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2016 CareChex Rankings Demonstrate Network’s Value to Payers, Consumers

You’ve seen the billboards and read the posters. But what do CareChex® — a division of Comparison Medical Analytics — ratings really mean? When it comes to influencing decisions that companies make about health insurance, the answer is: a lot.

CareChex is a medical quality rating system that takes into account a comprehensive array of quality indicators, including outcomes, mortality, complications, care, patient satisfaction, and best practice adherence. Composite scores are risk adjusted to account for patient acuity, providing an accurate picture of overall quality. Hospital networks, hospitals, service lines, and even individual clinical categories, such as stroke care and hip fracture surgery, are scored. CareChex obtains its data from the Hospital Quality Alliance, a public-private partnership that promotes transparency in quality performance information, and includes Medicare and Medicaid patients only.

CareChex announced its 2016 ratings, and Kettering Health Network was rated highly in the following categories, among others:

- Overall Medical Care: #1 in Ohio and #8 in the nation
- Orthopedic Care: #1 in Ohio and #2 in the nation
- Heart Attack Treatment: #1 in Ohio, #1 in the Midwest, #5 in the nation
- Stroke Care: #1 in Ohio and #9 in the nation
- Chronic Pain: #1 in Ohio
- Hip Fracture Surgery: #1 in Ohio
- Joint Replacement Surgery: #7 in the nation

These rankings can influence consumers’ decisions about where to seek medical care. But they have an even greater influence in the health insurance landscape. “Large companies are looking for a place to send their covered lives, and they want to work with organizations that offer high quality in a cost-efficient way,” says Teri Sholder, chief quality officer at Kettering Health Network. “Private health insurance companies use these ratings along with their own scorecards when making decisions about contracts.”

When analyzing ratings for Kettering Health Network and its individual hospitals, Sholder says that a picture of quality emerges across the organization. “The beauty of Kettering Health Network is that we truly value quality and are constantly looking at how we can improve,” she explains. “Quality directors and physicians work well together and strive for One Best Practice. Their hard work is starting to show across the network.”

Composite scores are risk adjusted to account for patient acuity, providing an accurate picture of overall quality.

Sholder notes that physician involvement is critical to the network’s quality improvement efforts. “The level of physician engagement in patient care at Kettering Health Network is unique,” she explains. “Every time I’ve asked physicians to join a performance improvement project, they say yes. They are right there at the table, and that makes a real difference to patients and overall quality.”

Patients who come to the emergency department on a frequent basis do so because they lack the systems or resources to manage their health effectively. That is the premise behind the Emergency Department Care Management Initiative, a network-wide project that is focused on changing the paradigm, one patient at a time. Team members come from all 10 network Emergency Departments, and they have been making tangible progress since their first meeting about a year ago.

While overutilization in the Emergency Department is nothing new, the tools to address the problem are. The team used Epic to identify patients who were visiting any of Kettering Health Network’s emergency departments multiple times in a quarter. Most were presenting with chronic pain or non-emergent symptoms such as congestion and cough.

Encircling patients with care

“Now that we know who these patients are, we are creating a Care Pathway to support and encircle them with the best evidence-driven and compassionate care,” says Nancy Pook, MD, physician champion of the initiative and medical director of the Emergency Department at Kettering Medical Center. “This is really at the heart of population management, and it is the right thing to do for our patients.”

The initiative’s objectives include:

- Educating patients on the benefits of following-up with primary care physicians in order to achieve ongoing, chronic disease management
- Supporting the State of Ohio prescribing guidelines, which are designed to foster the single prescriber rule as well as avoid the cyclical care associated with addiction and its negative consequences
- Aligning with contracting insurer goals

 Patients who meet the criteria for inclusion receive a certified letter that outlines the goals of the Care Pathway and emphasizes the network’s objective of safe and compassionate care. Patients may be directed to the physician referral line or an ancillary service, depending on their situation.

Thinking Twice

If these patients return to a network Emergency Department, providers deliver emergency-level care if appropriate. But they also know to “Think Twice.”

“Think Twice is a strategy for talking to these patients about why they depend so heavily on the Emergency Department and identifying their barriers to high-quality care,” says Dr. Pook. “Think Twice is a reminder for us to think twice about ordering extensive imaging tests or more blood work, and look closely at medications we are prescribing.”

Kettering Health Network offers many resources to provide ongoing support for these patients. The network’s quality team is finding ways to leverage these resources in a coordinated, efficient way. This may include finding a primary care provider for a patient who is unattached, involving the primary care physician in the management plan, and providing adjunct resources for those patients with multiple admissions, for whom reimbursement may be affected.

New Ways to “Think Twice” About Emergency Department Overutilization
A Message from the Executive Team

A focus on strategic growth

Thank you for your support and dedication to our mission in 2016. The Executive team is energized by the opportunities ahead as we focus on strategic growth. I encourage you to get to know your campus leaders as we work together to meet the needs of our patients and communities.

Fred Manchur
CEO, Kettering Health Network

Network Focuses on Service Line Growth

Hospitals and KPN partner with service line leaders and physicians

To better focus on strategic growth, all network hospitals and Kettering Physician Network are partnering with network service line leaders, who are responsible for strategic planning for growth at the network level.

Hospitals and Kettering Physician Network service line leaders will continue their current responsibilities over day-to-day operations—such as quality, service, and finance expectations—in addition to partnering with the network service line leaders and physicians. Each service line at the hospitals and Kettering Physician Network usually has a steering group of physicians who actively work with service line clinicians and administrative personnel to focus on service line operations, quality, service, and financials.

Network service line leaders will help develop vision and strategy for hospitals, practices, and other sites that are included in the service line. They will work with hospital and physician service line leaders, as well as medical directors. While not assisting directly with day-to-day operations, they will provide high-level strategies to better align our network in the spirit of One Best Practice and partner with business development for growth strategies.

New Service Line

A strategic focus area for 2016 is Primary Care. We have added Primary Care as a network service line under the leadership of Barry Fisher, MD, with George Lewis serving as executive sponsor.

Executive sponsors will support network service line leaders by removing obstacles, providing strategic direction, and assisting with network leadership alignment as needed.

The goal is to promote One Best Practice and reduce redundancy in the pursuit of an effective, aligned network approach to growth.

Below are the network service line leaders and their executive sponsors:

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<th>SERVICE LINE</th>
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<td>Brenda Kuhn</td>
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<td>Primary Care</td>
<td>Dr. Barry Fisher</td>
<td>George Lewis</td>
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<td>Cardiology</td>
<td>Jayne Testa</td>
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<td>Women/Children</td>
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<td>Becky Lewis</td>
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Kettering Health Network has launched a Clinical Integration Network, Kettering Physician Partners, in order to bring physicians, hospitals, and other network providers together into an organization with the focus of further improving quality of care for patients.

Kettering Physician Partners will expand our ability to:
• Further enhance the quality, value, and efficiency of our patient’s care;
• Prepare for innovative reimbursement models;
• Further develop technological and quality improvement tools and processes to optimize the delivery of care; and
• Allow physicians and Kettering Health Network to collaborate together based on the quality and efficiency of the care we provide.

As membership continues to grow, we are excited about the progress we have made in engaging our independent and Kettering Physician Network physicians to join us in this exciting venture. The collaborative nature of the program offers many benefits for the physicians who join. Current Physician Hospital Alliance members can join Kettering Physician Partners at no additional cost, waiving the $500 annual dues.

Kettering Physician Partners began operations as of January 1, 2016, after its first Board of Directors meeting in December. Representing primary care and specialists in each of our markets, the Kettering Physician Partners board consists of a multidisciplinary team of independent physicians, Kettering Health Network physicians, and administrative leaders.

Kettering Physician Partners has held board meetings to date to approve the legal and organizational documents and policies and to establish the Board Committee Charters. A key group of leaders forming the direction of Kettering Physician Partners are the physician and administrative leaders of the five Board Committees – Information Technology, Care Management, Quality Metrics and Analytics, Finance and Contracting, and Provider Participation and Credentialing. The Board of Directors approved the membership of these committees at their March Board meeting and the committees commenced their work later that same month. Initial key milestones will be establishing the Explorers data base and initial community interfaces, choosing initial quality metrics for reporting, setting goals for care management systems across the continuum of care, defining the 2016 incentive program, and negotiating with area payors for Kettering Physician Partners contracts in the categories of incentive contracts, commercial fee for service contracts, Medicare advantage, managed Medicaid, and bundled payment contracts.

