

CONTENTS

2 & 3

Part 2: A Strategic Plan Built Upon Core Strategies, Goals and the Critical Role Physicians Play

4

Covenant HealthCare Joins MD Anderson Cancer Network®
A Welcome Message

5

Hippocrates 360
Family Matters in Population Health

6 & 7

Seriously, Is Chocolate Good for You?

8

CMS Makes Landmark Decision To Approve Lung Cancer Screening

9

Medical Staff Priorities Ranked and Approved

10

Collaborative Focused on Improving Spine Surgery Outcomes

11

Dean Kikano Update on CMU Medical Students



Vision and Perspective

Dr. James Hines
Covenant HealthCare Chief of Staff


As mentioned in the March issue of *The Covenant Chart*, the Boguila Vision was “to provide the best and most up-to-date medical care possible” in the Central African Republic (CAR). This was an audacious goal for a rural hospital of just 100 beds and one doctor! Nonetheless, this was our Vision and I’ve come to realize that perspective is critical. Let me explain.

The Boguila Medical Center was built in 1955 and expanded to include another rural hospital of 75 beds and 22 medical dispensaries, all staffed by African nurses trained in the mission nursing school. The Boguila Medical Center was to become my home and that of my family for five years, out in the middle of nowhere, 30 miles south of the Chad border. I served as the Chief of Medical Staff, nursing school professor, mechanic and general fix-it person.

The dispensaries were developed to serve the western third of the CAR. Each dispensary was strategically located in hard-to-reach parts of the country where various tribes of African nationals needed medical care. An airstrip was built next to each dispensary so that we could fly in to provide medical care. As a private pilot, this was perhaps my favorite “task” to do! About every six weeks, another pilot and I would fly on a rotation schedule to dispensaries with medical supplies and I would examine patients, many of whom would be referred back to the Boguila Medical Center for treatment. This activity markedly increased our reputation as a “Medical Center” and at the same time allowed us to provide the best medical care that these patients had ever experienced!

Flying high over the broad Savannah of the CAR afforded us a different perspective of the formidable terrain and the location of needy tribal groups. What could not be observed from the ground became much clearer, even obvious, from above. It has been said that one’s Vision is only as good as one’s perspective. Perspective is a function of where one stands in relation to the goal.

Continued on page 12



Success requires a clear and accurate vision, or high-level perspective, of where we want to go.



PART 2:

A Strategic Plan Built Upon Core Strategies, Goals and the Critical Role Physicians Play

Dr. John Kosanovich, Executive Vice President of Physician Enterprise, CEO of Covenant Medical Group

In the March issue of *The Covenant Chart*, we presented six core strategies and related goals that serve as the foundation of the Covenant Strategic Plan for fiscal year 2015, and discussed the first three strategies in detail. This article covers the remaining three strategies, complete with examples of progress and collaboration. Also note that in future issues of *The Covenant Chart*, we will be indicating the alignment of each article topic to related core strategies and goals.

STRATEGY IV

Pursue Operational and Financial Excellence

Our ability to achieve operational and financial excellence, while delivering extraordinary care, is fundamental to continued success. Two key goals are driving progress:

- **Further enhance throughput and capacity and meet board financial targets.** In today's environment, it's essential to adopt a mindset of operational efficiency. One example is average length of stay (ALOS) and our target of 3.43 days versus the current 3.51 days*. Achieving this goal not only impacts reimbursement, but can also improve the patient experience by freeing more beds and avoiding frustrating discharge delays. This, in turn, helps improve patient satisfaction scores for the hospital and physicians alike. Another example involves the implementation of processes to help expedite the patient's transition from hospital to home and reduce readmissions (*Transitional Care: A Safe Journey Home*, June 2014) and to improve office productivity by minimizing turn-around time between patients while optimizing time spent with each patient (*Family Team Care Model*,TM September 2014).
- **Reduce clinical variability.** Reducing clinical variability decreases costs and improves consistency and quality. Key areas of focus include medical supplies, implants and drugs. More variation leads to more brands, more learning curves, greater chance of error and higher inventories. Standardization, however, can avoid those issues while reducing costs. Collaboration between the hospital and physician leadership to reduce unwarranted clinical variability will drive well-informed decisions and protocols.

STRATEGY V

Expand Scope of Services

Expanding the scope of services in tandem with community needs will improve the overall health of the region while positioning Covenant HealthCare as the healthcare institution of choice. Key goals include:

- **Leverage success and pursue growth in select service lines.** Physicians have a strong voice in the direction of Covenant HealthCare service lines. We expand by leveraging and building on the success of current service lines, and by selectively growing others. In both cases, physicians are highly engaged. Two examples include the purchase of the Saginaw Radiation Oncology Center, which is now called the Covenant Radiation Center (CRC). Both Covenant administration and physicians drove the decision to fully own a leading-edge facility equipped with the latest technologies (see *Evolution of Radiation Therapy*, March 2015).

