



Less Is More: Value-Based Care

*Dr. Michael Fiore
Covenant HealthCare Chief of Staff*

The mounting cost of healthcare is driving a sharp focus on creating more *value*. In general terms, value can be defined as “quality achieved per unit of cost.” *Higher* value can be achieved by improving quality, lowering costs, or a combination of both. As physicians, it is easy to think of high-value care to be a problem for hospital leaders and policy makers. After all, can we really provide the best possible care while cutting costs too? The answer is a resounding “yes!”

Reducing Waste in “Usual Care”

Evidence is clear that we can, and should, enhance value to our patients while improving outcomes *and* sensibly reducing costs. One key area of opportunity is reducing waste, or overuse, of medical services. Waste, in medicine, is increasingly associated with significant financial, physical, and emotional harm to our patients and should be considered an adverse event.

Historically, hospitals are where sick patients are admitted to a medical bed, provided IV fluids and antibiotics, transfused with blood products, and administered oxygen through sophisticated devices. Bodily fluids are collected, radiographs are obtained to guide therapy, and so on. This approach has become indoctrinated as “usual care.”

It is now clear, however, that unintended medical consequences occur while providing “usual care” in the hospital.

Practicing Less Is More

During the opening Presidential Address at the Society of Critical Care Medicine Annual Congress last February, the speaker focused on the concept of practicing “less is more.” Patient outcomes can be improved by reducing waste – from ordering less fluids, antibiotics, oxygen and radiographs to requesting less blood administration, sedation and immobilization. These are evidence-based concepts that add value to patient care while eliminating waste.

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I can offer some additional common-sense examples of how we can enhance value by utilizing the “less is more” concept, which are also supported by evidence:

- Don't order diagnostic tests at regular, “routine” intervals.
- Don't transfuse red blood cells to stable, non-bleeding patients with a reasonable hemoglobin.
- Don't prescribe parenteral nutrition in a well-nourished patient during the first week of hospitalization.
- Utilize appropriateness criteria to guide imaging decisions, minimizing radiation exposure whenever possible.
- Don't continue life support for patients with a high risk of death or severe functional impairment without **also** offering comfort care only.

We need to remember that just because we can provide a certain service, doesn't mean we always should.

Accessing Helpful Resources

For guidance on eliminating waste and improving quality care, consider incorporating one or more aspects of the *Choosing Wisely* campaign. This is an international initiative of the ABIM Foundation that seeks to advance a dialogue on avoiding unnecessary medical tests, treatments, and procedures. Over 500 specialty society recommendations are available on www.choosingwisely.org or via a downloadable app, along with clinical resources.

A Unique Opportunity

Although global efforts are underway to standardize care through guidelines and society standards, at the end of the day, patient care is local. Physicians have a unique opportunity and responsibility to enhance the value of care we provide. Together, we can ensure that patients get the right care at the right time in the right setting, while avoiding unnecessary wasteful care, thus improving quality while reducing the harm caused by over-testing and over-treatment.

Sincerely,

A handwritten signature in black ink that reads "Dr. Michael Fiore". The signature is fluid and cursive.

Dr. Michael Fiore
Chief of Staff



How Epic Beaker Improves Quality and Patient Care

GUEST AUTHORS

Dr. Nicholas Hruby, Pathologist and Laboratory Medical Director, and
Carrie Travis, Director of Laboratory and Support Services

Did you know that many hospitals running Epic software for electronic medical records (EMR) often run a separate system like Cerner for laboratory orders? This, however, can cause inefficiencies and quality issues, which is one reason why Epic has developed a laboratory module called Epic Beaker that is integrated with Epic EMR. Nearly everything lab-related is included – from pathology and hematology to histology, cytology and general lab orders.

Improving Quality

It is estimated that lab orders and results impact up to 75% of clinical decisions, so it is important that results be accurate and on time. Operating a facility on different systems, however, can present problems. For example, when a separate system like Cerner goes down, or the link between it and Epic is broken, labs are not immediately accessible. When this happens, new orders may be written creating redundancy in the system.

