THE COVENANT Chart

COVENANT HealthCare

COVENANT MEDICAL STAFF NEWSLETTER | MARCH 2017

The Patient: Our One Constant

Dr. Michael Fiore
Covenant HealthCare Chief of Staff

Dear Colleagues:

I am delighted to serve as your Chief of Staff of Covenant HealthCare, and thank you for entrusting me with the opportunity.

As background, I have been the Medical Director of the Pediatric Intensive Care Unit since 2005. I received my medical education in Detroit at Wayne State University. I then completed a Pediatric Residency, as well as a Pediatric Critical Care Fellowship at the Children's Hospital of Michigan in Detroit. My wife Laura and I moved to Saginaw in 2003, where I was fortunate to work with two excellent critical care physicians at Covenant HealthCare who served as mentors early in my career. We were welcomed quite warmly to this community and now have three sons who only know Saginaw as their home.

Medical care is exciting! Augmented reality, genomic sequencing, targeted drug delivery, 3D biomedical printing and bioelectronic medicine are just a few captivating examples of science crossing from the lab to the bedside. The wild pace of innovation has brought us advances in medical training, diagnosis and treatment that were pure fiction a mere decade ago.

Importantly, patients have greater access to information and tools to understand their health. Not only are medical records more readily accessible to them, but wearable biometric devices also give patients real-time information about their exercise, vital signs, blood glucose, sleep patterns and more. This is all developing against the backdrop of controversy and turmoil with our healthcare delivery system reform (and re-reform!). While the future remains exciting, it is not without confusion, uncertainty and some anxiety.

Continued on page 16

Regardless of what the future holds, the one element of medicine that will remain constant is the *patient.*

CONTENTS

The Wake-Up Call on Sleep Apnea

GUEST AUTHOR
Dr. Christopher J. Allen, Adult and Pediatric Sleep Medicine, Pediatric Neurology

Obstructive sleep apnea (OSA) has become a common enough condition in the medical world but many stakeholders – from patients and payors to employers and physicians – are unaware of the consequences of non-treatment that impinge on the quality of life and cost America billions of dollars.

In too many cases, patients do not report symptoms to their primary care physicians because "sleepiness" is often considered the norm and easily dismissed. However, physicians can help make a difference by increasing their knowledge of OSA symptoms and curative therapies that show clinical and subjective improvements.

Cost Overview

It is estimated that around 5.9 million OSA cases are diagnosed each year in the United States, but about 23.5 million are undiagnosed.

- **Direct economic costs** for undiagnosed patients include comorbidities such as high blood pressure, heart disease, stroke, diabetes, asthma, mental health disorders, car and work accidents, substance abuse and emergency room visits.
- **Indirect costs** include lower productivity, higher stress levels and decreased social and physical activity.

The price tag for undiagnosed cases is huge, costing the healthcare system an estimated $149.6 billion in 2015 versus $12.4 billion in treatment costs for diagnosed cases. In a 2016 Frost & Sullivan report, Dr. Mark Berger, President and Chief Medical Officer at Precision Pulmonary Diagnosis, said: "If you increase treatment and compliance of OSA long-term, you can decrease the severity of comorbidities, increase productivity and save on long-term healthcare costs."

Supporting data from Frost & Sullivan are as follows:

- Of the 5.9 million people diagnosed with OSA, the total costs for treatment average around $2,105 per person per year (or $1,190 without surgery).
- Compare that to an average of $6,366 per undiagnosed patient for the cost of comorbidities, mental health, accidents and lost productivity. Even a single emergency department visit costing $1,200 for a "moderate" problem is less (per HealthCare Bluebook).
- This financial modeling indicates that average treatment costs ($2,105) are approximately 33% of non-treatment costs ($6,366).

Symptoms and Risk Factors

OSA is more common among men than women, and while frequency does increase with age it is not a normal part of aging. In addition, symptoms and risk factors for adults include:

- Daytime symptoms include trouble waking up, fatigue, sleepiness and lack of mental acuity.
- Nighttime symptoms include restlessness, sweating, snoring or waking up gasping, snorting or jerking.
- Risk factors include being overweight, having a smaller airway or a deviated septum, and having a larger than normal neck, tonsils, uvula or tongue.

Diagnosis and Treatment

A key question physicians should ask in most patient exams is, "How are you sleeping?" If the patient is sleeping terribly and this condition appears to be chronic, then you may want to consider screening for OSA with a few up-front questions and tests – including a STOP-Bang Questionnaire – and a potential referral to a sleep specialist.

Common diagnostic tools for OSA include polysomnography (PSG) in a sleep center or a home sleep apnea test, although the latter is less sensitive and reliable.

Key treatments include, in order of prevalence:

- Lifestyle changes such as weight loss and body positioning during sleep
- Positive airway pressure (PAP) therapy
- Oral appliances therapy
- Surgery

Early treatment of patients with sleep disorders can help to avoid or reduce comorbidities, decreasing overall healthcare costs and improving productivity.

For more information, contact Dr. Allen at 989.583.2907 or christopher.allen@chs-mi.com.

OSA Resources

STOP-Bang Questionnaire

Available online, this simple yes-no questionnaire is designed to help determine patients at risk. Topics include:

Snoring
Tiredness
Observed Problems
Pressure (blood)

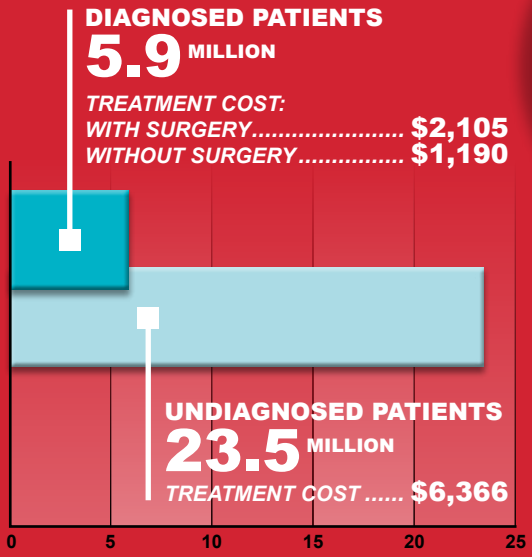
Body Mass Index
Age
Neck Size
Gender

Frost & Sullivan Reports

Search online for these revealing 2016 reports sponsored by the American Academy of Sleep Medicine (AASM). Also visit aasmnet.org.

