

Premier Pulse

News for Premier Health Physicians

VOLUME 5 | ISSUE 5 | MAY 2018

Addressing Physician Burnout: The Importance of Caring for Ourselves

By Matthew Reeves, DO, MBA, chief medical officer, Atrium Medical Center



The other day, I had a thought-provoking conversation with some of our colleagues in our physician lounge. My friend had just attended a lecture with a follow-up panel discussion on HCAHP scores. He said the discussion was informative and lively, with one of the most prevalent take-aways being “Where’s the concern for physicians’ satisfaction?” I couldn’t agree more!

In 2008, the Institute for Healthcare Improvement adopted the Triple Aim

to provide the highest quality of care at the lowest possible cost, with the best patient experience as the model for improving health care. Many have proposed a fourth component – improved physician satisfaction – creating the Quadruple Aim. Further, this fourth element must be addressed to truly improve health care! Many recognize and acknowledge the fact that happy and engaged physicians are the key to optimizing patient outcomes.

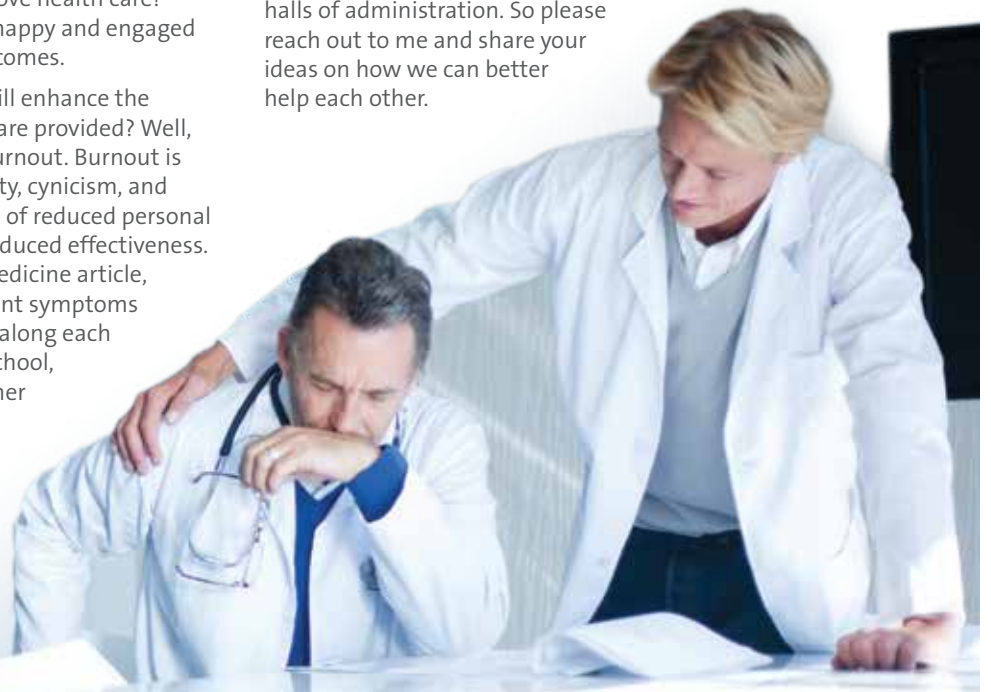
Why is it that improved physician satisfaction will enhance the patient experience and optimize the quality of care provided? Well, what is the polar opposite of job satisfaction? Burnout. Burnout is characterized by emotional exhaustion, negativity, cynicism, and inability to express empathy, along with feelings of reduced personal accomplishment, loss of work fulfillment, and reduced effectiveness. According to a recent New England Journal of Medicine article, more than half of U.S. physicians report significant symptoms of burnout. The problem starts early, worsening along each step of the career pathway starting in medical school, and affects physicians at rates twice those of other professions.

This epidemic has grave consequences. The rate of suicide among physicians is devastating, with as many as 400 U.S. physicians ending their own lives every year. Our patients pay the

price, too, as there are well established links between increased rates of medical errors, health care-associated infections, and decreased patient satisfaction. In 2016, U.S. Surgeon General Vivek Murthy said, “If health care providers aren’t well, it’s hard for them to heal the people for whom they are caring.”

So how do we enhance physician satisfaction, ward off burnout, and ultimately improve our HCAHP scores? Much could be written about this, as there are many measures that can be taken, such as resilience training. However, it all starts with us. We have to take care of ourselves first to help our patients. Dike Drummond, MD, CEO of TheHappyMD.com, uses the analogy of an oxygen mask on the airplane to explain the importance of physicians addressing their own needs before they can take care of patients.

As a CMO, I believe that one of my most vital roles is being a physician advocate in the halls of administration. So please reach out to me and share your ideas on how we can better help each other.



Good Samaritan Hospital Emergency Department Closure and Name Changes

Premier Health announced this month that the Emergency Department at Good Samaritan Hospital's Philadelphia Drive campus will close at 11:59 p.m. on July 19. We previously announced that the closure of the Good Samaritan Hospital campus on Philadelphia Drive would occur no later than August 29. Rapid progress on a plan to migrate the hospital's services and employee jobs resulted in an adjustment of the timeline.