Also, in a landmark public announcement on June 11, Covenant HealthCare revealed its affiliation with MD Anderson Cancer Network[®], a program of MD Anderson Cancer Center, a renowned oncology center (see page 4). Physicians were integral to early discussions about affiliating with the network to elevate cancer care in our region, and in the final decision to explore such an affiliation. After extensive review by MD Anderson Cancer Network that took a major commitment by the physicians associated with the Covenant Cancer Care Center, the Center staff and the Covenant Executive Team, Covenant HealthCare was granted certified membership in MD Anderson Cancer Network. This is a huge testament to the quality and commitment of our physicians and the entire Cancer Care team. MD Anderson Cancer Network is very selective when approving new members of the network.

- **Formalize service line definitions and structure.** For any service line to succeed, it must be properly organized and managed. Physician engagement and leadership are critical. Input on products, services, staffing, quality of care and more will promote excellence in all that we do.
- **Increase overall market share in existing service lines.** As we expand service lines and become a center of excellence for a multitude of healthcare needs, we expect to attract patients who may currently seek services elsewhere. Building awareness through formal communications, and through physician and patient referrals, will increase our market share.

*April 2015

CORE STRATEGIES, GOALS & OBJECTIVES



MISSION *Extraordinary care for every generation.*
VISION *With a culture built upon an organizational promise of caring and a commitment to service, Covenant HealthCare will be a leading, accessible, and comprehensive health care network serving our communities with extraordinary health care.*
VALUES *Working Together, Excellence, Customer Service, Accountability, Respect, Enthusiasm*

	FY 2015-2025 CORE STRATEGIES	FY 2015-2020 GOALS
I	Pursue clinical and patient excellence	<ul style="list-style-type: none"> Position Covenant as the regional leader in quality Improve customer satisfaction Maintain Covenant as the regional leader in clinical information connectivity
II	Invest in people and culture	<ul style="list-style-type: none"> Develop talent and engagement across the enterprise Implement medical staff development plan Improve physician loyalty and satisfaction
III	Prepare for population health management	<ul style="list-style-type: none"> Pursue population health strategy Experiment bundled payment models Evaluate exchange products with new or existing payor partner Create an integrated medical specialty delivery system
IV	Pursue operational and financial excellence	<ul style="list-style-type: none"> Further enhance throughput and capacity and meet board financial targets Reduce clinical variability
V	Expand scope of services	<ul style="list-style-type: none"> Leverage success and pursue growth in select service lines Formulize service line definitions and structure Increase overall market share in existing service lines
VI	Extend geographic reach	<ul style="list-style-type: none"> Maintain regional network and explore partnerships and formal affiliations Explore expansion in key geographic areas Leverage technology and telemedicine to grow access and outreach

Covenant HealthCare System Board Approved 6/13/14

STRATEGY VI

Extend Geographic Reach

Extending our geographic reach to include the needs of other regions will attract new patients and physicians to our facility. This activity is supported by three key goals:

- **Maintain regional network and explore partnerships and formal affiliations.** Maintaining our strong, core regional network is foundational and so is our intent to explore partnerships and affiliations. A key example is the partnership Covenant has with critical access hospitals (under 25 beds) in rural areas. Our expertise helps them address health reform needs, while their referrals help make us a preferred tertiary center for patients requiring advanced care.
- **Explore expansion in key geographic areas.** Investigating strategic acquisitions of other health systems in Michigan is always on the radar. When opportunities arise that align with our strategic direction, the Covenant Executive Team and physician leadership will continue to investigate the value to the hospital, healthcare providers and patients alike.
- **Leverage technology and telemedicine to grow access and outreach.** Advanced technology continues to broaden the reach of medicine, enabling better and more cost-effective care and collaboration. Examples range from live cardiology consults to remote patient monitoring. While reimbursement challenges exist, health reform is driving change. Covenant will be prepared.

For more information, contact Dr. Kosanovich at 989.583.7555 or jkosanovich@chs-mi.com.



Covenant HealthCare Joins MD Anderson Cancer Network®

A Welcome Message

GUEST AUTHOR

Dr. Peter J. Dempsey, Professor, Diagnostic Imaging and Medical Director, MD Anderson Physicians Network, The University of Texas MD Anderson Cancer Center

MD Anderson Cancer Center's long-standing mission – to eliminate cancer in Texas, the nation and the world – drives what we do every day. We pursue this mission in many ways, including the delivery of our multidisciplinary patient care, research, education and prevention expertise to patients in new communities nationwide.