Physician Engagement Strategy Options

At Kettering Health Network, physicians are at the center of our commitment to improve the health of the community. With that in mind, we’ve developed a number of unique ways physicians can partner with the network to advance quality care for patients.

Kettering Physician Partners (KPP)

Kettering Physician Partners is a Clinical Integration Network that develops active and ongoing clinical initiatives designed to add value and improve the quality of health care services offered to patients in our community.
• Partnership between independent physicians, Kettering Physician Network, and Kettering Health Network
• Organizational and legal foundation for contracting with a variety of payers and contracts on behalf of physicians and the integrated health system of Kettering Health Network
• Physician-led governance structure
• Focused on improving quality and adding value for patients across the care continuum
• Robust data and IT infrastructure to measure and improve quality
• Membership dues are $500 yearly—waived if a current Kettering Hospital Alliance member for 2016

Physician Hospital Alliance (PHA)

The Physician Hospital Alliance is a membership organization that adds value and is a desirable resource for facilitating practices to be financially viable, quality driven and patient centered.
• Provides group purchasing discounts and educational resources for physicians and their practices
• Preferred provider benefit for 16,000 covered lives through the Kettering Health Network employee plan
• Discounted dental plan
• Physician Referral Service for patients
• Discounted Professional Liability Insurance
• Educational seminars helping to prepare members

Kettering Independent Medical Group (KIMG)

Kettering Independent Medical Group is a division of Kettering Physician Network and is also owned and operated by Kettering Health Network. It is a physician-driven, break-even model that provides a menu of management services for hire by Kettering Physician Network.
• Physician members operate under a Professional Services Agreement between an independent physician and Kettering Physician Network
• Physicians maintain independence but can purchase management services from Kettering Physician Network
• All practice operational decisions are the responsibility of the independent physician, and his/her compensation is the result of income less expenses

Kettering Physician Network (KPN)

Kettering Physician Network is a 400+ multi-specialty medical group that services the greater southwest Ohio community. Physician members are all employed or contracted by the network for professional services.
• Physicians align their clinical efforts with the goals and initiatives of the network
• Governed by its board made up of physician members and hospital network executives
• Day-to-day operations governed by the Physician Leadership Group (PLG), which is made up of ten elected physicians from the physician membership along with two Kettering Physician Network administrators

If you haven’t already signed your participation agreement, please contact Bev Knapp at (937) 558-3461 to discuss Kettering Physician Partners and how you can become a part of this important new organization.
Being a Physician Is…
Being Called to Care

Being a physician today is not for the faint of heart. Physicians report significant challenges in their own spirit, resilience, and the sense of meaning in their work.

Today, it is reported that at least 50% of physicians are burnt out, many being clinically depressed. Nearly 50% say they will not encourage their children to go into medicine.

At Kettering Health Network, being “Called to Care” includes taking care of the people who take care of people. The reasons people go into medicine are often rooted deep in the soil of who they are and their sense of calling and life purpose. The ability to derive meaning from our work can transform our daily experiences and drive quality.

Listen to the hearts of some of our best physician leaders, who are deeply dedicated to their sacred work. Here they discuss what it means to be a physician and how they care for themselves and others.

“Being a physician means being dedicated to listening, being kind, and teaching,” says Robert Smith, MD, chief medical officer for Kettering and Sycamore medical centers, who cites family time, including long walks and talks with his wife, Jeannette, as a way he practices self-care. Dr. Smith also enjoys horseback riding. “It’s like Winston Churchill said: ‘No hour of life is wasted that is spent in the saddle.’”

“Taking care of yourself means setting priorities,” says Hemant Shah, MD, chief of staff at Kettering and Sycamore medical centers, who carves out time, including long walks and talks with his wife, Barbara. “I stress the extreme importance of never to break it. Burnout can lead to mistakes and bad decisions. Physicians need to surround themselves with friends and family and work very hard at growing those uplifting relationships. Physicians have to refocus on the ‘why’ of what we are doing and seek a life balance that includes professional excellence, family values, spiritual focus, and recreational outlets.”

Dr. Cortez with his twin sons, Jackson and Spencer; daughter, Bryn; and wife, Barbara.

His recommendation for self-care: “I encourage plenty of rest, and time for family, faith, and yourself. Sleep, eat, and be merry. We all need proper amounts of rest and sleep. I schedule this into my day. I also believe in one-on-one time with my spouse and each and every child. It recharges me in many ways. Most importantly, I believe to say ‘no.’ If you have a family event scheduled, try not to break it. Burnout can lead to mistakes and discontent with work and with co-workers, but a happy physician leads to a happy practice.”

“Being a physician means that I endeavor daily to use my God-granted abilities to improve the lives of others,” says Marcus Romanella, MD, chief medical officer at Fort Hamilton Hospital.

“I’ve wanted to be a physician for as long as I can remember,” says David Doucette, MD, chief medical officer for Kettering Physician Network. “The more I learned and grew professionally, the more I realized it was so much less about me and so much more about my patients and meeting them where they are. I believe that beyond any knowledge base, empathy and discernment are the most important virtues that great physicians must strive to foster and develop. I have also learned that humility and constantly seeking the true north of my God and Savior are the only ways to satisfying and meaningful success.”

How he practices self-care: extensive reading and spending time with his family. “I’m also a private pilot,” he says. “I find my hours in the air to be uplifting and restorative.”

“I think we must find a cause, a mentor, an ideal, or a set of activities that pushes us to feel confident that we can work to achieve something greater than the sometimes mundane ‘here and now.’ We physicians need to surround ourselves with friends and family and work very hard at growing those uplifting relationships. Physicians have to refocus on the ‘why’ of what we are doing and seek a life balance that includes professional excellence, family values, spiritual focus, and recreational outlets.”

By Sandy Johnson, Director, Organizational Culture Called to Care

SHARE YOUR PERSPECTIVE
What does being a physician and caring for yourself mean to you? Email physicianquarterly@ketteringhealth.org
Reducing readmission rates for congestive heart failure

The movement for improved healthcare quality has long focused on reducing complications and medical errors during hospitalization. While these are still vitally important, attention has also turned to value in healthcare. This concept can be boiled down to a mathematical equation where value equals quality divided by cost, or:

\[ V = \frac{Q}{C} \]

In such models the quality and cost are determined not only by what happens in the hospital but also by the time period after discharge. A readmission within 30 days of prior discharge may signal a quality problem and certainly will increase the cost to care for that patient. A readmission can be viewed as a failure of the previous discharge, though clearly some readmissions are not avoidable and are not a reflection of a complication or condition which had occurred during that hospital stay. For these reasons one of our key quality goals at Kettering and Sycamore medical centers for 2016 is the reduction of readmission rates. We are initially focusing on Congestive Heart Failure patients as this diagnosis consistently ranks at the top of the list of causes for readmission.

There is much activity going on across Kettering Health Network surrounding reducing congestive heart failure admissions. This involves collaboration between the Care Transitions team, Quality directors, Cardiac Service Line, Kettering Physician Network, and ultimately Kettering Homecare and medical directors at our preferred Skilled Nursing Facilities. The following are some of the strategies being implemented currently or planned for 2016:

1. Improving the discharge process with care coordination and improved patient education
2. Coordinating early post-discharge follow-up and ensuring accurate medication reconciliation
3. Assisting the Emergency Department providers with treatment protocols, admission criteria for congestive heart failure, and determination of observation versus admission status
4. Engaging the skilled nursing facilities’ medical directors to adopt evidence-based interventions to avoid sending patients to the Emergency Department for minor flares of symptoms
5. Identifying the highest risk patients for readmission and targeting programs to help them get the right care at the right place

Innovative programs that achieve these goals will be shared across network hospitals in alignment with One Best Practice. Success in this area will help the network remain the leader in quality care in the region.

by Jeffrey Weinstein, MD, Chief Quality Officer, Kettering and Sycamore medical centers

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Readmission Rates in % for Congestive Heart Failure 2015

![Graph showing readmission rates for congestive heart failure from 2015]

We are very excited about the implementation of the Epic Beacon Oncology module at Kettering Health Network, which is scheduled to go live May 17. The Beacon module simplifies oncology treatment with standardized protocols that assist clinicians. Additionally, Beacon’s staging module contains content from the American Joint Committee on Cancer (AJCC) and can be extended to meet other staging guidelines so clinicians can complete cancer staging documentation for a variety of cancer types. The Beacon module will be used in our oncology clinics and infusion centers. In addition, IP oncology physicians and IP chemotherapy certified nurses will use Beacon for the ordering and administering of oncology treatment plans utilizing electronic cancer staging.

What does this mean to you?

