WELCOME
Membership

- 1000 Plus Physicians
- Institutional Members
- Ancillary Members
- Communication: Electronic Survey Monkey
- Changes Effective January 1, 2015
Nurse Practitioner Modernization Act

• January 1, 2015 slated to become law
• Provides advances to greater patient access to care
• Recognizes the role of the Nurse Practitioner as:
  Independent
  Autonomous
• Overcame **fierce** opposition from Empire State Physician Groups
Nurse Practitioner Modernization Act

• Nurse Practitioners with greater than 3,600 hours of practice
• Regardless of Specialty
• No longer required to have a written practice agreement signed by a physician. The agreements were considered by the NPA to be: Onerous Outdated
• New law is a result of enormous efforts by the Governor, the Senate and Assembly and NPA
Nurse Practitioner Modernization Act

• Law recognizes that the collaborative relationship must continue to exist among health care professionals
• Consistent with the NP’s practice of providing high quality of care and federal Medicare requirements
• Eliminates retrospective chart review every 3 months
• Nurse Practitioners with less than 3,600 hours of practice are subject to the current requirements
Catholic Medical Partners Board of Directors Approve NP Membership

Effective January 1, 2015 Nurse Practitioners who meet the following criteria are eligible for membership consideration within CMP:

1. Have active NYS license and appropriate malpractice insurance
2. Members of a CMP practice or part of an independent practice of Nurse Practitioners
3. Free Standing (Independent) Nurse Practitioners must have privileges at Catholic Health or MSMH and pay dues equivalent to the physician dues
Catholic Medical Partners Board of Directors Approve NP Membership

5. No hospital privilege requirement or dues requirement for NP’s part of a CMP physician practice

6. Both Independent NP’s and CMP practice nurse practitioners will need referral agreements with CH and MSMH hospitalists

7. Nurse Practitioners would be eligible for board participation in the future
2015 Practice Management Institute Educational Programs for CMP Practices

• 2015 Medicare and Coding Update/January
• ICD-10 Coding Workshop/May
• Coding ICD-10: The Next Level/August
• Medical Office Compliance/November
2015 Practice Management Certification Programs

• **Certified Medical Office Manager**
  Four consecutive day Program
  Certification exam day #4
  April

• **Certified Medical Coder**
  One Day per Week for 5 consecutive weeks
  Certification Exam week #5
  October
Practice Management Institute

• Program dates, times, locations to be posted to the Practice Management Institute Website

  pmimd.com
Mount St. Mary’s Joining Catholic Health

- April, 2014 Catholic Health announced plans to have Mount St. Mary’s Hospital join Catholic Health
- Since that time the groundwork was laid for governance, religious and government approvals
- A “Definitive Agreement” between Catholic Health, Mount St. Mary’s Hospital and Ascension Health was signed at the end of August
- Catholic Health will file a Certificate of Need (CON) this month with NYS Health Department to begin the government review and approval process
What’s Happening

• Marketing Campaign Television and Radio September
• Office Manager Verification Form (website)
• 1099 Verification
• Planning Meeting for Business Side of Practice
• Regional Care Coordinators Meetings October
• Pediatrician Meeting October 29th
  Sisters Hospital Marillac Room
  7:00 a.m. to 8:00 a.m.
QUESTIONS
NANCY HOURIGAN
CONTRACT MANAGER

2014 Patient Experience Surveys
Triple Aim

As we continue to move toward contracts that have more risk associated with them, each of these aims becomes increasingly more important as our financial support is dependent on our successfully improving them.

