

UPDATES & INNOVATIONS

Summer 2010



REPORTS AND BEST PRACTICES FROM ST. JOHN PROVIDENCE HEALTH SYSTEM

Results of 2010 Readership Survey

(see page 11)

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Physician focus group update



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THIS IS THE THIRD UPDATE to you on the work underway as a result of the primary care physician focus groups held last fall. We are making progress!

eCare discharge process improvement: A streamlined eCare discharge process will be implemented throughout the health system in mid-June. We are training staff to assist you during the transition. Materials will also be available on the St. John Providence Health System eCare web site.

IT support for you: IT associates are on site at your hospital on a regular schedule to assist you, and on-call support is available 24/7 (see sidebar on page 2 for phone numbers). Please don't hesitate to call on them. These individuals can also train your office staff to enable them to navigate through eCare.

Lab billing: The speed and accuracy of lab bills/rebills is being worked on to make significant improvements. We expect to pilot a new itemized lab bill by August 2010.

Perfect serve improvements: A pilot program is underway to help customize physician communication needs.

Hospitalist scorecard: We are piloting a program to provide data to you to assist in selecting a hospitalist. The hospitalist scorecard will have quality data such as readmission rates, guidelines adherence and length of stay.

EMR for your practice: We are finalizing contracts with vendors for electronic medical record, health information exchange and patient portal products to be offered to all credentialed physicians. These tools will be available at a significantly lower rate than other entities. Training for physician offices will be available. Physicians who participate may

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Physician focus group update *(continued from page 1)*

also qualify for federal stimulus funding for the meaningful use of IT. If you are interested, please call St. John HealthPartners provider relations at (586) 753-0926.

Physician specialists provide their feedback

More than 100 St. John Providence physician specialists attended focus groups in February and March. They provided a wealth of valuable feedback. Here are the five overall themes that emerged:

- Physicians strongly favor more investment by our health system in information systems to electronically connect their offices to the hospital and obtain group pricing.
- Physicians felt there is need for

improved communication between referring physicians.

- Several hospital processes need streamlining to be less time-consuming and less cumbersome, such as the discharge process.
- The four system-wide Centers of Excellence – cardiovascular, oncology, neurosciences and bariatrics – are a good start, but we could do better leveraging our size and talent. Other COEs should be added.
- Doctors were very favorable about our Passion for Healing marketing, especially putting our physicians out front in advertising.

We welcome your feedback on any and all of these programs designed to help you and your practice. Thank you for partnering with St. John

IT support


St. John Hospital & Medical Center
(313) 343-6306

St. John Macomb-Oakland Hospital
(586) 576-4075

Providence Hospital
(248) 849-5698

Providence Park Hospital
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If your call is routed to the IT Solution Center, please leave a message for IT Physician Support to be paged.

Providence Health System to provide our patients with high quality, efficient care. 

St. John Macomb-Oakland Hospital designated an accredited Chest Pain Center with PCI



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ST. JOHN MACOMB-OAKLAND HOSPITAL has earned full Cycle III accreditation with PCI from the Society of Chest Pain Centers through

March 2013. The society's goal is to significantly reduce the mortality rate of chest pain patients by increasing awareness and improving the effectiveness of treatment. The door-to-reperfusion time at St. John Macomb-Oakland Hospital is excellent and matched by very few hospitals in Michigan. This accreditation reflects that our patients receive state-of-the-art care during that critical window of time when the integrity of the heart muscle can be preserved intact.

SJMOH has worked very hard for a leadership position in cardiovascular care. It starts with our EMS partners and goes from there. Our ED and cardiovascular teams work like a well-oiled machine when it comes to chest pain, including our nursing staff.

SJMOH's approach to patient management reduces the time to treatment during the early stages of a heart attack, when treatments are most effective. It also involves more effective monitoring of patients when it is unclear whether they are having a coronary event. Such observation helps ensure that a patient is neither sent home too early nor needlessly admitted.

