



MHACO Completes Third Year in a Row as the Top Performing ACO in the Country

In a performance that continues to achieve successful year-over-year quality and financial results, the Memorial Hermann Accountable Care Organization (MHACO) produced its best ever result, saving \$89 million in the third year of the Centers for Medicare & Medicaid Services (CMS) Medicare Shared Savings Program (MSSP). All three years of participation garnered top recognition for the MHACO, ending the third year not only with the largest amount of savings, but also with a strong quality score of 96 percent – nearly a 10 percent improvement over the previous year – qualifying to receive bonus points for improving quality scores in certain measures.

A commitment to delivering high-quality and safe care is fundamental to Memorial Hermann Health System’s mission and a key reason why the MHACO continues to

As we move closer to this value-based healthcare model in the United States, MHMD is developing the tools our physicians will need to prepare for these changes and be positioned for success well into the future.

achieve success. “In the three years since the Memorial Hermann ACO volunteered for participation in the MSSP, it has delivered a value proposition of better clinical outcomes and lower costs to Medicare recipients, many of whom are on fixed incomes,” said Chris Lloyd, SVP and chief executive officer of MHMD. “These results bode well for that population – and all populations – going forward. Our third-year success can also be attributed to the added involvement of the primary care physicians of UTHealth, who began participating in our

ACO for the first time,” continued Lloyd.

Additionally, in these three years of participation in the program, the MHACO has generated a total savings of \$200 million. In 2015, 12 Pioneer and 392 Shared Savings Program ACOs generated more than \$466 million in savings, which includes all ACOs savings and losses.

The success of ACOs are particularly important in Texas where, according to the U.S. Census Bureau, nearly 10 percent of Harris County

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ABOUT US

MHMD, Memorial Hermann Physician Network, is a clinically integrated physician organization comprised of more than 3,600 doctors across Southeast Texas. MHMD is one of the largest independent physician organizations of its kind in Texas. **Visit our website at www.mhmd.org.**

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MHACO COMPLETES THIRD YEAR IN A ROW... (continued from cover)

residents currently are over the age of 65, and by 2050 nearly one in five Texans will be senior citizens. Prevention and early intervention will be critical to helping an aging population stay healthy as they grow older. This past year, the MHACO provided care for 50,055 Medicare beneficiaries – which is 10,000 more patients than in the last period and 16,000 more than the first period.

When the MHACO was formed four years ago and decided to participate in the MSSP, the expectations were mainly to gain valuable experience in managing risk and the health of populations of Medicare beneficiaries.

The objective was to reduce the cost of care while also demonstrating increased quality by using data to underpin the practice of evidence-based medicine.

Our performance confirms that our clinically integrated physicians' network, combined with our use of innovative technology and a team concept to manage the care of patients, is not only resulting in savings, but also high-quality clinical outcomes. "Our continued success confirms that creating an operational template based on a commitment to quality achieves cost savings in health care," said Nishant "Shaun" Anand, MD, SVP and physician-in-chief, MHMD. "And, as we enter a new period of the program with a lower target, we will have to identify new opportunities for savings."

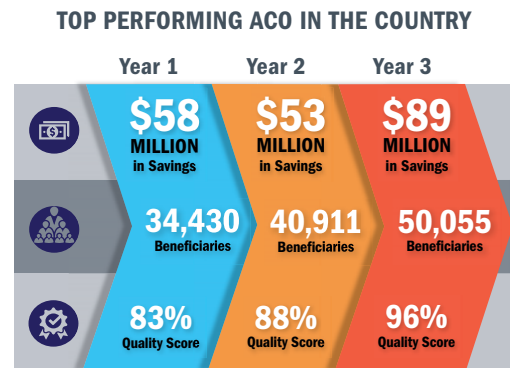
All of this work and success of the MHACO in the MSSP prepares the members of the Memorial Hermann Physician Network (MHMD) as we move more toward risk-based payment models. With the support

of Memorial Hermann, MHMD was able to provide the massive resources to our physician practices in the form of practice facilitation, health management, technology, electronic connectivity, and education focused on optimal documentation and coding.

With independent, UHealth academic and employed physicians working together for the patient and supported by effective health management, the MHACO is redesigning the model of health care. Being able to see a longitudinal medical record reduces duplication of services and allows the provider to see a full picture of each patient's health. This provides physicians with the information needed to better manage chronic illness and provide gaps in care to prevent disease and other conditions.

As with any program designed to show effective change, the targets for successful achievement will continue to shift, making it more challenging to achieve the same level of savings. We will continue to identify more opportunities for efficiencies and quality improvement in order to make strides toward healthcare delivery that is focused on the quality each patient receives and cost of care.

We are also firmly committed to population health. Going forward, we are even more excited as we continue to improve the coordination of care as well as redefine the delivery of care through new innovative models. We are building the type of coordinated, holistic care that we would want for ourselves and our loved ones – a model that truly emphasizes enhancing the health and well being of our patients rather than simply providing "sick care."



SPECIAL REPORT

MACRA Quality Payment Program for Physicians: Are you Ready?

On October 14, 2016, the Department of Health and Human Services (HHS) issued its final rule with comment period, implementing the Quality Payment Program that is part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

This new legislation ended the Sustainable Growth Rate (SGR) formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years, and introduced a new Medicare value-based reimbursement system that will impact Medicare reimbursement amounts beginning in 2019. This new system, Quality Payment Program (QPP), repeals SGR and is made up of two participation tracks – the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs). If you are a clinician that bills services under the Medicare Physician Fee Schedule, understanding the requirements and payment changes under MACRA is very important because payment adjustments that occur in 2019 will be based on action and performance that began on January 1, 2017.

The QPP's purpose is to provide new tools and resources to help physicians give patients the best possible, highest-value care. QPP policy will reform Medicare payments for more than 600,000 clinicians across the country, and is a major step in



The Quality Payment Program policy will reform Medicare payments for more than 600,000 clinicians across the country, and is a major step in improving care across the entire healthcare delivery system.

improving care across the entire healthcare delivery system. Providers can choose how to participate in the QPP based on practice size, specialty, location, or patient population. MIPS is the track most physicians will fall under – this

track measures physician performance in three categories: Quality, Advancing Care Information and Improvement Activities. In MIPS, you can earn a payment adjustment based on evidence-based and practice-specific quality data.

Quality 60%	Improvement Activities 15%	Advancing Care Information 25%	Cost (Category begins in 2018) 0%
Replaces PQRS	New Category Like Medical Home	Replaces Meaningful Use (MU)	Replaces Value-Based Modifier (VBM)

Merit-Based Incentive Payment System.

Who's in the Quality Payment Program?

You're a part of the Quality Payment Program if you bill Medicare more than \$30,000 a year and provide care for more than 100 Medicare patients a year, and are a:














- Physician
- Physician assistant

- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

Eligible clinicians can choose their pace of participation

Although the QPP began on January 1, 2017, there will be a ramp-up period for MIPS-eligible clinicians that entails less financial risk

for at least the first two years of the program. Given the wide diversity of clinical practices, the initial development period of the QPP implementation will allow clinicians to pick their pace of participation for the QPP's first performance period. As described by CMS in the final rule, the reporting options for performance year (PY) 2017 for the MIPS track is as follows:

"Pace" Option:	Reporting Requirement for this "Pace"	Minimum Performance for this "Pace"	Projected Payment Adjustment at this "Pace"
"Run"  ≥ 70 points	Report for 90 or more consecutive days Aim to report a whole year, for better possibilities of higher \$ adjustment, but not mandatory	Achieve Highest Points Possible:  6 Quality measures  IAs sufficient for full credit  ACI: "Base" plus "performance" measure(s); and bonus measures for additional points	Positive payment adjustment Possible exceptional performance incentives for achieving 70+ points
"Walk"  4 - 69 points	Minimum of 90 consecutive days	Any combination of:  ≥ 2 Quality measures and  ≥ 2 IAs and  ACI: minimum "Base" 4-5 measures & ≥ 1 "performance" measure(s)	Possible nominal positive payment Adjustment: the more you report, the higher your potential points
"Crawl"  1 - 3 points	Can report less than 90 days	Any:  One Quality measure or  One IA or  ACI: minimum "Base" 4-5 measures	Avoid penalty Neutral - no payment adjustment
"Do Nothing"  0 points	Not report at all	Choosing to not report even one measure or activity, will <i>guarantee</i> the clinician to receive a negative 4 percent	Negative Payment adjustment Guaranteed at negative 4 percent

Point Scorecard for MIPS

HOW TO PREPARE FOR QPP

Conduct a general practice assessment to determine how prepared your practice is for this change:

- Is your EMR updated? Ask your EMR vendor about MACRA additions.
- Are you attesting for Meaningful Use? Stage 2 has the same measures that are in the ACI category.
- Have you reported PQRS measures? If not, make sure your EMR is updated for reporting purposes.
- Have you achieved NCQA Certification? NCQA-certified physicians already report on measures that overlap with MIPS.
- If you submitted quality data during the last calendar year, you should have access to your Quality and Resource Use Report (QRUR). This report will help you understand your performance in terms of cost and quality so you can prioritize potential areas for improvement.
- The first performance period began on **January 1, 2017** and closes **December 31, 2017**. You can choose to start anytime between **January 1** and **October 2, 2017**.
- No matter when you choose to report, it must be submitted by **March 31, 2018**.