Our MD Anderson Cancer Network® drives this extension of our knowledge and quality of care. Through the network, we collaborate with hospitals and health systems nationwide to provide the highest quality and most advanced cancer care to patients in the communities where they live.

As a certified member of this network, Covenant HealthCare is now a part of our select group of health-care organizations dedicated to elevating the quality of cancer care in their communities. Using our comprehensive, nationally recognized quality management tools and best practices, and a robust, data-driven improvement process, our certified members examine and improve the quality of their oncology services.

As medical director of this collaboration, I look forward to combining MD Anderson's cancer knowledge and expertise with the unique insights, services and trusted local care of Covenant. You now have a dedicated MD Anderson team available to assist with the development and implementation of any oncology program quality initiatives.

Physicians certified by MD Anderson Cancer Network® also now have access to a wide range of multidisciplinary care resources, including disease-specific and evidence-based guidelines, treatment plans and best practices for every stage of the continuum, including prevention, early detection, treatment and survivorship care.

In addition, as members of our select group of healthcare providers, certified physicians at Covenant can take advantage of a range of collaboration benefits, including:

Peer Review Assessment

New cancer patients can be submitted for peer review. Our team will review the patient work-up and treatment plan to ensure they are concordant with MD Anderson guidelines.

Multidisciplinary, Disease-Specific Tumor Boards

We hold routine, video conference tumor boards that are disease-specific and include a medical oncologist, radiation oncologist and surgeon. Your physicians can discuss challenging cases with our experts for review and input.

Peer-to-Peer Consultations

Our experts are available to routinely discuss challenging cases through physician-to-physician consultations.

Patient Referrals

If you identify a patient who needs to come to Houston for additional care, our team will help coordinate the referral and requests for all prior records, imaging and pathology for the patient visit.

Education

MD Anderson Cancer Network provides educational video conferences, easily accessed from our website, some of which include updates to our clinical guidelines, as well as CME opportunities. We also host an annual Cancer Symposium.

Clinical Trials

Upon approval, our certified members will have access to select MD Anderson clinical trials.

This level of collaboration supports our belief that most importantly, the affiliation is about patients and the quality of care they receive. Patients deserve the best possible, highest quality care close to home.

We welcome Covenant HealthCare to MD Anderson Cancer Network and look forward to a collaboration that positively impacts the patients and communities you serve. Together, we'll work to raise the level of cancer care in Michigan.

For more information, contact Jackie Tinnin at 989.583.5023 or jtinnin@chs-mi.com.



Hippocrates 360 *Family Matters in Population Health*

GUEST AUTHOR

Dr. Michael Williams, Hospitalist & Population Health Management Physician Champion,
Covenant HealthCare & Covenant HealthCare Partners



In the March issue of *The Covenant Chart*, the first article in the Hippocrates 360 series covered the basic concept of population health and how it stems from quality care of the individual. Following are a few ways in which the Covenant HealthCare family is committed to this new take on medicine, using the Shared Vision below as a springboard. Together, medicine, service and wellness are critical to the personal health of individuals, which in turn improves the health of our entire population, which only further improves personal health – ergo, Hippocrates 360.

Medicine – a “Team Sport”

Together. All of us. Medicine truly is a “team sport.” As physicians, we must admit that we can’t do this alone. Nurses, assistants, techs and office staff all free us from certain aspects of the healthcare transaction so that we can do what we do best: care for people. Proudly, we at Covenant go far beyond just this immediate group of coworkers. We are part of our own “population of providers” furnishing everything from the ground up. Pride in **all** aspects of our work makes Covenant an inviting, comforting space for those who need us.

Let us also be mindful of the hundreds working around us who contribute to a positive patient experience, indirectly providing care. We and our patients benefit from spotless floors, plowed snow, attractive landscaping, comfortable temperature, clean linens, hot food and cold beverages, secure buildings, stocked shelves, working telephones and televisions, refilled toilet tissue and so much more. It may not seem like “healthcare” at first blush, but it is – just let some of these items fail and believe me, Covenant hears about it. We want our population to feel welcome, if not downright at home, because it will encourage their participation in the entirety of the wellness process.

Service – More Than Pills

Extraordinary. Above and beyond. Fee for service is ordinary, if that’s all you look at. However, our “service” is really more than mere pills and bandages; it’s the whole care experience. It is caring for the whole person, situation and population. It is analogous to the kiss on a skinned knee helping to heal the wound, as much as the bacitracin and Band-Aid. We at Covenant will continue to care for the whole person – body, mind and spirit. It’s what we do because it’s who we are, and

it’s what sets us apart. Healing people heals families, healing families heals communities, and healing communities heals entire populations. Extraordinarily caring for all individuals by definition extraordinarily cares for a population – Hippocrates 360.