More than 600,000 Americans die annually of heart disease, so education is critical for our communities as well as our medical professionals. SJMOH is dedicated to continuing the excellent work and great outcomes that have made us a Top 100 heart hospital. Our new accreditation takes us to the next level. 

Pediatric cancer update: innovation and research boost cure rates



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TREMENDOUS PROGRESS in pediatric oncology has been made within the past 10 years. Cure rates now range between 70% and 80%. Acute lymphocytic leukemia, the most common malignancy among children, is cured in about 75% of cases. Some lymphocytic leukemias are predictably curable.

Special challenges for adolescents and young adults

Patients 15 to 30 years of age face issues such as fertility, dating and intimacy, finances, and vocational training or college enrollment. During this period of growth and change, a diagnosis of cancer can cause complications manifested as attitude changes and difficulties in complying with treatment. This age group also exhibits a distinctive range of pediatric and adult cancers.

To address these challenges, we have developed a special program for adolescents and young adults that includes collaboration with medical oncologists, radiation oncologists, surgeons, and social services personnel. Significantly, young adults treated aggressively with pediatric protocols show a 20% to 30% improvement in cure rates, compared with those treated according to adult protocols.

New therapeutic approach for acute myelocytic leukemia (AML)

As a member of the Children's Oncology Group, the Meade Pediatric Hematology Oncology Center participates in more than 80 ongoing clinical trials. One such study, co-sponsored by the Children's Oncology Group and the National Cancer Institute, compares the effects of different combined therapies to treat newly diagnosed acute myeloid leukemia.

Cancer patients sometimes benefit when monoclonal antibody treatment is added to standard chemotherapy regimens, thereby destroying cancer cells and blocking growth through different biological processes. With acute myeloid leukemia, we don't know what effect such a combined approach would have on the disease. The purpose of this study is to determine whether chemotherapy given with the monoclonal antibody, gemtuzumab, will increase event-free survival beyond that achieved with chemotherapy alone. Patients up to 29 years of age are eligible, and we are actively recruiting participants.

Most of our patients, regardless of age, are enrolled in a trial. We make these opportunities – and our pediatric protocols – available to medical colleagues who may be undecided about a direction for treating their young adult patients.

The Meade Center: uniquely patient centered

Our oncology specialists collaborate with psychologists, home care nurses, child-life specialists, and social

workers trained in caring for children, adolescents, and young adults with cancer.

The Meade Pediatric Hematology Oncology Center has created a friendly, warm environment. Pain is managed with conscious and deep sedation, patient-controlled anesthesia, relaxation, guided imagery, reading, or play distraction.



A new intervention to enhance patient compliance

Recognizing the popularity of video games, the Meade Pediatric Hematology Oncology Center, in collaboration with HopeLab, conducted research showing the positive effects a specially designed video game could have in young cancer patients. We participated in a study of nearly 400 teens and young adults in the United States, Canada, and Australia. Study subjects outperformed controls in complying with their chemotherapy and antibiotic regimens and in acquiring knowledge about their disease. This approach offers yet another tool to improve the health of our pediatric patients. 🎮

Clinical IT tools and training to help physicians

ARE YOU EQUIPPED to qualify for meaningful use? If not, St. John Providence Health System can help. SJPHS can offer the clinical tools and training to qualify for American Recovery & Reinvestment Act (ARRA) stimulus funds, up to \$44,000 over five years, and increase reimbursement from payors. These tools will also put you on the road to Patient-Centered Medical Home (PCMH) designation and improve communication between your practice and system hospitals.

SJPHS will subsidize a significant portion of the cost to purchase electronic medical record (EMR), health information exchange (HIE), patient portal, e-prescribing and disease registry. A detailed pricing model will be available within the

next 60 days. Physicians and their office staff will also receive support to execute operational changes required to implement these tools. Training and ongoing support are key to achieving meaningful use of these tools.

For more information, see our frequently asked questions or call St. John HealthPartners Provider Relations at (586) 753-0926.