- *Hidden Health Crisis Costing America Billions*
- *In an Age of Constant Activity, the Solution To Improving the Nation's Health May Lie in Helping It Sleep Better*

OSA Treatment Costs



DIAGNOSED PATIENTS COST 33% LESS THAN UNDIAGNOSED PATIENTS

Patient & Family Advisory Councils: Guidance That Counts

GUEST AUTHOR
Christin Tenbusch, Patient Experience/PFAC Coordinator

Providing extraordinary care for every generation simply doesn't happen in a vacuum. While a dedicated healthcare team is certainly core to success, so is ongoing collaboration with patients and families to hear their voice. This is why patient and family advisory councils (PFACs) are popping up at hospitals across the nation, signaling a paradigm shift from process-oriented to patient-oriented healthcare decisions.

The ABCs of PFACs

By partnering former patients and family members with hospital leadership and staff, PFACs are becoming the new status quo for healthcare and are proven to enhance the patient experience. This is because healthcare decisions are being made, in part, through the eyes of patients and family members too. By integrating their experiences and points of view into service and quality improvements, hospitals can drive meaningful, patient-centric care.

Such engagement not only improves quality, safety and patient satisfaction but can also help healthcare providers become more efficient, focused and cost-effective.

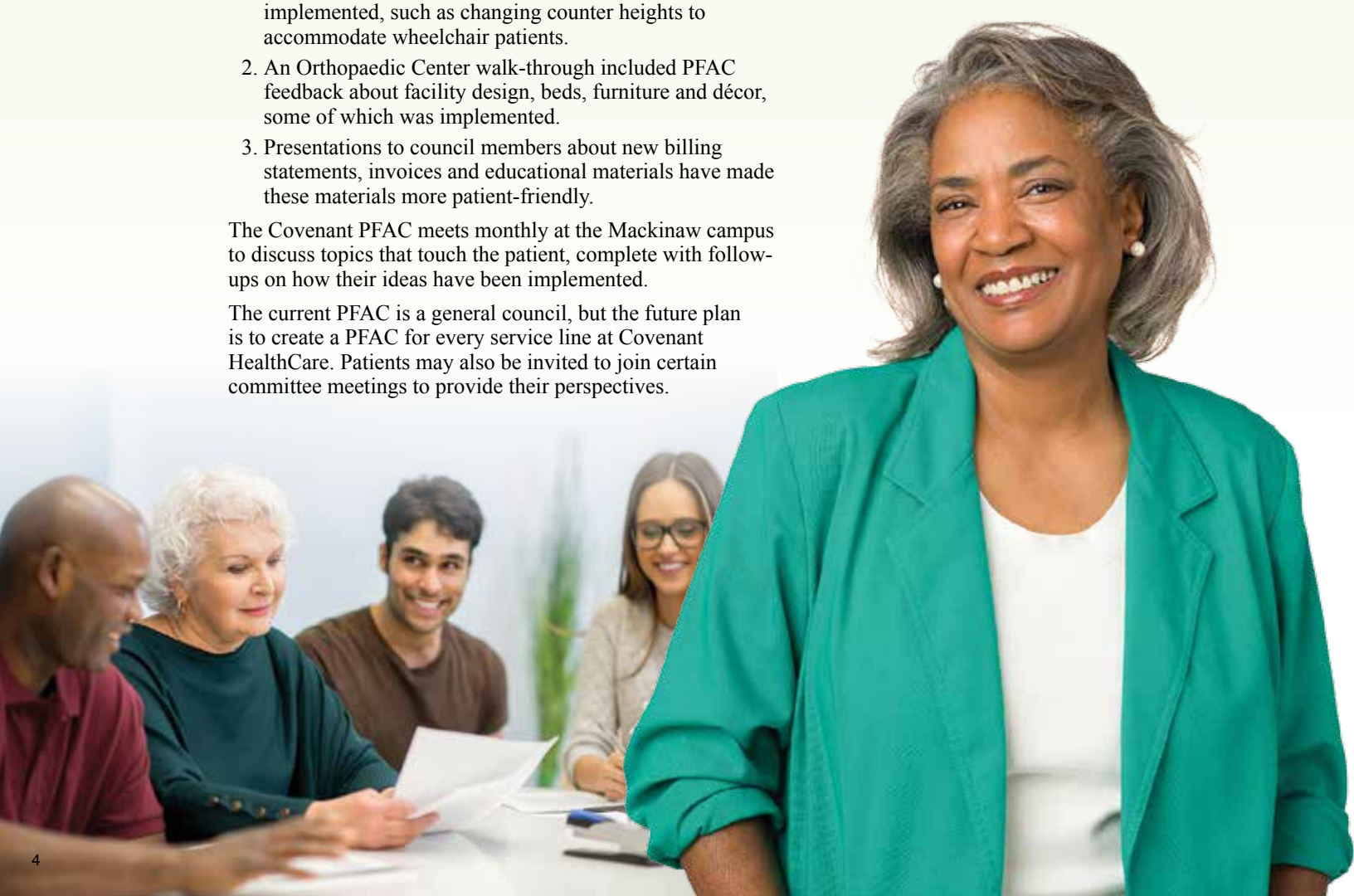
PFACs in Action

Covenant HealthCare started its PFAC initiative in January 2016 as part of a Michigan Hospital Association strategy to enhance patient engagement. It recruited a diverse array of volunteers and held its first PFAC meeting in November. Since then, the results have been terrific. For example:

1. In a Pulmonary Clinic renovation walk-through, the PFAC made several recommendations that were implemented, such as changing counter heights to accommodate wheelchair patients.
2. An Orthopaedic Center walk-through included PFAC feedback about facility design, beds, furniture and décor, some of which was implemented.
3. Presentations to council members about new billing statements, invoices and educational materials have made these materials more patient-friendly.

The Covenant PFAC meets monthly at the Mackinaw campus to discuss topics that touch the patient, complete with follow-ups on how their ideas have been implemented.

The current PFAC is a general council, but the future plan is to create a PFAC for every service line at Covenant HealthCare. Patients may also be invited to join certain committee meetings to provide their perspectives.



"Having a representative from the Patient Family Advisory Council complete a walk-through on Cooper 5 North/5 Main prior to the renovation was so helpful in identifying changes that would enhance our patient's stay here at Covenant."