The key takeaway from CMS is positive that payment adjustments are based on the performance data from the performance information submitted, not the amount of information or length-of-time submitted. You can submit 90 days of information with great quality and receive a higher percent increase in reimbursement rate than a provider who submitted all year with average quality.

Reimbursement under QPP

Although QPP creates separate paths for payments under the Medicare Physicians Fee Schedule (PFS), these paths are in addition to, not in replacement of, the PFS. MACRA replaced SGR with a schedule that will increase baseline Medicare Part B payments by 0.5 percent per year until 2019. For MIPS, based on whether a provider scored above or below average, Medicare Part B payments will be adjusted the following year, positively or negatively, up to four percent in 2019 and up to nine percent by 2022.

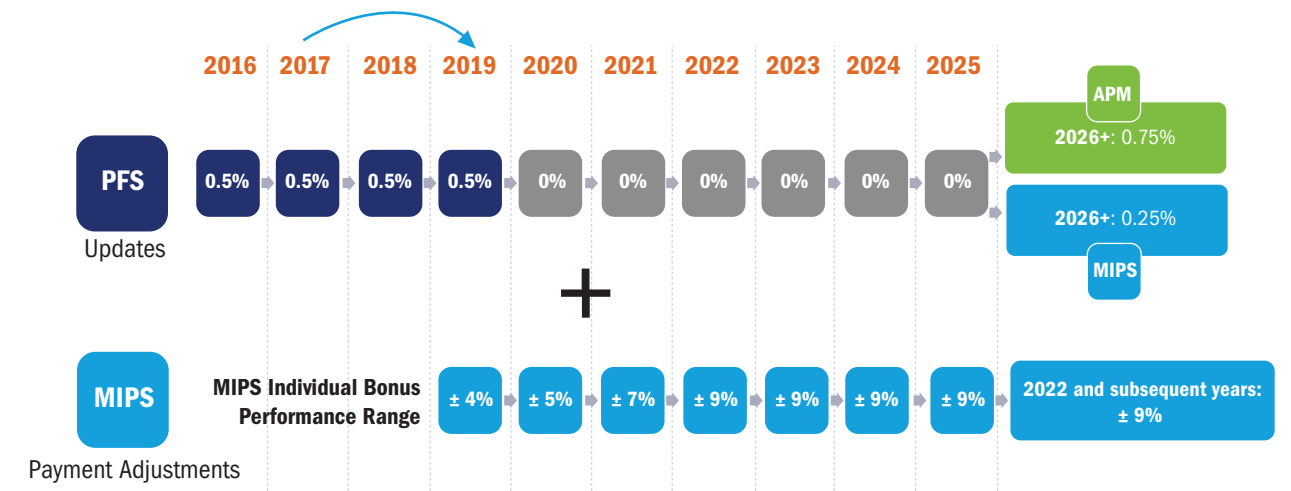
CMS estimates that over 90 percent will receive positive or neutral payment adjustments.

CMS estimates that more than 90 percent of MIPS eligible clinicians will receive a positive or neutral MIPS payment adjustment in the transition year, and at least 80 percent of clinicians in small and solo practices with one to nine clinicians will receive a positive or neutral MIPS payment adjustment.

MACRA is expected to drive care delivery and payment reform across the U.S. healthcare system for the foreseeable future. Congress intended MACRA to be a transformative law that constructs a new, fast-speed highway to transport the healthcare system from its traditional fee-for-service payment model to new risk-bearing, coordinated care models. It has the potential to be a game-changer at all levels of our healthcare system. MACRA

accelerates three key trends in health care: pay-for-performance, incentives to take on risk, and provider alignment.

The Memorial Hermann ACO is prepared to participate in this new model of care. Much of the work required has already been implemented in the Advanced Practices participating in the MSSP. CMS recently announced a new Medicare ACO called ACO Track 1+, which our MSSP physicians will already be qualified for. This track will have less downside risk than tracks 2 or 3 of the MSSP. If you are an MSSP physician with the MHACO, you will be participating in the MIPS APM track in PY 2017. This means you do not need to report additional measures for the quality or IA categories. For ACI, you will need to submit additional information. For additional information and physician resources, please visit **one.memorialhermann.org**. Click on Physician tab, then MACRA 101 for further detail.



The first payment adjustments will be based on performance year 2017 and will be reflected in your 2019 Medicare payments.

MACRA SUPPORT		
CMS https://www.qpp.cms.gov	ONESOURCE one.memorialhermann.org Click on Physicians Dropdown Menu MACRA 101	MHMD MHMDProviderRelations@MemorialHermann.org 713.338.6464

Please visit our *MACRA 101* page on OneSource as well as the OneSource Connections community called *MHMD MACRA*. This is where we will post useful resources, handouts and updates from CMS, as well as upcoming webinars and meetings about MACRA, to assist our physician network throughout the 2017 transition year of QPP.

MHMD Welcomes New Leadership to Team

Matthew T. Harbison, MD



Matthew T. Harbison, MD

Matthew T. Harbison, MD, was recently named medical director of the MHMD Hospitalist Program. Dr. Harbison received his undergraduate degree from The University of Texas at Austin and received his doctorate of medicine from The University of Texas Health (UTHealth) Science Center in Houston in 2002.

He completed his residencies in internal medicine and pediatrics at Duke Medical Center in Durham, N.C.

With over 14 years of diverse experience, especially in internal medicine, Dr. Harbison has served as the medical director of the Clinical Observation Unit at Memorial Hermann-Texas Medical Center (TMC) since 2010. Additionally, since 2009, he has served as the medical director of the Sound Physicians Hospitalist Program, a three-way partnership program between Memorial Hermann-TMC, the UTHealth Science Center in Houston, and Sound Physicians, a nationally leading hospitalist organization.

Dedicated to improving patient care, Dr. Harbison is involved in multiple organizations, including the Society of Hospital Medicine and the Texas Medical Association. Dr. Harbison currently sits on Memorial Hermann-TMC's Medical Staff Quality Review Committee, Case Management Committee, Medical Informatics Committee and Medication Safety Committee. He also serves as the Memorial Hermann Health System's physician editor for Internal Medicine Electronic Order Set Development, MHMD's Internal Medicine Clinical Program's Committee, Joint Deep Venous Thrombosis Taskforce, and chairs the Hospitalist Clinical Programs Committee.

Previously, Dr. Harbison served as the associate program director for the Internal Medicine Residency Program and the Combined Internal Medicine and Pediatrics Residency Program and Course director for the Physical Diagnosis Course at the UTHealth Science Center in Houston.

Dr. Harbison has been honored with multiple awards. Most recently, in 2012 he received the Sound Physicians' CEO Award, which

recognized him for best representing the company's core values. In addition, to his national leadership and experience, Dr. Harbison has volunteered and provided medical care to patients in Tanzania, Ecuador and Guatemala.

Kimberly Bahata, MBA, BSN, RN, CPHQ



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Kimberly "Kim" Bahata, MBA, BSN, RN, CPHQ, director of health management, joined MHMD as a healthcare leader with more than 10 years of progressive leadership and management experience. She is a proven leader with an intense focus in building positive physician relationships, quality management, customer satisfaction, utilization review,

care coordination enhancements and cost reductions in high-risk and vulnerable populations. Her key strengths include analytics, process development, strategic planning, and re-engineering with the ability to initiate positive change.

Previously, Bahata served as the director of disease management at Lancaster General Health (LGH) in Lancaster, Pa., where she was responsible for the development and oversight of the disease management program targeting those diagnoses that correlate to cost and quality. An integrated health system with 560 beds, LGH is a Level II trauma, Magnet®-designated center and is affiliated with the University of Pennsylvania Health System (Penn Medicine). Ms. Bahata co-led the establishment of a comprehensive high-risk program to effectively manage the highest need patient populations across all payer groups. In addition, she restructured the medical staff peer review program and directed the quality decision support analytics team. She has more than 15 years of quality, patient safety and critical care nursing experience.

Ms. Bahata holds a Master in Business Administration with a focus in health care from Eastern University, and is a Certified Professional of Healthcare Quality from the National Committee of Quality Assurance (NCQA).

Mitesh Matkar, MBBS, MHA



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Mitesh Matkar, MBBS, MHA, joined the MHMD Accountable Care Organization (ACO) Team as director of the Hospitalist Program in August 2016.

As an internationally trained physician with more than 10 years of administrative and clinical expertise, Mitesh brings a unique perspective to MHMD. He specializes in practice management, meaningful use programs, process improvement, strategic planning, provider engagement, patient quality and safety, and research. Previously, Mitesh successfully executed process improvement initiatives and revenue cycle projects, saving a considerable amount of FTEs and revenue. Mitesh has a passion for establishing lean processes while focusing on exceptional patient outcomes.

Most recently, Mitesh served as the manager of operations for Mischer Neuroscience Associates (MNA). He earned his Master of Healthcare Administration from the University of Houston in Clear Lake and is a residency-eligible international medical graduate. Additionally, he completed his Bachelor of Medicine and Bachelor of Surgery (Doctor of Medicine) from Mahatma Gandhi Mission's Medical College in Mumbai, India.