FREQUENTLY ASKED QUESTIONS

➔ What clinical IT tools are/will be offered?

The HIE, patient portal and electronic medical record (EMR) will be available to implement in early 2011. E-prescribing and disease registry are currently available to begin your transition. While EMR, HIE and

patient portal are all required to achieve meaningful use, St. John Providence Health System can begin preparing your office for these tools and a patient-centered medical home designation. See figure 1 for an outline of the products and their function and availability.

These tools and vendors were selected based upon feedback from physicians across the system on ease of use, cost, information sharing potential, and preference. The health information exchange (HIE) offered will grant physicians access to the most comprehensive, optimal data available. While other health care systems are offering HIE that is limited to connecting physicians, the HIE available through SJPHS will also link to the State's HIE.

Figure 1. Qualifying Ambulatory IT Products for Meaningful Use

Product	Functionality Provided	Use Qualifies for ARRA	Use Qualifies for PCMH	Available
EMR	Implement a comprehensive ambulatory electronic health record solution, including electronic prescribing, in-office messaging, results viewing Orders (lab, diagnostic testing and referrals) Physician documentation (structured progress notes) Manage your population with these registry functions: Age/gender-specific prompts (pap, mammography, colonoscopy, PSA, etc.), chronic disease prompts (diabetes, CAD, CHF, asthma, etc.) and reporting functions for each	✗	✗	Product available 2011 Webinars & preparation soon available
HIE	Receive clinical results and other information about your patients Connect to a community data interchange	✗	✗	2011
Patient Portal	Securely communicate with your patients Provide online appointment scheduling requests for your patients Collect information prior to visits Manage prescription refill requests Share clinical results	✗	✗	2011
Disease Registry <i>Cielo</i> <i>WellCentive</i> <i>(SJMG-offered)</i>	Manage your patient population using a disease registry Leverage registry prompts to stay on track with needed preventive and chronic disease-related services		✗	Now
e-Prescribing	Electronic prescribing		✗	Now

qualify for meaningful use

Webex presentations, including product demonstrations such as the electronic medical record, will soon be available.

This includes disease registry, e-prescribing, HIE and patient portal products. These products could be a viable option if registry vendors become certified (at this time, Cielo has a plan to achieve), the final ARRA rule allows for a modular EHR approach, and/or the dates for ARRA shift one or more years ahead.

information exchange (HIE), patient portal, e-prescribing and disease registry. In addition, working through St. John HealthPartners, it will implement these tools into physician practices.

➔ Do I need all of these tools to qualify for meaningful use?

Yes. Electronic medical record (EMR), health information exchange (HIE) and patient portal and associated operational changes are all required to achieve meaningful use. These products can be implemented over a period of time, using one or more products, or fully transitioned with a comprehensive product package. The rate at which you adopt these tools may impact when you will qualify for ARRA funds (final regulations are pending). However, implementing any combination of these tools to capture clinical data will likely support a patient-centered medical home designation. Some of the implementation options include:

- **Full EMR, HIE, and Patient Portal** package to best position your practice for ARRA funds and to support PCMH designation requirements.
- **EMR-Lite or Modular** package to position your practice to be able to adopt EMR at a later date.

- **HIE and/or Patient Portal** package to complete functionality, if your practice already has EMR or modular IT solutions and you only need a HIE connection and patient portal.

A number of practices may have existing hardware and software for one more IT products. If you already have EMR and MISYS, you will be offered the opportunity to convert these products. In fact, your office may have already been contacted about this. If not, you will be contacted about implementation and patient-centered medical home transformation.

➔ How can St. John Providence Health System help my practice get started?

St. John Providence Health System will subsidize a significant portion of the cost to purchase electronic medical record (EMR), health

information exchange (HIE), patient portal, e-prescribing and disease registry. In addition, working through St. John HealthPartners, it will implement these tools into physician practices.

