Beaumont United Care Partners – now well underway

Progress continues on the implementation and ongoing operations of Beaumont United Care Partners, a clinical integration organization. Beaumont Health System and United Physicians are working together to support the physician-led organization designed to ensure patient care quality, improve efficiency and reduce costs.

United Physicians and Beaumont Health System formed Beaumont United Care Partners in April. BUCP enables private physicians, United Physicians and Beaumont to work together in joint contracting and share incentive-based payments. It is a subsidiary of Beaumont Health System operated by United Physicians through a management services agreement.

The BUCP Board of Managers held an inaugural meeting in July and approved key policies, procedures, positions and agreements. These had been recommended by the clinical integration steering committee formed earlier by Beaumont and United Physicians to develop the clinical integration organization.

“Thank you to everyone who has made significant contributions of their expertise, time and enthusiasm to design the organization,” says David Wood, M.D., Beaumont’s executive vice president and chief medical officer. “Physicians and administrators contributed many evenings over the last six months to this effort. These individuals will continue to provide leadership and support to physicians in achieving their goals of high quality, cost-effective health care.”

At the Board of Managers meeting, Catherine Stark, M.D., Obstetrics & Gynecology, was elected board chairman, and Jason Barke, M.D., Hospitalist Medicine / Internal Medicine, was elected co-chair. A Quality Committee also has been formed, chaired by Kimberlee Coleman, M.D., BUCP medical director (co-chair), with Kurt Tech, M.D., Neuroradiology, as co-chair. Meghan McInnis has been named managing director of BUCP.

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Beaumont United Care Partners – now well underway

“We now have a framework, a tangible structure and organization,” says Dr. Stark. “The Board of Managers has accepted the first iteration of our quality measures.”

Efforts are now underway to transition the remaining implementation activities and ongoing operations to the newly formed BUCP team. The immediate priorities are to roll out communication to key physician and administrative leadership, train supporting staff to prepare for physician recruitment activities, finalize BUCP’s first agreement with the Beaumont Employee Health Plan and finalize the clinical integration program to enhance data integration activities to support performance management.

“We are excited about the opportunities this new organization will create to further our mutual goals of ensuring better care for patients while supporting the strength of physician practices,” says Michael Williams, M.D., president and chief executive officer, United Physicians.

The BUCP goal is to provide high-quality, low-cost care that spans all specialties, including outpatient and inpatient care. BUCP will begin by working with the Beaumont Employee Health Plan for testing clinical integration model contracting, in which incentive payments are based on meeting specified quality goals and lowering future year increases in plan costs for care. Eventually, BUCP will negotiate with self-funded employers and health insurance exchanges being created as a result of the Affordable Care Act.

“Health care reimbursement is changing, and BUCP will help position physicians for the future,” says Dr. Stark. “Participating physicians will receive uplift across the board in their fee structures and also can receive a bonus based on shared savings as incentive payments.”

The initial outreach for participation will continue into November for 2014. Please check your Beaumont email and the physician website, Beaumont Doctor Online (dr.beaumont.edu) for more information.

Background on BUCP

Beaumont and UP signed a Memorandum of Understanding last year to form Beaumont United Care Partners, a clinical integration organization.

BUCP will contract with payers and receive incentive-based payments based on quality metrics. The incentive-based payments will then be distributed to the physicians who meet or exceed these specialty-specific quality metrics.

Beaumont United Care Partners will build on and work with United Physicians Integrated Care (UPIC), an earlier organized system of care developed by Blue Cross Blue Shield. Through UPIC, United Physicians works with Beaumont to improve patient care by using information technology.

In a clinical integration network, a patient’s status is tracked from setting to setting with no gaps in continuity of care. Every provider has a complete and identical record for each patient, and the chances of medication errors or other mistakes are reduced. Data collected on patients enables providers to improve care quality and put in place “best practices.”

As defined by the Federal Trade Commission and the Department of Justice, clinical integration is an active and ongoing program to evaluate and modify practice patterns by physician participants and create a high degree of interdependence and cooperation among physicians to control costs and ensure quality. Clinical integration enables a group or network of independent physicians to focus on a common set of initiatives and contract with employers and plans in ways that align payment with value.

