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Prepare now for transition to an accountable care organization



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FOR PHYSICIANS and health care systems, advanced technology combined with government and insurer incentives make forming an accountable care organization (ACO) not only possible, but necessary for continued

financial success. Through St. John HealthPartners, St. John Providence Health System is creating an environment where physicians can align with the system and operate as an ACO to provide coordinated care for patients (see Figure 1). HealthPartners offers support and guidance for physicians with the infrastructures, patient protocols, and technology they need.

Health plans, insurance companies, and the federal government support the move toward accountable care. Changes in reimbursement, payment methods, and incentives make it necessary for physicians and practices to prepare for change and prevent settling for decreased reimbursement. For more information and assistance in preparing your practice for accountable care, call St. John HealthPartners at (586) 753-0926. *To view the full article, visit stjohnprovidence.org/updatesandinnovations.* ↗



FIGURE 1. Accountable Care Organization Model

Update: Patient-Centered Medical Home



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NEARLY 130 PRACTICES have achieved Patient-Centered Medical Home (PCMH) designation. To assist more physicians and practices in achieving this designation, St. John HealthPartners has launched the following initiatives in the past several months:

- HealthPartners is reaching out to physicians currently enrolled in the Physician Group Incentive Program through Blue Cross Blue Shield of Michigan. In addition to primary care, specialties such as cardiology, oncology, and hospitalists, are eligible to enroll.
- HealthPartners is working with all employed primary care practices to nominate them for PCMH designation.
- Physician and practice education regarding PCMH initiatives is

continuing with one-on-one sessions, group meetings, and online education programs.

- HealthPartners is contacting practices identified as ready for PCMH designation to make them aware of the opportunities available.

To find out more about achieving PCMH designation, contact St. John HealthPartners at (586) 753-0926.

To read the full article, visit stjohnprovidence.org/updatesandinnovations. 

2010 PATIENT-CENTERED MEDICAL HOME PRACTICES

THROUGH HARD WORK and dedication in transforming their practices, the following physicians successfully achieved the 2010 Blue Cross Blue Shield Patient-Centered Medical Home Designation:

166 Physicians ~ 42 Practices

St. John Center for Internal Medicine

Jeremy Henson, MD
Ronald Hertz, MD
Raymond Hilu, MD
James Kruer, MD
Frederick Michael, MD
Marjorie Mooney-Jacoby, MD
Donald Rozzell, MD
Michael Yacoub, MD
Virginia Zacharias, MD

St. John Pediatric Associates

Ahmad Azar, MD
E. Dalton Black, MD
Joseph Blodgett, MD
Eva Cristescu, MD
Sharon Fowler, MD
Lyric Green, MD
Shakeela Mirza, MD
Mohammad Saberi, MD

Paula Schreck, MD

St. John Family Medical Center

Kenneth Bollin, MD
Kathleen Fulgenzi, MD
Mary Murphy, MD
Mark Paschall, MD
Nicholas Urbanczyk, DO

River Park Internal Medicine

Gina Buccalo, MD
Deighton Family Practice
Patricia Barber, MD
Braswell Deen, MD
Karen Mitchell, MD
Gary Otsuji, MD
Jill Schneiderhan, MD
Shalini Singh, MD
Teneshia Wright-Jones, MD
Kamran Zakaria, MD
Susan Zeltzer, MD

South Lyon Medical Center

Thomas Anan, MD
Denise Balon, MD
Stacey Bartell, MD
Robert Brummler, MD
Promita Rouchoudhury, MD
Martha Rumschlag, MD

Paul Schultz, MD
Cherolee Trembath, MD

Family & Athletic Medicine

Gregory Cibor, MD
Scott Eathorne, MD
Michelle Khurana, MD
Michael Montico, MD
David Peck, MD

River Park Pediatrics

David Brege, MD

Park Internal Medicine

Mark Kaminski, MD
Usha Singhi, MD
Mark St. Thomas, MD
Kevin Thompson, MD

PremierFamily Physicians

Mark Holowinski, MD
Farzin Namei, MD
Natalie Okerson, MD
Jeffrey Parcells, MD

Lakeview Pediatrics

Linda Crandall, MD
Theodore Daniel, MD
Rubin Gappy, MD
David Kroll, MD

2010 PATIENT-CENTERED MEDICAL HOME PRACTICES (CONTINUED)

Robert McGahey, MD
Guiseppina Naughton, DO
Margaret Pierron, MD
Sheila Rao, MD

Pointe Family Physicians

James Fortune, MD
Christopher Goldsby, MD
David Larose, MD
Bethany Leighton, DO
Barbara Tess, MD

