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## Transition of Care Guidelines Issued Goal is smooth move from pediatric to adult care

What happens when a patient with a chronic childhood-onset disease is ready to “graduate” from pediatric to adult care?

In the worst-case scenario, some young people with chronic conditions might opt out of health care altogether in the belief that their adult health needs are being poorly met.

A 19-member task force that includes physicians and administrators from UC Health and Cincinnati Children’s Hospital Medical Center, along with patients and families, is working to ensure a best-case scenario: smoothly transitioning all pediatric patients to an adult care provider, encouraging independence, responsibility and self-reliance.

“Every disease has a specific transition need,” says task force chair Mitchell Cohen, MD, UC professor and vice chair of pediatrics for clinical affairs



Mitchell Cohen, MD

and director of the division of gastroenterology, hepatology and nutrition at Cincinnati Children’s. “We need to make sure that need is being met in the best possible way.”

In many cases, a multidisciplinary team is vital to a successful transition, says task force member Lori Mackey, chief operating officer of University of Cincinnati Physicians and senior associate dean of the UC College of Medicine.

“One example is the cystic fibrosis case program in Cincinnati, which serves as a national model,” she says. “The extended team includes representatives

from surgery, GI, ENT, OB-GYN, endocrinology, orthopaedics and rheumatology as well as PharmDs and physical therapists.”

The task force has issued a report that provides guidelines for transition of care. The 27-page document includes key recommendations, elements for a successful transition to adult care and models for transition.

With these guidelines in place, each disease state will convene a team of members from UC Health and Cincinnati Children’s to determine an appropriate transition of care plan. •

>> A PDF of the full report is available at [ucphysicians.com](http://ucphysicians.com) under Faculty/Staff.



The nine groups the task force has initially charged to develop a transition of care plan are:

- adult congenital heart disease
- cystic fibrosis
- diabetes
- Down syndrome and other intellectual disabilities
- inflammatory bowel disease
- kidney transplant and dialysis
- lupus
- sickle cell disease
- spina bifida

## Increased Patient Visits and Regional Growth for Our Clinical Practice

COLLEAGUES,  
Now two years into a major restructuring of University of Cincinnati Physicians, we are beginning to see exciting transformative changes to the clinical practice.



*Thomas F. Boat*

Total patient visits to University of Cincinnati Physicians are up by more than 5 percent. New patient visits—an important indicator of the viability of a practice—are up a remarkable 20 percent. When we examined where our

business was advancing fastest, we found that patient volume increased by 20 percent in West Chester. This is very good news, since we are in the process of making a large investment in physician personnel dedicated to that area. For the first time, in a number of years, the practice plan and the College of Medicine will be adding to their cash reserves. This is essential to support recruitment efforts, research, and educational initiatives as well as programmatic expansion in all areas.

In our current health care environment, two key issues for the College of Medicine are the impact of national

health care reform and the future direction for UC Health. At this point, the actual impact of health care reform on specific parts of our operations (from community health, residency training programs, care of the underserved, etc.) is difficult to gauge in a precise way. Future directions for UC Health remain in the hands of the UC Board of Trustees. University of Cincinnati Physicians is committed to the success of UC Health.

**THOMAS BOAT, MD**  
Chief Executive Officer,  
University of Cincinnati Physicians

## We're all UC Health

*Amy Bernhard, MPAS, PA-C*

Physician Assistant and Clinical Manager

From librarian to tour guide, diversity is something Amy Bernhard doesn't lack in her previous occupations. She now finds herself at home in the most rewarding position yet. As a physician assistant and clinical manager for UC Health Pain Medicine, her duties include seeing patients, assessing their histories and managing care plans.

Previously a medical technologist, Bernhard completed the physician assistant program at the Kettering College of Medical Arts and University of Nebraska and has been employed with University of Cincinnati Physicians for the past four years. The opportunity to participate in forward-looking technology and medical practices attracted her to an education-based practice.



**Harsh Sachdeva, MD, and Amy Bernhard**

patients not only through medication, but also through cognitive behavioral therapy, physical therapy, interventions and alternative medications—allows her to help patients regain a sense of normalcy.

“Having a patient that presents with high doses of medication and helping them come off of it with the use of multi-modal therapy and lowering

medication doses to manage their pain is a very rewarding part of my job.”

Bernhard says the camaraderie and positive environment of the UC Health Pain Medicine facility also adds to her job satisfaction.

“When you're doing a job you love to do, it isn't a job. When you get here time flies and I enjoy what I am doing every day.” ●

Although she's dabbled in other areas, the mother of two has always been interested in the medical field.