St. John HealthPartners Partner and Transform teams can help to identify the right products for your office, provide technical support and train you and your office staff to use the new IT tools. A Partner team member assigned to your practice will assess your current tools and help you identify which product package is right for you. Once you are ready to proceed, the Transform team will facilitate implementation by:

1. Helping to set roles and responsibilities, milestone tracking, project management and eliminate barriers
2. Assessing office technical, interface and workflow
3. Assisting with office infrastructure (hardware and network) adequacy
4. Selecting office subject matter expert(s) and physician champion(s)
5. Conducting gap analyses, develop implementation and training plans, and create office communication plans

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Figure 2. Medicare Incentives for Meaningful Use

Adoption Year	Maximum Payment							PFS Penalty
	2011	2012	2013	2014	2015	2016	Total	
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000	
2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000	
2013			\$15,000	\$12,000	\$8,000	\$4,000	\$39,000	
2014				\$12,000	\$8,000	\$4,000	\$24,000	
2015							\$0	1%
2016							\$0	2%
2017+							\$0	3%

Clinical IT tools and training to help physicians qualify for meaningful use

(continued from page 5 – frequently asked questions)

6. Implementing workflow transformation to optimize utilization and adoption of new systems
7. Deploying tools, test and train staff
8. Implementing and providing on-site support during module go-lives for electronic medical record (EMR)
9. Training and executing results reporting
10. Providing Post-live support

The ongoing maintenance and upgrade of the central data server, including hardware disaster recovery, security, remote access, testing, standard's compliance will be centrally controlled and inclusive in the EMR package.

Physicians who do not adopt EMR technology or achieve meaningful use by 2015 will be subject to financial penalties under Medicare. We encourage early adoption since the regulations may change.

➔ Other Incentive Opportunities

Several commercial payers, including HAP, BCN, Priority Health, and Blue Cross through its PGIP program offer Primary Care incentives based on completion of HEDIS® measures. Adopting clinical IT tools helps with population management, can improve your level of success in these programs and offers another return on investment. It is expected that the incentive opportunities expand within these payers as well as to other payers.

➔ How much will it cost?

St. John Providence Health System will subsidize a significant portion of the cost to purchase the electronic medical record (EMR), health information exchange (HIE), patient portal, e-prescribing and disease registry. A detailed pricing model will be available within the next 60 days.

➔ Is this available to employed and non-employed physicians?

Yes. St. John Providence Health System will make subsidization and technical support for implementation and training for electronic medical record (EMR), health information exchange (HIE), Patient Portal, e-prescribing and disease registry available to physicians that are credentialed at any of its hospitals. Local physician organizations will help identify which practices are phased in as resources for subsidization and support services are available. You can expect further communications about these and other activities via email, mail, and other means.

GLOSSARY

Health Information Exchange (HIE)

Secure delivery of electronic health information across separate health care providers and organizations,

including hospitals, physicians, office staff, patients, pharmacies and health plans, community agencies, etc.

Patient Portal

A web-based program that lets patients and doctors communicate easily, safely, and securely over the Internet. Patients are given secure passwords that allow them to log into their Personal Health Record (PHR) to see their own private set of documents including labs, diagnostics, and messages. Doctors can automatically remind patients for their health maintenance reminders, procedure due dates and ask patients to update their demographic information before visiting the office.

Electronic Medical Record (EMR)

An electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

E-Prescribing

A web-based program that allows clinicians to generate and transmit prescriptions through an automated data entry process to participating pharmacies.

Disease Registry

A database or system to capture and track key clinical data on patients to assist care team members in proactively managing patients/ populations with chronic diseases (diabetes, asthma, CHF, hypertension, etc.) or keeping track of preventive services (pap smears, mammograms, immunizations, etc.). ↩

➔ Can I get this in time for Meaningful Use?

To be eligible for the CMS incentive payments, physicians must implement and use certified electronic medical record (EMR), health information exchange (HIE) and Patient Portal tools in compliance with the "meaningful use" definition. To achieve meaningful use and qualify for maximum incentives, physicians must become meaningful users in starting in either 2011 or 2012. Participating physicians will receive the largest payment in the first year of the program and ongoing funds for demonstrating meaningful use during each of five subsequent years (see figure 2).