– Alan Spencer, Director, Patient Safety and Quality

Opportunities for You

PFAC success requires councils populated with healthcare providers and patients who are committed to improving healthcare. As a healthcare provider, you can:

- Help recruit qualified patient and family volunteers. These people should be at least 18 years old and be able to provide constructive feedback, a balance of positive and negative experiences, good listening skills and the ability to work well as a team.
- Present a topic at a PFAC meeting to get patient perspectives about something you'd like to change in your office – anything from a new service to a new technology.

While PFACs are not decision-making committees and while all ideas may not be implemented, they do provide an important "voice of the patient and family" that is already making a difference.

If you know of patients who qualify for the Covenant HealthCare PFAC, or have a project for which you would like feedback, please use the contact information below to get started. We look forward to hearing from you soon!

For more information, contact Christin Tenbusch at 989.583.7491 or pfac@chs-mi.com.

Covenant HealthCare PFAC OBJECTIVES

- Identify opportunities to improve the patient and family experience.
- Improve communication among the care team, patients and families to benefit the patient's care.
- Participate in the development and planning of patient and family engagement initiatives.
- Serve as a link between the community and Covenant HealthCare.

"The Patient Family Advisory Council has given me **thoughtful insight** into our remodel on 5 North that I could not have thought of on my own or through our staff's perception of what patients want or need. I am so glad to have been a participant and will seek their advice on as many initiatives as I can in the future"

– Kyle Launstein
Manager, Orthopaedic Unit



Optimizing the Post-Acute Care Network

GUEST AUTHORS (left to right)
Christine Clayton, Director of Physical Medicine and Rehabilitation
Diane Glasgow, Director of Covenant Visiting Nurse Association
Kyle McDaniel, Manager, Clinical Resource Management

Over time, the healthcare system in the United States has supported a disjointed and fragmented continuum of care instead of one that is seamless and cohesive. The good news is that many hospitals are proactively closing the gaps by creating integrated care networks that better meet changing needs, including those for post-acute care. This article provides a quick look at the post-acute care network at Covenant HealthCare, and why collaboration is essential to future success.

Post-Acute Care Services

At Covenant, post-acute care services range from our inpatient rehabilitation unit, skilled care (transitional care unit) and assisted living to outpatient physical medicine and rehabilitation, and the hospice and home health services offered through the Covenant Visiting Nurse Association (VNA). Both quality and variety are critical to meeting patient needs across the continuum.

As part of the *Our Covenant* compact, post-acute services remain well supported and dedicated to delivering the highest level of extraordinary care and value to the communities in which our physicians serve. To that end, we have established a comprehensive post-acute network of services throughout our communities that:

- Fosters cohesive and seamless service by unifying the entire post-acute care organization – inpatient and outpatient – under the same electronic medical record system (Epic). Some groups are in transition to Epic, such as the Covenant VNA which will be on board by this summer.
- Can be closely monitored by physicians and other providers through Epic, driving collaboration.
- Increases engagement with partners and patients alike, minimizing communication errors and maximizing quality and efficiency.
- Is sharply focused on safe and optimum results with an emphasis on constant improvement.

The Healthcare Information and Management Systems Society has defined the continuum of care as a "concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels and of intensity of care."

Adapting to Change

Principles like quality, safety and patient outcomes have always been important to care providers. However, as the healthcare industry evolves, more emphasis is being placed on our ability to better manage, track and support our patients throughout the care continuum.

Here is a case in point. New programs are being introduced from the Centers for Medicare & Medicaid Services (CMS), such as the mandatory Comprehensive Care for Joint Replacement model (CJR)*. This model arose out of concerns about the large disparity of utilization and costs for CMS patients between hospitals across the nation and the continuum. With CJR, hospitals are accountable for meeting certain spend targets, which is driving more coordination of care between everyone involved – from the hospitals and physicians to post-acute care providers.

Staying Vigilant

As similar programs come forward not only from CMS but also from commercial insurance companies, we must all be "on point." Thanks to our highly integrated post-acute care network and our focus on both quality and efficiency, Covenant is well-prepared and positioned to adapt to change.

- Each and every patient can be assured that they will get the best outcomes possible at the most appropriate level of care in their own back yard – which will also lead to increased patient satisfaction.
- Each physician can be assured that Covenant leadership is committed to coordinating care throughout the continuum, creating multi-disciplinary teams to drive safe, effective and efficient solutions to changing needs.

As healthcare professionals, we are all part of the solution. The more we collaborate across the continuum of care – including the post-acute care network – the better we can reduce costs while improving patient outcomes.

For more information, contact Christine Clayton, Director of Physical Medicine & Rehabilitation at 989.583.6349 or cclayton@chs-mi.com; or contact Diane Glasgow, Director of Covenant VNA, at 989.583.3090 or dglasgow@chs-mi.com.

**See the September 2016 issue of The Covenant Chart.*

Making Our Region a Great Place for Physicians

GUEST AUTHOR
Dr. Samuel Shaheen, Executive Director, CMU Medical Education Partners

For those of you somewhat new to the practice of medicine in the Great Lakes Bay Region, you might not be aware of the fact that we have a rich history of educating and nurturing physicians in their desired specialties. It began 50 years ago with a medical group called Saginaw Cooperative Hospitals, which then evolved into Synergy Medical Education Alliance and after affiliating with the CMU College of Medicine, is now known as CMU Medical Education Partners – which I am honored to lead.

Focused Strategy

While the initial medical school affiliation started with Michigan State University, it has evolved into a major academic affiliation with the Central Michigan University College of Medicine. The strategy throughout has been to offer exceptionally strong and respected educational opportunities to medical school graduates, incentivizing them to stay here to become board-certified in their specialty and to practice in the region.

The strategy works! My own father, for example, came to Saginaw as a young physician in 1953, and completed his residency at Saginaw Osteopathic Hospital. Growing up in Saginaw, I have followed in his footsteps so to speak, earning my residency at Northwestern University, but returning to practice in the area due to close family ties. Similar stories play out across the region – proving that physicians tend to stay close to where they train or have family ties.

The Great Lakes Bay Region has a *rich history* of educating and nurturing physicians.

Robust Medical Community

Today, we have a robust medical community right here in the heart of Michigan. When you consider how the CMU College of Medicine (CMED) is one of only 142 medical schools in the United States, that's huge. Even more powerful is the fact that undergraduate and graduate medical education brings about $25 million to the region in direct educational funding from the government – which is used to run resident education programs and more.

This funding, in turn, not only helps keep physicians in Michigan – where we need them, but also provides a huge economic boost to local communities including Saginaw, Bay City, Midland and Mount Pleasant. As such, it also creates a more vibrant culture and improves public health.