“The sense that you could help people when they really need someone while educating them was very appealing to me,” says Bernhard.

That desire to change lives for the better is frequently fulfilled through pain management. Her office's treatment approach—managing

### Connected

*Connected* is a monthly publication for physicians and staff of University of Cincinnati Physicians. Send your comments and ideas to [ucpmarketing@ucphysicians.com](mailto:ucpmarketing@ucphysicians.com) or call (513) 475-8006.

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# First Jointly Negotiated Payer Contract Results in Better Reimbursement Rates

**UC** Health has jointly negotiated its first third-party payer contract with Medical Mutual of Ohio.

The new contract for subspecialty and primary care physician services will result in more than \$1 million in new revenue for University of Cincinnati Physicians over a three-year period. University Hospital will also yield increased revenue for hospital operations.

"We not only achieved—we exceeded—our reimbursement rate goals, despite a tough economic environment and in the face of major health care reform," says Lori Mackey, chief operating officer for University of Cincinnati Physicians. "This speaks volumes about our impact in the Greater Cincinnati region as a patient care powerhouse."

New reimbursement rates bring UC Health on par with other academic health centers across the country and appropriately reflect the specialized services only offered in the region by University of Cincinnati Physicians.

University Hospital and University of Cincinnati Physicians' individual Medical Mutual contracts were set to expire this summer, so the time was right to go to the negotiation table.

"Our clinical specialties previously operated in isolation, so it was challenging to demand competitive reimbursement rates from insurers. All our subspecialties now bill under one tax identification number, making the negotiating power of the group more formidable," adds Marcia Miladinov, executive director of business and administration for the departments of orthopaedics and obstetrics and gynecology.

With Andrea Kovall, University Hospital's vice president of payer relations, serving as point, the

payer contracting work group notified insurers that they would be terminating individual contracts, with the intent to renegotiate collectively under UC Health.

Physicians Michael Archdeacon, MD, William Barrett, MD, Jay Johannigman, MD, Brett Kissela, MD, Dawn Kleindorfer, MD, Mary Mahoney, MD, Amit Tevar, MD, and Keith Wilson, MD, met with all of University of Cincinnati Physicians major payers to discuss the importance of keeping the practice group in their network. The physician meeting with

Medical Mutual was key to a successful negotiation: "Our docs make our case best because they live and breathe the patient care experience every day," says Mackey. "They recognized how important successful contract negotiations are and made it a priority to help make it happen. We couldn't have done it without them."

UC Health has hired Tashawna Thomas-Otabil as payer contracting manager. The new position was funded by University of Cincinnati Physicians and will directly report to Kovall. ●

**The new reimbursement rates bring UC Health on par with other academic health centers across the country.**

*"Our docs recognized how important  
SUCCESSFUL CONTRACT NEGOTIATIONS  
are and made it a priority to help  
make it happen. We couldn't  
have done it without them."*

*Lori Mackey*

## HELPING TO MAKE THE CASE during payer contract negotiations:



**Michael Archdeacon, MD**



**William Barrett, MD**



**Jay Johannigman, MD**



**Brett Kissela, MD**



**Dawn Kleindorfer, MD**



**Mary Mahoney, MD**



**Amit Tevar, MD**



**Keith Wilson, MD**



# Integrating Comprehensive OB-GYN Services

## Team addresses women's health needs from childbirth to menopause

**Expansion of the department since 2007 includes recruitment of 16 nationally recognized faculty, a new subspecialty and a new division.**

Pregnancy and childbirth leave a lasting impression. Just ask any mother and you'll likely get an amazingly detailed recollection of both; regardless of whether her child is newborn or starts college next week. The same vivid recollection holds true for milestones such as menstruation and menopause.

The UC Health OB-GYN team works hard to ensure patients, and their families, recall these milestones with a positive connection to the practice, physicians and facilities.

"We are putting our name on the map by providing phenomenal obstetric and gynecological care and also for remaining at the cutting edge of medicine," says Arthur Evans, MD, who was recruited in 2007 to chair UC's OB-GYN department and expand the clinical practice.

Since arriving, Evans has recruited 16 nationally recognized faculty from all over the country, added one new



**Mary South, MD, specializes in urogynecology**

subspecialty to the department (urogynecology), and created a new division, Community Women's Health. The department also has a large OB-GYN residency training program and specialty fellowship training programs in maternal-fetal medicine and reproductive endocrinology and

infertility. A new fellowship program has also been added in urogynecology in affiliation with Christ Hospital.

