EXCELLENCE IN CARDIAC CARE

Quality, innovation and excellence – these are the hallmarks of cardiac care at Catholic Health. In a region that struggles with cardiovascular disease at much higher rates than the national average, Catholic Health is leading the fight.

From five-star ratings (out of five) from HealthGrades for coronary interventional procedures and coronary bypass surgery to a perfect three-star rating from the Society of Thoracic Surgeons for heart surgery, the independent recognition of the excellence of Catholic Health’s cardiac services keeps coming in.

A recent report by the New York State Department of Health (DOH) demonstrates that Catholic Health’s Heart Center at Mercy Hospital leads the region in safe outcomes, and that Salvatore Calandra, MD, medical director of the interventional cardiology program, ranks best in the State.

Dr. Calandra attained a perfect (0.0 % mortality) score in the DOH report and is the top-ranking physician in New York State for cardiac interventional procedures. This is especially noteworthy since Dr. Calandra’s patient case load includes a significant number of high-risk patients.

“We perform a very high volume of radial arterial entries for diagnostic and interventional catheterizations, dramatically lowering the risk of bleeding and vascular complications and reducing our overall mortality rates,” said Dr. Calandra. “We sometimes take it for granted, but we are one of the few institutions in this country that do this on a regular basis.”

Nationally, the rate of radial arterial

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Embracing the New Realities in Healthcare

An Editorial by Brian D’Arcy, MD, Senior Vice President, Medical Affairs

There are stark new realities in healthcare. The ways in which healthcare is organized, financed and delivered are facing unprecedented transformations due to unsustainable growth in cost and an unfavorable national health status ranking when compared to other developed countries.

At the current growth rate of ten percent, a family premium of $9,000 in 2010 would grow to approximately $16,000 in 2016. Proposed solutions to slowing cost increases in healthcare include: regulating health insurance premium rates and prescription drug prices; reducing excess capacity and medically unnecessary services; reforming reimbursement models; creating incentives and disincentives for consumer engagement in healthy lifestyles; adhering to evidence-based medicine; replacing the paper-based medical care system with a new electronic and interoperable system; tort and malpractice reform; and creating more of a market-based healthcare system. Some of these options have outstanding potential for moderating healthcare costs.

At Catholic Health, we are prepared for such a transformation and are well positioned to thrive in the new healthcare economy. The physicians of Catholic Medical Partners have also moved out ahead of the curve as leaders in technology, clinical integration, and office-based care coordination. Together, we have a forward-thinking, patient-centered organization that is creating the future of healthcare in our community.

The widespread adoption and use of electronic health records integrated with regional health information organizations hold the promise for greater efficiency. When fully implemented across the healthcare system, physicians and healthcare providers will not only have more timely access to information to improve the diagnosis and treatment of illness; they will also have greater potential to avoid costly duplication or services.

More than 70 percent of Catholic Medical Partners physicians are effectively using an EMR, well above the national average. Additionally, Catholic Medical Partners, in conjunction with HEALTHeLINK has enabled interoperability between and among physician EMRs to ensure quick access to important clinical information.

More than five years ago Catholic Health began the journey toward a fully integrated clinical information system by entering into a $100 million strategic alliance agreement with Siemens Medical Solutions. This agreement would not only produce a comprehensive electronic medical record (EMR), but the means to integrate it with the private practice EMRs of our physicians.

In the interest of more completely unlocking the promise of technology, Catholic Health joined the Western New York healthcare community in creating one of the nation’s leading clinical information exchanges – HEALTHeLINK.

It is well documented that physicians and patients can produce cost savings through the use of clinical guidelines and patient education. In spite of these findings, a recent study shows that about 75 percent of healthcare spending is associated with chronic conditions and that only slightly more than half of patients with chronic illness receive care consistent with evidence-based clinical guidelines. This under-use of best practice care is generally seen as the root cause of significant numbers of preventable hospital admissions.

Recognizing the value of evidence-based best practices and the opportunity presented by the development and implementation of a new system-wide
EMR, Catholic Health began the arduous task of standardizing clinical practice across its acute care sites. Using evidence-based best practices, a multidisciplinary standardization council has not only adopted the practices, but also hard-wired their use through new technology.

Health literacy is foundational to effective decision making. Patients with inadequate health literacy are over-represented in hospital admission rates and have a higher probability of not achieving treatment goals. This underscores the need to fortify the clinical office with more systematic and continuous patient education to improve patient engagement.