Epic Beaker, however, enhances overall quality by enabling the seamless transfer of native data from the lab to EMR on a single platform. This avoids integration issues, thereby increasing system reliability, accuracy and speed of results.

Enhancing Patient Care

In addition to improving quality, Epic Beaker enhances the care experience for physicians and patients alike. Benefits include:

- **Reduces duplicate testing and reagent waste** by allowing an “add-on” to existing orders. Providers have more visibility into specimens already in the laboratory and are notified at the point of order if they are placing a potential duplicate order. They have the option to select a new collection or add a request for more results onto an existing order. These requests are managed by experienced lab technicians who confirm if the add-on is appropriate for that particular specimen. If not, the technician will route it for a new collection.
- **Reduces the number of unnecessary blood draws and patient sticks**, which in turn saves time, reduces costs and decreases patient discomfort.
- **Gives providers the results they need.** When a provider’s test is cancelled automatically after being deemed a duplicate, they are still copied on the appropriate tests. This ensures they get the results they need without duplicate testing.
- **Enables seamless communication.** Requests for add-ons and new collections are immediately sent to the right people without the need for back-and-forth phone calls.

Coming Up at Covenant HealthCare

Covenant HealthCare is launching Epic Beaker early this summer, replacing the current Cerner system. It started the “build phase” over a year ago. A large team of lab and IT staff have been programming and testing the new Epic Beaker system, while switching over thousands of existing lab tests and orders, and training physicians to use the system.

Implementing Epic Beaker will be better for:

- **Patient care and safety** because it avoids integration and downtime issues, and reduces unnecessary tests and costs.
- **Physicians** because it will be easier to add labs to blood already drawn, reducing the time waiting for results in these cases.
- **The healthcare system** because it reduces testing duplication and costs, decreases reagent waste, and makes it easier to generate reports and identify opportunities for improvement.

For more information, contact Dr. Hruby at 989.583.6703 or nhruby@chs-mi.com.





Hybrid Operating Room: Critical to Patient Care

GUEST AUTHOR
Dr. Ronald Bays, Vascular Surgeon

As medical technology continues to march forward, the **hybrid operating room (OR)** is becoming critical to optimizing patient care for tertiary hospitals across the nation. Patients are gravitating to institutions that offer cutting-edge capabilities in a modern, progressive environment and are willing to travel out of their region to get that peace of mind.

What Is a Hybrid OR?

A Hybrid OR reflects the intersection of minimally-invasive interventional techniques and major surgery. It is a surgical operating room that is equipped with advanced medical imaging devices. A few examples include:

- **An advanced fluoroscopic unit** that can image at submillimeter levels and is robotically moved into whatever position is necessary without disturbing anesthesia or the ongoing procedure. There is no need to move equipment in and out of the room during the procedure and it will never overheat. It can be integrated with overlays of pre-operative CTA and ultrasounds similar to a flight simulator.
- **New intravascular ultrasound** that can view and measure the inside of blood vessels.
- **Two-dimensional color flow ultrasound**, a machine that allows imaging of veins and arteries below the skin and evaluation of blood flow before and after a procedure to ensure that the procedure has the desired results. It can also evaluate cardiac valves and cardiac function noninvasively.

This equipment enables vascular specialists to perform complex minimally-invasive surgery through fewer and smaller incisions with less pain and downtime. In addition, reduced radiation and shorter operating times enhance safety to staff and patients alike.

Hybrid technologies take center stage, often defining a state-of-the-art vascular program and a positive patient experience. Capabilities typically include complex aneurysm repairs, including dissections and repair of complex arterial blockages, which may require combination therapies of stents, grafts and open bypass grafting techniques – all within **one** surgical setting. Other treatments include intricate cardiovascular and neurosurgical procedures; trauma surgery; and transcatheter cardiac valve replacement and repair which can be performed without opening the chest.

Why Are Hybrid ORs Critical?

