



William Beaumont University Hospital Medical Staff Meeting

NOVEMBER 21, 2023

Dr. Jay Fisher

President Medical Staff
William Beaumont University Hospital

Agenda

1. Welcome – Announcements and Introductions:

Dr. Jay Fisher

- MAL Election Results
- Royal Oak Medical Staff Scholarship Program
- Royal Oak Medical Staff Annual Gala
- Lifetime Achievement Award – Dr. Jeffrey Maisel's
- Distinguished Service Award – Dr. Peggy Nowak
- 30 and 40 Years of Service Awards
- Leadership Academy
- Team Giving Campaign
- Physician Peer Support

2. Corewell Health East President:

Dr. Darryl Elmouchi

3. Report of the Hospital President:

Dr. Dan Carey

4. Report of the Chief Medical Officer:

Dr. Barbara Ducatman

5. MSMS and Advocacy Updates:

Dr. Paul Bozyk

6. Adjourn

Royal Oak Medical Staff Election Results

Justin Skrzynski, MD, MAL, Primary Care Employed



Graham Long, MD, MAL, Surgery



2023 Royal Oak Scholarship Recipients

Thirteen (13) \$2,500 scholarships given out in 2023, totaling \$30,000

Congratulations to this years recipient's

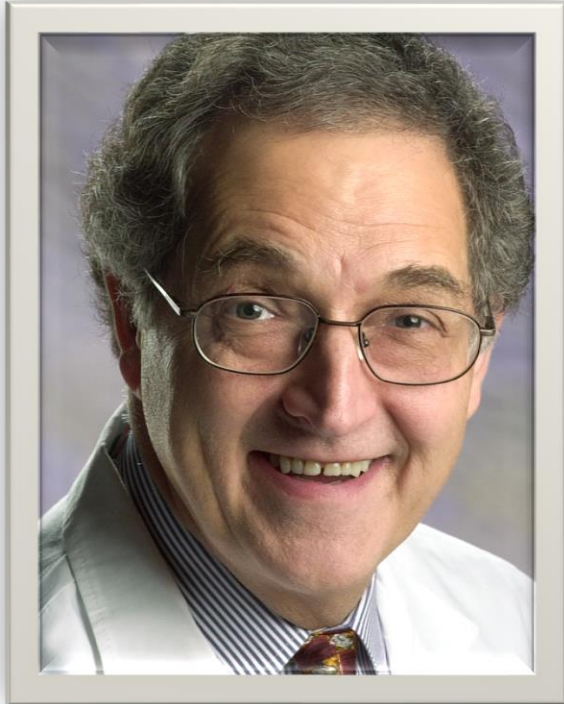
Student First Name	Student Last Name	Major	Employee Last Name	Employee First Name
Megan	Fuller	Neuroscience	Fuller	Brent
Sidney	Bell	Nursing	Bell	Vickie
Ashley	Meyer	Science	Meyer	Ashley
Elizabeth	Sterner	Nursing	Sterner	Elizabeth
Emily	Hubbard	Public Health	Hubbard	Shawn
Chloe	Ting	Nursing	Ting	James
Madeline	Sandberg	Biopsychology, Cognition, and Neuroscience	Sandberg	Jay
Audrey	DeGuia	Neuroscience and Dance, Pre-Med	DeGuia	Amapuri
Jenny	She	Health Sciences	Chen	Leilei
Ellen	Barker	Medial Laboratory Science	Barker	Ellen

Royal Oak Medical Staff – Back to the 80's Gala, 2023





Lifetime Achievement Award



Congratulations
M. Jeffrey Maisel's, M.D.



Distinguished Service Award

Congratulations
Peggy Nowak, M.D.



