

2016

Baystate Medical Practices Annual Report - 2016

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2016 ANNUAL REPORT

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(PURCH)



Baystate
Medical Practices



Baystate
Health



University of
Massachusetts
Medical School

Together we deliver a higher state of caring.®

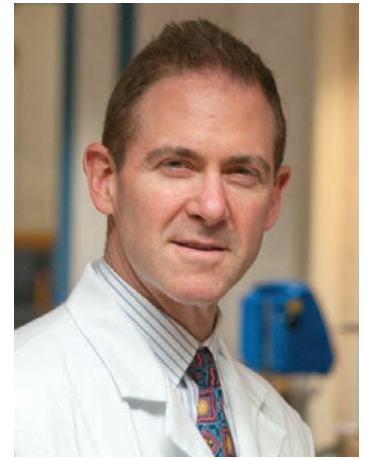
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A message from the President

Andrew W. Artenstein, MD

Chief Physician Executive and Chief Academic Officer, Baystate Health
President, Baystate Medical Practices
Regional Executive Dean, University of Massachusetts Medical School-Baystate
Professor of Medicine, University of Massachusetts Medical School-Baystate



The year 2016 will be remembered as both a year of transition for Baystate Medical Practices (BMP) and also for the tremendous accomplishments our provider organization has realized. On the transitions front, BMP welcomed Betty LaRue as our new chief operating officer earlier in the year. Betty has truly galvanized the entire BMP team towards improving the service—both clinical and administrative—we deliver to our patients and referring providers. Because we are such a large, regionally diverse, and complex organization, our challenges are broad and multifaceted, but we have made significant progress in a very short time towards mastering them. This past year we also welcomed a new chair, Department of Surgery and three inaugural associate deans for our new regional medical school campus, University of Massachusetts Medical School-Baystate. In a final transition for the year, I was honored to accept the mantle of leadership for BMP after serving for the preceding four years as the chair, Department of Medicine, Baystate Health.

Among a host of other accomplishments in 2016, we formalized our vision:

BMP will be the premier provider organization in the region and by 2020 will be nationally recognized for delivering and evaluating high value health services and innovative medical education across a regionally integrated, strategically aligned system.

And we adopted a set of “Guiding Principles” as we advance towards our vision:

- Our #1 priority is to serve patients with clinical excellence
- We treat all patients and families in every community equitably, with respect and dignity, at all times
- We make every effort to see patients when they need or want to be seen
- We respectfully work together as partners in our patients’ care and exceed their expectations
- We communicate with patients and other providers in a timely and meaningful manner
- We are committed to educating the health care providers of the future and to improving clinical care through research
- Every member of the health care team—both clinical and administrative—is empowered to ensure we consistently adhere to our guiding principles.

In the pages that follow, you will read about numerous accomplishments from the many clinical/academic departments, service lines, regions, and offices that comprise BMP. You will also see several stories highlighted; these are just a few of the many good works that occur on a daily basis in our organization, and highlight teamwork and collaboration. These achievements are due to a commitment to excellence by BMP providers and staff in our compass points of safety, quality, patient experience, value, and a main driver—academic innovation.

A handwritten signature in black ink, appearing to read "Andrew W. Artenstein". The signature is fluid and cursive, with a large, stylized initial "A".

Andrew W. Artenstein, MD



A message from the COO

Betty LaRue, MN, RN

Chief Operating Officer, Baystate Medical Practices

Vice President, Baystate Health Ambulatory Operations, Baystate Medical Center

FY 2016 was my first (partial) year as the chief operating officer of Baystate Medical Practices. During this time, I believe we made significant strides in several key areas that contribute towards achieving Baystate Health's 2020 vision:

Access to care. This is an issue that impacts each of the compass points of our institutional vision: Safety, by ensuring that patients have their health needs addressed in a timely fashion; Quality, through making sure patients interact with our highly skilled primary care and specialty providers; Patient Experience, by reducing the "hassle" factor; and Value, by optimizing our provider capacity for new and return patient visits. Access to care is one of our BMP "Guiding Principles," described by Dr. Arstein in his commentary. Based on national best practices, we redesigned and restructured Access and Referral Services to align with service line teams; built schedules to improve access across regional sites; simplified and standardized appointment types; and built scorecards and metrics to measure progress. The work by our many teams resulted in more than 16,000 new patient visits in 2016, and this important work continues.

Regional integration/collaborative agreements. An integrated, expanded health system is essential to fulfilling the "Baystate promise" of safe, high quality, high value, patient-centered care at every site that bears the Baystate name. This past year, we initiated collaborative agreements with two community primary care groups, renegotiated our collaborative nephrology contract, and finalized the onboarding of Baystate Wing medical staff into BMP. Working with service line leaders, our teams expanded/integrated programs and services in Primary Care, Urology, Orthopedics, Neurosciences, Cancer, Heart and Vascular, Obstetrics, Emergency Medicine, and Hospital Medicine.

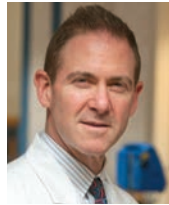
Financial performance. Our teams worked to reduce costs by \$4.6 million; this, coupled with volume growth and expense management, resulted in BMP year-end performance \$0.8M favorable to budget. Service line profitability through the third quarter of 2016 showed positive margin growth in Oncology, Heart and Vascular, Neurosciences, Pulmonary, Digestive Health, Orthopedics, and Medicine. In other service lines and clinical areas—our Community Health Centers, Primary Care, Children's Hospital, and Surgery—we realized improved performance.

Finally, this year we implemented BMP service line quality report cards modeled after the BH compass points of Safety, Quality, Patient Experience, and Value. In it, effectiveness measures are linked to next generation ACO clinical measures. Additionally, we reorganized leadership structure within BMP to more tightly align with their function. We revised and expanded administrator job descriptions to that of BH program directors with dual reporting to chairs/service line directors and to the COO; implemented monthly administrative leadership and program director meetings; and incorporated program directors into monthly physician leadership team meetings. Survey results indicate improved collaboration, communication, and alignment within the BMP administrative team due to these changes. I am looking forward to continuing the momentum in the current year.

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Aaron Kugelmass, MD



Betty LaRue, MN, RN

BH MISSION STATEMENT

To improve the health of the people in our communities every day, with quality and compassion.



David Maguire, MD



Ray McCarthy



Wilson Mertens, MD



Dennis Oh, MD



Sara Rourke, MD



Barry Sarvet, MD



Joseph Schmidt, MD



BMP Leading the Way to Population Health

Evan Benjamin, MD, MS

Chief Quality Officer and Senior Vice President, Quality and Population Health

This past year BMP has made great strides in helping our health system achieve the “triple aim” of improving the health of the population we serve, improving the experience of care and lowering per capital costs. Our priority to improve the value of healthcare here in western Massachusetts has resulted in a number of achievements:

- BMP has succeeded in a number of “Bundled Payment” programs where payment is bundled over a 90-day period so that quality and costs of care are tracked and improved.
- BMP entered into the “next generation” ACO—a new advanced ACO for providers willing to take up and downside risk to manage a population.
- BMP has expanded the number of patients served through growth of a base of primary care providers and affiliation with other providers. These patients set the table for population-based payment in the future.
- BMP is successfully participating in the Pioneer Valley Information Exchange (PVIX) to share data on the patients in the valley and in the Cortext secure texting vehicle, improving communication between providers.
- BMP has created new care models to improve the coordination and navigation of patients with chronic illnesses. From the use of care managers in our practices to agreed upon protocols, BMP is improving the care of our patients.

“Population health” means moving from a fee for service world where we get paid just for the volume of work to a world in which we share more accountability for outcomes and the overall care of patients across episodes of encounters and the continuum of care.

Even with the recent election results the path away from volume-based, fee for service medicine toward value-based global payment medicine is not going away. The economic forces driving healthcare change are still very much in place. Healthcare spending remains at an unsustainable level at 18% of gross domestic product (GDP). Providers will continue to experience a changing payment model that increasingly rewards population health, value and the ability to be more patient-centered.

Instead of talking Obamacare/ACA, the language in a Republican controlled government will be Medicare Access and CHIP Reauthorization Act (MACRA). MACRA was a bipartisan approved bill that changes the way physicians are to be paid, creating incentives to join alternative payment models like Accountable Care Organizations (ACOs) and Bundled Payments. This will continue to shape the business and clinical models of care for some time.

The concepts of population health affect us as a practice group. How must we practice in this new world?

1. We must continue to focus on improving quality and patient safety. Medical errors still account for nearly 25% of cost of overall care.

2. We must focus on reducing hospital readmissions.
3. We must focus on providing evidence-based medicine and the most appropriate care for our patients (using recommendations from guidelines or the “choose wisely” campaigns).
4. We must improve our ability to coordinate care and communicate with each other.
5. We must continue to promote patient-centered care including improving patient engagement and compassionate shared decision-making.

BMP has been digging into the world of “population health” to be ready for the changes. There is more work ahead to reduce readmissions, advance evidence-based care, improve end of life care, and partner with post-acute providers.

This population health transformation will be a long journey that we all hope will maximize efficiency and coordination of care for patients in our community. As with other quality initiatives, I am confident BMP will succeed in this new era.

Performance Dashboards

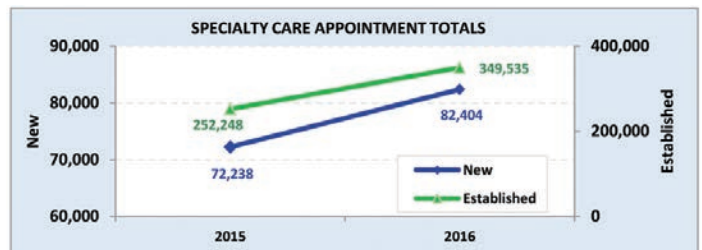
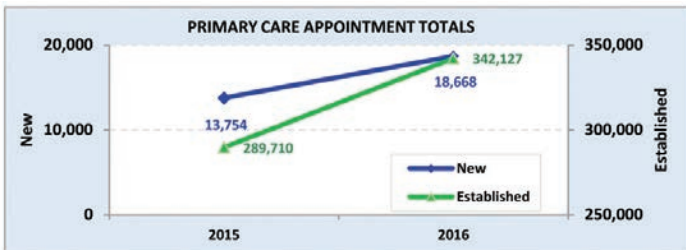
ACCESS

We prioritize easy access to care for new and established patients in our community. The goal is third next available appointment within 14 calendar days.



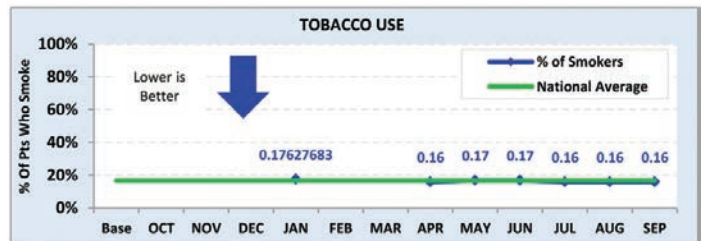
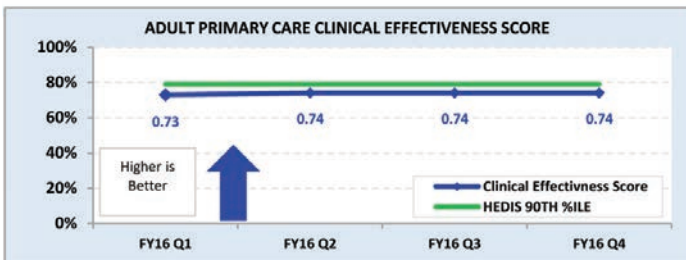
GROWTH

We measure growth in primary care by panel size or covered lives. All primary care practices including the health centers accept new patients. Specialty care is measured by visits and ratio of new patients. Primary care and specialty practice are growing and steadily increasing visits.



QUALITY

Quality metrics align with risk contracts and the ACO measures. The primary care clinical effectiveness score is a composite of preventive care and disease management process measures. For all of BMP, we track the percent of patients who smoke with the goal of improving the health of all.



Culture of Safety



Doug Salvador, MD, MPH

Vice President, Medical Affairs, Baystate Medical Center

BMP providers have been working with colleagues in every discipline to focus on teamwork for better patient care. We know that using standards of communication, managing conflicts well, ensuring mutual respect, and creating environments where everyone feels comfortable sharing information and seeking help directly correlates with better patient care outcomes.

Over the past two years, providers in Surgery, Emergency Medicine, and Obstetrics have taken the lead to create a culture of safety in their workplace with support from the Department of Healthcare Quality. This has included committing to having face-to-face conversations with nursing colleagues to share the plan of care for patients receiving emergency care, and formalizing a twice daily safety huddle in Obstetrics where nurses, residents, and attendings equally contribute information about patient status on labor and delivery. In surgery, staff have been asked to speak up and raise concerns about patient care and more team members are contributing crucial information essential for safe care. One team member commented, "I have seen and heard many great examples of people speaking up in environments in which they were once fearful to do so."

In September 2016, staff and provider perceptions of safety culture were measured for the second time in these areas. Significant improvements were made in team perceptions of respectful behavior, psychological safety, and team learning to fix problems in many, but not all of the areas where work was done. People have tackled the hard work of changing culture with the understanding that it creates the foundation for learning and excellence in patient care. These teams can point to specific improvements and better outcomes. The work to create safer environments for practicing medicine continues in Critical Care, Cardiac Surgery, Pharmacy, and Children's Hospital.



Office of Education UMMS-Baystate

Kevin T. Hinchey MD, FACP

Interim Chair, Department of Medicine,
University of Massachusetts Medical School-Baystate
Chief Education Officer, Baystate Health

Associate Dean of Education, University of Massachusetts Medical School-Baystate
Associate Professor, University of Massachusetts Medical School-Baystate

The biggest news in education this past year at Baystate Health is the formation of the first regional medical school campus in western Massachusetts. The University of Massachusetts Medical School (UMMS)-Baystate brings the community's medical school together with the community's medical center in a landmark partnership to develop the next generation of physicians and increase the supply of primary care doctors in Massachusetts. The Population-based Urban and Rural Community Health (PURCH) track will emphasize primary care—a pillar of UMMS education—and will focus on care for underserved patients in both rural and urban areas. The PURCH track will focus on developing physicians who are empathetic, self-reflective diagnosticians, who value teamwork and who are leaders that can be led. UMMS-Baystate will open doors for all Baystate Health providers to become more involved in teaching the next generation of medical students.