Wellness – A Continuum of Value

Value. The most for the least. Who doesn’t like a bargain? It’s the way to please consumers and keep them coming back for more. While we don’t sell widgets, we do essentially “sell” wellness. Notice we no longer just sell therapeutics (the aforementioned prescriptions, procedures, pills and bandages) – that’s fee-for-service thinking. Wellness is encompassed within the care continuum. It makes the lives of our customers – aka patients – so much better.

Plus, there is a financial component to a person’s life which is part of their healthcare as well. The newest, most high-tech therapy is useless to those who cannot access or afford it. There is a saying that goes, “The pills don’t do any good in the bottle; they must be in the patient.” We cannot mitigate the cost of every medication and procedure directly, but it is incumbent on us to provide good, solid value in our care to the entire population – rich, poor, urban, rural, old, young, men, women, and across races and religions.

Care is good when it is evidence-based, best practice, and when physicians show genuine compassion. Care is solid when it is available **and** affordable. Evidence-based, affordable, available and compassionate care all add up to value care – which is what every patient wants in addition to the best possible outcomes. Our whole team can encourage and educate our patients to make better choices, for their own (and the population’s) benefit.

At the end of the day, no one is an island. Per our Shared Vision, we work “together” – patients, physicians, the Covenant HealthCare family and the community at large to make a difference. We are “extraordinary” because we in the Covenant family truly do care. And we provide “value” – because we commit to provide the best total experience for individuals and the population, always.

Stand by for the next Hippocrates 360 article, which covers the nuts and bolts of making population health happen.

For more information, contact Dr. Williams at 989.583.4220 or mdwilliams@chs-mi.com.

“We at Covenant will continue to care for the whole person – body, mind and spirit. It’s what we do because it’s who we are, and it’s what sets us apart.”



Seriously, Is Chocolate Good for You?

GUEST AUTHOR

Dr. Dawn Johnson, Family and Integrative Holistic Medicine

When patients ask if chocolate is a good, healthy snack, the answer to tell them is: “It depends.” While the benefits of chocolate are all the rage, it’s not just any chocolate that can fit the bill.

Most chocolate contains milk, and milk proteins block antioxidant absorption. But the darker the chocolate, the higher the concentration of cocoa (cacao) seeds and the richer the concentration of beneficial nutrients, such as flavanols and polyphenols. Darker chocolate also contains minimal polyunsaturated fats.

Consequently, only the high-quality, dairy-free, dark chocolate can deliver significant health benefits like reducing hypertension, cholesterol and insulin resistance. It doesn’t need to be a guilty indulgence, and it’s a much healthier snack than a processed snack pack.

Dark, Sweet Success

A growing number of individual and meta-analysis studies show cocoa and dark chocolate to be powerful superfoods that rank among the most anti-inflammatory and antioxidant-rich foods around.

One study sought to link chocolate consumption with certain cardiometabolic disorders, such as coronary artery disease, stroke, diabetes and metabolic syndrome – and related problems like hypertension, elevated fasting glucose and triglycerides/cholesterol and abdominal obesity. Instead, scientists found that chocolate – specifically the dark, unprocessed, raw cocoa varieties – appears to **reduce** the risk of such disorders. The highest levels of dark chocolate consumption were associated with a 37% reduction in cardiovascular disease and a 29% reduction in stroke compared with the lowest levels of consumption.

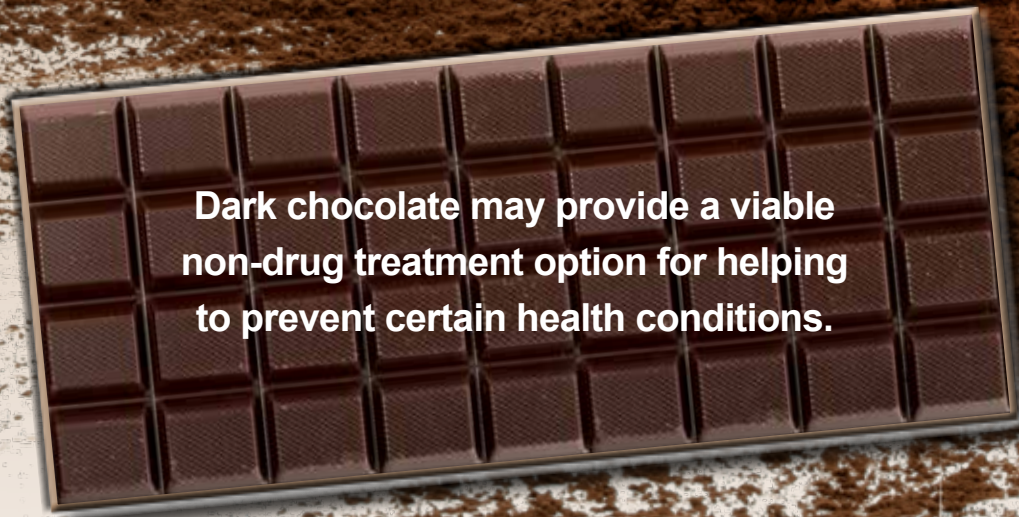
It’s therefore believed that small amounts of dark chocolate could help reduce the risk of heart attacks because, like aspirin, chocolate reduces platelet clumping. It is beneficial to vascular and platelet function by increasing nitric oxide bioavailability and decreasing oxidative stress.