- **OncoCare Treatment Plans Including Chemotherapy:** If you order inpatient oncology treatment plans that include chemotherapy for inpatients in the network, effective May 17 these treatment plans must be placed in Epic using the Beacon Oncology Module
- **Cancer Staging:** If you stage cancers, the cancer staging should be completed in Epic using the Cancer Staging Form

**Physician Training – How do I sign up and which class should I take?**

Beacon training is required in order to obtain Epic Beacon security. This training must be completed by May 17 in order to be able to enter chemotherapy treatment plans into Epic. A test-out option is available to providers who have Beacon experience.

- **Ambulatory Physician, NP, PA:** “Epic Beacon Ambulatory Physician” Sessions 1 & 2 (Both sessions are required, please attend part 1 and part 2 in that order)
- **Inpatient Physician, NP, PA:** “Epic Beacon Inpatient Physician”

Register on the Intranet: Select the Learning tab ➔ IS Training Center; and under Training Resources, select Beacon/Oncology Epic Training

- **Cancer Staging:** Complete the “Cancer Staging” e-Learning which will be available on Moodle. Special security is not required to access the cancer staging form.

Access the Cancer Staging e-Learning on Moodle:

moodle.khnetwork.org

Type “Cancer Staging” in the search courses box and click “GO”

Select the “Epic Cancer Staging Education” link

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If you have any questions please reach out to the Support Physician Help Line at (937) 384-4591, or internal extension 4591.

by Charles Watson, DO, Chief Medical Information Officer for Kettering Health Network
Health Strides Lets Doctors Walk the Talk

Sometimes the best way to inspire patients to adopt healthy habits is to walk alongside them. That’s the concept behind Health Strides, a program Kettering Health Network launched with St. Leonard Franciscan Living Community last fall. Physician volunteers host a free, one-hour walk that is open to community members of all ages. So far, walks have taken place at Cox Arboretum in Dayton, St. Leonard in Centerville, and Sugarcreek MetroPark in Bellbrook.

Kettering Health Network cardiologist Harvey Hahn, MD, is providing physician leadership for Health Strides. Dr. Hahn, director of the cardiovascular fellowship training program and cardiac noninvasive laboratory at Kettering Medical Center, led his first walk in November. Other walks were hosted by Alok Agrawal, MD, nephrology, and internal medicine resident Erik Poldermann, MD.

Here, Dr. Hahn shares his impressions of what it was like to lead a Health Strides walk.

PQ: What did your participation in the walk involve?
Dr. Hahn: I arrived at St. Leonard’s walking trail around 9 a.m. one Sunday morning with my two kids and greeted people as they arrived. Before we started walking, I gave an informal, five-minute presentation about the benefits of exercise. Then we hit the trail for about 45 minutes. At the end, I demonstrated some “body weight” exercises. It was fun to see people try squats for the first time.

PQ: How many walkers joined you?
Dr. Hahn: We had about 25 people. The youngest was my son, who is nine, and the oldest was in his 70s. We had a good split of men and women.

PQ: How did you interact with people as you walked?
Dr. Hahn: People walked in groups of two or three, and I floated between all the groups. Sometimes I would ask questions, or they’d ask me questions like “what should I do about my cholesterol?” or “should I walk in cold weather?” and “how much do you really exercise?”

Health Strides events are taking place throughout 2016. Physicians from all specialty areas can take part if interested, please contact Dr. Hahn at Harvey.Hahn@ketteringhealth.org

Team Effort for Diabetes Care

Not every patient with diabetes needs to see an endocrinologist. Which is a good thing, since the number of endocrinologists in the United States is relatively small and decreasing every year. By some calculations, in fact, the ratio of diabetics to practicing board-certified endocrinologists is 30,000 to one. But this is not a story about physician shortages. This is a story about the vital role that primary care physicians play in caring for people with diabetes—and the support that endocrinologists can offer.

“As an endocrinologist, I rely on primary care physicians to provide as much care as they can for people with diabetes, particularly those with Type 2,” says Paul Glowienka, MD, medical director of the Joslin Diabetes Center initiative at Kettering Health Network. “They are in the ideal position to work toward diabetes prevention and diagnosis—and start patients on the path of lifelong learning about their disease and the crucial role they themselves play in their own care.”

How endocrinologists help
Dr. Glowienka says that referrals to an endocrinologist can be appropriate for patients:

• Whose blood glucose is not well controlled despite medical intervention
• Who have developed serious complications, such as retinopathy or nephropathy
• Who need more in-depth education
• Who are starting insulin therapy or want to utilize technology such as an insulin pump or continuous glucose monitor
• Who have Type 1 diabetes, gestational diabetes, or post-surgical diabetes
• Whose other medical problems require their primary care physician does not have time to manage his or her diabetes

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Baker Machhadieh, MD, an endocrinologist with the Joslin Diabetes Center affiliated with Fort Hamilton Hospital, says that the Joslin team offers extensive resources. “Network-wide, we have three advanced practice providers and 11 certified diabetes educators who specialize in diabetes care,” he says. “Primary care physicians can send their patients to us for diabetes education, and an endocrinologist doesn’t necessarily have to be involved. Sometimes patients just need a peripheral help to guide them to a healthy lifestyle. In many cases, our practices will provide education or short-term medical treatment, then return the patient to their regular doctor for continuing care.”

A prime training opportunity
The network Joslin Diabetes Centers recently began offering the PRIME Program, a training and certification course for board-certified internal medicine and family medicine physicians and advanced practice providers. The program graduated its first class in 2015, and applications for the Fall 2016 class are available. For details, call Diana Kennedy, LPN, diabetes quality coordinator, at (937) 401-7579.

“Type 2 diabetes is a varied disorder that can require complex care, and the PRIME Program is one way for primary care providers and their clinic staff to receive the training they need,” Dr. Glowienka says. “Health care is moving toward the Patient-Centered Medical Home model, in which a personal physician leads a team in providing continuous and coordinated care throughout a patient’s lifetime to maximize health outcomes. For people with diabetes, endocrinologists will always be part of that team.”

Joslin Diabetes Centers offer group classes and one-on-one diabetes education. Topics include pre-diabetes, diabetes self-management training, carbohydrate counting, medical nutrition therapy, and more. For more information, call (937) 401-7588.
Great Outcomes Lead to Growth for Inpatient Rehabilitation Program

To meet the ever-increasing rehabilitation needs of the community, the Kettering Health Network Inpatient Rehabilitation Program, located at Kettering Medical Center on 4S, is adding 12 beds on 1 NW. Opening in May, the expansion makes 32 private rooms available for patients. “The expansion of the Inpatient Rehabilitation Program is needed to provide rehabilitation coverage for the entire Kettering Health Network,” says Richard Beers, MD, the program medical director, who notes that the addition of Soin Medical Center and the expansion of other programs such as trauma have led to an increased need for inpatient rehab services.

Patients referred to the program are screened by a nurse when in an acute care unit to make sure they qualify for the program. Key conditions treated include, stroke, spinal cord injury, major multiple trauma, hip fracture, brain injury, amputation, and neurological disorders. The program provides customized treatment programs for patients admitted, with an average length of stay of 11 days. “The greatest benefits of the Inpatient Rehabilitation Program are providing three hours of therapy per day and close medical monitoring by physiatrists and rehab nurses, which lead to enhanced functional outcomes,” Dr. Beers says. With patient- and family-centered monitoring by physiatrists and rehab nurses, which lead to enhanced functional outcomes, the program encourages family members to actively participate in each functional outcomes,” Dr. Beers says. With patient- and family-centered monitoring by physiatrists and rehab nurses, which lead to enhanced functional outcomes, the program encourages family members to actively participate in each patient’s individualized program.

Offering Comprehensive Amputation Prevention

Kettering Health Network has taken a comprehensive approach to prevent amputation and preserve mobility in diabetic and vascular ulcer patients.

Diabetic and peripheral vascular disease foot ulcers are the source of more than 80% of all amputations. Unfortunately, many diabetic patients who undergo a lower extremity amputation have a very poor quality of life and have a five-year mortality rate similar to that of some of the most deadly cancers.

**Coordinated care**

A multidisciplinary team of vascular surgeons, interventional cardiologists, foot and ankle orthopedists, interventional radiologists, plastic surgeons, podiatrists, infectious disease physicians, and hyperbaric/wound specialists has come together to fight limb loss. The goal of an amputation prevention team is to enhance the quality of life for patients by working together as one team, striving to prevent amputation, heal wounds, and restore mobility.

