHR incentive dollars

FOR PHYSICIANS eligible to receive ARRA Incentive Funds (up to \$44,000 for Medicare and up to \$63,750 for eligible Medicaid providers) for use of an Electronic Health Record (EHR), your Health ePractice Team strongly recommends that you act now.

Registration is a simple process that takes only a few minutes to complete. Log on <https://ehrincentives.cms.gov/hitech/login.action> to register for the ARRA/EHR Incentive Program. Even if you don't currently have an EMR, but intend to implement one or change products to an EHR incentive certified product over the next few months, you can register today for your ARRA/EHR incentive!

Registration is step 1 to receive ARRA Meaningful Use Incentive Funds. Health ePractice will help you attest to Meaningful Use at a later date. If you are registering for the Medicaid incentive, a second registration with the state is also required. Upon completion of your first registration, you must complete the second registration for Medicaid within 90 days.

Register Today

Registration for the Medicare and Medicaid EHR Incentive Programs is now open.

Log onto: <https://ehrincentives.cms.gov/hitech/login.action>

You'll need:

- National Provider Identifier (NPI)
- National Plan and Provider Enumeration System (NPPES), User ID and Password

If you don't have this information, check with your office manager or biller. For step-by-step instructions on how to complete the online form, visit www.stjohnprovidence.org/updatesandinnovations.

Before you submit online, print a copy of your registration. Use the PRINT SCREEN function to print a copy of your final registration page:

- Print Screen, then ALT + Tab
- Open a word document
- Go to Edit, and then paste

Fax this document to (586) 753-0922 or email to susan.ryan@stjohn.org.

After you have printed the page, click Submit. You're done!

Don't Delay

We urge you to register NOW. Remember, this is just the first step toward receiving Meaningful Use incentives. If you don't register, you won't be eligible. You should register whether or not you currently have or are using an EHR.

The Health ePractice Team will assist you with "Step 2 – Attestation of Meaningful Use" at the appropriate time. If you have any questions, please contact Health ePractice at (586) 753-0926. 📞

Ask about Health ePractice

Health ePractice is designed to connect your practice to your patients' community of caregivers, including other physician practices, diagnostic centers, affiliated hospitals and the state health information exchange. In addition, some tools within the suite of products will help you and your office staff to manage your patient population more efficiently, saving time and improving quality. Health ePractice tools include: electronic medical record (EMR), state health information exchange (HIE), patient portal, ePrescribing and patient registry. Call (586) 753-0926 to get started.

Clinical outcomes in breast conservation surgery match mastectomy



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WHEN WOMEN are faced with breast cancer, breast-conserving surgery is a welcome option. Several options are available, but the goal among patients remains consistent: effective removal of cancerous tissue with preservation of the breast. Data shows that clinical outcomes with breast conserving surgery are as good as mastectomy.

We offer lumpectomy, partial mastectomy and/or Sentinel node biopsy when possible. If the patient is not a candidate for breast conservation, she may be a candidate for mastectomy with reconstruction, often possible at the same time as the mastectomy surgery.

Patients with benign or malignant disease, abscesses, abnormal mammograms, palpable masses, or symptoms such as nipple discharge and skin changes should be referred for a consultation. To refer, call (248) 559-5115. *To read the full article, visit stjohnprovidence.org/updatesandinnovations.* 📞

Trilogy brings innovation to radiation therapy



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THE TRILOGY Stereotactic Linear Accelerator by Varian available at Providence Park Hospital offers physicians' and their patients a unique state-of-the-art technology option unlike other robotic treatment options available. The system provides three-dimension conformal radiotherapy (3DCRT), intensity-modulated radiotherapy (IMRT), and stereotactic radiotherapy (SRT). Essentially, the system is able to seamlessly provide radiotherapy anywhere in the body as stereotactic or traditional therapy, whereas,

systems such as the Gammaknife (brain only) and CyberKnife (organs) are equipped to only deliver stereotactic treatment.

The versatility and precision of Trilogy stereotactic system provides the physician better options in treating the patient's condition, and its multipurpose functionality improves patient outcomes. Additionally, the unit's versatility makes it easy to manipulate and convert from one type of radiotherapy to another; thus, requiring less treatment time. Another major

consideration with the Trilogy unit is the unique software. This enables the physician to plan very conformal treatments for brain and body tumors, which is a key challenge in configuring the radiation dose to a non-spherical tumor.