Changes in vocal quality may indicate major medical problem



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Symptoms of voice disturbances:

- **Raspiness.** *Indication of impaired vocal fold vibration.*
- **Breathiness.** *Indicates an incomplete closure of the vocal folds and may be due to vocal fold paralysis or a mass.*
- **Peculiar vocal quality.** *May be a sign of a neurologic problem.*
- **Change in resonance.** *Can be caused by polyps or tumors in the resonating cavities, such as the throat, nose, and mouth.*

PATIENTS PRESENTING with changes in vocal quality or certain vocal characteristics should receive further evaluation to prevent or detect a potentially major medical problem and to prevent permanent hoarseness. Specialists at Lakeshore Professional Voice Center, part of the Lakeshore Ear, Nose and Throat Center, are trained to thoroughly evaluate and treat a wide range of voice disorders. Most insurance covers the cost of a voice evaluation, which involves a complete history, physical exam and visualization of the vocal cords with strobovideolaryngoscopy.

Most referrals are from primary care physicians. Though patients don't often visit their PCP for a voice problem, their physician may detect a change in voice quality.

When changes in vocal quality signal a major medical problem, such

as cancer of the larynx or lung, early detection offers a better chance for complete recovery. Fortunately, the majority of vocal fold masses are benign and related to vocal fold trauma. When discovered early, they can be treated more efficiently, conservatively, and with better long-term prognosis. Left untreated, many voice disorders lead to scarring, which results in permanent damage and voice quality impairment.

A number of neurologic disorders can affect the voice, such as myasthenia gravis, Parkinson's disease, amyotrophic lateral sclerosis and multiple sclerosis. If a patient presents with articulation problems, or dysarthria, a neurologic problem should be highly suspected.

The Voice Center is comprised of a team of specialists including a fellowship-trained laryngologist, Adam Rubin, MD, and voice pathologist Cristina Jackson-Menaldi, PhD. On-site technology includes strobovideolaryngoscopy, a fully computerized voice lab, electromyography, and transnasal distal chip flexible laryngoscope. Transnasal-esophagoscopy and flexible

endoscopic evaluation of swallowing with sensory testing are also performed for patients with swallowing problems (dysphagia). Also performed in-office are Botox injections to treat spasmodic dysphonia. Awake vocal fold injection procedures to treat paralysis or the aging larynx as well as laryngeal laser procedures are also offered.

Any patient with a sudden voice change who cannot rest the voice for several days or with a voice change that lasts longer than two weeks should be seen and evaluated. Vocal emergencies for professional voice users such as performers or teachers can usually be seen in 24-48 hours. To refer a patient, call (586) 779-7610. [A](#)

Most referrals for voice evaluation come from primary care physicians who detect changes in vocal quality during an office visit. Any patient with a sudden voice change who cannot rest the voice for several days or with a voice change lasting two weeks or longer should be seen and evaluated.



Resolving sleep apnea decreases risk for cardiac disease and stroke



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About 50% of patients with essential hypertension have sleep apnea.

SNORING AND DAYTIME SLEEPINESS may drive patients to seek treatment for suspected sleep apnea. However, if left untreated, sleep apnea raises the risk of high blood pressure, stroke, heart failure and abnormal heart rhythms.

When sleep apnea patients stop breathing, their oxygen levels decrease and carbon dioxide levels increase, which activates the sympathetic nervous system. When these patients breathe in, their cardiac output increases and blood pressure spikes, disrupting the normal nighttime regulation of blood pressure and the sympathetic nervous system. This may

be the link between higher incidence of cardiovascular problems and sleep apnea.

Because of the medical ramifications of sleep apnea, most insurance companies cover diagnosis and treatment.