Bell Well Medical Center

Paul Benson, DO

Academic Internal Medicine

Samira Ahsan, MD
Saba Darda, MD
Peter Dews, III, MD
Tammy Lundstrom, MD
Michael Marshall, MD
Howard Schubiner, MD
Michael Williams, MD

Masonic Medical Center

Chandrika Iyer, MD
Rachel O'Byrne, MD
Veena Panthangi, MD
Barry Scofield, MD

Warren Family Physicians

Donald Campbell, Jr, MD
Laura Fox-Smith, MD

Oakland Family Internal Medicine

Michael Somand, MD

Medical Pavillion II Internal Medicine

Steven Hadesman, MD

Prime Care of Novi

Theodore Shiveley, DO
Robert Zaid, DO

Bayside Family Medicine

Kathleen Rheaume, MD

Providence Park Pediatrics

Ada Kendall, MD
Colleen Miele, MD
Marcia Newcombe, MD
Manisha Parikh, MD

Anne Marie Patenaude, MD
David Segaloff, MD

River District Family Practice

H. Lee Bachelder, Jr, DO
Lauri Conroy, MD
Aleksander Domiczek, MD
Mark Hamilton, MD
Jeffrey Lukas, MD

Romeo Plank Family Medical Center

Bruce Benderoff, DO
Keith Bornstein, DO
Andrzej Zajac, DO

Konstantinos Kapordelis, MD

Vitale Massimiliano, MD

St. John Center for Wellness

Edward Pazuchowski, MD
James Whitmyer, MD

Pointe Pediatrics

James Landers, MD

Garfield Family Practice

Russell Chavey, MD
James Cho, DO
Michael Kenneson, DO
Beena Nagappala, MD
Wasim Rathur, MD
Christina Winder, MD

Harper Family Practice

Paul Burgoyne, MD
Anthony Paniccia, MD
Laurie Rudnick, MD

Berkley Primary Care

Barbara Falkell, DO
Lisa Fulgenzi, MD
Karen Swanson, MD

Premier Internal Medicine

Chad Savage, MD

Greater Michigan Internal Medicine

Salim Meram, MD

Kelley Krueger, DO

David Cooley, DO

Khalid Zakaria, MD

NorthPointe Pediatrics

Lynn Alling-Jones, DO
Laura Clark, MD
Brian Engel, MD
Michelle Foster, MD
Peter Francis, MD
Jeannette Marchand-Mateyak, MD
Kristen Miller-Unger, MD
Ganga Nadarajah, MD

Thomas D. Schomaker, DO, PC

Michael Little, MD
Thomas D. Schomaker, DO

Michael J. Naber, MD, PC

Matthew Gill, MD
Michael Naber, MD

East Area Family Physicians, PC

David Beyer, MD
George Costea, DO
Robert Edwards, MD
Keith Hoffman, MD
Clara Kamath, MD
Jenilyn Wetzell, MD

Bay Area Family Physicians

Keith Defever, MD
Anna Demos, MD
Thomas Graves, MD
Eileen Hopman, MD
Dennis Ramus, MD
P. Gregory Rowsell, MD
Paul Paonessa, MD

Pediatric Clinic

Carol Ann Abiragi, MD
Roger Abiragi, MD
Minda Alimario, MD
Alexis Balomenos, MD
Kevin Kutskill, MD
Leonidas Moschouris, MD
William Smyka, MD
Anna Vondrachek, MD

Eastlake Pediatrics, PC

Melinda Karam, MD
Vesna Roi, MD
Cheryl Sobocinski, MD

Surgical developments in treating inflammatory bowel disease



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SURGICAL ADVANCES to relieve complications from Crohn's disease and ulcerative colitis offer improved outcomes and higher quality of life.

