

# HNP Newslink

ISSUE IX

WINTER 2010

## SPECIAL POINT OF INTEREST

Opening of Memorial Hermann Tower

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Clinical Integration Update

New Medical Staff Bylaws

New Patient Safety CME

Online Course

## About MHHNP

Memorial Hermann Health Network Providers (MHHNP) is a clinically integrated physician organization comprised of more than 3,400 doctors across southeast Texas. MHHNP is the largest independent physician organization of its kind in Texas. Visit our Web site at [www.mhhnp.org](http://www.mhhnp.org)

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Memorial Hermann  
**H N P**  
 HEALTH NETWORK PROVIDERS

## HNP Leading the Clinical Integration Effort in Texas

HNP CEO Chris Lloyd is excited to be working with the physician board members to lead HNP at such a pivotal time in its history. His experience managing hospital operations and physician groups while with Advocate Healthcare, the most integrated and advanced employed physician group in north Chicago, provides a unique perspective for guiding HNP. “That experience has prepared me to help HNP navigate through the opportunities and challenges that lie ahead,” says Lloyd. “As our country moves closer to healthcare reform and a pay-for-performance reimbursement environment, we’re taking a very proactive approach. The precedent vision that launched our Clinical Integration Program has positioned us well for what the future may entail.”

Another key aspect of HNP’s strength is the increasing alignment with Memorial Hermann. As HNP has matured, so has its role within the Memorial Hermann System. “HNP is increasing its role in System forums and decision-making and will continue to be further integrated into the board structure and operating meetings going forward,” adds Lloyd.

Lloyd goes on to explain that as HNP becomes more connected to Memorial Hermann, it will be able to interject ideas and comments and report back to members on System strategies. “This is critically important to our physician members and provides opportunities for them to increase their participation. From hospital service lines to medical staff initiatives that affect our physician members and their patients, new opportunities are opening up for us to become increasingly involved as a physician organization,” adds Lloyd.

As Memorial Hermann strives to continue to improve the quality, safety and efficiency of care in its hospitals, we will pursue performance-based contracts



Chris Lloyd, HNP CEO

“Whatever happens in healthcare reform, I am confident that HNP is possibly the best positioned IPA in the state to respond, participate and advocate on behalf of our physicians.”

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# Board Report



**Keith Fernandez, M.D.**  
Chairman

As HNP CEO Chris Lloyd mentioned in this issue’s cover story, some very significant changes have occurred at HNP and Memorial Hermann: HNP physicians

have been given positions on Memorial Hermann’s Quality, Finance and Audit committees; a private-practice physician has been added to the President’s Council; and over the next year, MH governance will consider adding physicians (with Dan Wolterman’s support) to the boards of the Healthcare System, Hospital System, Health Ventures and MHealth.

To realize these opportunities to yield greater influence on Memorial Hermann’s strategic goals and day-to-day operations, this new relationship requires greater responsibility, accountability, time commitments and communication on the part of HNP members. I encourage each of you to increase your participation in your hospital service lines by attending HNP/ System subcommittee and Campus Clinical Integration meetings and keeping apprised of HNP updates and discussing them with your colleagues.

Additionally, HNP board and management met with MH senior leadership in January to educate participants on the potential effects of healthcare reform on the Houston market, and to arrive at a shared vision for our future relationship. Our independent consultants laid out a map of the future that includes the following:

1. Physicians and hospitals will have to

demonstrate high quality, safety and efficiency of care, both in the inpatient and outpatient setting, to remain economically competitive.

2. Fee-for-service payments will begin to transition to bundled payments to hospital and physician groups.
3. Clinical Integration offers an excellent opportunity for private practice to survive.
4. HNP and MH are uniquely positioned to respond to the changes coming with healthcare reform.
5. Physicians must join in making strategic and tactical decisions at every level.

A joint statement laying out near-term plans for HNP and MH will be released in the next few weeks, so stay tuned.

One final note, MHealth bonus payments will be paid this fall. To receive the bonus payments, you must be reporting quality data AND take a Web-based CME. If you need assistance, contact your Campus board member or your HNP Provider Rep.

CAMPUS	HNP BOARD MEMBERS
Katy	Keith Fernandez, M.D.
Memorial City	J.R. Cali, M.D. Jon Gogola, M.D. Miquel Gomez, M.D.
Northeast	Howard Hamat, M.D.
Northwest	R. Emmett McDonald, M.D. Rick Nixon, M.D. Luke Burke, M.D.
Southeast	Avinash Bapat, M.D. Mary Cross, M.D. David Lawrence, M.D.
Southwest	Charlotte Alexander, M.D. Liliana Diaz, M.D. William Fleming III, M.D.
Sugar Land	Kulvinder Bajwa, M.D.
TMC	Susan Denson, M.D. Brent King, M.D. Ben Portnoy, M.D.
The Woodlands	Joseph Edralin, M.D. John Giannakis, M.D.

## MHealth... continued from page 1

that recognize the quality outcomes of our physician members. “HNP’s infrastructure is now better aligned and equipped to capitalize on the opportunities of CI and collaborate around the principles of increased quality and lower healthcare costs,” explains Lloyd. “I’m also excited about the opportunities with MHealth, the Memorial Hermann insurance product. We work closely with MHealth staff and share responsibility related to utilization management and outcomes. This represents a huge opportunity for us to demonstrate our leading role in clinical efficacy.”

HNP’s reporting function exceeds past capabilities, allowing HNP to demonstrate that its physicians are delivering higher quality and lower cost. The recent addition of Shawn Griffin, M.D., as chief quality and informatics officer, provides the necessary reporting underpinning to effectively manage the patient population. “We now have the capacity and data to prove that CI is making a difference,” comments Lloyd. “We are evidencing demonstrably reduced length of stay, average charges and complication rates.”

Being nationally recognized as a leader in the CI arena is providing increased visibility for HNP. “Our executives and physicians are frequently requested speakers at healthcare conferences and systems around the country. We recognize the significance of our leadership role and the opportunity it provides for HNP and its physicians to help shape the future of healthcare delivery,” says Lloyd. “Whatever happens in healthcare reform, I am confident that HNP is possibly the best positioned IPA in the state to respond, participate and advocate on behalf of our physicians.”