CPAP (continuous positive airway pressure) machines are the most effective treatment available for obstructive sleep apnea. With good compliance, efficacy is about 90%. This technology is increasingly dynamic and sensitive, with computerized memory chips that store information and adjust the flow of air.

An overnight sleep study remains the standard for diagnosis of obstructive sleep apnea and other sleep disorders, including:

- Narcolepsy
- Restless legs syndrome
- Parasomnias (night terrors or sleep walking)
- Insomnia

Sleep studies can be conducted at one of St. John Providence Health System's six Sleep Centers, accredited by the American Academy of Sleep Medicine (AASM). They are located:

Macomb Sleep Institute
North Macomb, (586) 868-9075

Macomb Sleep Institute
South Roseville, (586) 778-3478

Michigan Institute for Sleep Medicine
Providence Park Hospital, Novi
(248) 465-4290

The Sleep Center (accreditation pending)
St. John Macomb Oakland Hospital,
Oakland Center, Madison Heights
(248) 395-6697

St. John River District Sleep Center
(accreditation pending)
East China, (810) 329-5390

To refer a patient for a sleep study, call the center directly. Patients are referred back to their primary care physicians for reassessment and ongoing treatment of sleep-related conditions. [↗](#)



Weight loss tactics focus on long-term success



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WITH NEARLY TWO-THIRDS of the adult population overweight or obese, physicians are challenged with the prospect of assisting patients in achieving significant and lasting weight loss. St. John Providence Weight Loss offers weight loss options and support programs with a focus on long-term, permanent weight management.

St. John Providence Weight Loss outcome data for the medical weight loss program demonstrates that at six months, patients experience an average decrease in BMI of 4.5 points.

The medical weight loss program at St. John Providence Health System provides care to adults and teenagers with obesity or medical conditions related to excess body weight. A multi-disciplinary staff focuses on weight management through lifestyle and behavior modification, nutrition counseling, personal exercise training, and psychological counseling. The team includes three physicians with training in bariatrics, cardiology, endocrinology, family medicine and internal medicine; social worker, Ann Cobau, ACSW, CSW; registered dietician, Lynda Velanovich, RD; and certified exercise physiologist, John Silveri, ACSM. A reduced calorie diet is tailored to the patient's needs using food only, meal replacements only or a combination of food and packaged shakes, bars and soups. Many patients benefit from psychological counseling

from their therapists or within the context of the weight loss program for food addiction, depression, anxiety, and binge eating. We work with patients' primary care physicians to improve co-morbid conditions such as diabetes, pre-diabetes, metabolic syndrome, hypertension, hyperlipidemia, osteoarthritis, and sleep apnea.

Some patients would be better suited for surgical treatments of obesity, such as Adjustable Gastric Band and Roux-en-Y Gastric Bypass. These procedures may be performed laparoscopically, resulting in smaller incisions and scars, reduced pain, shorter recovery time and reduced risk of infection. However, some patients with severe obesity can try a medical approach first, which is often a prerequisite for insurance coverage of surgery.

Numerous studies indicate that patients re-gain a significant amount of the weight lost, and that diets fail 95% of the time. To minimize re-gain, St. John Providence Weight Loss offers ongoing, multidisciplinary care that is a critical component in maintaining the benefits of weight loss after surgical or non-surgical weight-loss methods. Outcome data in the medical weight loss program demonstrates that at six months, patients experience an average decrease in BMI of 4.5 points. This weight loss also translates into reductions in co-morbid conditions such as diabetes, high blood pressure, cholesterol and sleep apnea. Repeated

follow-up and support from staff has resulted in patients maintaining at least a 10% reduction in weight for two years or longer. Many patients come back to the program periodically for counseling and assistance in maintaining their weight loss.