Bowel Preservation Surgery for Crohn's Disease

Surgery is recommended only for complications of Crohn's disease such

as perforation, obstruction, fistulas, bleeding, and cancer or disease that is refractory to medical therapy or steroid dependence. Strictureplasty relieves obstruction from a stricture and preserves the small bowel. Performed both laparoscopically and with open surgery, strictureplasty involves opening a narrowed section of bowel lengthwise and closing it transversally, which widens the stricture without the need to remove any bowel. Patients experience symptomatic relief and similar outcomes to patients who have undergone bowel resection.

Ulcerative Colitis

The J-Pouch, or ileal pouch reconstruction, involves removing the colon and rectum, creating a new reservoir from the small intestine, and connecting it to the top of the anal canal. The operation is a cure for ulcerative colitis and greatly reduces the risk of colorectal cancer. No permanent ileostomy is required and normal route of evacuation is the same. Results of quality-of-life surveys following J-Pouch surgery are the same as those for individuals who have never had the disease.

To refer a patient, call (248) 849-6030. To read the full article, visit stjohnprovidence.org/updatesandinovations. [↗](#)

Heart and Vascular Screening Clinic



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ST. JOHN PROVIDENCE Health System offers a one-stop shop for patients at risk for cardiovascular disease (plaque buildup in the arteries of the brain, heart, abdominal aorta, and lower extremities). Patients can receive a series of diagnostic tests that can detect vascular disease, a frequent cause of stroke and heart attacks, all within one hour and at a low price. The clinic was created in response to

patient demand and the changing health care and economic climate. This approach to screening creates a new avenue for access to care with the goal of improved outcomes for those at risk.

The following battery of tests, not typically covered by insurance, is available for \$75:

- Blood work for cholesterol and diabetes
- Blood pressure check
- Electrocardiogram (ECG)
- Body mass index (BMI)
- Ankle brachial index (ABI) to detect peripheral artery disease
- Carotid ultrasound to examine blood flow to the brain
- Abdominal aortic ultrasound to check for aneurysm

- Lifestyle questionnaire
- Complete medical history

Patients are mailed their risk profiles and test results to review with their primary care physicians.

Referrals are most appropriate for patients with diabetes, hypertension, a history of high cholesterol, or a strong family history of coronary artery disease. However, any patient who desires this valuable health screening is welcome.

The Heart and Vascular Screening Clinic is available at Providence Hospital, St. John Hospital and Medical Center, St. John Macomb-Oakland Hospital, Macomb Center, and St. John River District Hospital. For an appointment, call 1-866-501-DOCS (3627). [↗](#)

Improving survival for patients with peritoneal carcinomatosis from colorectal cancer



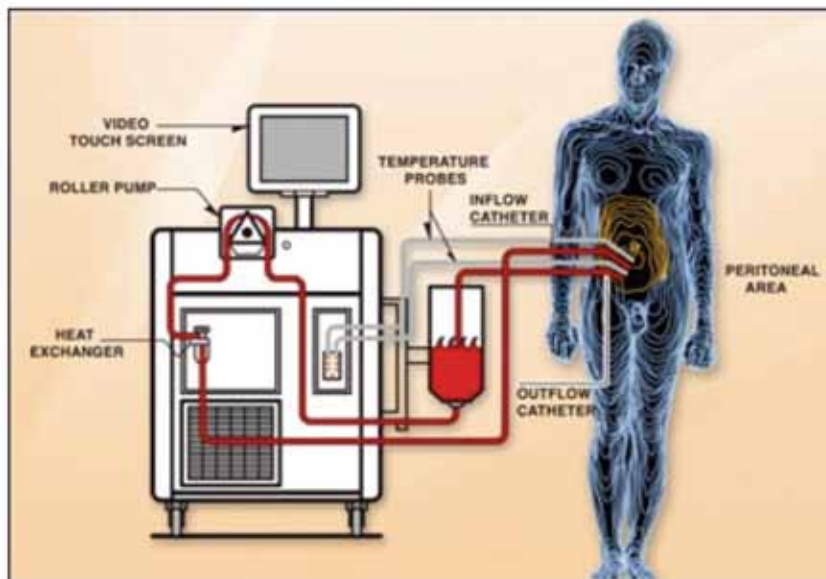
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PERITONEAL CARCINOMATOSIS (PC)

