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Newslink

ABOUT MHMD

MHMD, Memorial Hermann Physician Network, is a clinically integrated physician organization comprising 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.com

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Accountable Care Organizations Share in Savings

With the maturation of the Memorial Hermann Accountable Care Organization (MHACO), the long-held dream of MHMD being able to engage in joint contracts with the Memorial Hermann Health System is being realized. Together, we are achieving success in ways neither of us could have done acting separately. Several examples underscore the nature of this dynamic partnership between the System and MHMD.

Over a year ago, the MHACO was recognized by the Centers for Medicare & Medicaid Services (CMS) as meeting the requirements to participate in the Medicare Shared Savings Program (MSSP). Exceeding our expectations, our performance during the first year in the program was among the best of all participating ACOs in the United States. The effort put forth by our ACO and its physicians saved CMS millions of dollars. A portion will be returned to the ACO and subsequently distributed to participating physicians as well as the hospitals.

Continued success in the MSSP will require us to conform to even higher standards of quality and efficiency. This includes further expansion of the PCMH initiative (Advanced Primary Care Practices and Advanced Pediatric Practices) and our robust Care Management program that enhances disease management and coordination of care across all venues.



This success has not gone unnoticed by commercial payors. In fact, many payors have entered into contracts with the MHACO that reward our physicians for quality, efficiency and coordination of care. The care delivered by our clinically integrated (CI) physicians is the best in the Houston market.

This partnership via the MHACO has brought significant benefits not only to our organization, its facilities and physicians, but also to the population we serve in our community.



A handwritten signature in black ink, which appears to read "Chris Lloyd".

Christopher Lloyd
MHMD CEO

PAYOR UPDATE

AETNA

Effective March 2, 2014, MHMD physicians participating in the MHACO Aetna contract began receiving a rate increase of approximately 6 percent, excluding lab/rad and HCPCs codes, over their current Aetna reimbursement rate. It is another validation of the great work being done to improve the quality and efficiency of care for those we serve.

MHMD and Clinical Integration in 2014

In 2014, MHMD will be celebrating 30 years of existence. For most of those years, we were known as Health Network Providers (HNP). While most members of the active medical staffs of the Memorial Hermann hospitals were MHMD members, the membership served only as a source of managed care contracts.

That model, where membership was “passive,” has changed dramatically. The change began 10 years ago when HNP first started the Systemwide physician committee structure now known as the Clinical Programs Committee (CPC). For the first time, participating physicians began to work together to improve the quality of care in our hospitals, recognizing their work as part of a larger organization permeating the Greater Houston area.

Approximately five years ago, the MHMD board committed to Clinical Integration (CI) as the foundation for moving from contracting to quality improvement. Initially, participation in CI carried with it only basic requirements.

As we have moved forward into the new era of healthcare and payment reform, being a member of MHMD and participating in CI has come to symbolize a great deal more. CI is about integration of our physicians with one another and the organization. It unites our physicians in a common quest to practice the very best medicine possible while achieving the best outcomes. In so doing, we embrace the concepts of accountability and transparency; we are proving and will continue to prove that we are the very best in providing health care to our community and within our System.

Providing the very best care means more than exhibiting superior medical knowledge and ability. Diagnostic acumen and procedural skill remain of paramount importance, but clinical excellence also means focusing on the experience of those we serve. CI is also about patient satisfaction, access to care, connectivity between physician practices and settings of care. This is why we are heavily

involved in being part of an Accountable Care Organization, and why we are developing patient-centered medical homes among our PCP practices.

Our all-physician board will increasingly expect our members to be truly integrated with MHMD. It will consider not just board certification and hospital staff membership when considering initial or renewal MHMD membership, but it will also review meeting attendance, collaboration with our initiatives, participation on committees, compliance with our Compact, and quality performance, electronic connectivity and many other activities.

MHMD today is a team of physicians and staff with a common goal for our community, and we want all of our physician members to truly be on the team, not just sitting on the sidelines.



Emmett McDonald, M.D.
MHMD Board Chair

2014 MHMD BOARD OF DIRECTORS & OFFICERS

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EX OFFICIO

Giuseppe Colasurdo, M.D.	Dean	UTHealth Medical School
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MHMD CPCs Achieve Unprecedented Success

In 2013 the MHMD Clinical Programs Committee (CPC) organization achieved unprecedented success in bringing physicians together throughout Memorial Hermann in improving the quality of care we deliver. There are now more than 35 separate CPCs, joint operating councils and task forces. Together they consider issues specific to their specialties, including best practices, quality metrics, policies and procedures, formulary management and vendor selection. Additionally, they proactively identify performance improvement opportunities and develop projects that benefit patients, the Memorial Hermann System, and MHMD in its managed care contracting as part of the Memorial Hermann ACO.

Below are some highlights.

- **Physical Medicine and Rehabilitation:** Initiated projects to determine core quality measures for PM&R, developed order sets, approved protocols to reduce or eliminate patient falls
- **Trauma:** Recommended installation of refrigerators with blood products for immediate use in all EDs
- **Perioperative Services:** Created a task force to develop protocols for pain management
- **VTE Reduction Joint Operating Council:** Recommended changes to the VTE Advisor
- **Allergy/Otorhinolaryngology:** Approved new guidelines for management of allergic rhinitis and for imaging studies in rhinosinusitis
- **Neonatology:** Created a systemwide NICU Quality Review Committee, developed standard newborn nursery order set, updated infant feeding formulary
- **Bariatric Surgery:** (With Orthopedics and General Surgery) determined that platelet gel should not be on the MH System Formulary, set policy regarding transfers of bariatric patients
- **Critical Care:** Approved new code status



recommendations and a blood transfusion algorithm for cardiology patients, approved new sepsis guidelines

- **Oncology:** Adopted new quality measures and approved generic chemotherapy template
- **Gastroenterology:** Approved new guidelines for CT scanning in patients with pancreatitis
- **Imaging:** Approved a fluoroscopy training program, adopted protocols for bone surveys in suspected victims of child abuse and for use of CT scanning with contrast in patients with abdominal or pelvic trauma
- **Supply Chain:** Approved spending caps for several surgical instruments
- **Emergency Medicine:** Initiated projects regarding CT scanning in pediatric patients, developed protocols regarding drug-seeking patients, initiated a study on return visits to the ED, collaborated with OB/GYN regarding pregnant patient protocol
- **Obstetrics/Gynecology:** Approved a protocol for management of pregnant patients who present to the ED, approved elective delivery scheduling form and indications for delivery at < 39 weeks gestational age
- **Informatics:** Approved procedures for automatic discontinuation of orders