The next major highlight is the creation of the Baystate Education Research and Scholarship of Teaching (BERST) Academy. BERST Academy is a teaching academy—a collaborative community of educational teachers and scholars—similar to academies established at UCSF, Duke, and Harvard. Teaching academies in health professions education recognize and develop teachers as well as provide communities of practice around educational domains. Under Rebecca Blanchard, PhD, BERST Academy will rely on six key faculty (including three physicians, one nurse, and two professional educators) who have advanced training and expertise in education, to teach an inaugural class of 18 participants. These participants represent 12 departments and eight professions including nursing, midwifery, pharmacy, physicians, administrators, physician's assistant, medical physicist, and nurse practitioners. This diverse group reflects the variety of learners trained at Baystate. Through professional development and opportunities for collaboration, BERST Academy will build a community of teachers and education scholars at Baystate.

Finally, we are excited to welcome Dr. Heather Sankey as our new Designated Institutional Official (DIO). The DIO oversees all graduate medical education at Baystate Medical Center. Dr. Sankey brings considerable experience as a leader, demonstrated by her roles of president of the medical staff and president of the Hampden District Medical Society. She also fosters a passion for education, most recently as program director of the Ob/Gyn residency program for 12 years. These credentials make Dr. Sankey the ideal candidate to lead our training programs.



Office of Research UMMS-Baystate

Peter D. Friedmann, MD, MPH, DFASAM, FACP

Chief Research Officer, Baystate Health

Associate Dean for Research, University of Massachusetts Medical School-Baystate

Professor of Medicine, University of Massachusetts Medical School-Baystate

FY 2016 was another excellent year for Baystate research. Our investigators received \$7.41 million in sponsored research funding, surpassing \$6.96 million in FY15. Research grant funding rose to \$4.985 million from \$4.640 million in FY15. Researchers received 41 new awards in FY16 that will bring in over \$4.4 million over their project periods and submitted 47 research proposals, a 38% increase from FY15. Investigators published 124 peer-reviewed articles, and the impact factor of the journals in which Baystate articles appeared rose to 3.51, from 3.31 in 2015.

The Office of Research has made significant progress towards ensuring the sustainability of Baystate's research enterprise. Indirect funds were invested to support new internal funding mechanisms to provide clinician-investigators with pilot data and protected time for research and grant-writing; the first round of internal grants funded seven investigators. A new financial monitoring and reconciliation process has improved transparency and accountability, reducing deficits from non-cost reimbursed research from \$200,000 in FY15 to break-even.

Longstanding impediments to research are being resolved—process improvements streamlined IRB forms from 64 pages to 14 pages and dramatically reduced median time from IRB submission-to-approval more than 33%, exceeding national medians for similar institutions. The Office of Research also added a data scientist to meet the data needs of researchers, established a Research Development Division to help researchers respond to funding opportunities, and launched a new quarterly newsletter *The Innovator* to showcase Baystate's outstanding research and numerous academic innovations. Furthermore, with partners at University of Massachusetts Medical School and UMass-Amherst, we have begun to develop two research entities, the Institute for Health Care Delivery and Population Science and the Center for Clinical and Translational Investigation, that will provide support and infrastructure for UMMS-Baystate investigators. Finally, the Baystate Research Advisory Council was formed and completed a strategic plan for Baystate Research that aligns research priorities with those of Baystate Health to advance the safety, quality, patient experience, access, equity and value of patient care, and improve the health of the community we serve.



Office of Faculty Affairs UMMS-Baystate

Amy S. Gottlieb, MD, FACP

Chief Faculty Development Officer, Baystate Health

Associate Dean for Faculty Affairs, University of Massachusetts Medical School-Baystate

Professor of Medicine and Obstetrics & Gynecology, University of Massachusetts Medical School-Baystate

In concert with the new University of Massachusetts Medical School (UMMS) affiliation and to support Baystate's commitment to academic innovation and the career development of its physician-faculty workforce, the Office of Faculty Affairs at UMMS-Baystate (OFA) was launched in November 2015 with the hire of its inaugural associate dean, Amy S. Gottlieb, MD. The OFA is responsible for faculty-related matters including appointment and promotion, professional development, recruitment and retention, and diversity and gender-equity initiatives. In its first year, OFA designed policies, procedures, and databases to transition the 650 faculty throughout our health system to new academic appointments in compliance with UMMS standards, and engaged faculty and Baystate Health leadership to facilitate adherence to identified timelines for transition. Additionally, the Office partnered closely with UMMS senior leadership to create and deploy organizational infrastructure, such as appointment and promotion committees and academic administrators, to support the 10 new medical school departments at UMMS-Baystate and secure participation of Baystate physician faculty in professional development opportunities at UMMS in Worcester.

Since its inception, the OFA has forged collaborations with Baystate Health leadership to integrate the UMMS-Baystate academic mission into strategic planning, compensation metrics, and job descriptions and align component support systems such as Marketing and Human Resources to cultivate a diverse workforce and enhance recruitment and retention of physician-faculty. Major initiatives for 2017 will be to design programming and secure funding for centralized support of junior faculty scholarship and professional development to engage and grow the faculty workforce that fuels Baystate Health's academic innovation and its affiliation with UMMS.

Transition to UMMS-Baystate Faculty	
UMMS-Baystate medical school leadership (e.g., Dean, Associate Deans, Chairs)	18
DPAC members	30
Admissions Committee & departmental leadership	38
Departmental leadership & other	70

Appointments <i>Faculty Transitioned to Date (November 2016)</i>	
Total	156



Office of Admissions UMMS-Baystate

Heather Z. Sankey, MD, FACOG, CPE

Vice Chair, Department of Ob/Gyn, University of Massachusetts Medical School-Baystate
Designated Institutional Official, Baystate Health

Director of Admissions, University of Massachusetts Medical School-Baystate

Associate Professor, University of Massachusetts Medical School-Baystate

We've had a very busy year for our first UMMS-Baystate Admissions. Applicants first apply to the University of Massachusetts Medical School and are sent a supplementary application with information about the PURCH track. When applications are completed, UMMS "readers" review each file for academic strength and general fit with UMMS. Every applicant chosen to interview with UMMS who has indicated interest in PURCH is sent to our UMMS-Baystate readers for review. We decide whether to offer an interview for PURCH based on a review of their application, focused on interest in population health, healthcare disparities, and a connection to western Massachusetts. If we decline to interview for PURCH, then the applicant will interview only at UMMS.

Applicants are scheduled to spend half a day with us in connection with the full day interview and orientation at UMMS. They start with an orientation to Baystate Health with Andy Arstein, MD, the executive dean, Kevin Hinchey, MD, associate dean for Education, Heather Sankey, MD, director of Admissions and Sam Borden, MD, associate director of Admissions, with help from our amazing staff: Jane Sicard, Amanda Duda, and Justin Ayala. We have an engaged group of BMP providers, nurses, and members of the PFAC who participate in the multiple mini Interview process for the applicants, where they rotate through six stations, focused on an interesting case to discuss with the interviewer. Applicants then go on a tour of Baystate Medical Center and downtown Springfield, before returning for lunch with the deans and department chairs at BMC. So far, we have interviewed 53 applicants and offered admission to four, all of whom have indicated an intention to matriculate, although that can change as other acceptances are received. All four are Massachusetts residents, and one grew up in Springfield.

Admissions PURCH 2017	MD		MD/PhD
	MA	Non-MA	
Application Process			
Applications started	139	200	12
Applications completed	71	55	4
Applications reviewed	65	50	4
Decision to Interview	59	38	3
On Hold	2	4	1
Do not interview	4	15	0
Withdrawal	0	1	0

Interview Process	MA	Non-MA	MD/PhD	Total
Interviewed	35	17	1	53
Offer a position	4	0	0	4
Rejected by Admissions	1	0	0	
Intent to Matriculate	4	0	0	4



L-R: Peter Friedmann, MD,
Kevin Hinchey, MD, Heather Sankey, MD,
Amy Gottlieb, MD, Andrew Artenstein, MD

UMass Medical School-Baystate Partnership

Baystate Health and the University of Massachusetts Medical School (UMMS) have partnered to open a regional campus of the medical school (UMMS-Baystate) for students wishing to pursue an innovative track focused on primary care, population health, and integrated health care delivery. The Population-Based Urban and Rural Community Health (PURCH) track is designed to prepare students to practice medicine in the much-needed areas of rural and urban primary care.

The partnership is planned to expand medical education activities to all Baystate Health facilities, from urban tertiary care at Baystate Medical Center, to Baystate Health's community health centers in Springfield, to community-based care provided throughout the region, including Baystate Wing Hospital, Baystate Franklin Medical Center, and Baystate Noble Hospital.

One key to improving a community's health is improving access to effective primary care. Population-based health care takes a proactive approach to health, focusing on disease prevention and wellness as well as treating both acute and chronic disease. By training more primary care physicians in western Massachusetts and training them to work in teams with patients and other providers across the spectrum of care, the program will help ensure a healthier future for our communities.

"Students will learn not only the science—anatomy and physiology—but also what makes patients, their families, and their communities tick," says Andrew Artenstein, MD, chief physician executive and chief academic officer, Baystate Health and executive regional dean of UMMS-Baystate. "We're teaching them how to function as part of a multidisciplinary team caring for the whole patient and the community in which they serve."

PURCH's goals are to:

- Increase access to an affordable medical education for students in Massachusetts
- Increase the number of Massachusetts physicians trained in urban and rural primary care to better meet health care needs in the state
- Apply proven academic research to improve population health, reduce health disparities, and improve health care integration

Enrollment begins in the 2017-18 academic year and will start with 25 students. The interview process for candidates for the inaugural class (class of 2021) of UMMS-Baystate has begun. Once matriculated, students will complete their basic science courses at the Worcester campus and will receive an augmented curriculum in Springfield. They will complete their clinical work at the UMMS-Baystate campus.

"The program is committed to making students well rounded, highly educated, compassionate, and caring physicians," says Artenstein. "When they graduate, they will be highly skilled, 21st century physicians prepared to practice medicine in diverse urban and rural communities, focusing on underserved populations."



L-R: Fayla Anderson, RN, Rajiv Padmanabhan, MD, Sunanda Nanduri, MD, Amanda Ciecko, Neurology Outcomes Associate, Kristine Morin, RN, Edward Feldmann, MD

Team Approach to Stroke Saves Lives

In 1996 a clot-busting drug called Tissue Plasminogen Activator (TPA) revolutionized treatment for stroke patients. For the first time, providers had a way to treat the effects of stroke as it happens. The effectiveness of TPA and other newer treatments depends on teams of providers, sometimes at multiple locations within Baystate Health, working with precision to get the patient seen, assessed, and treated as quickly as possible.

“TPA fostered the creation of a different kind of team because the drug must be administered within a few hours of onset to be effective,” says Edward Feldmann, MD, vice president and medical director of Neurosciences. “And it must be available 24/7, 365 days a year.” There must be coordination between the patient or family members, emergency medical personnel, Emergency Department staff, the neurologist, and providers.

Telestroke Services

Neurologists at Baystate Medical Center remotely evaluate stroke patients at locations where there is no neurologist on call. If a patient experiencing symptoms of stroke presents at Emergency Departments at Baystate Franklin Medical Center, Baystate Noble Hospital, or Baystate Wing Hospital, team members can connect via Internet with a neurologist at Baystate Medical Center through secure software. The neurologist can see the patient on screen and conduct a full neurological exam remotely. Nurses or medical assistants who are “telepresenters” during the process are vital, as they help conduct the exam in coordination with the neurologist.

The neurologist also can view laboratory and scan results remotely. If a stroke diagnosis is confirmed, providers administer TPA, and patients can be safely transported to Baystate Medical Center if necessary. Receiving a neurological consult without a neurologist in the building saves these patients a 30- to 45-minute ambulance ride to the hospital for an initial evaluation—which can save brain function.

New Treatment

In a new procedure for stroke patients, a catheter inserted into an artery in the brain removes the blood clot. Baystate Medical Center is the only hospital in western Massachusetts performing the procedure.

“We have seen dramatic improvement in certain stroke patients when combining intravenous TPA and catheter-based treatment as soon as possible,” says E. Jesús Duffis, MD, Neurointerventional Surgery, Neurology, Baystate Medical Center. “Collaboration and teamwork among Emergency Department, Neurology, and Neurosurgery physicians helps identify patients most likely to benefit from this strategy.”

Farhad Bahrassa, MD, a neurosurgeon, Baystate Medical Center adds that with or without TPA the procedure is safe, effective and often the best option for the most severe cases of stroke due to a blocked brain artery. “Our team,” he says, “has seen many incredible patient successes.”



TAVR Offers Option For High Risk Patients

L-R: Ashequl Islam, MD,
Noel Harrington, MSN, RN, CCRN,
Aaron Kugelmass, MD,
Joseph Flack, III, MD

Patients with severe aortic valve stenosis previously considered inoperable, high risk or intermediate risk today can benefit from transcatheter aortic valve replacement (TAVR), a less invasive, catheter-based approach that involves inserting a stented tissue valve and replacing a failing aortic valve.

TAVR, performed at Baystate Medical Center since 2012, involves a small incision in the patient's leg and a catheter placed into the heart, similar to angioplasty. The procedure extends the benefits of heart valve replacement to people whose age or other health issues previously had left them with either no remedy for this life-threatening condition or high operative risk.

"We're taking a high risk group of patients and making them 'operable' by using a technique with less risk," says Joseph Flack, MD, cardiac surgeon.

Before TAVR, most patients with symptomatic, severe aortic valve stenosis had an open aortic valve replacement, not an option for patients at a high a risk for open-heart surgery, typically due to aortic calcification, underlying lung disease, or frailty.