has traditionally been thought of as incurable, and was treated with systemic chemotherapy alone. With this treatment, the median survival for patients with PC from gastrointestinal tumors has been only 3-7 months. Over the past 15 years, PC has been approached by surgical oncologists as a localized disease. Select patients have been offered cytoreductive surgery (CRS) and hyperthermic

intraperitoneal chemotherapy (HIPEC) with encouraging improvements in survival. For example, in a subset of patients with metastatic disease confined to the abdomen, research shows CRS and HIPEC have resulted in a median survival of up to 42 months when complete surgical cytoreduction is achieved.

This treatment will become more standardized and will be offered around the country. We are very excited to bring this technique and treatment option to St. John Hospital and Medical Center. *To read the full article, visit stjohnprovidence.org/updatesandinnovations. To refer a patient, call (313) 647-3252.* [↗](#)



When CRS is complete HIPEC is initiated. The abdominal cavity is temporarily closed after placing inflow and outflow catheters and attaching them to a roller-pump heat exchanger perfusion machine. Warmed saline is then circulated through the pump. A chemotherapeutic agent is added to the perfusate and circulated through the abdominal cavity for 90 minutes. The perfusate is removed and the abdomen is re-opened and irrigated.

Funding enables early implementation of CPOE



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ASCENSION HEALTH has granted \$4 million to St. John Providence Health System to fund the CPOE (Computerized Physician/Provider Order Entry) initiative as part of eCare. The CPOE system will allow providers to input patient orders electronically and includes more than 300 pre-built order sets, such as admission orders, and 30 nursing plans of care.

The CPOE system:

- Decreases provider reliance on memory.
- Decreases preventable errors.
- Improves quality and safety.
- Increases overall efficiency of patient treatment.
- Eliminates legibility problems.

Training for physicians and other caregivers will begin in Spring 2011 with a scheduled go-live date of June 2011. *Read the full article at stjohnprovidence.org/updatesandinnovations.* [↗](#)

Prevent auto accidents with attention to sleep apnea risk



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PRIMARY CARE PHYSICIANS are a key resource for identifying patients at risk for sleep apnea and preventing complications, such as injuries from auto accidents. Patients should be evaluated for sleep apnea if they:

- Complain of fatigue and/or sleepiness during the day
- Have a thick neck
- Have a bed companion who complains of nighttime apneic events
- Have an elevated BMI, especially a BMI over 35

Any patient with unexplained daytime sleepiness, regardless of

whether they have any of these other symptoms, can also be evaluated. Individuals who drive for a living or who have been involved in an auto accident caused by drowsy driving should be evaluated quickly to reduce the risk of additional or future auto accidents.

To refer a patient for a sleep study to diagnose sleep apnea or other sleep disorders, call Pulmonary and Critical Care Associates' Sleep and Diagnostic Center in Roseville at (586) 445-5995. *To read the full article, visit stjohnprovidence.org/updates/andinnovations.*

Health ePractice Ambulatory EMR for \$149

Deeply Discounted Electronic Medical Record, Healthcare Information Exchange, and Patient Portal Packages

ST. JOHN HEALTHPARTNERS is offering Health ePractice, a unique Electronic Medical Record (EMR) solution at the substantially reduced cost of \$149 per physician per month, inclusive of Healthcare Information Exchange (HIE) and Patient Portal (see Figure 1 for details). St. John Providence Health System will donate the majority of the cost of this package,

and together with St. John HealthPartners, will offer you the support to implement the product and use it successfully to achieve Meaningful Use standards and obtain potential monetary rewards. For more information about the IT tools, visit health-epractice.org.

Due to Stark compliance, these packages cannot include practice hardware and connectivity. However, SJHP can offer a practice management system at an additional cost as well as help you obtain discounts on connectivity and any recommended

hardware or upgrades for an optimal performing system for your practice.

As a valued member of our medical staff, we want to work with you to achieve Meaningful EMR Use while simultaneously laying the foundation to integrate our physicians and hospitals into an accountable care organization. To learn more, call (586) 753-0926 or email SJHP@stjohn.org.

To read the full article, visit stjohnprovidence.org/updates/andinnovations.