This team approach coordinates care and develops an individualized plan for each patient rapidly after initial consult network wide, including: ED, inpatient hospital, or outpatient clinic visits. The team’s goal is to have a complete wound, vascular, antibiotic, and structural foot plan within one day to one week (customized to each patient) after their initial critical foot wound’s presentation.

According to the Journal of Wound Care and the Journal of Diabetes Care, studies show that organizations with amputation prevention teams reduce the amputation rate anywhere from 36 to 86%. Additionally, the major (leg) to minor (toe) amputation ratio is greatly improved, meaning we should fight the toe battle aggressively to save the entire leg.

To refer a patient or for more information, call (937) 384-8772.

By
Julie M. Gilkeson, MD, vascular surgeon, underway if Patient has Prevention or moist wound.

60 Percent Rule

The 60 percent rule, formerly known as the 75 percent rule, requires that 60% of all admissions to an Inpatient Rehab Facility be for treatment of one of 13 conditions in order to meet Medicare’s classification criteria. Inpatient Rehab Facilities are measured on the 60% compliance each year, and the rule impacts if Inpatient Rehab Facilities receive payment.

The 13 qualifying medical conditions for admission to an Inpatient Rehab Facility as defined by the Centers for Medicare & Medicaid Services are:

1. Stroke
2. Spinal cord injury
3. Congenital deformity
4. Amputation
5. Major multiple trauma
6. Hip fracture or fracture of femur
7. Brain injury
8. Neurological disorders (e.g., Multiple Sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, Parkinson’s)
9. Burns
10. Polyarthritis/Rheumatoid Arthritis - Active polymyalgia rheumatical, arthritis, psoriatic arthritis, seronegative arthropathies
11. Systemic vasculitides with joint inflammation
12. Severe/advanced osteoarthritis
13. Joint replacement of bilateral knee or bilateral hip replacement when the surgery immediately precedes admission, or single joint replacement when body mass index is ≥ 30, or age 85+

To refer a patient or for more information about Inpatient Rehabilitation, call (937) 395-8180.

2015 Patient Outcomes

**AVERAGE LENGTH OF STAY**

11.1 days

**PATIENT SATISFACTION RATIO**

92.5%

**IMPROVED FUNCTION**

90 days post discharge

KMC - 19.2

**DISCHARGE HOME AFTER THERAPY**

79.7%

**To refer a patient or for more information about Inpatient Rehabilitation, call (937) 395-8180.**

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Shout Outs

Shelly Cagle has been promoted to administrative director of Outpatient Clinic for the Sycamore Primary Care Group. Shelly has been with the network for six years, previously serving as practice administrator for Sycamore Primary Care, manager of Kettering Counseling Care, SPC Anticoagulation Clinic, Employee Drop-In Care, and the Sycamore Transition Clinic.

Mary Connolly, PhD, is the new manager of Research Operations & Grants in the office of Innovation, Research & Grants. She holds a PhD in Molecular Biology from Bowling Green State University and conducted a post-doctoral National Science Foundation fellowship in molecular biology at the University of Dayton.

Air Reserve Personnel Center officials announced results for the Calendar Year 2015 Air Force Reserve Line and Non Line Colonel Promotion Selection Boards in December. Congratulations to Kettering Physician Network primary care physician Peter DeRussy, MD, 445th Aeromedical Staging Squadron, who was selected for promotion to colonel. DeRussy was one of only 163 officers selected for the honor from 1,538 considered.

Barry Fisher, MD, has accepted the role of Kettering Physician Network Service Line Leader for primary care. In collaboration with the Primary Care Steering Committee, Dr. Fisher will be responsible for network strategic planning for the primary care service line.

Dan Haibach transitioned to the role of Chief Operating Officer for Kettering Physician Network. In this position, Dan will assume responsibility for operations of all KPN clinics, representing more than 400 providers and over 120 clinic locations. In collaboration with senior leadership and network operations directors, Dan will drive strategy and lead operational plans and fiscal efficiencies. He has most recently served as executive director of Physician Partnership Services with KPN.

Ben Hotelling has been promoted to Fort Hamilton Hospital manager of Business Development. Ben has been with Kettering Health Network since 2012 and most recently joined Fort Hamilton Hospital as an administrative fellow in 2015.

Beenda Kuhn, network Chief Nursing Officer, has also been named vice president of Nursing at Soin and Greene. Beenda played a pivotal role in Kettering Medical Center’s focus on patient satisfaction and quality outcomes. These best practices are top priority for Soin and Greene in 2016.

Belinda Mallett is transitioning into the role of director of Clinical Operations. Improvement for the network, Belinda is an invaluable leader, combining her unique blend of business acumen and clinical expertise.

Brad Morrison has joined the network as the director of Inpatient/ED for Soin Medical Center. He comes from Sonora Regional Medical Center in Sonora, California, where he was the director of Emergency Services. The Ohio University Heritage College of Osteopathic Medicine has selected family medicine physician Scott R. Swepe, DO, as one of its Master Faculty. Every four years, the college bestows this honor on a small number of physicians teaching at its clinical campuses for their outstanding contributions to the college.

Chad Weber, DO, orthopedic surgeon and Versailles Health Care Center Rehab medical director, has been named Vice Chief of staff of Grandview and Southview medical centers. In addition, he is chairman of orthopedic surgery at Grandview and Southview, and orthopedic trauma surgery liaison at Grandview.

Kettering Health Network has been named as one of the 15 Top Health Systems in the country by Truven Health Analytics®.

This is the fourth time Kettering Health Network has been recognized with this achievement, which identifies the top health systems based on balanced, system-wide clinical and administrative performance.

“This is a very special honor for us,” says Fred Manchur, CEO of Kettering Health Network. “Our recognition as one of the 15 Top Health Systems in the country is due to the commitment of our physicians, nurses, and staff to provide exceptionally great, compassionate care to everyone who comes through our doors.”

Key findings in this year’s study show that winning health systems achieved higher survival rates and fewer errors at a lower overall treatment cost than non-winning health systems. Winning health systems also achieved higher patient satisfaction scores and patients experienced shorter hospital stays.

Visit ketteringhealth.org/ketteringmeded/cme for more opportunities.

Email julia.parks@khnetwork.org to register.

You’re Invited

Venous Disease and Coronary Arterial Disease
May 19
Reginald Sequeira, MD, and Niranjan Reddy, MD, discuss undiagnosed and undertreated presenters
Email julia.parks@khnetwork.org to register. Visit ketteringhealth.org/ketteringmeded/cme for more opportunities.

Springboro Health Center Ribbon-cutting
July 12
Community Open House
July 17

Kettering Medical Center Foundation Golf Classic
July 18
kmcfoundation.org

Grandview Intern and Resident Alumni Reunion
August 13-15
ketteringhealth.org/grandview/90

Grandview Foundation Eagle Seekers
August 15
grandviewfoundation.org
Excellence in Cancer Care

Kettering Cancer Care will be recognized at the May 2016 Advisory Board Oncology Roundtable annual meeting for Excellence in Program Access. The Oncology Roundtable focuses on improving cancer program performance. The Advisory Board Company is the premier performance improvement and research organization with over 5,200 partner organizations.

At the end of 2015, Kettering Cancer Care celebrated beam signing events for the new cancer center with patients, employees, and community leaders, ending with a Topping Out ceremony in December. Those who attended the ceremony received an evergreen tree to plant as a symbol of growth and renewal.

“This cancer center is being created to provide the best possible coordination with a Topping Out ceremony in December. Those who attended the ceremony received an evergreen tree to plant as a symbol of growth and renewal. “This cancer center is being created to provide the best possible coordination of interdisciplinary cancer care and is truly a patient-focused center,” says Roy Chew, president of Kettering Health Network.

When a patient with coronary artery disease develops a chronic total occlusion (CTO), the obvious impulse is to restore blood flow to the heart muscle. However, interventional cardiologists rarely attempt recanalization because of the procedure’s technical complexity and surgical risks. Cardiac bypass surgery also is considered too risky, especially for single-vessel CTOs. So patients typically must settle for medical management, which eases some symptoms but does nothing to treat the underlying condition.

But now there is good news for these patients. Advancements in guide wires, catheter refinements, and surgical candidacy criteria have made percutaneous coronary intervention for CTO a viable option. Kettering Health Network began offering this procedure to select patients in December 2014. Since then, we have performed more than 65, and our success rate of 75% is higher than the national average.

A CTO is a complete blockage of the coronary artery that has been in place for about six months. The occlusion is caused by a heavy build-up of atherosclerotic plaque. CTOs tend to occur gradually, and the vessel develops collaterals to keep the heart alive. As the disease worsens, these collaterals are not able to supply enough blood and oxygen to the heart. Patients usually present with symptoms that include angina, shortness of breath, and fatigue.