"The majority of our patients are discharged within three days of the procedure, and more than 80 percent of them enjoy better quality of life after the procedure," says Ash Islam, MD, an interventional cardiologist.

Adds Noel Harrington, RN, heart valve coordinator, Baystate's TAVR team has completed more than 230 TAVR procedures with outstanding results. Patients experience better outcomes compared to those who receive medical therapy only.

The procedure is a great example of teamwork in modern health care. TAVR is performed in a hybrid operating room with a cardiologist and surgeon who work side by side. TAVR's success would not be possible without a dynamic multidisciplinary team that also includes interventional and non-invasive cardiologists, a nurse coordinator, anesthesiology, radiology, cardiac catheterization lab, nurses, an intensivist, operating room nurses and technicians, referring providers, and others.

"Minimally invasive approaches to cardiac therapy such as TAVR enable us to address the cardiovascular disease of a significantly larger group of patients, and the number and types of patients we treat continues to grow," says Aaron Kugelmass, MD, vice president and medical director of the Baystate Heart and Vascular Program and chief of the division of Cardiology. "The successful TAVR procedure will extend life expectancy for patients who otherwise face a 50 percent, two-year mortality. We expect that these less invasive, team-based methods for correcting heart disease will continue to expand to more and more patients in the future."



L-R: Barry Sarvet, MD
and Stuart Anfang, MD

Behavioral Health Integrated With Primary Care

The Psychiatry Department at Baystate Health is partnering with primary care through a division called Integrated Behavioral Health (IBH). Unlike conventional behavioral health providers, integrated behavioral health clinicians work together with Baystate Health primary care providers to proactively address emotional and physical factors affecting health.

Primary care settings are a gateway for patients with behavioral health and primary care needs. By integrating behavioral health care services into primary care, providers can:

- Identify and assess mental health issues earlier
- Provide short-term psychotherapy to motivate patients to establish healthy lifestyles and cope with medical issues
- Help patients manage stress and gain control over harmful habits and behavior patterns
- Help patients establish connections to longer-term behavioral health resources.

Patients may, for example, be reluctant to pursue behavioral health services if they have to seek out these services on their own. The process becomes more manageable if a visit to a primary care physician can immediately connect them to a mental health provider onsite.

“Unaddressed behavioral health issues powerfully influence the onset and course of chronic physical health problems,” says Barry Sarvet, MD, chair, department of Psychiatry. “Conversely, helping patients improve their lifestyle, self-care, and emotional well-being has a very beneficial affect on their physical health. This is one of the most important reasons we’ve invested in this project.”

Licensed clinical social workers and psychologists integrated into primary care provide a more collaborative approach to patient care. Seven sites offer Integrated Behavioral Health, which will expand to all Baystate Health primary care locations.

“As Integrated Behavioral Health clinicians, we want to improve overall patient care and quality of life by addressing psychological and behavioral factors that might be interfering with patients’ ability to meet their health-related goals,” says Caitlin Thunfors, PhD, clinical supervisor, Integrated Behavioral Health.

In addition to integrated behavioral health clinicians working within primary care practices, the program provides ready access to psychiatric consultation in person or electronically, which helps primary care providers manage patients with conditions requiring psychiatric medication.

Primary care providers are excited about this addition to the team in the office. “Having IBH eliminates the practical and psychological barriers to our patients seeking behavioral health assistance,” says Adam Garretson, MD, Pioneer Valley Family Medicine. “So much of chronic disease management involves behavior and lifestyle changes, and the IBH clinicians are uniquely equipped to help us create a coordinated medical and behavioral plan for the patient.”

Department Highlights

Department of Anesthesia



Michael Bailin, MD
Chair, Department of Anesthesia

Safety

We have recently incorporated a new anesthesia information system in all BMC locations, most recently in Labor and Delivery, to ensure high fidelity automatic recordings of our patients' vital signs. These computerized records allow a comprehensive and meticulous review of any unexpected or adverse event during patient care. We use this data to improve safety processes and clinical outcomes. Our department members lead perioperative Culture of Safety initiatives and serve on local, regional, and national committees ensuring up-to-date knowledge of patient safety and quality initiatives. Anesthesiologists, certified registered nurse anesthetists, and residents are on-call around the clock to respond to trauma, surgical emergencies, and hospital pain management in both adult and pediatric populations. In the critical rapid reaction arena, we participate in or lead the response to airway emergencies and code blues. We ensure safe care during especially complex procedures such as Transcatheter Aortic Valve Implantation (TAVI) and Ventricular Assist Device (VAD) insertion performed by cardiology and surgery colleagues.

Quality

Springfield Anesthesia Service has nine board certified pain medicine physicians working in multidisciplinary teams treating chronic regional pain syndrome, cancer pain, migraines, musculoskeletal pain, arthritic knee and other joint pain, compression fractures, and neuropathic pain conditions. Ten board certified pediatric anesthesiologists ensure excellence during pediatric procedures. Our newest program provides unique anesthesia care for patients undergoing deep brain stimulation for movement disorders. We work together with Orthopedics, Heart and Vascular, and the general surgeons to advance and improve bundles and models of care. We continue to support one of the most advanced cardiovascular and endovascular surgery programs in the state by advancing the practice of intraoperative echocardiography. By creating and implementing patient hand-off tools in the recovery room, we help increase the quality of the information transfer, and thereby improve patient care.

Patient Experience

This year our outpatient Baystate Pain Management Center was recognized for outstanding service and patient satisfaction. Although anesthesiologists have "home base" in the operating room, our department now provides thousands of anesthetics and pain relief services outside the operating room for patient convenience. Patients who need in vitro fertilization, high dose radiation at the D'Amour Cancer Center, various cardiology procedures including electrophysiology studies and cardioversion for rhythm disturbances, electroconvulsive therapy for depression, and neuro-interventional radiology procedures, will find comfort knowing there is a board certified anesthesiologist overseeing their needs and providing compassionate care. Anesthesiologists help develop and improve hospital-wide protocols and clinical pathways, leveraging our familiarity with ensuring pain relief and mitigating postoperative nausea and other side effects.

Value

The Springfield Anesthesia Service Department of Anesthesiology provides valuable care to over 65,000 patients yearly. Our staff of 125 anesthesia providers continues to develop clinical decision support and rule-based alerts to optimize utilization management and meet regulatory needs. We partner with the Department of Pharmacy to reduce utilization of expensive pharmaceuticals. Using different drug preparations and carefully managing inventory and vendor selection achieved estimated savings of \$200,000 dollars in drug costs in 2016. By advancing the science of preoperative assessment, we use evidence-based algorithms to reduce the overall cost of care for surgical patients. We continue to sharpen criteria regarding which patients will benefit from pre-procedure laboratory testing, chest radiographs and high-priced studies prior to surgery. Our state-of-the-art electronic record keeping system facilitates greater efficiency and has improved clinical processes. During 2016 we developed a method to provide specific provider feedback to identify and implement cost saving opportunities by alerting individual providers about their practice patterns. We focus on system-wide expense reductions by working together with the Departments of Nursing, Surgery, and Administration to design the best care models. Through our roles in multiple hospital committees including Pharmacy and Therapeutics, Laboratory Utilization Management, Credentials, Medical Staff Executive and Transfusion, we achieve impactful synergies to deliver more value to our patients and to Baystate Health.

Academic Innovation

In the 2016 national ACGME Survey, the Department of Anesthesiology Residency Program ranked at or above the national mean score in 40 out of 41 domains. Our residents recently won national recognition by garnering financial support to provide pulse oximeters for use in third world countries. Our educational leadership recently developed conceptual frameworks aimed at fostering growth in critical analytic skills. These new educational programs are now incorporated into our residency program, teaching perioperative leadership, practice management, and how to shepherd organizational change in academic medical centers. We continue to be active on the national and local landscape with clinical and academic poster presentations. We have successfully matched a full complement of eight anesthesiology residents and three interventional pain management fellows in 2016. Five of our 2016 graduates have gone on to fellowship training. With a 100% pass rate for the basic and advanced anesthesiology board exams our residents and faculty distinguish themselves as intellectually accomplished. The Department of Anesthesiology planned and delivered three innovative and well attended postgraduate continuing medical education seminars during 2016.

Emergency Medicine



Niels Rathlev, MD
Chair, Department of
Emergency Medicine

Safety

Engagement in our Culture of Safety Initiatives has been excellent from the perspective of providers, nurses, patient care technicians, and administrative assistants. Our directive to providers is that they must communicate face-to-face with the primary nurse at least once during every patient encounter. Moreover, we have instituted “huddles” where all staff members in a pod introduce themselves and discuss pertinent present challenges. As a result of our initiatives, we improved our scores in the Culture of Safety survey by 10% year-over-year in the categories of Teamwork and Safety. This performance earned the Emergency Department a President’s Quality Award “Honorable Mention” in the Quality category. We are also emphasizing public acknowledgement of our faculty, residents, nurses, and staff and their achievements; this was seen as an opportunity in previous surveys.

Quality

Our performance remains strong with respect to door-to-balloon time for ST elevation myocardial infarction (STEMI), where we meet the goal 99% of the time. Our false positive STEMI activation rate has dropped to 18% which is close to the ultimate goal of 15%. Moreover, the ED is scoring high in appropriate administration of thrombolytics to qualifying stroke patients who present within two hours of symptom onset. The ED is in full compliance with the recently enacted State “Opioid Law” and we have successfully implemented the Substance Use Disorder Evaluation requirement in conjunction with Behavioral Health Network. Finally, our providers are very successful in discharging patients with deep venous thrombosis, diverticulitis, and cellulitis while adhering to departmental guidelines to avoid admission.

Patient Experience

In our continuing efforts to improve patient experience and timeliness of care, we are actively participating in the Patient Progress Initiative; to this end, we have made substantial changes in the management structure in the ED. Our expectation is that the Pod Lead RN will work collaboratively with the attending physician to promote timely communication between providers, nurses, and patient care technicians. As a team, they will manage flow in each Pod. Our walkouts finished at 5.7% for the year, which is roughly identical to last year, and the mean number of patient we actually saw each day was 314, which is 5% over budget. The pediatric walkout rate was approximately 2.8%.

Value

Our registered emergency department (ED) visits (Adult and Pediatrics combined) continue to grow and reached 122,000 patients for the year; this makes us the busiest single-site ED in Massachusetts and the second busiest in New England. The trend reflects a significant continuing growth in volumes of patients coming to the ED for care. The Pediatric ED alone saw 31,000 patients—this is more than the total volume seen in most community-hospital EDs in the state. Our volume has been particularly high in the summer months seasonally adjusted; this will help us finish 5% over budget for the year based on the number of patients “seen.” Our bottom line net revenue reached close to \$700K. In the last two years, our admission rate has dropped from 29% to 27% reflecting our aggressive efforts to discharge more patients directly from the ED. Meanwhile, the percentage of lower acuity triage category patients has remained steady between 14-15% in the same time period. Our productivity per provider exceeds the 80th percentile compared with national benchmarks for similar institutions.

Academic Innovation

The Emergency Medicine faculty continues to be productive in writing and publishing both peer and non-peer reviewed publications. During the academic year 2015-2016, we published more than 30 peer-reviewed publications and presented numerous regional, national, and international scientific lectures and abstracts. The department obtained more than \$300,000 in external grant funding, including an R21 grant from the NIH and two R03 grants from the NIH and AHRQ. Dr. William Soares joined the research faculty as a health services investigator and Dr. Lauren Westafer joined us as our research fellow. Our Research Associates Program grew to over a dozen volunteers and Kelly Nault was hired as the coordinator for this program. The principal function of our research associates is to consent and enroll patients in our clinical research trials.

This year, we again saw an increase in the number of applicants to our residency program and filled our class from across the country and from the top 8% of applicants. We recruited a very competitive class of 14 new residents from this terrific crop of applicants. We offer six fellowships in the areas of Emergency Ultrasound, Education, Pediatric Emergency Medicine, Wilderness Medicine, Research and Administration. Moreover, we have implemented a training certification program in emergency ultrasonography for the emergency physicians at Mercy Medical Center, Noble Hospital, and Wing/Mary Lane Medical Centers. We also host an annual Emergency Medicine conference in Northampton, attracting many regional physicians and national speakers.



Kevin T. Hinchey, MD
Interim Chair,
Department of Medicine

Safety

There are numerous ways the Department is a leader in patient safety. The Division of Infectious Diseases continued a robust system-wide Antimicrobial Stewardship Program in a joint effort with the Pharmacy department including: 1) regular antibiotic time outs in the ICU to prevent errors in dosing and clinical indications 2) refined perioperative antibiotic selection 3) continued decrease in exposure to antibiotics and days of antibiotic therapy per 1000 days. One important favorable outcome of this work has been a decreased incidence of *C. difficile* disease in our institution.

Quality

Similarly, the Department of Medicine has been an enterprise leader in quality. The Division of Geriatrics & Palliative Care's ACE (Acute Care for Elders) Unit completed a highly successful pilot that demonstrated quality and cost improvements over a control group. This resulted in plans for a permanent ACE Unit at BMC along with plans for mobile ACE units at our community hospital sites. The Department was also a leader in the Baystate Patient Progress Initiative, which resulted in numerous favorable outcomes for patients including a reduction in the time from ED presentation to initiation of a complete plan-of-care. Additionally, the Division of Hospital Medicine continued to focus on "Right Location, Right Level of Care, and Right On-Time Care" and implemented "Geographic Admitting," in which patients are admitted to the appropriate clinical location by their hospital physician of record, who continues to lead their care during their stay. This process reduces the number of "handoffs," thereby improving quality of care.