Goals and Future

Going forward, I have three key goals for CMU Medical Education Partners:

1. **Continue to strengthen graduate medical education opportunities in the region, creating a hub of highly qualified and educated physicians who deliver exceptional patient care.** We currently offer graduate level education in OB-GYN, emergency medicine, family practice, internal medicine and psychiatry. We are excited to restart the surgical residency program in 2018 thanks to funding by our hospital partners (Covenant HealthCare and St. Mary's of Michigan Medical Center), and to also establish a graduate program in podiatry.
2. **Expand and improve the ability to attract medical students to the region, including those who attend the CMED program.** This will not only be achieved by offering a diversity of programs, but also by instilling a positive, warm feeling about area hospitals, colleagues and the region.
3. **Enhance our ability to retain physicians after they become board-certified in their chosen specialty.** We want them to continue to serve our communities, filling the shortages in specialty and primary care.

The good news is that a strong foundation of physicians already exists in the Great Lakes Bay Region, one that is more than willing to engage and mentor the next generation and excited to collaborate for the future. With that kind of spirit and commitment, the sky is the limit.

For more information about CMU Medical Education Partners, contact Dr. Samuel Shaheen at 989.583.7820 or samuel.shaheen@cmich.edu.

Influencing The Future of Family Medicine

How one CMU medical student represents Michigan's aspiring family physicians.

ARTICLE SUBMITTED COURTESY OF CMU NEWS

As a child, Central Michigan University medical student Olivia Bolen watched her mother deal with illness. This and the experience of growing up in a small community with only one doctor triggered the third-year medical student – who recently completed rotations at Covenant HealthCare – to dedicate her life to bringing high-quality healthcare to rural and underserved communities.

"When I was growing up, my mom had some health issues," Bolen explained. "Being a little kid and seeing the person who's always taken care of you be sick was really hard for me. I just wanted to help her. That's when it dawned on me that I can help other people who are feeling the same thing."

This passion also has led to Bolen's selection to serve as the voice of all Michigan medical students who are passionate about family medicine. As the only student on the Michigan Academy of Family Physicians board of directors, she tackles each opportunity with the desire to make an impact on the future of family medicine.

Making an Impact in Michigan and Beyond

Bolen's love for the art of medicine has been solidified by CMU's new medical program, which she touts as innovative in the way they teach and promote team-based learning. The acquired skills and opportunities provide her a unique prospective to make strides for medical students across Michigan.

She was raised in East Tawas and saw only one doctor her entire life. This developed her belief that providing quality healthcare for patients is having a deeper relationship with them.

This is what led her to CMU's College of Medicine after completing her undergraduate degree in biomedical sciences at Western Michigan University in 2014.

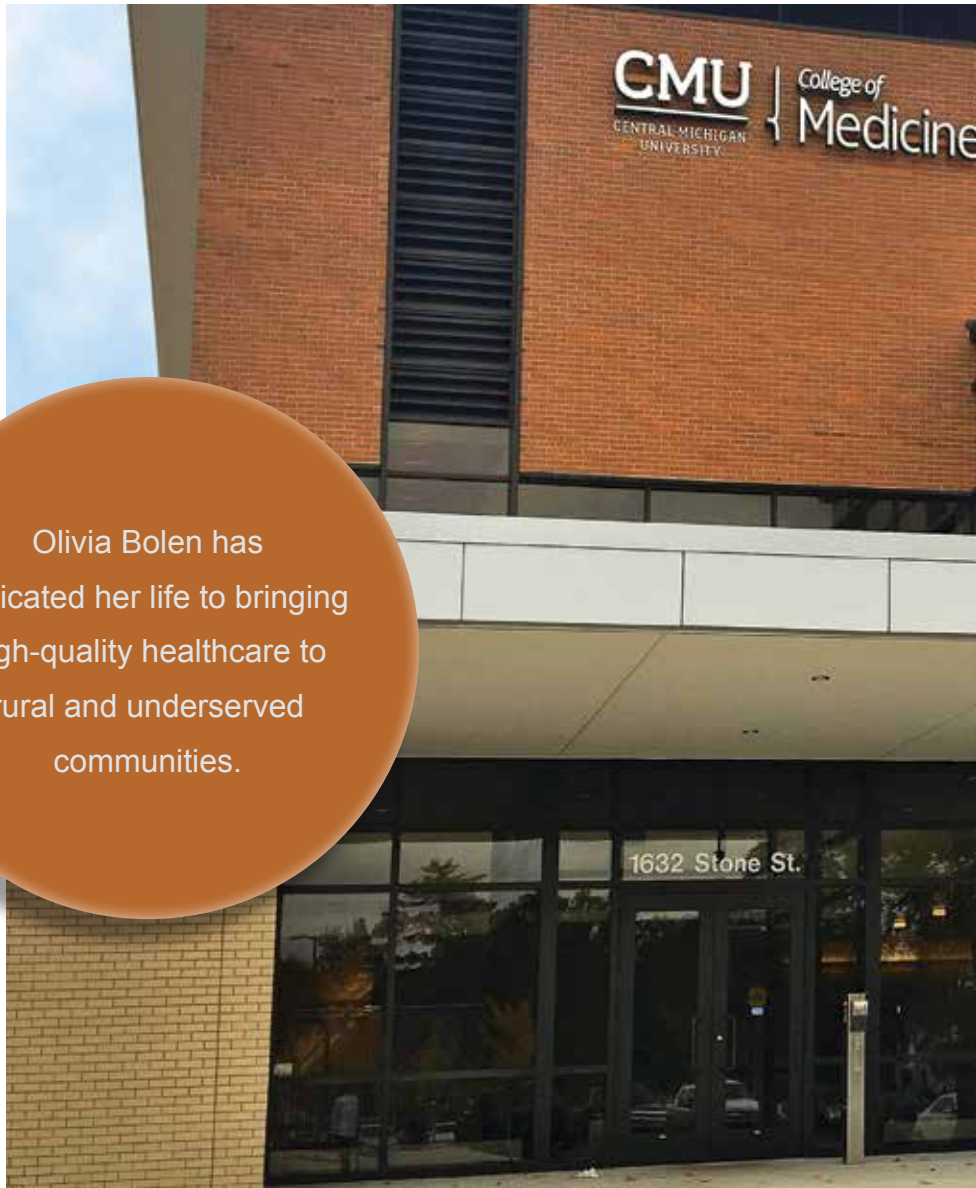
"The drive to have primary care physicians come back to the area is such a great need, and caring for thousands of patients who are underserved throughout our state -- that really spoke to me," Bolen said. "I fell in love with the mission."

