

SPECIAL POINT OF INTEREST

Creating a New Healthcare Model

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MHMD
Memorial Hermann Physician Network

ISSUE II • FALL 2010

Newslink

ABOUT MHMD

MHMD, Memorial Hermann Physician Network, is a clinically integrated physician organization comprised of more than 3,600 doctors across southeast Texas. MHMD is the largest independent physician organization of its kind in Texas. Visit our Web site at www.mhmd.com

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First MHealth Bonus Checks Distributed

Dear Member,

I am excited to report that the MHealth bonus checks were handed out at Campus events this month to MHMD's clinically integrated physician members who met the eligibility requirements set by the MHMD board earlier in the year. With the distribution of these bonuses, our organization signals that we are demonstrating our ability to lower costs and increase quality of care in conjunction with Memorial Hermann.

Lowering costs while raising quality of care is something we're hearing about in healthcare reform discussions in regard to accountable care organizations (ACOs). ACOs focus on delivering value instead of volume with doctors directing the care patients receive. ACOs are something we've already undertaken a major step toward becoming through MHMD's Clinical Integration Program. Additionally, we can learn a lot from leading ACO providers like Mayo Clinic and Cleveland Clinic.

In ACOs, wellness and prevention become primary focuses along with chronic disease management. On page 6, MHMD President Doug Ardoin, M.D., discusses ACOs with Freddy Warner, Memorial Hermann, System executive, public policy and government relations.

As a clinically integrated organization, our members are already adhering to quality measures that emphasize prevention and effective disease management. Sharing patient records and clinical outcome data leads to more coordinated care that reduces redundant diagnostic testing and imaging duplication. We encourage more members to adopt electronic medical records (EMR) for their practices. For information about MHMD's EMR solutions and support, read the practice profile on page 5.

On page 4, our Chief Quality and Informatics

(continued on page 2)



MHMD accepts the President's Gold Circle Award for Physicians Breakthrough of the Year at the 2010 System Annual Meeting for its Crimson Quality Reporting Initiative connecting more than 1500 physicians to report and submit their quality data.

In the Eye of the Storm

Our current economy, the erratic and sometimes incomprehensible evolution of healthcare reform, the prospect of more uninformed regulation, spiraling costs and plunging reimbursement are making the lives of physicians – and hospitals – miserable. The likely prospect of fewer fee-for-service contracts and more at-risk contracts, and new models of medical care like medical homes and accountable care organizations (ACOs) are making the environment even more stressful and anxiety-provoking than usual.

In the eye of this healthcare storm, MHMD can provide our physicians organizational strength and strategic agility. Our organizational expertise supports our members in meeting the increasing volume of regulatory requirements, selecting physician-driven quality performance measures through our Clinical Programs

Committee, and promoting excellence with feedback on individual and group performance levels. We provide assistance with EMR (eClinicalWorks®) implementation and the achievement of its meaningful use to qualify for Health Information Technology funds.

The strategic agility of MHMD will provide us the ability to compete for patients in new models of healthcare while maintaining our focus on Clinical Integration with the benefits it brings in promoting the highest clinical quality and cost efficiency for our patients. We will continue our efforts in managed-care contracting and pursue new ways of direct-to-payors and “risk” contracting. MHMD will also be instrumental in guiding our physician practices in the requirements of medical homes and ACOs.

MHMD, the physician network of Memorial

Hermann, is playing a critical role in helping Memorial Hermann define the organizational structure and business model that will bring physicians and hospitals the most success in this uncertain future. It is only by creating this world-class partnership between Memorial Hermann and MHMD that we can ensure our success both as an organization and as individual physicians. This partnership can provide us the calm in the eye of the storm.



Keith Fernandez, M.D.
MHMD Board Chair

CHECK DISTRIBUTION (continued from page 1)



President's Gold Circle trophy

Officer Shawn Griffin, M.D., discusses the effort to fine-tune our quality measures and reset our targets for the coming year. The CPC specialty subcommittees are reviewing any need to revise quality measures going forward. As we develop next year's measures based

on new CMS measures, we will incorporate the emerging Meaningful Use requirements and the feedback we are receiving from payors to select measures that benefit patients in understandable ways and provide cumulative data on the success of our program. We are already working with our Primary Care CPC to select Ambulatory measures around important disease categories, such as diabetes, congestive heart failure and asthma. Looking forward to phases of healthcare reform, and anticipating changes in reimbursement by focusing on risk-based and capitated payment models, we continue to position the organization to be successful as we see these changes take place.

Additionally, MHMD has begun creating new gain-sharing, co-management models with specialties such as neurosurgery. Such models provide opportunities to reexamine and redirect our efforts to concentrate on the impact closer alignment between hospital and provider can have and the potential benefits it represents for all stakeholders.

Finally, MHMD was honored recently at the Memorial Hermann Annual Meeting by being selected as this year's recipient of the President's Gold Circle award for physicians' breakthrough of the year for our Crimson Quality Reporting Initiative. Receiving recognition for the efforts involved in connecting MHMD's 1,500 clinically integrated physicians to the Crimson database for submitting and reporting quality measures is very gratifying for our entire organization. Although our progress this past year was incremental, we hold ourselves accountable to higher standards going forward for quality reporting and submitting that will position us well in a post-reform environment.



Chris Loyd
CEO

Creating a New Healthcare Model

In August and September, Memorial Hermann President and CEO Dan Wolterman visited each Memorial Hermann Campus to have an open forum discussion with medical staff members. This series of evening events was designed to update physicians on the System's performance, as well as to discuss the projected impact of healthcare reform and strategies to prepare for it. Wolterman also shared information regarding the System's numerous awards and innovations in patient care and safety. He stressed that through its partnership with medical staff physicians, the System has been able to achieve a consistently high level of care and financial stability over the past eight years. Following is a summary Q&A.

How is healthcare reform changing how hospitals and physicians operate?

DW: Healthcare reform is changing the rules by which healthcare systems and physicians function, thus driving the need for a new business model. As evidenced by the dramatic cost increases our industry has experienced over the past decade, it is no secret that the current volume-driven model is not sustainable. A strategic planning committee, led by System Board Chairman Gerald Bennett, was recently formed to help define the future strategy for the Memorial Hermann System. The committee will analyze alternatives and recommend a

strategic direction to strengthen Memorial Hermann's position as market leader, and ensure our successful transition to the new world of healthcare.