Patient Experience

The Department of Medicine increased new patient visit volume 21% in the medical specialties and 27% in community health centers compared to FY15. For inpatients, discharge orders by noon have been sustained at >50% (up more than 500% over baseline 2012). Six medicine subspecialties: ID, Pulmonary, Endocrine, GI, Hematology/Oncology, and Geriatrics established the "PCP Direct Clinical Advice Line," enabling PCPs to directly and immediately access subspecialty consultants in "real time" and allowing PCPs to address patient-related issues and find solutions in a patient-centered way. The Division of Pulmonary & Critical Care Medicine enhanced the Lung Cancer Screening program in collaboration with Thoracic Surgery, co-located program staff, and created a dramatic reduction in the waiting time for patients in the referral queue, resulting in greater numbers of at-risk patients successfully being screened. The Community Health Centers (CHCs) standardized clinical and operational protocols between all three CHCs and developed new collaborations in diabetes care with the Division of Endocrinology, and also implemented embedded behavioral health clinicians through a new relationship with Behavioral Health Network. The Division of Gastroenterology, in partnership with Primary Care Service Line, Access Services, and Surgical Services implemented a new Open Access Endoscopy (OAE) scheduling process resulting in a marked reduction in patient no-shows and procedure cancellations. The new OAE workflow is being rolled out to all Baystate primary care practices in early FY17.

Value

The Division of Endocrinology partnered with Dell through TechSpring to evaluate a remote patient monitoring solution for high-risk diabetic patients. This contributed to developing an evidence-based approach, including effective telehealth solutions within the Diabetes Program Plan. The Division of Hospital Medicine led the way with the dissemination of Interdisciplinary Plan-of-Care (IPOC) rounds in the hospitals, resulting in a 0.32 day reduction in LOS. The Division of Geriatrics, Palliative Care, and Post-Acute Medicine continued to demonstrate significant savings to Baystate Health in both their ACE Unit work (described above) and their Palliative Care service. The Division of Pulmonary & Critical Care Medicine has developed a model for regional coverage encompassing Baystate's Springfield, Greenfield, Ware, and Palmer campuses with active recruitment for new providers. The Divisions of GI, ID, Hematology/Oncology, Geriatrics, and Endocrinology continued to advance towards complete integration with their significant and expanding regional activities. Gross revenue increased 2.4% over FY15 with practice administration expenses only up 1.1%.

Academic Innovation

The Department continues to lead the health system in academic achievement and innovation. Our faculty published nearly 90 peer reviewed articles in medical literature over the past year. We continue to have a nationally recognized Resident Research Program, spearheaded by two of our highly productive faculty investigators, that has resulted in more than two dozen papers in peer reviewed medical literature with residents as authors. Several Department of Medicine faculty members achieved senior faculty rank at UMMS over the past year, and several others participated in leadership development activities to enhance their careers. In addition to leading Baystate Health in terms of scholarly publications and faculty promotions, several divisions received accolades for academic innovation this year: the Division of Infectious Diseases, through Dr. Dan

Skiest as principal investigator and Dr. Armando Paez as sub-investigator, was re-awarded an HRSA grant from the New England AIDS Educational Center to provide HIV education in Western MA; the Division of General Medicine & Community Health, in collaboration with the Division of Infectious Diseases, implemented its three-year SAMHSA grant to expand treatment capacity for racial/ethnic minority populations at high risk for HIV/AIDS; the Division of Geriatrics & Palliative Care continued to implement its three-year, HRSA grant to train and educate a new generation of team-based providers in caring for elders; and the Division of Pulmonary & Critical Care Medicine continued its multi-year, NIH-funded Center Grant as a national powerhouse in acute lung injury clinical research. Several key members of the Department of Medicine led the curriculum development for the University of Massachusetts Medical School (UMMS)-Baystate, our newly launched regional medical school campus of UMMS. Finally, the Department launched new fellowships in GI and Hospital Medicine during the past year.

Obstetrics & Gynecology

We have a full service department with excellent clinical care in General Ob/Gyn, Midwifery, Maternal Fetal Medicine, Reproductive Endocrinology, Family Planning, Urogynecology, and Gynecologic Oncology.

Safety

Our Labor and Delivery unit is committed to improving our Culture of Safety, and we have the highest quality unit available anywhere. To that end, our recent six step program has resulted in near complete elimination of fetal hypoxic events over the last year and a half. This is a huge accomplishment, reproduced in very few hospitals. Our implementation plan has included safety rounds twice a day for all patients in labor, safety huddles on the unit whenever a care plan is unclear, standard educational expectations for doctors and nurses around fetal heart rate and obstetrical emergencies, Team STEPPS education, and Ob/Gyn case review sessions. Our Culture of Safety is improving, and we are committed to becoming a world-class department. Our grand prize in the President's Excellence award this year is symbolic of our journey. Great teamwork between our nurses, midwives, and physicians made this possible.

Quality

The commitment to quality in the Department of Obstetrics & Gynecology is truly impressive. We firmly believe that practicing quality with evidence-based guidelines leads to our medical students and Ob/Gyn residents learning how to do things the right way. Our Culture of Safety work and our OB Bundle are two such examples. Our WETU has implemented a validated triage program that increases patient throughput, and focuses our energies on the sickest patients. We have decreased WETU wait times. We have redesigned our case review systems for obstetrics and gynecology. A list of triggers prompts interdisciplinary case review and allows respectful discussion of the most noteworthy cases in a timely way. Fifty or more attendees are present for these conferences that happen three times per month.

Our gynecologic oncologists have embraced sentinel node biopsy for gynecologic malignancies to minimize morbidity during robotically assisted procedures for pelvic cancers. Our IVF program leads the United States in a high rate of single embryo transfer, and low rate of multiple gestations. Our maternal fetal medicine division is one of the first in the country to be accredited in fetal echocardiography. We have physician and nursing teams collaborating on in situ simulations of obstetrical emergencies to practice teamwork and leadership. We have a Ryan Foundation grant to pioneer in-hospital care for women needing special procedures. Our general Ob/Gyn physicians have committed to a change in the model of care, wherein there are two doctors in-house every night taking care of any obstetrical or gynecologic problem.

Patient Experience

Several of our inpatient and faculty practices have been successful with top quartile patient experience scores through PRC. These include inpatient obstetrics at Baystate Franklin and Baystate Medical Center. Our general Ob/Gyn practice at Wesson Women's Group and Baystate Urogynecology are amongst these practices. We have partnered with the Department of Pediatrics for a Massachusetts Health Policy Commission Grant to fund a novel approach to Neonatal Abstinence Syndrome. We will allow mother-baby dyads to room in, and have augmented the care of mothers with substance use disorders. This will both provide better care, better satisfaction, and more appropriate utilization of costly NICU beds.

Value

We have a team working on an alternative payment program with one of the first OB Bundles in the U.S. The quality work for this bundle has been well underway, and focuses on the safe reduction of Cesarean sections, as well as improving a number of prenatal care processes important for good outcomes. Our contract will be in place for this next year, with a shared saving plan for participating providers with Health New England.

Academic Innovation

Our commitment to education remains strong with 24 Ob/Gyn residents and six midwifery students. We have pioneered collaborative educational models between our residency program and our midwives, and have recently received a grant from the Macy Foundation for curriculum development around interdisciplinary education. We have had over 70 peer review publications over the last three years, grant supported research in gamete biology, prevention of preterm birth, urogynecology, and many clinical trials in gynecologic oncology. We participate in an ACNM National Quality Project 2017 for reducing the Cesarean section rate. This year Dr. Heather Sankey has become the Designated Intentional Officer for Baystate Health, and is leading the Admissions committee for our new UMMS-Baystate Medical School. Dr. Donald Kirton has taken over as program director. Dr Sites' K22 supported research describes the effect of phthalates on sperm DNA. Her group has published several papers this year describing ART and pregnancy outcomes. Dr. Harmanli and the Urogynecology team are pioneering new approaches to the treatment of pelvic floor disorders. Dr. Susan DeJoy has received a lifetime achievement award from the ACNM. Dr. Myers and Dr. Kawar serve the Gynecologic Oncology Group of the NCI on the Cervical Cancer Committee and the Breast Cancer Committee respectively. We are the only clinical sites for two NIH sponsored clinical trials examining the effect of lifestyle modification during pregnancy to affect gestational weight gain and diabetes prevention. Dr. Bsat serves as the liaison member, ACOG Committee on Health Economics and Coding. Dr Michael Plevyak leads an effort by ACOG for obstetrical education.



Daniel R. Grow, MD
Chair, Department of
Obstetrics and Gynecology



Richard Friedberg, MD, PhD
Chair, Department of Pathology

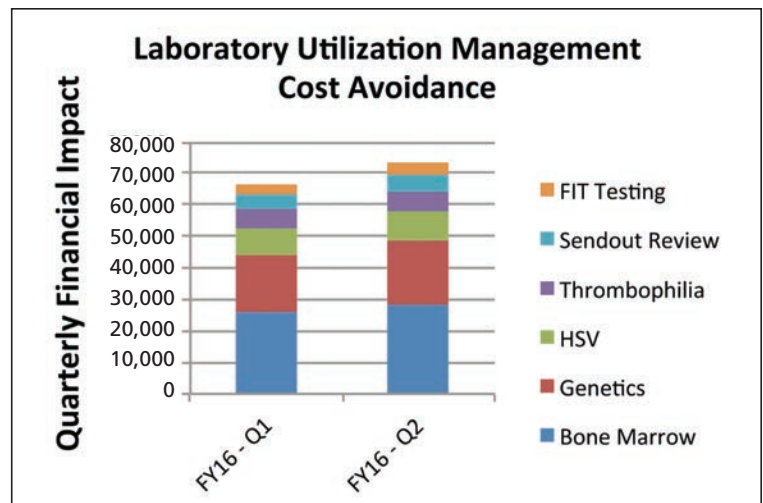
Safety

BH Pathology implemented a successful consolidation and systemization of Transfusion Medicine throughout Baystate Health. Baystate Reference Laboratories (BRL) consolidated former Noble Hospital phlebotomy draw stations into the BRL network, creating uniform sample procurement/results reporting and a single testing site. BRL and Health New England collaborated to implement a colon cancer screening testing initiative. Our Molecular Pathology laboratory recently instituted EGFR testing on plasma samples, enabling adenocarcinoma patients ineligible for repeat biopsy to be tested for mutations that guide or dictate pharmacologic therapy. We initiated a system-wide lab services quality committee resulting in more standards of care, a system-wide quality dashboard with key metrics, and enhanced communication/collaboration across entities. We implemented the SMART specimen tracking application, resulting in enhanced container identification and overall specimen tracking (less lost/misplaced specimens).

Quality

Baystate Health’s Department of Pathology successfully passed its system-wide College of American Pathology (CAP) inspection with full renewal of accreditation. In addition, our Transfusion Medicine/Apheresis Medicine Service (TAMS) was reaccredited by the AABB and inspected by the FDA.

BH Pathology initiated a collaboration with the Division of Healthcare Quality to establish a multidisciplinary Laboratory Utilization Management Committee (LUMC) to assess appropriate laboratory and pathology testing to provide high-quality and cost-effective patient care. The LUMC is co-chaired by Vandita Johari, MD, chief of Clinical Pathology, and Kathy Mahoney, MD, MBA, medical director, Medical Management. The LUMC seeks to optimize utilization by limiting unnecessary testing; vet new tests; provide input to care process models; and assess test utilization by providers with a focus on appropriate use of extremely expensive genetic testing. Savings over \$150,000 in test expenses have already been realized, with the benefit of even greater downstream savings.



BH Pathology has embraced the concept and implemented daily “huddles” throughout our system-wide department, improving communication and overall patient care and service levels. The department is renovating the “Core Laboratory” with input from employees during planning meetings to improve efficiencies and accommodate business growth.

Patient Experience

BH Pathology chaired the Decedent Affairs Committee and implemented significant enhancements to the management of decedents, families, and BMC staff involved with end of life needs. A new morgue opened on August 15 after months of staff training, resulting in a more secure and respectful setting for decedents and community funeral directors.

Value

In January 2016, BH Pathology took over professional pathology services at Harrington Memorial Hospital in Southbridge, MA, and retained Lanu Stoddart, MD. In August 2016, Aneta Rafalowski, MD, formally joined BH Pathology, having just completed her cytology fellowship with us. The tightly integrated operations of BH Pathology and BRL realized tremendous growth of new business in central and eastern Massachusetts, resulting in over \$14M gross revenue increase (9%+) from FY15. With this growth we have opened our first satellite laboratory in Worcester, serving providers in central and eastern Massachusetts and assisting with BRL expansion and new business growth in the central and eastern parts of the state. In addition, the BH Pathology TAMS efforts to control blood product expenses led to improvements in excess of \$500,000.

Academic Innovation

BH pathologists have been interested in research resulting in nine peer reviewed publications, 16 abstracts, 14 “CAP President’s Desk” articles, and 35 presentations, 15 of which were international presentations in China, United Arab Emirates, Australia, Bermuda, and South Korea. Our residents presented the 2016 Teacher of the Year Award to Vandita Johari, MD for the second year in a row.



Charlotte Boney, MD
Chair, Department of Pediatrics
Physician-in-Chief,
Baystate Children's Hospital

Safety

Baystate Children's Hospital (BCH) joined Solutions for Patient Safety (SPS) in 2015, a network of 100+ children's hospitals which shares data and strategies so that no child will ever experience serious harm while in our hospitals. BCH is now fully engaged (protocol implementation, data collection, and reporting) in eight bundles of hospital-acquired conditions and all inpatient units initiated team safety huddles. FY2016 had no falls, high-severity adverse drug events, pressure ulcers, SSI, or VAP and CAUTI rate was reduced by 50%. Although we saw a small increase in CLABSI rates, we are optimistic that results from the recently completed inpatient Culture of Safety survey will inform new strategies to significantly reduce serious safety events in 2017.

Quality

Breadth and depth of pediatric specialty care increased through new faculty who joined the department and through our collaboration with Connecticut Children's Hospital. Dr. Beth Brown, Dr. Elizabeth Peacock-Chambers, and Dr. MaryAnn DeBanate joined the General Pediatrics and Community Health division; Dr. Rubin Vaidya and Dr. Marcia VanVleet joined the Newborn Medicine division and we have new partnerships in Pediatric Pulmonary and General Surgery with Connecticut Children's Hospital. The neurosurgery program, which started in 2015 in partnership with Connecticut Children's Hospital, continues to grow. We established a new innovative collaborative model with Behavioral Health Network in General Pediatrics and launched a Transition of Care Program for teens with T1DM. Results of a regional QI project published in the J Am Heart Assoc with our chief of Pediatric Cardiology Dr. Yvonne Paris as the lead author have changed the national recommendations for syncope in children. Plans were finalized to move and expand the Pediatric Procedure Unit and move Pediatric Hematology-Oncology to the first floor of the pediatric HOF for an anticipated opening in late 2017. We have increased the community distribution of our monthly BCH newsletter, which includes "Practical Pearls," a clinical overview focusing on evidence-based approaches and best practice advice for common pediatric conditions.