Bolen's dream of family medicine never changed. She began getting involved in different interest groups at CMU and attending clinical workshops. By the end of her first year in CMU's program, Bolen was leading the family medicine interest group.

After learning about the Michigan Academy of Family Physicians (MAFP), she applied for a board of directors' position — one she admitted to being underqualified for, yet she saw as an opportunity for a challenge. Seeing her ambition, the organization directed her to get involved with one of its committees.

Bolen joined the communications and membership committee and received many leadership opportunities. She took advantage of them all and consequently was selected as the only student to serve on MAFP's board of directors.

"Students are the future of family medicine, so they really care about what other students are saying about certain issues and bills that are being passed," she explained. "I speak for medical students in Michigan who are passionate about family medicine. I'm their representative."



Olivia Bolen has dedicated her life to bringing high-quality healthcare to rural and underserved communities.

In her role, Bolen spends time reaching out to all members of the academy, corresponding via email and guest speaking at events such as the Future of Family Medicine Conference at Wayne State University. She urges others to get involved and meets with other medical students to engage and inform them about family medicine in Michigan.

Bolen also holds a leadership position with the American Academy of Family Physicians. She helps to oversee other regional university family medicine interest groups. This includes providing updates about the field, facilitating communication between universities and national organizations, and coordinating local events with other leaders.

Heading Home

Bolen recently completed six months of rotations at Covenant HealthCare in surgery, internal medicine, pediatrics, hematology, oncology, psychology, and obstetrics and gynecology.

Afterwards, Bolen headed home to East Tawas, where she has started working in a family medicine practice: Huron Family Medicine. Caring for populations in need is how she plans to leave her mark.

THE CHART SPOTLIGHTS

Congratulations Physicians of the Month!

Your patients had something to say about you...

NOVEMBER

Dr. Jonathon Deibel

"Dr. Deibel is great."
"Dr. Deibel took the time to describe what they were testing for."
"Dr. Deibel was very good when he came to my room."

DECEMBER

Dr. Jane Castillo

"Dr. Castillo cares; is there for you to talk and help too."
"Dr. Castillo is the BEST!"
"I have trusted her with my life for over 25 years."

JANUARY

Dr. Arun Veera

"Dr. Veera was very personable."
"Dr. Veera is a great doctor."
"I am pleased with Dr. Veera and am confident in his management of my healthcare needs."

FEBRUARY

Dr. Palaniandy Kogulan

"Dr. Kogulan is an excellent doctor."
"Dr. Kogulan is very professional and compassionate."
"He took the time to listen to my worries."

CORRECTION

In the December issue of *The Covenant Chart,* the Proton Pump Inhibitors article on page 6 said that traditional surgical intervention is "proven to reduce the need for PPI therapy – with 30% of patients stopping PPI therapy entirely."

A recent review of GERD-related literature indicates that surgical intervention is actually effective at reducing the need for PPIs in over 50% of cases and may be as high as 80% in some studies.

The Skinny on Emmi: Education Tools for Your Patients

GUEST AUTHORS
Karen Bush, MSN, FNP, BC and Tyler Lambert, Project Manager - Clinical Services

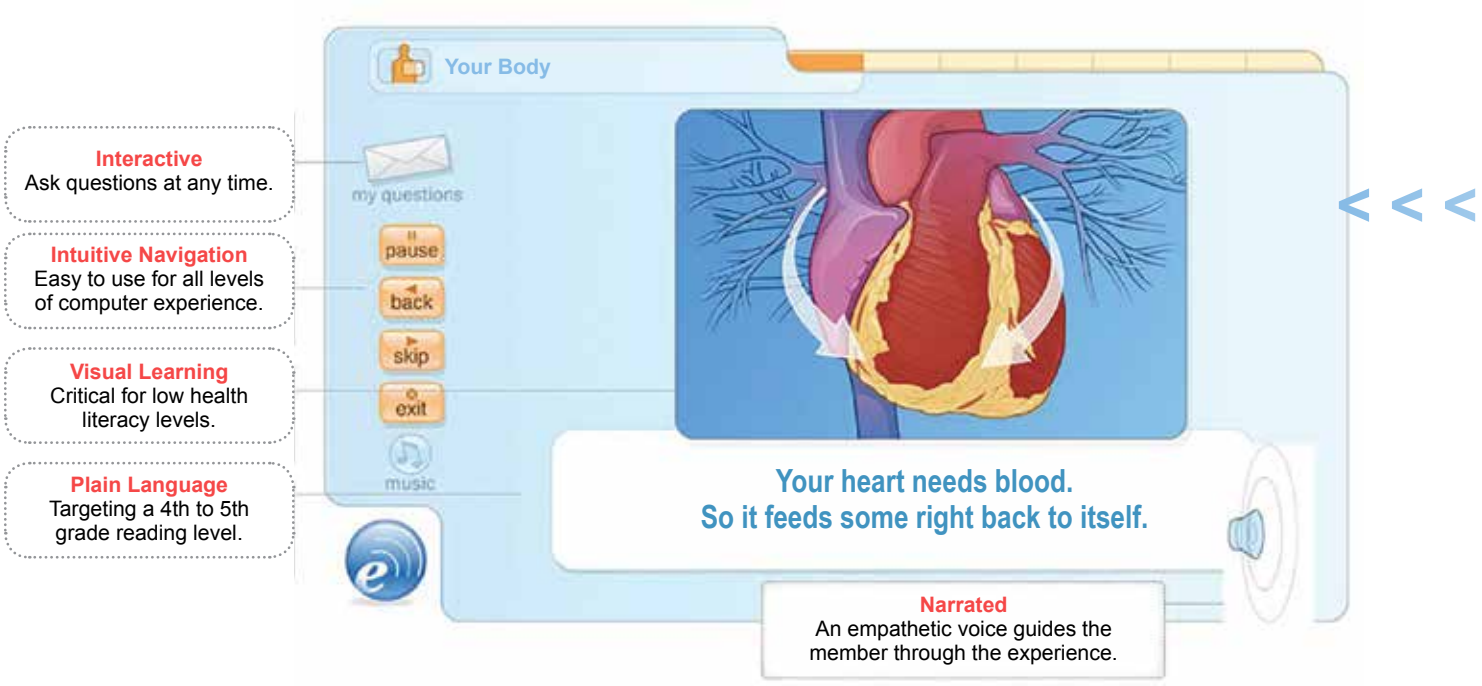
Emmi Solutions is a company focused on providing patient engagement tools that encourage patients of all ages to get involved in their own care to improve outcomes. Various Emmi educational programs throughout the surgical process – from pre- to post-surgery – are increasingly being used at hospitals across the nation due to their ability to improve patient satisfaction, increase HCAHPS results and promote patient safety.