# Healthcare Reform

Massachusetts Senator Scott Brown's January 19 victory in the special election to replace Ted Kennedy signaled the end of Senate Democrats' 60-40 filibuster-proof margin, and likely derailed prospects for broad healthcare reform legislation to pass in 2010. President Obama's State of the Union Address on January 27 confirmed that his administration plans to focus more on jobs, the economy and deficit reduction. The President's comments regarding reform legislation lacked the confidence and enthusiasm which had been part and parcel of presiding over strong majorities in both houses of Congress, and seemed to acknowledge that the Brown victory was the latest evidence that Democrats will have a rough 2010 mid-term election cycle, and that healthcare reform aspirations must be moderated. Obama and the Democratic Leadership in the House and Senate do not seem to be giving up, but also do not seem to have a clear vision for either the process for moving a bill forward, nor the substance of whatever legislation might be realistic. Administration officials and key Democrats in the House and Senate continue to negotiate in an informal conference committee process, looking for areas where differences between the bills passed in each chamber might be reconciled, or where individual components might be split out into separate pieces of legislation. President Obama released a proposal, which cherry-picked many of the most popular proposals from the previously passed House and Senate plans, and intended to form the foundation for the discussions at the Feb. 25 bi-partisan summit.

THE SENATE BILL HR 3590	THE HOUSE BILL HR 3962
<p><b>COVERAGE:</b> Covers 94 percent of those under age 65, who reside legally in the U.S. No federal subsidies could be provided to help undocumented residents buy health insurance. Additionally, illegal immigrants would be forbidden from using their own money to purchase health insurance through the (proposed) health insurance exchange. Reduces the number of uninsured by 31 million over 10 years.</p>	<p><b>COVERAGE:</b> Covers 96 percent of legal residents under age 65. No federal subsidies could be provided to help illegal immigrants obtain health insurance, although the House bill would allow them to use their own money to buy health insurance through a health insurance exchange. Reduces the number of uninsured by an estimated 36 million over 10 years.</p>
<p><b>HEALTH BENEFIT EXCHANGE:</b> Coverage provided under newly created American Health Benefit Exchange, which each state creates. A Community Health Insurance Option negotiates rates with insurance providers, offers coverage through the exchanges. States could opt out of plan. As an alternative to the public option, the Senate bill appropriates \$6 billion to fund a Consumer Operated and Oriented Plan (CO-OP), which would be made up of nonprofit, member-run health insurance entities offered through an exchange.</p>	<p><b>INSURANCE EXCHANGE:</b> Establishes national health insurance exchange. Only individuals and small businesses (up to 50 employees) eligible to participate in the first two years of the exchange. Federal government competes with private insurers, rates negotiated on a region-by-region basis. The U.S. HHS would run the public health insurance system, and would negotiate rates with health insurance providers. Rates no lower than Medicare rates, nor exceeding average rates paid by plans issued within an exchange.</p>
<p><b>PLANS</b> The Senate:</p> <ul style="list-style-type: none"> <li>• Bronze (60% actuarial value)</li> <li>• Silver (70% actuarial value)</li> <li>• Gold (80% actuarial value)</li> <li>• Platinum (90% actuarial value)</li> </ul>	<p><b>PLANS</b> The House:</p> <ul style="list-style-type: none"> <li>• Basic (70% actuarial value)</li> <li>• Enhanced (85% actuarial value)</li> <li>• Premium (95% actuarial value)</li> <li>• Premium-Plus (provides benefits in addition to the "essential benefits" package)</li> </ul>
<p><b>COST</b> \$848 trillion over 10 years and reduce the federal deficit by \$130 billion over the 2010-2019 time period. There are "uncertainties" which make it difficult to conclusively determine the true fiscal impacts of healthcare reform.</p>	<p><b>COST</b> \$1.055 trillion over 10 years, and reduce the deficit by \$109 billion. Of the \$1.055 trillion cost of the House reform proposal, the CBO estimated the net cost at \$894 billion, before factoring in penalties for noncompliance associated with mandates that employers provide insurance coverage for employees, and that individuals purchase health insurance.</p>
<p><b>WHO PAYS?</b> Contemplates taxes and fees on insurance companies, pharmaceutical manufacturers, medical device manufacturers, a Medicare payroll tax increase on high-income earners, a tax on elective cosmetic surgeries, and penalties on employers and individuals who fail to purchase health insurance.</p>	<p><b>WHO PAYS?</b> WHO PAYS? Contains a mix of taxes and penalties, as well as reductions in Medicare/Medicaid payments. Two versions have fundamentally different primary funding mechanisms, which could be challenging to resolve when a House/Senate Conference Committee negotiates differences between the two.</p>
<p><b>ENDORSED BY</b> American Medical Association (AMA)</p>	<p><b>ENDORSED BY</b> American Medical Association (AMA) American Association of Retired Persons (AARP)</p>

**For the latest information on healthcare reform, visit these Web sites:** The Library of Congress – [www.thomas.gov](http://www.thomas.gov), Kaiser Family Foundation – [www.kff.org](http://www.kff.org), Government Health Reform – [www.healthreform.gov](http://www.healthreform.gov), The White House Online – [www.whitehouse.gov](http://www.whitehouse.gov), The Annenberg Public Policy Center – [www.factcheck.org](http://www.factcheck.org)

CLINICAL INTEGRATION NEWS

# Completing the Quality Picture



Dr. Shawn Griffin, M.D.

HNP’s Clinical Integration (CI) Program continues to grow and attract attention in healthcare. As part of our successful first phase, almost 1,500

HNP members are currently self-reporting clinical data to Crimson, our data warehouse. More than 400 CI participants are reporting clinical quality data using CPT2 codes on a regular basis.

“Our goal is to have all CI participants reporting quality measures by March 31,” explains Shawn Griffin, M.D., HNP’s chief quality and informatics officer. “There are many services available to CI participants to help them become more proficient in reporting their quality measures. We’re working to help each practice get the support and guidance they need to be successful so they can be sure to qualify for higher reimbursement schedules.”

Here’s a look at available services and some reporting guidelines.

### Conducting Readiness Assessments.

Once a practice is connected to the Crimson data warehouse, the practice can begin documenting and reporting the quality care they deliver. To facilitate the documentation and reporting of quality care being delivered by CI participants, HNP has been providing Readiness Assessments. During the assessment, HNP reps visit each practice, review current workflow

procedures and provide ideas for incorporating quality measures into routine workflow and specialty-specific ideas for improving workflow and documentation.