Patient Experience

Dr. John O'Reilly, chief of the Division of General Pediatrics, received the PRC "5 star" award, and eight programs (Cardiology, General Pediatrics, GI, Weight Management, Adolescent Medicine, Endocrinology, Genetics, Pulmonary) exceeded the BMP target (91.6%) of "yes, definitely, would recommend." Results of the Press Ganey site visit to Baystate included specific accolades for "Baystate Children's Specialty Center patient-first focus and shared decision making as guiding principles."

Value

BCH had its most successful community fundraising campaign to date in March 2016 with its partner, WMAS, for the 15th Annual Children's Miracle Network Radiothon, which produced pledges totaling \$343,377. A Genetic Testing utilization program in collaboration with Pathology was launched to reduce unnecessary genetic testing across the organization. Year two of the Pediatric Antimicrobial Stewardship program reviewed 541 prescriptions and prevented 216 days of unnecessary antibiotic therapy for a total cost savings in hospital days of \$41,413.

Academic Innovation

Academic productivity improved this year with 23 published articles and five book chapters as well as seven posters and one oral presentation by trainees at the annual Pediatric Academic Societies meeting. New research funding included one foundation grant and three pharma grants for an all-time high of over \$1.53M in extra-mural funding. Dr. Elizabeth Peacock-Chambers joined the faculty as a physician scientist and will study the effect of health disparities on early childhood development. The pediatric categorical residency received 1,091 applications and interviewed 202 candidates to successfully match nine medical students who began training in July 2016. Following changes in the training program team and curriculum, the pediatric board pass rate improved slightly from 2014 (71%) to 2015 (78%). As part of our commitment to support the education of faculty and community colleagues, BCH sponsored three CME courses for pediatric providers and now offers our weekly Pediatric Grand Rounds on the Baystate YouTube channel as well as real-time remote viewing for CME credit. Academic transitions from Tufts to UMMS are well underway with faculty participating in the UMMS-Baystate regional campus Admissions Committee (Dr. Peacock-Chambers) and Learning Community (Dr. Sam Borden) and the UMMS Educational Policy Committee (Dr. Boney).



Barry Sarvet, MD
Chair, Department of Psychiatry

Safety

An Opioid Addiction Task Force, co-chaired by Psychiatry Chair Barry Sarvet, MD, and CRO Peter Friedman, MD, was launched with the goal of reducing mortality associated with the opioid epidemic. The task force has identified strategies to expand access to medication treatments for opioid addiction, improve the care of patients with chronic pain, and increase distribution of naloxone rescue kits. Measures of safety have been implemented for inpatient psychiatric care including rates of restraint and seclusion and patient falls, and medication errors continue to track well below state and national benchmarks.

Quality

The Adult Psychiatric Treatment Unit has made steady progress with CMS Inpatient Psych Facility Quality Reporting (IPFQR) scores with Composite Process score moving from below 30% in FY13 to over 85% in FY16. The department is continuing to expand its Integrated Behavioral Health program, an innovative approach for improving access to behavioral health care within the primary care practices across BMP. The program is now providing on-site mental health services at eight BMP primary care practices, and the entire array of BMP primary care practices have been provided liaison relationships with psychiatrists from the department.

The behavioral health service line has established quality councils for inpatient, outpatient, and partial hospital care, bringing together leaders of like psychiatric programs from regional Baystate Health entities for coordinated quality improvement activities and spreading best practices. The department has joined the Harbor Performance Improvement Initiative, a consortium of large health systems, to develop and share behavioral health service performance measures.

Patient Experience

The Behavioral Resource Team is the new home for Constant Companions (“CCs”) at BMC, reporting to the APTU program supervisor and nurse manager. The Team includes a new Behavioral Resource Nurse, who collaborates with med/surg nursing staff to reduce use of CCs and increase capacity of med/surg nursing to manage behaviorally challenging patients.

The Baystate Child Partial Hospital Program, a vital ambulatory program for stabilization and treatment of children with acute psychiatric problems, has moved into a beautiful new space at 150 Lower Westfield Road in Holyoke. The newly designed facility supports optimal patient care with large group rooms and classrooms, spacious consultation rooms, sensory integration rooms, an indoor “gym,” and an outdoor play space. The program is the only one of its kind in Western MA and serves over 600 children ages 5 to 19 per year, many of whom might otherwise need inpatient psychiatric admission.

Value

For BMP practices, net revenue is below budget because of open positions, but productivity remains high, resulting in operating margins slightly exceeding budget.

Service Line Structure was established with BFMC, BWH, and BNH Behavioral Health, which together have over 95 inpatient psych beds. Daily phone huddle facilitates referrals across the system and collaboration includes sharing providers and expert consultation for DMH and TJC surveys.

Academic Innovation

Psychiatry residency has completed its seventh year and graduated its fourth class. 100% Initial Board pass rate. Graduates have gone on to fellowships at Columbia, Tufts, University of Washington, and VCU.

Expanded education programs within the department include practicum students and interns in disciplines of Psychology, Physician’s Assistant, Advanced Practice Nursing, Social Work, and Counseling. Dr. Barry Sarvet and Dr. Jessica Wozniak were awarded a \$2M grant titled “Partners in Care” from the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Department of Health and Human Services, to continue their work on the dissemination of evidence-based psychotherapy practices for children and families affected by psychological trauma. The project also includes development of an institute to deliver trauma-informed training for paraprofessional community health workers involved in outreach models of mental health treatment for children in MA and extending this training nationally through collaboration with Johns Hopkins University.

The MA Child Psychiatry Access Project (MCPAP) has been re-designed after 12 years of operation to better meet the needs of pediatric practices in the context of overall healthcare reform. Dr. Bruce Waslick will be leading our newly established combined Baystate/UMMS team serving all of Central and Western MA, and Dr. Barry Sarvet continues to serve as the statewide medical director of the program. Dr. Lewis Cohen is completing final stages of his multi-center project on shared decision making in renal supportive care funded by the Patient-Centered Outcomes Research Institute, and Dr. Jessica Wozniak and Dr. Stephanie Daly were awarded a \$600,000 grant from the Office for Victims of Crime within the U.S. Department of Justice for the development of programs to help victims of childhood sexual exploitation.



Richard Hicks, MD
Chair, Department of Radiology

Safety

In response to a cluster of cases with bad outcomes, a task force from Radiology, Medicine, Neurosciences, Emergency Medicine, and Quality instituted a spinal epidural abscess protocol with entry criteria requiring STAT MRI and improved communication. After education efforts there was a threefold increase in the number of MRI studies yet turnaround times were cut in half. The percentage of patients with spinal cord or cauda equina compression at the time of imaging was also reduced from 9% to 5%, with fewer poor outcomes noted. The Department of Radiology created a system-wide Radiology Dose Committee to review patient dose exposures, standardize protocols and procedures to reduce ionizing radiation exposure, and utilize new software to track and report results to referring providers and patients. Routine radiation dosimetry for CT scanners was instituted and revealed the average radiation doses at BMC to be less than the national standards. These efforts will now be expanded to include Baystate Franklin and eventually Baystate Wing and Baystate Mary Lane. An updated comprehensive policy concerning the use of intravenous CT contrast (including pretreatment for prior reaction, treatment of acute reaction, screening for contrast nephropathy risk, hydration to limit the risk of contrast nephropathy, and removal of the requirement for signed consent) was developed and disseminated across the health system.

Quality

Substantial progress towards system-wide integration has been achieved resulting in dissemination and use of standard imaging protocols, enhanced availability of subspecialty reads, and collaborative administrative management. The pulmonary embolism CTA utilization management project continues to provide feedback to emergency room physicians on most effective ordering patterns. The new relationship with UMMC enabled first-year residents to participate in state-of-the-art simulation lab modules in patient and physician communication at UMMS-Worcester this September. Tracking software for screening mammography and CT screening for lung cancer was installed at Baystate Medical Center, Baystate Franklin, and in the Baystate Radiology and Imaging offices. This enhances patient follow-up and in turn supplies data to national ACR registries and reports back metrics for quality monitoring. Radiology nursing staff created a department-wide annual workshop that allowed staff to gain competencies in intravenous access, hand washing, and catheterization.

Patient Experience

The integration of BRI scheduling into BH Access and rebranding as “Baystate Radiology” across the health system will improve patient and referrer access and ease confusion. The ultimate goal is for access to be able to triage patients by geographic or price sensitivity across all sites. PRC scores for FY16 for “likelihood to recommend” show the Baystate Breast and Wellness Center (81.5%) and BMC outpatient CT scan (72.7%) exceeding the 70% threshold and all of BMC outpatient radiology at 68.9%, very close to the 70% threshold. Baystate Breast and Wellness Center continues to excel and was awarded a 4-Star Award by PRC. The installation of two new CT scanners at 3300 Main Street will result in the transfer of most outpatient CT studies to a more accessible and patient-friendly environment. A team from Interventional Radiology, Access, and D’Amour Cancer Center has worked to streamline the process for port implantation, resulting in significant improvement in turnaround times, better patient handling, and increased volumes. The addition of a PA to the CT/US guided biopsy and drainage service has led to fewer delays for inpatients, better access for outpatients, and improved patient follow-up.

Value

Clinical decision support software for imaging has been selected (ACR Select/NDSC) and will be implemented by March 2017. A multidisciplinary steering committee has been formed to guide the initial phases prior to the CMS mandate expected for January 2018. We will be working with HNE to limit the need for Radiology Benefit Management, resulting in dollar savings for the health system and time savings for practitioners. An additional goal will be evaluation and possible modification of imaging ordering patterns within the next-gen ACO. A project studying the necessity for pre-operative chest X-rays is underway and should lead to fewer studies of questionable value. Overall radiology volumes for FY16 are up 2% (outpatient -3.6%, ER +8.6%, inpatient -.8%). The minimal decrease in inpatient imaging is a desirable result. Net Income FY16 is \$155M (+4.6% to budget and +5.5% to FY15). As a result of the integration, project reports from Baystate Radiology and Imaging offices are now fully viewable inside of the BH, EMR, and PACS. Images and reports from Baystate Noble Hospital are now available through PVIX and Baystate Wing Hospital images and reports should soon follow.

Academic Innovation

Discussions with UMMS-Worcester radiology department have begun to explore shared resources. The first return to BMC of this effort is that first-year residents participated in state-of-the-art simulation lab modules in communication at UMMS-Worcester and exploration of a shared online teaching file is underway. The resident program fully matched for 2016-2017. The class of 2015 all passed the certifying examination on their first attempt in 2016. Dr. Amy Oliveira was named associate director of the Residency Training Program. Dr. Tara Catanzano was promoted to associate professor at UMMS-Baystate. Dr. Stephen O’Connor was accepted to the Physician Leadership Academy. New hires include Dr. Dan Kowal in Body Imaging and Dr. Bertrand Janne d’Othee as the chief of Interventional Radiology. Drs. Richard Hicks and Stanley Polansky were notified of their election as fellows of the American College of Radiology. Three peer-reviewed articles, a book, and three book chapters were published by our staff and 25 national abstracts/posters/presentations were given by staff and residents.

Department of
Surgery

The Department of Surgery is proud to welcome our new Chairman, Dr. Nicolas Jabbour. Dr. Jabbour, an internationally-recognized hepatobiliary and liver transplant surgeon, came to Baystate from Catholic University of Louvain in Brussels, Belgium, after prior stints at the University of Massachusetts Medical School, University of Southern California and University of Pittsburgh.

The Department was led on an interim basis by Dr. Kevin Moriarty, who served over a year with distinction in that role.

Several department members have received increased leadership responsibility. Dr. Rose Ganim has been named interim chief of Thoracic Surgery. Dr. Pranay Parikh has been named section chief of Hand Surgery and interim chief of Plastic Surgery; Dr. Regional Alouidor became the Trauma Medical Director; Dr. David Tashjian became medical director of Pediatric Trauma; Dr. Kelly Tyler was named medical director of the Digestive Health Program; Dr. Azad Jabiev was named section chief of Endocrine Surgery; and Dr. John Romanelli was named medical director of the Baystate General Surgery practice. Dr. Ziad Kutayli was named medical director of the Robotic Surgery program. In terms of education, Dr. David Tashjian was named associate program director for the General Surgery residency. Dr. Jay Kuhn was named co-director of the Minimally Invasive Surgery fellowship program. Dr. Jacqueline Wu was named associate clerkship director for the Tufts University medical student surgical clerkship. Dr. Gladys Fernandez was named chair of the Baystate Undergraduate Medical Education Committee responsible for overseeing clerkship services for medical and physician assistant students of the institution.

Several department members have already received academic appointments at the University of Massachusetts Medical School as we transition our academic affiliation. As a part of this process, two department members have received academic promotion: Dr. Kevin Moriarty has become a professor of Surgery and Dr. Richard Arenas, who chairs the Department Promotions and Appointments Committee, has become an associate professor of Surgery.

The Department has continued to expand with numerous providers recruited this year. Operative volume continues to grow throughout Baystate Health with a total of 35,505 procedures, of which 8,789 were performed by BMP surgeons in the Department of Surgery. At Baystate Medical Center three new surgical floors opened on the South Wing (5, 6 & 7) with a total of 96 private rooms up from 88 semi-private rooms, with 20 intercare beds up from 16. Baystate Franklin Medical Center opened up four new operating rooms and the volume of surgery continues to increase. The department continues to grow in outpatient clinic visits with 7,219 new patients out of 33,312 visits.