Key Survey Topics:
- Provider Communication
- Timely Appointments and Care
- Office Staff
Provider Communication

Previous Survey Provider Communication Results:

- Lower than the national benchmark

AND

- has the strongest influence on the overall patient experience

Holds the biggest opportunity for Improvement:

Provider:
- Explains
- Listens
- Respects
- Spends enough time
- Gives clear instructions
- Is aware of specialists’ care

*Improving the patient experience is EVERYONE’s responsibility*
Provider Communication

Things you can do to improve the patient experience

When appropriate, before the end of each visit, ask the patient one or more of the following questions:

• *How was your care today?*
• *Did you have all your questions answered?*
• *Do you need clarification on anything we discussed?*
• *Do you know what you need to do before your next visit?*
• *Tell the patient that your office is working hard to ensure their patients are satisfied, then ask them if you’ve succeeded today.*
## Patient Experience Surveys

<table>
<thead>
<tr>
<th>Element</th>
<th>CMP ACO Survey</th>
<th>CMP General Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Surveyed</td>
<td>Sample of 860 Medicare FFS patients</td>
<td>All patients under CMP contracts with a visit within 12 months of survey, except Medicare FFS</td>
</tr>
<tr>
<td>Timing</td>
<td>November - February</td>
<td>January - March</td>
</tr>
<tr>
<td>Survey Tool</td>
<td>CGCAHPS for ACOs, 6 month look back</td>
<td>CG CAHPS for PCMH, 12 month look back</td>
</tr>
<tr>
<td>Survey vendor</td>
<td>NRC</td>
<td>NRC</td>
</tr>
<tr>
<td>Physicians evaluated</td>
<td>All</td>
<td>Adult Primary care and Cardiovascular, Endocrinology, Pulmonary, Nephrology and OBGYN</td>
</tr>
<tr>
<td>Reports</td>
<td>Aggregated to entire ACO</td>
<td>Physician and office specific</td>
</tr>
<tr>
<td>Methodology</td>
<td>Mail Survey with telephone follow up</td>
<td>Mail survey</td>
</tr>
</tbody>
</table>
Reporting – General Survey

• CMP contracts with a research vendor to send out the surveys on behalf of your office. Your office’s name is on the cover letter and survey to encourage a better response rate.

• Physician and Office specific reports will be sent 2\textsuperscript{nd} quarter 2015 via e-mail.

• Not every physician / office will have a report. This will depend on the count of returned surveys by physician.

• Surveying your patients about their care communicates to your patients that you care enough to ask.

• Every report needs a champion in the office!

• Under the ‘Patient Experience’ tab at www.catholicmedicalpartners.org documents have been posted with helpful information improving patient experiences.

Questions? Contact Nancy Hourigan 862-2166 or via e-mail at nhouriga@chsbuffalo.org
2014 Patient Experience of Care Survey

PLEASE

In December, we will ask that you:

1. Inform your staff that this survey is taking place

2. Share survey materials with staff

*The more returns, the more reliable and actionable the information is for you.*
INSTITUTIONAL MEMBERSHIP & HEALTH PLANS
Institutional Members

Ambulatory Surgery
- Buffalo Surgery Center
- Buffalo Ambulatory Surgery Center
- Ambulatory Surgery Center of Western New York

Behavioral Health
- Catholic Charities (Monsignor Carr Institute)
- Spectrum Human Services
- Child and Adolescent Treatment
- Horizon Health Services

Other
- Buffalo Hearing and Speech
- Baker Victory Dental
- Windsong Radiology
Institutional Members

Hospitals
• Catholic Health System
• Mount St. Mary’s Hospital and Health Center
• Bry-lin Hospital
• Bertrand Chaffee Hospital &

Long Term Care
• McAuley Residence Nursing Home
• Mercy Nursing Facility at OLV
• Father Baker Manor Nursing Home
• St. Francis of Williamsville Nursing Home
• St. Catherine Labourè Health Care Center
• Jennie B. Richmond Nursing Home (BCH)
• Our Lady of Peace (MSMH)
Health Plans

1. FidelisCare - Medicaid, Medicare, Exchange
2. HealthNow - HMO Commercial, Medicare, Medicaid
3. Independent Health – Commercial, Medicare, Medicaid
4. Martin's Point Health Care - Military Dependents and Retirees
5. Medicare - CMS Shared Savings ACO FFS Medicare
6. MVP – Commercial, Medicare
7. Univera - HMO Commercial, Medicare
8. Wellcare - Dual eligibles, Medicare
Questions?