Interventional cardiologists open the artery using the latest percutaneous coronary intervention technology. For example, guide wires may have a tapering tip and/or greater stiffness at the tip to improve penetration. The balloon catheter’s low profile improves its ability to push through a fibrous CTO.

When patients have exhausted traditional options for weight loss, surgery may be the solution. Bariatric surgeons at Sycamore and Grandview medical centers have proven how effective surgery can be even for those unable to achieve results with any other form of treatment.

Taking the First Step to Weight Loss Surgery

Sycamore and Grandview offer bariatric seminars

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#1 in Dayton Bariatric Surgery
For Medical Excellence And Patient Safety

Sycamore Medical Center

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Sycamore Medical Center

Advances in Interventional Treatment of Coronary Chronic Total Occlusions

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Roger Caldwell was in Florida for a week convention when he suffered a seizure. He was taken to a local hospital by ambulance, and a brain scan revealed he had a brain tumor and brain bleed. Roger underwent emergent surgery and was told that his tumor was a grade IV glioblastoma. Given the location of the tumor, Roger was told that the mass was non-resectable, and he was given nine months to live.

Roger returned home to Dayton and was admitted to Kettering Health Network for rehabilitative services to address weaknesses incurred from his seizure. During his rehabilitation admission evaluation, Roger was also reevaluated by neurosurgeon Peter Bouz, MD.

“I spent some time reviewing Roger’s scans and when I met with Roger I told him his options,” says Dr. Bouz. “We could proceed with this as a traditional high-risk case, accept his first diagnosis, and pursue radiation treatment. Or we could discuss operating on the tumor—while he is awake.”

Roger’s tumor was located on his motor cortex, the part of the brain where nerve impulses originate to prompt voluntary muscular activity. Resection of the tumor was extremely risky because the tissue of the tumor looked so similar to the tissue of the brain. With no visual boundaries, there was an increased chance of removing healthy brain tissue instead of the tumor, and subsequently leaving Roger incapable of voluntary muscular functions.

“The only way to approach the case and not sacrifice Roger’s motor ability was to perform an awake craniotomy with brain mapping, Stealth Navigation, and functional testing so Roger’s motor ability could be assessed throughout the procedure,” explains Dr. Bouz. “If we were to operate while he was under general anesthesia and unable to assess his condition throughout, he would most likely have permanently lost control of his entire left side.”

Awake craniotomies are rare procedures because they require a cooperative patient, a trained anesthesiologist, and an experienced neurosurgeon. Even large-volume surgical centers only do a handful of cases per year.

Roger agreed to the surgery. During the operation, a neuro-monitoring team stimulated Roger’s right frontal motor cortex with electrical impulses delivered by an Ojemann Stimulator. When the impulses were delivered, Roger was asked to move his limbs, squeeze, and count. When his motor functions were not affected by the stimulation, Dr. Bouz knew it was safe to remove that part of the tumor.

The surgery took three hours start to finish.

“Roger did great,” says Dr. Bouz. “There was no residual tumor on the post-operative images. We got the whole thing.”

Kettering expands for labor & delivery
Kettering Medical Center celebrated the expansion of its labor and delivery department in January. The $4.2 million project includes three new state-of-the-art operating rooms that are double the size of the previous operating spaces, as well as a dedicated neonatal resuscitation space that can provide care for multiples.

“The addition of these operating rooms and neonatal resuscitation space allows us to continue to provide the most advanced level of care to newborns in the Greater Dayton area,” says Miriam Cartmell, executive director of Kettering Health Network’s Women’s and Children’s Service Line.

Sycamore expands third floor
Sycamore Medical Center expanded the Physician Office Building third floor, incorporating it into the west wing of the hospital. Designed with patient input, the unit opened in January, creating 32 new private rooms for orthopedic and bariatric surgery services.

“This is an important step for Sycamore as it allows the campus to expand capacity, improve our level of care, and continue our journey toward private rooms for all patients,” says Julie Vincent, vice president of patient care services for Sycamore Medical Center.
Welcome Doctors

Kettering | Sycamore New Physicians on Medical Staff
October 2015-February 2016

Kali Hollingsworth, DO
Graystone Family Care
(937) 558-3840

Beth Shutte, MD
Lisa Vantress, MD
Kettering Medical Group
Primary Care
(937) 531-0132

Thomas Furlo, MD
Matthew Stone, DO
Matthew Venoor, MD
Primled Middletown Family Practice
(513) 424-7291

Shelli Ann Ridge, DO
Providence Medical Group
(937) 846-9010

Erin Mathews, MD
Tippcozae family Medicine
(937) 667-0400

Michael Elmore, MD
Gondhi GI, LLC
(937) 350-6700

KETTERING | SYCAMORE

Hematology / Oncology
Nikiruwa Oloye, MD
Drahika Rajahkeher, MD
Dayton Physicians LLC
(513) 423-0504

Surgery
John Bini, MD
Kettering Acute Care Surgery
(937) 395-6010

Gregory Semon, DO
Wright State Surgery
(937) 208-2552

Geriatrics
Alvin Stein, MD
KPN Internal Medicine
(937) 384-8773

Gastroenterology
Christopher Lutan, MD
Dayton Blood and Cancer Center
(937) 262-7819

Infectious Diseases
Thomas Herchline, MD
Wright State Physicians
Internal Medicine
(937) 223-3350

Hepatology
Joseph Crawford, DO
Internal Medicine Care, Inc.
(937) 223-5350

Orthopedic Hand Surgery
Paul Gleason, MD
Orthopedic Assoc. of SW Ohio, Inc.
(937) 428-0040

Pediatrics
Amanda Graif, MD
Pediatric Medical Group
(937) 208-2122

C H A I R | M E D I C A L | O F F I C I A L

Kettering | Sycamore

Comprehensive payment for primary care is a fixed, periodic payment for a predetermined basket of services delivered over a period of time, for example: per member per month (PMPM). This futurist model would replace the current fee-for-service encounter-based payment system, which tends to incentivize volume of visits or procedures rather than value.

What are the components of a PMPM that determine a fair and equitable comprehensive primary care payment (CPCP) construct within the overall total cost of care for a patient? Physicians must review their attributed practice population from at least four different viewpoints to determine the fair market value.

1. Pay for Population looks at the population using measures for socio-economic status, health literacy, age, gender, etc. Certain geo-mapping programs allow fairly accurate estimates of income and educational levels by matching zip codes. A practice serving a predominantly economically disadvantaged population could receive an additional amount of PMPM payment.

2. Pay for Quality risk adjusts the population with a focus on disease burden using claims data and real-time clinical information when available, similar to the current “risk adjustment” methodologies in use (e.g. Hierarchical Condition Categories Scores used by Medicare). It provides an opportunity to record and reward performance on a few carefully selected “patient/person-oriented outcome measures.” The principle of health care equality might dictate that the percentage of the total PMPM used for Pay for Quality be ideally similar across all populations.

3. Pay for Efficiency recognizes practices for their “diagnostic and therapeutic efficiency” in relation to the norms of the community, market and/or payer segment. Primary care practices create efficiency in a number of ways, the best way to assess the entire effort is to look at the total cost of care for the population. The incentives are then to seek the most efficient diagnostic tests, specialty referrals, hospital services and clinical relationships where appropriate levels of intervention are consistent with best practices. Physicians may be concerned about high-cost patients who drive higher total cost of care especially in situations with a relatively small panel size. The effect can be mitigated using “stop loss” provisions that eliminate high cost patients from the total cost of care calculation.

The stop loss amount would be a function of the panel size, smaller populations would require a lower amount and larger populations would tolerate a higher amount.

4. Pay for Infrastructure acknowledges that certain infrastructure is required to do primary care well. Risk-adjusted care management, care coordination, embedded behavioral health, social work, or pharmacy oversight will be required in all practices but the level of intensity and scope of these services may vary substantially per population. I suggest these infrastructure improvements be not attached to a particular Patient Centered Medical Home recognition or certification program but rather through an outline of five or six key capabilities that must be in place to support high quality primary care. The Comprehensive Primary Care Initiative from the CMS Innovation Center provides an example of this approach; KPN is a participant. The important idea here is that CPCP is far more than just physician services.

The important idea here is that comprehensive primary care payment is far more than just physician services.