How does the System anticipate the impact of legislative issues and reforms?

DW: Our System remains deeply involved in the legislative piece of healthcare reform at both the national and state level. Representing the interests of both our hospitals and our affiliated physicians, we have spent considerable time in Washington, D.C., and Austin lobbying for meaningful change. In order to help us learn how to be successful in the new healthcare environment, our System is planning to participate in pilots and other opportunities that are included in the healthcare reform legislation.

What is the greatest challenge presented by healthcare reform?

DW: I feel that the greatest challenge presented by healthcare reform is how physicians and hospitals will come together to deliver high quality, cost efficient integrated care. There is no doubt that healthcare reform puts pressure on both physicians and hospitals, but I also feel that this presents a huge opportunity for both of us. As we transition away from episodic payments, we must learn to function as one combined provider.

What is the role of physicians in the System's initiative of Creating a New Healthcare Model?

DW: Memorial Hermann strongly believes that the future of healthcare belongs to physician-driven organizations. To help us achieve this, we remain committed to working with our medical staffs to move our institution toward integrated care. By continuing to work together on many of the initiatives we currently have underway – i.e., MHMD's Clinical Programs Committees, electronic medical records (eClinicalWorks®) implementation, etc. – we should continue down a path toward integration. If we take deliberate and proactive measures to transition toward an integrated care delivery model, we should position ourselves to exceed expectations into the future and achieve our mission of improving the health of the people of southeast Texas.

The New Healthcare Model initiative was introduced several months ago. What is the current status of the effort?

DW: Following three months of financial and operational review, we just recently began the validation stage with Wellspring. For the most part, their findings validate our own projections and underscore the importance of the new model initiative. They show that if Memorial Hermann does not change the way we operate, the impact to our bottom line over the next several years will be significant. Several work teams comprised of Memorial Hermann leaders have studied their findings and recommendations to determine the appropriate next steps. At this time, we do not have concrete action plans. What we do know is that nothing will happen overnight. It will take years to implement the changes that will lead to a new healthcare model for Memorial Hermann. In the meantime, be assured that ongoing communication is critical to the success of this important initiative and that we remain committed to keeping our employees and physicians informed along the way.



In August and September, Memorial Hermann President and CEO Dan Wolterman visited each Memorial Hermann Campus to meet with medical staff members to discuss healthcare reform and the System's strategies for the journey ahead.

First MHealth Bonus Checks Distributed

Eligible MHMD physicians should have received their first MHealth bonus checks. Once bonus qualifying ended on March 31, 2010, the “bonus calculation” continued. Many physicians believed that as soon as the deadline for qualifying for the bonus passed, we would be handing out the checks the next day. Qualifying for the bonus this year had a deadline set by the board of March 31, 2010. The MHealth contract that provided the bonus ran until the end of June. That contract requires several months to finish paying out all the claims from the

fiscal year, so that the overall savings pool can be finalized. Once that amount was determined, we contacted the qualifying physicians to verify how they would like to receive their shares. The qualifications for future bonuses will be determined by the MHMD board, based upon future contract deadlines.

Why do we report our Quality Performance Measures (QPMs).

One of the core principles of Clinical Integration is measuring and improving the quality of care our physicians deliver. Sometimes it is simply a matter of educating office or billing staff on how to document the quality care being delivered, but sometimes our field teams need to work with your office staff to implement new checklists or forms to address medical conditions or screenings that were not being done. For our eClinicalWorks® physicians, we worked to build the reminder screens that appear as part of the care workflow to remind the caregivers to document their quality in a way that seamlessly passes to our data repository.



Shawn Griffin, M.D.
Chief Quality & Informatics Officer

2011 Bonus Requirements

Each year the bonus requirements for CI participants are determined by the MHMD board of directors. One expected component again this year will be the completion of required CME courses. As part of MHMD’s efforts to provide meaningful CME programs, MHMD is producing CMEs on these topics:

- Accountable Care Organizations
- Patient-Centered Medical Homes
- Observation Services
- Physician Compacts
- Ambulatory Meaningful Use

The CMEs will be available online at PhysicianLINK.org before the end of the year. Watch for further communication regarding updated bonus requirements for 2011.

Establishing Meaningful Use to Qualify for ARRA Dollars

The American Recovery and Reinvestment Act (ARRA) incentive program enables physicians who deploy EMRs to recover part or all of their investment up to \$44,000 if they meet the requirements of establishing and documenting “Meaningful Use.” MHMD can assist physicians in understanding and meeting the meaningful use incentive requirements when they deploy MHMD’s EMR solution using eClinicalWorks®.

Based on the Electronic Health Record Incentive Program Final Rule, released on July 13, 2010, meeting Meaningful Use (MU) Stage 1 Criteria involves the following:

- Having a MU Quality Reporting module that will be certified to support the core set objective of reporting clinical quality measures
- Implementing one clinical decision support rule related to a high-priority condition along with the ability to track compliance with that rule
- Generating lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- Providing clinical summaries for patients for each office visit and providing patients with an electronic copy of their health information upon request
- Using certified EMR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

Because it is a certified solution, eClinicalWorks offers all of the MU capabilities described above with features that are built in. eClinicalWorks is committed to ensuring that physicians who implement their solution have the capabilities they need to establish Meaningful Use and qualify for government EMR reimbursement, and MHMD is committed to helping your get there! **To learn more, contact physicianEMRsolutions@memorialhermann.org or call 713.448.6428.**

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Step Pediatrics, The Woodlands

Joseph Edralin, M.D., graduated from Houston Baptist University and received his medical degree from The University of Texas Health Science Center at Houston. He completed his pediatric residency in Houston at UTHSCH and is board certified in pediatrics.

Joan Purcell, M.D., graduated from Austin College in Sherman, Texas, and received her medical degree from the University of Texas Medical Branch at Galveston. She completed her pediatric residency and fellowship at Baylor College of Medicine In Houston and is board certified in pediatrics and adolescent medicine.