Beaumont United Care Partners is focusing on quality that creates value for employers, payors, and patients. This approach can enable Beaumont to decrease costs through lower length of stays, reduction in hospital-acquired infections, reduction in medicine costs per day and avoiding readmissions.
BUCP key participation criteria

Agreement to:

1. maintain membership in good standing on a medical staff of BHS hospitals or be approved by exception due to referral relationship
2. use basic tools to facilitate communication (high-speed internet access, provide email address and actively use email)
3. be measured on performance of physician-selected initiatives and share information to facilitate measurement
4. serve as a leader and advocate for clinical integration among peers
5. allow BUCP to negotiate CI contracts with payers on their behalf according to payer contracting policies approved by the Board of Managers and available to physician members

BUCP operations team

The following team will be administratively responsible for the operations of BUCP:

Beaumont United Care Partners (operated by United Physicians):

- Kimberlee Coleman, M.D. – medical director (clinical integration program including initiative development and administration of remediation policy)
- Meghan McInnis – managing director (day-to-day operations)
- Sewa Wong – provider relations and contracting administrator (provider recruitment and servicing)

Beaumont Health System:

- David Wood, M.D. – CMO (member representative - oversight of Beaumont United Care Partners)
- Debi Siljander, M.D. – medical director (responsible for interface between BUCP, Beaumont Medical Group and health system based clinical services)
- Jacqueline Kirejczyk – director, provider contracting and enrollment (responsible for interface between BUCP and health system based operations)
- Beth Derwin – senior corporate counsel (responsible for oversight of legal and regulatory issues)
Let me introduce myself

In my first column for Beaumont Doctor Quarterly as chief medical officer, I’d like to share some information about myself and my vision for Beaumont and its physicians.

First, let me say what a great honor it is to succeed Ananias Diokno, M.D. He has made a lasting contribution to Beaumont and its physicians.

While taking on the CMO role, I also will continue as president, Beaumont Physician Partners. BPP worked with United Physicians and Beaumont physicians to create Beaumont United Care Partners, a clinical integration organization you’ll be hearing a lot more about in the weeks and months to come.

Briefly, BUCP is a clinical integration network of independent and employed physicians who will partner with Beaumont to improve the quality of care and reduce costs. Through BUCP, Beaumont will be able to share savings with our physicians who are part of BUCP. United Physicians, Inc., will manage BUCP, and the Board of Managers is composed primarily of independent physicians who practice at Beaumont. More information will be provided by BUCP, including enrollment opportunities this fall to individual physician offices.

I joined Beaumont from the University of Michigan Health System, where I was a urologic oncologist and served as chief, Division of Urologic Oncology, and professor of urology. Before joining U of M, I worked for the Detroit Medical Center, Wayne State University and the Karmanos Cancer Institute, including as chief medical officer of the Karmanos Cancer Hospital.

After receiving my medical degree from the University of Michigan, I did my residency at the Cleveland Clinic Foundation and a fellowship in urologic oncology at Memorial Sloan-Kettering Cancer Center.

I was born at Beaumont and grew up in Clawson. I golf, play paddle tennis in the winter and ski. I also enjoy long-distance road biking, tennis, eating and learning. Cooking is something I like doing, too. I make a mean chicken piccata, salmon with a soy glaze, and I really go all out for Thanksgiving dinner.

My wife, Sharon, has her own business making jewelry and helping design offices. My son, Alex, is a senior at Denison University in Ohio. My daughter, Joanna, is a freshman at Dickinson College in Pennsylvania.

My vision for Beaumont is to create an environment in which every quality physician aspires to practice. To do that, we have focused on several key initiatives over the past two years:

- Recruiting top-notch physician leaders for health system chair positions, including Pediatrics, OB-GYN, Emergency and Neurology
- Gauging the engagement and alignment of private and employed physicians through annual surveys and developing action plans, along with the health system chairs, to improve our performance
- Continuing our close relationship with the Oakland University William Beaumont School of Medicine
- Fostering a culture of research for physicians throughout our health system

Our future holds many challenges and many opportunities. I’m looking forward to working with all Beaumont physicians in this exciting time for medical practice and health care.

David Wood, M.D.
Executive Vice President and Chief Medical Officer
First class of OUWB medical students begins clerkships

On July 1, 48 aspiring physicians walked through the doors of Beaumont. Nervous, apprehensive, elated and determined, these students were ready to see first-hand what they’ve been reading about in textbooks since 2011.

Andrew Anesse is one of the 48. At the time of the interview, he was halfway through his psychiatry rotation. “I get here around 8:30 a.m. for the morning multi-disciplinary team meeting,” says Andrew. “After that, I interview patients and get a complete history on them. I’ve found that it’s best for me to get to know them first and gain their trust. Slowly they start sharing information about themselves. I like it a lot.”

Andrew’s clerkship director for his six-week psychiatry rotation is William Miles, M.D. “I’ve been involved with medical student education since 1999,” says Dr. Miles. “Even as a resident, I knew I wanted to teach, so this was a natural path for my career to take.”

This year marks the first time Beaumont has offered clerkships to students of the Oakland University William Beaumont School of Medicine. The residency and fellowship programs remain in place at Beaumont and are highly competitive.