- **e-Ordering:** Approved several hundred changes to existing order sets, approved new order sets, approved new protocols regarding discharge process, hydromorphone administration, respiratory and dietary orders
- **Physician Documentation:** Approved new physician documentation policy, approved discharge instructions, recommended MH proceed with Cerner Dynamic Documentation and Dragon voice recognition
- **Neurosurgery:** Formed an avoidable days task force, developed standard documentation checklists
- **Orthopedics:** Initiated work on an ACO Project through development of a steering committee
- **Ethics/Supportive:** Approved new Code Status statements, approved new Systemwide Supportive Medicine program
- **Peer Review:** Developed new standard Peer Review report form and submitted it to all MECs for review
- **Cardiology/CV:** Initiated work on a systemwide outcomes database
- **Primary Care:** Approved requirement for coding training for all physicians participating in the Patient-Centered Medical Home initiative
- **General Surgery:** Agreed to participate in monthly National Surgical Quality Improvement Program calls, initiated a surgical site infection subcommittee, formed a Robotics Task Force
- **Hospital Medicine:** Developed initial recommendations regarding time standards for patients to be seen by attending physician, helped form Admissions Task Force to address the issue Systemwide



Keith Fernandez MD

Keith Fernandez, M.D.

President

Manual to Electronic Quality Reporting Transition: An introduction to the e-Quality program at Memorial Hermann

Background

e-Quality (electronic quality reporting) is a program that began in January 2014. To automate physician entry, capture and submission of clinical quality data, including from the Care⁴ electronic health record to the Centers for Medicare & Medicaid Services (CMS).

Present-Day Manual Quality Reporting

Currently, hospitals manually report on the performance of 64 quality measures. CMS offers a 2 percent incentive to hospitals that accurately report these measures.

Tracking Quality Manually

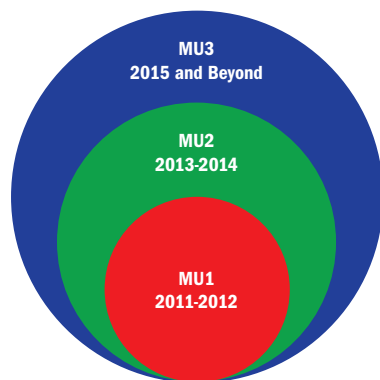
Today, nurses and quality staff work together to identify patients that meet the quality measure criteria, and who do not meet the measure exclusion criteria. Clinical quality reviewers manually abstract the appropriate data and nursing communicates with physicians about missing quality elements. Additionally, quality staff notifies physicians of chart deficiencies post discharge. Once the elements are corrected, or the deadline expires, the data is submitted to CMS and The Joint Commission.

Manual Tracking – Impact on Physicians

Many manual quality tracking tools have traditionally been considered annoyances to physicians due to the phone calls, emails and sticky notes requesting post-discharge documentation to prevent core measure fallouts. Elements such as diagnosis and contraindications must be explicitly stated in the chart to meet measure criteria.

Although many of the techniques to meet core measures could seem irritating to physicians, this model allows for correction of the documentation for a limited time post discharge. However, the future of quality reporting may not offer this type of advantage.

Meaningful Use Requirements Expand in Stages



- **Meaningful Use 3**
Promoting improvements in quality, safety and efficiency
- **Meaningful Use 2**
Continuous quality improvement at the point of care and structured information exchange
- **Meaningful Use 1**
Electronically capture health information in coded format

Future e-Quality Reporting

In 2009 Congress passed the American Recovery and Reinvestment Act that provided physicians and hospitals with incentives to transition from paper-based medical records to electronic health records, including the Meaningful Use (MU) program. MU will roll out in three main phases:

Meaningful Use

Meaningful Use 2 (MU2) began in July 2013. Expectations for clinical quality measure reporting increased significantly for MU2, and include the following:

1. Electronic data submission (e-submission) will be required by CMS, with hospitals choosing 16 of 29 available quality measures for e-submission).
2. \$11 Million CMS incentive for e-reporting
3. Concurrent manual quality reporting of all 64 measures is still required until 2017.

2014 e-Quality Measures

The new e-Quality measures are captured in Care⁴ as care is provided, while the patient is in the hospital. The measures must be met prior to discharge and cannot be corrected after discharge. Additionally, most e-Quality measures require coded data entered by the physician. Care⁴ data qualifying for e-Quality

reporting and non-qualifying data are summarized as follows:

QUALIFYING DATA:
<ul style="list-style-type: none"> Enhanced PowerPlans including contraindications PowerForms with checkboxes and choice lists
NON-QUALIFYING DATA:
<ul style="list-style-type: none"> Handwritten progress notes Dictated notes Consultations History and physical exam Discharge summary Addenda

Planning for the Future

Memorial Hermann has developed a plan to ensure as smooth a transition as possible to the new e-Quality reporting process. Plans include a thorough analysis of physician workflow processes, mapping of the new data elements, training tool development, a communication plan, education and ongoing performance feedback.

New e-Quality Tools Aid Documentation

New interface tools will assist clinical staff in capturing the data for the 16 e-Quality measures for e-submission. The new e-Quality data tools will use computerized

#	Task	Start	End	Dur	2013												2014						
					Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		
1	Physician workflow analysis	6/1/13	7/9/13	27	█																		
2	Build, design and testing (physician champions only)	7/1/13	12/17/13	122		█	█	█	█	█	█	█											
3	“General overview” physician training period for Care ⁴ quality tools	12/20/13	1/15/14	19									█										
4	e-Quality system go-live (PowerPlans & PowerNotes with e-Quality measures released on Care ⁴)	1/21/14	1/21/14	1									█										
5	“Facility-focused” physician training period for Care ⁴ quality tools	2/1/14	7/14/14	116										█	█	█	█	█	█				
6	e-Measure test CMS Submission	4/1/14	7/1/14	66																			
7	e-Measure quarter of CMS Submission	7/1/14	9/30/14	66																			
8	Begin full year of CMS Submission	10/1/14	10/31/14	23																			█

decision support to assist physicians and nurses in capturing the data at the point of patient care. These new tools will consist of enhanced Care⁴ PowerPlans (physician orders) and PowerForms. The tools are being designed to capture data within the staff’s routine workflow to minimize disruptions as patient care is being delivered.

Capturing a detailed analysis of workflows related to the 16 e-Quality measures is resource intensive. This analysis will be used to help create the new e-Quality tools as well as determine the optimal workflows for physicians and other clinicians to capture e-Quality data. To learn more about e-Quality Check training and go-lives, visit

the Advancing Quality Outcomes section on PhysicianLINK and InSite. (see below.)