Additionally, effective Monday, July 23, due to regulatory requirements, the names of all Good Samaritan Hospital locations will change to reflect their affiliation with Miami Valley Hospital. Good Samaritan Hospital's main campus on Philadelphia Drive, for example, will be renamed Miami Valley Hospital Philadelphia Drive until that location closes. Good Samaritan North Health Center will be named Miami Valley Hospital North.

Inpatient operations at Good Sam's main campus will begin winding down once the emergency department closes. A date when inpatient care will cease at the hospital has not been set, as inpatient care will be completed as soon as possible in accordance with the best interests of our patients.

Our Good Samaritan Hospital transition page at premierhealth.com/GoodSamUpdate/ is being updated frequently as services migrate

elsewhere from the hospital's Philadelphia Drive campus. Thank you for your continued patience and dedication as we work to complete this transition.

We understand that this adjusted timeline has several implications. In some cases, it might increase the amount of time that a Good Samaritan Hospital employee has a temporary assignment before beginning a permanent job elsewhere. Please know that we are carefully planning for these isolated cases.



FREE EDUCATIONAL PROGRAM

Diagnosis and Treatment of Lumbar and Cervical Disc Herniations

Save the date for an upcoming continuing medical education class about diagnosing and treating back pain. Please register at premierhealth.com/backpainCME.

5:30 to 7 p.m., Wednesday, June 27

Atrium Medical Center

Professional Building
5th Floor Auditorium
200 Medical Center Dr.
Middletown, Ohio 45005

Target Audience: Primary care physicians, orthopedic surgeons, pain management and rehabilitation physicians, advanced practice

providers, nurses, medical residents, fellows, and medical students.

Agenda

5:30 p.m. Check-in and reception with heavy hors d'oeuvres and bar service

6 to 7 p.m. Presentation by Max Berdichevsky, MD, and networking

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing

Medical Education (ACCME) through the joint providership of Wright State University (WSU) and Premier Health. WSU designated this Live Activity for a maximum of 0.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Ohio Board of Nursing permits nurses to claim CME credit to meet their continuing education requirement for the purpose of licensure renewal.

Provider Praise

Premier Health patients submit thousands of comments each year acknowledging physicians across our health system for providing excellent care. Here is a random sampling of appreciation received in recent months:

Atrium Medical Center

Dr. Checroun is the best. He has kept me playing keyboards these last 10 years. Always considerate and caring. We need more doctors like him!!!

I hold **Dr. Solomito** in the highest regard. I'm 75 years old, and he is at the top of the list of doctors I've had over the years!

Dr. Steiner is an excellent doctor who is very knowledgeable about my care. I have a lot of trust in his care of me.

Good Samaritan Hospital

Dr. Harrington is a credit to the profession. We moved away from the area five years ago and never entertained finding a new physician. We instead will drive across town to continue to visit this group. My

experiences in the last six months have done nothing but reinforce this decision.

Dr. Larson and her staff are like family to me.

I am very lucky to have **Dr. Butman**!

I love **Dr. Paulding**, she is always knowledgeable about any health concerns I have. She's thorough and listens intently.

Miami Valley Hospital

Dr. Barre is an excellent doctor. He has taken care of my crazy wrist and hand for some time now, and I wouldn't trust anyone else.

I have been a patient of **Dr. Boyd's** for over 25 years. I can honestly say that she and her staff and the entire office have been and continue to be caring, knowledgeable, and always helpful. So glad she is my doctor!!

Dr. Hendricks is very quick to get back with me any time I have any questions.

Dr. Thesing has been my OB for 10 years now, and I would highly recommend him. I feel confident in his medical recommendations.

Upper Valley Medical Center

Without **Dr. Tebbe**, I would not be here today. She saved my life!!!

Dr. Drehmer is an exceptional physician who is very dedicated to his patients, understands my needs, and listens to my concerns. His nurse Tammy is very caring. She called on several occasions to follow up on how I was doing so she could report to Dr. Drehmer in case something further would need to be done before my next appointment. I greatly appreciate the exceptional medical care provided by Dr. Drehmer and his staff. Thank you for all you do!

Dr. Vignali and his staff have been incredibly patient and understanding as we are expecting our first child, and this is an entirely new experience for us. We feel they are thorough and always take the time to make sure our questions are answered, and explain the results of any tests.

Miami Valley Hospital Named One of "100 Great Hospitals in America"

Becker's Healthcare has named Miami Valley Hospital to its list of "100 great hospitals in America."

The hospitals included on this list have been recognized nationally for excellence in clinical care, patient outcomes, and staff and physician satisfaction; they also are industry leaders that have achieved advanced accreditation and certification in several specialties, according to Becker's Healthcare. Miami Valley Hospital is the only Dayton-area hospital recognized on the list.

Becker's Healthcare said of Miami Valley Hospital: "Since its founding in 1890, Miami Valley Hospital has been a cornerstone of the Dayton community. In the last 20 years, MVH launched a neighborhood revitalization effort, completed a \$19 million neonatal intensive care unit expansion, and opened a comprehensive cancer center. MVH also belongs to integrated health network Premier Health, offering comprehensive health care services across the southwest Ohio region. The hospital was recognized as one of America's 100 Best Hospitals 2016-17 by Healthgrades, and is one of Watson Health's 100 Top Hospitals in 2018."