Safety

Members of the Department of Surgery continue to participate in the institution's Healthcare Quality Culture of Safety Initiatives through education and implementation programs. Patient safety and healthcare quality promotion continues to take place through the implementation of macrosimulation drills focused on identification of structural, technological, and safety drills assessing potential safety threats and preparedness for openings of new hospital wings, as well as advanced disaster drills for managing major regional catastrophic events. Departmental faculty have also successfully graduated from institution sponsored leadership development initiatives. Baystate SICU has a currently running record for days without a central line infection, now >500 days, an important quality metric. Additionally, our severity of illness has increased over the last year, and our overall outcomes and length of stay have improved. This speaks to the development of a continuous performance improvement process that was instituted in the SICU, and the spirit of team and engagement that has been fostered by collaborative leadership in the SICU.

Quality

The Baystate Simulation Center and Goldberg Surgical Skills Laboratory, led by Drs. Neal Seymour and Gladys Fernandez, was reaccredited by the American College of Surgeons as an Accredited Comprehensive Level I Education Institute. As one of an elite group of 89 national and international ACS-accredited centers of excellence of education in simulation, the Center has been highly involved in cognitive and procedural skills training for undergraduate and graduate learners of the institution since 2005. The Baystate Simulation Center is also recognized as a SAGES Fundamentals of Laparoscopic Surgery (FLS) and Fundamentals of Endoscopic Surgery (FES) certification center. Lastly, our Minimally Invasive Surgery fellowship, under the direction of Dr. John Romanelli, was reaccredited by the Fellowship Council for the next three years.

Patient Experience

The Department continues to expand its clinical service lines and has a number of clinical areas of excellence that are worthy of note. Our Lung Cancer Screening Program has been named a Center of Excellence and is an integrated care model that serves as an example of patient-centered, disease-focused, multidisciplinary care. Drs. Andrew Doben and Ronald Gross from the Trauma division have developed a Rib Fixation program, shortening length of stay and time on the ventilator in thoracic trauma patients, and they have one of the largest series on the East Coast. Dr. John Romanelli, in coordination with Dr. David Desilets from the Division of Gastroenterology, has developed a large achalasia program, offering purely endoscopic surgery to treat the disease. This procedure, known as POEM, was



Nicolas Jabbour, MD
Chair,
Department of Surgery

learned by the group in Japan in 2011 and they currently have the largest experience in New England. In addition, Pediatric surgery is advancing Single Incision Laparoscopic Surgery which was recognized by New England Surgical as the clinical award winner.

Under the leadership of Dr. Holly Mason, the breast surgeons have advanced to perfect the technique of breast cancer localization surgery with radioactive seed implantation started in 2010, which has led to cutting edge treatment of the disease with 897 seeds implanted to-date. Our robotic surgery program continues to grow since inception in 2005, with providers in Bariatric, Colorectal, Oncologic, Thoracic, and Urologic Surgery performing 3,952 procedures, with 546 cases this year with excellent outcomes.

The Department of Surgery continues to lead Baystate Departments with a number of 5-star PRC Awards for Overall Quality of Care. Those that received the distinction this year were: Rose Ganim, MD (Thoracic Surgery); Holly Mason, MD (Breast Surgery); Susan Cash, MD (Breast Surgery); Glenda Flynn, NP (Breast Surgery); David Page, MD (General Surgery); Kelly Tyler, MD (Colorectal Surgery). Baystate Breast Specialists were also award recipients.

Value

Baystate Medical Center Gastrointestinal Surgery Quality Workgroup was the winner of the President's Excellence Award in the Value Category. Under the leadership of Dr. Kelly Tyler, and with the input of several team members including Dr. Ziad Kutayli, Dr. Mark Kiely, Dr. Holly Sheldon, the BGS office staff, Perioperative and Inpatient Nursing, Anesthesia, Finance, Pharmacy, Nutrition, and OR leadership, the team spent over two years developing an Enhanced Recovery Pathway that outlines best practices for Colorectal and GI surgical patients at Baystate. Multidisciplinary buy-in has resulted in improvements in overall cost of care, length of stay, and readmission rates amongst these surgical patients.

Academic Innovation

The General Surgery residency program continues as one of the pre-eminent surgical training programs in the Northeast. Last year all six graduating chief residents passed the General Surgery Qualifying Examination and all of them landed in premier fellowships, including the following top programs; Indiana University School of Medicine, Rush University School of Medicine, Case Western University School of Medicine, and the University of Utah School of Medicine. Among the 2016 class of graduating chief residents and Surgical Critical Care fellow were two recipients of a distinguished award entitled "The Nicholas Coe Humanism Award for Professionalism in Surgery."

With respect to academic innovation, residents and faculty have continued to produce scholarly activity in the form of podium and poster presentations, regional and national workshops, and peer-reviewed published manuscripts. This includes 10 education presentations and four publications as well as 17 clinical presentations and 15 publications. In addition, Dr. Michael Tirabassi and Dr. Erica Kane were awarded the UMMS Baystate Research Pilot Award Program for the Evaluation of AntiGD-2 Poly MPC-Dox Prodrug in a Neuroblastoma Tumor Module.

Service Line Highlights

Baystate Heart and Vascular Program



Aaron Kugelmass, MD
Chief of Cardiology and
Vice President/Medical Director,
Baystate Heart & Vascular Program

Safety

The Heart and Vascular Program is committed to providing safe cardiovascular care to all patients in both our inpatient and outpatient settings. Instilling a culture focused on safety is the foundation to a safe environment. The Baystate Health Culture of Safety initiative commenced in HVP units during this year. Tangible examples of our commitment to safety include the fact that over this past year, the HVCC went over one year without single ventilator associated pneumonia (VAP). During this time we evaluated an alarm management program designed to reduce the number of clinically insignificant alarms, thereby reducing “alarm fatigue” and improving our nurses’ capacity to respond to urgent cardiac events in the BMC cardiac and vascular units.

Quality

The Heart and Vascular Program continues to provide outstanding clinical outcomes and quality metrics across the program. Baystate Medical Center was again named a Truven Top 50 Cardiovascular Center, as well as being designated a Blue Cross Distinguished Cardiac Center, reflecting our superior clinical outcomes. The cardiac surgery program achieved Society of Thoracic Surgery (STS) “3 Star Status” (the highest) for aortic valve replacement and combined aortic valve replacement and coronary artery bypass surgery. This in part is driven by outstanding observed to expected (O:E) mortality ratios, as well as better than expected ventilator parameters. Baystate’s western Massachusetts Regional Myocardial Infarction program, one of the busiest in the country, continues to provide benchmark acute heart attack care to the region, with timely care and a median door to balloon time of 58 minutes. Reflective of this is the fact that the program was expanded to cover regions of southern Vermont (District 12) this past year. Observed to expected heart attack mortality for BMC was 0.78, and readmissions were lower than expected as well, leading to exceptional composite effectiveness for BMC in myocardial infarction, as well as congestive heart failure. During this year the HVP continued to advance high quality cardiovascular care. The TAVR program continues to expand rapidly, with this multidisciplinary program exceeding its 150th percutaneous aortic valve replacement. During the same time, the program advanced quality care for patients with congestive heart failure and cardiogenic shock. An advanced cardiogenic shock team was launched, and the congestive heart failure program completed training and logistic infrastructure for the placement of permanent ventricular assist devices (VAD), with the first implant occurring just into the next fiscal year. On the ambulatory side, our primary cardiology and vascular clinics continue to provide system leading, benchmark access for new patients to our practices. Furthermore, we continue to bring our advanced services closer to our patients’ homes with advanced heart failure clinics opened in Florence and South Hadley, and new rhythm device and electrophysiology services provided in Greenfield.

Patient Experience

Providing an outstanding overall experience to our patients and families belies all the medical safety and quality we deliver. The Mass Mutual floors continue to lead the BMC inpatient units in patient experience surveys, with several units exceeding maximal targets for responsiveness and pain management. Some of the Heart and Vascular outpatient offices exceeded maximum targets for patient experience surveys as well. Our providers are the foundation of our patients’ experience and two of our vascular services providers were named PRC award winners this year.

Value

The Heart and Vascular Program continued to deliver exceptionally safe and effective care for excellent value in 2016. Procedural volumes continued to increase, with overall volume growth exceeding 5%. Heart and vascular margin continued to grow, exceeding budget targets. Novel delivery and payment models aimed at reducing cost were both initiated and continued in the service line. Telemedicine demonstrations, supported by a CHART II grant, were piloted, and are expected to serve as a platform for ongoing regional cardiovascular care models. The CABG bundle pilot project continued, this year achieving significant reductions in hospital readmissions and skilled nursing facility utilization for this population. Indicative of the national level “high value” cardiovascular services the HVP provides, the HVP percutaneous coronary intervention program (HVP PCI) was one of 10 centers across the country studied and visited by Stanford University investigators to understand how we provide “High Quality/High Value” significantly superior angioplasty outcomes at significantly lower than expected cost.

Academic Innovation

Beyond providing nationally recognized care, the HVP faculty continues to advance medical knowledge and education. Dr. Quinn Pack remained funded through a Tufts KL22 award. The faculty published 16 peer reviewed manuscripts and 18 abstracts. Their expertise is evident in 47 national and international invited lectures and presentations. HVP faculty, in conjunction with national organizations, developed and implemented an international education program for the prevention and management of atherosclerotic cardiovascular disease. Our local education efforts remain strong, with competitive fellowships in general and interventional cardiology as well as electrophysiology. These programs are not only competitive for entry, but consistently provide excellent clinical training, with board pass rates of 100%, eight years running. Advancing medical knowledge and teaching the next generation requires investment in our faculty as researchers, teachers, and leaders. This year this investment is reflected in at least seven of our faculty participating in formal career development programs, including the Tufts KL22 program-Dr. Pack; Baystate Physician Leadership Academy-Drs. Egan, Hernandez-Montfort, Engelman; UMASS Junior Faculty Development Program-Dr. Lau; and the American College of Cardiology Emerging Faculty Development Program-Dr. Wassif.

Baystate Regional Cancer Program



Wilson Mertens, MD
Vice President/Medical Director,
Baystate Regional Cancer Program

Safety

Our program completed a pharmacy review of ordering a preparation of hazardous drugs that included establishing standard fluid solutions and dose dilutions for all of Baystate Health, and also participated in staff safe review of hazardous drug preparation, doing standards for staff monitoring as appropriate.

A very large project was conversion of all chemotherapy ordering care set templates in our electronic medical record to Cerner PowerPlans. This allowed for each standardized chemotherapy regimen to have international guideline-compliant supportive care drug management and standardized regimen drug ordering, reducing the chance for error or misadministration. These PowerPlans are available for chemotherapy ordering throughout Baystate Health. In addition, ambulatory pediatrics chemotherapy ordering also was converted to Cerner PowerPlans in order to reduce the chance of error. Pediatric Oncology developed practice guidelines to reduce variability and improve safety in the use of pre-splenectomy vaccine utilization, laboratory, and other investigations in the management of neonatal stroke, and the use of systemic thrombolysis in pediatric patients with thrombosis.

Quality

Program completed replacement for the first of four linear accelerators with Elekta Versa, which will allow for stereotactic radiosurgery (SRS), stereotactic body radiotherapy (SBRT), and image-guided radiation therapy as well as more conventional radiation treatments on all accelerators when all are eventually replaced. We anticipate complete replacement of all accelerators over the next three years.

Optimal staffing for our Physics department was achieved when we were joined by our chief in Medical Physics Dr. Nokuleswar Panigrahi. We also hired another senior physicist so full complement of medical physicists and dosimetrist are available for effective treatment and planning purposes.

In order to continue to advance our regional approach to care, Suzanne Henss was appointed regional nurse manager to standardize nursing practice throughout the Baystate Regional Cancer Program, as was new regional Oncology Pharmacy Manager Andrew Szkiladz.

We continue harmonizing cancer care services across Baystate Health, and the Breast Health Network led by Dr. Grace Makari-Judson has taken the lead in implementing standards for specific surgical procedures, time to care endpoints, as well as screening bench marks. This will be expanded to other areas of breast oncologic care.

The cancer program continues to participate in the American Society of Clinical Oncology, Quality Oncology Practice Initiative (QOPI) as well as other national guidelines and pathways with consistently high compliance.

In non-cancer efforts, Dr. Leslie Howard served as lead physician on the Anticoagulation and Clotting Task Force for Baystate Health. Dr. James Stewart served as steering committee director for improving pain management at Baystate Health, and a new sickle cell pain management approach was implemented in the Emergency Department, which reduces visits in hospital admissions.

Patient Experience

A benign hematology clinic was introduced to reduce wait times for evaluation and increased efficiency for referring physicians and their patients at both the D'Amour Center for Cancer Care and Baystate Franklin Medical Center. In addition, advanced practice clinicians were added at both the Baystate Franklin Medical Center Oncology Unit and the Baystate Regional Cancer Program at Baystate Mary Lane Hospital, which increases the ability to care for patients in the ambulatory setting and improve overall access to care.

Value

Our cancer program was selected to participate in the Centers for Medicare and Medicaid Services Oncology Care Model (OCM), Medicare's first effort at employing a bundling approach to cancer. The five-year program offers the opportunity for shared savings through improved value of care. Initial historical data from Medicare demonstrates that the Baystate Regional Cancer Program has overall lower drug and imaging costs than average while exhibiting a high risk adjustment (reflecting the complexity of our patients), suggesting overall high-value and effective care prior to entry into the program.

Pediatric Oncology commenced a medical management effort for patients admitted for chemotherapy and sickle cell disease with vaso-occlusive crisis, which is designed to reduce unnecessary laboratory testing.

Baystate Neurosciences & Rehabilitation



Edward Feldmann, MD
Vice President/Medical Director,
Baystate Neurosciences &
Rehabilitation and
Chief, Neurology

Highlights

In FY2016 our deep brain stimulation program was initiated and two cases have been performed. Our tele-neurology scope has expanded significantly, with a dedicated service seven days per week, Baystate Franklin Medical Center inpatient coverage, pediatric neurosurgery coverage, and rural tele-speech coverage. The alignment of Drs. Blair, Aliotta, and Jacome represents regional integration in the East, West, and North, respectively. Sleep services were regionally integrated, with Dr. Bach in Northampton, advance practitioner Orifer at Baystate Franklin, and home sleep testing expanded to the Northampton Specialty Center, Baystate Noble and Baystate Wing. Baystate Medical Center electromyography was brought to Baystate Wing Hospital. Our spine pilot program was structured. Our sleep pilot program was initiated in partnership with Health New England, comparing third-party management to a Baystate Health population health approach.