M. Michael Shabot

M. Michael Shabot, M.D.
System Chief Medical Officer

Advancing Health by Advancing Quality Outcomes

Achieving high compliance with core quality and safety measures is helping Memorial Hermann and its affiliated physicians deliver safer, more effective health care. As a result, Memorial Hermann is receiving national, regional and state recognition for these efforts, positioning the System as Houston’s clear leader in quality and patient safety. Going forward, increased emphasis will be placed not only on core processes but on the outcomes that result from following those processes. This change in focus is the impetus for the System’s new **Advancing Quality Outcomes** internal campaign.

Advancing Quality Outcomes will encompass training, tools and Health Information Technology (HIT) programs focused on improving how Memorial Hermann and its affiliated physicians deliver safe, error-free, quality care and document and report outcomes. Advancing Quality Outcomes has five main components:

- **Patient Safety** program will sustain performance improvements and accommodate new outcomes-based metrics by expanding previous Breakthroughs in Patient Safety (BIPS) practices and training modules as well as building on the high-reliability techniques and principles proven to prevent harm and support quality care.
- **Meaningful Use** program involves the set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that govern the transition to electronic health records.
- **e-Quality Check** program is the electronic quality reporting program that automates

physician entry, capture and submission of clinical quality data, including data from Care⁴ to CMS.

- **Provider Documentation** program focuses on ensuring patient charts reflect accurately and completely as possible the severity of patient illnesses and any co-existing conditions.
- **ICD-10** program focuses on the transition from ICD-9 to ICD-10 code sets.

A variety of internal media will be used to introduce and support the Advancing Quality Outcomes campaign and its programs. Communications will include monthly newsletters and new online resource sections on PhysicianLINK and InSite.

Achieving Meaningful Use is a Systemwide Effort

As one of our nation's "Most Wired" health systems for nine consecutive years, Memorial Hermann knows the important role information technology plays in delivering safe, quality care. Meaningful Use involves the implementation and integration of electronic health records as a tool used by physicians and hospitals in patient care every day. At Memorial Hermann, our electronic health record connects across all our hospitals, utilizing the most advanced capabilities to help us to improve clinical quality, patient safety and operational efficiency so we can be "meaningful users" of information technology.

Guiding this effort is Memorial Hermann's Meaningful Use Steering Committee, co-chaired by System CMO Michael Shabot, M.D., and System CIO David Bradshaw.

"The committee works closely with the System Clinical Quality Team and ISD Solution Partners and Operations Partners to find ways in which technology can help providers deliver outstanding and efficient care," says Dr. Shabot. "We are focused on transforming static data into shared meaningful information through technology adoption."

By implementing and integrating electronic health records in our hospitals and affiliated physicians' offices, we are improving the quality and safety of patient care. Today, Memorial Hermann employs information technology for bar-coded medication administration, computerized provider order entry (eOrdering), clinical decision support, electronic prescribing and electronic exchange of health information and images, as well as for reporting of quality measures and outcomes to payors and government health agencies.

"As of January 2014, we are enabling health information exchange between our hospitals and our patients to enable patients to get more engaged in their own health through a secure patient portal called MyMemorialHermann," says David Bradshaw.



"The committee works closely with the System Clinical Quality Team and ISD Solution Partners and Operations Partners to find ways in which technology can help providers deliver outstanding and efficient care. We are focused on transforming static data into shared meaningful information through technology adoption."

It Pays to Achieve Meaningful Use.

Information Technology plays an important role in our successful transition to a value-based payment model. "In the new model, reimbursement goes beyond compliance with core process measures and will be based more on clinical outcomes, safety, efficiency and patient satisfaction (HCAHPS) scores," explains Dr. Shabot. "Information Technology is the infrastructure that enables clinical and business units to translate data into information that can be utilized as knowledge for improvement in the delivery of safe, high-quality, high reliability care."

Meaningful Use is a set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that govern the use of electronic health records and allow eligible hospitals (EHs) and eligible professionals (EPs) to earn incentive payments by meeting specific criteria. The EH objectives and measures apply

HOW ARE WE DOING WITH MEANINGFUL USE?

Memorial Hermann's Meaningful Use team has worked closely with the operational partners on the following:

- Analysis of the regulation to determine system requirements
- Upgrades of application software to Certified EHR technology
- Monitoring of hospital/physician results against program requirements
- Collection of required data
- Coordination of attestation to CMS of results

ELIGIBLE HOSPITALS

- All eligible MH hospital facilities are preparing for Stage 2 requirements.
- The hospitals will conduct a mock reporting period in April, May and June of 2014. We will conduct the official reporting period in July, August and September of 2014 for Stage 2, Year 1 of MU.

ELIGIBLE PROFESSIONALS

- MH employed physician groups are currently conducting attestation for their respective reporting periods in Stage 1, Year 1, Year 2 & Year 3 of MU that took place in CY2013.
- Physician practices will conduct a mock reporting period in July, August and September of 2014. We will conduct the official reporting period in October, November and December of 2014 for Stage 2, Year 1 of MU.

to the hospital setting while the EP objectives apply to the physician office setting.

For example: Memorial Hermann Memorial City Medical Center is an Eligible Hospital. Dr. John Smith is an Eligible Provider. The EHR documentation recorded in Care⁴ while Dr. Smith is at Memorial City Medical Center is reported under the EH segment. At his private practice, the EHR documentation Dr. Smith records in his practice EHR is reported under the EP segment. As you can see, Dr. Smith plays an important role in both segments.

Hospitals and providers both have incentives to achieve Meaningful Use. “Any EPs or EHs that fail to adopt EHR by 2015 will experience negative adjustments to their Medicare/Medicaid fees starting at a 1 percent reduction and escalating to a 3 percent reduction by 2017 and beyond,” adds Bradshaw. “These penalties are intended to strengthen the protection afforded to patients by the HIPAA regulations for privacy, security and breach notification. That’s why achieving Meaningful Use involves

our hospitals and our affiliated physicians.”

Stage 3 of the CMS EHR Incentive Program will continue to expand Meaningful Use objectives to improve healthcare outcomes.



Michael Davidson, M.D.
Chief Medical Officer,
Care Management

MyMemorialHermann Patient Portal Launched

Memorial Hermann patients now have a new way to connect to their health information through a new, secure, private patient portal called **MyMemorialHermann**. In addition to providing patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies), MyMemorialHermann will help our System achieve Meaningful Use and qualify for the Electronic Health Record Incentive Program, of the Healthcare Information Technology for Economic and Clinical Health Act (HITECH). Emerging studies show empowering patients with their medical data reduces calls to physicians, and is a more efficient feedback tool between the clinician and patient.