Network Reaches Tipp City Residents

Orthopaedic Institute of Dayton partners with Kettering Health Network

The Orthopaedic Institute of Dayton (OID) and Kettering Health Network partnered to bring a new facility to Tipp City that houses locations for the Orthopaedic Institute of Dayton as well as Kettering Sports Medicine and Kettering Physician Network Primary Care. Kettering Health Network was invited to join this OID-led project to answer a need for quality, and convenient care in the Tipp City community.

Executives from the Orthopaedic Institute of Dayton and Kettering Health Network, as well as local officials, attended a ribbon cutting on January 29 to celebrate the new facility.

Futuristic Primary Care Payment Model

Replacing the current fee-for-service encounter-based payment system
A Different Kind of Emergency Care

In August 2015, Kettering Health Network opened an emergency center in Preble County. More than 1,200 people attended the open house, an indication of how enthusiastically this rural community would embrace the new center. Here, Dr. Paul Zych shares his perspective.

The day-to-day practice of emergency medicine in this rural setting is not very different from what we do in the other network emergency centers, something we take pride in. The main differences revolve around the limited resources of a remote setting. Self-sufficiency is critical. For example, we planned for overstock of critical meds and materials, such as airway support equipment.

Strong follow-up care

About 15% of our patients are transferred to acute care hospitals. Grandview and Southview medical centers (each about a 40-minute drive from Eaton) receive most of our transfers. Dayton Children’s Hospital and Reid Health in Richmond, Ind., are also valuable partners, and our helicopter-landing zone has been well used.

In our setting, follow-up and continuity of care are extremely important. We have an integrated and synergistic relationship with an extraordinary group of primary care providers at Preble County Medical Center, who have taken care of the community for 50 years or so, across generations. And we frequently refer patients to any one of the 22 specialists whose practices are located in the medical center.

Most of our staff members are from the surrounding area, and they know the community and its needs—in fact, they often know the patients who come through our doors. Every day, patients and families express appreciation for our expertise and presence in Preble County, which is extremely gratifying for my colleagues and me. We feel honored to be a part of this community, and are committed to providing world-class emergency care.

Preble County Medical Center is a 63,000-square-foot facility offering:

- Pharmacy
- Cardiology testing
- Radiology: X-ray, computed tomography, magnetic resonance imaging, ultrasound, digital mammography, Dexascan, fluoroscopy
- Average daily census of 38-40 patients (initial projection was 22)
- Open 24/7
- Time share arrangements with 22 specialists. Services include cardiology, orthopedics, pulmonology, urology, and many more.

Osteopathic Manipulative Medicine deals with the structure of the body and how that structure can alter the function of the body. It is simply anatomy and physiology Consider an example taken to the extreme:

Martha, a 78-year-old healthy, active grandmother of three, slips on ice and lands on her bottom. Imaging finds no fractures, but the pain remains long after the bruising is gone. Left with a limp, she expends more energy when she walks and tires easily. She greatly reduces her activity level—mostly with her grandkids. This causes a depressed mood. Because she is not as physically active, her bowels become less active. She eats less, which further decreases the activity of her bowels. Now she eats even less, loses weight and strength, finally ending up in the hospital with depression, debility, and constipation. But no one connected the dots to the fall as the source of these issues that ended up with her in the hospital.

Osteopathic physicians are trained to look at the host as well as the disease, a practice that helps improve not only physical health but quality of life for patients. Since Dr. Byron started at Grandview, physicians have consulted neuromusculoskeletal medicine for a variety of cases. He has seen infections from pneumonia to lower extremity dermatitis, mechanical issues from neck pain to knee pain, and neurologic issues from headaches to neuropathy on cases ranging from trauma in 20-year-olds to comfort care measures on the elderly.

And while DOs are more familiar with Osteopathic Manipulative Medicine from their education, consultants do not solely come from them. “This isn’t about being a DO or an MD,” Dr. Byron says. “This is about practicing good medicine and providing excellent patient care. We are seeing more and more MDs take continuing medical education courses focusing on osteopathic therapy, from the basics of palpation skills to advanced skills not taught in osteopathic schools.”

As to how Dr. Byron cares for patients: the first step, like all of medicine, is a good history and physical, he says. “Besides knowing the recent history most significant to their admission, I like to know about any traumas, issues with gait, and daily activities. My exam is thorough, with a focus on neurologic and musculoskeletal testing.” This includes a largely palpatory “structural exam,” which feels for asymmetry, tissue texture changes, restriction of joint motion, and tenderness. From there, he uses manual methods to reduce those findings. Methods include muscle energy treatment, using a patient’s own movements and soft tissue techniques akin to massage.

“Many physicians neglect the structural aspect of the patient—and that’s where the patient lives 24/7,” Dr. Byron says. “We can treat a patient with the correct medication, but if an altered structure impairs the drug’s distribution, the medication will not be as effective. By improving the structure, pharmacokinetics improve.”

“Treat me as a human being and not as just a sick body,” Dr. Byron says. “But again, it’s about making the patient feel better, not just fixing the ailment.”

Understanding the Osteopathic Tradition

Osteopathic Manipulative Medicine

By Dr. Martin J. de Wette

Pharmacokinetics improve.

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“Treat me as a human being and not as just a sick body,” Dr. Byron says. “But again, it’s about making the patient feel better, not just fixing the ailment.”

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Osteopathic Manipulative Medicine

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Englewood Health Center broke ground on February 2 for a 12,000-square-foot addition, expanding primary care services to ultimately become one of the largest primary care offices in north Dayton. The full-service healthcare facility attached to the Kleptz Family YMCA in Englewood currently hosts imaging service, specialty physicians, Kettering Physician Network Primary Care, and Kettering Sports Medicine. The expansion will help provide more space for current services and increase the number of patient care rooms. The center is planned for completion in summer 2016.

Southview Receives Ohio First Steps for Healthy Babies Designation

Southview Medical Center has been recognized by the Ohio Hospital Association (OHA) through its Ohio First Steps for Healthy Babies Initiative, a voluntary breastfeeding designation program developed by OHA and the Ohio Department of Health. This initiative recognizes maternity centers throughout the state for taking steps to promote, protect, and support breastfeeding in their organization.

The program awards one star for every two steps achieved in the “Ten Steps to Successful Breastfeeding” identified by the World Health Organization and Baby-Friendly USA. Southview is one of 17 hospitals in the state to receive this designation, and it is one of seven hospitals in Ohio that has all five possible stars.

“We proactively educate our patients and the community about the benefits of breastfeeding,” says Rebecca Lewis, RN, president of Southview Medical Center. “The support we give to a new mother can impact her decision to breastfeed. Increasing the number of breastfed newborns can lead to a decrease in the likelihood of health conditions such as asthma, diabetes and obesity.”

Grandview Verified Level III Trauma Center

Grandview Medical Center has been certified as a verified Level III Trauma Center from the American College of Surgeons. “This is a key development for us as we seek to provide great trauma care to our communities,” says Russ Wetherall, president of Grandview and Southview medical centers. “I want to congratulate and thank our whole team for this major step forward for Grandview.”

This certification verifies that the trauma center at Grandview has demonstrated an ability to provide prompt assessment, resuscitation, stabilization of injured patients and emergency operations. Grandview will remain certified for three years, through October 2018.

“An emergency, time is critical,” says Andrew Archer, DO, medical director of trauma at Grandview Medical Center. “This verification reflects our trauma team’s ability to provide excellent and coordinated care in a critical situation right here in Dayton.”