• Contact Nancy Hourigan 862-2166 or via e-mail at nhouriga@chsbuffalo.org
Program Overview

• 3-year contract with Medicare for Medicare Shared Savings Program
  – 287 participating practices

• Take care of a defined population of patients
  – Medicare FFS beneficiaries only
  – ~25,400

• Bend the cost trend to come under the Medicare-set budget at least 2.4%

• Score well on 33 quality measures for a chance to share in the savings
  – These measures replace reporting PQRS measures
# Outpatient Care Quality Measures:

it’s all about access to primary care

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>P4P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>• Medication Reconciliation 30-days post hospital discharge...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Screening for Falls Risk...</td>
<td>2014</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>• Flu &amp; pneumococcal Vaccinations...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• BMI screening &amp; follow-up...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Tobacco use and cessation intervention...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Depression screening and follow-up...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Colorectal &amp; mammography screenings...</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>• Blood pressure screening &amp; follow-up...</td>
<td>2015</td>
</tr>
<tr>
<td>Managing Chronic Conditions</td>
<td>• <strong>Diabetes</strong>: HbA1C control; LDL control; BP control; tobacco nonuse; aspirin use...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• <strong>Hypertension</strong>: BP control...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• IVD: LDL control; aspirin or another antithrombotic use...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• <strong>HF</strong>: Beta-Blocker therapy for LVSD...</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>• <strong>CAD</strong>: LDL medication; ACE inhibitor or ARB therapy for patients with CAD, Diabetes &amp;/or LVSD...</td>
<td>2015</td>
</tr>
<tr>
<td>Patient/Caregiver Experience</td>
<td>• Getting timely care, appointments &amp; information...</td>
<td>2014</td>
</tr>
<tr>
<td>(Data Collected via a survey)</td>
<td>• How well your doctors communicate...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Patients’ rating of doctor...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Access to specialists...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Health promotion and education...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Shared decision making...</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>• Health status/functional status...</td>
<td>2015</td>
</tr>
</tbody>
</table>
ACO Attribution Model - taking care of a defined population

**STEP 1:**
PCP (IM, FM, GP, Geriatrics)  
Tax ID Number (TIN)  
Attribution: patients with a PCP visit in the past 12 months, updated quarterly  
Patient must have at least one annual visit for continuous attribution

**STEP 2:**
SCP  
Tax ID Number (TIN)  
Attribution: patients with NO PCP visit in the past 12 months, for whom SCP billed any of the 99201-99215 codes  
Work to connect these MCR fee for service patients to a PCP

~3,900 or 15% of all ACO patients are attributed through Step 2

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How to Optimize Our ACO Performance

• PCPs: run reports to capture patients not seen in 12 months
• SCP: encourage patients to see their PCP at least annually
• Use EMR to help remind clinicians of the ACO quality measures for which we are responsible.
• Notify all Medicare FFS patients of your practice’s ACO participation. Provide CMP-ACO with the list of those patients.
  – We can request claims data on all notified patients=knowing where to look for data during next GPRO=less work for practices
Administrative Program Requirements

1. Display ACO poster, visible to all patients, in each participating location

2. Notify once each Medicare FFS patient of your participation in the program
   a. Document this notification— in case of future audit
   b. Provide CMP with the list of patients notified
   c. Give patient opportunity to decline to share claims data
      i. Not good for us if they decline
      ii. If they DO decline, have them sign the declination form and fax back to Sheree Arnold at 716-886-1721 or mail to Catholic Medical Partners
Questions
Nutrition Program Update
September 2014
Candi Possinger MS, RD, CDN, CDE
Manager; Nutritional Services
CMP Nutrition Program

• Started embedding RD’s into practices Jan 2011.