MyMemorialHermann's My Health Record allows patients to:

- See a summary of their health records
- View hospital or Emergency Center discharge information per visit
- View lab results

- Schedule appointments and follow-ups online with ScheduleNow
- Access online bill pay for added convenience

While many of the elements that must be made available to patients are specified within the government’s Meaningful Use objectives, hospitals do have some discretion over certain design decisions. Memorial Hermann has created a Physician Advisory Council (PAC) for our Health Information Exchange and MyMemorialHermann. The council evaluates options and makes recommendations to our Health Information Technology Executive Committee.

“For example, as part of Meaningful Use, the government specified that hospitals could

release discrete lab results instantly or within a 36-hour window,” explains Robert Murphy, M.D., System chief medical information officer. “The Physician Advisory Council recommended we start at the maximum of 36 hours in order to give the physician time to review this data prior to a patient seeing it.”

Patient empowerment programs such as MyMemorialHermann are critical to the System’s achieving its goal of Advancing Health, “We want to make sure our medical staff is actively engaged with governance of these tools through forums such as the PAC and Campus Medical Informatics Committees,” adds Dr. Murphy.

To learn more about MyMemorialHermann, visit mymemorialhermann.org.

MHMD Practices Awarded NCQA Certification

After months of hard work, MHMD has added new practices to our National Committee for Quality Assurance (NCQA) certification list. Practice facilitators Cyndi Golden, Lori Thiel and Anna Vesel worked tirelessly with each practice to ensure they would achieve this recognition.

Obtaining NCQA certification is highly encouraged for all APCPs. The many benefits include higher reimbursement rates and higher star ratings, and PMPM for certain insurance plans will increase.



The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance.

The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well managed and delivers high-quality care and service.

NCQA has helped to build consensus around important healthcare quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what's important, how to measure it and how to promote improvement. That consensus is invaluable – transforming our healthcare system requires the collected will and resources of all these constituencies and more.

ACO-NCQA LEVEL 3 CERTIFICATIONS*			
ACCOUNT NAME	STATUS	AWARD LEVEL	NUMBER OF ELIGIBLE PHYSICIANS
Campbell Family Practice & Internal Medicine Associates	Completed	Level 3	2
J Kevin Giglio M.D., PA	Completed	Level 3	1
MHMG - Bellaire	Completed	Level 3	1
MHMG - Bellaire Center	Completed	Level 3	2
MHMG - Brazos Town Center	Completed	Level 3	2
MHMG - Convenient Care Ctr - Pearland	Completed	Level 3	6
MHMG - Convenient Care Ctr - Summer Creek	Completed	Level 3	5
MHMG - Cypress	Completed	Level 3	1
MHMG - Friendswood	Completed	Level 3	3
MHMG - Heights	Completed	Level 3	1
MHMG - Imperial Oaks	Completed	Level 3	2
MHMG - Katy	Completed	Level 3	3
MHMG - Memorial City	Completed	Level 3	10
MHMG - Northwest	Completed	Level 3	1
MHMG - Pearland	Completed	Level 3	3
MHMG - South Texas Medical Clinics - Bay City	Completed	Level 3	1
MHMG - South Texas Medical Clinics - El Campo	Completed	Level 3	4
MHMG - South Texas Medical Clinics - Needville	Completed	Level 3	2
MHMG - South Texas Medical Clinics - Rosenberg	Completed	Level 3	7
MHMG - South Texas Medical Clinics - Wharton	Completed	Level 3	8
MHMG - Southwest	Completed	Level 3	5
MHMG - Sugar Land	Completed	Level 3	4
MHMG - Sweetwater	Completed	Level 3	3
MHMG - The Woodlands	Completed	Level 3	7
MHMG - The Woodlands II	Completed	Level 3	1
MHMG - TMC	Completed	Level 3	5
MHMG - Upper Kirby	Completed	Level 3	1
MHMG -Spring Primary Care PA	Completed	Level 3	1
Panther Creek Medical Center PA	Completed	Level 3	9
Pearland Pediatrics, PA	Completed	Level 3	6
Physicians at Sugar Creek	Completed	Level 3	11
Primecare Medical Group	Completed	Level 3	4
Sugar Lakes Family Practice	Completed	Level 3	7
The Pearland Clinic	Completed	Level 3	1
Thomas G Diaz	Completed	Level 3	1
133 Physicians			
36 Practices			
*As of 3/2014			

Medicare ACO Quality Reporting – Moving from Reporting to Performance

Congratulations on successful completion of Medicare’s mandatory Accountable Care Organization (ACO) quality reporting for CY2013 – now everything changes from reporting to how we perform on the quality measures for the program.

A fundamental component of both Clinical Integration and Accountable Care is the reporting of quality metrics and an ongoing program of Performance Improvement in each clinic. MHMD works to assist our members in this required quality reporting. Our Measures of Excellence serve as a standard set of metrics for our physicians to collect and monitor on their patients. Our practice support team is always available to work with your office to verify the correct information is being recorded, both in the record and in billing forms, to track your performance on these metrics. Our Measures of Excellence are based on the metrics required for participation in the Medicare Shared Savings Program (MSSP).

MHMD recently received its first “report card” from the Centers for Medicare & Medicaid Services (CMS) on our performance on collecting the required metrics for the MSSP. Our performance was based on information collected by your office staff and our care management teams, based on care delivered last calendar year before we issued the 2013 Measures of Excellence. This collection process helps our teams to understand what documentation is required in the record to support the high-quality care we know our physicians deliver. Our report also allowed us to benchmark our performance against all of the MSSP ACO programs around the country.

Our scores showed both good and bad results. On the efficiency metrics we scored very well. On the Patient Satisfaction metrics and the office-based quality metrics our scores were lower. We believe that the lower performance scores on the office-based metrics often are based more on

failure to document in the record than on failure to deliver recommended care. We will be communicating more in the following months regarding areas for documentation improvement, but we recommend that each office review the Measures of Excellence, review your office procedures for documenting the delivery of these required elements for all Medicare recipients and contact our support teams if you have any questions. Please feel free to contact MHMD or email me at shawn.griffin@memorialhermann.org if you have any questions.



Shawn Griffin

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

Healthy Balance Every Day

Memorial Hermann Benefits

Get HIP to Health – for Life!

Do you know a Memorial Hermann employee who wants to lose weight, quit smoking, or manage stress or a chronic condition?

We’re looking for employees who are ready to make lasting health changes and are committed to “piloting” our groundbreaking new program – **the Health Innovation Program (HIP)**. HIP differs from traditional health coaching programs because it focuses on the behaviors that lead to poor health by utilizing techniques designed to help curb addictive behaviors, like smoking and overeating.