Callie Byrd, M.D., F.A.A.P., graduated from Texas A&M University and received her medical degree from The University of Texas Health Science Center at San Antonio. She completed her pediatric residency at Baylor College of Medicine in Houston. Dr. Byrd is board certified in pediatrics.

It's been two years since Joseph Edralin, M.D., and associates of Step Pediatrics in The Woodlands traded in paper records for electronic medical records (EMR). After researching and comparing different software programs they chose MHMD'S eClinicalWorks®. "I really like the flexibility," says Dr. Edralin. "I would never go back to paper ever again."

With the Web-based EMR, physicians can easily access patient information from anywhere, anytime on any Web-based browser, including all labs, radiology results, consult and office notes plus drug interaction alerts. To Dr. Edralin and team, this represents a big advantage. "Access is incredible," comments Dr. Edralin. "I could be at a conference and if a patient had a question, the office had a

question, I could look things up online. I can bill from home, I can catch up on things, I can look things up in the middle of the night if I wake up with a cold sweat because there's a lab that's bothering me."

In addition to the numerous features of eClinicalWorks, including e-prescribing, prescription accuracy, flow sheets and templates for common diagnoses, Dr. Edralin and his colleagues adopted an EMR to make their practice more productive, increase revenue and simplify submitting billing information for accountability. "It makes things more complete. You're a lot more thorough

with your charging and billing because the two are tied together," says Dr. Edralin. "There's a nice little correction factor when you do billing to tell you if your note was complete enough for that particular billing code and it will tell you if you're missing any elements."

Change isn't easy, though. Implementing any new system is a process and Step Pediatrics had some growing pains. But, with the continuing support and expertise MHMD offered right here in Houston on site at their office, Step Pediatrics was up and running quickly.

"You have to take time for training. We took a couple of half-days off, and then we started back up at half schedule. But, after about two weeks, we were going – we were going by the seat of our pants – but we were going and we were getting things done," recalls Dr. Edralin.



Dr. Edralin and Dr. Byrd can access all labs, radiology results, consult and office notes plus drug interaction alerts using eClinicalWorks.

According to Joan Purcell, M.D., a partner at Step Pediatrics, investing in new technology can be a huge expense for medical practices. To help offset those costs, members of MHMD'S Clinical Integration program receive discounts and financing on the software from Memorial Hermann and Dell.

"eCW is such a nice EMR," says Dr. Edralin. "Plus, having the financial backing and the technical support from MHMD has been really wonderful."

What are you waiting for?

To schedule a demonstration of eClinicalWorks, e-mail physicianEMRsolutions@memorialhermann.org or call 713.448.6428.

For questions or support for an existing eClinicalWorks system, contact the Physician Support Center at 713.704.DOCS(3627).



Dr. Purcell checks to see if a patient note is complete before submitting it for billing.

Federal Healthcare Reform: Spotlight on ACOs

Much has been written about the new federal healthcare reform law in recent months, and its potential for considerable, fundamental change in the way healthcare is delivered, and the nature of relationships of all involved in patient care – least of which, hospitals and physicians. Notwithstanding strong opinions among proponents and opponents of reform, consensus is simple to achieve when anyone involved in healthcare considers the state of play leading up to passage of federal healthcare reform legislation: healthcare delivery, and the method of reimbursement to healthcare providers (e.g., Medicare) was unsustainable. Now that reform is the law of the land, attention has shifted to analyzing the impact and preparing for implementation of the law. Healthcare providers are coming face to face with numerous regulatory and legal impediments to reform, and, in larger measure, with the cultural barriers that exist, especially as between physicians and hospitals.

Accountable care organizations (ACOs) will provide physicians, hospitals and other healthcare providers with the opportunity to participate in a new healthcare provider structure, focused upon collaboration and integration of services, in order to provide and sustain the highest quality patient care. In exchange for this commitment, ACO participants will be able to share in the cost savings and payment incentives tied to patient quality, which will result from their cooperation.



Freddy Warner
System Executive, Public Policy
and Government Relations

ACO Q&A

Dr. Ardoin is serving on an ACO working group created by the Texas Hospital Association to evaluate ACO components of the PPACA.



Doug Ardoin, M.D.
System Physician-in-Chief

Describe an Accountable Care Organization (ACO) model.

Dr. Ardoin: The new healthcare reform law, the Patient Protection and Affordable Care Act (PPACA) describes an ACO as a highly integrated organization between primary care physicians, specialists and a hospital system, providing high quality, cost-effective care for Medicare beneficiaries. Those in group practice arrangements, networks of individual medical practices, partnerships or joint venture arrangements between hospitals and physicians, hospitals employing physicians, or any other healthcare provider designated by the Secretary of the Health and Human Services Department may be eligible to participate in an ACO. ACO participants share in the cost savings that result from cooperation and the coordination of care.

Who is “in charge” of an ACO?

Dr. Ardoin: The law provides that ACOs must have a shared governance structure, which must involve all stakeholders within the organization. That means physicians absolutely will and must have a key role in determining the governance structure of the ACO in which they choose to participate.

Why should physicians participate in an ACO?

Dr. Ardoin: Participation in an ACO provides physicians not just the ability to survive under the new law, but to thrive. ACOs are attractive to insurance companies and employers because they will represent the exclusive provider network for their beneficiaries and employees. The ACO model will be the preferred healthcare delivery model, as viewed by the Centers for Medicare & Medicaid Services (CMS), and will be viewed as the preferred model as the health insurance exchanges come online in 2014 and beyond.

Has the payment methodology aspect of the law been finalized as it relates to ACOs?

Dr. Ardoin: The payment methodology is not final yet because the HHS Secretary has just begun the process of promulgating rules for implementation of the PPACA. I think there will be a combination of fee for service and/or capitation, with the availability to receive financial incentives for demonstrable improvement in patient quality, as well as cost savings. There will be the opportunity for ACOs to be developed on a demonstration basis, with the first ones scheduled to begin receiving Medicare payments in 2012. There will be numerous opportunities for organized medicine, physician specialty societies, hospital associations and all healthcare providers to provide input. It is important that physicians and hospitals collectively become engaged to evaluate potential participation in an ACO and ensure the highest patient quality.