Raw cocoa powder has the potential to prevent cardiovascular disease in diabetics too. When diabetic patients were given a high-flavanol cocoa drink for one month, it improved their blood vessel function from severely impaired to normal. The improvement was as large as that observed with exercise and some diabetic medications.

Studies also show that:

- Forty-nine women showed no weight gain after six weeks of daily dark chocolate consumption (41 gm/day).
- Cocoa can significantly decrease oxidized LDL and total cholesterol in men who have increased risk of cardiovascular issues. This is due to powerful antioxidants that protect lipoproteins against oxidative damage.
- There is an inverse relationship between cocoa-rich chocolate consumption in women and men, and stroke.
- Cocoa and dark chocolate contain more antioxidant activity, polyphenols and flavanols than other fruits tested (including blueberries and Acai berries). Note that cocoa beans are seeds of the fruit of the Theobroma cacao tree.
- Dark chocolate contains other potent plant ingredients like anandamide, which is a neurotransmitter in the brain that temporarily blocks feelings of pain and anxiety. The polyphenols can also improve calmness, as can the taste and aroma.
- Dark chocolate can help reduce iron deficiency. One hundred grams of cooked spinach has 3.5 mg of iron while 100 grams of dark chocolate (70-85% cocoa) has three times that.





Dark chocolate may provide a viable non-drug treatment option for helping to prevent certain health conditions.

- The caffeine and theobromine in chocolate have been shown to produce higher levels of physical energy and mental alertness, yet are unlikely to keep you awake at night like coffee does. For example, a 3.5-ounce bar of dark chocolate averages around 80 mg of caffeine versus 95 mg of caffeine in an 8-ounce cup of regular coffee and 200-300 mg of caffeine in a 16-ounce cup of regular coffee.
- Flavanol is a key factor in helping seniors reduce memory loss, in addition to regulating mood and reducing depression.

Although raw cocoa is the most nutritious form of chocolate, most studies involve consumption of processed cocoa or chocolate. As discussed, the results are still significantly positive, suggesting that health benefits are retained even after processing.

That said, according to ConsumerLab.com, there's a wide range of quality when it comes to chocolate. Some brands tested had high levels of flavanols while others did not; some have very little caffeine, while others had higher levels; and some had issues with cadmium and lead contamination. These variations are related to the amount of cocoa liquor, cocoa powder and cocoa butter in the formulation, the type of manufacturing and the level of quality control.

Advice to Patients

Based on studies to date, dark chocolate may provide a viable non-drug treatment option for helping to prevent certain health conditions, when used alone or combined with other therapeutic interventions. If you want to “prescribe” an ounce or two of prevention, tell patients to:

- Choose the highest quality, darkest chocolate with minimal sugar content and processing.
- Select raw cocoa as the optimal choice if they can tolerate its bitter taste. If not, they should choose dark chocolate with a cocoa percentage of 70 or higher.
- Eat it in moderation – maybe just a square after dinner, shaved on yogurt, sprinkled on oatmeal or served with fruit.
- Avoid milk chocolate due to antioxidant blocking and high sugar content.
- Avoid white chocolate due to its high sugar content and lack of phytonutrients.
- Decrease contamination issues by exploring Fairtrade organic varieties available at most local grocery stores.
- Do some online research to comparison shop for the best health value.

When patients eat a snack, they might as well get more than a punch of taste. With dark chocolate, they can get a punch of health too – and without the guilt!

For more information, contact Dr. Johnson at 989.249.6960 or djohnson@chs-mi.com.



CMS Makes Landmark Decision To Approve Lung Cancer Screening

GUEST AUTHOR

Dr. Jay Nayak, Oncologist, Covenant HealthCare

In a landmark decision, the Centers for Medicare & Medicaid Services (CMS) issued a final national coverage determination (NCD) in February that approves Medicare coverage of lung cancer screening with low-dose computed tomography (LDCT). This coverage is effective immediately.