While the UC Health general OB-GYN faculty perform all of their deliveries, surgeries and hospital care at University Hospital, the department's subspecialists see patients at other locations throughout the region.

"There was a time when women would only think about coming to us if they had a special or unique problem, but now we have the region's only women's health care system that seamlessly integrates all OB-GYN services and subspecialties together so we don't have to send patients off site," says Evans. ●

### Diabetes and Pregnancy Services

UC Health specialists are trained to handle high-risk births and have expertise in managing the complications of diabetes and pregnancy in both the inpatient and outpatient setting.

Specialists are available at University Hospital's Center for Women's Health to care for patients with gestational diabetes and those with pre-existing diabetes (type 1 or type 2) who require additional medical management. The team comprises maternal-fetal medicine physicians, an advanced practice

diabetes nurse specialist, certified diabetes educators and a registered dietician. Specific services include:

- **Pre-conception diabetes counseling**
- **Diabetes education**
- **Nutritional counseling**
- **Glucose self-management**
- **Insulin pump management**
- **Personal continuous glucose monitoring**
- **Comprehensive pregnancy management and delivery**

For appointments with the diabetes specialist, call (513) 584-5239.

### >> PATIENT APPOINTMENTS

The main practice is on the eighth floor of the Medical Arts Building, at 222 Piedmont Ave. There are also new patient offices at UC Health West Chester, Mercy Hospital Anderson, Mercy Hospital Fairfield and Kettering Medical Center Dayton. The department also has offices at Christ Hospital for some specialty services.

**To make an appointment, call (513) 475-8588.**

# Refining Treatment for Head and Neck Cancer

## Robotic surgery improves disease staging and post-surgery function

With the assistance of a complex surgical tool, a surgeon with UC Health Otolaryngology-Head and Neck Surgery is expanding the possibilities for area cancer patients.

Keith Casper, MD, is now the only surgeon in the region to be certified in using the da Vinci robotic surgical system for transoral robotic surgery (TORS). The system, an endoscope-based robot with articulating arms,

**“WITH TRANSORAL ROBOTIC SURGERY, we’re able to *access the aerodigestive tract without external incisions or dividing the jaw.* It has the potential to significantly reduce surgical morbidity and *improve patient results.*”**

*Keith Casper, MD*



Keith Casper, MD

gives surgeons a high-definition 3D image of the mouth and throat.

“The da Vinci system basically gives you full range of motion within the upper aerodigestive tract,” says Casper. “It’s almost like you have your hand at the operating site.”

He says the system could be a major improvement over the current surgery for oropharynx (throat) cancer, one many surgeons have largely avoided.

“The current surgery for most of these patients is an open approach,

which often requires an incision through the lip and into the neck while simultaneously splitting the jaw—frequently required just to be able to see the tumor,” he says. Given the significant morbidity associated with this surgery, most patients pursue chemotherapy and radiation first.

“With TORS, we’re able to access the aerodigestive tract without external incisions or dividing the jaw,” says Casper. “It has the potential to significantly reduce surgical morbidity and

improve patient results.”

TORS can also allow for more accurate staging of a cancer, leading to a more tailored approach for each patient. Recent data suggests that TORS, in combination with delayed neck dissection, has resulted in the upstaging or downstaging of cancer in more than 25 percent of patients compared to preoperative staging, says Casper.

Importantly, early results show TORS patients have an equal, if not better, oncologic and function outcome after robotic surgery, with a significantly lower rate of long-term feeding tube use.

Department chair Myles Pensak, MD, says robotic surgery is an “exciting addition” to the team’s capabilities.

“As a major referral center for patients with cancer of the head and neck, the utilization of the latest surgical technology, in conjunction with a multidisciplinary approach in designing an optimal treatment strategy, will afford our patients the safest care with an eye toward cure,” he says. ●

**>> PATIENT APPOINTMENTS**  
**UC Health head and neck specialists see patients in Clifton and West Chester. For appointments, call (513) 475-8400.**

### **Transoral robotic surgery can be used for:**

- Cancer of the pharynx (tonsil and base of tongue), larynx and hypopharynx
- Tongue base surgery for sleep apnea

# in brief

## Starnes Named Director of Thoracic Surgery

Sandra Starnes, MD, has been named director of the division of thoracic surgery at the College of Medicine Department of Surgery, effective July 1. Starnes also will serve as interim director of the section of cardiothoracic surgery, which comprises the divisions of thoracic and cardiac surgery. She will focus on growing the UC Health thoracic surgery division as a comprehensive unit by recruiting new thoracic surgeons, expanding the surgical service and clinical program and ensuring excellence in surgical education and research.