Catholic Health has always been a leader in community education and reaches more than 10,000 individuals annually through health screenings, seminars, and classes. Together with our colleagues at Catholic Medical Partners, who themselves have made even more significant advances in the process of supporting patient education, we are doing more than ever before to engage patients as active partners in improving their care.

Apart from technology, evidence-based medicine, and patient education – those things that we can influence – there are others, such as the reimbursement model that we might not be able to shape, but for which we can prepare.

In healthcare, the traditional method of payment has been fee for service. In this system, physicians and hospitals are paid by their work, not for the health outcomes.

Over the past decade, pay for performance programs for physicians and hospitals have emerged and have added a quality component to reimbursement. These formative programs have not had a significant impact on overall cost trends. There are, however, a number of new initiatives that are projected to bring results.

The first are straight bonus payments to hospitals for achieving performance levels in clinical care, readmission rates, and patient satisfaction scores. These incentive programs would add one or two percent increases for successful outcomes. A second and more powerful initiative is bundled payment to the hospital, physicians and post acute care providers for acute care episodes like hip replacement, coronary bypass, and spine surgery for all hospital-based care, as well as post-acute care for 30 days. This model provides an incentive to the healthcare supply chain to deliver the best level of patient care at the lowest possible cost and to warrantee results.

A final initiative designed to improve and strengthen primary care is the Patient Centered Medical Home model. The PCMH is designed to create practice teams that can harness technology, evidence-based care and a proactive approach to deliver more timely, effective and efficient care. These three initiatives: pay for performance, bundled payment and the patient centered medical home, bring together similar efficiencies that should benefit the patient and help contain costs.

At Catholic Health, we continue to work with our partners in the physician community to align ourselves as a high-performing healthcare system that delivers the highest quality, affordably, efficiently, and collaboratively. We have chosen not to bury our heads in the sand. We’ve forged even stronger relationships with Catholic Medical Partners, we’ve embarked on a carefully plotted course through effective strategic planning, and we’ve collaborated with the rest of the Western New York healthcare community to vibrantly continue our mission.

Orchard Park Family Practice was among several Catholic Medical Partners physician groups to be recognized recently for achieving Patient Centered Medical Home status.
catheterizations is approximately eight percent, while at Mercy Hospital the rate for this procedure is nearly 70 percent.

“I enjoy the camaraderie among the medical staff and hospital team and the open door policy of Catholic Health’s senior management. There is ease of communication and sense of teamwork that enables us to deliver the best care to our patients,” added Dr. Calandra.

While Dr. Calandra tops the New York State rankings, he is part of a dynamic team that leads the region. That team also includes Joseph L. Gelormini, MD. A veteran of Catholic Health’s cardiac program, Dr. Gelormini has also been a pioneering leader in the radial arterial access technique for diagnostic angiographies and interventional procedures. He presented details of the procedure and the success stories associated with it at the Catholic Health Cardiac Symposium last October.

“We do high quality work at Catholic Health. The results of our angiographies and interventions are excellent and we have received very positive recognition from many outside organizations including the State of New York,” said Dr. Gelormini.

Not Just Quality – Innovation Too

Atrial fibrillation (A-fib) is one of the most common heart arrhythmias, affecting millions of patients in the U.S. alone. It is a rapid, irregular heart rhythm originating in the atrial chambers of the heart, commonly causing palpitations and fatigue. It greatly increases the risk of stroke as well.

Ablation has been recognized as an extremely promising treatment for A-fib. The procedure is performed either during an electrophysiology study or in the surgical suite, where the source of a patient’s heart arrhythmia is mapped, localized, and then destroyed (ablated).

Electrophysiologists in leading heart centers report that they can achieve successful ablations with another form of the procedure. This newer procedure involves ablating in three or four specific areas within the left atrium, specifically, near the openings of the four pulmonary veins.

Yuji Saito, MD, PhD, FACP, FACC, of the Department of Internal Medicine at Kenmore Mercy Hospital, is the first cardiac electrophysiologist to perform A-fib ablation at Catholic Health. A graduate of the School of Medicine at Niigata University in Japan, Dr. Saito gained considerable research experience at both the University of Washington and the University of Rochester.

“I am very pleased with the well-equipped EP Lab at Mercy Hospital,” said Dr. Saito. “It features new technology including a 3-D mapping system that provides detailed images of the heart while minimizing the use of x-ray fluoroscopy, which increases safety and reduces complications for patients.”