Figure 1. Health-ePractice Cost per Physician

Your Choice of One of These Packages: (Guaranteed Price for 3 Years)	Monthly Cost Per Physician*			Total Cost
	2011	2012	2013	3 Years
1. Comprehensive EMR	\$149	\$149	\$149	\$5,364
2. HIE/Patient Portal	\$40	\$40	\$40	\$1,440
3. Modular Patient Registry & e-Rx	Please Inquire	Please Inquire	Please Inquire	Please Inquire

*Note: Does not include practice hardware and connectivity costs. St. John HealthPartners remains steadfast in our commitment to offer these packages to our physicians at the lowest possible cost. We will continue to monitor federal regulations and alter our business model accordingly to address future needs

Home Care Physicians offers solutions for homebound patients



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FOR ELDERLY PATIENTS and individuals with limited mobility following surgery or an illness, leaving home for a doctor's appointment may be impossible. Home Care Physicians brings the doctor's office to the patient's home, offering physicians and their patients a temporary or long-term solution. Patients are referred back to their primary care physicians for ongoing care, and communication with the referring physician allows exceptional continuity of care. Many insurances including Medicare, cover the cost of home care for patients.

Many of Home Care Physicians' patients are elderly, often 80 years of

age and older. Others have endured surgery, an illness, a stroke, severe arthritis, multiple sclerosis, severe anxiety, or paralysis. Some patients may be bedbound, necessitating prevention and treatment of ulcers and non-healing wounds.

Home Care Physicians offers general exams, medication management, wound care, and diagnostic testing including blood draws, IV antibiotics, oxygen therapy, X-rays, and echocardiograms. If other diagnostic tests are needed, Home Care Physicians can arrange the exam in the patient's home through another provider.

Two family practitioners, Farzin Namei, MD, and wound-care certified Cecily Pratt, MD, visit patients in their homes. Also on staff is wound-care certified nurse Susan Brandle, RN.

For many patients, home care reduces the length of stay in the hospital and decreases the risk of

readmission for the same diagnosis. Patient compliance, hygiene and cleanliness issues, diet, medication administration, and drug interactions are addressed.

A goal during every home visit is to educate the family members who care for their loved one at home. Personally visiting the patient's home allows the physician or nurse to observe the home and offer hands-on education and solutions tailored to the patient's needs and environment. This individualized approach can ease the transition from hospital or nursing center to home. These aspects of the visits often take on as much importance as medical issues for patients and their caregivers.

When patients regain mobility, they are referred back to their primary care physician for continued care. To refer a patient, call (586) 443-5588. 📞

Chronic Pelvic Pain Clinic



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CHRONIC PELVIC PAIN affects approximately 15% of American women at some point in their lives, with peak incidence at 30 years old. This can greatly impact a woman in very productive years of life and place an economic burden on the family through lost productivity and direct medical costs.

The Female Chronic Pelvic Pain Clinic provides comprehensive

evaluation and treatment of women with chronic dysmenorrhea (painful menstrual periods), dyspareunia (pain with intercourse), and chronic pelvic and lower abdominal pain. The clinic will provide:

- A systematic evaluation of possible pain generators, those of gynecologic, gastro-intestinal, urologic, neurologic, vascular, and musculoskeletal origins.
- Attention to the central sensitization and pain-related disorders that exist outside of the pelvis.
- An assessment of psychological effects resulting from their pain disorder and any psychological contributors to the pain, with use of consultations with licensed

professional counselors, psychologists, and psychiatrists when appropriate.

- Treatment in the form of medication, dietary and lifestyle modifications, physical therapy (formal PT and home regimens), bladder irrigations, trigger point injections, and minimally invasive surgery, including robotic surgery.

Patients with a 3-month history of pelvic pain may self-refer. Patients with a shorter duration of pain will be accepted by referral from their physician. Referred patients will return to their primary care physician or referring provider for their routine healthcare needs. To refer a patient, call (313) 343-3494. 📞



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for information

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For access to Southeast Michigan's top specialists, call the St. John Providence Health System Physician Referral Line at 866-501-DOCS (3627). No matter what your patients' needs are, we can find the right physician. For more information, visit us at stjohnprovidence.org.



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