Systems such as the Gammaknife are limited to delivering radiation in circular requiring two circular fields next to each other, resulting in an overlapping area that receives a very high dose of radiation. On the other hand, the Trilogy can reshape the beam as it navigates around the tumor exacting to the shape of the tumor. To learn more about the Trilogy Stereotactic System at Providence Park, please contact Laura Dailey-Pelle at (248) 849-8619 or Dr. June Chan at (248) 849-3321. [↩](#)

Update on system research and education initiatives



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EDITOR'S NOTE: St. John Providence Health System is pleased to welcome Peter McCullough, MD, an accomplished and renowned clinical researcher. He has been recruited to lead our research and academic initiatives throughout SJPHS.

ST. JOHN PROVIDENCE Health System is ready to expand and amplify its research program and medical education activities across the System. As part of my role, I am looking forward to collaborating with clinical and academic leaders across the health system.

Shortly, I will be asking each and every one of you to complete an electronic survey concerning research administration. Your responses will give key direction to strategic operations as they relate to research in your institution and the System as a whole.

In 2011, goals for System research infrastructure include:

- A system-wide research database constructed from our multiple data systems for outcomes research.
- A multidimensional image repository that will house a multitude of biomedical images, such as radiology, cardiology and nuclear medicine, and allow for research of post-processing methods and disease progression.
- A specimen biorepository for joint public-private partnerships in the discovery of new diagnostic and therapeutic targets, including proteins and genes. [↩](#)

Rectal surgery evolves with robotic technology



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THE GROWTH OF ROBOTIC SURGERY

has improved many patients' surgical experiences with decreased pain and blood loss, shorter hospital stays and quicker recovery than open surgery. A burgeoning application for robotics is rectal surgery, particularly for rectal cancer, rectal prolapse, and very low diverticulitis.

While rectal surgeries are often performed laparoscopically, the confined space of the pelvis can hamper visibility and maneuverability. The da Vinci® robot is ideally suited for use in such settings. Four robotic arms capable of 360 degree motion and fully controlled by the surgeon allow unequal access to the operative field. Additionally, the 3D magnification allows unparalleled views of tissue planes.

With robotic surgery, incisions are tiny and patients recover faster.

Because smaller wounds heal faster, chemotherapy can begin sooner when robotic surgery is used for rectal cancer. In surgery for very low tumors, the increased visibility and access can assist patients in avoiding a permanent colostomy. Additionally, post-op pain is minimized by an incision of just 6 to 8 centimeters, compared with 15 to 20 in open surgery. Large trials are underway but results thus far indicate that robotic surgery is just as effective as open surgery.

Few colorectal surgeons in Michigan are trained to use the robot in rectal surgeries, which involves 20 hours of hands-on training, animal labs, a proctorship observing experienced surgeons, and initial surgeries in tandem with a surgeon experienced in robotic rectal surgery.

While the da Vinci® robot has been used for more than a decade in other surgical specialties, its use in rectal surgery is an exciting option for patients. Those with rectal cancer, rectal prolapse or diverticulitis on the low left side may be candidates for robotic surgery. To refer a patient, call (248) 557-9650. [↗](#)

Surgical evaluation and therapy for pancreatic and biliary cancers



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FOR PATIENTS with pancreatic and biliary tract cancers, surgical resection offers the greatest chance for cure. Despite improvements in surgical techniques that have led to reduced morbidity and mortality, recent research shows that only 30% of patients with pancreatic lesions ever visit a surgeon.

Primary care physicians have a major impact on patient evaluation and early decision making with regard to the appropriateness of testing and referral to a surgeon. Timely evaluations and diagnostic studies are critical to achieve diagnosis, minimize patient confusion and avoid repeated studies. Imaging studies such as ultrasound, CT scan, MRI and PET scan may not be helpful. The best test to evaluate patients is a pancreas protocol CT scan of the abdomen and pelvis.

The management of patients with pancreatic and biliary cancers is best undertaken in a multidisciplinary setting. To refer a patient, call (248) 662-4333. To read the full article, visit stjohnprovidence.org/updatesandinnovations. [↗](#)



Insurance changes ease access to bariatric surgery



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RECENT CHANGES made by Blue Cross Blue Shield of Michigan and SmartHealth mean obese patients no longer need to satisfy a 6- to 12-month period of weight loss documentation before bariatric surgery is covered. Patients who successfully complete health and psychological evaluations may be able to have surgery as soon as one month after their initial consultations.

The benefits of bariatric surgery are so significant that having the procedure sooner may have a major impact on patient health, particularly for patients with type 2 diabetes. Other medical conditions, including obstructive sleep apnea, hypertension, high cholesterol and non-alcoholic fatty liver disease, also improve dramatically with post-bariatric weight loss.