Safety

Numerous neurosciences performance improvement achievements resulted in improved scores in Get with the Guidelines Coverdell national stroke registry and decreased readmission rates. Strategies included stroke clinical carepaths, education of neurosciences staff, and restructuring of the stroke coordinator role. In addition, we developed “the balancing act” for the prevention of falls. Finally, the transcranial Doppler program for testing post craniotomy aneurysm patients with suspected vasospasm was expanded.

Quality

Our stroke composite ineffectiveness score was 98.49. Back pain guidelines were developed as well as treatment algorithms for inpatient and outpatient providers of patients with back pain. Neurosurgery sustained excellent infection control performance for laminectomy, fusion, and craniotomy over the past year.

Patient Experience

A new pharmacy 340B plan was initiated at 3300 Main St. In rehabilitation and sports medicine a return to play program was developed. Access and utilization improved. In neurosurgery there was a 75% improvement in access to care and a 38% improvement in practice schedule utilization. In Psychiatry there was a 27% improvement in access to care and a 14% improvement in practice schedule utilization. Neurology had a 7% improvement in practice schedule utilization.

Value

Value analysis resulted in a collaborative effort for spine implants with an expense saving of \$1.775 million. Profitability increased by 18%/41% for direct margin/total margin, respectively. Significant restructuring resulted in elimination of outpatient rehabilitation losses. A comprehensive strategic plan was presented to the President’s Cabinet and the Board of Trustees of Baystate Health.

Academic Innovation

Academic achievements include ongoing and NINDS grant funding, neuro critical care unit education, CHART2 grant continuation, an intramural research award in sleep for Dr. Johnson, a recurrent annual symposium representing continuous education for the primary care community, and neuroscience publications of 13 abstracts, papers or chapters this year; Baystate Rehabilitation Care providing 20 clinical affiliations for physical therapy; occupational therapy, and speech and language pathology graduate programs; and the Neurodiagnostic and Sleep Center developing an affiliation with Laboure College’s neurodiagnostic undergraduate program.

Remaining Major Challenges and Initiatives

Recruitment to complete advance practitioner and physician teams for the neuro critical care unit is an ongoing process. An open neuro critical care unit and a primary admitting stroke service will result in improved outcomes, decreased cost and length of stay and improved patient experience. Development funds need to be generated. The spine program needs to expand to include more community practices, potentially decreasing Emergency Department visits and inpatient admissions. The TIA protocol is being revised to obtain rapid outpatient testing and follow-up with a telemedicine neurologist to decrease costs and length of stay and improve capacity and patient experience. Recruitment challenges remain for Baystate Rehabilitation Care for therapists. A major software and hardware upgrade of the neurodiagnostic and sleep services equipment is needed.

Baystate Primary Care



Elizabeth Boyle, MD
Vice President Primary Care
& Clinical Integration

Primary care continues to grow as BMP increases its primary care footprint in western Massachusetts. We strive to be the best primary care group for patients and providers in western Massachusetts by delivering value in concrete and measurable ways: better patient outcomes, high value care, improved patient experience, and improved provider engagement.

Safety

We prioritize safety by developing easy access for more of our community to high functioning and engaged care teams. We have improved access to care by simplified scheduling, easier processes for medication refills, and developing callback standards, all with the goal of greater first touch resolution. Access to urgent, routine, and new patient appointments are monitored on monthly dashboards. BMP Primary Care continues to look for alternative ways to engage with patients, including through telemedicine in primary care as well as with specialty care.

Quality

We deliver high quality with best practices in clinical models of care for both individuals and populations. Primary Care providers work together with specialists to develop care models around common disease states including COPD, CHF, and back pain to practice quality, evidence-based, efficient care. Our primary care teams include care managers embedded in primary care practices who outreach to high risk patients and actively manage their chronic diseases using medication titration protocols, coordinate hospital and ED discharges, and reconcile medications. They also actively engage their complex patients in conversations about advanced directives and the patient's goals of care. Integrated Behavioral Health clinicians help support our patient's behavioral health needs as well as address the behavior changes needed to manage chronic disease. Our practices routinely score in the top 10% nationally for ambulatory quality (HEDIS). This past year, BMP Northern Edge Adult and Pediatric Medicine and BMP South Hadley Adult Medicine were recognized for providing high-quality care.

Patient Experience

We focus on the patient experience in ambulatory care with access that exceeds expectations. As we seek out more input from patients we have continued to roll out the Patient Family Advisory Councils. Staff and providers from six practices meet regularly with patients and families to identify opportunities to improve the patient experience.

The Professional Research Consultants (PRC) recognizes providers as 5 Star Performers in patient experience for achieving the 90th percentile in overall provider rating. Congratulations to the following providers recognized by senior leaders at a celebration in July:

- | | |
|--------------------------|--|
| • Ritika Bhatt, MD | BMP-Northern Edge Adult and Pediatric Medicine |
| • Kimberly Bucknor, MD | BMP-Northern Edge Adult and Pediatric Medicine |
| • Bert Fernandez, MD | BMP-Greenfield Family Medicine |
| • Alan Graichen, PA | BMP-Deerfield Adult and Pediatric Medicine |
| • Jeffrey Cossin, MD | BMP-Northern Edge Adult and Pediatric Medicine |
| • Harvey M. Lederman, MD | BMP-Pioneer Valley Family Medicine |
| • Marci Yoss, MD | BMP-Pioneer Valley Family Medicine |
| • John Peluso, MD | BMP-Wilbraham Adult Medicine |
| • Jane Plager, NP | BMP-Greenfield Family Medicine. |

Value

The Primary Care Service Line provides value to our community with smart growth and improved population health; high quality, affordable care. We continue to grow as we expand access for our communities to our patient-centered primary care. To ensure Baystate has the resources to care for its patients as we transition from fee-for-service care to alternative payment models, education and operational efforts to improve diagnosis coding have brought about a significant increase in our average risk score, and thereby the financial resources, for our HNE Medicare Advantage patients.

The primary care providers of BMP (now including Baystate Wing and Baystate Noble PCPs) care for over 93,685 adults and over 11,863 children in the Pioneer Valley. In addition, Baystate Health partnered with two community primary care practices: Western Mass Medical Group (Andrew Wetstone, MD, medical director) and Cardiology and Internal Medicine Associates (Mark Mullan, MD, medical director) totaling an additional five MDs, two APs, and approximately 10,000 patients.

Academic Innovation

University of Massachusetts Medical-Baystate is recruiting students interested in rural and urban primary care. The practices in our service line look forward to help training these students. This partnership will help Baystate Health address the region's shortage of primary care physicians by building a pipeline of students more likely to remain in our health system and practice locally as physicians.

Region Highlights

Eastern Region

Integration

The past year's events in the Eastern Region can be summarized by one word: integration. The integration process took many forms. The inpatient unit at Baystate Mary Lane Hospital was closed and the Emergency Department at Baystate Mary Lane was designated as a satellite Emergency facility of Baystate Wing Hospital. The entire staff at Baystate Wing Hospital Emergency Department became Baystate Medical Practice providers and with that process, the Baystate Wing Hospital and Baystate Mary Lane Emergency Department staff have begun cross training at both sites.

Leadership

There have been significant changes in medical staff governance, personnel, and leadership. An entirely new set of Medical Staff Bylaws for Baystate Wing Hospital have been crafted, approved by the Medical Staff Executive Committee and adopted by the Baystate Wing Hospital board of directors as well as the Baystate Health board. A new slate of medical staff officers has been elected. This completes the melding of the Baystate Mary Lane and Baystate

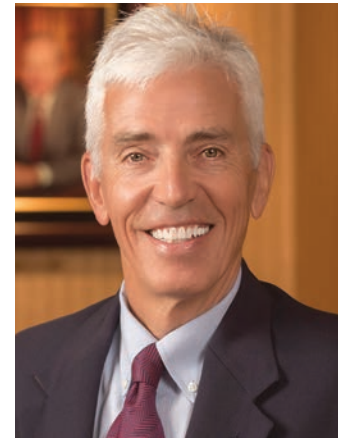
Wing Hospital Medical staff representatives into a single Medical Staff Executive Committee. The Baystate Health Eastern Region has added a general surgeon, orthopedic surgeon, urologist, hospitalist, and PCP to the medical staff. There has been ongoing redeployment of the providers in the region; specifically, Palmer Pediatrics practice has moved over to support Ware pediatrics where the need was greater. The two Baystate Medical Practice primary care sites in Belchertown are being joined into one medical center. Baystate Eastern Region Oncology has been consolidated to the Baystate Mary Lane campus. In addition to the realigning and relocating of practices, there has been work on integrating service lines within the region and with Baystate Medical Center. Thus far, most of the work has been in the Emergency Department at both campuses as well as the hospitalist services at Baystate Wing Hospital. This integration activity has been greatly assisted by Dr. Niels Rathlev and Dr. Michael Vemula, BH Emergency Medicine and Hospital Medicine respectively, and service line directors. In both service lines, we are beginning to see staff from Baystate Medical Center working in the Baystate Eastern Region. Another of the more successful areas of integration is in gastroenterology support. There is now a gastroenterologist on site Monday through Friday at Baystate Wing Hospital and Baystate Mary Lane. A direct result has been increased ability to provide community based gastroenterology care at Baystate Wing Hospital. This has also resulted in a substantial increase in endoscopy procedures at both of the Baystate Eastern Regional campuses and a decrease in transfers out of the region.

Quality

There is a commitment to quality of care by our medical staff reflected in the Gold Plus Stroke Awards for the region (Elite for Baystate Mary Lane) and Honorable Mention for President's Excellence Award for implementation for Severe Sepsis/Septic Shock Bundle. Also, a well attended Multidisciplinary Peer Review Committee was created and implemented. There is also a robust monthly medical staff and CME program at the Baystate Wing campus.

Future

Finally as a tangible mark of Baystate Health's commitment to the Baystate Health Eastern Region, the enabling projects for the new Baystate Wing Emergency Department have begun. We look forward to a productive a year in 2017.



David Maguire, MD
Chief Medical Officer,
Baystate Health Eastern Region
& Baystate Wing Hospital

Northern & Western Regions



Thomas Higgins, MD, MBA
Chief Medical Officer,
Baystate Health Northern Region,
Baystate Franklin Medical Center
and Baystate Noble Hospital

Baystate Franklin Medical Center/Northern Region

2016 was a highly successful year for BFMC and the Northern Region. Our new \$26 million surgical building opened on time and on budget, and we exceeded the \$5 million fundraising goal, with a large number of our physicians contributing financially and facilitating donor events. A special thanks to Brian Hoffman, chair of surgery at BFMC, for his compelling presentations at the fundraising events explaining to potential donors how their contributions help keep care local. Surgical volume was increasing even before the new facility opened, and we have witnessed a 3% year-over-year increase since July 1. Seven new physicians and six advanced practitioners joined the BMP Northern Region in FY16, and Cindy Russo arrived as our new president and chief administrative officer on May 31. The new nursery hospitalist program has been well-received by patients, nurses, and physicians, and adds an important new level of safety for our high-risk deliveries.

In pursuit of the BH strategic goals, we achieved our third straight “A” rating from the Leapfrog Group, recognizing outstanding safety; this award is calculated semi-annually considering structure, processes, and clinical outcomes. In terms of quality, BFMC’s standardized mortality ratio is 0.58; significantly better than the expected value of 1.0. Inpatient medical-surgical length of stay has dropped from above a target of 3.2 days to a superb 2.9 days, opening capacity for additional patients during times of high census. This represents a great deal of hard work on the part of our hospitalists, surgeons, nursing staff, and many others who support patient care. Thirty-day hospital readmissions are below our 12% target. Case Mix Index continues to increase, demonstrating BFMC’s commitment and ability to care for increasingly complex patients. Patient experience is improving with impressive patient satisfaction gains in the Emergency Department, although we still have opportunity to improve on some inpatient units. Our Northern Region physicians are averaging 4.8 out of 5.0 on the CMS 5-star ratings. 93% of patients would either “definitely” or “probably” recommend BFMC, but we need to get the “definitely” numbers a bit higher. From a value perspective, BFMC closed its second consecutive fiscal year with a margin both positive and favorable to budget. BFMC, along with other Baystate hospitals, was recently designated as a Community Value Five Star Hospital, representing top 20% performance in cost, pricing, and quality of care. And BFMC received the BH President’s Excellence Award for driving improvements with the Daily Management Board inaugurated in 2015.

Major challenges for FY17 will be budgetary, due to rising costs (especially pharmacy and labor) with flat reimbursement. The opioid crisis continues; overdoses are now our #1 ICU admission diagnosis, and we see too many infants with neonatal abstinence syndrome. We need to finish renovations to the old operating rooms (our new endoscopy suite) and increase both utilization and volume in surgery and endoscopy.

FY16 will go into the history books as a successful year for BFMC. And speaking of books, the Arcadia Images of America book Baystate Franklin Medical Center was published in August and is available online and at our gift shop. Dive into our fascinating history and know that proceeds from the book support BFMC.

Baystate Noble Hospital/Western Region

Noble Hospital joined the Baystate system midway through 2015, and FY16 represents its first full year as a part of Baystate Health. 2016 was a rebuilding year, with numerous leadership changes and integration of the Noble-Western Medical Group employed physicians. Sarah Haessler stepped in as interim CMO this past winter, and was faced with a number of legacy issues, which she adeptly resolved. I became the new CMO in June, after turning over my interim president role at BFMC to Cindy Russo. With system support, Baystate Noble is now able to tackle deferred physical plant maintenance, including reconstruction of the inpatient pharmacy and the oncology suite. A new front entrance will replace the 1950’s vintage lobby during 2017. Most importantly, we are investing in physicians and advanced practitioners with the goal of keeping care local. In addition to welcoming former Westfield Medical Group providers into BMP, we have credentialed dozens of Springfield-based physicians. Particular thanks are due to Holly Mason and Rick Arenas for their help with the breast program, and to our BMP colleagues in trauma surgery and heart & vascular for helping to fill coverage gaps. In November, we welcomed general surgeon Dr. William Rockett to our BMP surgical practice.