Welcome Doctors

Grandview | Southview New Physicians on Medical Staff

October 2015-February 2016

Lawrence Ratcliff, MD
Providence Medical Group
(937) 696-2858

Subhanaj Budhanju, MD
KHN IP Med
(937) 395-6665

Samuel Byron, DO
KPNI IP MO
(937) 723-4031

James Womny, MD
Prestige Billing
(937) 436-4658

Andrew Archer, DO

Anesthesiology
Sehendra chirumamilla, MD
Dayton Physicians
(937) 293-1622

Emergency Medicine
Howard Bialick, MD
Julie De, DO
Emergency Department
(937) 723-3210

James Womny, MD
Prestige Billing
(937) 436-4658

Family Medicine
Jolinda Caswell, MD
CenterMed Family Practice
(937) 436-3117

Edward Clack, DO
Cassadore Community Health Center
(937) 558-0200

Swartho Dutta, MD
KHN IP Med
(937) 395-6665

Ryan Foster, MD
Gene Lease, MD
Englewood Family Medicine
(937) 836-2424

David Page, MD
Miamisburg Family Practice
(937) 866-2494

Lawrence Ratcliff, MD
Providence Medical Group
(937) 696-2858

Subhanaj Budhanju, MD
KHN IP Med
(937) 395-6665

Samuel Byron, DO
KPNI IP MO
(937) 723-4031

Internal Medicine
Medan Ali, MD
Pulmonary Medicine of Dayton, Inc.
(937) 293-3511

Joseph Crawford, DO
Internal Medicine Care, Inc.
(937) 429-0607

Mariano Ibarco-Sandu, MD
Hemant Shah, MD
Pulmonary Medicine of Dayton, Inc.
(937) 439-1884

Alvin Stein, MD
KPNI Internal Medicine North
(937) 836-8063

Baker Machhadihe, MD
Joshua Diabetes Center-Hamilton
(513) 273-9220

Kunal Desai, MD
South Dayton Acute Care Consultants, Inc.
(937) 433-0990

Neurology
Herbert Newton, MD
Dayton Center for Neurological Disorders
(937) 439-6186

Obstetrics & Gynecology
Michael guy, MD
Women’s Cancer Center at Kettering
(937) 395-8020

Pediatrics
Charles Debrose, MD
Terr Morozoff, MD
Allergy & Asthma Center/Dayton
(937) 435-8999

Kristen Padden, MD
Cincinnati Children’s Hospital- Newborn Care
(513) 636-7216

Amanda Graf, MD
Pediatrics Medical Group
(937) 208-2912

Brenda EBerry, MD
Kettering Network Radiologists, Inc.
(937) 771-2422

Ronald Hale, MD
Dayton Physicians, LLC
(937) 293-1622

Stefan Mehta, MD
Cincinnati Children’s Hospital- Newborn Care
(513) 636-7216

Amber Eisele, MD
Kettering Network Radiologists, Inc.
(937) 771-2422

Smita Mehta, MD
Kettering Network Radiologists, Inc.
(937) 771-2422

Dayton Physicians, LLC
(937) 293-1622

Meghan Musser, DO
Kettering Network Radiologists, Inc.
(937) 297-6306

Kleenex Family Eye Care
(937) 540-2800

Diana Ditzel, DO
Radiologists, Inc.
(937) 771-2422

Ryan Steinmetz, MD
Dayton Physicians, LLC
(937) 576-2883

Surgical Center, Inc.
(937) 228-4126

Gregory Semon, DO
Wright State Surgery
(937) 208-2552

Robert Bloom, MD
Bloom Family Eye Surgeons
(937) 641-3418

Matthew DiPaola, MD
Radiologists, Inc.
(937) 771-2422

South Dayton Acute Care
(937) 293-1622

Kettering Network Radiologists, Inc.
(937) 297-6306

Dayton Physicians, LLC
(937) 771-2422

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(937) 293-1622

Kettering Network Radiologists, Inc.
(937) 297-6306

Dayton Physicians, LLC
(937) 771-2422
Network Provides Most Certified Stroke Centers in Dayton Area

For patients having a stroke, receiving immediate medical attention is crucial. Kettering Health Network recognizes the need to provide the community with expert stroke care at convenient locations and offers more Stroke Center certified hospitals than any other healthcare system in the Dayton area.

Soin Medical Center was recently designated as a Primary Stroke Center by the Healthcare Facilities Accreditation Program (HFAP).

"Primary Stroke Center designation speaks to the high level of quality we exhibit to our community when we are needed most," says Rick Dodds, president of Soin and Greene medical centers.

"Timothy Schoonover, MD, the program medical director, and Megan Smith, stroke team coordinator, have played an integral part in developing Soin’s stroke program."

Soin’s Primary Stroke Center certification builds on Kettering Health Network’s commitment to providing the best stroke care to the Greater Dayton Area. Kettering Medical Center was the first Comprehensive Stroke Center in Dayton, signaling the ability to offer the most advanced care to complex stroke patients. Southview Medical Center, Grandview Medical Center, and Sycamore Medical Center are also all Primary Stroke Center certified.

Clinic Connects Patients with Primary Care

The network is expanding to meet the needs of our local communities. To bridge the gap between discharge and primary care, and reduce re-admissions, a second transition clinic opened in Beavercreek. The Kettering Health Network Transition Clinic at Soin opened on January 18 and is currently sharing space with the Wound Center at Beavercreek Health Park.

The clinic accepts referrals from network emergency departments or hospitals of both insured and uninsured patients in need of a primary care physician. The clinic does not prescribe narcotics, anti-anxiety medications, or sleeping pills. Patients receive one visit at the clinic before transitioning to a primary care physician.

Along with assisting in finding primary care physicians, the clinic helps patients get health insurance. So far, the clinics have qualified 87% of uninsured patients for insurance.

When a patient is referred to the clinic, the clinic’s phone number will appear on the patient’s After Visit Summary, and they can call to schedule an appointment at the facility most convenient for them. The Kettering Health Network Transition Clinic at Soin is open on Mondays and Wednesdays, and the Kettering Health Network Transition Clinic at Sycamore is open on Tuesdays and Thursdays. All patients must have an appointment to be seen, and most are seen within four to six days.

Soin Adds Rooms for Orthopedics

Soin Medical Center has opened a Vascular Institute specializing in state-of-the-art diagnosis and comprehensive treatment of vascular diseases of the circulatory system, including:

• Abdominal aortic aneurysms
• Carotid artery disease
• Endovascular therapies
• Peripheral vascular disease
• Varicose veins
• Venous disease

The Vascular Institute is open to both physician and self-referral patients. Along with individual appointments, the Institute also offers a weekly vascular clinic. The clinic offers a comprehensive assessment and evaluation composed of a complete health profile.

Anchoring the Vascular Institute are Medical Directors M. Niranjan Reddy, MD, and Jonathan Velasco, MD, joined by Program and Care Coordinator Lauren Sweet, RN. The team includes both interventional cardiologists and vascular surgeons who collaborate to offer exceptional cardiovascular care. All are board certified, fellowship trained, recognized leaders in the region.

To make a referral please call (937) 702-4680 or fax (937) 522-9140.

Vascular Institute Physician Team:

M. Niranjan Reddy, MD Interventional Cardiologist, Medical Director
Jonathan Velasco, MD Vascular Surgeon, Medical Director
Julie Gilkeson, MD Vascular Surgeon
Raja Nazir, MD Interventional Cardiologist

For more information, call the Kettering Health Network Transition Clinic at Soin at (937) 914-7179.

Soin Opens Vascular Institute

Open to physician and self-referral patients

So far, the clinics have qualified 87% of uninsured patients for insurance. So far, the clinics have qualified 87% of uninsured patients for insurance.
Welcome Doctors

Fort Hamilton New Physicians on Medical Staff
October 2015-February 2016

Cardiovascular Disease
Saeed Ahmad, MD
Southwest Cardiology
(937) 293-3486

Dentistry
Betty Huang, DDS
Kyle Jackson, DDS
Katlin Jennison, DDS
Centerville Pediatric Dentistry,
Kyle R. Jackson, Inc.
(937) 586-7729

Family Medicine
Shaoli Asher, MD
Heritage Family Practice - Ross
(513) 738-3900

Subbanju Budhanju, MD
Isha Butler, DO
Swaathi Datla, MD
KHN IP Med
(937) 636-6977

James Challet, MD
Xenia Urgent Care - API
(937) 352-2850

Eric Fine, MD
Beavercreek Urgent Care - API
(937) 458-4200

Gastroenterology
Tristan Handler, MD
Digestive Specialists, Inc.
(937) 534-7330

Rajeev Mehta, MD
General Surgery
(937) 534-7330

Internal Medicine
Laurie Bankston, MD
Donald Tait, DO
KHN IP Med
(937) 636-6977

Irani Patel, MD
South Dayton Acute Care
Consultants, Inc.
(937) 633-8990

Jignesh Patel, MD
KHN IP Med
(937) 395-6665

Infectious Disease
Hari Polenakovic, MD
Wright State Physicians Internal Medicine
(937) 223-5350

Internal Medicine
Lucas Heinemann, MD
KHN IP Med
(937) 395-6665

Maternal-Fetal Medicine
Elizabeth Moore, DO
Perinatal Associates of SW Ohio
(937) 610-3220

Neurology
Iluko Lacaho, MD
KHN IP Med
(937) 395-6665

Obstetrics/Gynecology
Richard McNeely, DO
OB/GYN
(937) 399-7100

Pediatrics
Amanda Graf, MD
Pediatrics Medical Group
(937) 208-2912

Ryan Moore, MD
Cincinnati Children's Hospital
(513) 636-6977

Kristen Padddon, MD
Cincinnati Children's Hospital - Newborn Care Associates
(513) 636-7216