One of the challenges of creating a well-rounded clerkship was laying the groundwork. Christopher Bergsman, M.D., is the clerkship director for Pediatrics. “Dealing with residents and students is the same, but different,” Dr. Bergsman explains. “When teaching students, I’m giving them an introduction to pediatrics and giving them the opportunity to experience the specialty at a high level. With residents, I’m teaching them to be a pediatrician.”

Drs. Miles and Bergsman created the clerkship programs for their specialties. “There are specific diagnoses and phenomena students are expected to see while on the rotation,” says Dr. Miles. “Psychosis, depression, and mania, for example. Students need to see these and learn how to manage them. However, I like students to see the whole picture – how the illness affects the person, and not just compare to see if the disease is the same as what they read about in their textbooks.”

With two rotations through, both physicians are taking stock of what’s working and what’s not. “I made a list of all the things in place and took note about what is a good learning experience,” says Dr. Bergsman. “With the students spending more and more time here, they’re going to start experiencing different things that aren’t common to other clerkships, such as rotating with the hospitalists at Troy. It is incredibly helpful that we have a faculty that wants to teach. It’s rewarding for us to be involved.”

Dr. Miles has students rotating through the inpatient unit and emergency center at Beaumont Hospital, Royal Oak, as well as through the psychiatric partial hospital program. “We built the rotation from scratch,” he says. “For those of us in medical education, we are always thinking about how we could do things differently, and creating a brand new rotation gave me the opportunity to do this. My goal is to make sure students can recognize and preliminarily manage psychiatric disease, while at the same time remembering they are treating a person, and not just a disease.”

As for the students, they are given some responsibility for a small number of patients, always supervised by an attending physician or senior resident. They collect information and bring it to the residents and attendings. “It’s nice to see the things I learned about in the first two years,” says Ashley Guthrie, medical student. “I did some clinical work in those first two years, but now my job is to take care of patients. This is also a great role-modeling opportunity for us, especially if we do residencies or fellowships at Beaumont and we can build relationships with mentors.”
Beaumont Health System has joined a multicenter, international research study of a new temporary heart device that helps keep an artery open following angioplasty, then is broken down and absorbed by the body.

The research will compare the effectiveness of the new “disappearing” device, the Absorb™ Bioresorbable Vascular Scaffold made by health care company Abbott, with drug-eluting, metal stents that are commonly placed in heart arteries as a permanent implant. Absorb is referred to as a scaffold to indicate it is temporary in nature, unlike a permanent metallic stent. It is made of polylactide, a material commonly used in medical implants such as dissolving sutures.

“Stents have revolutionized the treatment of heart blockages by helping many patients to avoid having repeat angioplasty procedures and in some cases open-heart surgery,” says Amr Abbas, M.D., Beaumont’s director of interventional cardiology research and the study’s principal investigator. “This new bioabsorbable vascular scaffold is the latest technique in heart treatment in interventional cardiology.”

Research has shown that the support of a coronary stent is only needed for a few months after implantation while the artery wall is healing.

Although researchers hoped to create a temporary scaffold that dissolved after doing its job, there were many scientific challenges. A decade ago, scientists at Abbott started development of Absorb and now Abbott is the first company in the world to begin testing a bioresorbable vascular scaffold in patients in the United States.

The Absorb™ BVS is available in Europe, Middle East and parts of Asia. It is an investigational device not available for sale in the U.S.

ABSORB III will enroll approximately 2,250 patients, the majority in the U.S.

For more information on the Beaumont study, including enrollment criteria, call Diedre Brunk, Beaumont Cardiology Research, at 248-898-5580.

Health system chair appointed for Neurology

Daniel Menkes, M.D., has been appointed as health system chair, Department of Neurology, effective Nov. 4, 2013

Dr. Menkes joins Beaumont from the University of Connecticut Health Center, Farmington, where he served as professor of neurology. Before joining UCHC in 2008, he served as director of Clinical Neurophysiology and professor of neurology at the University of Tennessee Health Sciences Center at Memphis. He had previously served as assistant professor of neurology and associate professor of neurology.

He earlier held faculty appointments as assistant professor of neurology at the University of Louisville and as a clinical assistant professor in neurology at the University of California at Davis Medical Center.

Dr. Menkes retired from the US Air Force Reserves, having achieved the rank of colonel (O-6). He was recalled to active duty for Operation Iraqi Freedom in 2003.

Dr. Menkes received his medical degree from the Boston University School of Medicine, followed by an internship at Framingham (Mass.) Union Hospital and residency in neurology at Dartmouth Hitchcock Medical Center, Dartmouth Medical School, Lebanon, N.H. He did a fellowship in electromyography and clinical neurophysiology at Massachusetts General Hospital, Harvard Medical School, Boston.