"We are proud that Miami Valley Hospital continues to be recognized for our excellence in delivering care," said Mike Maiberger, president of Miami Valley Hospital and executive vice president and chief operating officer of Premier Health. "Our physicians and staff go above and beyond each day to make a difference in the lives of our patients and their families, and it is humbling to receive such recognitions as we live out our mission to improve the health of the communities we serve."

Becker's Healthcare is a source of business and legal information for health care industry leaders. Becker's Hospital Review is a trade publication of Becker's Healthcare that features business and legal news and analysis relating to hospitals and health systems. For more information, visit beckershospitalreview.com.

Premier Health's Orthopedic and Sports Medicine Services Continue to Grow

By Gary Blake, vice president, service line integration, orthopedics and sports medicine



The Orthopedic and Sports Medicine Institute, led by Mike Herbenick, MD, and Paul Peters, MD, continues to make steady progress in introducing best practices that improve quality and service. A few of our initiatives include establishing a care path for outpatient joint replacement, the Joint Centers of Excellence, delineation of privileging, and hand call expansion. Sports Medicine has focused on access, concussion management, and technology.

A clinical collaboration of orthopedic surgeons, anesthesia, nursing, and administration developed a care path for the management of outpatient joint replacements. CMS introduced policy changes this year that placed knee joint arthroplasty on the IP and OP list. As a result, the joint care path was modified to include best practice for outpatient joint replacement starting at Miami Valley Hospital South. To date in 2018, we have done more than 25 cases with patient stays ranging from 10 to less than 24 hours. Industry projections state that 20 percent of all joint replacements will be outpatient by 2022.

The Orthopedic Institute also brought forth a recommendation that a joint center of excellence be developed to include Upper Valley Medical Center, Good Samaritan North Health Center, Miami Valley Hospital South, and Atrium Medical Center, and a commitment has been made to institute best practices in each of these facilities to strengthen the joint network across Premier Health. With the

closure of Good Samaritan Hospital's main campus on Philadelphia Drive later this summer, the Orthopedic Institute integrated the delineation of privileges for the systems. This will provide clarity for all orthopedic surgeons regarding core and specialty privileges, as well as strengthen continuity.

The Orthopedic Institute was actively involved in the expansion of the hand call coverage service, led by Rannie Al Samkari, MD. The hand call coverage expansion ensures clarity regarding patients with hand injuries who come to all Premier Health facilities. Miami Valley Hospital is the hub for all acute injuries that need immediate care, while hand surgeons will work with Emergency Department physicians to manage other non-acute hand injuries.

The Sports Medicine subcommittee of the Orthopedic Institute has been very active in establishing protocols regarding use of the InSite helmet sensor technology for high school football players – a new technology that some schools have put into place. Sports Medicine physicians on the subcommittee worked with several athletic directors to create a protocol for collecting and using data from the helmets. The subcommittee will continue to meet with athletic directors heading into this year's season. Other technologies are in development, and Premier Health is communicating with manufacturers to remain a leader in concussion management.

Premier Health has the largest number of school partnerships in Ohio, and creating access for our athletes continues to be a priority. Premier Health has seen a significant increase in referrals in the first four months of 2018.

An Introduction to Miami Valley Hospital's Access and Transfer Center

The Access and Transfer Center (ATC) is the on-call/transfer center for Miami Valley Hospital. We are the access point for patients coming from referring hospitals, physician offices, and nursing homes. If you need to admit a patient, call us first! We will arrange an accepting provider, if you are not the admitting provider. We will arrange getting the patient on the unit of your choice and provide the MICU (mobile intensive care ambulance)/CareFlight for your most critically ill patients.

All providers, especially those taking calls, should call or come to the ATC; the latter is preferred. Plan on sharing your desired preference

on how best to contact you. You will need to share your cellphone number(s) and service carrier, your home phone, or an alternate if desired. A beeper with its carrier service (least desired) can be shared. All numbers are confidential and will not be given to anyone (we absolutely do not share). The ATC is responsible for processing all of Premier Health's strokes and MVH's AMI alerts.

You can contact Sophia Gordon, manager of the ATC, to help you get acclimated to the ATC, which is located on the first floor of the main building (Room 1439). Take Zone Elevator B.



Premier Health Rolls Out Comprehensive Patient Blood Management Program

By Barbara Steel, MD, system physician lead, Patient Blood Management

In January 2018, Premier Health initiated a system-wide Patient Blood Management program. Patient Blood Management (PBM) has been defined as an evidence-based, comprehensive approach to optimizing the care of patients who might need transfusion. Blood management has become an important value initiative in health care over the past 10 years.

Blood transfusions are one of the top five overused medical therapies, according to the American Board of Internal Medicine Choosing Wisely campaign. Transfusions also present significant risk, as they have been associated with hospital acquired and transfusion transmitted infection; transfusion-related immune modulation; alloimmunization; and allergic reactions. Transfusion-associated circulatory overload and acute lung injury are the leading cause of transfusion-related mortality.