Christopher R. Lockhart, MD, CMD



Christopher R. Lockhart MD, CMD

Christopher R. Lockhart, MD, CMD, was recently named a MHMD physician advisor. A native Houstonian, he received his undergraduate degree at The University of Texas at Austin in 1987. He completed his medical school training at The University of Texas Health (UTHealth) Science Center in Houston in 1991. Dr. Lockhart subsequently completed his residency training in internal medicine in Atlanta, Ga. at Emory Healthcare where he then practiced with the Emory Clinic.

In 1997, Dr. Lockhart returned to Houston where he joined Princeton Medical Management Resources, a private practice

in southeast Houston. He cared for his first patient in the long-term care environment that same year. His love of long-term care resulted in the closing of his office to pursue the care of geriatric patients in nursing facilities.

Dr. Lockhart joined AMDA (The Society for Post-Acute and Long-Term Care Medicine) in 1999. He has held a certification in medical direction (CMD) from AMDA since 2010. He enjoys medical direction in nursing facilities, home health agencies, hospitals, and hospice agencies.

Most recently, Dr. Lockhart partnered with Trumen Physicians and Associates, a large group of physicians and nurse practitioners who share his interests and goals of quality care in geriatric medicine in nursing homes, and assisted living and independent living environments. Dr. Lockhart and his partners at Trumen Physicians and Associates are active in establishing the highest community standards for medical direction and patient care in the Houston area.

Wade Maugans, MHA



Wade Maugans, MHA

Wade joined MHMD, the Memorial Hermann Physician Network, as the director of the Primary Care Medical Home. In this new role, he partners with physician and operational leadership to lead key strategies and growth efforts among our Advanced Primary Care Physicians (APCP) network. He works with our region leaders, providing guidance around

priorities, collaborating on efforts to improve performance, and partnering with Memorial Hermann Physician Partners (MHPPs - our advanced specialist network) leadership to ensure tighter alignment between primary care providers and specialists. Wade is focusing on improving in-network utilization to enhance quality for the patients served by Memorial Hermann Health System and the physician network.

Before coming to MHMD, Wade served as the director of operations for the East Houston, Valley, and Corpus Christi markets of the HCA Physician Services Group. There he managed a large multispecialty group practice of providers. In addition to a strong background in operations, his experience includes but is not limited to practice

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Care and Case Management Moves System Toward Seamless Coordination of Care

Helping Patients Manage Their Transitions Between Care Settings

As Memorial Hermann Health System works toward its goal to further develop seamless coordination of care for patients and seeks to provide an exceptional end-to-end patient experience, the Care and Case Management teams across the organization will be integrated along with the Health Transitions team. Memorial Hermann has been working on this initiative for the last six months and looks forward to full implementation, scheduled to be completed this calendar year, including all community sites and Memorial Hermann-Texas Medical Center (TMC).



continue to work closely with medical staff and other clinical and operational staff but will also work to establish enhanced collaboration across all channels in the Health System and to develop stronger working relationships with payers. We will be implementing a rapid escalation process with payers to quickly handle challenging cases so patients benefit from efficient transitions of care. We will also be further developing our preferred post-acute network to allow more transparency on quality and operational performance of sites and services used by our patients.

We have already begun to integrate further with Memorial Hermann Health Plan through delegation of care management functions to our outpatient team in MHMD. We will continue to find ways to streamline and strengthen our relationship with the MH Health Plan.

For our ACO members, entry into any of the programs is managed through the Health Management Center (HMC), which is staffed by communication specialists and a clinical team who assist with triaging and

engaging to best meet the members' needs. Examples of programs are listed below:

Advanced Illness Management (AIM)

Members are assisted in reducing usage of healthcare services, while improving symptoms and quality of life.

Program Qualifications:

- End-stage COPD, Heart Failure or Stage III/IV Chronic Kidney Disease or ESRD
- Two or more inpatient hospitalizations within a 90-day period

Most Valuable Member (MVM)

Members are assisted in decreasing or eliminating psychosocial barriers, learning self-advocacy skills and healthcare navigation skills, and communicating with their healthcare providers.

Program Qualifications:

- Two or more chronic conditions
- Three or more acute inpatient hospitalizations within a 6-month period
- Behavioral health condition and/or a psychosocial barrier (financial, housing, lack of support systems)

Ambulatory Collaborative Care (ACC)

Members are assisted in managing their health conditions, learning self-advocacy skills and healthcare navigation skills, and engaging in their own health.

Program Qualifications:

- Three Emergency Center visits during a 90-day period; or,
- Three inpatient visits in a 12-month period, one chronic condition* and

one open quality gap in care; or,
 • Total cost of care greater than \$50,000

**Chronic conditions: asthma, COPD, heart failure, hypertension, chronic kidney disease, diabetes*

Complex Care (CC)

Members will be managed by a registered nurse. In some cases, the nurse will collaborate with a condition-specific care navigator.

Program Qualifications:

- Conditions: high-risk pregnancy (in development), high-risk pediatrics (in development), major organ transplant, major trauma, oncology/cancer, spinal injuries

Health Coaching (HC)

Members are managed by our certified health coaches and receive individualized coaching focused on leading a healthy lifestyle and improving their ability to experience a full and rewarding life.

Program Qualifications:

- A new diagnosis of a chronic disease; or,
- Desire to improve overall health

Wellness

Members are encouraged to engage in their own health by completing their preventive



health screenings. The program supports our primary care providers (PCPs).

Program Qualifications:

- Overall good health

Transitions

Members who are not enrolled in one of the previous programs through transition from hospital to home are encouraged to join the appropriate program. This team of nurses provides a "Welcome Home" phone call to provide the following:

- Reviews and provides education regarding the discharge instructions
- Provides comprehensive medication review
- Ensures equipment has arrived in the home or a post-hospitalization service such as Home Health has been to the home
- Ensures the member has a follow-up appointment scheduled and

transportation to the appointment.

Virtual Care / My Health Advocate

This innovative, no-charge program follows 700 high-risk and rising-risk patients such as those in our Liver and Lung Transplant programs as well as diabetes, heart failure, joint replacement and COPD patients. The program uses a combination of nurses plus smartphone or tablet-based technology to provide seamless transitions of care. The care pathways have been developed in collaboration with leaders at TMC and our community settings and in collaboration with the Clinical Programs Committee.

Providing patients and members with coordinated and seamless medical care, wellness and prevention, along with the support needed to manage chronic conditions to keep them healthy, are the keys to success in the future of the healthcare industry.

New Leadership...(continued from page 7)

management, physician recruitment, strategic planning, EMR implementation and process improvement. Wade has also had previous experience with Memorial Hermann, working at Memorial Hermann-Texas Medical Center (TMC) with the neurosciences service line.

Wade received his Master in Healthcare Administration from Texas Women's University, along with his Bachelor of Science in Health Services Administration from the University of Houston Clear Lake. Wade has spent over 20 years devoted to healthcare operations.

Outside of work, Wade's passion is raising his three kids with his wife, Alma.

Improving the Delivery of Bedside Care

In order to improve patient outcomes, increase operational effectiveness, reduce costs and increase physician satisfaction across Memorial Hermann Health System, MHMD has launched a System-wide Hospitalist Program, engaging all contracted hospital medicine groups and select acute primary care providers.

Earlier this year, clinical stakeholders embarked on this effort because hospitalist arrangements and performance varied significantly across the System, from disparate payment agreements to variation in operational performance. The first phase of work was to implement a consistent performance program for all hospitalists in Memorial Hermann. The Hospitalist Program Steering Committee approved the following measures to monitor performance:

- Decreased Observation Hours
- Improved Patient Satisfaction
- Timely Evaluation of Emergently Admitted Patients (4-4-2 Adherence)
- Decreased Inpatient Length of Stay for All Inpatient Stays
- Discharge Summary Timeliness
- Medical Records Query Compliance
- Provider Liable Costs
- Discharge Orders by Hour of Day
- Discharge Summary Coding Quality

- Decreased Inpatient Length of Stay for Selected Diagnoses
- All Cause Readmissions

The goal of these measures is to drive improvements in care, highlight ineffective workflows impeding hospitalist success, and develop operational solutions. The first four measures are incentivized for contracted hospitalists, in the hopes of decreasing variation across facilities.

The measurement period will follow the fiscal year and monitor year-to-date performance and will be tracked on the Hospitalist Dashboard, which is hosted on a web-enabled Tableau platform. Physicians and members of leadership participating in the program will receive a link to view facility, group and individual performance.

The intent of the program is to impact the delivery of inpatient care at the bedside. Given that physicians who may not consider themselves “hospitalists” maintain a high volume of discharges, it is important to understand and

A performance committee meets monthly to provide logistical support to the program and to develop solutions based on Hospitalist CPC and campus feedback.

monitor their performance to create one standard of care. Physicians who have 60 or more discharges per year are considered “Acute Primary Care Providers” in this program. (Certain specialties are excluded.)

For FY17, the MHMD Hospitalist Program will run parallel with the ACO Service Line (ACOSL) Projects, but they are

separate initiatives. The ACOSL Projects are designed to support physician-led initiatives around quality improvement, cost reduction and operational efficiencies. The Hospitalist Program is designed to support those same initiatives and standardize performance metrics for hospitalists across the System.