What participants get with HIP:

- Exploration into areas of your life that have prevented you from making lasting changes
- A personal health status review and improvement plan with input from your doctor and personal health counselor

- Stress management and coping skill techniques to maintain a healthy life
- One-on-one and over-the-phone private consultations
- Individual/group health counseling sessions
- Tobacco cessation programs that use evidence-based strategies to help you recover from tobacco and nicotine addiction
- Programs to increase motivation for physical activity and weight management
- Confidentiality – health-related information is not shared with your employer

The HIP program is in a pilot phase and only offered to a select group of employees. If you know any Memorial Hermann employees you would like to refer, have them contact MHMD’s Care Management Team at 713.338.5353.





Campus Clinical Documentation Specialists

These experienced nurses have completed additional training and certification in clinical documentation. Together with coding staff, they work with the medical staff at each Memorial Hermann Campus to ensure the quality and completeness of clinical documentation in the patient's record.

TMC

- December Douglas RN** 713.704.7778
- Ameena AbdulMalik RN** 713.704.7775
- Peaches Moorman RN** 713.704.7774
- Sabrina Davis-Krause RN** 713.704.7779
(Central Region Lead)
- Leslie Taylor RN** 713.704.0918
- Carolyn Durham RN** 713.704.2039

KATY

- Diane Tremblay RN** 281.644-7263

MEMORIAL CITY

- Dawn Faulk RN** 713.242.4275
- Yohan Loussarian RN** 713.242.3449
(North Region Lead)
- Joy Kreder RN** 713.242.3340

NORTHEAST

- Stacey Martin RN** 281.913.3463

NORTHWEST

- Kimberly Wilson RN** 713.867.4434
- Shanna Bryant RN** 713.867.4475

SOUTHEAST

- Shawn "Trish" Endress RN** 281.929.4460
(South Region Lead)
- Shellie Pack RN** 281.929.6248

SOUTHWEST

- Alma Lopez RN** 713.456.5458
- Rena Marshall RN** 713.456.6584
- Ruel Smith RN** 713.456.8249

SUGAR LAND

- Linda Deadrick RN** 281.725.5246

THE WOODLANDS

- Maria Redulla RN** 713.897.2397
- Akaisha Walker RN** 713.897.2626

The Deadline for ICD-10 Extended to 2015

As the nation and healthcare industry move closer to the implementation of ICD-10 codes on October 1, 2015, for reporting diagnoses, the Memorial Hermann Health System continues to prepare for the changes ahead. The System's ICD-10 Steering Committee has been leading multidisciplinary planning sessions with IT and clinical care leaders for many months to identify potential roadblocks and facilitate a smooth transition.

The System's ICD-10 Steering Committee has been assessing and testing existing workflows and current information systems to determine how they will be affected by ICD-10. The committee has developed transition strategies that address people, process and technology as well as the financial and industry-wide impacts ICD-10 represents for our hospitals and our affiliated physicians. "I think we will all benefit from the increased ability of the new codes to tell each patient's unique story. That's really what ICD-10 is all about," says Carol Paret, chief, Health Information Management.

Although the new codes will provide much more specific data about patient conditions, there will be a lot more codes to learn. With ICD-10, the number of diagnosis codes increases from 13,000 to 69,000 and the number of procedure codes increases from 11,000 to 71,000. Additionally, the codes are expanding from five digits to seven digits and will include major format changes in the code structure.

In addition to increasing the number of coders on staff, Memorial Hermann will be offering physician training and support with the new codes. "With their increased specificity, the ICD-10 codes should eliminate many of the record requests and questions we currently receive from payors," explains Paret. "However, for physicians who use unspecified codes may face an increase in claim rejections in their practices and when documenting care at our hospitals."

Paret and her team are helping physicians

ICD-10

To access the online ICD-10 CME, click on the new ICD-10 button, part of the Advancing Quality Outcomes online resource section on PhysicianLINK.



Terrance Govender, M.D.
Navigant Consultant

and their practices prepare for the transition to ICD-10 and minimize claim rejections. Physician education for ICD-10 will be provided through Navigant, noted healthcare consulting firm known for creating

high-performing physician organizations and healthcare systems to help clients be successful during regulatory change.

An online CME-approved course is available on the ICD-10 page of the Advancing Quality Outcomes section on PhysicianLINK. Specialty-specific classes will be offered onsite at Memorial Hermann hospitals from September 2014 to January 2015.

"These 'doc-to-doc' training sessions will feature Navigant's Terrance Govender, M.D.," adds Paret. "Dr. Govender brings with him more than 12 years of clinical and healthcare management experience, including in internal medicine, family medicine, emergency medicine, surgery and pediatrics."

Having practiced clinically in the UK, Dr. Govender has extensive experience with ICD-10 as well as providing education to clinicians and healthcare coders in preparation for the implementation date in the U.S. "We highly encourage physicians to sign up for our ICD-10 courses," says Paret.

For more information, visit the **Advancing Quality Outcomes** section on PhysicianLINK. Click on the **ICD-10** button. You can also call 713.338.5088 or email ICD-10questions@memorialhermann.org.

Physicians Continue to Optimize their Documentation and Coding via MHMD/MediSync Training

Complete and accurate documentation reflects the high quality of care provided to patients by ensuring that physicians accurately document the acuity of patient conditions. As employers and payors increasingly rely on highly specific ICD codes to assess patient health status and risk, payors are developing reimbursement strategies that incentivize physicians to provide those detailed codes.

MHMD, in conjunction with MediSync, continues to provide enhanced physician documentation and coding training by delivering CPT E&M training classes and ICD optimization seminars. The E&M and HCC (hierarchical condition category) training sessions are accredited CME courses that help physicians document all of the clinical work they perform in a clear, concise format that allows physicians to quickly assign CPT E&M and ICD diagnosis codes for patient visits. This training is currently available to APCPs in the Patient-Centered Medical Home initiative.

How is MediSync different?

Many vendors offer classroom-based and online training programs focused on coding, but they are delivered by non-physician coding professionals and delivered in a manner that does not translate to actual physician workflows. The MediSync CPT E&M and HCC courses are delivered by actively practicing physician instructors who merge their coding expertise with their practice knowledge. This approach results in a training structure and pace that physician participants appreciate.

What is the difference between MediSync E&M and HCC training?

E&M SESSIONS

(prerequisite to HCC session)

- Consist of three two-hour sessions
- Session 1 reviews the component construction of a CPT E&M code.

- Session 2 reviews several actual patient notes and identifies optimization opportunities.
- Session 3 reviews several actual patient notes and introduces ICD diagnosis concepts.