With more than 32,000 blood transfusions occurring each year at Premier Health, reducing unnecessary transfusions represents an important patient safety initiative. Transfusions are costly. While the typical acquisition cost of a RBC unit is more than \$220, the actual administrative, technical, and clinical cost to the system is estimated to be several times higher. Hospital systems that have successfully implemented a PBM program have realized significant improvement in medical and surgical outcomes, as well as cost savings.

PBM has three goals: optimize red blood cell mass and hemostasis, minimize blood loss, and improve the patient's tolerance to anemia. Our program will initially focus on updating our transfusion guidelines. Integration of these guidelines into a simplified, computer order entry will assist clinicians in the decision-making process. Departmental performance improvement will be greatly

facilitated by a data analytics transfusion dashboard that will track and compare clinicians' transfusion practices over time. Hospital, department, and provider-specific transfusion data can be compared within Premier Health and against national standards. Opportunities for further clinical training in optimal blood management will be offered through educational awareness campaigns and expert guest speakers.

Strategies to minimize anemia by preventing blood loss and maximizing a patient's own blood mass are an integral component of PBM. The risk of transfusion steadily increases as anemia worsens. Anemia is common, often affecting 20 percent or more of preoperative patients. Moreover, it is an independent predictor of poor outcomes. Musallam et al (Lancet 2011) evaluated 227,425 preoperative patients in the NSQIP database, and demonstrated that preoperative anemia significantly increased the risk of mortality across a broad array of surgical interventions. Anemia programs will focus on the identification and management of iron deficiency anemia across the full continuum of care. Important contributors to anemia and poor outcomes are iatrogenic blood loss and hospital acquired anemia. The judicious use of coagulation algorithms, global hemostasis techniques such as TEG, blood salvage, and minimizing phlebotomy will help to ameliorate this problem.

To best position this initiative for success, Premier Health entered into a five-year engagement with Accumen in January 2018. This national company has a proven track record in patient blood management and laboratory optimization in more than 200 hospitals across the country. Their expert guidance will allow Premier Health to establish a quality PBM program.

Brethen Center Offers Advanced Training in Robotics and Minimally Invasive Surgery



Legendary football coach Vince Lombardi certainly wasn't referring to surgery when he was quoted as saying, "Practice does not make perfect. Only perfect practice makes perfect." It could be argued, however, that this sentiment definitely applies to medicine, where excellence and precision are absolute necessities.

At Premier Health, the pursuit of excellence and precision is being practiced each day at the Brethen Center for Surgical Advancement in Robotics and Minimally Invasive Surgery. The facility is located on the ground floor of the Berry Building at Miami Valley Hospital, and is home to the da Vinci and ROSA surgical robots, as well as other training tools.

The da Vinci Surgical System offers 3-D real-time training for a variety of procedures. ROSA Brain and ROSA Spine are minimally invasive robotic surgical assistants that help increase precision and reach during delicate brain and spine surgeries.

"The Brethen Center was designed to be a national destination for robotic surgical education," said Josh Lader, director of the Brethen Center. "This facility enables us to

raise the level of expertise in the medical community by increasing the education and available surgical options for our residents. It's a valuable asset for resident training, and it can give physicians the ability to improve their skills."

The Brethen Center gives both Premier Health physicians and residents from the Wright State University School of Medicine direct access to advanced medical tools, providing a unique opportunity to learn the latest techniques or strengthen existing skills in preparation for upcoming procedures.

As one of the first gynecologists in the Dayton area to perform a robotic-assisted hysterectomy and myomectomy using the da Vinci Robotic Surgical System, Keith Watson, MD, has a special appreciation for the Brethen Center's impact on area physicians and the communities they serve.

"It's good for physicians to be aware that there are a number of area surgeons who are now specially trained in robotic surgery as a result of the Brethen Center," said Dr. Watson. "They need to know that if they have a patient, for example, who has lesion

in the lung, there is a thoracic surgeon who can do a minimally invasive procedure to take care of that."

In addition to thoracic surgery, the Brethen Center has proved to be an invaluable training resource for neurologic, gynecologic, urologic, colorectal, and general surgical specialists. Training is also available for clinical staff who assist with robotic surgery, such as robotic program coordinators, first assistants, and operating room staff.

"So much of training and education involves looking toward the distant future," said Lader. "But in many ways, we're out in front of tomorrow when it comes to this robotic technology, since this lets you basically train and practice, and then take that knowledge directly into the operating room."

Premier Health physicians and clinical staff interested in learning more about the Brethen Center and its training opportunities are encouraged to call **(937) 208-2239**, or contact Josh Lader via phone at **(937) 734-8660** or email at jllader@premierhealth.com.

The Two-Midnight Rule: What Is It, and What Does It Mean for Us?

In 2014, the Centers for Medicare & Medicaid Services introduced the two-midnight rule as part of its Inpatient Prospective Payment System (IPPS) and Outpatient Prospective Payment System (OPPS) rules. The two-midnight rule was revised in 2016. Here's how it works:

When any patient is hospitalized, the admitting doctor must make decisions within three main areas regarding the medical necessity for hospitalization:

1. The severity of illness – how sick is the patient?
2. The intensity of service – what kind of work-up and treatment does the patient need?
3. The risk of death or an adverse event – what bad things will happen if the patient is not hospitalized?