A performance committee meets monthly to provide logistical support to the program and develop solutions based on Hospitalist CPC and campus feedback. Chief executives, physician leaders, and operational administrators will be involved in driving this body of work. Top priorities will include implementing the MHMD Hospitalist Program, implementing CPC-approved recommendations, and monitoring adherence to these recommendations.

The Hospitalist Program will support the goals of “One Memorial Hermann,” the Triple Aim, and maintain our position as a leader in the transition to value-based care.



MHMD CPC Honors Meaningful Impact

The MHMD Clinical Programs Committee (CPC) partners with Memorial Hermann to align the quality and safety programs of the hospital system and the physician organization.

There are over 55 specialty subcommittees and task forces composed of more than 450 physicians, nurses, pharmacists, care managers and administrators that represent each of the hospitals within Memorial Hermann Health System. Each subcommittee supports Memorial Hermann’s vision of advancing the Greater Houston community’s health by implementing evidence-based measures and metrics related to managing the health of populations.

A tradition that started in 2014, the MHMD CPC team honors several of its subcommittees with the MHMD CPC Impact Award. The award recognizes the subcommittee whose work made the largest meaningful impact on the System during the previous fiscal year (FY).

In FY 2016, each subcommittee was asked to apply for the award. Together, the CPC program directors and MHMD leadership made the final decision regarding three recipients of the 2015 MHMD CPC Impact Awards. The Supportive Medicine Committee and the Cardiovascular & Thoracic Surgery Committee were each awarded with \$10,000. In addition, the Perioperative Surgical Home Joint Operating Council received an award of \$5,000.

In 2015, the Supportive Medicine Committee succeeded in the implementation of a Compassionate Extubation Project throughout all Memorial Hermann hospitals. In addition, it expanded supportive medicine services to additional hospitals and outpatient clinics, and helped produce an online educational



In 2015, led by committee chairs Richard Alexander, MD, cardiovascular surgeon affiliated with Memorial Hermann Southwest Hospital; and Michael Macris, MD, thoracic surgeon affiliated with Memorial Hermann Greater Heights Hospital, the Cardiovascular & Thoracic Surgery Committee initiated public reporting of Society of Thoracic Surgery outcomes data for every cardiovascular surgery program in Memorial Hermann. The result was improvement in patient outcomes, processes and workflows, and adherence to evidence-based best practices. Additionally, the project engaged physicians from multiple other specialties in the quality improvement initiatives, raising awareness at all levels regarding quality metrics and the value of clear and complete documentation.

After considerable research into nationwide best practices and scientific evidence, the Perioperative Surgical Home Joint Operating Council (JOC) developed and implemented a perioperative glucose control pathway with the goal of maintaining glucose levels below 180 mg /dL without incurring hypoglycemia. By the end of 2015, the JOC had launched pilot programs testing and utilizing the pathway at Memorial Hermann Memorial City Medical Center and Memorial Hermann Sugar Land Hospital. The anticipated impact is reduction in surgical complications, readmissions, lengths of stay, and surgical site infections. The JOC is led by committee co-chairs Christophe Salcedo, MD, general surgeon affiliated with Memorial Hermann Greater Heights Hospital; and Sherif Zaafran, MD, anesthesiologist affiliated with Memorial Hermann The Woodlands Hospital.

program regarding drug addiction and dependency that became a requirement for MHMD physicians participating in clinical integration. The committee, led by Sandra Gomez, MD, medical director of MHMD Health Management, produced a Memorial Hermann Supportive Medicine Symposium attended by more than 200 healthcare workers of multiple disciplines. The impact and growth of supportive medicine services within Memorial Hermann has been remarkable.

End-of-Life Care with Meaningful Moments

The mission of Memorial Hermann Hospice is to provide compassionate, patient-centered care for children and adults.

Utilizing a team of interdisciplinary professionals and volunteers, Memorial Hermann Hospice focuses on providing dignity and respect for each patient served and is dedicated to helping patients and families capture more meaningful moments.

Hospice care is a philosophy of care in which the team focuses on the physical, emotional and spiritual comfort of a patient while they go through their end-of-life journey. The goal is to honor a patient's wishes to be at home and comfortable until the time comes when they pass – peacefully and with loved ones surrounding them.

Individuals and families seeking hospice care are faced with difficult choices. Memorial Hermann Hospice provides exceptional patient care, caregiver support, education, evidence-based symptom management, and spiritual and emotional support to help patients and their loved ones prepare for the end of life.

The goal of Memorial Hermann Hospice is to

relieve suffering and improve the quality and dignity of life for people with advanced illness or those nearing the end of life. Memorial Hermann offers hospice care in an inpatient setting featuring a calm, quiet and peaceful homelike environment as well as home hospice services. The team of specialists, made up of nurses, social workers and chaplains, works together in constant communication with our patients to accommodate their needs while in our care.

Hospice care supports a patient's wishes to focus on comfort and the patient's wishes to stop interventions and treatments that perhaps are no longer benefiting the patient. While the decision often includes forgoing certain treatments, and/or surgeries in order to meet the desires of the patient, the care is equal to any one might receive in a curative care model.

"We are given such a privilege in hospice to be with a patient and their family during this very touching time of life," said John

Christenson, RN, director of Memorial Hermann Hospice. "To help make this time be meaningful, peaceful, and special is rewarding and an honor for me."

Our interdisciplinary team is genuine in our concern for hospice patients and their families, and makes every effort to ensure a peaceful transition.

Members of the care team include:

- Physicians
- Social workers
- Volunteers
- Nurse aides
- Registered nurses
- Chaplains
- Therapists

Memorial Hermann Hospice recognizes the key role family plays in the life of a loved one. Our goal is to support caregivers and families, respecting the decisions and goals of our patients and their families. We encourage maintaining normal patterns of living and forming of partnerships with the physicians and clinicians on the care team.

Hospice services are typically provided in the home, but the hospice team will go wherever the patient is, whether that is in the home, a nursing home, assisted living facility, personal care home, hotel, or the hospital. Memorial Hermann Hospice is fortunate to also have a dedicated Inpatient Unit (IPU) where patients can receive high-level hospice care for symptom management that cannot be achieved in any other setting. The stay in the IPU is not long-term, but patients will stay as long as the services provided there are necessary to the patient's comfort. *(Continues to page 18)*



Contracting Update

Teacher Retirement System of Texas (TRS) Update

Effective January 1, 2017, the Teacher Retirement System of Texas (TRS) Medicare Advantage PPO transitioned from Aetna to Humana. This plan serves approximately 106,000 members statewide and impacts 24,000 members in the Houston metro area. Humana TRS has a passive PPO, which means the members have access to any provider who accepts Medicare at the same benefit level regardless of the provider's contract status. MHMD Advanced Primary Care Physicians (APCP) are included in this TRS offering with Humana, so should see no member impact with this change.

Aetna continues to have contracts with TRS for both the TRS-Care Commercial self-funded retiree plans as well as the TRS-ActiveCare plans. Aetna is working to coordinate with Humana and TRS on the transition of the membership for the first of the year to ensure a smooth transition for impacted members.

UnitedHealthcare NexusACO

Effective January 1, 2017, UnitedHealthcare launched a new benefit plan, UnitedHealthcare NexusACO. As an MHMD ACO care provider, you will be included in this new product. The goal of the benefit plan design is to offer cost savings opportunities for its commercial members when they access care through MHMD's ACO care providers.

As a member of MHMD, you will be included in Tier 1 for United Healthcare NexusACO benefit plans. UnitedHealthcare financially incentivizes its members to utilize the MHACO Tier 1 providers for improved care experience, health outcomes and cost of care. No additional action

is required to participate. You will be reimbursed according to your current commercial fee schedule with UnitedHealthcare.

UnitedHealthcare NexusACO members select a primary care physician (PCP) upon enrollment, which gives Memorial Hermann ACO (MHACO) PCPs greater ability to drive referrals within the ACO.

Molina Healthcare of Texas

MHMD clinically integrated physicians have been invited to participate in the following Molina Healthcare of Texas products, effective April 1, 2017:

- Star + Plus
- Star + Plus MMP
- Medicare Advantage Special Needs Plan (Molina Medicare Options Plus)

This arrangement with Molina offers an enhanced relationship for our physicians who already provide care for these patients, as we explore strategic value-based opportunities for the future.

If you would like to participate under this new arrangement, please indicate your interest to your practice consultant.

For additional information on rates and fee schedules of any of these plans, you can call Provider Relations at 713.338.6464 or contact your practice consultant. You may also email questions to MHMDProviderRelations@memorialhermann.org.

UnitedHealthcare Laboratory Submission Requirements

Effective March 1, 2017, laboratory services for UnitedHealthcare commercial

members will be subject to new medical policies, advanced notification and claims submission requirements. As part of this program, network physician offices and laboratories are asked to include test identifiers on all claims. A test identifier is an internal laboratory code used to more accurately identify a specific test performed by a laboratory.

Amerigroup

If you are an Amerigroup STAR provider through MHMD, you will be automatically enrolled in the STAR Kids product. STAR Kids is a new Medicaid managed care program serving children and young adults who receive supplemental security income (SSI) Medicaid or participate in a Medicaid waiver program. Beginning November 1, 2016, Medicaid clients who are 20 years of age or younger were enrolled in the STAR Kids program if they receive SSI Medicaid or were enrolled in one of the following Medicaid waiver programs:

- Medically Dependent Children Program (MDCP)
- Home and Community-Based Services (HCBS)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES).