Baystate Noble is in the process of converting electronic systems to those used by the rest of Baystate Health, and also creating the dashboards that allow us to evaluate our performance on the “compass points.” Full IT implementation will not be finished until the legacy MediTech EMR is replaced by Cerner sometime in early 2018, but meanwhile, we have a few helpful performance indicators. Baystate Noble was the recipient of the Leapfrog Group’s “A” grade for safety this fall, reflecting team effort in everything from handwashing to a culture of safety. Gina Campbell, RN, our new director of Quality, and I are part of a team to restructure quality reporting, peer review, and service-line quality improvement. Our unadjusted mortality rate for

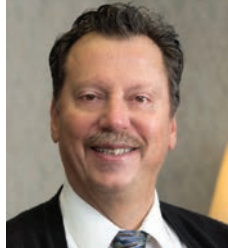
hospitalized patients is very low, at 2.3%. BNH achieved 4 out of 5 stars on the CMS Hospital Compare rating, highest in the Baystate system. Baystate Noble excels in some aspects of patient experience: for example, 22 minute door-to-doc time in the ED, an ED Walkout rate <1%; and excellent nurse communication scores from Press-Ganey. But we are not consistent across the board; improving patient experience (which is more than just satisfaction!) will be an important focus in 2017.

Other challenges going forward include completing the integration of employed physicians into BMP, additional physical plant renovations, and converting legacy information systems for both patient care and performance measurement. Inpatient capacity exceeds demand, and in order to fill those beds, we need to offer more services so that care can be kept local. The Bronson Rehabilitation unit, as the only inpatient acute rehabilitation unit in Baystate Health, is poised for growth. Community perception of quality at BNH will be addressed with delivery of high-quality care, appropriate marketing efforts, and capital improvements to the facility. Along with the rest of the system, we will be utilizing our partnership with Press Ganey to monitor and improve patient satisfaction. With the investment and resources of Baystate Health, there is widespread enthusiasm to now deliver on the Baystate brand promise in Westfield and surrounding communities.

New Physicians and Advanced Practice Clinicians



Munir Ahmad, MD
Baystate Wing Hospital–
Palmer Medical Center



Armand Aliotta, MD
Baystate Neurology–
Baystate Noble Hospital



Catharine Armentrout, CNP
Baystate Cardiac Surgery



Auras Atreya, MD
Hospital Medicine–
Baystate Medical Center



Rachel Ballester, CNM
Baystate Midwifery and
Women's Health



Michelle Barnett, MD
Baystate Noble Primary Care–
Westfield



Roger Beneitone, MD
Baystate Noble Primary Care–
Westfield



Kranti Kiran Bhagi, MD
Baystate Neurology



Tammi Bonavita, PA-C
Baystate General Surgery



Julie Bordua, CNP
Baystate Mason Square
Neighborhood Health Center



Rebecca Brocks, MD
Baystate Pediatric Surgery



Beth Brown, MD
Baystate General Pediatrics



Robert Campbell, MD
Orthopedic Surgery–
Baystate Wing Hospital



Lisa Chaderjian, CNP
Baystate Vascular Services



Rajib Chakravarty, MD
Hospital Medicine–
Baystate Medical Center



Weijen Chang, MD
Chief
Baystate Pediatric Hospital Medicine



Zeling Chau, MD
Baystate General Surgery
Baystate Wing Hospital



Ivan Chavarria Siles, MD
Baystate Behavioral Health–
Baystate Franklin Medical Center
Inpatient



Thomas Chin, MD
Hospital Medicine–
Baystate Medical Center



Tyler Christensen, DO
Emergency Medicine–
Baystate Medical Center



Abbie Courtemanche, DO
Hospital Medicine—
Baystate Medical Center



Molly Czaplicki, CNP
Hospital Medicine—
Baystate Medical Center



Joanne Dalpe, MD
Baystate Wesson Women's Group



Heather Davis, CNP
Baystate Regional Cancer
Program—Surgical Oncology



Mary Ann de Banate, MD
Baystate General Pediatrics



Esteban DelPilar-Morales, MD
Baystate Infectious Diseases



Selma Demir, MD
Hospital Medicine—
Baystate Medical Center



Eric DiBiasio-White, PA-C
Baystate Cardiac Surgery



Jeannie Dodd, CNP
Baystate Newborn Medicine



Ahmed Elmogy, MD
Emergency Medicine—
Baystate Wing Hospital



Molly Emott, MD
Baystate Endocrinology and
Diabetes



Roma Estevez, CNP
Baystate Behavioral Health—
Baystate Franklin Medical Center
Inpatient



Nicholas Fay, MD
Emergency Medicine—
Baystate Wing Hospital



Michael Fine, CNP
Emergency Medicine—
Baystate Wing Hospital



Lisa Ford, CNP
Baystate Regional Cancer Program—
Hematology Oncology



Tara Futrell, MD
BMP—Valley Orthopedic Surgery
and Sports Medicine



Laura Gioiella, MD
Baystate Noble Primary Care—
Southwick



Danielle Gould, CNP
Baystate Medical Genetics



Shreyas Gowdar, MD
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Baystate Medical Center



Julie Grondin, CNP
BMP—West Side Adult Medicine



Erin Hannan, CNP
Baystate General Pediatrics



Cortney Haynes, MD
Baystate Mason Square
Neighborhood Health Center



Adrienne Hines, CNM
Baystate Midwifery and
Women's Health



Katrina Hull, PA-C
BMP—Greenfield Family Medicine



Susan Hunt, CNP
Baystate Neurology



Nicolas Jabbour, MD
Chair
Department of Surgery



Gary Jacobson, DO
Baystate Noble Primary Care—
Feeding Hills



Mark Jankowske, DO
Baystate Pediatric
Hospital Medicine



Kathryn Jobbins, DO
Baystate Wing Hospital—
Palmer Medical Center



Judith Jorge-Leonard, CNP
Baystate Wing Hospital—
Griswold Center for Behavioral Health



Krishna Kaffle, MD
Hospital Medicine—
Baystate Medical Center



Ronald Kanagaki, MD
BMP—Western Mass
Medical Group



Anand Kanjolia, MD
BMP—Cardiology and Internal
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Aditi Kapil, MD
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Acute Care Surgery



Susan Kartiko, MD
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Arthur King, MD
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Southwick



Gurpal Kingra, MD
Baystate Noble Primary Care—
Westfield



Erin Koshinsky, CNP
BMP—Greenfield Family Medicine



**Ramachandran
Kuppuswamy, MD**
Baystate Noble Primary Care—
Southwick



Volodymyr Labinsky, MD
Baystate Vascular Services



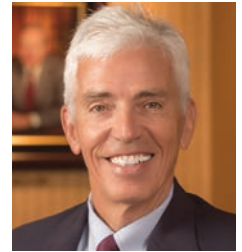
Neal Lakritz, MD
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Medicine Associates



Ronald Leombruno, MD
BMP—South Hadley
Adult Medicine



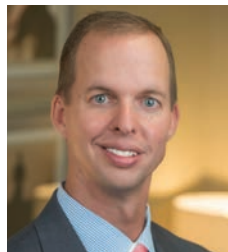
Anita MacDonald, CNP
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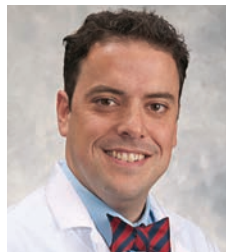
David Maguire, MD
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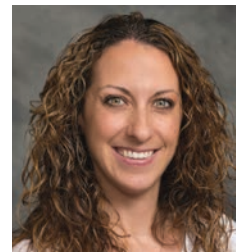
Richard Martin, MD
Baystate Plastic Surgery



Robert McDonald, MD
Baystate Pediatric Hospital Medicine



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Violet Moses, CNP
Baystate Mason Square
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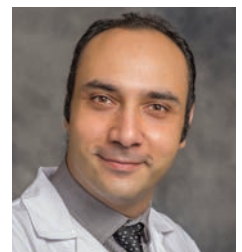
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Sundeep Shukla, MD
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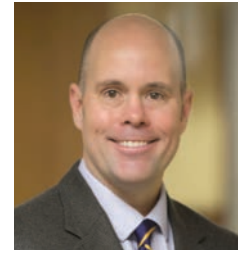
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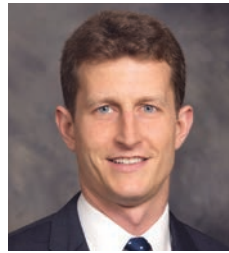
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BH, Eastern Region



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Baystate Medical Center



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Baystate Medical Center



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Marcia VanVleet, MD
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 Baystate Medical Center



Hassib Wali, MD
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 Baystate Noble Hospital



Emmah Wanjiru, CNP
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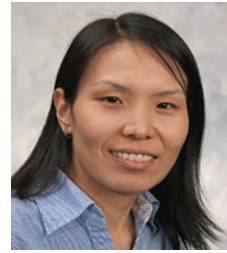
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David Wexler, MD
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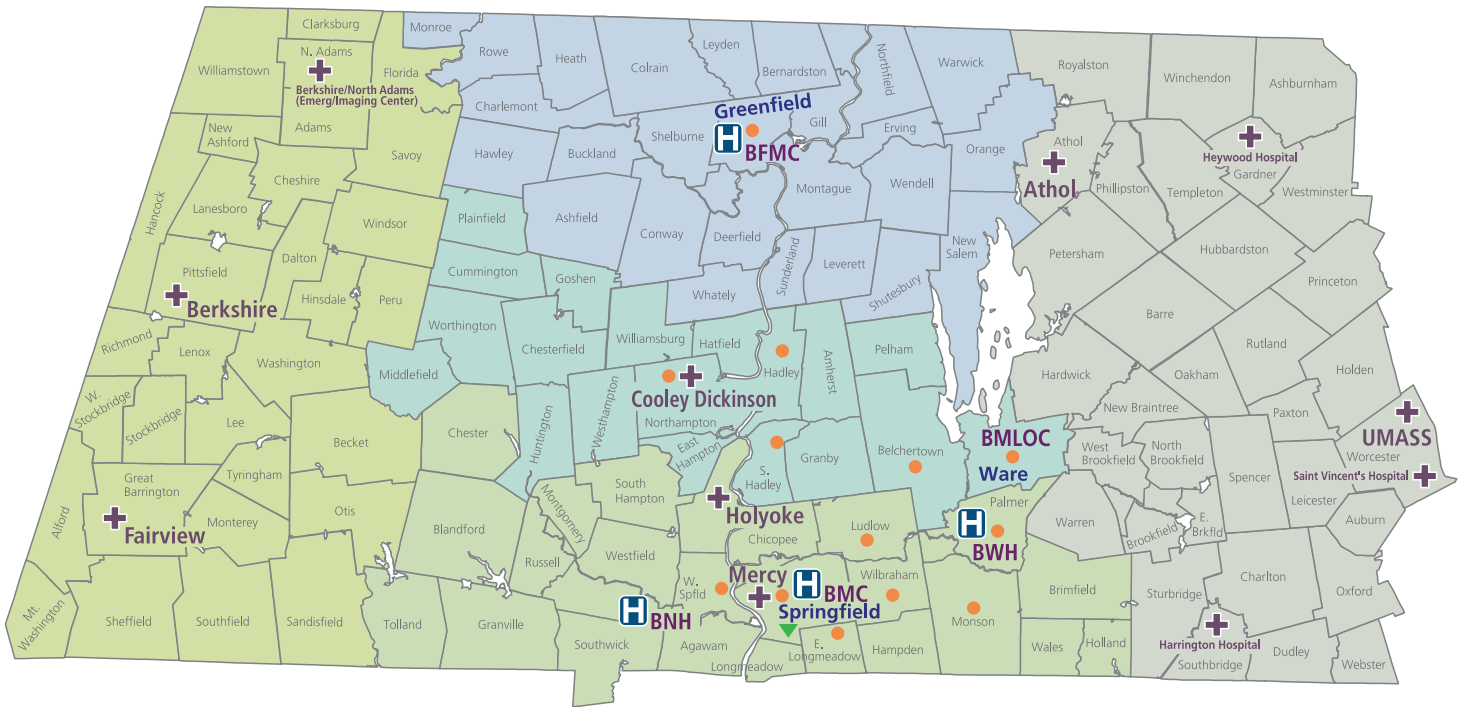


William Williams, PA
 Emergency Medicine—
 Baystate Wing Hospital



Annie Yang, MD
 Hospital Medicine—
 Baystate Medical Center

Baystate Health Service Area



-  Baystate Franklin Medical Center (BFMC) - Greenfield
-  Baystate Medical Center (BMC) - Springfield
-  Baystate Noble Hospital (BNH) - Westfield
-  Baystate Wing Hospital (BWH) - Palmer

-  Baystate Home Health

-  Non-Baystate Hospital

-  Baystate Medical Practices

Baystate Health 2020

Mission

To improve the health of the people in our communities every day, with quality and compassion.

Caring Values

- Quality
- Compassion
- Service
- Teamwork
- Innovation

Compass



GOALS

ASPIRATIONS

MEASURES

	<p>Together, we will create a culture of safety with the shared goal to consistently provide safe, timely reliable care.</p>	<p>Every patient will be free from harm.</p>	<p>Top 20 safest health systems in the nation.</p>
	<p>Together, we will achieve today's best practices while setting the standard for tomorrow.</p>	<p>Setting the national standard for clinical excellence.</p>	<p>Top 20% in performance in outcomes and processes of care.</p>
	<p>Together, we will listen to our patients and their families, and partner with them to meet their needs and improve their lives.</p>	<p>Every patient recommends Baystate Health as the best for care.</p>	<p>Top 20% in patient satisfaction scores.</p>
	<p>Together, we will create a sustainable health system that provides outcomes that matter to patients at affordable cost to society.</p>	<p>Recognized as the system that provides care that matters at a cost that is affordable.</p>	<p>Top 20% nationally for affordable cost.</p>

Baystate  Medical Practices

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