From Medicare's perspective, short hospital stays are for minor illnesses and less intense treatments that have a low risk of death or an adverse event. Longer hospital stays are for sicker people who need more intense treatments with a higher risk for mortality or morbidity, and who have a greater need for hospital resources and personnel. Medicare has defined a short hospital stay as less than two midnights, and a long hospital stay as two midnights or longer. Short hospital stays will be paid under Medicare Part B; long hospital stays will be paid under Medicare Part A.

When a Medicare patient is hospitalized, the physician must determine whether the length of stay will span two midnights. If the care the patient needs can only be provided in the hospital, and the physician believes that the care will span two or more midnights, then the patient should be admitted on inpatient status. If the physician thinks that the patient will not be in the hospital two midnights, then the patient should be placed in observation status.

Care that can only be provided in the hospital often is not necessarily what physicians would consider extraordinarily high tech. Cardiac monitoring, neuro checks

every two hours, serial labs, IV medications, aggressive respiratory care, and the like are services that can only be provided in the hospital by trained personnel who know how to interpret and monitor what is going on with the patient. If someone who might be having a stroke arrived in your emergency department, you would never send that patient home to have the family keep an eye on him; you would want him or her in a neuro unit staffed with nurses and technicians who are trained to look for the subtle or not-so-subtle signs of a stroke.

It's important to remember that delays in care that lead to the second midnight do not mean that the patient is an inpatient. If you can't get an MRI until the third day, that does not mean your patient is an inpatient – unless clinically he has had a stroke, you are treating him for the stroke, and you are ordering therapies and planning for rehab while you are waiting for his MRI.

Finally, your documentation must be cogent, succinct, and completely descriptive of your clinical impression, your intended work-up, and your treatment plan. What condition the patient has, and what you are going to do to treat it must be crystal clear to anyone reading your note. Say in your note, for example, "It is my clinical impression that this patient has had a stroke based on my exam and imaging as below. The stroke team is on board; I have ordered an MRI, medications, and therapies as below; and I fully expect this patient will need at least two midnights of hospital care for her stroke."

What if your patient doesn't stay the second midnight? That happens; the DKA recovers quickly; the patient leaves AMA; the patient dies; the patient goes to hospice. In these cases, you would keep the patient on inpatient status and document what happened, saying, for example, "The patient was discharged sooner than I expected due to..." Medicare does not expect you to always anticipate exceptions to the two-midnight rule. If the patient was sick enough on admission that you thought he

or she would be in the hospital for at least two midnights, then that is justification for inpatient care.

What about the dreaded RAC audits we have feared for years? Well, CMS has chosen to audit our inpatient admissions using Quality Improvement Organizations (QIOs). QIOs are charged by CMS to improve the quality of health care for Medicare beneficiaries. They will use education and collaboration first if they detect a misuse of the two-midnight rule. They will, though, refer hospitals that have consistently high denial rates to the Recovery Auditor Contractor for our region, who will then conduct a vigorous audit of inpatient admissions. How can we be sure that we won't be audited? We can't. But our best defense is solid documentation, and that's the physician's job.

So, use the two-midnight rule appropriately; document assiduously; and take great care of your patients as you always do. If you have any questions about this rule, please call your friendly physician advisor.

Take care,
Bob Morrison



Dr. Morrison is the associate chief medical officer at Miami Valley Hospital and is now the physician advisor for Premier Health. He can be reached in his office or by cellphone.

Robert Morrison, MD
Associate CMO, Miami Valley Hospital
Executive Suite
One Wyoming Street
Dayton, OH 45409

rtmorrison@premierhealth.com

Phone: **(937) 208-2315 (office)**
or **(937) 203-6215 (cell)**

Delivering a Milestone; Saluting a Unit That Touched Many Lives

Atrium Medical Center

The Natural Beginnings Birth Center at Atrium Medical Center recently celebrated its 100th natural birth since the center opened at the end of 2016. Carlie and Grayson Schick of Middletown welcomed their new daughter Abigail Pearl on April 26. Natural Beginnings – the first comprehensive natural birth center in the greater Cincinnati area located within an acute care hospital – offers expectant mothers services to experience labor without traditional interventions. Housing two private natural birthing suites within the hospital’s Family Birth Center serves as an additional safety net, as nearby medical staff can respond with emergency and surgical care if necessary.



Atrium received an “A” for patient safety in the Spring 2018 Leapfrog Hospital Safety Grade. The Leapfrog Group, a Washington D.C.-based organization that aims to improve health care quality and safety for consumers and purchasers, recently released its new Leapfrog Hospital Safety Grades. Atrium was one of 750 hospitals awarded an “A” for its efforts to meet the highest safety standards in the United States. This is the second consecutive “A” that Atrium has received from Leapfrog for its safety efforts, and the hospital has scored a “B” or higher from The Leapfrog Group in each of its rankings for the past three years. The Leapfrog Hospital Safety Grade uses 27 measures of publicly available hospital safety data to assign grades to approximately 2,500 U.S. hospitals twice per year.