• Pediatric Practices
  – Childhood Obesity treatment/prevention

• Adult IM/FP, Endo
  – Diabetes Clinics → transitioned to Nutrition Chronic Disease Clinics

• OB/GYN
  – Gestational DM, Other high (nutrition) risk patients
Nutrition Service Allocation

2012
- OB/GYN: 10%
- Pediatrics: 27%
- Adult: 63%

2014
- OB/GYN: 8%
- Pediatrics: 23%
- Adult: 69%
CMP Nutrition Program

- 1 Manager; Nutritional Services (RD/CDE)
- 10 Registered Dietitians (3 CDE’s)
- 1 PT Program Assistant

<table>
<thead>
<tr>
<th>2013 Nutrition Program Breakdown</th>
<th>Jan 1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>Dec 31&lt;sup&gt;st&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Practices</td>
<td>40</td>
<td>51</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Adult</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
“Chronic Disease Nutrition Management Clinic”

• The following patients are appropriate patients to refer to this clinic:
  1) Hospital admissions within the last 12 months related to Chronic Disease, especially:
     • New onset Diabetes
     • Hypoglycemia
     • DKA
     • CHF
     • Medication administration or adherence related issues
“Chronic Disease Nutrition Management Clinic”

2) HCC Population with Nutrition Related Conditions

3) CHF

4) High/moderate risk Diabetes patients
   Type 1
   Type 2
“Chronic Disease Nutrition Management Clinic”

5) Post Cardiac (vascular) event
   – CVA
   – MI
   – Stent/bypass

6) Uncontrolled HTN/Dyslipidemia

7) Chronic Kidney Disease/CKD – especially stage 3 & 4
# Program Outcome Data

Overall Program outcomes (all patients regardless of Dx)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Baseline</th>
<th>Outcome</th>
<th>Amt Changed</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>426</td>
<td>8.1</td>
<td>7.03</td>
<td>-1.07</td>
<td>-13.21%</td>
</tr>
<tr>
<td>LDL</td>
<td>312</td>
<td>109.59</td>
<td>85.2</td>
<td>-24.39</td>
<td>-22.26%</td>
</tr>
<tr>
<td>HDL</td>
<td>216</td>
<td>43.32</td>
<td>49.59</td>
<td>6.27</td>
<td>14.47%</td>
</tr>
<tr>
<td>TG</td>
<td>317</td>
<td>220.93</td>
<td>144.32</td>
<td>-76.61</td>
<td>-34.68%</td>
</tr>
<tr>
<td>Weight</td>
<td>989</td>
<td>223.22</td>
<td>215</td>
<td>-8.22</td>
<td>-3.68%</td>
</tr>
<tr>
<td>BMI</td>
<td>795</td>
<td>35.92</td>
<td>34.6</td>
<td>-1.32</td>
<td>-3.67%</td>
</tr>
<tr>
<td>Sys BP</td>
<td>858</td>
<td>134.05</td>
<td>118</td>
<td>-16.05</td>
<td>-11.97%</td>
</tr>
</tbody>
</table>
## Program Outcome Data