Congratulations 30 Years of Service

30 YEARS OF SERVICE

Steven C. Ajluni, MD
Deborah A. Charfoos, MD
Carole Fernande Condevaux, MD
Peter F. Czako, MD
Steven M. Dean, MD
Michael A. Dorman, MD
Jeffrey S. Fischgrund, MD
Marc C. Flemming, MD
Paul T. Fortin, MD
Peter M. Gerrits, MD
Roberto H. Goo, MD
Richard E. Gordon, DO
Ann E. Hern, MD
Isabel Holland-Davis, MD
Pankaj Hukku, MD

Khaled Imam, MD
John R. Joseph, MD
Joel K. Kahn, MD
Jeffrey S. Leider, MD
Barry M. Moss, MD
Cynthia J. Pryce, MD
Parveen A. Qazi, MD
Ann M. Rehm, MD
John D. Roarty, MD
Mitchell S. Shek, MD
Satish Sundar, MD
Daniel Silvasi, MD
Daniel G. Walsh, MD
Bradford L. Walters, MD
Marc F. Weisman, DO

Congratulations
40 Years of
Service

40 YEARS OF SERVICE

Sarah E. Clune, DO
Marshall Nelson Cyrlin, MD
Mark J. Frikker, MD
Allen Grant, MD
Carl M. Karoub, MD

Olaf C. Kroneman III, MD
Duane G. Mezwa, MD
Robert A. Swor, DO
Sarveswararao Talla, MD

Physician Leadership Academy 2024

1. Graduation will be Saturday 12/16 at the BSC. Brief presentations from each of the teams and your attendance is greatly appreciated
2. Apply to the 2024 Corewell Health/Oakland University Physician Leadership Academy by Monday, Nov. 20, <https://providers.beaumont.org/apply>
3. <https://www.oakland.edu/pace/corewellhealth2024>



Physician Peer Support



CONNECT WITH FELLOW PHYSICIANS
physicianpeersupport@beaumont.org • 947-522-3091



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Physician peer support PHYSICIANS SUPPORTING ONE ANOTHER

WHAT IS PHYSICIAN PEER SUPPORT

Physicians are most likely to become stressed and isolated after an adverse event, unexpected outcome, receiving notice of an impending lawsuit, experiencing workplace violence or personal issues. Research has shown that physicians who have confidential support by trained peers are more likely to recover and even thrive after an adverse event compared with those who suffer alone. The support team engages in training which focuses on listening skills, attention to cues on coping abilities and giving feedback. Peer supporters will also have resources to share, coaching, counseling and psychiatric referrals, depending on the individual's needs.

Q&A

Who are physician peer supporters?
Peer supporters are your colleagues. They are volunteer faculty and house staff who have been trained in techniques that have been shown to be beneficial.

What if I know the peer supporter and would rather talk to someone anonymously?

Attempts are made to match supporters by medicine or surgery/procedure level of experience and service. You are free to contact the program director to assign another person to you.

What does the peer supporter know about my situation?

The peer supporter will be given your name and contact number. By receiving this, they know you were involved in some type of adverse event, but no other information is shared. Their focus is on you and your well-being, not on the event.

Why talk to a peer supporter rather than a familiar colleague?

Familiar colleagues can be helpful and are part of your support team.

Q&A continued on back.

Q&A continued

How confidential are the conversations?
Peer supporters do not discuss your situation or share your conversation with anyone. One exception to confidentiality is a concern for your safety.

What do we talk about?

Peer supporters can help you reflect on how you are coping and provide perspective. These are individuals who have been through difficult times. It is often helpful to know you are not alone. Supporters have a variety of resources they can share with you depending on your needs.

Also consider:

- Peer supporters are trained for this situation with appropriate listening and reflection skills; they are aware of what you might experience now and in the future.
- Supporters may be able to offer a fresh perspective.
- Supporters are aware of a variety of resources that may be helpful.
- Supporters have access to discreet 24/7 psychiatric back-up to connect you to formal counseling or coaching as needed.
- Talking to someone who understands the pressure, but doesn't know you, may make the conversation easier.