In September 2016, Covenant HealthCare partnered with Emmi in a six-month pilot featuring two patient engagement tools:

- **EmmiEngage®**: A series of web-based, multimedia programs that educate patients and encourage them to take an active role in their care. All patients having surgery at Covenant receive a program prior to their scheduled procedure, which can be viewed in the comfort of their own home with family and loved ones. Additionally, a select group of inpatients have the ability to view programs bedside with an iPad.
- **EmmiTransition®**: A combination of online multimedia programs and interactive call campaigns that engage people at key points post-discharge. Heart failure, AMI and CABG patients are being enrolled for these series as they leave the hospital.

Between the two programs, patients are receiving educational content across the care continuum – before their scheduled surgeries, during their inpatient stay and after discharge. The information, which is presented in a clear and simple manner, also helps patients better organize their thoughts and questions about procedures and self-care.

To date, nearly 18,000 EmmiEngage® programs have been issued to Covenant patients and 37% of patients have logged into the system to view a video.



An HCAHPS analysis study will be performed after the pilot to confirm the impact of Emmi programs on patient satisfaction but until then, below are some current findings:

- 87% of patients said the Emmi program answered questions they would have normally called their provider to discuss, saving time and improving efficiency.
- 76% of patients said the program improved their opinion of Covenant.

Patients are also providing good feedback, including:

- "I learned a lot of good information about my medical health and how I am the one to control what information is best for me."
  – *Pre-Surgical/Procedure Program Viewer*
- "It was very helpful, it gives me knowledge of what to expect. Thank you."
  – *Anesthesia Program Viewer*

To familiarize yourself with these educational tools, please check out the Emmi library at TryEmmi.com; the code is COVENANT. Equally important, we ask that you remember to mention these tools to surgical patients prior to their surgery; it could make them feel more confident and in control of their own health.

For more information, contact Tyler Lambert at 989.583.7259 (tlambert@chs-mi.com) or Karen Bush at 989.583.4023 (karenbush@chs-mi.com).

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A sample screen shot of the interactive and intuitive EmmiEngage® program is shown at left.

37% of Covenant patients have logged into the system to view a video.

Covenant Medical Group Update

Dr. John Kosanovich
Executive Vice President, Physician Enterprise

Recently, several provider changes have occurred in the Covenant Medical Group. Following is a summary:

- **Robert Nettleman, DO, a primary care provider,** has recently been named Medical Director of Primary Care for the Covenant Medical Group. Dr. Nettleman brings a wealth of experience and knowledge to the position as he has been practicing family medicine for over 25 years. Please join us in welcoming Dr. Nettleman to this new role.
- **Anthony de Bari, MD, has retired from his practice at Covenant HealthCare.** His retirement was effective the end of January. Dr. de Bari has been an orthopaedic surgeon in our community for many years, and Covenant has been a close partner of his throughout his career. Dr. de Bari is focusing on mission and relief work throughout the world. We wish Dr. de Bari continued success as he serves others around the world.
- **Joel Beltran, MD, joined Covenant Medical Group as an employed neurologist** effective January 16, 2017. Dr. Beltran has been a Covenant-focused neurologist for more than 20 years, and we look forward to deepening our partnership with him. He will join David Gill, DO, as our second employed neurologist at Covenant. We hope to add a third provider to that group shortly, as neurology continues to be a highly demanded specialty in our community.
- **William Morrone, DO, a primary care provider, resigned from our Sebewaing practice** effective December 31, 2016. Dr. Morrone is remaining in our community as an independent provider and will focus on pain management, movement disorders and addiction medicine. Cheryl Canfield, DO, and physician assistant Kristin Bearden remain in Sebewaing as Covenant providers.
- **Sara Rivette, MD, an independent primary care provider in Saginaw, is leaving the community** for a position in another part of the state. Covenant has acquired her practice, and Trasi Crumrin, DO, a Covenant Medical Group provider, will be relocating her practice from its current location at our Silverwood practice on Shattuck to Dr. Rivette's practice on Center Road across from Heritage High School. The acquisition of Dr. Rivette's practice was effective December 31, 2016.
- **Covenant Medical Group has acquired the practice of Arno Weiss, MD.** The acquisition of this practice was also effective December 31, 2016. Dr. Weiss is a plastic surgeon who focuses his practice at Covenant HealthCare. His office is located in the Professional Office Building at 800 Cooper, across from Covenant Medical Center Cooper.

Helping Young Athletes Stay Off the Injury List

GUEST AUTHOR
Dr. Brian Purchase, Covenant Sports Medicine

May is Physical Fitness and Sports Awareness month, a national event intended to encourage the public to stay fit and healthy. Ideally, good sports habits should begin when we are young, encouraging fitness while protecting young and growing bodies from undue harm.

But did you know that too much of one sport at a young age can result in long-term injuries and issues? Physicians and parents alike should be encouraging more variety in sports and less specialization. This article covers some interesting trends and recommendations that can help young athletes stay off the injury list.

The Cons of Sports Specialization

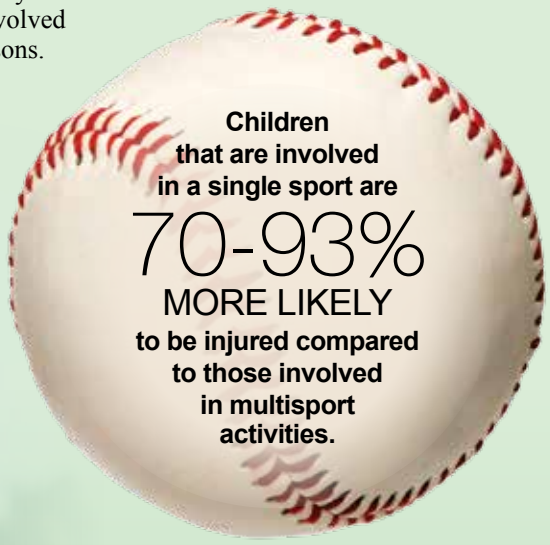
Physical activity and organized sports are well recognized as a way for children to develop lifelong physical activity habits, and to improve self-esteem and skills associated with socialization, teamwork and leadership. Although a physically active lifestyle results in significant health benefits, dedication to learning the skills of a *single* sport can be detrimental. Early sports specialization is defined as "year-round training in one sport at the exclusion of other sports at a young age."