According to a press release quoting Dr. Patrick Conway, chief medical officer and deputy administrator for innovation and quality for CMS, “This is the first time that Medicare has covered lung cancer screening. This is an important new Medicare preventative benefit since lung cancer is the third most common cancer and the leading cause of cancer deaths in the United States.”

Overcoming the Challenge

As mentioned in the June 2014 issue of *The Covenant Chart*, lung cancer has a high mortality rate of about 90%. The U.S. Preventative Services Task Force (USPSTF) had recommended annual LDCT screening as a standard preventative procedure for lung cancer based on a first-ever National Lung Screening Trial (NLST) showing how screening can reduce lung cancer related mortality rate up to 20%. There was also a 6.7% reduction from any cause of mortality in the LDCT group. LDCT is the first type of screening proven to improve the survival of lung cancer patients.

At that time, however, coverage remained a challenge. After two formal requests for the CMS to approve coverage, it was denied despite strong supporting data and recommendations from professional organizations. Fortunately, that decision has been reversed.

Medicare Coverage

Medicare will now cover LDCT lung cancer screening once per year for high-risk Medicare patients who meet all of these criteria:

- Age 55-77, and are either current smokers or have quit smoking within the last 15 years;
- Have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years); and
- Receive a written order from a physician or qualified non-physician practitioner that meets certain requirements.

Medicare coverage also includes a visit for counseling and shared decision-making on the benefits and risks of lung cancer screening. The NCD includes required data collection and specific coverage eligibility criteria for radiologists and radiology imaging centers, consistent with the NLST protocol, USPSTF recommendations, and multi-society, multi-disciplinary stakeholder evidence-based guidelines.

Prescribe LDCT!

If you have patients who fit the screening profile, remember to consider the LDCT as part of early prevention and treatment. It is proven to make a difference in many cases. See the full decision memo at: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>.

For more information, contact Dr. Nayak at 989.583.5060 or jnayak@chs-mi.com.

LUNG CANCER MORTALITY RATE

90%



REDUCTION IN LUNG CANCER WITH ANNUAL LDCT SCREENING

20%





Medical Staff Priorities Ranked and Approved

Dr. Michael Schultz, Vice President of Medical Affairs

At the Medical Executive Committee (MEC) meeting in April, a first-time event occurred: A set of ranked priorities for the Covenant HealthCare Medical Staff was approved. This work originated at the 2014 MEC Retreat when a list of 12 priorities was identified, and amongst them was the top priority to develop a Shared Vision and Compact. This year, we approved and communicated the Shared Vision, “Together, the Medical Staff and Covenant HealthCare are driving extraordinary care and value for our patients and communities.” Now, we are turning the bulk of our attention to Compact development, which is the focus for the remainder of 2015.

Meanwhile, the remaining 11 priorities – as shown in the sidebar to the right – were submitted and ranked to determine where the MEC felt additional focus should be directed. This is an evolutionary process that should help guide medical staff efforts. Moreover, it will also keep hospital leadership informed, helping them with strategic planning and the annual objective setting process (see Dr. Kosanovich’s articles in this issue and the March issue). This collaborative strategic activity supports the Shared Vision.



Ranked Medical Staff Priorities

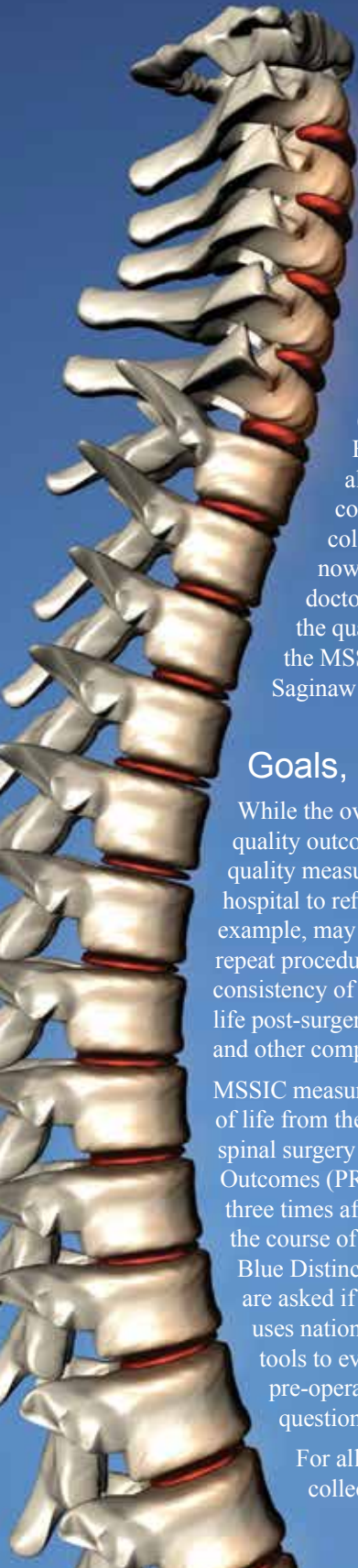
- 1 Establish data needs and develop methods to gather and distribute data (ongoing professional performance measurements).
- 2 Standardize utilization among specialties and sub-specialties.
- 3 Ensure quality process engagement across the medical staff: Breaking Down Silos.
- 4 Improve reliability of medical reconciliation (seeking reliable processes to improve accuracy).
- 5 Enhance evidence-based order sets and their usability.
- 6 Adopt and promote “Choosing Wisely” program.
- 7 Manage disruptive behavior (ongoing focus).
- 8 Determine how CMU fits into our vision and community.
- 9 Reinforce antibiotic stewardship relative to pneumonia treatment (limit choices; outcome-reduction in pneumonia mortality).
- 10 Support palliative care, hospice, end-of-life and “advanced illness management” (AIM).
- 11 Improve CHF management (metric: CHF readmission rate).