The obstetrics/gynecological clinic on Atrium’s campus is now called Atrium Maternal Health Clinic. The name change comes as pediatric services at the clinic were discontinued at the end of 2017 due to other comprehensive primary care options for pediatric patients now available at federally-qualified health centers in Middletown. Atrium Maternal Health Clinic continues to see and treat Ob/Gyn patients, and offer programs such as the recently introduced CenteringPregnancy prenatal program for local moms-to-be.

Good Samaritan Hospital

Progress continues on plans to transition services elsewhere from Good Samaritan Hospital’s main campus. Premier Health recently announced that it will close the Emergency Department at Good Samaritan Hospital’s Philadelphia Drive campus at 11:59 p.m. on Thursday, July 19. Inpatient care will then wind down and cease in accordance with the best interests of our patients. Other notable changes include outpatient interventional radiology transitioning on May 14, and direct admits ceasing on June 15.

The Family Birthing Center at Good Samaritan Hospital suspended services on Sunday, April 15. Current and past staff, along with their families, gathered to s

upport each other and say goodbye to a special unit that has touched many lives throughout the past 86 years. Festivities began with a standing room only service in the St. Elizabeth Ann Seton Chapel, followed by a private dinner in the Seton Tower Café. Afterward, everyone, including all employees, was invited to The Family Birthing Center to enjoy cake, view a department slide show, and take a final walk through the unit. Toward the end of evening, staff posed for group photos and signed the walls, leaving their mark on hallowed ground.

Expansion of the North campus set to open July 23 will include inpatient and observation beds with 24/7 coverage; spine and joint orthopedic care; elective general surgery; and four high-acuity beds. A cardiac catheterization lab for elective and emergent cases is targeted to be available by September 30, 2018. The possibility of offering interventional radiology services is under review. The facility will open as Miami Valley Hospital North. Additionally, as of July 23 at 12:01 a.m., all Good Samaritan Hospital locations will move to a Miami Valley Hospital nomenclature. Be sure to save the date for a physician open house to be held Thursday, July 19, from 6 to 8 p.m. at Miami Valley Hospital North.

(continued on next page)



Premier Health Well Represented in State Medical Group Leadership



The Ohio Osteopathic Association (OOA) recently named Premier Health System Chief Medical Officer **Jennifer Hauler, DO**, president of its Board of Trustees. Founded in 1898, the mission of the OOA is to support Ohio's osteopathic physicians. According to the group, which is a state society of the American Osteopathic Association, there are 4,441 licensed DOs practicing in Ohio.

Dr. Hauler began her career with Premier Health as vice president of medical affairs and chief medical officer for Upper Valley Medical Center. She received her Doctor of Osteopathic Medicine degree from the Ohio University Heritage College of Osteopathic Medicine, and also completed a Master of Business Administration degree from the Kelley School of Business at Indiana University. She is board certified in family medicine and emergency medicine. According to the OOA, about 13 percent of the state's physician population, and 26 percent of Ohio's Family Physicians, are doctors of osteopathic medicine.



Additionally, **Evangeline C. Andarsio, MD**, recently was named president of the Ohio State Medical Association. She assumed the role after serving as president-elect last year. Dr. Andarsio says that an issue of high importance for her is helping physicians cope with the stress of practicing medicine.

Dr. Andarsio, a clinical associate professor of obstetrics and gynecology at the Wright State University Boonshoft School of Medicine, has privileges at Miami Valley Hospital. She earned her medical degree from Wright State University and completed residency programs at Miami Valley Hospital and Wright State University School of Medicine. She is board certified by the American Board of Obstetrics and Gynecology.

System News *(continued from previous page)*

Miami Valley Hospital

Miami Valley Hospital South received the platinum Lifesaving Ambassador Club Award for 2017 from the Community Blood Center (CBC). Platinum status denotes 100 percent blood drive efficiency. Miami Valley Hospital was recognized as a gold level partner in the Lifesaving Ambassador's Club, which represents 95 to 99 percent blood drive efficiency. Both sites host six blood drives each year.

Miami Valley Hospital has been selected to receive a 2018 Melvin Creeley Environmental Leadership Award from the Ohio Hospital Association, reflecting the hospital's leadership in environmental excellence. The Melvin Creeley Award recognizes hospitals and health systems that promote sound environmental practices through the implementation of energy efficiency programs, waste reduction strategies, recycling initiatives, and other activities to preserve the health of the planet for future generations.

The Pharmacy Residency Program at Miami Valley Hospital has been accredited for six years by the American Society of Health-System Pharmacists (ASHP). Accreditation shows commitment to providing the highest level of pharmacy care to patients. The six-year accreditation status – the highest level achievable by ASHP – indicates that the hospital met the rigorous standards of a nationally recognized third party.



Upper Valley Medical Center

Upper Valley Medical Center celebrated quality review scorecard success in exceeding quality and safety goals for the

month of April 2018. The hospital achieved/exceeded top decile performance in seven of the eight quality measure domains for the month.

The national Radiology Business Management Association invited UVMC Imaging Director Jacqui Rose to present at its 2018 PaRaDigm annual meeting in San Diego on April 8. Her program, "Leveraging CDS Technology Successfully," highlighted UVMC's experience with CMS Appropriate Use Criteria requirements.