### Diabetes outcomes

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Baseline</th>
<th>Outcome</th>
<th>Amt Changed</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>369</td>
<td>8.33</td>
<td>7.19</td>
<td>-1.14</td>
<td>-13.69%</td>
</tr>
<tr>
<td>LDL</td>
<td>254</td>
<td>104.3</td>
<td>80.93</td>
<td>-23.37</td>
<td>-22.41%</td>
</tr>
<tr>
<td>HDL</td>
<td>144</td>
<td>41.56</td>
<td>47.35</td>
<td>5.79</td>
<td>13.93%</td>
</tr>
<tr>
<td>TG</td>
<td>225</td>
<td>225.56</td>
<td>149.02</td>
<td>-76.54</td>
<td>-33.93%</td>
</tr>
<tr>
<td>Weight</td>
<td>662</td>
<td>224.26</td>
<td>216</td>
<td>-8.26</td>
<td>-3.68%</td>
</tr>
<tr>
<td>BMI</td>
<td>526</td>
<td>35.88</td>
<td>34.6</td>
<td>-1.28</td>
<td>-3.57%</td>
</tr>
<tr>
<td>Sys BP</td>
<td>595</td>
<td>134.95</td>
<td>118</td>
<td>-16.95</td>
<td>-12.56%</td>
</tr>
</tbody>
</table>
REGISTERED DIETITIANS / OFFICE COLLABORATION OPPORTUNITIES
Medicare Annual Well Visit

- An initial annual well visit within the first 12 months of coverage providing “personalized prevention plan services”
- Subsequent annual well visits at least 12 months a part.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0438</td>
<td>AWV includes PPPS, initial</td>
</tr>
<tr>
<td>G0439</td>
<td>AWV includes PPPS, subsequent visit</td>
</tr>
</tbody>
</table>
Annual Well Visit Tips

- May be performed by physicians, physician assistants, nurse practitioners, registered dietitians
- Only 1 initial AWV per beneficiary per lifetime
- The AWV is not a routine physical, it is a preventive wellness visit
- No coinsurance or co-pay for the patient for the AWV
- Additional E/M services can be billed on the same day if medically necessary
Annual Well Visit Elements

• Health Risk Assessment – self reported information must include:
  – Self assessment of health status
  – Psychosocial risks
  – Behavioral risks
  – Activities of Daily Living/ADLs
  – Instrumental ADLs (shopping, housekeeping, finances)
  – Demographic information

A sample HRA is posted on the CMP website
Annual Well Visit Elements

• Patient’s medical, surgical and family histories
  – Current medications and supplements
  – Allergies
  – Current treatments
• Risk for depression: PHQ2 or PHQ9
• Functional ability/safety including:
  – Fall Risk
  – Hearing or Visual Impairment
  – Home Safety
  – Ability to Perform ADLs
Annual Well Visit Assessment

• Measurements including
  – Height, Weight, BMI
  – Blood Pressure
• List of current providers
• Cognitive function assessment

HCC Coding: Annual Well Visits provide an excellent opportunity to ensure coding accuracy which needs to be re-established each year
Importance of Appropriate Coding

Appropriate (accurate and specific) coding and documentation can:

• Identify complexity of patient population:
  – Severity and historical conditions of your patients are fully accounted for.
  – CMS is adapting fully risk-adjusted payment model explained in earlier slides.

• Ensure continuity of care:
  – When you or other provider see the patient again, appropriate coding and documentation provide a full picture.

• More accurate profiling:
  – More accurately identify high-risk patients, plan follow-ups or proactive/preventative care to improve quality.

• Get a fair share of CMP incentives:
  – Your coding and documentation ensure accurate calculation of current and future CMP incentives that will be distributed to you.
    • (ex. Risk contracts, ACO Shared Savings)
Focus of Improvement

According to historical records and CMS HCC coding guidelines, we identified the following 4 areas for improvement:

1. Unspecified diabetics
   - Patients with only 250.00 reported on a claim w/o a more specific diabetes dx
   - Elder population tend to have diabetes w/ complications. Document what exactly is the complication.

2. Fallout diagnosis
   - A diagnosis (usually chronic) that was reported on a claim one year, but “fell off” the following year.
   - Absence of chronic conditions in coding greatly reduces HCC score and reduces payment for the next year.

3. Status codes
   - Supplementary codes, informational in nature. You don’t need to treat those conditions, just need to consider them when treating the patient.
   - Appropriate status codes contribute to accurate HCC score.