For more information, contact Dr. Schultz at 989.583.4103 or mschultz@chs-mi.com.



Collaborative Focused on Improving Spine Surgery Outcomes

Dr. Frank Schinco, Neurosurgeon and Surgeon Champion for MSSIC for Covenant HealthCare



Back pain affects more than 80% of people in the United States, costing \$100-\$200 billion per year in direct and indirect costs. Occasionally, surgery is the only way to provide relief after conservative measures fail. To improve patient outcomes, share best practices and drive quality improvement, the Michigan Spine Surgery Improvement Collaborative (MSSIC) was launched in September 2013.

MSSIC is sponsored and funded by Blue Cross Blue Shield of Michigan (BCBSM), which also funds Henry Ford Health System as the coordinating center, along with a patient registry and data collection, extraction and analysis. Data is collected from participating hospitals – which now number 22 – and used not to penalize doctors, but rather to continuously improve the quality of care. Covenant HealthCare joined the MSSIC in March and is the only hospital in Saginaw County to hold this status.

Goals, Measures and Data

While the overriding MSSIC goal is to improve quality outcomes, specific improvement goals and quality measures are set by the surgeons at each hospital to reflect distinct needs. Some hospitals, for example, may aim to reduce surgical site infections and repeat procedures, while others may want to improve the consistency of post-surgery protocols, improve quality of life post-surgery, or reduce deep vein thrombosis (DVT) and other complications.

MSSIC measures pain level, functional status and quality of life from the patient's perspective. All patients having spinal surgery are asked to complete a Patient Reported Outcomes (PRO) questionnaire before surgery, then three times after surgery to follow their progress over the course of two years. In fact, for designation as a Blue Distinction Center for Spine Surgery, facilities are asked if their spine surgery program "routinely uses nationally recognized functional assessment tools to evaluate spine surgery patients, both pre-operatively and post-operatively." The PRO questionnaire meets that need.

For all participating hospitals, baseline data is collected for 8-12 months, surgeons review the

data and share ideas for improvement, and then decide on actions to be implemented – they own the data and control the decisions. While surgeons at different hospitals may set different goals, pooling their diverse surgical experience and data is expected to accelerate improvements in treatment protocols across the board. Working together to determine best practices will ultimately deliver the best outcomes.

Importantly, data is not shared with BCBSM staff, which maintains a hands-off approach. It does not have access to data or the ability to influence. It is, however, focused on supporting initiatives that can decrease complications, improve outcomes and thus reduce costs. This approach has proved to be successful for other hospital Collaborative Quality Initiatives (CQI) programs in terms of tangible improvements in processes and outcomes, and is expected to deliver similar results for MSSIC.

Membership Perks

As part of its sponsorship, BCBSM also funds various MSSIC meetings and makes agreed-upon incentive payments to hospitals for documented improvements in performance. Surgeons who participate in MSSIC and the patient registry can:

- Get access to their data, which is blinded to hospital and surgeon names, to see how their protocols stand up to other approaches.
- Demonstrate "meaningful use" for the Medicare Electronic Healthcare Record (EHR) Incentive Program.
- In 2016, satisfy reporting requirements for the CMS physician quality reporting system (PQRS), and possibly maintenance of certification (MOC).
- Positively impact insurance coverage decisions by proving the cost-effectiveness of certain treatments.
- Be recognized as state and national leaders in spine surgery quality improvements.

For MSSIC members, improving patient outcomes is first and foremost, along with the need to keep surgeons at the helm in setting quality measures, owning the data, improving best practices and having safe access to the data without recrimination. Members are actively entering data and will meet in June to discuss findings and next steps.