HCC SESSION

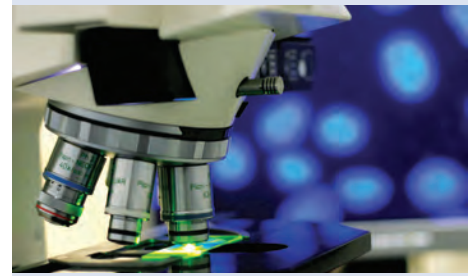
- Consists of one two-hour session.
- Reviews the evolving nature of reimbursement methodologies and the need for highly specific ICD (diagnosis) codes assigned to each patient's problem list.
- Provides each physician with tools to assist in diagnosis optimization, including:
 - Reference manual and sample case material
 - Personalized CD listing all of their attributed Medicare patients, including files identifying patient-specific diagnosis optimization opportunities, patient names who should be seen in the current year, and a tool to drill down to the most specific ICD codes available

How does MediSync training improve revenues?

Given that fee-for-service fee schedules rely on E&M code reporting for reimbursement, MediSync E&M training exposure has typically resulted in altered E&M coding distribution patterns, resulting in higher reimbursement for the actual work performed. As payors increasingly rely on risk-based methodologies to reimburse physicians, physician engagement in ICD optimization results in higher and more accurate HCC scores, typically resulting in higher reimbursement rates.

To learn more about future training opportunities, contact MHMD at 713.338.6464.

CONTINUING MEDICAL EDUCATION



Otorhinolaryngology Frontiers CME Course Announcement

Institute for Molecular Medicine in Houston

June 28, 2014

This CME-accredited event is aimed at physicians, residents, students and other healthcare providers interested in the treatment of diseases and conditions of the ears, nose and throat and related structures. This year, the guest speaker will be Shan R. Baker, M.D., who serves as professor of otolaryngology at University of Michigan Health System. Dr. Baker is a nationally known speaker and a recognized leader in facial plastic and reconstructive surgery. During the program, Dr. Baker will give two presentations:

- "Principles of Nasal Reconstruction"
- "Reflections on 38 Years of Facial Plastic Surgery"

In addition to Dr. Baker's talks, residents and faculty will present the results of various clinical research projects and highlight innovative treatment and surgical options.

Course Directors: Amber U. Luong, M.D., Ph.D., and Tang Ho, M.D.

UTHealth Medical School Faculty:

Ibrahim "Trey" Alava III, M.D., Martin J. Citardi, M.D., Samer Fakhri, M.D., Russ Kridel, M.D.

This activity has been approved for 4.75 AMA PRA Category 1 credits™.

To Register for Live Events: Live events are located on the CME calendar. The CME website may be accessed through PhysicianLINK or the Memorial Hermann website: physicianlink.org or memorialhermann.org/cme

Contact Us

Email:

cmesupport@memorialhermann.org

Phone: 713.338.5101 or 713.338.5914

New Prostate Cancer Blood Test Now Available at Memorial Hermann



In February, The Vanguard Urologic Institute at Memorial Hermann began offering a groundbreaking, noninvasive blood test, called the

Prostate prostate health index (phi), which was approved by the U.S. Food & Drug Administration (FDA) in June 2012. It is a more precise diagnostic tool for prostate cancer.

According to Kevin Slawin, M.D., founder and director of the Vanguard Urologic Institute and director of urology at Memorial Hermann-Texas Medical Center, who performed some of the key research that led to the development of the phi test, “This new test will allow for more accurate readings resulting in a reduction of false positives that have long been associated with the use of the standard prostate-specific antigen (PSA) blood test. An increased PSA level cannot differentiate between benign prostatic enlargement and prostate cancer. The phi test greatly increases the specificity of prostate cancer testing and reduces

unnecessary invasive testing by 31 percent.”

The phi test combines three different PSA-based markers: the PSA, the free PSA, and a novel, clipped form of the precursor to PSA, called -2 pro-PSA (p2PSA). Baylor College of Medicine, where Dr. Slawin was a professor and director of the Baylor Prostate Center at the time, licensed the technology exclusively to Beckman Coulter, which developed the new screening test.

To refer a patient to Memorial Hermann Medical Group - Vanguard Urologic Institute, call 713.366.7800.

IRONMAN Institute #3 Opens in The Woodlands

Memorial Hermann opened its third IRONMAN Sports Medicine Institute across from Memorial



Hermann The Woodlands Hospital in April, expanding its network that includes the Memorial Hermann-TMC and Memorial City campuses. The 20,000-square-foot facility is a collaboration between Memorial Hermann and UT Physicians that offers physician services, physical therapy, human performance testing, strength and conditioning, and nutrition counseling, all under one roof.

MH Northeast Upgrades and Expands Cancer Center

With a \$3.8 million investment, Memorial Hermann Northeast Hospital has upgraded and expanded its Cancer Center.

The Center includes the Lake Houston area’s first linear accelerator with stereotactic body radiotherapy (SBRT); new high-dose brachytherapy equipment for placing radioactive material inside a patient, allowing for higher doses of radiation to specific areas of the body; and Brilliance CT Scan Big Bore to produces high-resolution images.

In addition to the new technology, MH Northeast will partner with UTHealth Medical School to bring breast cancer and urology specialists to the Campus. For more information or referrals, call 281.540.7905.

MH Katy Growing

Memorial Hermann Katy Hospital is undergoing an \$85 million Campus expansion that includes a \$70 million, six-story patient tower and a second medical plaza.

The new 100,000-square-foot medical plaza building, located next to Medical Plaza 1, will house physician offices as well as expanded sports medicine and outpatient imaging services. The new patient tower will expand clinical capacity in several areas, including surgical suites, medical and surgical beds, labor and delivery and the Emergency Center. The hospital’s bed count will increase from 142 to 200.

“We are evaluating and credentialing many new physicians who want to bring their skills to the area,” said Vish Kalapatapu, M.D., the hospital’s chief of staff.



New Pearland Medical Campus

Memorial Hermann is constructing an \$80-million medical Campus in Pearland. The 40-acre Campus will include a 64-bed acute care hospital, convenient care center (CCC) and medical offices located along Highway 288 near FM 518. It’s scheduled to open early in 2015. The hospital will have an intensive care unit, operating rooms, cardiac catheterization labs, medical/surgical units, as well as women’s and neonatology services.

The CCC, scheduled to open later this year, will provide adult and pediatric primary care, specialty physicians, sports medicine and rehabilitation.

Digestive Health Center Opens at MH Memorial City

The Memorial Hermann Digestive Health Center at Memorial City Medical Center is the first multidisciplinary center in west Houston specializing in digestive health.