Hospital Medicine Subcommittee Addresses Observation Services Issue

Observation Services and CMS reimbursement is an important issue being reviewed by the Hospital Medicine subcommittee, one of 18 specialty-specific subcommittees that comprise MHMD’s Clinical Programs Committee (CPC). Co-chaired by Philip Johnson, M.D., and Donald Molony, M.D., the Hospital Medicine subcommittee focuses on inpatient issues relevant to physicians and staff caring for medical patients, excluding obstetrical or surgical patients.

Although physicians typically refer to a patient being placed in a hospital bed as an “Observation Admission,” Medicare considers observation to be an outpatient procedure. Recently, CMS issued clarifications regarding reimbursement to physicians and hospitals for provision of medical observation services. Initially, these clarifications called for a physician or physician extender at the bedside during the observation period. It specifies that the physician or extender had

to also be the one billing for the services and that the patient’s physician, managing patients in an office setting, could not be in charge of observation services care. Although modified somewhat, these requirements remain in force and failure to comply could lead to punitive action against hospitals and physicians.

To help ensure compliance across the System, the Hospital Medicine subcommittee developed a list of conditions requiring medical observation services, and is creating corresponding protocols for each. These protocols specify the actions that should be completed by certain hours to ensure the decision to admit or release the patient is made within 24 hours.

Another Hospital Medicine issue relates to the widespread disparity regarding the role of hospitalists. The Hospital Medicine subcommittee is deciding the criteria for defining the hospitalist role in MHMD health

plan contracts. It will involve substantial discussion among MHMD and the medical staffs of each System hospital during the weeks and months ahead.

As members of the CPC subcommittees, MHMD physicians approve protocols, pathways, order sets, policies and vendor/formulary choices to be uniformly applied at all Memorial Hermann hospitals. All CPC subcommittee meeting agendas and minutes are posted for viewing on the CPC Sharepoint site on PhysicianLINK.org.



Richard Blakely, M.D.

Richard Blakely, M.D.
Chief Medical Officer

NEW MH BYLAWS

Medical Staff Bylaws Update

Memorial Hermann medical staff members are being asked to approve a uniform set of Medical Staff Bylaws for use at all Memorial Hermann hospitals. Developed by a physician-led task force, the bylaws are designed to help improve quality of care and patient safety while streamlining credentialing and other procedures. They are consistent with the vision, mission and goals of the Memorial Hermann System and in compliance with the standards of The Joint Commission and other regulatory agencies.

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

To learn more, contact your Campus CMO or task force representative or visit PhysicianLINK.org. (<https://www.newphysicianlink.org/mhbylaws>)

Memorial Hermann Voted Most Wired for 6th Consecutive Year

For the sixth year running, Memorial Hermann is listed among Hospital & Health Networks magazine’s Most Wired hospitals. Most Wired hospitals have been found to have better outcomes in patient satisfaction, risk-adjusted mortality rates and other key quality measures through the use of information technology.

“Hospitals embrace health information technology and recognize the many benefits it can provide to patients, but even Most Wired hospitals face barriers to adoption. We have asked that the federal government stimulate greater adoption by making Medicare and Medicaid incentive payments more widely available to hospitals and physicians so more hospitals can move in this direction,” says Rich Umbdenstock, president and CEO of the American Hospital Association (AHA).

Survey results reflect the fact that the full potential of health IT has not been met and the use of EMRs is still not widespread,

even with independent physicians who practice within hospitals. For Most Wired hospitals, only 43 percent of independent physician practices have EMRs, 40 percent have computerized physician order entry (eOrdering) and 44 percent have clinical decision support.

“Memorial Hermann is leading in all of these areas,” says David Bradshaw, System chief information, planning and marketing officer. “Two System hospitals are already using eOrdering for over 80 percent of provider orders, most System hospitals use barcode scanning at the bedside for positive patient identification for medication administration, and nearly 1,600 physicians are submitting and reporting quality data as part of MHMD’s Clinical Integration program, the majority via EMRs. Additionally, we have hard-wired Clinical Decision Support into Care⁴, the System’s electronic patient care record.”

Dr. Robert Murphy Honored as One of Modern Healthcare’s 25 Top Clinical Informaticists

Considered a catalytic information technology leader, Dr. Robert Murphy, Memorial Hermann’s chief medical informaticist, is



Robert Murphy, M.D.
System Chief Medical Informaticist

being honored as one of Modern Healthcare’s 25 Top Clinical Informaticists for 2010. Dr. Murphy has worked with Memorial Hermann’s affiliated physicians, corporate IT

partners and the System’s information and clinical teams to hard-wire evidence-based medicine practice into patient care workflows at Memorial Hermann. As a result, nearly 300 evidence-based order sets were developed through a collaboration of physicians, nurses, pharmacists, quality staff and case managers to support eOrdering being launched at

its Campuses. The first two hospitals to go digital were Katy and Sugar Land.

“Although focused on helping Katy become an all-digital hospital, Dr. Murphy’s overriding concern was always for patient safety, while minimizing the negative impact on nursing and physician work flow. We have demonstrated improvements in a number of clinical areas as a result of

eOrdering, including reduction in LOS and cost in treatment of community-acquired pneumonia, a reduction in serious adverse drug events and an improvement in throughput in our obstetrics unit,” says Keith Fernandez, M.D., MHMD chair and medical informatics chair for Memorial Hermann Katy.

Additionally, Dr. Murphy has led the System’s efforts to identify potentially hazardous prescription scenarios and construct clinical decision support rules and automated alerts that help caregivers avoid those hazards. “Through his leadership and innovation in medical informatics, Dr. Murphy has contributed enormously to ensuring that our healthcare system and those around the country who adopt similar eOrdering and clinical decision support systems will continue to provide high quality services that improve the health of the patients we serve,” says System Chief Medical Officer Michael Shabot, M.D.