### Training Your Office Staff.

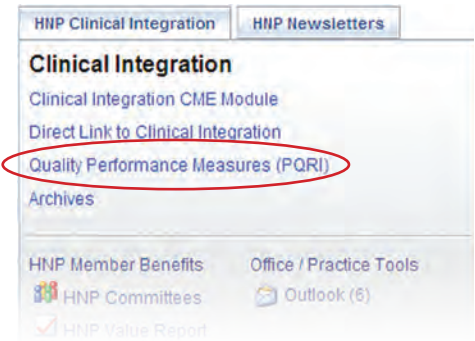
HNP’s Practice Support team has been working to educate office personnel at CI participants’ offices to make sure they understand the program and what’s involved in maintaining compliance. “Our Practice Support team can help train your office staff in documenting your quality measures, using tools such as specialty flow sheets or other items designed to work with your practice systems,” says Dr. Griffin.

### Adding CPT2 Codes.

Adding appropriate CPT2 codes for your specialty-specific measures to your billing forms and patient files is essential to completing the quality picture. “It is important that after the CPT2 codes are added, the practice must verify that the codes remain attached throughout the billing process,” adds Dr. Griffin.

### Uploading Your Billing Files with CPT2 Codes.

Physicians are also advised to verify that their billing files with the CPT2



**To view the latest Quality Performance Measures for each specialty: Visit the Clinical Integration section on the physicianlink.org home page. Select “Quality Performance Measures.”**

codes are uploaded to the data warehouse. “This ensures that your quality measures are being received and recorded correctly so you will qualify for the higher reimbursement schedules,” explains Dr. Griffin. “All participants should review their CI statistics on the Crimson server at least monthly to see that data is being received and recorded accurately.”

To ensure bonus distribution based on CI quality measure performance, the **HNP board has set two requirements for bonus eligibility:**

- 1) Documentation of completion of the online 15-minute CI module on PhysicianLINK.org
- 2) Reporting quality measures by **March 31, 2010**

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# MHealth Continues to Grow

HNP physicians and their practices continue to benefit from the growth of MHealth since its formation last year. A fully owned subsidiary of Memorial Hermann, MHealth offers a comprehensive, integrated approach to healthcare. From MHealth Choice, self-funded plans available for large employers with 50 or more employees, to MHealth Insured, the new suite of healthcare plans for individuals and families, large and small groups underwritten by UniCare Life & Health Insurance Company (UniCare), these plans provide access to quality care at affordable prices.

“As our country moves closer to healthcare reform, MHealth is well positioned to address the demand for increased accountability in healthcare spending and more affordable quality healthcare options,” says Melissa Paschal, MHealth CEO. “Through HNP’s Clinical Integration Program, members of the MHealth provider network are actively adhering to quality measures proven to lead to improved clinical outcomes. Physicians and

hospitals utilize electronic medical records for more coordinated patient care. They report the quality care they deliver to further advance the practice of evidence-based medicine. So not only are consumers and employers getting quality care, it’s more affordable too.”

By practicing evidence-based medicine, HNP’s Clinical Integration Program supports the growing demand for pay-for-performance reimbursement arrangements. “This pay-for-performance approach to physician compensation reduces medical costs, which leads to cost savings that can be directly tied to premium reductions,” adds Paschal. “Whether they use our self-funded plans or fully insured plans, employers and consumers will reap the benefits of our clinically integrated provider network.”

**To learn more about MHealth Insured, contact Denise DeCell Winston, director of business development, 713.448.5007.**

**For questions about Clinical Integration, call Shawn Griffin, M.D., chief quality and informatics officer, HNP, 713.448.5420.**



## Medical Informatics News

*“Whether the computer is up or the computer is down, the bottom line is I need a blood gas result in 10 minutes for a critical patient. That’s what matters.”*

After a series of unscheduled downtimes last fall triggered by various causes, Memorial Hermann is launching two parallel and complementary efforts to ensure immediate access to patient information for all physicians and clinical staff 24/7. “One effort includes improving Care<sup>4</sup> Uptime and Recovery times and the second effort focuses on managing downtime as an internal disaster,” explains Robert Murphy, M.D., System chief medical informatics officer.

**To improve Care<sup>4</sup> uptime and recovery time**, ISD has sought external reviews of all data center operations, technical infrastructure and other potential risks. “These reviews have resulted in a series of recommendations, many of which have been immediately implemented and others that will be submitted as proposals for capital funding,” adds Dr. Murphy. “A Care<sup>4</sup> Availability Overview can be viewed at PhysicianLINK for more information on specific steps taken to improve Care<sup>4</sup> uptime.”

The second effort under way involves **preparing for and managing downtime as an internal disaster**. “Similar to the comprehensive preparation we do in hurricane disaster planning, a **Systemwide Downtime Task Force** has been chartered under the supervision of Memorial Hermann’s Director of Emergency Preparedness Vickie Maywald,” adds Dr. Murphy.

Dr. Murphy emphasized the importance of minimizing the occurrence of System downtimes and, when they do occur, being able to manage patient care effectively until the systems are available again. “Together, these efforts will help us to continue to fulfill our promise to create the best possible clinical outcomes with exceptional patient care experiences. We thank you for helping us achieve these goals and we welcome your thoughts, questions and suggestions.”

# NEWSFLASH

## Children's Memorial Hermann Hospital Earns Top Verification for Trauma Care

Children's Memorial Hermann Hospital is the first and only children's hospital in the region to receive American College of Surgeons (ACS) verification as a Level I pediatric trauma center – the highest level of trauma care available. "This verification shows that we adhere to the standards that outline the processes, personnel and equipment ACS expects a pediatric trauma center to have in place for Level I status," says Charles Cox, M.D., medical director of the pediatric trauma program at Children's Memorial Hermann Hospital and The Children's Fund, Inc. Distinguished Professor in Pediatric Surgery



and Trauma at The University of Texas Medical School. "It also shows a commitment from our hospital and the UT Medical School to provide the highest level of pediatric trauma care to our community."

## Southwest Gets New CEO

On January 4, George Gaston became CEO for Southwest Hospital, the Heart & Vascular Institute, the Wellness Center, and University Place. During his long career with Memorial Hermann, Gaston has demonstrated the attributes of successful leadership that will help further expand and enhance the many fine services offered on the Southwest Campus.



George Gaston, SW CEO

Recently recognized for his work in healthcare management in *Modern Healthcare* magazine's list of "Up & Comers," Gaston was the only executive from Texas to be mentioned.

A graduate of

Baylor University with a master's in health administration from Washington University, Gaston first joined Memorial Hermann in 1996. Popular with staff and physicians, he is known for his servant leadership style and previously served as Southeast CEO.