## Primary Care Practices Recognized Nationally for Performance Improvement, Quality

Three UC Health primary care practices—West Chester, Montgomery and Union Centre—have been recognized by the National Committee for Quality Assurance (NCQA) as Physician Practice Connections Patient Centered Medical Homes. NCQA is a private not-for-profit organization dedicated to improving health care quality.

West Chester and Union Centre received Level 3 distinction, which is the highest awarded; Montgomery received Level 1 distinction, which is the entry level. These practices are among the first in the region to receive the designation.

In order to gain this distinction, the UC Health practices had to

meet certain criteria including patient self-management support, care coordination, evidence-based guidelines for chronic conditions and performance reporting and improvement.

The Patient Centered Medical Home model facilitates partnerships between individual patients, their physicians and their families, when necessary. It focuses on disease prevention and maintenance of good health with primary care physicians coordinating care with specialists to tailor care to a patient's specific needs.

## Hospitals Ranked in U.S. News and World Report

UC Health University Hospital and Cincinnati Children's Hospital Medical Center have been recognized in *U.S. News & World Report's* 2010-11 Best Hospitals Guide. University Hospital's ear, nose and throat program was ranked No. 22 nationwide, and the diabetes and endocrinology program—unranked last year—was No. 41. Cincinnati Children's ranked first for gastroenterology, second for pulmonology and third for kidney disorders. The guide includes rankings in 16 specialties. Nearly 5,000 hospitals were

considered; only 152 were ranked even in a single specialty. The full guide is published online at [usnews.com/best-hospitals](http://usnews.com/best-hospitals).

## Ringer Named Director of Cerebrovascular Surgery

Andrew Ringer, MD, has been named director of the division of cerebrovascular surgery for the Mayfield Clinic and the department of neurosurgery, effective July 1. Ringer is a



member of the UC Neuroscience Institute's Cerebrovascular Disease and Stroke Center, serves as director of the division of neurosurgery at Good Samaritan Hospital and is director of Good Samaritan's Graduate Education Program in Neurological Surgery. He is a member of Mayfield's Board of Directors, chair of the technology committee and member of the finance, quality outcomes and education steering committees. Ringer will be replacing neurosurgery chair Mario Zuccarello, MD, in the cerebrovascular surgery post. ●

## Welcome New Clinicians



**Angela Beninga, DO**  
Physical Medicine & Rehabilitation



**Mahmoud Charif, MD**  
Hematology  
Oncology



**Rekha Chaudhary, MD**  
Hematology  
Oncology



**Krystene DiPaola, MD**  
OB-GYN



**Julian Guitron, MD**  
Thoracic Surgery



**Jason Heil, MD**  
Neurology



**Jarell Ingalls, MD**  
Radiology



**Kyle Kaufman, MD**  
Internal Medicine/  
Pediatrics



**Tahir Latif, MD, MD**  
Hematology  
Oncology

**New UC Health-branded signage** is now up at several outpatient clinical sites, including the Medical Office Building in West Chester and the Mason primary care office, shown below.



**To help your team transition to the UC Health brand,** templates for PowerPoint and informational fliers, branding guidelines and information on ordering business cards, appointment cards and lab coats are available on the University of Cincinnati Physicians intranet site at [ucphysicians.com](http://ucphysicians.com). For questions about marketing materials, call Chris Ralston at (513) 475-8006. ●



## SERVICE EXCELLENCE

## The Essence of Service: Going Beyond A Job Description

Early this year, University of Cincinnati Physicians launched a comprehensive customer service initiative called "WE CARE."

The program's goal is to raise patient satisfaction by stressing a courteous, welcoming and helpful atmosphere at each University of Cincinnati Physicians facility through both in-person and telephone interactions.

The following is an article produced by Eagle Inspiration Training and Development, Inc., as part of our ongoing efforts to stimulate employees to think about improving the patient experience in daily interactions.



Frank McCormack, MD

**WHEN I THINK** of great servants, I think of Mother Teresa, Martin Luther King Jr. and John F. Kennedy. These individuals are iconic because of their incredible desire to serve humanity and the sacrifices they made in the name of their convictions. They are the ultimate public servants.

These legendary servants make me think about our interpretation of service in health care today. I think about the remarkable heart each of these individuals had, and wonder if it is possible for those who routinely serve patients today to tackle their jobs with the same heart and eagerness to serve and comfort.

When people believe in what they are doing, they bring passion to it. I believe that quality of service is felt on a continuum. Willingness to serve is on one end of the spectrum while the desire to serve is on the other. This difference may seem indistinguishable at first glance, but here is another way to look at it: If you were in an automobile accident, would you rather be rescued by an EMT who was just well trained or an EMT who was well-trained and helped you with empathy, care

and unwavering compassion not necessarily required of them by their job description.