HIPAA Security Breaches: Taking a Proactive Approach

BY NANCY CLEMENTS, DIRECTOR OF MARKETING COMMUNICATIONS, PRACTICE MANAGEMENT INSTITUTE

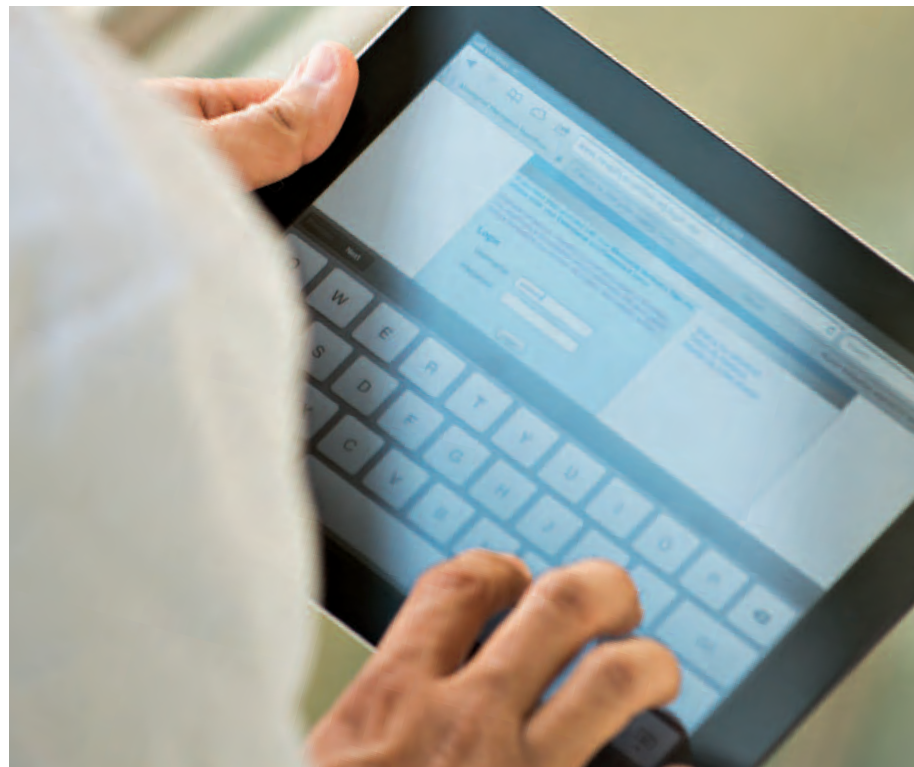
Gone are the days when paper charts could be kept in a file cabinet under lock and key. Today, healthcare facilities are becoming more frequent targets of massive data breaches. The losses can pile up in terms of monetary fines and penalties if data is not properly secured, not to mention to the loss of patient trust.

It has been 20 years, since the passage of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Every healthcare office is obligated to protect patient information; it's second nature at this point, right? Consider that even the most stringent protection measures may erode over time due to employee turnover, lack of awareness, or taking shortcuts. "But sidestepping compliance is like playing a game of Russian roulette," said Rose B. Moore, faculty for Practice Management Institute.

"Now that we have electronic health records, we have heightened risk from outside attacks. Cybercriminals are always on the hunt to access personal information, creating chaos for our patients, organizations, and associated entities," said Moore.

"Things like password security and full disk encryption measures on laptops and portable devices such as phones are best configured by certified IT experts. There is quite a lot of technical detail involved and there are different types of encryption. For example, she said that logical (role-based) encryption is more effective when securing data that resides on a continuously-running server."

"Security and compliance go hand in hand, but they are not the same," Moore said. An audit of your privacy measures should be performed by a qualified compliance



officer with specialized training in current standards. In small facilities, the practice manager is often the one that assumes the compliance role. Keeping up with the latest compliance obligations for privacy and security in your office is an ongoing learning process and continuing education is a must.

"Employees need to know how serious you are about security and privacy. Pay close attention to who has access to what," she said. "Creating and maintaining a culture around privacy and security in your office

can be accomplished through compliance training of all new employees and with annual training thereafter."

Moore said that 95 percent of breaches originate from within the office. Employees are caught with documents they should not have access to. She recommends setting consequences for employees if they are caught digging into protected health information. They may have no idea what consequences they and the office may face if a breach happens.

"One of the biggest violations that I find when I go into a practice are employees with their personal phones out. There needs to be a set of rules to abide by in order to remain compliant and to protect security. Even if your aunt comes to the office and your mother wants to know how her sister is doing, you need to stay away from those records. Employees need to understand how serious this is and what the consequences are."

"One of the biggest violations that I find when I go into a practice are employees with their personal phones out. There needs to be a set of rules to abide by in order to remain compliant and to protect security."

Moore said medical practices should not wait for a privacy or security breach to happen. A handbook on a shelf is not the same things as actively exercising compliance. Taking a proactive approach will ensure that the practice's compliance measures are up to current standards.

Robert W. Liles, managing partner of Liles Parker, PLLC, a Washington, DC-based law firm specializing in healthcare fraud defense and regulatory matters, said the chances of being audited in the current phase two audit stage is still relatively small, but if there is a breach, then the Office of Civil Rights (OCR) gets to come in and ask questions.

"If they find out that you haven't taken preventive measures, then you will face the civil and monetary penalties that you are trying to avoid," Liles said.

Moore touted one of the best resources she has found to help medical offices adopt compliance policies into their office is the Certified Medical Compliance Officer (CMCO), created by Robert W. Liles and administered by Practice Management Institute.

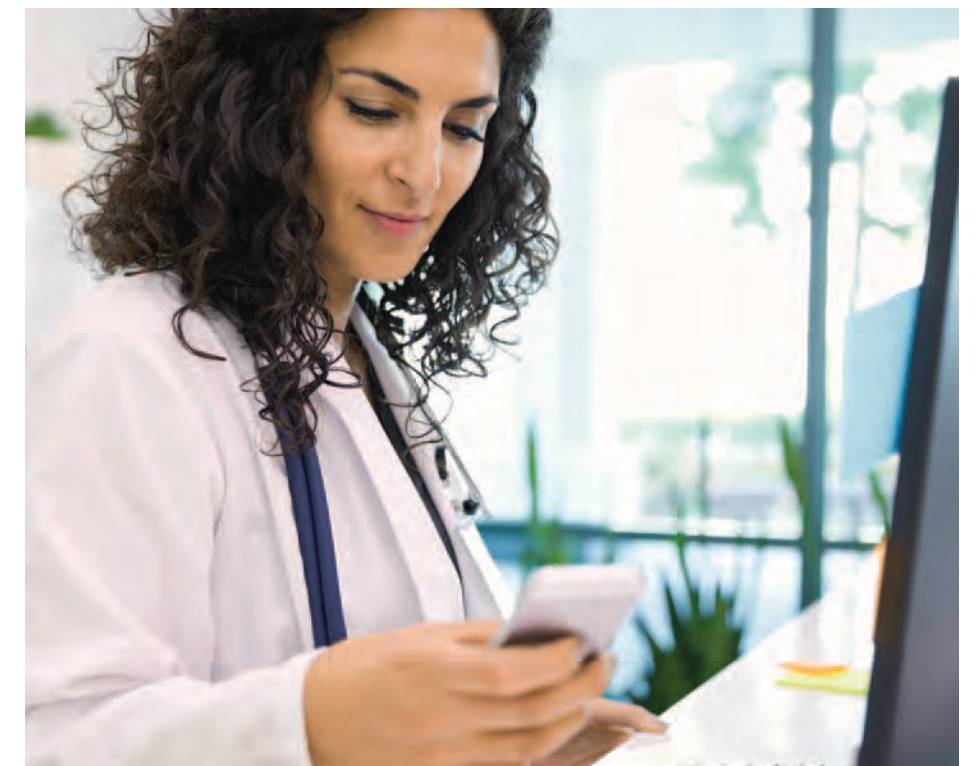
"The program covers compliance in great detail including the analysis of a breach. It teaches participants how to conduct a risk analysis and is the only

certification that focuses on compliance in the medical office as opposed to others

which are focused primarily on compliance for hospitals and healthcare systems."

Moore suggested establishing and enforcing internal policies that emphasize privacy, security and everyone's responsibility for maintaining compliance. Stay current with security updates and patches to keep up with threats that constantly evolve. Develop a plan that regularly identifies potential vulnerabilities in your attack surface. Prioritize security efforts and implement effective countermeasures to alleviate the risks. Make sure business agreements are updated and appropriately documented.

"When you know how to identify potential vulnerabilities, it becomes much easier to encourage a culture of security and compliance in your medical office," she said.



Impact of the 2016 Elections on Health Policy

Election cycle, by the numbers: Donald Trump's election demonstrated surprising strength within the national Republican Party, and caught many political observers off guard.

President Trump lost the popular vote by more than two million votes, but won where it counted - in key Electoral College states - and won a number of critical swing states many previously viewed as clear strongholds for Hillary Clinton. Trump won 306 Electoral College votes, to Clinton's 232. In the end, Republicans claimed the White House, and maintained majorities in the U.S. Senate (52/48) and U.S. House of Representatives (241/194).