Former Southwest CEO Rod Brace will now focus on his Market Leader role. In addition to his duties as Sugar Land CEO, Jim Brown has agreed to serve as interim CEO at Southeast while a search is conducted for Gaston's replacement.

## Children's Memorial Hermann Hospital's Kidney Disorders Program Ranked in Top 20

The hospital's Nephrology Program was ranked No. 18 nationwide in the 2009 *U.S. News & World Report* "America's Best Children's Hospitals" survey. Staffed by pediatric nephrologists affiliated with The University of Texas Medical School at Houston, the teaching partner of Children's Memorial Hermann Hospital, the

## The Woodlands to Begin \$104 Million Expansion Project

The Woodlands Hospital will break ground on a new, seven-story patient tower this spring. The cost of the project is roughly \$104 million. "The greater Montgomery County area is one of the fastest growing areas in the United States and it is our responsibility to continue to respond to that growth not only with facilities like the new patient tower, but also technology and a higher level of services," said Steve Sanders, CEO, The Woodlands. "We are well on our way to accomplishing our vision to bring a medical center level of care to the communities we serve."

Expansion will include:

- Eight surgical suites, bringing the Campus total to 21 suites

- Expanded pre-op, recovery and waiting areas
- New central sterile processing and mechanical room
- Cosmetic upgrade to existing surgical suites
- Build-out of patient care unit (36 beds), bringing total patient bed count to 288
- New state-of-the-art MRI
- Outpatient Star Lobby expansion including Pre-admit, Radiology and Admission areas
- Additional 525-space parking garage
- Three shelled floors to accommodate future growth



## Southwest Opens Specialized Units for Senior and Asian Patients

The new **Senior Medicine Unit** is a 20-bed acute geriatric medical-surgical unit offering low patient-nurse ratios and a multidisciplinary-team approach to care. Typical diagnoses admitted to the Senior Medicine Unit include patients 55 years or older who experience:

- Acute pain
- Altered mental state
- Anemia
- Cellulitis
- CHF
- COPD exacerbation
- Diabetic issues
- Dizziness, syncope
- Electrolyte abnormality
- Falls
- GI issues/pain
- Nonsurgical fractures
- Pneumonia
- Sepsis/other infections/fever
- UTI



The new 18-bed **Senior Behavioral Care Unit** offers newly remodeled private rooms with private baths, heightened security, state-of-the-art equipment and care by a team of specially trained nurses, social workers, occupational therapists, recreational therapists and personal care aides for patients with treatable geropsychiatric symptoms. Patients must be 65 or older, have a principal psychiatric diagnosis, be medically stable and have the ability to benefit from treatment.

The new **Senior Emergency Center** offers a quieter, more private environment, a dedicated medical team and larger patient triage rooms more conducive to caring for elderly patients.

The new 20-bed **Asian Care Unit** offers medically certified Chinese and Vietnamese interpreters 24/7, a custom menu and Asian nurses trained in herbal remedies and proper pain management for smaller-framed bodies.

According to Calvin Tsao, M.D., a family practitioner affiliated with Southwest, when patients better understand how antibiotics and their traditional herbal medicines work together, post-discharge compliance and outcomes improve.

**For information or referrals, contact:**

**Asian Unit: 713.456.8027 (Chinese)**  
**713.456.4753 (Vietnamese)**  
**Senior Units: 713.456.5140**

program includes a Pediatric Dialysis Unit that provides peritoneal dialysis and acute or chronic hemodialysis to inpatient and outpatient children from birth to 21 years of age. The unit is equipped to care for children with any medical or surgical problem, and its nephrology nurses are specially trained to work with neonatal and pediatric patients.

### Brachytherapy Advance for Prostate Cancer

Radiation oncologist Neil Sherman, M.D., is the first doctor in Houston to use the new radioisotope Cesium-131 in treating prostate cancer. Cs-131 delivers a higher average energy than any other commonly used prostate brachytherapy isotope on the market. According to Dr. Sherman, energy is a key factor in how uniformly the radiation dose can be delivered throughout the prostate. Additionally, Cs-131 has the shortest half-life of any commonly used prostate brachytherapy isotope at 9.7 days. Its short half-life reduces the duration of time during which the patient experiences the irritating effects of the

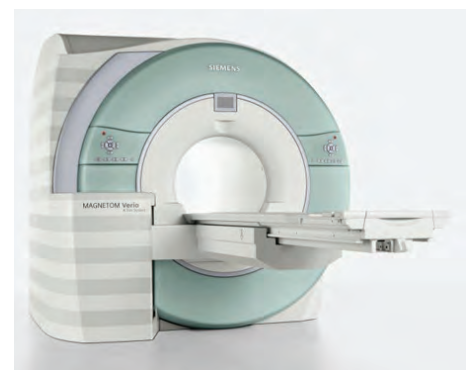
radiation. Cs-131 delivers 90 percent of the prescribed dose to the prostate gland in just 33 days compared to 58 days for Pd-103 and 204 days for I-125.

“Since 1998, more than 700 of our patients have received seed implants using both iodine and palladium,” explains Dr. Sherman. “We’re excited at the results of early studies demonstrating Cs-131 implants are able to deliver the required dose quicker while maintaining homogeneity across the prostate gland itself. This reduces unnecessary, prolonged exposure to critical structures such as the urethra and rectum and the irritating and obstructive symptoms that can develop.”

Dr. Sherman practices at Memorial Hermann Memorial City Medical Center. To learn more, call 713.242.3500.

### State’s Only Open-Bore 3T MRI

Memorial Hermann’s new Magnetom Verio Open Bore 3T MRI allows for more precise diagnosis, better pre-surgical planning and



enhanced patient care. Its 70-centimeter open bore and 500-pound weight limit provide more space and comfort than traditional MRI scanners. With twice the field strength of a conventional magnet, the Verio 3T produces exceptional image quality in faster scan times with reduced positioning. Its bore size is ideal for patients who are obese or claustrophobic. The new MRI also uses a contrast-free technique, optimized for imaging the kidneys, a benefit for patients with renal failure. The Magnetom Verio Open Bore is available at the Memorial Hermann Imaging Center, 2900 Richmond. **To schedule a patient, call 713.512.6040.**

# Memorial City Achieves New Heights in Healthcare

At the new 33-story Memorial Hermann Tower at Gessner and I-10, Women's Memorial Hermann Hospital and Children's Memorial Hermann Memorial City are now open. Located in the geographic center of Houston, the Campus has 2.5 million square feet of space - an expansion of 1.5 million square feet - and is licensed for 427 beds.