To refer a patient, call St. John Providence Weight Loss at 1-866-823-4458. Patients with a BMI of 35 or greater with two medical conditions related to being overweight are candidates for surgery. Patients with a BMI of 40 or greater need not have medical conditions related to obesity. *To read the full article, visit stjohnprovidence.org/updatesandinnovations.* 📄

SJH&MC launches patient safety research study to improve care for mothers and their newborns



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ST. JOHN HOSPITAL and Medical Center has opened patient participation in a new study to evaluate best practices intended to ensure mothers and their newborns are safe during the delivery process. The research project, Excellence in Obstetrics, will take place within SJH&MC's obstetrics unit.

The Excellence in Obstetrics research project is designed to determine whether and how birth complications can be reduced or eliminated altogether.

The research project is made possible by a \$2.9 million grant from the Agency for Healthcare Research and Quality (AHRQ) awarded to Ascension Health, the nation's largest Catholic and nonprofit healthcare system, of which SJH&MC is a member. Ascension Health will also supply funding, and SJH&MC is one of only five facilities in the country participating in the Ascension Health research project.

We are encouraging all mothers-to-be who come to SJH&MC to participate in this ground-breaking

study. We are testing whether the Excellence in Obstetrics research project will help protect mothers and their babies by improving safety in the birthing process. The things we learn from this research project will help hospitals around the country learn how to best improve care for mothers and newborns.

The research project involves the review and analysis of information from medical records. With the patient's permission, SJH&MC will collect information from patients' medical charts about delivery. This will be used to learn how SJH&MC can make it safer when women have babies. The information could also be used to change the way the hospital takes care of patients during labor and delivery.

Mothers who participate in the study will not be subject to any additional medical tests or treatment outside of the routine birth process. Participation is entirely voluntary, and the names of patients and their babies will be kept confidential in accordance with federal and state privacy laws. Patients will not be treated any differently if they choose not to participate in the research project.

For more information about participation in the study, mothers and their families can visit: stjohn.org/obstetrics 📄

Advances in vision correction through cataract surgery



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MOST ADULTS develop cataracts in their 60s and 70s, but cataracts can be seen in people as young as age 20 or 30. Sometimes, people delay seeking treatment for cataracts because they are concerned about pain and time required off work.

However, cataract removal involves minimal to no discomfort and patients go back to work as quickly as one or two days following surgery.

Today, monofocal and multifocal intraocular lens (IOL) are available. Monofocal lenses correct vision at one distance only. Glasses may still be needed, especially if the patient is far-sighted. Multifocal implants correct vision at multiple ranges, allowing clear vision both near and far, usually without glasses. In addition, astigmatic Toric IOLs are now an option for

patients who would like to eliminate their pre-existing astigmatism and use their glasses less.

Additional new technology includes optical coherence tomography (OCT), which we use in surgery planning. This high-resolution ultrasound of the anterior segment and retina allows the surgeon to rule out occult macular diseases prior to surgery and better select the type of implant. To schedule an appointment, call (586) 774-2020. *To read the full article, visit stjohnprovidence.org/updatesandinnovations.* ↗

Care coordination to improve patient follow-up after discharge

ST. JOHN PROVIDENCE Health System (SJPHS) has launched the care coordination program to improve communication between our hospitals and primary care physicians. Care coordinators close the gap between patients' hospital visits and follow-up care with their primary care doctor. Our care coordinators are knowledgeable and provide non-clinical guidance through the health system in a caring and professional manner. They will:

- **Schedule follow-up care** – using discharge reports and eCare, a coordinator will contact your office to schedule a follow-up appointment, with the intent to obtain an appointment within 3-5 days following discharge. This could also include appointments for necessary diagnostics or other services.
- **Perform patient case management** – using technology, coordinators will maintain contact with your patient via telephone, email or instant messaging, and document all interactions.
- **Connect patients to SJPHS services** – connect your patient with other SJPHS resources such as Home Care, Behavioral Health, and Community Health, if necessary.
- **Connect patients to community resources** – coordinators can also connect your patients to community resources that may enhance their overall health and well being, such as the Area Agency on Aging, NeedyMeds and Prescription Assistance Program.
- **Initiate reminder calls** – to ensure compliance with follow-up care, coordinators will make reminder calls about scheduled appointments.

Currently, this service is only performed for patients with chronic conditions such as chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD) and diabetes. ↗





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