In evaluating election results from across the country, Republicans made significant gains in statewide and legislative races. Republicans picked up three governorships, and now hold 33, compared to Democrats' 15. In the 98 partisan state legislative chambers, Democrats suffered significant losses, with Republicans expecting to control 67 state legislative chambers. Republicans will control governorships and both chambers of the state legislature in 24 states; while Democrats will control only five. Republicans are expected to control 4,170 state legislative seats across the country, while Democrats are expected to control 3,129 seats. This represents a net gain of 46 seats for Republicans. Republicans will control almost 1,000 more state legislative seats than they did when President Barack Obama took office in 2009.

In Texas, most legitimate election contests occurred in the spring 2016 primary elections, with the general election yielding a small number of contested races, and few surprises. In the Texas Senate, Republicans maintained



a 20/11 majority, and the Texas House, while Democrats picked up five seats, Republicans will still have a 95/55 majority. Significantly, the Republican primary election results in the state Senate and House suggest a considerably more ideologically strident legislature than any in recent memory.

Local races defied the national trend, with Democrats dominating Harris County elections, and showing surprising strength in surrounding counties, particularly in Fort Bend County. Harris County Democratic challengers defeated the incumbent Republican District Attorney, Sheriff, and Tax Assessor-Collector, and swept county judicial races.

Impact on health policy: Uncertainty, but perhaps opportunity?

Now that President Trump has assumed office he is confronting the realities of his ability to execute against his campaign

promises. Considerable uncertainty remains, as the Trump team continues transition activities. The new administration must fill nearly 4,000 Executive Branch appointments, ranging from Cabinet secretaries to Judicial nominees. Trump's transition leadership team has appointed 36 separate transition teams, comprised of policy staff, tasked with evaluating potential candidates across all functions of the federal government.

He is also learning the degree to which the Executive Branch must rely upon Congress (the Legislative Branch) to make his campaign promises a reality. The Senate majority and minority leadership will be critical to him, given the narrow majority Republicans have in the Senate, just over the 51-vote, simple majority necessary to utilize the budget reconciliation process to impact fiscal policy, and far short of

the 60-vote, filibuster-proof majority necessary to advance legislation through the Senate, without consideration of the minority. Trump will have to rely upon the Senate and House Republican leadership, especially Senate Majority Leader Mitch McConnell, Senate Minority Leader Chuck Schumer, and House Speaker Paul Ryan, as well as a handful of key House committee chairmen, such as Texas Congressman Kevin Brady, chairman of the House Ways and Means Committee, who leads the most significant committee with jurisdiction over health policy, and has been the de facto leader on national health policy within the Congress for the last several years.

On Monday, January 23, his first day in office, President Trump showed all intentions of following through on his campaign promises, including "repealing and replacing" the Affordable Care Act (ACA), which he has released scant few details about his plans for a replacement. He has indicated that there are components of the ACA he supports, including the prohibition against denying insurance for those with a "pre-existing condition," and the provision allowing parents to keep their adult children on their health insurance policies until they reach age 26. In a private meeting with congressional leaders, he stated that he intends to provide "something that is better

While lawmakers have repeatedly requested that the Obama administration, HHS and CMS consider granting Texas a Medicaid block grant, such discussions have been non-starters. Perhaps the Trump administration will have a different view.

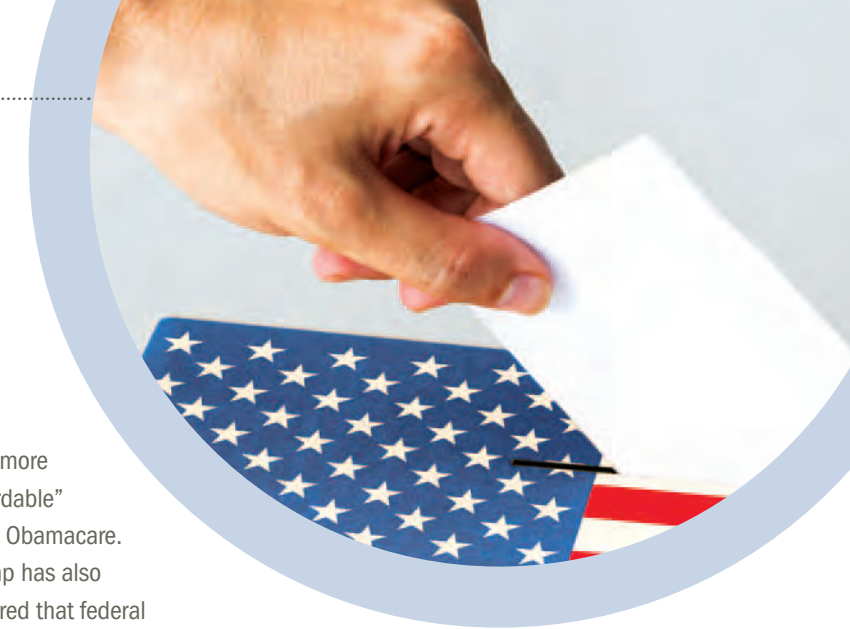
through the Congress. Trump has said he supports providing states with maximum flexibility in their Medicaid programs, and allocating states "block grants" of their federal Medicaid funding allotments.

In June of 2016, House Speaker Paul Ryan unveiled a plan to replace the ACA, as part of his overarching policy agenda, called A Better Way. Ryan formed a task force on healthcare reform, with key congressional leaders, including Ways and Means Committee Chairman Kevin Brady, Energy and Commerce Committee Chairman Fred Upton, and Budget Committee Chairman Tom Price, MD, to evaluate concepts, such as portability of health insurance benefits, acceleration of cutting-edge cures and treatments, and a re-engineering of the Medicare program.

and more affordable" than Obamacare. Trump has also ordered that federal agencies disassemble sections of the law before Congress repeals it. While agencies are not required to move forward with retiring parts of the law, they are now authorized to do so, which is causing uncertainty among consumers and insurers. However, there are procedural limits to what the President might be able to accomplish, and requiring any unwinding of the ACA will require congressional approval, and significant time to advance legislation implementing a replacement

Uncertainty prevails as the Trump administration just recently came to power, and his Cabinet appointments will have to gain Senate confirmation before taking over the reins of the federal government, not least of which are the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS). Trump's nominee for HHS Secretary is House Budget Committee Chairman Tom Price, MD, an orthopedic surgeon from Georgia.

As the Texas Legislature approaches the 2017 biennial legislative session, many on the Republican statewide leadership, as well as state Senate and House majorities, are hopeful that the Trump administration will bring with it senior policy leaders who have an open mind about granting Texas flexibility to revamp its Medicaid program, as well as a block grant, which state lawmakers and health and human services agency decision makers can access in furtherance of such an effort. The legislature has consistently rejected major tenets of the ACA, particularly expansion of the state's Medicaid program, while Texas remains the state in the country with the highest uninsured rate. While lawmakers have repeatedly requested that the Obama administration, HHS and CMS consider granting Texas a Medicaid block grant, such discussions have been non-starters. Perhaps the Trump administration will have a different view.



A Look Back on 2016

The following is an excerpt from Dr. Benjamin Chu's internal blog, *Chu On This*



Taking time to pause and reflect at the end of the year has always been special for me, and it's a wonderful honor to share my thoughts with all of you.

The eight months that I have been at Memorial Hermann have raced by. My wife Donna and I deeply appreciate the warm welcome that you have extended to us. We are settling in comfortably in Houston. Many thanks to you all.

I continue to feel humbled and privileged to have been offered the role of president and CEO of such a great health system. I am very proud of our dedication to our patients and to our relentless pursuit of safe, highly reliable quality care. I love our culture of caring and compassion and see it in action each and every day. Others have noted this commitment as well.

I also want to take a few moments to reflect on our new Promise. Introduced in September,

this new Promise added to our strategic plan will ensure that our efforts always stay focused on our patients. Despite best intentions, the increasing complexity of health care often leads to fragmentation of care and multiple, loosely coordinated sets of services. Patients and families are often asked to navigate a system built around the needs of the provider world – but our Promise is aimed at changing that. One of the most important elements of our Promise statement is the phrase “end-to-end” care. We define exceptional end-to-end patient care as the sum of all patient interaction within the System, influenced by our culture and delivered by our people. Keeping this Promise will require us to examine our care processes through the lens of our patients’ experiences and work to continuously improve it.

I would be remiss if I didn't also mention a significant 2016 highlight – the Presidential election. While no one can say for sure what President Donald Trump and his new administration will do, what we can and should expect is a new direction in health care and modifications to the Affordable

Care Act. Of course, we'll be watching closely and keeping you all engaged throughout the process. For us in Texas, it will be essential to continue our work to extend our current 1115-Waiver program beyond its expiration at the end of December 2017. Our continued pursuit and current use of the 1115-Waiver supports our portfolio of many worthy projects, including our school-based health clinics, mental health clinics, a 24-hour nurse triage line and more.

As we embark on 2017 with some of the uncertainties and challenges we know we'll face, we are fortunate to be a part of such a resilient health system. Memorial Hermann is a national leader in safe, high-reliable care. We are fiercely dedicated to our patients. In my eight months here, I have witnessed the remarkable and compassionate “can do” culture that drives us. Doing the right thing for our patients, our community and each other will ensure our future success.