Comprising four floors, Women's Memorial Hermann and Children's Memorial Hermann are the first dedicated women's and children's facilities to be built outside of the Texas Medical Center.

"Completion of the Memorial Hermann Tower and the opening of our new Women's Memorial Hermann and Children's Memorial Hermann hospitals represent a huge step toward achieving our goal of eventually providing all



health services offered anywhere in the city at the Memorial City Campus," says Joel Abramowitz, M.D., chief of staff, Memorial City.

According to Memorial City CEO Keith Alexander, the expansion comes at an opportune time for the Campus and the community. "The population center of our city has shifted to the west and positions us well for the future," says Alexander. "We now offer a depth of clinical services unavailable at typical suburban hospitals and the most advanced, family-centered care delivered in our community."

In addition to Women's Memorial Hermann Hospital and Children's Memorial Hermann, the Memorial Hermann

Tower offers leading-edge, patient-friendly specialty centers such as the Kate Lindig Level III neonatal ICU, a General Medicine Unit and a Cancer Unit. These services join the more than 100 specialties currently represented, including:

- Award-winning Heart & Vascular Institute
- Comprehensive joint replacement program
- Spa-like Bobetta Lindig Breast Center
- Advanced, minimally invasive, robotic-assisted surgery program
- Growing neuroscience, cancer, and metabolic and weight loss surgery programs

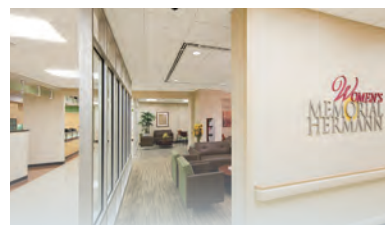
## Women's Memorial Hermann Hospital

"We've been planning this facility for several years now, and the final result is astonishing," says Sherri Levin, M.D., an obstetrician/gynecologist affiliated with Memorial City. As chief of the OB/GYN section in 2008, Dr. Levin was involved in the planning process along with many other physicians. "I started my practice at Memorial City 20 years ago. I chose to come here because I believed it was the best suburban hospital in the city," says Dr. Levin. "Now, with a facility of the same caliber as the medical staff, we can offer our patients the same level of care they would find at the Texas Medical Center."

Colleague Jon Gogola, M.D., shares Dr. Levin's excitement with the opening of the new hospital and what it means for physicians and their patients. "We now offer the most advanced, family-centered care available in our community," says Dr. Gogola, an obstetrician/

gynecologist affiliated with Memorial City and an HNP board member.

High-risk obstetrical services are provided in conjunction with the division of Maternal-Fetal Medicine at The University of Texas Medical School at Houston, including pre-pregnancy counseling for medical problems and complicated obstetrical



## Women's Memorial Hermann

- Three floors in the Memorial Hermann Tower
- 18 private labor and delivery rooms
- Expanded NICU
- OR expansions
- Maternal-Fetal Medicine program



histories. Prenatal care is available for women who experience high-risk problems or fetal anomalies. The complete array of antepartum testing, including targeted fetal ultrasound, amniocentesis, fetal biophysical profile testing, non-stress tests, first trimester screening and Doppler studies, is also available.

Women referred to Women's Memorial Hermann for gynecology and urology services will discover a more private healing environment on a separate floor, away from the busy labor and delivery area and nurseries.

### Children's Memorial Hermann Memorial City

Part of a program to bring high-quality specialty and subspecialty pediatric care to families throughout the Houston area, the new children's floor is academically affiliated with the UT Medical School and offers new and enhanced pediatric and neonatal services. "Now, families who live in the west Houston area have access to the resources available through our UT Medical School relationship, closer to home," says Craig Cordola, CEO of Children's Memorial Hermann Hospital.

Offering a complete range of care for children from infancy through 14 years of age, the unit's team members include medical, nursing and ancillary staff with specialized

training in pediatrics and the capability to manage a higher level of patient acuity.

"We've done more than just expand beds and add pediatric emergency care," says Liz Lee, R.N., who, as director of children's services at Memorial City is responsible for the Kate Lindig Neonatal ICU, the Well-Baby Nursery and Pediatric Services.

"We've increased our support systems across the board with pediatric subspecialists ranging from infectious disease, ENT and gastroenterology to cardiology and neurology. Pediatric hospitalists and pediatricians care for our inpatients," adds Lee. "We have a very close relationship with Children's Memorial Hermann Hospital and a seamless transfer process to the medical center for children with more serious issues that require a higher level of care."



### Children's Memorial Hermann Memorial City

- High-quality pediatric and neonatal services
- Level III Neonatal Intensive Care Unit with 24 private NICU family rooms to accommodate multiple births
- Access to expanded range of pediatric subspecialists

## Memorial City Receives Highest Award for Nursing Excellence



Memorial Hermann Memorial City Medical Center is the first hospital in the Memorial Hermann System to be designated a Magnet® for excellence in nursing by the American Nurses Credentialing Center. The Magnet Recognition Program showcases hospitals for excellence in patient care and innovation in nursing. This prestigious honor places Memorial City among the top 6 percent of the nation's hospitals for excellence in nursing services and reflects a

philosophy to deliver care that exceeds expectations and leads to better outcomes.

"Attaining Magnet status adds another level of assurance to patients that they are receiving the very best nursing care," says Michele Bell, R.N., chief nursing officer, Memorial City. "The designation will also help us recruit new nursing talent and retain our professional nurses and other employees who experience a high degree of professional and personal satisfaction in their practice."

For patients, Magnet designation provides the ultimate benchmark for measuring the quality of care. Research has



found that patient outcomes tend to be better at Magnet hospitals than non-Magnet hospitals.

"As one of the leading drivers of physician satisfaction, nursing excellence is critical to the success of any hospital," comments Keith Alexander, CEO, Memorial City. "Magnet recognition validates the outstanding culture and high professional standards maintained here that assure physicians their patients are getting the best possible nursing care."

# Memorial Hermann Clinical Innovation and Research Institute



*Led by Cheryl M. Chanaud, Ph.D., C.C.R.P., System Executive Director Clinical Innovation & Research Institute, the Memorial Hermann Clinical Innovation and Research Institute (CIRI) provides support services for clinical researchers striving to achieve clinical discovery and development of new, breakthrough treatments for patients. The CIRI works with private, community-based physicians and faculty from The University of Texas Medical School at Houston.*

## **Has Memorial Hermann seen recent growth in the number of research programs?**

**Dr. Chanaud:** We have 160 studies pending review and approval, and 751 active research projects. MH, MH-TMC and TIRR have all experienced surprisingly rapid growth in hospital-related clinical research studies. In 2006, the System had approximately 350 studies. Four years later, the System has nearly 900 pending and active studies with 80 percent of these studies based at MH-TMC, with numerous investigators based at the UT Medical School. When TIRR merged with the System, we immediately gained about 65 more studies.