The 12,000-square-foot facility will streamline care for patients by offering comprehensive and coordinated digestive services in one convenient location. The Center offers endoscopic ultrasound (EUS) technology, allowing physicians to explore the gastrointestinal tract and surrounding organs without radiation. With this minimally invasive test, physicians can identify hard-to-detect cancers of the upper gastrointestinal tract, esophagus, stomach and duodenum, pancreas and bile duct, and also diagnose other gastrointestinal diseases and unexplained symptoms. For more information or to make a referral, call 713.242.4300.

MH Southwest Offers Lung Nodule Program

Memorial Hermann Southwest Hospital has established the Lung Cancer Screening Program, designed to detect lung cancer earlier in people who are at high risk for the disease.

Advanced screening techniques, such as the low-radiation spiral low-dose computed tomography (LDCT), enable physicians to spot lung cancer before symptoms occur. A multidisciplinary team of physicians works together to provide treatment for any suspicious lung nodule. For more information or to make a referral, call the Memorial Hermann Cancer Center-Southwest at 713.456.4028.

Center for Advanced Heart Failure Opens

Memorial Hermann Heart & Vascular Institute-Texas Medical Center has opened the Center for Advanced Heart Failure. The highly trained physicians from the faculty of UTHealth Medical School are board certified and equipped with specialized technology for successful treatment of advanced heart failure.

The new Center is located on the 25th floor of the Memorial Hermann Medical Plaza

TIRR Memorial Hermann Expands Outpatient Rehabilitation Network



For the 24th consecutive year, TIRR Memorial Hermann ranks as one of America's "Best Hospitals™" for rehabilitation, according to *U.S. News & World Report*. Now TIRR Memorial Hermann is creating a comprehensive, integrated rehabilitation network reaching beyond the Texas Medical Center to outlying communities. The network includes outpatient clinics at Memorial Hermann Memorial City Medical Center,

Memorial Hermann Northwest Hospital and Memorial Hermann The Woodlands Hospital.

TIRR Memorial Hermann continues to remain a source of new discovery and thought leadership within the field of rehabilitation. To further these efforts, TIRR Memorial Hermann recently opened the TIRR Memorial Hermann Research Center.

To refer a patient to TIRR Memorial Hermann Outpatient Rehabilitation, contact 1.800.44REHAB (73422).

TIRR is a registered trademark of TIRR Foundation.



and features state-of-the-art exam rooms, expanded registration areas and large procedure areas with specialized equipment to treat cardiovascular disease. It is 12,000 square feet with four pods and 16 exam rooms, allowing for less wait time for patients and family members. The clinic will offer noninvasive cardiology services, including echocardiography, electrocardiography, treadmill stress testing and cardiopulmonary exercise testing. To refer a patient, call 713.704.4300.

MH Northwest Enlarges Emergency Center

Memorial Hermann Northwest Hospital has finished phase one of its Emergency Center expansion. The \$10 million renovation enlarges the emergency area by nearly 10,000 square feet and includes five new ambulance bays.

It offers increased privacy for all patient rooms, a new ER entrance in the North Tower, two trauma rooms, an isolation and negative pressure room, contamination room, two stretcher waiting rooms to provide EMS patients increased privacy, a drop-off

area in front, EMS lounge and rapid medical evaluation area in the lobby.

MNI Receives State's First Advanced Certification as Comprehensive Stroke Center

The Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center was awarded Advanced Certification for Comprehensive Stroke Centers by The Joint Commission and the American Heart Association/American Stroke Association. MNI is the first and only stroke program in Texas to meet The Joint Commission's stringent Comprehensive Stroke Center standards to receive this recognition.

"By achieving this advanced certification, MNI has thoroughly demonstrated the greatest level of commitment to the care of patients with a complex stroke condition," said Mark R. Chassin, M.D., president of The Joint Commission.

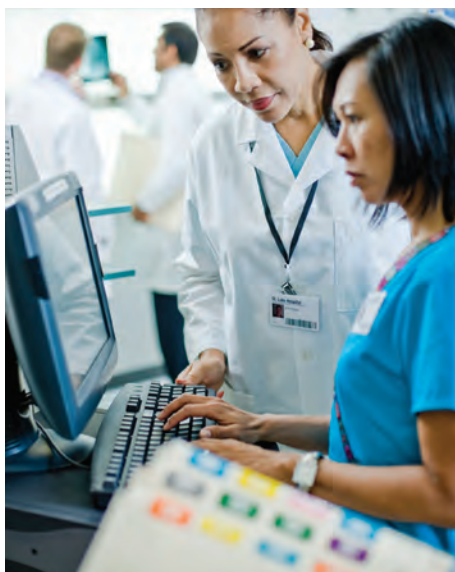
The requirements include advanced imaging capabilities, 24/7 availability of specialized treatments and staff with unique education and competencies to care for complex stroke patients.

What You Need to Know Now About the New Federal Privacy Rules Impacting Medical Offices

By Maxine Inman Collins, M.B.A., CPA, CMC, CMIS, CMOM

Has your office completed the federal privacy and security compliance requirements that went into effect in March and are now enforceable violations as of September 23, 2013? If not, you are not alone. Many practices are still unaware of the September deadline and the new obligations, according to Practice Management Institute (PMI), a leading provider of continuing education focused on the business training needs of private practice physicians and their administrative staff.

In 2012, state-imposed penalties for unauthorized electronic transmission of protected health information (PHI) were put in place as a result of Texas HB 300. This year, the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, enacted in March, includes expanded obligations of physicians and other healthcare providers to protect patients' PHI. Under the federal Omnibus rule, obligations



have been extended to other individuals and companies who, as business associates (BA), have access to PHI, and an increase in the penalties for violations under any of these obligations.

The rule aims to further protect patient privacy with increased protection and control of personal health information and increased accountability for business associates. The rule encompasses a variety of legislation ranging from expanding individual patients' rights to their PHI, to determining the use of PHI for employee training, marketing, fundraising and researching purposes, and establishing a notification plan for breaches. BA relationships and agreements should also be reviewed for compliance, especially those agreements entered before January 25, 2013.

Requirements needed to comply with the HIPAA Omnibus Rule:

- Revise BA agreement forms/templates to comply with the new rule and review existing agreements and contractor arrangements to determine compliance.
- Revise/Modify HIPAA policies and procedures to address response to potential breaches of unsecured PHI.
- Update and distribute Notices of Privacy Practice.
- Review restrictions on the use of PHI for marketing, sales and fundraising.
- Train employees on new obligations.

The U.S. Department of Health and Human Services (HHS) has said it will investigate and penalize covered entities for willful neglect after the September 23 deadline with a maximum penalty of up to \$1.5 million per violation!