Keeping Physicians Connected and Informed

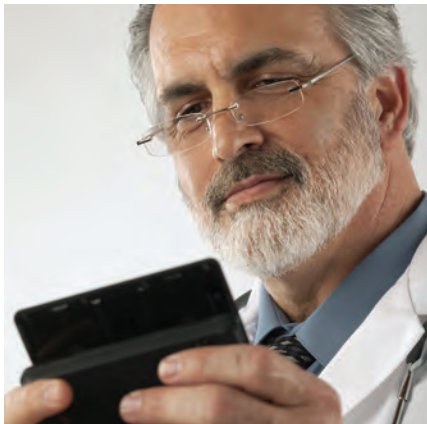
This fall, Memorial Hermann is piloting a new automated communications system called MH Alert at Memorial Hermann Northwest Hospital. MH Alert is designed to keep affiliated physicians and staff better connected and informed in times of disaster or disruptions in normal hospital activities as well as to convey urgent System or Campus news.

The automated notifications and operational alerts enable continuity in hospital operations



Katy’s eOrdering team received the President’s Gold Circle Award for Operational Excellence Breakthrough of the Year.

by distributing information quickly. For emergency messages, MH Alert automatically rotates through every communication device listed until a recipient confirms receipt.



“In the event of severe weather or natural disaster, this tool will alert physicians to closures of Memorial Hermann hospitals or office plazas,” says Memorial Hermann’s Director of Emergency Preparedness Vickie Maywald. “By allowing us the ability to automate our means of contacting physicians, we can notify them much more quickly of power outages and other issues

that facilities faced before, during and after Hurricane Ike.”

Developed by Everbridge, a leader in emergency notification system solutions, MH Alert will be piloted first at Memorial Hermann Northwest before being implemented Systemwide. All Memorial Hermann affiliated physicians can

subscribe to receive the messages via points of contact they provide.

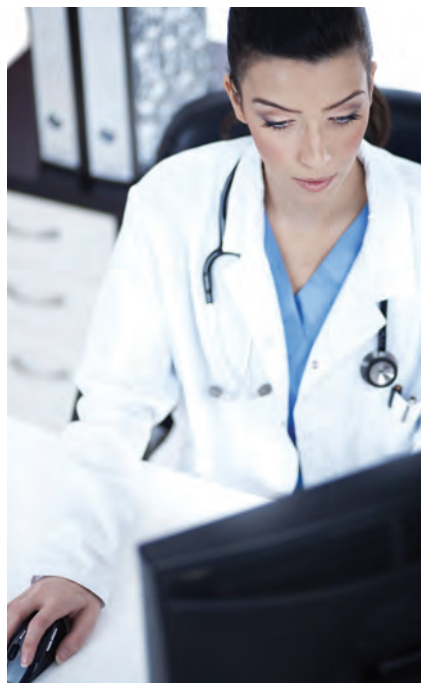
To be a part of the new MH Alert notification system, physicians simply log in to PhysicianLINK.org and select Preferences at the top of the screen. For assistance, call 713.704.DOCS (3627).



Improving Access to Care⁴ with Proximity Badge Reading Technology

Memorial Hermann worked with technology partners to speed access to Care⁴ patient care information for doctors and nurses by streamlining log-on and log-off procedures, saving tremendous time for clinical staff during rounds and other hospital activities. Memorial Hermann’s workstation security implementation combines proximity automation with a simple four-digit user PIN, required only upon initial walk-up. This allows users a walk-away grace period and can even restore a user session at a different location.

Known as Xyloc, the system works seamlessly with Memorial Hermann’s PhysicianLINK Web portal and single sign-on (SSO) service to improve medical staff productivity and clinical workstation security. The program automatically signs users off of workstations when moving from one to another, resulting in real time savings for



clinicians. And it reduces log-on times from as much as one minute to just a few seconds. For users who return frequently to the same workstation, log-on time is reduced to zero, with the program’s instant walk-up recognition and session restoration features, saving a typical user 30 to 45 minutes per day.

According to Joseph Cali, M.D., a surgeon practicing at Memorial Hermann Memorial City Medical Center and chair of the hospital’s medical informatics committee, the time savings really add up. “The program saves me valuable minutes every day, but it also rapidly and automatically closes down access to my user session and sensitive medical records without requiring a manual log-off. It’s one less thing to worry about while caring for my patients.” Proximity is available at Katy, Memorial City, Northwest, Sugar Land, TMC and The Woodlands.

Cordola Begins Role as CEO of TMC Campus



Craig Cordola

Craig Cordola, former Children’s Memorial Hermann Hospital CEO, began his new role as CEO of the Memorial Hermann-Texas Medical Center Campus in September. As Campus CEO, Cordola assumes

responsibility for Memorial Hermann Heart & Vascular Institute-TMC, Children’s Memorial Hermann Hospital, Memorial Hermann-TMC and TIRR Memorial Hermann. Market leader responsibilities for Southeast and Northeast hospitals transitioned to Chuck Stokes, System chief operating officer.

Craig joined Memorial Hermann in 2003, serving as assistant vice president of operations, overseeing children’s, women’s, nutrition, volunteer, environmental and chaplaincy services, until his promotion to CEO of Children’s Memorial Hermann Hospital in 2006. “Craig brings the right leadership skills necessary to navigate the Medical Center facilities through this emerging era of healthcare reform,” says Stokes.

Craig has worked with retiring CEO Juanita Romans to ensure a smooth transition of leadership responsibility for the operations



of the Campus. He has received widespread support for his appointment to this position from System leadership, faculty of The University of Texas Health Science Center, private physician staff and his current leadership team.

Healing Problem Wounds with Hyperbaric Oxygen Therapy (HBOT)

Following external-beam radiation therapy for colorectal cancer and permanent brachytherapy for prostate cancer, a male patient was diagnosed with radiation proctitis, manifesting in a rectal ulcer that failed to respond to localized treatment. He was referred to Memorial Hermann Rehabilitation Hospital-Katy. “HBOT significantly reduced the bleeding and eliminated the patient’s pain,” says David Katrana, M.D., D.D.S., F.A.C.S., medical

director of the Wound Care Center there. Once considered controversial, HBOT is now effectively used throughout the world for acute and chronic conditions, including diabetic ulcers, traumatic wounds and crush injuries, radiation damage, gas gangrene, recalcitrant osteomyelitis, failing skin grafts and flaps, and necrotizing infections. To refer a patient, call 281.579.5542.