Thank you for all you do.
Ben

Providing End-of-Life Care...*(Continued from page 12)*

“The IPU is much like the ICU – a very specialized setting for patients in distress,” continued Christenson. “The patient must meet certain criteria to be admitted and for Medicare to reimburse for that level of hospice care.”

Memorial Hermann Hospice is licensed to serve the following counties: Harris, Fort Bend, Brazoria, Liberty, Montgomery, Galveston, and Waller. Hospice care is a benefit that Medicare and most commercial insurance services provide. Medicare will pay 100 percent of the care, services,

equipment, and medications necessary for keeping the patient as comfortable as possible. Managed Medicare services will revert back to the traditional Medicare coverage once a patient elects for hospice services. Commercial providers often reflect a similar reimbursement model, but may have coverage limitations and/or co-pays. It is always best to check with the patient's insurance provider and have them inform the patient or family members of their hospice benefit and possible member financial responsibilities.

Hospice care requires a physician's order. The referral can be called in to the Memorial Hermann Hospice main offices at 713.338.7400 or the referral order can be faxed to 713.932.5680. In a MH hospital, the referring physician can enter in Care4 a “Hospice Consult” and the Health Management staff can assist with providing the necessary information. Referrals are received and responded to 24 hours a day, 7 days a week.

For more information, please call 713.338.7400.

Mischer Offers New MRI-Safe Treatment for Chronic Pain

Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center (MNI) was recently selected as the first site in Texas to receive the Medtronic Specify SureScan® MRI Technology, which is the first-ever MRI-safe spinal cord stimulation device. Spinal cord stimulation is a process that entails implanting a small device under the skin, which then sends electrical signals to the spinal cord to interfere with the nerve impulses that make one feel pain. In the U.S., approximately 25,000 new spinal cord stimulation implants and 8,000 replacement implants occur each year. However, if one of these patients was in need of an emergency MRI, the devices were not MRI-safe – until now.

Based on Millennium Research Group's 2014 market analysis of pain management devices in the U.S., 82 percent of patients implanted with a spinal cord stimulator are expected to need an MRI within five years of receiving their implant. These new neurostimulation systems will offer patients the confidence of knowing they can receive optimal diagnostic imaging anywhere in the body should the need arise. Without an MRI-safe device, patients would need to have the device removed, undergo the MRI and then have the device implanted again, which is costly and time consuming.

System Opens Integrated Technology Command Center

Named one of the nation's Most Wired Hospitals by *Hospitals & Health Networks* magazine for 12 consecutive years, Memorial Hermann is committed to supporting and expanding the use of information technology in caring for patients. “To deliver on our promise to advance health, our computer networks have to be up and running for users. Being able to identify a problem before it happens or to quickly resolve a problem so we prevent any lag in patient care or seeing information in the EMR is critical to patient care,” says Amanda Hammel, vice president of ISD Operations and Population Health. “Our new Integrated Technology Command Center (ITCC) allows us to bring multiple information system teams together to help resolve issues quickly for our customers,” says Hammel.

Providing user support across the System, the ITCC receives some 34,000 calls a month. “We built this center to benefit our physicians and employees on the other end of the phone lines, so we can better communicate with them on what the problem is and our plans to resolve it,” says Hammel.

Another goal of the new facility is to catch and fix computer problems before they affect users through proactive monitoring. The ITCC features an extensive video wall. The Fire Eye Cyber Threat Map allows for global monitoring of potential cybersecurity threats outside our System. Some 80 different dashboards help us monitor our internal tech environments. Campus floor maps are loaded for field support, and allow analysts to see quickly all campus buildings and drill down into each building with issues, floors and status.

“We're able to drill down, not just building by building, but floor by floor into exact areas and different IDF closets that hold our IT equipment,” says Hammel. “This helps us pinpoint the exact device that's causing those problems without having to go through tons and tons of logs for hours and hours of configuration.” So what used to take hours to pinpoint can now be determined within minutes or even seconds.

It also connects us with our business partners and external Internet providers and support teams. “It's going to allow us to see things quicker because we can all be looking at the same dashboards and get vendors on the phone to help us resolve things quicker,” says Hammel. “We have resources dedicated to looking at these various dashboards, they can easily identify when there's a problem and potentially fix that issue before it can impact users.”

The ITCC houses all three levels of clinical IT support in one room. “By integrating our IT support teams with different skill sets together, we're able to collaborate more and share information with other team members so we are able to solve network problems faster,” adds Hammel. “So our nurses and our doctors are able to provide the patient care needed in our facilities.”



AHA Honors Memorial Hermann with 3 Awards in 1 Year

In a rare accomplishment for a U.S. health system, Memorial Hermann was nationally recognized for awards in multiple categories by the American Hospital Association (AHA) for its commitment to quality, employing innovation in palliative and end-of-life care and for improving community health.

Memorial Hermann Greater Heights Hospital was the finalist for the 2016 American Hospital Association McKesson Quest for Quality Prize® for its leadership and innovation in quality improvement and safety. At the hospital level, Memorial Hermann Greater Heights was the only Houston hospital to earn recognition as an AHA McKesson Quest for Quality finalist, attaining that distinction by demonstrating a tireless “organizational commitment to and progress in achieving quality, safety and effective, efficient, timely and patient-centered care” – the criteria required to be met to even be considered for the award.

Memorial Hermann Community Benefit Corporation won the AHA’s NOVA Award for its efforts to improve community health through its Mobile Dental Program. An integral component of the Memorial Hermann Health Centers for Schools program, the Mobile Dental Program has served as the “dental home” for uninsured and underinsured students in the Greater Houston region since 2000. The program now has expanded to three 40-foot vans that rotate between 10 school-based clinics located in five school districts – Houston ISD, Aldine ISD, Pasadena ISD, Fort Bend ISD and Lamar Consolidated ISD.

MHMD’s Supportive Medicine Program and Symptom Management Consultants were the recipients of the AHA’s Circle of Life Citation of Honor for utilizing innovation in palliative and end-of-life care. The Memorial Hermann Physician Network and Symptom Management Consultants program was recognized by the AHA with a Citation of Honor for the 2016 Circle of Life Award™ celebrating innovation in palliative and end-of-life care. (See the entire story on page 12.)

AHA Senior Vice President of Human Resources, Lisa Allen, visited Houston to present the awards in person at a celebration for employees and affiliated physicians held at Memorial Hermann Greater Heights Hospital in October. “This type of national recognition by the American Hospital Association is a testament to the visionary leadership at Memorial Hermann and the dedicated and collective efforts of staff and physicians to deliver great care daily to the Houston community,” said Dr. Benjamin K. Chu, president and CEO, Memorial Hermann Health System. “All Memorial Hermann employees and physicians should be extremely proud of this wonderful milestone that few systems in the United States have or will achieve.”



Children’s Emergency Centers Across Greater Houston

Children’s Memorial Hermann Hospital is one of only two Level I pediatric trauma centers caring for children in the Texas Gulf Coast region, as well as the only verified burn center in the city. Thirteen beds are dedicated to pediatrics, and the ER has separate pediatric waiting and triage areas. Children’s Memorial Hermann extends pediatric emergency care to community hospitals across the Memorial Hermann Health System, including:

Sugar Land

Eight-bed Children’s Emergency Center with physicians and nurses specialized in pediatric emergency medicine and provides access to an extensive team of affiliated pediatric medical staff.

The Woodlands

Four-bed Children’s Emergency Center staffed with pediatric-trained nurses and affiliated pediatric physicians who specialize in pediatric emergency medicine.

Memorial City

Nine-bed Children’s Emergency Center staffed with pediatric-trained nurses and affiliated UTHealth pediatric physicians who specialize in pediatric emergency medicine.

American Heart Association Awards

Eight Memorial Hermann hospitals have received recognition from the American Heart Association (AHA) and American Stroke Association (ASA) for the high-quality stroke care provided to patients. Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center (MNI) once again received the highest honor bestowed by the AHA/ASA, and other hospitals were also honored, including Memorial Hermann Northeast Hospital, Memorial Hermann The Woodlands Hospital,



which both received the Gold Plus-Target: Stroke Elite award; Memorial Hermann Southeast Hospital, which was recognized as a Gold Plus-Target: Stroke Honor Roll hospital; and Memorial Hermann Memorial City Medical Center, which earned the Gold Plus recognition. Memorial Hermann Greater Heights Hospital, Memorial Hermann Katy Hospital and Memorial Hermann Southwest Hospital each received recognition as Silver-Target: Stroke Honor Roll hospitals.

Sugar Land Is First Houston Hospital to Win Baldrige Award

Memorial Hermann Sugar Land Hospital has been named a recipient of the 2016 Malcolm Baldrige National Quality Award, the nation’s highest presidential honor for performance excellence.

U.S. Commerce Secretary Penny Pritzker announced the selection based on the hospital’s outstanding commitment to sustainable excellence through innovation, improvement and visionary leadership. The award is considered by many to be the Nobel Prize for healthcare excellence. Since the healthcare category was introduced in 1999, only 21 healthcare organizations nationwide have received the Baldrige Award. Sugar Land becomes the first Houston-area hospital and only the third in Texas to win this prestigious award.