Without Hybrid ORs, healthcare institutions run the risk of losing patients to higher level institutions and getting left behind. *With* Hybrid ORs, the same institutions can build a reputation for providing advanced healthcare that:

- Creates an opportunity to be the leader in Michigan for minimally-invasive surgery and higher risk procedures.
- Retains and attracts patients, preventing the need for patients in the mid-Michigan area to go anywhere else for even the most complex procedures.
- Enhances recruitment and retention of top-notch vascular and cardiac surgeons, cardiologists, trauma surgeons, orthopaedic surgeons, nurses, surgical and imaging technicians, and key support staff.
- Enables hospitals to provide teaching of medical students and residents of multiple specialties in the most optimal setting, one that is equivalent to any major university.

What Is Happening Regionally?

Hospitals across the Great Lakes Bay Region are recognizing the value of Hybrid ORs, adding them to their strategic growth plans. If a hospital does not have fully-equipped Hybrid OR technology, it will likely need to refer patients to facilities that have those capabilities.

Covenant HealthCare is opening a new Hybrid OR in the summer of 2018 that delivers the **most advanced capabilities in the region**. Only the University of Michigan and Beaumont Hospital offer equivalent Hybrid ORs.

Covenant is investing more than \$7.1 million to build the Hybrid OR in a new, three-story addition to the Covenant Cooper ORs. Other key features include:

- Building an additional OR on the Cooper campus will allow for increasingly complex surgical cases. This room will be significantly larger than the previous OR.
- Movement of pre- and post-operative patients to improved facilities adjacent to the ORs will enhance anesthesia, overall patient flow and nursing care.

This growth project, which began with many teams of hospital and physician leaders in 2008, will now become a reality, continuing to drive the Covenant focus on providing extraordinary care for every generation.

For more information, contact Dr. Ronald Bays at 989.790.2600 or rbays@mmvs.org.

The hybrid operating room is becoming critical to optimizing patient care for tertiary hospitals.



Examples of the modern Hybrid OR, a surgical theater equipped with advanced medical imaging devices.



Treating Migraines Early To Ease Patient Suffering

GUEST AUTHOR
Dr. David Gill, Neurologist

Migraines are severe headaches that are extremely painful and incapacitating, but rather common. Globally, they affect nearly a billion people and are the seventh leading cause of disability. In the U.S., about 39 million men, women and children suffer from migraines and every 10 seconds, someone goes to the emergency room for head pain. This adds up to an estimated **\$36 billion** in healthcare costs and lost productivity.

Migraines are considered a neurological disease, with attacks lasting between four and 72 hours. Unfortunately, the condition – which disproportionately strikes women – is often undiagnosed and undertreated, and can lead to other physical and psychiatric issues. Thankfully, new treatments and therapies are being introduced to improve diagnosis and treatment, and thus quality of life.



Finding the Right Therapy

Migraine treatment is complicated. Medications are available to prevent migraines and relieve pain, but not all work for every patient.

- **Pain relievers** such as aspirin or ibuprofen can help relieve mild migraines, but can lead to ulcers and other problems over time. Other pain relievers such as triptans and ergots can relieve more acute migraines, but have side effects and can affect the heart. This is because they work on the belief that migraines are caused by widened blood vessels in the brain. However, because they narrow those blood vessels, they may be unsafe for patients with heart disease.
- **Preventive medications** for acute migraine sufferers can range from beta blockers and antidepressants to anti-seizure drugs, botox and nonsteroidal anti-inflammatory drugs – all of which have their own set of side effects and limitations.

What Physicians Can Do

Most patients have problems finding a single therapy that works for them. On top of that, referrals to neurologists can take a few months to get in, and it is up to the primary care physician to treat the symptoms until that time. Below are some tips to reduce patient suffering before referring to a specialist.

- Watch for signs and symptoms that raise a red flag, such as tingling, weakness or numbness on one side of the body; waking up with a headache; nausea or vomiting; hearing a pulse in the ears; or vision changes, auras and light sensitivity.
- Order a head MRI if the above-mentioned symptoms persist longer than six months to further aid in diagnosis and to rule out other potential causes, such as a tumor or bleeding in the brain.
- Tell your patient to start a daily headache diary to identify triggers for the migraine – such as certain foods, light sensitivity or irritability – and to also record what treatments work best.
- Prescribe triptans if the patient does not have heart disease. The primary care physician can try preventive treatments to control the headaches, but should refer to a specialist if there is no improvement.
- Recommend lifestyle changes, such as avoiding processed meat, cheese and wine if these seem to trigger a headache.
- Suggest alternative therapies, such as acupuncture, relaxation techniques, massage therapy, cognitive behavioral therapy, good sleep patterns, and over-the-counter magnesium and riboflavin.