An exception to the above requirements includes BA agreements entered before January 25, 2013. These existing agreements remain compliant until changed or renewed, or by September 22, 2014, whichever is sooner.

PMI has served the Houston medical office community for two decades, providing the latest education and certification opportunities. The knowledge gained in these classes helps providers and staff run a more efficient, profitable and compliant office.

UPCOMING CLASSES FROM PRACTICE MANAGEMENT INSTITUTE

- March** – ICD-10 Coding Workshops
- April** – Certified Medical Coder (CMC)
Certified Medical Insurance Specialist (CMIS)
Certified Medical Office Manager (CMOM)
Successful Insurance Claims Processing
Accounts Receivable Management
- May** – Coding ICD-10: The Next Level • PMI National Conference in Chicago
- June** – Transforming the Front Desk Staff
- July** – ICD-10 Readiness: Management Strategies for a Successful Transition
- August** – ICD-10 Readiness: Survival Skills for Coders & Clinicians

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

For information, email donna.alwais@memorialhermann.org or call 713.338.6787.

Complete class descriptions and CME Accreditation Statements can be found at www.pmiMD.com/Lcenters/houston

Fiscal Issues Dominate 2013 Texas Legislative Session

The 2013 Legislature began the regular session buoyed by better-than-expected revenue estimates, and the opportunity to begin the biennial budget process without the huge budget shortfalls which had plagued the legislature for three successive sessions. Of great interest to healthcare providers was the hope that such a dynamic would translate into restoration of the spending cuts resulting from the last budget cycle, which saw the deepest cuts across all of state government (17.2 percent) coming from health and human services.

The last legislature also failed to fully fund the state's Medicaid obligation, leaving a \$4.5 billion IOU for the 2013 legislature to address. Additionally, public and private hospital systems found themselves battling over supplemental payments for providing care to Medicaid recipients and the indigent. After conclusion of the regular session and three special legislative sessions, which stretched the legislative cycle into August, lawmakers adjourned not having fully restored 2011 health and human services budget cuts, but avoided additional base Medicaid rate reductions. They satisfied state Medicaid obligations carried over from last session, and cobbled together a revised system of hospital supplemental payment methodologies (relating to the Disproportionate Share Hospital, or DSH program) for the 2013-15 state fiscal years, which included a first-ever infusion of state general revenue for the upcoming biennium. Finally, lawmakers approved increased funding for Graduate Medical Education (GME), maintaining current statewide residency program levels; increasing first-year residency slots; providing additional funding for family practice residency programs; and giving the Texas Higher Education Coordinating Board planning grant funding for Texas hospitals that have not previously had residency programs.

State lawmakers continued to be concerned about increasing health and human services costs, especially those associated with the State Medicaid program, and their potential

to outpace future spending needs for all other functions of state government. As a result, budget writers employed another round of cost-containment measures, similar to those implemented in 2011. In short, lawmakers directed the Texas Health and Human Services Commission (HHSC) to employ dozens of cost-saving measures, designed to generate \$400 million in state general revenue savings. Considering these budget measures in the aggregate, healthcare providers effectively fought to a draw in 2013, but face many difficult state budget cycles ahead. Concerns about state healthcare spending were exacerbated as the U.S. Congress worked through mid-January 2014 finalizing FY 2013 federal spending levels; crafting a nine-month debt ceiling and sequestration package (pushing back further consideration of those items until September 2014); negotiating yet another temporary doc fix (SGR adjustment), the current version of which expired March 31, 2014; and monitoring implementation of the Affordable Care Act. Further Medicare and Medicaid reimbursement reductions resulted from each of those proposals.

2013 Legislature Fails to Expand State Medicaid Program, Create Health Insurance Exchange

The U.S. Supreme Court's June 2012 decision upholding the Affordable Care Act (ACA) gave states the option of either expanding their Medicaid programs to cover the working poor, as contemplated under the ACA, or opting out of expansion, without risking the federal share of base state Medicaid reimbursement. Texas Governor Rick Perry announced a week after the court's decision that the state would not expand its Medicaid program, nor would Texas create a state-administered health insurance exchange, another major component of the ACA. While Texas hospital and physician advocacy groups joined dozens of state health and human services and business organizations in calling for Medicaid expansion, the governor



maintained his position against expansion, and the 2013 state legislature failed to pass either expansion or health insurance exchange legislation. State Representative John Zerwas, M.D., (R-Fulshear) attempted to advance a stand-alone bill creating a state-specific solution to Medicaid expansion, providing for deployment of federal funds to expand private insurance market coverage to reduce uncompensated care, subsidies for low-income adults, and cost-sharing, to incentivize eligible individuals to make better health decisions. State Senator Tommy Williams (R-The Woodlands) attempted to amend the biennial appropriations bill to allow the Texas Health and Human Services Commission (HHSC) to develop acceptable alternatives to Medicaid expansion, and to negotiate with the (federal) Centers for Medicare & Medicaid Services (CMS). Both measures failed in the closing hours of the regular state legislative session. HHS Secretary Kathleen Sebelius and HHS Region VI Regional Director Marjorie Petty met in Austin recently with representatives of hospital, physician and human services organizations, stating they are willing to work with Texas, as well as others among the numerous states choosing not to expand their Medicaid programs, but to date no proposals have emerged.



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NEWSFLASH

More National Recognition and Awards for Memorial Hermann

In 2006, Memorial Hermann began a journey to become a high-reliability organization. Working together with affiliated physicians and staff, the System's relentless focus on quality and patient safety continues to result in national awards and recognition.

In 2012 and 2013, Memorial Hermann was recognized as one of the nation's **Top 5 Large Health Systems** according to the Truven Health 15 Top Health Systems study. Memorial Hermann is the only health system in Texas to make this prestigious list.

Memorial Hermann received the **2012 John M. Eisenberg Award** for patient safety and quality. Considered to be the "Oscar" of patient safety, it is awarded by **The Joint Commission and the National Quality Forum (NQF)**, the guardians of health and patient safety in our country. Memorial Hermann is the first health system in Texas to earn this distinction and the only health system to win both the Eisenberg Award at the National Level and the NQF Quality Award (2009).

Becker's Hospital Review has included Memorial Hermann among its first annual **100 Integrated Health Systems to Know**. Listed along with Cleveland Clinic and the Mayo Clinic, Memorial Hermann is the only Houston health system to make this ranking based on healthcare analytics, and each system's financial, clinical and operational strength.

These recognitions rest on objective measures of an organization's overall performance – patient outcomes and satisfaction, operational efficiency, physician performance, patient safety and financial stability – and serve as true validations of quality.