St. John Providence Weight Loss medical program has locations at St. John Hospital & Medical Center, Providence Park Hospital, and St. John Medical Center – Macomb Township. Both the medical and surgical programs offer free informational seminars. For more information or to refer a patient, direct them to www.stjohnprovidenceweightloss.com. Patients may also call (866) 996-3066 (medical program) or (866) 823-4458 (surgical program). ↗



St. John Providence Health System hospitals named Blue Distinction Centers

Designated as a

Blue Distinction[®]

Center for Knee and Hip Replacement



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

THREE ST. JOHN PROVIDENCE Health System hospitals have been named as Blue Distinction Centers for Knee and Hip Replacement by Blue Cross and Blue Shield of Michigan and Blue Care Network.

Providence Hospital in Southfield, St. John Macomb-Oakland Hospital in Warren and St. John Hospital and Medical Center in Detroit are the hospitals recognized.

In addition to being designated a Blue Distinction Center for Knee and Hip Replacement, St. John Hospital and Medical Center was selected as a Blue Distinction Center for Spine Surgery.

SJPHS offers comprehensive knee and hip replacement services. Our programs have regional reputations for superior surgical techniques and high levels of patient satisfaction.

The selection criteria used to evaluate facilities were developed with input from a panel of expert physicians. To be designated as a Blue Distinction Center for Knee and Hip Replacement, the following types of criteria were evaluated. More information on selection criteria is

available on bcbs.com:

- Established acute care inpatient facility, including intensive care, emergency care, and a full range of patient support services with full accreditation by a CMS-deemed national accreditation organization
- Experience and training of program surgeons, including case volume
- Quality management programs, including surgical checklists as well as tracking and evaluation of clinical outcomes and process of care
- Multi-disciplinary clinical pathways and teams to coordinate and streamline care, including transitions of care
- Shared decision-making and preoperative patient education

The Blue Distinction designation is awarded by Blue Cross and Blue Shield to medical facilities that have demonstrated expertise in delivering quality health care in the areas of bariatric surgery, cardiac care, complex and rare cancers, knee and hip replacement, spine surgery and transplants. The program is part of

The Blues[®] efforts to collaborate with physicians and medical facilities to improve the overall quality and safety of specialty care.

The additional Blue Distinction Centers for Spine Surgery and Blue Distinction Centers for Knee and Hip Replacement designations will bring the nation's number of Blue Distinction designations to more than 1,600 – and this number is expected to increase in the coming years.

Blue Distinction Centers for Spine Surgery and Blue Distinction Centers for Knee and Hip Replacement are part of the Blue Cross and Blue Shield Association's expansion of its Blue Distinction[®] designation. [↗](#)

Designation as a Blue Distinction Center[®] means this facility's overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call the customer service number on the back of your Blue Cross and/or Blue Shield identification card or call your local Blue Cross and/or Blue Shield plan.



Updates & Innovations 2010 readership survey results

THANK YOU for your participation in the readership survey. For those who participated, you will soon be contacted about setting up the free banner ad on www.stjohnprovidence.org.

Here is a summary of the survey's results:

Overall how would you rate the quality of this publication?

- 87% Good
- 13% Fair
- 0% Poor

How useful is the information contained in *Updates & Innovations*?

- 59% Somewhat useful
- 36% Very useful
- 5% Not at all useful

Which topics would you like to see covered more in *Updates & Innovations*?

- Clinical Information Technology
- Pain Management Multidisciplinary
- Connecting specialists with PCPs
- Palliative Care
- Dental
- PCP initiatives, including PCMH, PGIP, coding
- EKG/Cardiology
- Pediatrics
- Geriatric Medicine
- Podiatry
- MRI and other new technologies at SJPHS
- Preventative Medicine
- Oncology Clinical Trials
- Sports Medicine
- Ophthalmology
- Orthopedics
- System-wide projects, including quality and utilization initiatives
- Women's Health

How would you prefer to receive *Updates & Innovations*?

- 66% Office
- 22% Email
- 5% Home
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Thank you again for your feedback. You will see articles about the topics listed above in future issues as well as other changes in the publication's format to better suit your needs. If you have any questions, please contact the editor, Rosie Reebe at rosie.reebe@stjohn.org.



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