Youth sports have evolved over the past several decades. It was typical for children to be involved in unstructured free play, participating in multiple sports throughout the year. However, young athletes of today are often involved in highly structured, adult-driven, single sports with the intent to develop sport-specific skills. Most believe practicing a specific skill for thousands of hours, starting at a young age, will result in highly proficient skills.

While this may be true for certain vocations, such as becoming an accomplished musician, this has not been proven to be the case for many sports. Given the rigors of learning sports-specific skills, the physical and emotional demands on a developing child can result in long-term negative consequences.

Unfortunately, society has sensationalized successful athletes, rewarding them with fame and fortune for their achievements. What child does not want to be the next Tom Brady or LeBron James? The dream of becoming a professional athlete is often supported by parents, who in turn may be pressured by coaches and peers. To achieve this lofty goal, children become involved with their sport year-round, frequently on multiple teams that may overlap seasons.

Except for a few sports such as gymnastics and figure skating, intense training and specialization before puberty is not necessary to develop elite level skills. In fact, it can almost be guaranteed to result in higher rates of injury, increased stress and burnout.



TIPS TO PREVENT Elbow Overuse Injuries in Baseball

- Warm up properly.
- Rotate playing other positions besides pitcher.
- Concentrate on age-appropriate pitching.
- Adhere to pitch count guidelines.
- Avoid pitching on multiple teams with overlapping seasons.
- Don't pitch with elbow or shoulder pain.
- Don't pitch on consecutive days.
- Don't play year-round.
- Never use a radar gun.

More than 3.5 million children
UNDER AGE 14
are treated annually for sports-related injuries.

The Overuse Trend

Athletes are specializing in sports at earlier ages. More than 3.5 million children under age 14 are treated annually for sports-related injuries. Nearly half are from overuse alone. Children have immature bones and when coupled with inadequate rest and poor training techniques, this can result in injury. Those involved in a single sport are 70-93% more likely to be injured compared to those involved in multisport activities.

"Little leaguer's elbow" is one example of an injury directly related to sports specialization. It is a common overuse injury associated with throwing. The medial aspect of the elbow is subject to tremendous forces throughout specific phases of the pitch. The medial apophysis can become inflamed and an avulsion injury is possible in extreme situations. It is reported that elbow injuries may involve up to 50-75% of youth baseball players. Elbow surgeries have increased 50% in high school pitchers over the past five years.

The cure for this common yet preventable injury is rest. Pitch counts are the number one risk factor for elbow injuries. Limiting pitches, monitoring rest periods and developing pitching skills that are age-appropriate are the key to prevention.

What You Can Do

Check out the trends and statistics yourself on STOPSportsInjuries.org and share this information with patients, friends and family. It's an excellent resource developed by the American Orthopaedic Society for Sports Medicine. This website provides information that focuses on the importance of sports safety – specifically relating to overuse and training. It also features sport-specific tip sheets for many of the individual sports associated with overuse injuries.

For more information, contact Dr. Purchase at 989.583.0280 or bpurchase@chs-mi.com.

Signs of Overuse
IN CHILDREN

- **They have continued pain with activity.**
- **They experience pain with drastic increase in workouts.**
- **Symptoms of burnout start to appear.**
- **You see changes in their techniques.**
- **Nighttime pain becomes a problem.**
- **Swelling and numbness occur.**

Recommendations
FROM THE AMERICAN ACADEMY OF PEDIATRICS

- **Limit one sporting activity to no more than five days per week.**
- **Take one day off from all organized physical activities per week.**
- **Take two to three months off from organized sports each year to engage in strength and conditioning, letting lingering injuries heal and refreshing the mind.**

Making Way for MACRA: Are You Ready?

Dr. Michael Schultz, Vice President of Medical Affairs

If you haven't heard of MACRA, it's more than just a term to add to the alphabet soup of healthcare reform. MACRA stands for the Medicare Access and CHIP Reauthorization Act of 2015 – a landmark legislation that will significantly change how physicians are reimbursed as Medicare transitions from a volume, fee-for-service model to a fee-for-value payment model.

Those who ignore MACRA in 2017 will find PAYMENTS reduced by 4% IN 2019.

Be Prepared

It's important to be prepared because payment adjustments, which commence in 2019, are based on performance measurements that started in January 2017. So what you do today will affect tomorrow.

MACRA is real and likely to stay. Regardless of whether the Trump administration revokes the hotly debated Patient Protection and Affordable Care Act (ACA) of 2010, MACRA is not part of the ACA and was overwhelmingly passed by a bipartisan majority in Congress. It is therefore unlikely to be stopped by future legislation, although it could be delayed and modified.

Those who ignore MACRA in 2017 and do no reporting at all will find **payments reduced by 4%** in 2019. You are strongly encouraged to do your homework and create a MACRA strategy. A great place to start is at the American Academy of Family Physicians (AAFP) website here: aafp.org/practice-management/payment/medicare-payment.html. The menu lists a number of resources including:

- "Pathways to MACRA" which features a simple infographic on the path options for physicians. It will help identify where you are in the big picture, and where you may want to head.
- A variety of materials that will not only help you make sense of MACRA and how it impacts you, but also provide tips to help you prepare for a smooth transition.

The Short Story

MACRA is far too complicated to explain in a single article. Essentially, though, it provides two payment tracks for physicians:

1) **The Merit-Based Incentive Payment System (MIPS).** About 85% of physicians will start with MIPS, choosing one of four tracks that reflect most existing quality programs in which they are already participating: Quality, Advancing Care Information, Cost and Improvement Activities. Performance scores in 2017 for all four categories will determine potential payment adjustments for 2019. Weighting will change annually. Clinicians or groups of clinicians with $30,000 or less in Medicare charges, or 100 or fewer Medicare patients, are below the volume threshold and are exempt from the program.
2) **The Alternative Payment Model (APM) or Advanced APM (AAPM).** Some physicians will immediately start in the APM which means they are not subjected to MIPS. An APM qualifies to be an AAPM based on level of risk involved, and these qualified programs result in incentive payments. Thus far, the Centers for Medicare & Medicaid Services (CMS) has indicated probably six models will qualify as AAPMs in 2017, including: Comprehensive Primary Care Plus (CPC+), Medicare Shared Savings Program (MSSP) and Next Generation Accountable Care Organization (ACO).