If there is no improvement despite these treatments within six months, make a referral to a neurologist or headache specialist. They will meet with the patient, review the patient's records and combine different medications and therapies to further reduce migraine frequency and symptoms.





New Treatments & Trials

Given the prevalence of migraines and their debilitating nature, research continues to explore causes and treatments. At the 2017 American Academy of Neurology Annual Meeting, several breakthrough migraine treatments were discussed, including new ways to target migraines in the brain.

Research shows that many changes take place in the brain during different phases of a migraine. It has also revealed that the levels of two key amino acids rise during an attack: calcitonin gene-related peptide (CGRP) and pituitary adenylate cyclase-activating polypeptide (PACAP). New drugs aimed to block CGRP are in clinical trials, as are drugs designed to address the role of PACAP in the sensory nerves.

A few forms of neurostimulation, called neuromodulation, are also being explored. These therapies send an electrical impulse to the nerves responsible for causing pain, without the harmful side effects associated with some drug therapies. Such therapies, which would be prescribed and managed by a neurologist or headache specialist, include:

- **Single-pulse transcranial magnetic stimulation (s-TMS)**, a portable device that users hold against the back of their head for less than a second to deliver a focused, mild magnetic pulse.
- **Transcutaneous supraorbital neurostimulation (t-SNS)**, a portable device to treat episodic migraines with or without aura by activating a low-level electrical current. A self-adhesive electrode pad is positioned on the forehead and held in place with a headband.

While these therapies do have some side effects of concern, they may be an option for patients not responding to, or candidates for, other treatments.

The bottom line is that migraines are a very real and debilitating neurological disease that deserve our full attention. If you have patients – young or old – complaining of headaches, evaluate whether it is actually a migraine (see some of the symptoms described above).

If it is a migraine, then start a treatment strategy sooner rather than later to prevent related problems and ensure quality of life.

For more information, contact Dr. Gill at 989.583.7090 or dgill@chs-mi.com.

THE CHART SPOTLIGHTS

Congratulations Physicians of the Month!

Your patients are saying
extraordinary things...

MAY

Dr. Maria Lawrence FAMILY MEDICINE



"Dr. Lawrence is a great doctor. She is very knowledgeable, thorough and has great bedside manner."

"Dr. Lawrence was recommended to me and I liked her and her staff very much. Everyone treated me with kindness, compassion and caring!"

"Dr. Lawrence is a very caring doctor. She is very straightforward with me. She is awesome; we need more doctors like her."

"I feel Dr. Lawrence is very caring and never rushes you to leave."

JUNE

Dr. Bilal Bazzi FAMILY MEDICINE



"I am always well taken care of by Dr. Bazzi and staff; my entire family are now his patients as we feel very comfortable with his staff and the care provided."

"I have recommended Dr. Bazzi to my friends and family and they are very satisfied with him as well."

"Dr. Bazzi is the best physician I have had. He is knowledgeable and very professional. He listens and answers all my questions and concerns."

"Dr. Bazzi is considerate, compassionate and attentive to my health concerns. Thank you (Dr. Bazzi) for continuing to provide me with excellent medical care."



Neonatal Hydrotherapy Helps Reduce Stress, Promote Development

GUEST AUTHORS

Dr. Martin U. Nwankwo, Neonatologist, Covenant RNICU and Janelle Myers, Certified Neonatal Therapist/ Occupational Therapist, Covenant Pediatrics/RNICU

The notion of clinical hydrotherapy for neonatal care has been around since 1983, documented in a pilot study by Jane Sweeney, PT, PhD, PCS, who is renowned for neonatal care techniques designed to reduce neonate stress and promote development, sleep, sucking instinct, nutrition and comfort.