## **Where can physicians find information about current or past research projects?**

**Dr. Chanaud:** We have created a new page on PhysicianLINK.org under *Physician Info* that contains a link to the CIRI's 2008-2009 Annual Report.

## **What kind of assistance is available from the CIRI for physicians?**

**Dr. Chanaud:** With the complex types of clinical trials being conducted today, we assist with resolving operations

issues related to the planned conduct of the study. Sometimes this involves preparing for specialized research equipment to be used in the hospital unit, establishing a vendor contract for a highly specialized service needed for a single study, preparing unit nursing staff for their involvement in the study or providing access to electronic information. Other resources available to researchers include:

### **Investigational Drug Services (IDS)**

**Pharmacy.** Located at Memorial Hermann-TMC, this research-specific pharmacy stores, manages, dispenses and documents the use of experimental (not-FDA approved) medicines. The staff of the IDS Pharmacy also provides their expertise to other MH hospital pharmacies for clinical trials conducted at those hospitals.

### **UT-MH Clinical Research Unit (CRU).**

It contains inpatient and outpatient rooms dedicated for conducting clinical trials. CRU nursing staff members are available to assist with projects. An attached laboratory also supports lab needs on clinical trials conducted within the CRU.

**Budget Development.** The CIRI develops budgets for the investigators for hospital-provided services for research tests and procedures. These charges incorporate a research discount.

**Contract Negotiation.** We negotiate and execute hospital-based contracts as necessary for research studies or collaborative arrangements.

**Funding Searches.** The CIRI's grant specialist can conduct searches for potential funding organizations. This specialist can also complete ancillary documents needed for federal grant applications, collate all the sections for a grant application and complete the online submission.

Additionally, we can provide work space for research personnel. We also host and co-host research educational classes and seminars.

## **Describe the approval process for new research projects.**

**Dr. Chanaud:** Research studies must be reviewed and approved by an Institutional Review Board, known as an IRB. Memorial Hermann has three permitted IRBs – UTHSC-H; Baylor, for Baylor faculty; and Western IRB, for industry-sponsored studies. Memorial Hermann also reviews the study for operational, budgetary and patient safety issues related to the specific MH facility where the study would be conducted. For ICU-based studies, the medical director and clinical director read the protocol to make sure that it is operationally appropriate and feasible. A formal approval letter is provided by Memorial Hermann after IRB approval is granted. An investigator manual is currently being developed.

## **How to get started:**

**Dr. Chanaud:** Prospective researchers can visit the new page on PhysicianLINK.org under *Physician Info* or call 713.704.4226.

## QUALITY & PATIENT SAFETY

# Real-time Scheduling Delivers Optimal Patient Care

Memorial Hermann is investing in a new automated staffing and scheduling technology called My ActiveStaffer for all of its hospitals. Developed by API Software, a leading provider of labor resource management solutions for the healthcare industry, the new program automates the scheduling process.

The previous method of manually integrating data on available staff, skill sets, rotating shifts, time and attendance, with ever-changing patient volumes and acuity was extremely challenging. Automating the process allows patient care managers to see current staffing data and make changes based solely on patient acuity.

“Streamlining our scheduling process underscores Memorial Hermann’s commitment to physician satisfaction and quality patient care,” says Southwest Market Chief HR Officer Robert Blake. “Centralizing the data across the entire

“Streamlining our scheduling process underscores Memorial Hermann’s commitment to physician satisfaction and quality patient care. Centralizing the data across the entire System will result in better use of staff resources, faster response to acuity needs, easier scheduling of hospital stays and outpatient procedures, and more efficient operations – which can lead to improved clinical outcomes.”

System will result in better use of staff resources, faster response to acuity needs, easier scheduling of hospital stays and outpatient procedures, and more efficient operations – which can lead to improved clinical outcomes.”

My ActiveStaffer was first piloted at



My ActiveStaffer makes information available in real time so managers are automatically alerted to staffing deficits or over-staffing based on patient census and acuity, employee absenteeism or schedule changes.

Memorial Hermann Northwest Hospital in October 2009 when the IT project team severed ties with the previous

scheduling system, RESQ, after three mirrored, six-week test cycles.

Susan Jadowski, COO and CNO at Memorial Hermann Northwest, is confident it will make a difference. “My ActiveStaffer is now fully integrated and helping us quickly and accurately

match staffing levels to real-time patient volumes and acuity. We’re seeing an immediate impact on the consistency of patient care, across all shifts and floors,” Jadowski says.

Memorial Hermann Northwest Director of Patient Care Shelita Anderson headed up the Northwest launch team. “Because API did not provide an implementation plan, we worked through every detail in daily meetings with the IT team to ensure patient care issues were addressed,” she comments.

Several Memorial Hermann Campuses are now in the conversion phase. Sugar Land went live in early December 2009. Southeast, Katy and Katy Rehabilitation hospitals will go live this spring .

## eCLINICALWORKS® PRACTICE PROFILE

# Memorial Women's Specialists

Mina Sinacori, M.D., M.P.H., F.A.C.O.G., of Memorial Women's Specialists chose to adopt eClinicalWorks for the practice for several reasons. "Safety, efficiency, and the ability to review lab results from outside of the office were the most attractive features of this EMR," comments Dr. Sinacori.

It was important that the practice be able to get up and running with the new system quickly. HNP's eClinicalWorks team provided assistance with implementing and supporting the new EMR. "Getting all patients converted from paper charts reasonably quickly to EMR is essential to becoming fully integrated and efficient," explained Dr. Sinacori. "We worked with individuals from HNP and eClinicalWorks, and have done follow-up billing training with eClinicalWorks."

Dr. Sinacori emphasizes the importance of carefully reviewing the data imported into your new EMR, to assure completeness. "We transferred our demographic data and preexisting scheduled appointments to eClinicalWorks from our old billing system, and had to go back to retrieve some inactive patient data that was missing."



**Mina Sinacori, M.D., M.P.H., F.A.C.O.G., updates a patient's file online.**

Using eClinicalWorks for two years now, Dr. Sinacori finds several features useful in her practice for the continuity of patient care. "The migration of information from prior visits to current visits is especially helpful," she says.