ADVERSE CLINICAL EVENTS

Adverse clinical events affect physicians, their teams, families and patients. Experiencing a difficult situation can lead to physical, mental and functional issues such as second guessing, lack of energy, sleep disorders and difficulty concentrating. Physicians often feel alone, ashamed and isolated as they attempt to cope with this on their own. These events impact everyone you encounter, including patients.

Physician peer support can help to stop the downward spiral that often occurs.

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ALL PEER SUPPORT
INTERACTIONS ARE
PRIVATE &
CONFIDENTIAL



Physician Peer Support Contacts

Jackie McParlane, D.O.

Director

Physician Peer Support

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Director

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physicianpeersupport@beaumont.org

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CONNECT WITH FELLOW PHYSICIANS

Together, we can.™

Team member giving

Margaret C. Casey, Sr. VP & Chief Development Officer, Foundation President

Tom McGannon, VP Community Engagement, Corewell Health Foundation Southeast Michigan

2023 Team Member Giving Campaign

- The Spirit of Giving Campaign is now the **Team Member Giving Campaign**, coordinated systemwide.
- Corewell Health East **Campaign Leadership**: *Dr. Paolo Marciano, Dr. Daniel Frattarelli, Margaret Casey.*
- All **charitable funds remain local** and will be used only in Corewell Health East as the donor designates.
- **Physician Gifts:**
 - **Gifts between \$1,000 and \$10,000 will be matched** dollar-for-dollar by the Foundation.
 - **Physicians may make gifts to their own clinical program or department** for 2024.
 - Gifts may be made individually or by a practice.
- **Of Note:**
 - The GME Fund is now the **GME Greatest Needs Fund**
 - **The Foundation will match all gifts to any system or site nursing education** or scholarship fund.

CHE, Chief Cardiovascular Surgery



Thomas Schwann, MD., MBA, FACS, FACC

Dr. Darryl Elmouchi

Corewell Health East President

Report of the Hospital President

Dr. Dan Carey, President of CHE Royal Oak

CMO Update

November 2023

Presentation to the Medical Staff

Barbara Ducatman, MD

Chief Medical Officer

APP Update: Care Models- Current State

- Dedicated IP Rounding Support
- Pre and Post Procedural Rounding
- Transitional Care/Preadmission
- Presurgical Optimization Clinics
- Surgical First Assist
- Rapid Assessment Response Team (RRT)*

Present State: Variation



Develop new APP strategy

Partner with APPs, Physicians and Operational leadership to design a new transformational team-based care-based model. This is one that puts the patient at the center and allows APPs work in a dynamic clinical relationship with their physician colleagues.



APP Update

Collaboration is the Key

- Hospital Operations
- Hospital Physician leadership
- Hospital APP leadership



Need for APP Leadership



Long Term APP Strategy Work

- Voted on at the APP Advisory Council
- August 2023

Corewell East APP strategies

Mission: |

Value Statement:

1. **Recruitment-** Recruit top APPs from Top institutions and universities
2. **Mentorship-** Every APP at Corewell East will be mentored in their first 1-2 years in the system
3. **Dynamic Team Based clinical model to allow Corewell East to transition to value based care-** APPs working to top of license/competency will allow Corewell to drive down costs and meet our value goals. This clinical relationship is dynamic rather than dependent which allows for mutual respect between physicians and APPs.
4. **Retention/Recognition/Wellness of APPs-** Improve wellness by recognition efforts, competitive compensation/benefits packages, monitoring of glint scores etc.

Key enablers: Consistent APP leadership structure, APP clinical career pathway, APP leadership on system level committees, medical staff committees, competitive compensation model and benefits, best practice billing and coding, data driven decisions, mutual respect between physicians, APPs, operations, and nursing

Competitive differences: Quality care provided, “The” institution for teaching APPs, Corewell East loyalty

Structure

APP Steering Committee – Monthly

Executive Sponsor: Joshua Halverson

APP Project Lead: Keith Hustak

Members: Paolo Marciano, Dan Frattarelli, Nancy Susick, Therese Farhat Crane, Monica Wilkinson, Leah Voight, Kelli Sadler, Deb Guido-Allen, Dana Snyder, Laura Ritchie, Aretta Cullen

Responsibilities:

- Provides direction on high level strategy & prioritization of work
- Responsible for Communication Strategy
- Ensures care model designed meets compliance standards
- Provides final endorsement of care model design
- Highest level support for removal of barriers

APP Advisory Council - Monthly

Responsibilities: Receives information from APP workgroup and provides input and feedback from a frontline APP perspective.