Since then, advances in neonatal hydrotherapy methodologies, combined with rapid positive outcomes that support its benefits, are driving its emergence in neonatal intensive care units (NICUs) across the nation – including Covenant HealthCare, an early adapter. Neonatal hydrotherapy was also a main topic at the 2018 National Association of Neonatal Therapists conference, which will likely help increase the adaptation rate.

Technique and Benefits

To perform neonatal hydrotherapy, a large basin is filled with warm water between 99-101°F. Trained therapists carefully lower the infant into the water using swaddle support.

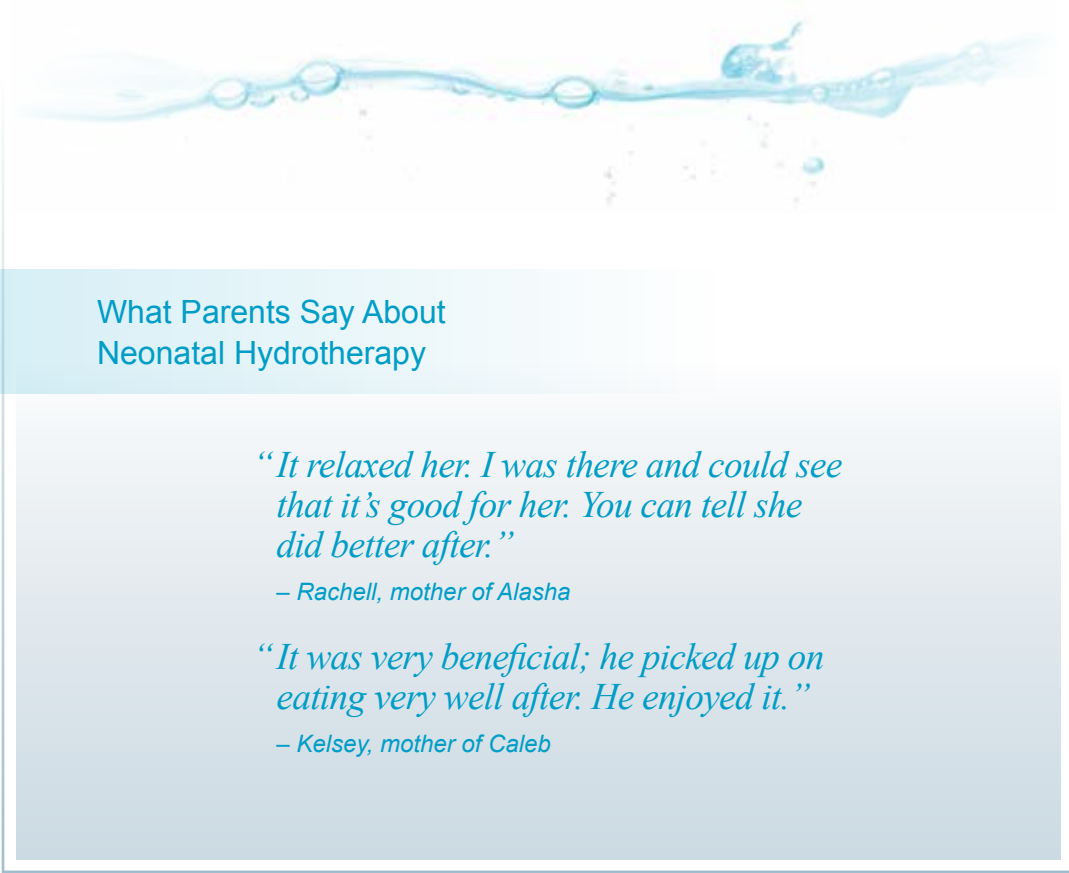
Over a period of 10 minutes, the therapists use specific handling techniques to encourage relaxation of high muscle tone and smooth, active and reciprocal movements of the limbs to help facilitate a state of better regulation (breathing, heart rate, body temperature). Ideally, this treatment helps create a calm state in the infant. After the session, the infant is immediately transitioned whenever possible to oral feeding.