Having served on the medical staffs at Sisters of Charity Hospital and Mercy Hospital of Buffalo, Dr. Saito has experienced Catholic Health from different vantage points.

“I am very impressed with the medical and nursing staffs throughout Catholic Health. I also like having such excellent sub-specialty back-up (availability of cardiothoracic surgeons) when I perform my procedures,” he adds. “The electronic medical record system is also easy to use; the access is simple and better than the competition.”

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Third Annual Holes in the Heart Symposium

Tuesday, May 17, 2011 • 5:30 to 8:45 pm
Salvatore’s Italian Gardens • 6461 Transit Road • Depew, NY 14043

For more information or to register, call JoAnn Mills at (716) 828-2748.
Changing Healthcare Together
Changing a Name First

At a time of unprecedented change in healthcare, the physicians associated with Catholic Health have demonstrated time and again that they are leading the way towards a better healthcare model for Western New York. Through a commitment to coordinated care, achieving meaningful use, and the advancement of initiatives like the Patient Centered Medical Home, they stand apart from any such group in the region and stand above what many organizations across the country have done.

That is why the leaders of the Catholic Independent Practice Association (CIPA) decided that now is the perfect time to better define the organization through a strategic rebranding effort. After a year-long process, the organization’s new name, Catholic Medical Partners, was introduced to members at their Annual Meeting in January.

Through a unique and dynamic partnership with Catholic Health and Mount St. Mary’s Hospital, Catholic Medical Partners is helping change the healthcare delivery system. Together, Catholic Health and Catholic Medical Partners share a commitment to quality and innovation that is the driving force behind their common vision of a high-performing health system for our community.

“We wanted to take on much more than a new name and logo,” explained Dennis Horrigan, Catholic Medical Partners President and CEO. “We wanted to establish an identity that more accurately reflects who we are, where we are going, and all of the great work that our physicians and strategic partners are doing in our community. The Catholic Medical Partners brand begins to tell that story.”

Among its accomplishments to date, Catholic Medical Partners has exceeded the national average for Electronic Health Record (EHR) adoption, with more than 77 percent of the organization’s members using certified EHR systems; has helped numerous practices achieve the highest level of recognition under the Patient Centered Medical Home; and has made an unparalleled commitment to office-based disease management and care coordination.

Catholic Medical Partners also became the first organization in Western New York to implement a system of interoperability between EHRs. Several of the organization’s physicians are now making EHR-to-EHR referrals, allowing primary care physicians and specialists to share critically important patient information instantaneously between offices. This advancement allows for improved diagnosis and care coordination as well as necessary cost reductions across the healthcare delivery system.

“As an organization, our focus continues to be on achieving what are known as the Triple Aim goals in healthcare for our patient populations: better health, better care and reduced costs,” said Dr. Michael Edbauer, chief medical officer. “Through our alignment with Catholic Health and Mount St. Mary’s Hospital, Catholic Medical Partners is uniquely positioned to achieve those goals and to effect true health care reform by bringing together people, facilities, technology and ideas to strengthen the partnerships that make healthcare work – partnerships between physicians and hospitals; patients and clinical teams; primary care physicians and specialists; providers and health plans.”
Catholic Health in Top 30 of Nationwide Top 100 Integrated Health Network Rankings

Catholic Health is highest ranked health system in NY State

For the fourth consecutive year, Catholic Health has been named to the nation’s list of most integrated healthcare networks, the “2011 SDI IHN (Integrated Health Network) 100. Catholic Health placed 30th on the SDI IHN 100 nationwide list, first in New York State and third in the Northeast. In the new report Catholic Health jumped from 51st in the 2010 survey, an improvement of 21 places.

The ranking recognizes the 100 most integrated networks nationwide, graded annually on operations, quality, scope of services and efficiency. The survey is conducted by SDI Health LLC, a nationally recognized healthcare data and consulting firm based in Plymouth Meeting, Pa.

“Our consistent improvement over the last four years is another indicator that we continue to progress as a high performing health system,” said Joseph D. McDonald, president and CEO of Catholic Health. “Patients who select Catholic Health can rest assured they are getting great care from one of best health systems in the nation.”

“The bar moved even higher in this year’s rankings, as we compete among the best health systems nationally,” McDonald said. “We have a focused team at Catholic Health and a solid partnership with our physicians, dedicated to putting better care systems in place to benefit our patients.”