APP Workgroup - Weekly

Meeting Owner: Keith Hustak

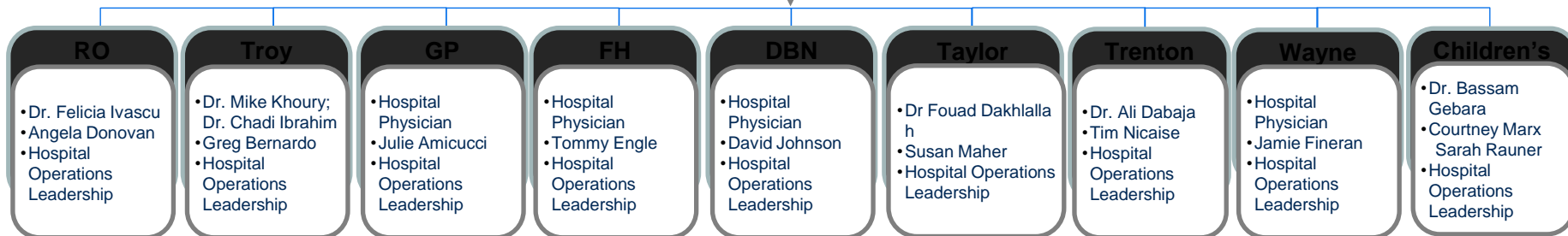
Members: T. Nicaise, C. Marx, A. Donovan, G. Bernardo, S. Rauner, J. Amicucci, J. Fineran, T. Engle, D. Johnson, S. Maher, A. Cullen, F. Ivascu, M. Khoury; C. Ibrahim, F. Dakhllallah, A. Dabaja, B. Gebara

Responsibilities:

- Overall management of APP project
- Responsible for designing the optimal care model for the CHE system
- Sub-group oversight: Provide direction, removal of barriers and create reporting out structure of initiatives

Site Leader Workgroups - Ongoing

APP Workgroup Leads collaborates with hospital and physician leadership to design/implement a CHE APP Model



Informational Update: APP Project lead provides updates to the **Clinical & Operations Committee (SCOC)** Monthly

Key Details

- Project Leaders
 - Keith Hustak VP, APP Services
 - Aretta Cullen PM
 - Hospital Ops, Physician, APP leadership
- Time started
 - Week of September 18th
- Method to execute
 - Collaborative effort through proposed leadership structure including steering committee, APP work group, Hospital leadership

Transformation to a Dynamic model

- **How will we know?**

- CG CAHPS
- Quality metrics
- Provider satisfaction scores
- Access/slot utilization
- Revenue generated
- Total RVU/RVU per FTE
- Turnover
- Number of applicants/hire
- Engagement



Access, Quality,
Safety, Satisfaction

RO Specific RRT concerns

- During COVID pandemic, we added APPs to the RRT to support nursing staff with rapidly declining patients
- After COVID: RRT APPs got on average 3 calls per day
- Rapid Response Team review and new model to cover all services:
 - 3 APPs from 6 am to 6 pm
 - 3 APPs from 6 pm to 6 am
 - 2 additional APPs from 3 pm to 3 am (therefore, 5 APPs from 3 pm to 3 am)
 - A STAT RN will continue to respond to all RRT calls with an APP

RRT Priorities

- Priorities: Stroke, PERT and inpatient with declining status
- Based on review, there should not be a change to inpatient services
- Admission TOC notes for certain patient groups
- Model is being evaluated but APPs should be providing same level of support