Key benefits include:

- Better state of regulation and transition to a calm state.
- Improved motor / tone regulation.
- Enhanced range of motion.
- Improved feeding following hydrotherapy.



Infant receiving neonatal hydrotherapy.



What Parents Say About Neonatal Hydrotherapy

“It relaxed her. I was there and could see that it’s good for her. You can tell she did better after.”

– Rachell, mother of Alasha

“It was very beneficial; he picked up on eating very well after. He enjoyed it.”

– Kelsey, mother of Caleb

Indications for Referral

Candidates for neonatal hydrotherapy include infants diagnosed with the following conditions:

- Dystonia, hypertonia and hypotonia.
- Consistently poor feeding.
- Sensitivity to interaction (more than expected for gestational age).
- Neonatal abstinence syndrome (NAS).
- Long-term illness.

Infants must be medically stable for hydrotherapy. Key contraindications and precautions include:

- Respiratory support other than home oxygen.
- Presence of umbilical cord.
- An open wound, unless covered appropriately.
- A history of low or unstable temperatures.
- Presence of an intravenous (IV) line.
- History of frequent events or spells, such as sleep apnea or bradycardia.

Summary

A mere century ago, most premature and sickly infants were sent home and not expected to live past their first birthday. There was very little that could be done to increase their odds of survival or quality of life.

Today, modern technology allows NICUs to significantly increase survival rates – often without major long-term health complications. In tandem with technology, however, is the growing realization that simple “low-tech” therapies designed to reduce stress – from neonatal hydrotherapy to parental bonding – can make a huge difference in promoting health and development too.

For more information, contact Dr. Nwankwo at 989.583.4595 or Martin_nwankwo@mednax.com.



New SVSU Cohort Can Advance Healthcare Careers

Dr. Iris Marteja, CEO, Covenant Medical Group

We face extraordinary complexity in healthcare – the balance of providing value and quality, cost efficiency, care delivery and technology have placed a great demand on clinicians. Such challenges in healthcare require extraordinary leaders. As physicians, we are trained to heal, but our contributions should go beyond bedside and be at the forefront of influence and decision-making too.

Furthering our education will best prepare us to lead. For those looking to advance their leadership skills, there are a multitude of courses that can be of benefit. All programs do require a time commitment, which is one reason why a growing number of healthcare professionals are “going local” with higher education.

One such program is the Masters of Science in Health Administration and Leadership (MSHAL) program at Saginaw Valley State University (SVSU). The MSHAL program is a collaboration between SVSU and Covenant HealthCare to create a rewarding, relevant and useful executive cohort master’s program for area healthcare providers.

As such, it focuses on building the administration and management skills needed to prepare for executive positions, and to succeed in today’s evolving healthcare industry. A convenient hybrid of online and in-person sessions, it fits well with the busy schedules of physicians, advanced practice providers and executive administrators.

Program Benefits

The upcoming MSHAL course spans two years, commencing in fall 2018 and ending in spring of 2020. Key benefits include:

- Fulfills continuing medical education requirement.
- A convenient blend of online and hybrid delivery with four Saturday meetings per semester on the local SVSU campus.
- Delivered in a cohort format with priority course scheduling for the group.
- Cutting-edge educational materials and rigorous, well-organized curriculum.
- Networking, learning and sharing alongside colleagues in the field.
- Organized to make homework manageable, ensuring work-school-life balance.
- Easy application process and waived application fee.



Knowledge and Skills Gained

Graduates will gain the ability to better navigate the complexities of today’s ever-changing healthcare system, perform business and analytical skills, comply with regulatory and legal requirements, discuss electronic medical record benefits and analytics, and understand the tenets of healthcare finance, budgeting and payer complexities. They will learn, for example:

- Improvements to transform health and human services (H&HS) systems at all levels.
- The value of health information technology.
- Management and leadership of H&HS organizations.
- Community development for organizational and system health.
- Organization process improvement and project planning.
- Ethical, legal and regulatory aspects of leadership in H&HS.
- Use of research in H&HS.
- Managerial finance and healthcare reimbursement methodologies.