“This recognition is testament to the unwavering commitment of our employees and affiliated physicians; it’s extremely gratifying to see their keen focus on delivering exceptional end-to-end patient care experiences celebrated on the national stage,” says Dr. Benjamin K. Chu, System president and CEO.

System and hospital leaders will travel to Baltimore, Maryland, in April 2017 for the award presentation during the Quest for Excellence conference.



Eight Hospitals Earn “A” Scores from Leapfrog Group

The Leapfrog Group Hospital Safety program grades hospitals on keeping patients safe. Safety scores of A, B, C, D or F are awarded based on preventable medical errors, injuries, accidents and infections. Memorial Hermann hospitals scoring “A” for 2016, include: Greater Heights, Katy, Memorial City, Northeast, Southeast, Southwest, TMC and The Woodlands.

Children’s Offers Comprehensive Congenital Diaphragmatic Hernia Program

FETO Intervention – Led by physicians affiliated with Children’s Memorial Hermann Hospital, The Fetal Center has been granted FDA and institutional approval to offer Fetoscopic Endoluminal Tracheal Occlusion (FETO) for the prenatal treatment of congenital diaphragmatic hernia (CDH). The CDH Long-Term Follow-up Clinic will be led by Dr. Matt Harting. It will provide comprehensive, interdisciplinary follow-up care for children with CDH and is made up of clinicians from general surgery, developmental pediatrics, pulmonary, cardiology, nutrition, social services and others as needed.

Memorial Hermann Post-Acute Care Network Update

The programs that are part of Memorial Hermann’s Post-Acute Care Network complement the system’s initiative of reducing hospital readmissions, making healthcare delivery cost-effective and efficient while increasing quality of care.

Memorial Hermann Post-Acute Care Network includes:

- TIRR Memorial Hermann
- Memorial Hermann Rehabilitation Network
- Home Care including Home Health, DME & Hospice
- Sleep Disorder Centers
- University Place
- Affiliated Skilled Nursing Network

ACS NSQIP Recognizes 5 Hospitals

National Surgical Quality Improvement Program (ACS NSQIP) recognized the following Memorial Hermann hospitals for achieving meritorious outcomes for surgical care based on 2015 data: Greater Heights, Katy, TMC, Northeast, Sugar Land and The Woodlands.

CONTINUING MEDICAL EDUCATION EVENTS




**5TH ANNUAL NEURO ICU SYMPOSIUM
MARCH 22-24, 2017**

The fifth annual Neuro ICU Symposium is our successful two-and-a-half-day CME course designed to educate physicians and other healthcare professionals on how to optimally manage patients, using a team approach and evidence-based medicine. This year's emphasis will be on the future of Neuro Intensive Care Units and neurotrauma, focusing on optimization of brain resuscitation in ERs and ICUs. It will be held on March 22-24, 2017 at Hyatt Regency Houston, 1200 Louisiana, Houston, TX 77002. To learn more, visit neuroicuserosymposium.org


**FRONTIERS IN
GASTROINTESTINAL
AND LIVER DISEASE 2017**

Memorial Hermann-Texas Medical Center, in partnership with McGovern Medical School at UTHealth, is hosting a Gastroenterology and Hepatology Symposium on February 22, 2017. Frontiers in Gastrointestinal and Liver Disease is a one-day event geared toward physicians, nurses and healthcare professionals to highlight a variety of topics related to gastroenterology and hepatology, including advanced endoscopy, new perspectives in luminal gastroenterology and controversies in liver disease. This is a CME/CNE accredited course. For more information or to register, please visit: <http://www.memorialhermann.org/gi-symposium> or call 713.222.CARE.



TIRR MEMORIAL HERMANN WEBINAR
Cancer Rehabilitation: An Essential Component of Cancer Survivorship

PRESENTED BY:
Dr. Jack Fu, The University of Texas MD Anderson Cancer Center and Anna Lisa de Joya, PT, DSc, NCS
TIRR Memorial Hermann



The Role of Cancer Rehabilitation in the Cancer Care Continuum

Currently, there are more than 14 million cancer survivors in the U.S. The number is expected to rise to almost 19 million by 2024. Cancer survivors often experience complications from cancer and its various treatments that can impact function and may result in disability. Speakers Dr. Jack Fu and Anna Lisa de Joya, PT, DSc, NCS, will discuss the important role of cancer rehabilitation in the cancer care continuum and provide evidence-based information on how cancer rehabilitation can impact cancer survivorship.

At the conclusion of the webinar, participants will be able to:

- Identify cancer survivors who will benefit from cancer prehabilitation and consult the rehabilitation team
- Explain and apply national cancer rehabilitation guidelines for high-quality cancer care
- List at least three ways that cancer rehabilitation can impact quality of life, functional outcomes and decrease healthcare costs

Upon submission of your completed evaluation form, you will be prompted to claim your CME/CE /Attendance credit.

TO REGISTER FOR THE WEBINAR:
Go to OneSource/Education Tab/CME Continuing Medical Education/Online CME. Click the link for all Memorial Hermann CME Courses. The Cancer Rehabilitation Course is listed there.

[Register Now >](#)

**Two Hospitals
Transitioning to Level
II Trauma Centers**

In response to the growing need for hospitals that can handle a higher level of trauma and critical care in the Greater Houston region, two Memorial Hermann hospitals are embarking on a journey to achieve Level II trauma verification from the American College of Surgeons: Memorial Hermann Southwest Hospital and Memorial Hermann The Woodlands Hospital.

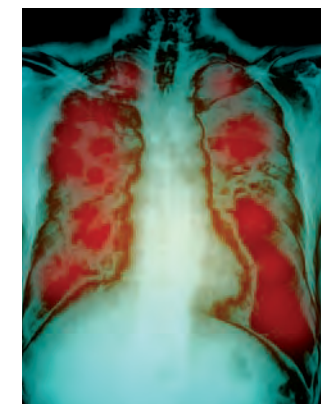
"The current trauma system is severely overburdened," says Gary Kerr, CEO of Southwest. "Currently, Houston only has two Level I trauma centers to serve 6 million residents. Memorial Hermann operates the busiest Level I in the nation at the Memorial Hermann Red Duke Trauma Institute and the other Level I trauma center is located at Harris Health's Ben Taub Hospital."

The new designation to Level II requires Southwest and The Woodlands to expand services in orthopedic surgery, neurosurgery, critical care and general trauma, utilizing the same model of care implemented at the Red Duke Trauma Institute. That will include the addition of advanced critical care services, including neurosurgery and orthopedic trauma as well as additional intensive care units and operating room suites dedicated to the treatment of advanced neurosurgery and trauma patients.

The hospitals will also be onboarding additional ICU staff and clinical and support personnel to support the expanded trauma centers to ensure patients' needs are met.

**TMC Expands
Bronchoscopy
Diagnostic &
Treatment Options**

Memorial Hermann-Texas Medical Center now offers Argon Plasma Coagulation (APC) for use in therapeutic bronchoscopy interventions to control bleeding from lesions during the partial or complete recanalization of symptomatic tracheal and bronchial stenosis, and to remove tumor growths.



Using ionized argon gas that is directed through a probe, high-frequency electric current helps conduct the gas to coagulate the bleeding lesion. Additionally, the Spiration® Endobronchial Valve is now available at Memorial Hermann-Texas Medical Center. This minimally invasive treatment targets prolonged chest tube leaks in patients with severely diseased lungs. Using minimally invasive techniques, the Spiration Valve System enables qualified physicians to place the endobronchial valves in airways to aid in the reduction or cessation of prolonged chest tube air leaks. It can be effective in relieving hyperinflation and allowing patients to breathe easier.

President's Cup Awards at Annual Meeting

Memorial Hermann President and CEO Dr. Ben Chu presented the President's Cup for Non-Acute Facilities to the Summer Creek Convenient Care Center (CCC) at this year's System Annual Meeting in October. Achieving the best overall performance among non-acute facilities in the System, the facility treated more than 48,000 patients needing emergency, primary and specialty care, imaging and physical therapy. In addition to financial and operational excellence, the facility's ER and Sports Medicine and Rehabilitation teams surpassed their patient experience goals by achieving the 82nd percentile and the 99th percentile, respectively, for patient satisfaction. The Woodlands was the recipient of the 2016 President's Cup for acute-care facilities.



Pelvic Floor Health Center Opens at Memorial City

1 IN 3 WOMEN HAVE A PELVIC FLOOR DISORDER

FIND HELP HERE

MEMORIAL CITY | SUGAR LAND | TEXAS MEDICAL CENTER



Memorial Hermann Memorial City Medical Center recently opened the Pelvic Floor Health Center, offering a comprehensive program to treat pelvic floor disorders in a space that aims to be comfortable for both men and women. Pelvic floor disorders range from urinary incontinence to uterine prolapse. The Center is supported by board-certified specialists in OB/GYN, urology, gastroenterology, and reconstructive surgery as well as a board-certified women's health physical therapist and dedicated nurse navigator who work together to give patients an individualized plan to treat their specific issues. The 4,200-square-foot center features private therapy rooms, a noninvasive nerve stimulation room, and dedicated male and female dressing areas. To learn more, call 713.242.4PFC (4732).

Memorial Hermann Health System



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