Concerns Raised and Reviewed

- Reviews have not demonstrated loss of service, but may need more process improvement and education
- APP is in the EC (but may need to respond to stroke/PERT/declining patient calls
- We will continue monitor and review all concerns
- Issues? Bring MRNs
- Will continue to work on process improvements and education

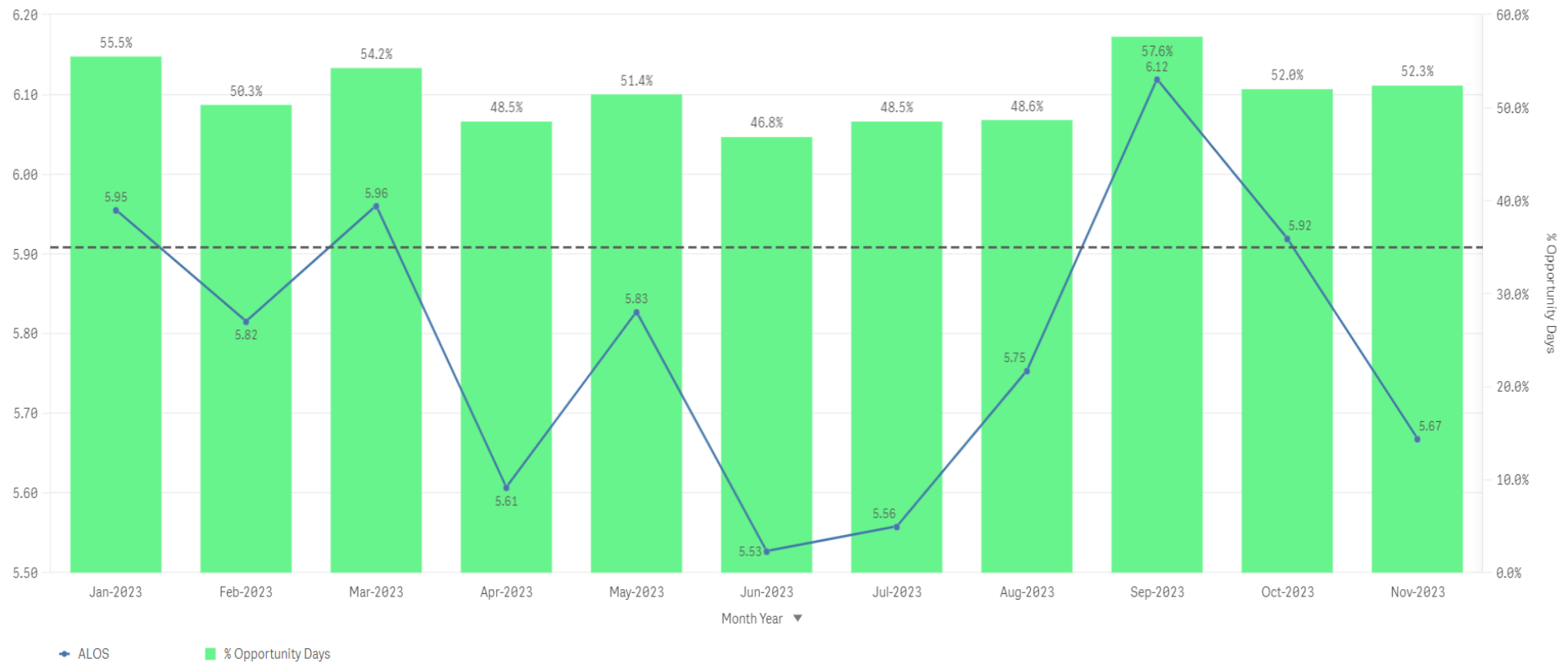
Future State





LOS Performance: WBUH

ALOS & Opportunity Days



New targets of opportunity – Focus on outliers

6% of patients contribute:

- 23% to the ALOS (1.3 days)
- 44% of mean excess days (1.1 days)
- 14% of ALOS/CMI (.51)
- 48% of our opportunity days (22.2%)