Details, including the full course schedule, are at <http://www.svsu.edu/healthleadership/ehcl/>. You may want to check it out soon to prepare for the August 1 application deadline and learn about costs.

For more information, contact Dr. Marteja at 989.583.7555 or imarteja@chs-mi.com.

“The MSHAL course exceeded my expectations. The content was not only applicable to my daily work but also inspired me to be thinking about other areas where I can make a difference. It provided great content in varied formats that kept my interest. It provided camaraderie between myself and physicians that I had seen or heard their name, but never knew. It was exciting to see these physicians also shared my passion for making positive changes throughout Covenant. It does require a good deal of time, but it is well worth it.”

*Dr. Dawn R. Johnson
Covenant Medical Group*



New Seeds of Medicine Taking Root *CMU Medical Students in Saginaw*

GUEST AUTHOR

Dr. Steve Vance, Associate Dean, Clinical Education, CMU College of Medicine

Last March, Central Michigan University's (CMU's) College of Medicine celebrated Match Day for its second class. Staying true to its mission, 75% of graduates selected primary care specialties and 54% opted to stay in Michigan. Of those, 10 graduates will be staying in the Saginaw-based residency programs at CMU Medical Education Partners, with four selecting the Family Medicine program.

This represents a transformational change for CMU's residency programs, and a milestone for the College of Medicine. Many of these students grew up in the region or have put down roots during their medical training. Based on national trends, over half of these new residents will eventually practice within the region, securing the medical talent needed for long-term community health.

Local Successes

Planting the seeds of medicine locally are indeed starting to take root. For example:

- **Joshua Forsyth**, whose hometown is Chesaning, Michigan, is an incoming Family Medicine resident. In this role, Josh will serve his community while continuing to serve in the U.S. Army. Josh attended clinical rotations in Saginaw and completed his six-month Comprehensive Community Clerkship (CCC) with Dr. Anthony Patsy at Memorial Healthcare in Owosso.
- **Courtney Hollingsworth** is a Saginaw native who joined the Emergency Medicine program. Courtney also attended clinical rotations in Saginaw, and completed her CCC with Dr. Ariadne Lie at Great Lakes Bay Health Center.

These new physicians serve as testament that the CMU College of Medicine's model is working. This model starts with admitting qualified students from the region, educating them in Mount Pleasant and Saginaw, and then exposing them to our excellent residency training programs with the hope that they will serve Michigan after residency.

A Collaborative Effort

The College of Medicine's first class, consisting of 64 students, arrived in Saginaw in 2014. In 2015 and 2016, total students in Saginaw increased to 154 and 184 respectively. This number far exceeded prior relationships with Michigan State and Ross University. The College of Medicine needed an "all-in" commitment from its regional hospital partners – Covenant HealthCare and St. Mary's – to help support this growth. Thankfully they delivered!

The College of Medicine's success to date is due in large part to the collaboration with many Covenant physicians, administration and staff – relationships that form a major pillar of the College of Medicine's clinical education program. In the past academic year alone, Covenant medical staff have supervised 471 clerkships and 247 elective students – truly a significant accomplishment.



In addition to providing a rich academic milieu, the College of Medicine provides added value to Covenant through its Medicaid Enhanced Reimbursement (MER) and Continuing Medical Education (CME) programs. Recently, the CME department attained accreditation through the American College of Continuing Medical Education (ACCME). This is a major milestone in the College of Medicine's efforts toward building an academic medical center in Saginaw with the flexibility to grow and expand CME capabilities for the future.

Teaching Opportunities

If you are currently teaching CMU College of Medicine students, please accept a resounding "thank you" on behalf of the university. Recruitment of physicians to the region has been among the greatest challenges to local medical institutions, making your investment especially critical. Your contributions will pay great dividends in building a future physician workforce that not only delivers high-quality care, but also serves rural, medically underserved communities as well.

If you have not yet sought and received a faculty teaching appointment, you can still apply by submitting a web-based application at <http://med.cmich.edu/facultyapply>.

For more information, contact
Dr. Vance at 989.746.7503 or
steve.vance@cmich.edu.



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Extraordinary doctors
providing extraordinary care
for every generation.