No doubt, we show up for work and do what is asked of us every day. But truly extraordinary patient experiences occur when we resurrect the passion that led us to choose this work path and demonstrate our desire to serve—when we do what we are asked because we want to help. We are not manufacturing cars, packaging goods or selling cell phones. Ours is the privilege of working with human beings at a very vulnerable time of their lives. So many individuals are searching for purpose and meaning in their lives and can't find it easily because what they do is not obviously meaningful. Working in health care, whether you have direct patient contact or support those who do, is obviously meaningful.

Reconnect with your passion. Celebrate the fact that what you do matters—every day. ●

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**WE CARE** means:

**WELCOMING:** We will greet lost visitors and patients with a smile and assist them.

**EXPLAIN** to patients what is going to happen during their visit/procedure.

**COURTESY:** We will introduce ourselves when meeting someone and will say "Thank You" when ending any conversation.

**ASK** "Do you have any questions or need any further assistance?" when coming to the end of a visit or conversation.

**RESPECT:** We will demonstrate respect at all times.

**END** encounters by ensuring patients know what to do next and how to exit. ●

**>> FOR MORE INFORMATION**

For questions on the WE CARE initiative, contact Mike Sterling at [sterlingm@ucphysicians.com](mailto:sterlingm@ucphysicians.com).

HOW WE MAKE A DIFFERENCE

# Patient with Chronic Illness Trusts UC Health for Comprehensive Care

**B**arb Lynch, 57, was diagnosed with systemic lupus at age 18, an autoimmune disease characterized by inflammation of various tissues of the body.

Since then, the Okeana, Ohio, resident has been through a number of health problems related to lupus including kidney failure, chronic obstructive pulmonary disease (COPD) and heart failure.

But she's still going and says there are two reasons why.

"I'm alive today because of God and the doctors at UC, who have always been dedicated to finding out what was going on with my health and working together to fix it," she says.

Lynch has been a UC Health patient since her first diagnosis. She now sees Bradley Mathis, MD, for primary care, Robert Baughman, MD, for COPD, Barbara Ramlo-Halsted, MD, for diabetes and Stephanie Dunlap, DO, for her heart, in addition to Nelson Watts, MD, bone expert, and Kellie Flood-Shaffer, MD, gynecology.

She also saw Kotagal Kant, MD, for her kidneys until 2004 when she received a transplant. E. Steve Woodle, MD, transplant surgeon at UC Health University Hospital, performed the surgery. Her daughter-in-law was her donor.

She now sees Gautham Mogilishetty, MD, and Amit Govil, MD, for her follow-up kidney care.

"I was headed for a heart transplant, as well," she says. "Thanks to the willingness of all of the UC doctors to collaborate on my care, it's not necessary now."

Lynch says these doctors work together to provide the best care possible—even taking the time to seek out one another to have conversations about her care.

"There have been times her physicians would walk down the hall to grab one another and pull him or her into the exam room to talk," she says. "They work together to figure out the next treatment step and to make sure that the treatments prescribed wouldn't interfere with one another and



Pete and Barb Lynch

Courtesy of Barb Lynch

**"I'M ALIVE TODAY  
because of God and  
the doctors at UC..."**

*Barb Lynch*

cause adverse effects.

"Just the fact that they take the extra steps for me means a lot and says a lot about the care they provide."

She adds that the UC Health facilities in West Chester have allowed her to see her physicians, when needed, closer to home.

Lynch says she tries to live each day to the fullest and enjoys spending time with her husband Pete and her family, especially her grandchildren.

Pete adds that these physicians have been a blessing to him as well.

"Having a wife with a chronic illness adds a lot of anxiety and stress to our lives," he says. "The doctors at UC have always been comforting and have always taken the time to answer our questions. They take the time to explain things and consult us about plans for treatment.

"I almost don't think of them as doctors anymore; I think of them as our friends." •

**>> PATIENT APPOINTMENTS**  
For a full list of UC Health specialists, visit [ucphysicians.com](http://ucphysicians.com)

upcoming

**Step Out:  
Walk to Fight  
Diabetes**

Saturday,  
Oct. 16, 2010  
10 a.m.

Great American  
Ball Park

Walk to benefit  
American Diabetes  
Association

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information,** contact  
Jeannie Holsing at  
(513) 558-3810 or  
[jeannie.holsing@uc.edu](mailto:jeannie.holsing@uc.edu)



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