Catholic Health has continually improved in the SDI survey since 2008, when it first made the Top 100 list. “While we are very pleased with our progress, we are never satisfied,” McDonald said. “This recognition is one more affirmation of the work all our associates and physicians do to redesign our healthcare model and improve care, access and quality for our patients.”

The SDI IHN 100 survey program invites hundreds of health systems from across the nation to submit case presentations in eight critical areas including: integration, outpatient utilization, integrated technology, financial stability, services and access, contract capabilities, and physicians. Health systems are graded on performance levels in each category, which are weighted in value, resulting in an overall score and placement in the ranking.

Participation in the SDI 100 survey is voluntary and no fees are charged to participating organizations. The full report on the 2011 SDI IHN 100 is published in the January 24 edition of Modern Healthcare (www.modernhealthcare.com).

Why Third Party Recognition Is Important

Within Catholic Health’s 2020 Strategic Plan, safety and cost effectiveness are imperatives to our future success in creating a better model for healthcare delivery. The data behind third party recognition, like the SDI IHN 100, provides in-depth information to strengthen our programs, services and internal operations.

Recognition by third party organizations is an important factor in our efforts to measure ourselves against national benchmarks in becoming a high performing health system. They are indicators that we are achieving targets in patient safety and efficiency.

Third party recognitions are just some of the indicators showing us we are on the right track as we compare ourselves to best practices and the best health systems across the nation.
More than 180 physicians and allied medical professionals gathered at the Hyatt Regency Hotel in downtown Buffalo in March to hear experts in wound care discuss the latest treatments for patients with chronic or problematic wounds. The program was developed and presented by Catholic Health and Catholic Medical Partners and featured a wide range of topics.

National wound care expert, Caroline Fife, MD, FACCWS, chief medical officer for Intellicure, Inc., was the keynote speaker and a member of the presenting panel. Dr. Fife is subspecialty Board Certified in Undersea Hyperbaric Medicine through the American Board of Preventive Medicine and has been a Certified Wound Specialist since 1998. A previous member of the boards of the American Academy of Wound Management and the Association for the Advancement of Wound Care, Dr. Fife presented “Modern Wound Care Practice” and “Advanced Wound Care Modalities.”

The panel discussion also featured Lee C. Ruotsi, MD, medical director, Catholic Health Advanced Wound Healing Centers; Jeffrey M. Martinez, MD, specialists in infectious disease; Joseph M. Anain, Jr., DPM, director, Catholic Health Podiatry Medical Education; and William Lagaly, DO, medical director, Catholic Health Advanced Wound Healing Center-MACC. Michael Edbauer, DO, chief medical officer for Catholic Medical Partners provided the opening remarks for the symposium.

Brenda Perez, MD/MBA, has been appointed to the position of associate medical director for Primary Care within Catholic Health. Dr. Perez received her Medical Degree from the University of Buffalo School of Medicine and Biomedical Sciences, and her Masters of Business Administration Degree from the University of Buffalo School of Management Administration with a concentration in Health Care Administration.

Dr. Perez will build on her previous experience as medical director of Oak Orchard Community Health Center, a Federally Qualified Health Center in Orleans County, where she lead their e-Clinical implementation. In her new position at Catholic Health, Dr. Perez will be focused on the implementation of the eClinicalWorks electronic health record for all Catholic Health primary care practices. Additionally, Dr. Perez will be involved in quality improvement, utilization management and physician recruitment.

Dr. Perez will also continue to provide patient care as a family practitioner within Catholic Health as she joins our Williamsville Primary Care Center.
Catholic Health physicians and other clinicians provide care to patients across a network of four hospital campuses, including: Sisters of Charity Hospital, Mercy Hospital of Buffalo, Kenmore Mercy Hospital and Sisters of Charity Hospital, St. Joseph Campus; ten primary care centers; seven diagnostic and treatment centers; one free standing surgery center; six long term care facilities; two adult homes; three home care agencies; two advanced wound healing centers; counseling services; social service and behavioral health programs.

Catholic Health's 8,400 associates and 1,400 physicians are part of a healing ministry dating back more than 150 years. Catholic Health integrates advanced technology in a tradition of medical excellence and compassionate care in its mission to Western New York.

For information about the articles contained in this issue, or for more information about medical practice at Catholic Health, please visit us online at CHSBuffalo.org

Our Mission:
We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision:
Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

Our Values:
Reverence, Compassion, Justice, Excellence