	Outliers #2 (10 days)	N Rows	Mean(Age)	Mean(ALOS)	Mean(GMLOS)	Mean(LOS Index)	Mean(CMI)	Mean(Excess Days)	Mean(ALOS/CMI)	Mean(% Oppty Days)
1	EOL	191	63.34	51.80	8.06	8.21	4.74	43.74	18.27	721.5%
2	MOL	1559	67.56	21.56	5.74	4.35	3.01	15.82	10.34	334.7%
3	NOL	26042	58.99	4.49	3.67	1.24	1.76	1.41	3.15	24.0%
TOTAL		27792	59.51	5.77	3.82	1.46	1.85	2.51	3.66	46.2%

EOL = Extreme outlier is >30 excess days

MOL = Moderate outlier is excess days from 11 to 30

NOL = Not outlier is excess days 10 or fewer

Largest opportunity in excess days for LTACH, SNF, Rehab and Hospice for all patients (left) but even more for outliers (right)

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Ratio	Prob > F
Disch Disp Description	6	119473.41	19912.2	819.4462	<.0001*
Error	26713	649115.86	24.3		
C. Total	26719	768589.27			

Means for Oneway Anova

Level	Number	Mean	Std Error	Lower 95%	Upper 95%
Home	16916	1.0617	0.03790	0.9874	1.136
Home Care	5180	3.1736	0.06849	3.0394	3.308
Hospice	601	6.7551	0.20108	6.3610	7.149
LTACH	122	10.3615	0.44629	9.4867	11.236
Psych	96	3.2031	0.50311	2.2170	4.189
Rehab	1319	6.3441	0.13573	6.0781	6.610
SNF	2486	6.7201	0.09887	6.5263	6.914

Std Error uses a pooled estimate of error variance

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Ratio	Prob > F
Disch Disp Description	6	5186.58	864.430	7.1262	<.0001*
Error	1605	194692.31	121.304		
C. Total	1611	199878.90			

Means for Oneway Anova

Level	Number	Mean	Std Error	Lower 95%	Upper 95%
Home	268	16.8929	0.6728	15.573	18.213
Home Care	393	16.6870	0.5556	15.597	17.777
Hospice	148	19.0284	0.9053	17.253	20.804
LTACH	44	24.6000	1.6604	21.343	27.857
Psych	8	15.1500	3.8940	7.512	22.788
Rehab	253	18.6447	0.6924	17.286	20.003
SNF	498	20.1952	0.4935	19.227	21.163

Std Error uses a pooled estimate of error variance

New Initiatives on LOS

- **Complex care committee (Multidisciplinary, Medical leaders, Nursing, CM, Ethics, Finance and Risk Management): Work on outliers**
- **Care Management:**
 - Facility issues – particularly authorization
 - Working with ICU and progressive doctors/units to increase timely LTACH referrals
 - Education for providers
 - CM referrals when appropriate
 - Scripting for the conversation

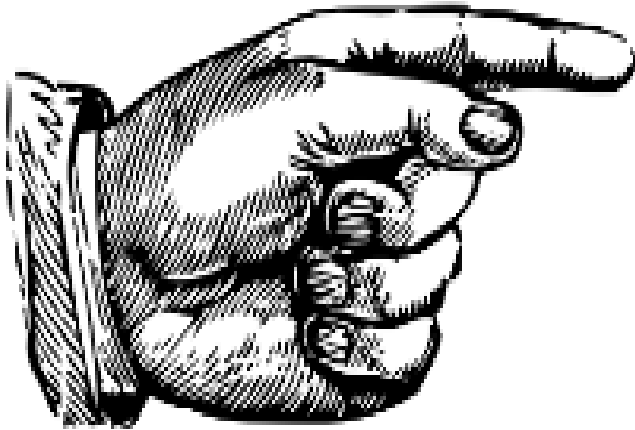
LOS initiatives

- **EC: TAT and LWOBS**
- **Hospitalist workgroup**
 - EDD smart phrase
 - Monthly data review and rapid process changes
 - Decreasing unnecessary inpatient testing (such as MRIs) with help from Neurology and Radiology
 - Platinum card program (discharge to a PCP to improve discharge time and decrease readmissions)
 - Improve coordination with PT/OT and PMR to identify patient for SAR and SNF referrals