4. Monitoring for chronic kidney disease (CKD)
   - CKD often gets overlooked and undocumented. Pay close attention to patients w/ hypertension and diabetes
How much does it matter??

<table>
<thead>
<tr>
<th>HCC</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCC 19</strong> 250.00 Diabetes with no complications</td>
<td>0.200--$400</td>
</tr>
<tr>
<td><strong>HCC 18</strong> 250.5X D. w/ophthalmic manifestations</td>
<td>0.343</td>
</tr>
<tr>
<td><strong>HCC 17</strong> 250.1X-3X D. w/acute complications</td>
<td>0.391</td>
</tr>
<tr>
<td><strong>HCC 16</strong> 250.6X D. w/neurologic manifestations</td>
<td>0.552</td>
</tr>
<tr>
<td><strong>HCC 15</strong> 250.4X D. w/renal or peripheral</td>
<td>0.764--$1,800</td>
</tr>
<tr>
<td>circulatory manifestations</td>
<td></td>
</tr>
</tbody>
</table>

Note: Some categories have a hierarchy, (such as diabetes) in such categories, only the highest HCC would count
ACO Model: A Feedback Loop

- HCC scores are used in determining our annual ACO budget
- Metrics are used to determine quality of care provided to the ACO population
- **Example: 250.00 (unspecified diabetes)**
  - Receive base HCC score=less $$
  - If patient is more complicated, than the budget
  - $$ not allotted in the budget are spent on providing quality care
  - <$$ left eligible for shared savings
QUESTIONS
Catholic Health’s Stroke Care Network:
The most NYS Designated Stroke Centers in the region.

Achieved Joint Commission Stroke Center Designation

– Mercy Hospital- Comprehensive Stroke Center by Joint Commission and American Heart Association.
– Kenmore Mercy- 1st Joint Commission Stroke Center in WNY

Recognized by American Heart Association/ American Stroke Association for

– Get with the Guidelines Stroke Gold Plus Award
– Kenmore, Mercy and St Mary’s-
  Target Stroke Honor Roll Award
Cardiovascular Service Line
Recognized Leader In Advanced Cardiac Care

**Healthgrades-**
Cardiac Surgery Excellence Award™ (2014)
One of America’s 100 Best Hospitals for Cardiac Surgery™ (2014)
Five-Star Recipient for Coronary Bypass Surgery (2011-14)

**Society of Thoracic Surgeons-**
Top 13% Nationwide for Heart Surgery (2013)

**BlueCross BlueShield of WNY:**
Blue Distinction Centers (2013)
Taking Care of Your Heart

Cares for more cardiology patients in Western New York - 3 years in a row (48%)

Grows geographic footprint - Orleans County

Expands heart program - Dr. Mark Adkins - Cardiothoracic Surgeon

6th Annual Cardiovascular Symposium
Saturday, October 4th, 7:30 am - 3:30 pm
Millennium Hotel
6.5 CME Credits
Vascular Service Line

We do more than just legs

Performs more vascular procedures in Erie County (52%)

Growing vascular service with addition of 3 more surgeons-
- Dr. Daniel Kassavin & Dr. Aimee Swartz - Vascular Endovascular Center of WNY
- Dr. Hamed Taheri - Vascular Associates of WNY

Established a new fellowship program - Dr. Gregory Clabeaux

Expanding vascular coverage throughout WNY -
- Vascular Endovascular Center-Lewiston, Buffalo, Amherst
- Vascular Associates of WNY- Orchard Park, Derby
Musculoskeletal Service Line
The Best of the Best - Nationally

HealthGrades® -
Orthopedic Excellence Award™ -
  Kenmore Mercy
  - Top 5% in the nation

America’s 100 Best Hospitals for
Orthopedic Surgery™ - Top 10%
  - Kenmore Mercy - 2nd in New York State
  - Mercy Hospital - 7th in New York State