For more information or to get involved, contact Dr. Schinco at 989.752.1177 or fschinco@chs-mi.com.



Dean Kikano Update on CMU Medical Students

GUEST AUTHOR

Dr. George Kikano, Dean of Central Michigan University College of Medicine

From the start, Central Michigan University has carefully selected each of the 64 students in the inaugural class of the CMU College of Medicine to reflect our mission to provide well-trained physicians in the underserved areas of Michigan and beyond.

Of the 64 students, 57 are from Michigan. They arrived with undergraduate degrees from 32 universities, with the strongest representation from the University of Michigan (14), CMU (11) and Michigan State University (7). Ensuring that students could support the mission was the first step. Students took the next step at the first white coat ceremony in August 2013 by embracing the messages to work together and be part of the communities in which they live.

They maintained this energy over the past two years, providing valuable feedback on how to improve our curriculum and processes, and supporting each other. Our students have volunteered in Mount Pleasant schools, and at food banks and hospices. They worked with large organizations such as the Boy Scouts, Red Cross and Habitat for Humanity. They established our first student-interest groups to ensure the relationships they formed in the community continue with future classes.



Our mission is to provide well-trained physicians in the underserved areas of Michigan and beyond.

On July 6, these 64 amazing students will begin their third year with the CMU College of Medicine, and our curriculum is still bound tightly to our mission. One half of the class will begin 24-week Comprehensive Community Clerkships (CCCs) at various sites in Michigan. The CCCs will allow students to learn from community physicians and interact with patients in a longitudinal experience. We have CCC partners in Sault Ste. Marie, Tawas, Big Rapids, Sheridan, Carson City, Owosso, Marlette, Saginaw, Sandusky, Mount Pleasant, Cass City, Bad Axe and Detroit ready to work with our students. Perhaps you are one of them and if so, thank you for supporting the next generation of physicians – who could someday be treating you!

CMU is committed to working with our partner hospitals, Covenant HealthCare and St. Mary's, in Saginaw. The majority of our students' hospital training will be in Saginaw. Clinical rotations include surgery, hospital medicine, obstetrics-gynecology, pediatrics, psychiatry and one elective. Chances are, they will be rubbing shoulders with many of you, and we hope you will help show them the ropes on how to be a good, caring, compassionate and well-respected physician in actual care settings.

July 6 also will be my first day of full-time duty as dean of the CMU College of Medicine. Since the start of April, I have frequently visited Saginaw and Mount Pleasant to get to know community leaders, faculty, staff and students. I am focused on keeping our relationships alive and productive.

Already, I see and hear our students embracing the teaching and mentoring they will receive from our Saginaw partners. They certainly understand the longtime dedication to medical education in Saginaw, and any nervousness

they carry likely stems from wanting to impress all of you – physicians, nurses and staff alike – who they will get to know better over the next two years.

This is an exciting time, and along with the opening of our new educational center on the Covenant HealthCare campus, this group of third-year medical students (M3s) is a direct result of the planning and discussion CMU and Saginaw leaders started several years ago. We all look forward to more great things to come!

Dr. George Kikano was named Dean of the CMU College of Medicine on February 24, and is working in a part-time capacity. Until he arrives full time at CMU in July, he remains the founding director of the Weatherhead Institute for Family Medicine and Community Health at Case Western Reserve University in Cleveland and the Weatherhead professor of medicine at Case Western Reserve University.

The Covenant Chart is published four times a year. Send submissions to Jaime TerBush at the Office of Physician Relations.
jaimeterbush@chs-mi.com | 989.583.4036 Fax | 989.583.4051 Tel

©2015 Covenant HealthCare. All rights reserved. Bus. Dev. (AQ/PK) 6/15

Vision and Perspective continued from page 1

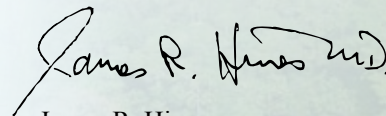
From MY perspective, Covenant HealthCare has the potential to be a world-class Medical Center and is well on its way. Such a reputation, however, will not be built with the brick and mortar of a building structure, but rather from the medical and nursing care that we provide to our patients.

Success requires a clear and accurate vision, or high-level perspective, of where we want to go. We must honestly evaluate our perspective and intentionally pursue the higher ground.

Our new **Shared Vision**, “*Together, the Medical Staff and Covenant HealthCare are driving extraordinary care and value for our patients and communities,*” will help keep us on point. The **Compact**, which is being developed, will give physicians and hospital administration accountability and unity of purpose.

Your continued input is much appreciated.

Best Regards,



James R. Hines
Chief of Staff