An active researcher, Dr. Menkes has focused his interests on clinical neurophysiology and nerve diseases. He has published dozens of articles and abstracts, as well as 10 book chapters.
Beaumont, Royal Oak opens special inpatient unit for acute care of elderly

Gift from Alvin and Henrietta Weisberg helps create new center providing a special healing environment for older patients

Beaumont Hospital, Royal Oak has opened a 26-bed inpatient unit designed to address the special needs of a growing number of patients aged 65 and older. It’s focused on maximizing recovery so that patients return to the quality of life they enjoyed prior to hospitalization.

Working with patients’ attending physicians, the unit offers multidisciplinary care directed by Beaumont geriatricians. All of the unit’s nurses and nursing assistants have completed specialized training in gerontology nursing through a national organization (Nurses Improving Care for Healthsystem Elders) dedicated to improving care of older adults. They collaborate with care managers, pharmacists, physical and occupational therapists, speech pathologists and social workers who also specialize in geriatric care.

The unit’s creation was supported with a $1.5 million gift from Alvin and Henrietta Weisberg of Bloomfield Hills and is named the Henrietta & Alvin Weisberg Center for Acute Care for the Elderly.

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We all have a role in Beaumont’s culture of safety

In this edition of Beaumont Doctor Quarterly, you are learning more about Beaumont United Care Partners and how BUCP is implementing clinical integration, or CI. But just what is clinical integration? CI is a new term to describe what we as physicians have been doing for many years. That is, we have been coordinating the care of our patients across many health care conditions, health care providers and settings so that our patients obtain safe, timely, effective and efficient care.

One of the important components of an organization that practices CI is having a provider culture designed to promote a “culture of safety.” A culture of safety has the guiding principles of justice, fairness, certainty and redemption. Justice is simply a term to describe moral rightness based on an ethical, equitable, innate, internal law enforced without discrimination on the basis of race, gender, age or other social characteristics. And in such an organization, this internal law is enforced with certainty and fairly across all pay grades. But most importantly, in such an organization there is room for redemption of those who fall short of this internal law.

How do we fall short? We fall short when we are hostile and create a potentially unsafe working environment by acting in a verbally or otherwise abusive manner. So, at times, we all need this redemption. This redemption occurs when we confront our own selfish desires or the selfishness found in our offending colleague. It is by facing these shortcomings that we will be able to create a medical staff that can promote a culture of safety. We as the leaders of the Beaumont Health System must be visibly committed to promoting such a culture, by being willing to report adverse events and confront unprofessional behaviors found in ourselves and others.

You may now be saying, “I am just a doctor,” not the servant leader you have been depicting. I am here to tell you, you can be such a change agent, a leader who can make Beaumont a place where each team member feels safe. This culture of safety is essential for CI to have its positive impact on each of us and the patients we care for.

I want to thank each of you for the efforts you have thus far put forward to make Beaumont a safe place to work and to care for your colleagues. Let us all not grow tired of providing safe, timely, effective and efficient care for each other and our patients.

Your colleague,
Luke Elliott, M.S., M.D., FAAFP, M.B.A.
Medical Staff President
Beaumont Hospital, Grosse Pointe

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Medical best practices on the unit include:

- Specialized geriatric assessments to identify each patient’s individual needs
- A mobility protocol focused on movement as a form of medicine
- 24/7 video monitoring for patients needing close supervision
- A nightly sleep protocol using aromatherapy, warm blankets and other sleep aids
- Dietary room service to encourage nutrition and hydration
- Bedside communication boards
- Post-discharge follow-up calls

The unit’s safety features include:

- Non-slip, non-glare, padded flooring to prevent falls and reduce fall injuries
- Handrails and carpet in hallways for walking support
- Adjustable lighting in patient rooms and automatic light sensors in bathrooms
- Low beds that are adjustable for height to ease transfers and increase mobility
- Special mattresses for pressure ulcer prevention and comfort
- Elevated toilets and handrails in bathrooms
- Bed, chair and stairwell alarms to notify staff of movement by patients
- Large text clocks and pocket audio amplifiers to help those with vision or hearing challenges

About 48 percent of the patients admitted to Beaumont, Royal Oak are age 65 and older. In fact, Beaumont, Royal Oak is the third largest Medicare hospital in the country.

The Center for Acute Care for the Elderly is designed for patients who may have a history of recent falls, delirium or dementia; were functional and relatively independent prior to hospital admission; and have an acute illness such as pneumonia, urinary tract infection or gastrointestinal bleeding. The unit’s goal is to help them maintain their function and independence during their hospital stay.

For more information, visit www.beaumont.edu/acute-elderly-care.