Over time, most physicians will ultimately participate in one of the AAPM tracks. For now, though, remember that MACRA is real. Pay attention and set a strategy. Go online to prepare and stay updated on rules and changes as MACRA evolves. Also remember that what you do in 2017 will affect your 2019 payment.

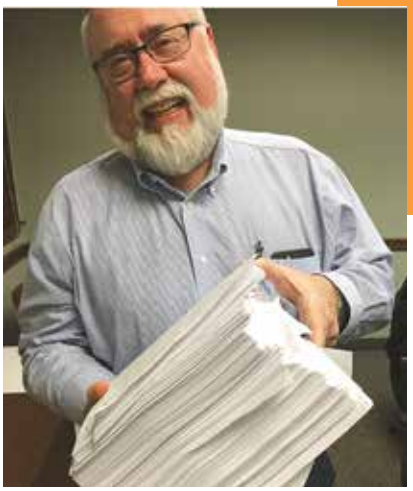
Important Resources

Various medical professional societies such as the local Saginaw County Medical Society, the American Academy of Family Physicians (see reference above) and the Michigan State Medical Society are paying careful attention to MACRA as the rules become more clear and evolve over time. Remember to visit the CMS website too. You are encouraged to check these and other resources regularly for updates.

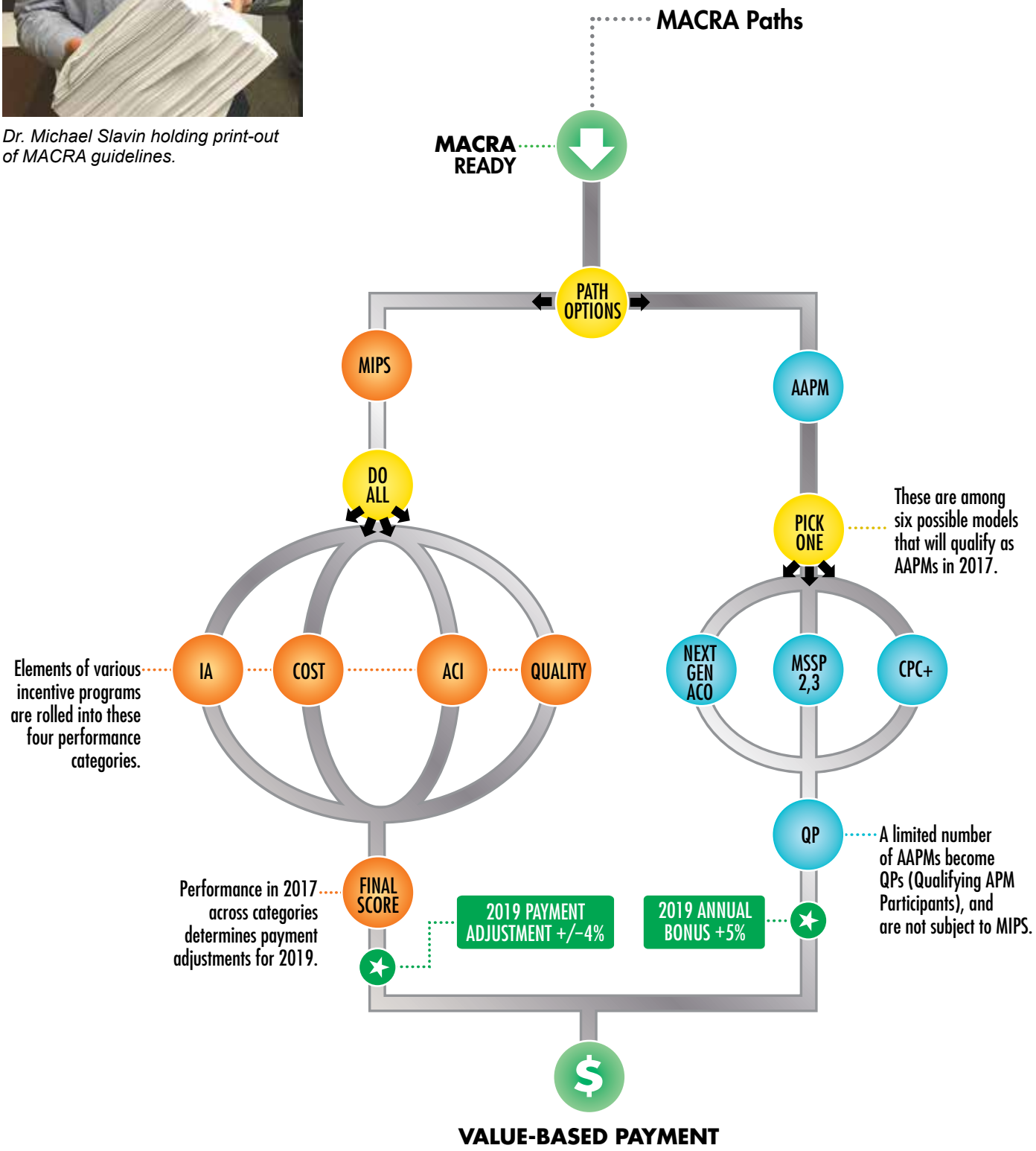
MACRA IS A

heavy topic,

BUT CRITICAL TO FUTURE FINANCIAL SUCCESS.



Dr. Michael Slavin holding print-out of MACRA guidelines.



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The Patient: Our One Constant, continued from page 1

Regardless of what the future holds, the one element of medicine that will remain constant is the patient. We are fortunate that Covenant HealthCare is committed to fostering a culture that centers around the patient. Once caregivers cooperate with one another, through a common focus on the best interests and personal goals of the patient, then healthcare is escalated. We are all at our best when every decision and action conducted is taken in the best interest of the patient. When we incorporate this into our culture, it is easier to keep our focus on day-to-day decisions and conversations.

Going forward, our pledge is to keep the patient front and center, and to reach out with news and information that can help all of us drive extraordinary care at Covenant. We will continue to integrate *Our Covenant*, the compact between Covenant HealthCare and its Medical Staff, into our daily culture.

Sincerely,

Dr. Michael Fiore
Chief of Staff

Our pledge is to keep the

patient front and center.