Wound Care also is offered at these Memorial Hermann hospitals:

- Northeast
- Southeast
- Sugar Land
- Texas Medical Center

Southeast Offers Transradial Catheterization

Traditionally, for heart catheterization procedures the catheter is inserted into the femoral artery located in the groin, but surgical breakthroughs now allow the catheter to be inserted into the radial artery of the wrist. Radial artery catheterizations have been performed in Canada, Europe, India and Japan for more than a decade. Over the last three to five years the newer radial technique has seen growing use in the United States. Rajan Kadakia, M.D., a board-certified interventional cardiologist affiliated with Memorial Hermann Southeast Hospital, has performed an estimated 500 or more transradial catheterizations and admits the newer procedure requires more skill to navigate the twists and turns that lead to the heart. Eighty to 90 percent of the time in

Dan Wolterman Voted One of Healthcare’s Most influential

For the third consecutive year, System President and CEO Dan Wolterman earned a spot in *Modern Healthcare’s* list of the 100 Most Powerful People in Healthcare. This year Wolterman moved up from No. 59 to No. 36 on a list that includes President Barack Obama and many leading members of Congress. The list appears in the Aug. 23 issue of *Modern Healthcare*. Wolterman was interviewed for the story regarding Memorial Hermann’s plans to operate in the current fee-for-service environment and how the System was preparing to compete in a post-reform environment. The story also mentioned Memorial Hermann’s investment in training employees in best practices and the integration with private-practice physicians through MHMD’s Clinical Integration Program that involves EMR deployment and outpatient quality data reporting.



a transradial catheterization, if the diagnosis calls for heart repairs, balloon angioplasty and stenting can be performed through the catheter in the wrist while the patient is under sedation, according to Dr. Kadakia. Memorial Hermann Southeast is pleased to be one of the first hospitals in the region to offer the transradial catheterization to its patients.



Paul O’Sullivan Chosen as New CEO for HVI-TMC

Paul O’Sullivan took the reins as CEO of the Memorial Hermann Heart & Vascular Institute-Texas Medical Center in June. The former COO of Memorial Herman Katy Hospital, O’Sullivan has more than two decades of healthcare experience. He began his career in his native Ireland and has served in a



Paul O’Sullivan

variety of leadership roles while with Memorial Hermann. He also serves as an adjunct professor in management at the Jones Graduate School of Business at Rice University.

“I look forward to working with the physician leadership and employees in my new role to help guide the Institute in a direction that ensures continued growth, quality, operational excellence and patient, physician and employee satisfaction,” says O’Sullivan.

Memorial Hermann Expands Cancer Care with New Joint Venture

Memorial Hermann, Texas Oncology and US Oncology announced last August that they

New Technology Provides Safer Procedures for Diagnosing Lung Lesions

Memorial Hermann Southeast Hospital is the first Houston hospital with the newest generation iLogic™ Electromagnetic Navigation Bronchoscopy™ (ENB) technology that works with high-definition CT scans to create a 3-D bronchial tree so physicians can navigate directly to the smallest of lesions.



Alex Lechin, M.D., a board-certified pulmonologist affiliated with Memorial Hermann Southeast, explains that before now it was difficult to reach

lesions or spots located in the middle and outer edges of the lungs with traditional bronchoscopy. “Previously, if you really wanted to get a biopsy in these areas, a radiologist had to insert a needle from outside the chest into the lungs,” said Dr. Lechin. The ENB diagnostic procedure is performed on an outpatient basis and takes approximately 30 minutes. Guided by the GPS system on the iLogic navigational bronchoscopy tool, pulmonologists navigate to lesions by viewing the patient’s bronchial tree on the computer screen. Unlike traditional bronchoscopy, ENB does not use external X-ray. In addition to reaching smaller and deeper lesions more safely, Dr. Lechin said ENB technology benefits patients who need follow-up by leaving markers for surgeons and radiation oncologists. Theodore Wang, M.D., is a radiation oncologist affiliated with Memorial Hermann Cancer Center-Southeast. He said marking the tumor will reduce the larger radiation field previously required to allow for the tumor’s movement when patients breathe. “By placing a small fiducial marker, or seed, into the tumor, we can track its movement in real time during treatment, thereby reducing normal lung exposure.” For additional information on the iLogic ENB technology, contact 281.929.4470.

will enter into a joint business relationship that will expand the spectrum of cancer care available at Memorial Hermann Memorial City Medical Center and Memorial Hermann Sugar Land Hospital.

At Memorial City, new services will include stereotactic radiosurgery (SRS) for brain tumors and stereotactic body radiation therapy (SBRT) for appropriate body tumors, in addition to expanding the Cancer Center’s ability to provide patients access to national cancer clinical trials via US Oncology Research. This will supplement treatments previously available for all kinds of cancer, including breast, colorectal, gynecological, head and neck, kidney, lung, neurological, prostate and thyroid cancers, as well as robotic-assisted surgery, radiation oncology, clinical trials and more.

“Our goal is to provide patients with access to the most advanced cancer treatments and tools,” said Vivek Kavadi, M.D., radiation oncologist at Texas Oncology and medical director of radiation oncology at US Oncology. “Not only does this partnership expand our services, it also allows our patients to be treated close to home.”

The joint business relationship also includes Texas Oncology-Sugar Land’s radiation oncology services. Located at 1350 First Colony Boulevard near the intersection of Highway 6, the 16,000-square-foot center provides complete, integrated cancer care and incorporates the latest, most effective diagnostic and treatment technologies, including PET/CT imaging and intensity modulated radiation therapy (IMRT).

Lending a Hand to Improve Patient Safety

For more than 100 years, healthcare professionals have known the importance of hand hygiene in reducing the spread of illness among their patients. Studies have found that hand-washing compliance varies by discipline, with physicians typically having the lowest compliance rate. Although sterile technique in operating rooms is very good, it is in patient rooms and other areas of the hospital where hand hygiene compliance drops off.



ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AN ESTIMATED 2 MILLION PATIENTS GET A HOSPITAL-RELATED INFECTION EVERY YEAR AND 90,000 DIE FROM THEIR INFECTION.