UVMC participated in an Edison Community College Employee Health Fair on Thursday, April 19. More than 100 college staff visited UVMC's booth, which featured the UVMC Cancer Care inflatable colon unit, dermascan skin screenings, free blood pressure checks, and informational handouts on a variety of programs and services. The giant inflatable colon unit was purchased last year by the UVMC Foundation to help educate the community about colorectal cancer and other conditions. It proved to be extremely popular at the event.

Physician Shares Experience with Doctors Without Borders

Premier Health recognizes that many of its physicians have served in the international medical field, whether through research, medical missions, or other opportunities. The time that our physicians spend working around the world underscores more than their compassion for and dedication to serving those who are less fortunate. Their exposure to cultures and medical challenges around the globe also enriches them and enhances the care that they provide to patients and families here in Southwest Ohio, which advances Premier Health's mission to build healthier communities.

Premier Health values the benevolent spirit of our physicians, and we intend to highlight their international pursuits through personal essays and interviews as a recurring feature in this publication. If you would like to share your experience serving as a physician outside of the United States, or if you know of someone who might have an inspiring story to tell, please reach out to Ben Sutherly at bensutherly@premierhealth.com, or Sarah Zoellick at skzoellick@premierhealth.com.



(Above) A Médecins Sans Frontières (Doctors Without Borders) staff member conducts a nutrition assessment on a child in Abyei in 2011. Photo credit: Maimouna Jallow. Provided by Médecins Sans Frontières.



Palaniappan Muthappan, MD, FACC, is an interventional cardiologist at Miami Valley Cardiology.

After completing his residency in internal medicine at Johns Hopkins

Hospital, Dr. Muthappan worked for Médecins Sans Frontières (Doctors Without Borders) running a hospital and outpatient clinic and starting a TB program at a refugee camp between government- and rebel-held territory in Sudan. He first served for about 10 months from 2009 to 2010, and returned on an emergency basis a year later, serving then for about two months.

While you were there, what were you working on?

I was there as a generalist, working in what could loosely be called a refugee camp, or right outside a refugee camp. However, the people of the region are so poor that it was hard to tell who was a refugee and who wasn't, because everyone was just so impoverished.

We had what was meant to be a small hospital, but ended up being kind of a medium to large hospital just because of the number of patients we needed to see. My main focuses during the first mission were running a pediatric malnutrition refeeding program, and then we started a tuberculosis treatment program. However, we were the only medical facility within a large radius (maybe several hundred miles) with medicines and staff, so we tried to take care of whoever came in.

The second time, were you doing the same work?

The second time, the town of Abyei (which was where our initial mission was based) had been shelled and burnt to the ground, so the townspeople fled. We were trying to find pockets of hundreds or thousands of people and provide them with the basics – food and cooking implements, chlorine tablets, blankets, tarps, and basic medical care. You get out there, and they don't have any clean water – if they have access to water at all. The villages themselves don't have much clean water, especially in dry season, and there can sometimes be contamination of the water supply. So when you add a refugee situation on top of that, the village can share with refugees; but

if they don't have enough for themselves, then everyone's going to be worse off than they were before.

What prompted you to get involved with Doctors without Borders?

It just seemed like the right thing to do. It's something I had thought of doing for a long time, and my thought was, if someone's going to do it, then it better be someone who is young, who doesn't have kids. If I had gotten hurt, the people who would have mourned me would have been my immediate family, just my parents and my sister. Now, I've got young children depending on me, so I'll stay out of danger for a while.

What did you think of your experience?

It was a lot of work – we ran an average census of probably about 100 patients, and I was the only physician for much of the time. I did have some very dedicated staff helping, too. But still, it was just about focusing on getting the work done. I think when you see that much need, you kind of just react to it as opposed to philosophizing about it. So, I was just focused on, "Here's the next patient; here's what they need; let's get it done."

(continued on next page)

Battling Chronic Disease With Diet and Exercise

By Patrick Larreategui, DO, FACOS, medical staff president, Upper Valley Medical Center



How do we lower the cost of health care? Everyone has a theory, yet the root cause is seldom addressed. According to the Centers for Disease Control and Prevention, “Chronic diseases and conditions

such as heart disease, stroke, cancer, Type 2 diabetes, obesity, and arthritis are among the most common, costly, and preventable of all health problems.” Chronic disease costs the health care system more than \$1 billion per day. Most of these conditions are caused by poor nutrition, lack of physical activity, smoking, and alcohol.

Poor nutrition in the form of processed foods and sugary beverages is a significant problem in Western cultures. Soft drink companies have million-dollar advertising campaigns designed to fool us into thinking these products are something other than carbonated water with added sugar. Over the past three decades, Americans have increased their sugar consumption by more than 30 percent. Type 2 diabetes was rare before 1900, but now affects more than 14 percent of Americans. Another 38 percent of the population has prediabetes.

The sugar addiction starts very early in life. Common foods such as cereal and yogurt contain large amounts of added sugar. Soft drinks and sports drinks are also often loaded with sugar. The impact of sugar on our physiology is extremely dangerous. Prolonged hyperinsulinemia eventually leads to insulin resistance, resulting in diabetes. Diabetes and obesity significantly increase the risk of metabolic disease, leading to early death. Much like a heritable gene, this pattern of consumption is passed from parents to children. The only way to break this cycle is through education.