LOS initiatives

- **Imaging: Capacity and TAT**
- **Phlebotomy: TAT**
- **Hospitalists and Nurses: Pilot for early mobility to increase discharge to home**
- **PT/OT and PMR rounding with hospitalists and surgeons**

LOS Improvement



**WE NEED
YOUR HELP!**



msms.org

WORKING for you, with you...

Paul D. Bozyk, MD
Chair, MSMS Board of Directors

NOVEMBER 21, 2023



PARTICIPATION AND IMPACT

Recognized Leader

- Legislative advocacy
- Public health issues (e.g., obesity, tobacco, etc.)
- Economic and quality issues

Inclusive

- Represents physicians of all specialties and practice settings and medical students across the state
- First IMG section in the nation
- Individual members can be leaders at county, state & federal level

MISSION and VALUES: Who We Are

*The **MISSION** of the **Michigan State Medical Society** is to improve the lives of physicians so they may best care for the people they serve.*

The **core purpose** of the Michigan State Medical Society is to **bring all physicians together**.



Since 1866, we've represented the voice of physicians, in all stages of training and in all forms of practice.

Core Values:

- **ADVOCACY** for physicians and their patients
- Provide **LEADERSHIP**
- Promote high quality **HEALTH CARE**
- **DEMONSTRATE** ethical behavior



We are the state affiliate of the American Medical Association (**AMA**).

KEY VICTORIES: What We've Done

- Supported Gun Reform
- Sustainable Growth Rate (SGR)
- **Passed ACA**
- **Blocked Physician Tax**
- SNAF program
- **Smoke free Michigan enacted**
- Seat belt law enacted
- **Medicaid expansion**
- **Tort reform**
- Scope of practice
- MIPS recognition of PGIP PCMH
- Primary care and OBGYN Medicaid uplifts
- Pre-diabetes prevention program
- Establishment of Physician-Payer Quality Collaborative (PPQC) - Quality Alignment
- **Prior Authorization Reform**
- Common drug formulary for contracted Medicaid health plans
- COVID-19 Provider Relief Funding
- Rescinding EO2020-17
- Podiatry Residents Licensure
- Clarifying Opioid Laws
- **Modifier 25 Cancellation**



KEY ISSUES: What We're Working On

Scope of Practice

- Bill introduced allowing independent practice of APNs (SB 279)
- Bills introduced defining physician led, team-based care (HB 4472)
- Title protection bill (in the works)



KEY ISSUES: What We're Working On

The Corporate Practice of Medicine

- Letter to the Attorney General
- MSMS Statement

"The Michigan State Medical Society (MSMS) continues its long-standing support for enforcement of Michigan laws prohibiting the corporate practice of medicine. These laws protect the public by prohibiting unlicensed, for-profit businesses from illegally practicing medicine. The confidential physician-patient relationship is essential for proper diagnosis and medical treatment. To ensure the quality of medical care furnished by physicians to the public, a physician's independent medical judgment cannot be interfered with by unlicensed business decision-makers motivated by profit. MSMS supports appropriate action by the Attorney General and agencies of Michigan state government to enforce Michigan laws prohibiting the illegal corporate practice of medicine." (August 31, 2017)

KEY ISSUES: What We're Working On

Other Issues

- Medicare payment reform
- Auto no-fault fixes
- Increased penalties for assaults on health care staff
- Telehealth payment parity
- Oral chemo pill fairness/parity (recently passed)

Engage

- <https://www.msms.org/Advocacy/Engage>



Thank you!

Have a Wonderful Evening
and a