A new entity created by the Joint Commission, the Center for Transforming Healthcare (CTH) is responsible for developing “how” to achieve mandates and other requirements that the Joint Commission establishes to make patient care safer. The Center invited the 18 leading healthcare organizations (including Memorial Hermann) to become members of the new CTH and queried them on which problems they wanted solved first. Hand hygiene ranked No. 1. The Joint Commission recognized that to sustain improvement in this area, a simple

slogan or campaign would not be enough. Only comprehensive, systematic, and sustainable change could solve the issue.

According to System Chief Medical Officer Michael Shabot, M.D., many infections are transmitted by healthcare personnel. “Hand hygiene is something we can do to make patient care safer by preventing hospital-acquired infections,” says Dr. Shabot.

The Center for Transforming Healthcare selected eight organizations from across the country that demonstrated good process improvement programs to tackle the hand hygiene issue and determine a way to automate the behavior. Among the eight, were Cedars-Sinai Medical Center, the Johns Hopkins Hospital and Memorial Hermann. Memorial Hermann The Woodlands Hospital was chosen to represent the System.

A rigorous process improvement was launched to define the problem and then determine the best, most accurate way to measure compliance. Infection control representatives were tapped to evaluate compliance by using “secret shopper” observers. Using rigorous metrics, initial findings indicated less than half of caregivers were washing their hands. By June 2010, the eight CTH pilot hospitals had sustained an average compliance rate of 82 percent. The lessons they learned led to the development of a Targeted Solutions Tool™ (TST) that other hospitals can use to accurately measure performance, identify barriers to excellence, and select from proven solutions that can be customized to address

barriers. The Woodlands team began looking at why caregivers didn’t wash their hands as often as they should and found 42 contributing factors that varied from unit to unit within the hospital.

System’s Two-Part Goal to Improve Compliance

For the first six months of FY11, all System Campuses will access the new Targeted Solutions Tool to establish a reliable measurement of compliance, using the more rigorous methods for measurement and determining the contributing factors, unit by unit. During the last six months of FY11, all Campuses will implement their chosen solutions and report compliance. The executive sponsors of this initiative are the chief nursing officers on each Campus and the process owners are the executive directors of the ICUs.

“For each level of acuity, we’ll expect process owners for each unit to determine their contributing factors and find a solution that matches their situation,” comments Dr. Shabot. “Hospital units will be keeping charts to track compliance and compete to score the highest compliance levels. Measuring compliance and enforcement will be critical, and actions will be taken as a consequence for non-compliance.”

Dr. Shabot adds that leadership support of hand hygiene is critical to success. “CEOs, chaplains, nurses, therapists, physicians, patient family and visitors should all wash every time they enter or leave a patient’s room,” says Dr. Shabot. “The Hand Hygiene Initiative is not only the right thing to do – but it’s financially smart as well. Not only does it save lives and prevent illness, it helps us avoid the additional costs incurred in caring for hospital-acquired infections. In the post-healthcare reform environment, hospitals will not be reimbursed for these types of costs. That’s why everyone must work together to help us eliminate them.”

MOST COMMON CAUSES OF FAILURE TO CLEAN HANDS

- Ineffective placement of gel dispensers or sinks
- Hand hygiene compliance data not collected or reported accurately or frequently
- Lack of accountability and just-in-time coaching
- Safety culture does not stress hand hygiene at all levels
- Ineffective or insufficient education
- Hands full with supplies
- Wearing gloves interferes with process
- Perception that hand hygiene is not needed if wearing gloves
- Healthcare workers forget or are distracted

System Names New Post-Acute Care Services CEO

As changes driven by healthcare reform continue to unfold, coordinating post-acute care will be of vital importance to the health and welfare of patients and the providers who care for them. Memorial Hermann is reorganizing its Home Health division as part of the new Post-Acute Care Services division that will be overseen by Rob Morris, CEO of Post-Acute Care Services.

“As CEO, Rob will continue with the expansion of our traditional Home Health division as well as lead our efforts to connect acute and post-acute care services for the future environment of healthcare reform,”

says Rod Brace, chief regional operations officer.

Under the new Post-Acute Care Services umbrella, Memorial Hermann will integrate traditional services of home health, hospice, durable medical equipment (DME), respiratory therapy (RT) and sleep with post-acute services such as skilled nursing facilities (SNF), long-term acute care (LTAC), and inpatient rehab (non-TIRR).

“I’m very lucky to be joining a team with such a great reputation. I believe post-acute services will play an increasingly important role in the healthcare continuum,

particularly with the aging population and payment reforms on the horizon,” says Morris. According to Morris, Memorial Hermann’s New Post-Acute Care division will focus on:

- Coordinating services across organizational boundaries
- Providing continuity in the management of chronic diseases
- Making sure patients receive cost-effective care in the correct setting
- Encouraging and educating patients on how they can take an active role in their own care
- Keeping patient readmission rates low

Morris brings to his new role at Memorial Hermann nearly two decades of experience in healthcare that began in imaging services. For nearly 10 years, he served in a range of leadership roles in the Baylor Healthcare System in Grapevine, Texas. Most recently, Morris served as CEO of a post-acute care facility in Sugar Land.



“I BELIEVE POST-ACUTE CARE SERVICES WILL PLAY AN INCREASINGLY IMPORTANT ROLE IN THE HEALTHCARE CONTINUUM.”

Rob Morris
CEO of Post-Acute Care Services

Hospice Unit Now Open at Southwest

Memorial Hermann Southwest Hospital has opened a new inpatient hospice unit for terminally ill patients requiring acute medical management. Once stabilized in the new inpatient unit, patients can be discharged to resume hospice care at home.

Ana Leech, M.D., who completed her family medicine residency at Memorial Hermann Southwest, has returned to lead the new hospice unit. Board certified in family medicine, Dr. Leech recently completed a fellowship in hospice and palliative medicine at The University of Texas M. D. Anderson Cancer Center and brings a wealth of knowledge and experience to benefit patients in need of inpatient hospice care.



The ribbon cutting was held recently at the hospice unit.

Beyond caring for the patient’s physical needs, Southwest’s palliative care program also focuses on addressing the emotional, spiritual and social needs of terminally ill

patients. The new hospice unit is located on the 10th floor. For more information or to schedule a tour of the unit, call 281.784.7520.