As physicians, we are good at treating the symptoms of chronic disease, but not so good at treating the cause. Diabetics are treated with medications to control their blood sugar. They eventually require increasing doses of medications, but the root problem of too much sugar in the body is not addressed. If your cholesterol is high, we have a pill for that, too. Unfortunately, you can’t cure dietary diseases with medications. There is a better way to treat these chronic diseases, rather than just targeting symptoms. Removing the underlying cause or causes of a disease constitutes a cure. Diet and exercise are the key.

Crossfit Health is an initiative that seeks to provide an elegant solution in the battle against chronic disease. If you are unfamiliar

with Crossfit, it is a regimen that defines fitness in a meaningful and measurable way as “increased work capacity across broad times and modal domains.” Crossfit emphasizes constantly varied functional movements performed at high intensity. It is driven by data and metrics from each workout. The community that arises when people participate in these workouts together is integral to the program’s success. It is not easy, but the results are undeniable. Crossfit Health aims to create a network of physicians seeking to provide education about diet, nutrition, and healthy lifestyle. This is an exciting new program that is focused on uniting physicians in the battle against chronic disease.

Our mission at Premier Health is to improve the health of the communities we serve. As health care leaders, we must set an example for others to follow. At Upper Valley Medical Center, we have exchanged the junk food in the physician lounges for healthful options. The sugary soft drinks have been removed. In the coming months, we will have educational programs for the medical staff focusing on nutrition and exercise. We will begin foundational classes teaching functional movements. We hope you will join us in the battle against chronic disease. Please contact me at plarreategui@premierhealth.com or visit crossfithealth.com for more information.

Doctors Without Borders *(continued from previous page)*

Did you learn anything culturally from being in the area?

I picked up a fair amount of Arabic while I was there; I picked up some Dinka when I was there. Culturally, they have beautiful traditions that make sense when put into the context of the place where they live, and the food that they eat. For example, the Dinka (one of the main populations that we were treating) are a cow-herding people, and so all their wealth is measured in terms of the number and the quality of the cows they own. It’s fascinating.

What would you say to other physicians contemplating serving abroad?

I would say there’s a huge need. The diseases I saw were diseases that I had only read about here; but the training is good, and the treatments are nicely protocolized. So if someone’s interested, they shouldn’t let a lack of familiarity keep them from doing it. There is a need for physicians, nurses, and pharmacists, but also finance people (someone has to handle payroll for local staff) and logisticians (people with a background in trades who can help with

electrical work, sanitation, construction). There’s such a need that lack of experience won’t be a barrier for someone if they’re committed to it.

Surgeon from California Settles in Dayton



Zachary L. Simmons, MD, specializes in general surgery at Upper Valley Medical Center.

What brought you to Premier Health?

I came to Wright State for my

general surgery residency and liked the community. Miami County surgeons and Upper Valley have been great to work with.

Why did you choose medicine as a career?

Both of my parents were nurses, so I had exposure to medicine. I couldn't think of anything that would be more interesting. Surgery has an amazing ability to create lasting changes that benefit people and their families.

Who are the people who influenced and/or mentored you?

Dr. Buxton helped get me into the operating room before graduating high school.

Dr. Baldwin was my mentor during medical school, and the chief investigator on several research projects.

Where did you go to school?

Loma Linda University School of Medicine in California

What is one thing most people don't know about you?

I started my medical career working in central sterile in a community hospital.

Where is your hometown?

Bakersfield, CA

What, if any, sports team(s) do you cheer for?

I probably have not followed any regularly since the Wayne Gretzky-era Kings

What is the last book you read?

"The Paris Architect"

What is your favorite song in your playlist?

"Minor Swing" by Django Reinhardt at the moment

What is your favorite food?

Pho or ice cream

What is your favorite hobby?

Hiking with family

Where is your favorite vacation spot, and why?

St. Kitts (*pictured below*) – less developed beaches with family, and as an added bonus: no phone service for me.

Describe something for which you are especially thankful:

I am thankful for my wife and her ability to care for me and our daughters, especially given our erratic schedules. She has been

very supportive, and I cannot imagine a better friend.

Pick a side

iPhone or Android?

iPhone

Early bird or night owl?

Night owl

Beach bum or mountain hiker?

Beach

Dress shoes or tennis shoes?

Dress shoes

Paperback or e-reader?

Prefer hard copy, but e-books and audio are more accessible

Coffee or tea?

Coffee

Cooking or baking?

Cooking

Sweet or salty?

Salty



Our New Physicians

New physicians routinely join the medical staff at each of Premier Health's hospitals. Are you interested in knowing who joined the medical staff at each facility?

You can find lists of new physicians here:

Atrium Medical Center go to atriummedcenter.org/ournewphysicians

Good Samaritan Hospital go to goodsamdayton.org/ournewphysicians

Miami Valley Hospital go to miamivalleyhospital.com/ournewphysicians

Upper Valley Medical Center go to uvmc.com/ournewphysicians

Editorial Board: Dr. Marc Belcastro, Dr. Jennifer Hauler, Dr. Scott Kanagy, Dr. Matthew Reeves
Chief Consumer Officer: Chris Butler; **Director, System Communications:** Ben Sutherly; **Editor:** Sarah Zoellick