Pediatrics
Adam Thomas, MD
Community Medical Specialists
(937) 322-1607

Radiation Oncology
Wagih Shehata, MD
Eastgate Cancer Center
(513) 752-8100

Radiology
Meghan Mussier, DO
Kettering Network Radiologists, Inc.
(937) 297-4306

Emergency Medicine
Michael Fan, MD
Gary Gries, MD
Robert Kenter, MD
Kevin Meyer, MD
Charlene Miller, MD
Mark Stiebel, DO
TeamHealth Emergency Medicine Physicians
(937) 896-3000

Family Medicine
Andrea Bell-Willis, MD
KPN Primary Care - High Street
(513) 896-3000

Sanford Kimmel, MD
Indian Creek Family Health
(513) 523-2340

Internal Medicine - Hospitalist
Hema Tamiri, MD
Medicine Inpatient Group, LLC
(513) 618-7430

TeleSpecialist Neurology
Birdie Varnedore, MD
Virtual Neurology, LLC
(239) 208-2210

Wound Care
Kalamani Narasimhan, MD
D P Vathikaj, MD
Liberty Pointe Wound Care Center
(513) 645-8181

Wound Care
Soin | Greene

Wound Care
Liberty Pointe Wound Care Center - New Patients
Orlina Davila, MD
(513) 399-7100

Soin | Greene New Physicians on Medical Staff
October 2015-February 2016

Fort Hamilton Hospital celebrated the opening of the Hamilton Health Center on January 29. The celebration began with a dedication and ribbon cutting, followed by an open house and health fair in the afternoon for the entire community. More than 250 community members attended the festivities.

The center delivers world-class diabetes care through the Joslin Diabetes Center and is home to Kettering Physician Network Primary Care and Endocrinology. The downtown location provides convenient access to those who live and work in downtown Hamilton.

The sixth Joslin Diabetes Center to join the network, the center offers diabetes education, dietary counseling, diabetes management training, and physician care.

Community members are excited to have a primary care office so conveniently located, and primary care physician Andrea Bell-Willis, MD, is happy to join the community.

“This is obviously an underserved area especially for the Medicare and Medicaid population,” says Dr. Willis. “My goal is maintaining and improving the health status of the community.”

To refer a patient to the Joslin Diabetes Center, call (937) 401-7588.

F ort Hamilton Hospital celebrated the opening of the Hamilton Health Center on January 29. The celebration began with a dedication and ribbon cutting, followed by an open house and health fair in the afternoon for the entire community. More than 250 community members attended the festivities.

The center delivers world-class diabetes care through the Joslin Diabetes Center and is home to Kettering Physician Network Primary Care and Endocrinology. The downtown location provides convenient access to those who live and work in downtown Hamilton.

The sixth Joslin Diabetes Center to join the network, the center offers diabetes education, dietary counseling, diabetes management training, and physician care.

About 11% of Hamilton-area residents are living with diabetes, according to Baker Machhadieh, MD, the center’s endocrinologist. Services provided by the diabetes center can help individuals needing extra care to manage their condition and medications, he says.

Community members are excited to have a primary care office so conveniently located, and primary care physician Andrea Bell-Willis, MD, is happy to join the community.

“This is obviously an underserved area especially for the Medicare and Medicaid population,” says Dr. Willis. “My goal is maintaining and improving the health status of the community.”
Kettering Physician Network providers consistently receive high scores on the medical practice patient experience survey. We are proud to announce that a large number of them exceeded their patients’ expectations, as 57 of them ranked in the top one percent compared to all practicing physicians nationwide*… not just once, but for all of 2015.

The patient experience metric is based on answers to the survey question “what is your likelihood of recommending your care provider to others?”

“These providers go above and beyond to ensure that every patient feels welcome and cared for,” says George Lewis, president of KPN. “They are intentional and consistent, and their commitment to our patients embodies what Kettering Physician Network is all about.”

Welcome Doctors

Kettering Physician Network New Physicians
October 2015-February 2016

Cardiology
Ceferin Cata, MD
John Duchak, MD
Irshad Hussain, MD
Mohamed Khan, MD
Mugasha Khan, MD
Syed Nazeer, MD
KPN Cardiovascular-Dayton Cardiology
(937) 223-3053

Sanford Kimmel, MD
Indian Creek Family Practice
Health-Oxford
(937) 523-2340

Subbanjan Budhanjanu, MD
Isha Butler, DO
Swati Dalal, MD
KHN IP Med
(937) 395-6665

Morris Brown, MD
KPN Primary Care Dayton
(937) 461-0800

Family Medicine
Courtney Strobile, MD
Community Physicians
Yellow Springs
(937) 767-7291

Gene Lease, MD
Englewood Primary Care
(937) 836-2424

Donald Tait, DO
Fairborn Family Practice
(937) 352-2850

Donald Tait, DO
Fairborn Family Practice
(937) 352-2850

Sycamore Family Medicine
(937) 384-8773

Sanford Kimmel, MD
Indian Creek Family Practice
Health-Oxford
(937) 523-2340

Subbanjan Budhanjanu, MD
Isha Butler, DO
Swati Dalal, MD
KHN IP Med
(937) 395-6665

Morris Brown, MD
KPN Primary Care Dayton
(937) 461-0800

Gene Lease, MD
Englewood Primary Care
(937) 836-2424

Donald Tait, DO
Fairborn Family Practice
(937) 352-2850

Sycamore Family Medicine
(937) 384-8773

* Source: Press Ganey National Database for Medical Practice Providers

Congratulations to the following KPN providers for ranking in the top one percent:

Cardiology
Marc Ashby, MD
F. Ward Blair, MD
Kassandra Bond, DO
Julie Birninger, MD
Robert Bolus, DO
Calven Busch, MD
Richard Byers, MD
Gregory Carpenter, MD
Richard Chamberlain, DO
Todd Christie, PA-C
Lesley Combs, DO
Carol Cooke, CRNP
Valerie Crawford, DO

Ambujakshan Dildred, MD
David Doucette, MD
Josephine Drozd, DO
Jaleh Estani, MD
Chad Fogg, DO
Shantlyn Hamilton, CRNP
Franklin Hardest, MD
Suzanne Hardacre, MD
Jason Heke, MD
Martha Johnston, MD
Michael Keller, MD
Robert Kiefaber, MD
John Lynch III, MD

Patrick Lyle, DO
Lewis Mahan, DO
John McCarthy, MD
David Page, MD
Bharavi Patel, MD
Kenneth Pohl, MD
Raymond Pratt, MD
Timothy Quinn, MD
Eleia Reyes, MD
Biju Sandhir, MD
Gregory Savage, MD
Reginald Sequeira, MD
Panthis Shah, MD

Vismai Sinha, MD
Susan Stelje, MD
Judith Stutes, PA-C
Sara Sweet, CRNP
Ronald Taylor, MD
Andrea Tewell, DO
Gwen Thacker, CRNP
Michael Thuney, MD
Vijay Tivakaran, DO
Michael Welker, MD
Frank Werded, MD
Daniel Whitmer, MD
Jacob Yannetta, DO

Sanford Kimmel, MD
Indian Creek Family Practice
Health-Oxford
(937) 523-2340

Subbanjan Budhanjanu, MD
Isha Butler, DO
Swati Dalal, MD
KHN IP Med
(937) 395-6665

Morris Brown, MD
KPN Primary Care Dayton
(937) 461-0800

Andrea Bell-Willis, MD
KPN Primary Care Dayton
(937) 461-0800

Beth Shutter, MD
Lisa Vantrease, MD
Ollie Davis Primary Care
(937) 562-2280

Donald Tait, DO
Fairborn Family Practice
(937) 352-2850

Sycamore Family Medicine
(937) 384-8773

* Source: Press Ganey National Database for Medical Practice Providers

Kettering Physician Network Joins Medical Mutual of Ohio’s Provider Network

Kettering Physician Network recently rejoined Medical Mutual of Ohio’s provider network. Patients with insurance coverage through Medical Mutual can now receive care from Kettering Physician Network physicians and advanced practice providers. This multi-year arrangement provides more people in our community access to our quality care.
Healthcare how it should be

TRUVEN HEALTH ANALYTICS

15 TOP HEALTH SYSTEMS

2016

Nationally Recognized

Kettering Health Network is among the nation’s 15 Top Health Systems! To be among the best, Kettering Health Network was recognized for providing patients with:

- Exceptional Service
- Fast Recovery
- Affordable Care
- Outstanding Quality

Learn more about this award at ketteringhealth.org/15top