Dr. Sinacori appreciates the portability of information with eClinicalWorks. "I've been able to access patient charts for review even when I'm out of town," she adds. "And having an EMR safeguards against chart damage and loss from hurricanes and floods."

The EMR also enables the practice

of evidence-based medicine by allowing the doctor and staff to create standard templates for utilization in the office. eClinicalWorks effectively streamlines workflow and office procedures. "Rather than waiting for a nurse to pull a chart, attach a lab, put it in a pile of charts, and then have the physician review it and send it back to the nurse, eClinicalWorks enables me to get instant access to labs I want to see," explains Dr. Sinacori. "As a result, turnaround time for patient test results is much quicker. Patients really appreciate this feature."

Samantha Adkins, M.D., joined Dr. Sinacori's practice last fall and has found adapting to eClinicalWorks straightforward and using it more efficient than the paper charts she used at her previous practice.

Additionally, eClinicalWorks simplifies the practice's ability to review and report quality data. "I can query for a given problem, condition or vaccine administration and obtain data on patient care and patient compliance," adds Dr. Sinacori.

Dr. Sinacori has this advice for other practices shopping for an EMR. "Be prepared for the time and expense that go along with converting to and maintaining an EMR," she says. "Be aware that there are benefits and also limitations of currently available EMR systems. Choose a company that has a history and longevity, as well as user support."

eClinicalWorks® is a registered trademark of eClinicalWorks, L.L.C.

**Mina Sinacori, M.D., M.P.H., F.A.C.O.G.,** received her medical degree and master's in public health from New York University School of Medicine. She completed her medical residency at Baylor College of Medicine. She is board certified in obstetrics and gynecology and has been practicing since 2002.

**Samantha Adkins, M.D.,** attended the Medical College of Wisconsin and completed her medical residency at The University of Texas Medical School at Houston and Memorial Hermann-Texas Medical Center. She practiced medicine for two years in Oregon before relocating to Houston last fall.

## Find Out More About HNP's EMR Solution

Working with Dell and eClinicalWorks, HNP offers a complete EMR solution along with the training and support you need to implement it – for less. Clinical Integration Program members enjoy a sizable discount on the eClinicalWorks software. Dell and Memorial Hermann are teaming up to offer validated hardware with enterprise support plus discounts and financing from Dell. Because Memorial Hermann hosts the EMR, there are no extra costs for servers, support or maintenance.

**To schedule a demonstration of HNP's EMR solution, e-mail [physicianEMRsolutions@memorialhermann.org](mailto:physicianEMRsolutions@memorialhermann.org) or call 713.448.6428.**



### Cellular Phone Discounts for HNP Physicians

HNP physicians and their dependents and employees are eligible for discounts on their wireless phone services. Through Memorial Hermann and HNP, discounts have been secured with top carriers, including AT&T, Verizon, Sprint and Nextel. The discounts range from 23 percent to 25 percent on monthly phone service. Additional discounts are available on new equipment.

For directions on how to sign up for these discounts for your wireless service, visit [PhysicianLINK.org](http://PhysicianLINK.org). From the home page, select "HNP Member Benefits" and select "Wireless Services."

You will see links to the various wireless providers with specific step-by-step instructions. Typically, you need to allow up to three billing cycles for the discount offer to take effect.

**For more information or questions, contact Chip Sitton ([Charles.sitton@memorialhermann.org](mailto:Charles.sitton@memorialhermann.org)) or call 713.448.4554.**

## PRACTICE MANAGEMENT CORNER

### Monitoring the Practice Budget to Save Money

Budgeting allows a practice to forecast revenues based on their current situation and their goals, and compute cost by categories. This provides a planning mechanism for monitoring variations in actual vs. budgeted



items. Practice Management Institute (PMI) offers training classes that can help your office staff learn the basics of financial budgeting and forecasting. See PMI's Audio Learning and Online Learning Centers for targeted courses available nationwide, by visiting [www.pmiMD.com](http://www.pmiMD.com)

Nothing compares to the opportunity for your medical office staff to attend a live, local presentation of pertinent continuing education on a variety of topics presented by PMI faculty. HNP members receive a special 20 percent discount for local PMI events. Contact your HNP Provider Relations Representative for monthly PMI schedules and the special registration form.

#### UPCOMING LOCAL CLASSES – SPRING 2010

- **Correct Coding for Physician Services**  
March 25
- **E&M Coding**  
March 23 or 26
- **Texas Workers' Compensation**  
March 23, 24 or 26
- **Medicare Compliance**  
March 24
- **Chart Auditing for Physician Services**  
April 20 or May 14
- **Coding for OB/GYN**  
April 21
- **Advanced Coding Workshop**  
April 23
- **OSHA Guidelines**  
May 11 or 12
- **How to Be the Best Receptionist**  
May 11 or 12
- **Successful Third-Party Claims Processing**  
May 14

#### CERTIFICATION COURSE SCHEDULE:

- Certified Medical Coder (CMC)<sup>®</sup> – starts April 15

**For more information, e-mail [donna.alwais@memorialhermann.org](mailto:donna.alwais@memorialhermann.org) or call 713.448.6787.**

# New Memorial Hermann Bylaws Now Available for Review

In the coming months, Memorial Hermann medical staff members will be asked to approve a uniform set of Medical Staff Bylaws for each of the Memorial Hermann hospitals. These bylaws were developed by a physician-led task force created at the direction of the Memorial Hermann Board of Directors. Once approved, the bylaws will replace the existing bylaws currently in use at each hospital. The purpose of the bylaws is to help improve quality of care and patient safety and resolve differences among existing medical staff bylaws from hospital to hospital. The proposed Memorial Hermann Medical Staff Bylaws are consistent with the vision, mission and goals of the Memorial Hermann System and in compliance with standards of The Joint Commission and other regulatory agencies.

Led by Chairman Joe Tang, M.D., the task force consists of two representatives from the medical staffs of each hospital plus key System



Task Force Chair Joe Tang, M.D.

personnel. “The new Memorial Hermann Medical Staff Bylaws are designed to enhance the governance of each hospital’s medical staff and improve the quality of healthcare we deliver to our patients by eliminating the inconsistencies in credentialing and other medical staff functions,” says Dr. Tang. “Throughout this entire process, we’ve tackled the tough issues, keeping our focus on the greater good while considering each medical staff’s local perspective and needs.”