America’s 100 Best Hospitals for Joint Replacement -
  Kenmore Mercy - 7 years in a row!
HealthGrades®
Spine Surgery Excellence Award™
Mercy Hospital
– Top 5% in the nation- 1st in New York State

The Joint Commission –
Gold Seal of Approval® for Hip and Knee Joint Replacements (2013)- Kenmore Mercy

» 1 of 12 hospitals in New York State to earn this dual distinction
» Only hospital in Western New York.
From Fingertips to Toes

Welcoming new physicians

- Dr. Andrew O’Hara - Buffalo Medical Group
- Dr. Tobias Mattei - Invision Health/Brain and Spine Center
- Dr. David Pula - Southtown’s Orthopedics Group

Cutting edge technology

- MAKO robotic for knee and hip replacement

Providing support with Stroke and Amputee Support Groups

- Amputee Support Group - Last Wednesday of every month
- Stoke Support Group - 2nd Saturday of every month
Women Service Line
Taking Care of Moms and Babies

Specialized programs that touch women throughout their entire lives

Delivers more babies in WNY (53%)
- Over 5700 babies in 2013
- Baby Cafes-support for new moms

Performs more breast and gynecological surgery
- “GYN Epicenter” training site for advanced robotic-assisted surgery

Ensuring your patients receive the best coordination of care, refer to a Catholic Health Women’s care provider
Home & Community Based Care
Extends a helping hand

Work with office staff to individualize patient’s home care plan

- Palliative Care
- Cardiac Team

- IV Team
  - Rehabilitation

Collaboratively assess patients for the appropriate level of care

- ER Diversion
- Sub acute Rehab
- Long Term Care - can arrange for a PRI/Screens
What is the LIFE Program?

- **Two new Social Day Programs** with Catholic Charities
  - 128 Wilson Street, Buffalo
  - St Benedicts, Main St and Eggert, Amherst
- **Primary Care Physician can have relationship with patients in LIFE program**
  - Consultant basis only
  - LIFE PCP will manage every day care for participants
Physician Education Opportunities

**October 4th**- Sixth Annual Cardiovascular Symposium (6.5 AMA and CME credits)

**October 16th**- Surgical Treatment of Complex Spinal Deformities: Pitfalls and Outcomes (2 CME credits)

**November 1st**- Catholic Health's 2nd Annual Neurosciences Rehab Symposium (5 CME credits)

**November 12th**- Thoracic Vascular Disease: A Vascular Surgeon's Perspective (2 CME credits)

**December 6th**- Revolutionary Robotics: Surgery Beyond Limitations (4 CME credits)

**December 16th**- The Upper Extremity: A Review of Treatment for Common Shoulder/Hand Injuries (2 CME credits)
Carrie Raimy
Director, Physician Relations
Cardiovascular, Musculoskeletal, Neuroscience, Vascular Service Line
Kenmore Mercy Hospital

Dawn Hart
Physician Relations, Mercy Hospital of Buffalo

Bridget Conti
Physician Relations, Women’s Service Line and Sister of Charity Hospital

Deb Kopacz
Manager, Community Outreach
Home and Community Based Care

Lynn Ficorilli
Regional Marketing Representative
Home and Community Based Care

Karen Shalke
Regional LIFE Representative
Questions

Thank you!
David Nielsen
Director, Information Technology and Internal Operations
Catholic Medical Partners Website
As members of Catholic Medical Partners we promise to set a higher standard of care in Western New York. We promise to give the patients who choose us a resounding voice in their health care. We promise to listen. We promise to educate. We Promise to advocate. We promise to focus as much of our energy on prevention as we do on treatment. We promise to utilize leading-edge technologies and best practices. We promise to work together to coordinate your care. And, We promise to care for the patients who choose us—mind, body and spirit. That is our mission. That is our calling. That is our Promise to you.
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What makes us different?
Information for Medicare Fee for Service beneficiaries Read More
Questions
THANK YOU
HAVE A GREAT WEEKEND!