PRACTICE MANAGEMENT COURSES



PECOS Enrollment Faster Than Paper Processing for Medicare Providers

There are advantages to using the Internet-based Provider Enrollment Chain and Ownership System instead of the traditional paper application. It's easy to use and offers a host of advantages over the paper-based enrollment process. For example, Internet-based PECOS can be up to 50 percent faster than the paper process (with a 30- to 45-day processing window, versus 60 days for the paper-based process). Using Internet-based PECOS is easy.

If your practice has not already done so, take the time now to submit your initial Medicare enrollment application, along with other enrollment actions. Set your practice free from paper and start using the Internet-based PECOS today!

Visit these Web sites for guides and resources from CMS:

www.cms.gov/MedicareProviderSupEnroll/downloads/GettingStarted.pdf

www.cms.gov/MedicareProviderSupEnroll/Downloads/ContactInformation.pdf

UPCOMING LOCAL CLASSES PRESENTED BY PRACTICE MANAGEMENT INSTITUTE (PMI):

Advanced Coding Workshop – December 15

Collecting in a New Economy – December 14

Chart Auditing for Physician Services (half day) – December 14

Avoiding Fraud & Abuse – December 16

E&M Coding – December 16

HIPAA Compliance – December 17

Coding & Medicare Update 2011 – December 17 and in January

UPCOMING CERTIFICATION CLASSES:

Certified Medical Insurance Specialist (CMIS)[®]

Thursdays and Fridays, December 2, 3, 9 & 10

Certified Medical Office Manager (CMOM)[®]

Four dates in January

MHMD members receive a special 20 percent discount for local PMI events, for yourself and your staff. Contact your MHMD Provider Relations representative for monthly PMI schedules and the special registration form.

For more information, e-mail donna.alwais@memorialhermann.org or call 713.448.6787.

New Online CME Courses for MHMD CI Participants

As part of MHMD's efforts to provide meaningful CME programs, MHMD is producing CMEs on these topics:

- Accountable Care Organizations
- Patient-Centered Medical Homes
- Observation Services
- Physician Compacts
- Ambulatory Meaningful Use

The new CMEs will be available before the end of the year.



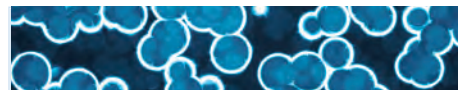
CME

Find Out What's New in CME by Visiting 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@](mailto:cmesupport@memorialhermann.org)

memorialhermann.org

Phone: 713.448.5101 or 713.448.5914

New Diabetes Management Program Available to MHealth Members

MHMD is pleased to announce a new service for MHealth members called the Memorial Hermann Diabetes Management Program.

In conjunction with Diabetes Awareness Month in November, the Memorial Hermann Diabetes Management Program is now open for enrollment for all MHealth members. The new service is designed to help address the special needs of patients with diabetes through outpatient disease management services that help patients take control of their health, understand their disease and make better health choices. MHMD's Clinical Programs Committee Primary Care Subcommittee and the MHMD board of directors endorsed this program for MHealth members.

The program is free to all MHealth members as well as Medicare and Medicaid patients who use Memorial Hermann hospitals.

How the Program Works.

- **TELEPHONIC SUPPORT.** An R.N. trained in outpatient diabetes management provides telephonic support to patients by regularly contacting and encouraging them to follow the instructions of their physicians for medication compliance, exercise, diet, lab work and office follow-ups.
- **FREE GLUCOSE MONITOR.** MHealth program enrollees receive a free home glucose monitor with detailed instructions for use.
- **PHYSICIAN REPORTS.** Each patient's physician receives routine reports of patient progress and activity. Physicians receive immediate notification if the nurse notices any emergent problems that require quick attention.

Why is this Program Important?

MHMD physicians are committed to providing the highest quality care to their patients and this program and others like it have been shown to improve care, reduce cost and prevent hospitalization in patients with diabetes.

How Patients are Enrolled.

Patients enter the program through physician referral, self-referral or by contact with a program representative as a result of an inpatient stay. MHMD PCPs will be receiving printed program fact sheets they can give to patients. Patients must have a PCP to participate. Patients without a PCP will be encouraged to find a PCP through Memorial Hermann's Physician Referral Service (222-CARE). To enroll in the program, patients will call 713.448.6711.

HIGHLIGHTS FROM MHMD WEEK



Jeff Penso, M.D., reviews the new MHMD Newslink with MHMD Provider Rep Mary Raby-Grover and Physician Liaison Veronica Shrode.



(l to r) Pam Starr and Jennifer Mauger of MHMD visit with Rathna Sastry, M.D., and Sahba Nadeem, M.D.



Philmore Joseph, M.D., and his wife, Debbie, are flanked by Physician Liaison Natalie Levantino and MHMD Credentialing Director Chip Sitton.



Gina Khraish, M.D., nephrology, and Scot Robertson, D.O., medical director of Memorial Hermann The Woodlands Emergency Center, are joined by physician liaisons Kendyl Parker and Courtney Altimore for coffee treats and giveaways as part of MHMD Week.



Southwest Business Development Manager Bruce Luu joins Arla Bedingfield, director of medical staff services, and MHMD Provider Representative Ersila Jones for MHMD Week at Southwest.



Kevin Wheeler, M.D., discusses the new brand/focus of MHMD with MHMD Provider Rep Mary Raby-Grover.



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NEWSFLASH

Memorial Hermann Ranked Among America's Best Hospitals

Memorial Hermann-Texas Medical Center and TIRR Memorial Hermann have earned distinction as two of the nation's top hospitals in the 2010 *U.S. News & World Report* America's Best Hospitals issue. Just 152 of the nearly 5,000 hospitals in the United States met the criteria required for recognition as a "Top 50 hospital" in 16 key medical/surgical specialties.

- Memorial Hermann-TMC ranked No. 30 for kidney disorders and No. 48 for urology. Also this year, the hospital made the list at No. 38 for gynecology and No. 46 for heart and heart surgery.
- TIRR ranked among the top 50 for rehabilitation for the 21st consecutive time, this year at No. 5.

Earlier this year, Children's Memorial Hermann Hospital made the list of the magazine's "America's Best Children's Hospitals," at No. 30 for pediatric kidney disorders.