**Development of a uniform set of medical staff bylaws in compliance with regulatory standards is increasingly important.**

National, regulatory and oversight organizations, including The Joint Commission, are developing new criteria on privileging. These groups see a need for optimized, evidence-based criteria and processes for privileging of new procedures and re-privileging that are linked to practice outcomes. They advocate a more objective approach that keeps the ultimate focus on a hospital’s responsibility to ensure the safety of



System Physician-in-Chief and HNP President Doug Ardoin, M.D.

its patients by ensuring that physicians and surgeons are appropriately entrusted with the care of others.

“It is clear that we must balance the needs of the profession and the patients we serve, offering a transparent environment that reflects a patient-centered focus and in which privileging and credentialing are performed in an objective, informed and coordinated manner. We feel strongly that these

SYSTEMWIDE BYLAWS TASK FORCE CAMPUS REPRESENTATIVES			
<b>Katy</b>	R. Dudley Koy, M.D. Gaddiel Rios, M.D.	<b>Southwest</b>	Charlotte Alexander, M.D. David Thompson, M.D.
<b>Memorial City</b>	Joel W. Abramowitz, M.D. Robert Vanzant, M.D.	<b>Sugar Land</b>	Kulvinder S. “Vinny” Bajwa, M.D. William “Bill” Riley, M.D.
<b>Northeast</b>	Anil Dara, M.D. Jose Ortega, M.D.	<b>TMC</b>	Jeffrey Katz, M.D. Susan Denson, M.D.
<b>Northwest</b>	Teodulo Aves, M.D. Edward Nuila Crouse, M.D.	<b>The Woodlands</b>	Joseph Edralin, M.D. James S. Guo, M.D.
<b>Southeast</b>	Mary Cross, M.D. Horacio Guzman, M.D.		

new bylaws would support that effort,” explains System Physician-in-Chief Doug Ardoin, M.D.

According to System Chief Medical Officer Michael Shabot, M.D., these new bylaws support our role of improving the lives of our patients and protecting them from harm by assuring that only competent, skilled physicians care for them. “By making our credentialing and privileging processes uniform Campus to Campus, we can make it easier for physicians to be credentialed on multiple Campuses, while ensuring that our physicians and surgeons keep their skills up to date in light of current knowledge and technology,” says Dr. Shabot. Consistent physician-led privileging and credentialing will ensure that uniform recommendations go forward to the MH board for approval, being valid on any Memorial Hermann Campus with the appropriate capabilities.

#### **Increasing consistency benefits both patients and physicians.**

“Increasing consistency at all our hospitals helps ensure the consistency of the quality of care we deliver to our patients, while providing physicians with a better understanding of expectations and standards of more uniform credentialing and privileging,” adds Dr. Shabot. “The new bylaws are intended to simplify the work of local medical staff offices, which will expedite the credentialing and privileging process.”

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**The proposed Systemwide Bylaws are available now for review. Contact your Campus CMO or Task Force representative, or visit [PhysicianLINK.org](http://PhysicianLINK.org).**

## **CONTINUING MEDICAL EDUCATION NEWS**

### **New Patient Safety CME Course Now Available Online.**

Valuing patient safety above all competing responsibilities and actions is why Memorial Hermann was awarded the National Quality Forum National Quality Award in 2009. Protecting patients from inadvertent error and medical mistakes continues to be a top priority for Memorial Hermann. Learning why these events happen and what we each can do to prevent them is why this new online CME course was developed for HNP members and Memorial Hermann’s affiliated medical staff and employees.

Upon completion of this online educational module, participants should be able to:

- Explain how complex systems cause human error and how human error can lead to patient harm in complex systems
- Diagnose human error in the Generic Error Modeling System (GEMS) and identify a prevention behavior for each of the three error types: skill, rule and knowledge
- Prevent errors by applying the safety behaviors for Memorial Hermann: attention to detail, communicate clearly, questioning attitude, red rules and speak up for safety

Memorial Hermann Hospital System is accredited by the Texas Medical Association (TMA) to provide continuing medical education for physicians. Memorial Hermann Hospital System designates this educational activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Participants should only claim credit commensurate with the extent of their participation in the activity.

**To take the course, visit the CME section on [PhysicianLINK.org](http://PhysicianLINK.org).**

#### **THE MEMORIAL HERMANN CME WEB SITE ON PHYSICIANLINK.ORG CONNECTS YOU TO:**

- Upcoming live CME events
- Online CME courses
- CME summary of credits
- Search for CME events
- Other resources
- Quick reference videos and training guides

Memorial Hermann Hospital System is accredited by the Texas Medical Association to provide continuing medical education for physicians.

#### **CONTACT US**

**E-mail:** [cmesupport@memorialhermann.org](mailto:cmesupport@memorialhermann.org)      **Phone:** 713.448.5101 or 713.448.5914

#### **Best Practices in Prevention and Management of Preterm Birth Conference**

Organized by The Clinical Innovation & Research Institute for Memorial Hermann and The University of Texas Health Science Center at Houston department of OB/GYN, the one-day conference for physicians and other perinatal care providers is jointly sponsored by the Larry C. Gilstrap Center and Children’s Memorial Hermann Hospital. The goal is to provide an up-to-date, clinically oriented evidence-based review of current or accepted practices in the care and treatment of preterm birth.

**When:** Saturday, April 24, 2010 from 8 a.m. – 4 p.m.

**Where:** Hermann Pavilion Conference Center at Children’s Memorial Hermann Hospital, 6411 Fannin

**Register online at [physicianlink.org](http://physicianlink.org) or call 713.448.5101 or 713.448.5914.**

Memorial Hermann Hospital System designates this educational activity for a maximum of *6.5 AMA PRA Category 1 Credits™*.

## Memorial Hermann Tower Now Open

Women's Memorial Hermann Hospital and Children's Memorial Hermann are now open and caring for patients in the new Memorial Hermann Tower at Memorial Hermann Memorial City Medical Center.

Women's Memorial Hermann Hospital comprises three floors and includes 18 private labor and delivery rooms (LDRs) an expanded Level III NICU, more operating room space and a Maternal-Fetal Medicine program that allows for care of higher-risk obstetrical patients.

A complete array of antepartum testing includes targeted fetal ultrasound, amniocentesis, fetal biophysical profile testing, non-stress tests, first trimester screening and Doppler studies. Women undergoing gynecology and urology services are treated in a private environment on a separate floor, away from the busy labor and delivery area and nurseries.

Children's Memorial Hermann offers new and enhanced pediatric and neonatal services for children. The new children's floor is academically affiliated with The University of Texas Medical School at Houston as part of an innovative Memorial Hermann program to expand access to high-quality specialty and subspecialty care.

