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Baystate Medical Practices Annual Report - 2020

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Baystate Medical Practices

2020 ANNUAL REPORT





Table of Contents

A Message from Andrew W. Artenstein, MD, President	1
A Message from Betty LaRue, MN, RN, COO	2
BMP Board, BMP Vision	4
Ambulatory Quality	5
Office of Admissions	6
Office of Education	7
Office of Faculty Affairs	8
Office of Research	9
Teamwork & Collaboration	
A True "Team of Teams"	10
Department Highlights	
Anesthesiology	12
Emergency Medicine	13
Family Medicine	14
Medicine	15
Obstetrics & Gynecology	16
Pathology/Baystate Reference Laboratories	17
Pediatrics	18
Psychiatry	19
Radiology	20
Surgery	21
Baystate Heart & Vascular Program	22
Baystate Regional Cancer Program	23
Baystate Neurosciences & Rehabilitation	24
Baystate Primary Care	25
BH Eastern Region	26
BH Northern Region	27
BH Western Region	28
New Physicians and Advanced Practice Clinicians	29
BH Service Δrea	36

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 2020 began with great anticipation and optimism. BMP was coming off another strong performance year. As is well documented in last year's BMP Annual Report, our teams, led by Department Chairs, Service Line VPs, and Deans in partnership with their program directors, successfully addressed numerous strategic and operational challenges to significantly advance our vision to be "the premier provider organization in the region and to be nationally recognized for delivering and evaluating high value health services and innovative medical education across a regionally integrated, strategically aligned system". Our strategy for 2020 was centered around the Orchestrated Access to Health (OATH) model (see back cover), through which we would optimize access in its broadest definition, enhance patient/consumer experience and service excellence, and thus grow our enterprise. Then came a centurial event: the COVID-19 pandemic. To paraphrase the well-known military aphorism, every plan is a good one until first contact with the enemy.

But despite the uncertainty and difficulties posed by this life-changing set of circumstances, our teams stood tall and with our colleagues throughout the health system, met the novel challenges as they arose with decisiveness, boldness, creativity, and a strong sense of purpose, guided by the principle of maintaining the health and safety of our patients, team members, and community. Through it all, we continued to pursue our strategic plans and advance the BMP Vision. In the pages that follow, our leaders describe the great work resulting from the commitment and passion of 1,100 BMP providers and nearly 1,500 of their team members who are dedicated to the success of Baystate Health.

Chief Operating Officer



Betty LaRue, MN, RN

Chief Operating Officer, Baystate Medical Practices
Vice President, Baystate Health Ambulatory Operations

ACCESS TO HEALTH

The journey continued to expand patient access into our practices, programs, and services across Baystate Health. Despite the pandemic and a precipitous drop in face to face practice visits, our telehealth team partnered with service lines to rapidly implement and track virtual visits. For FY 2020, we "arrived" 730,704 patients, of which 185,860 (25%) were managed either through phone or video appointments.

The Contact Center continued to diversify and expand its work by adding triage RN's, implemented patient medication refill services, initiated a scheduling team for drive-through COVID-19 testing, and worked with marketing to update patient messaging for appointments. With implementation of Kyruus Direct Book, patients can now directly book their appointments on-line for selected primary- and urgent care visits.

SAFETY/QUALITY

Following the FY19 assessment of safety by a national consultant, gaps were closed in medication safety related to warfarin management, governance and policies, and infection control. Work is underway in the two remaining risk areas of patient referral tracking and education/training. The ambulatory hand hygiene program grew exponentially in FY20 and is now consistent with systemwide reporting standards. An infection control nurse was hired to support the needs of the ambulatory sites and has been well received by providers and staff.

The COVID testing team won the 2020 Presidents Quality Award for rapidly implementing 6 regional drive-thru testing sites for employees, symptomatic patients, patients at risk, and preprocedural patients.

The ambulatory electronic health record optimization (aEHRo) project continued with our goal to improve the functionality of the EHR and to enhance, automate, and standardize our processes of care. Primary Care, Women's Health, Community Health Centers and General Pediatrics were first to fully implement the new tools and processes; the remaining service-lines will roll out in 2021/2022. Provider feedback has been positive.

EXPERIENCE

Significant work was done in 2020 to improve patient satisfaction and their "Willingness to Recommend" BMP. We started the year with 88% of patients telling us they would recommend BMP and finished the year at 89.1%, ahead of our 88.7% target. This increase in satisfaction can, in part, be attributed to keeping connected with our patients during the height of the pandemic and instituting over 5000 personal calls to check on patients wellbeing and medication needs, educate on the pandemic viral infection, enlist them in portal enrollment, and promote advanced care planning.

VALUE

BMP achieved #1 ranking in physician billing office revenue cycle performance in the AAMC/Vizient annual national survey. We were also recognized with the President's Excellence Award for innovative use of data to drive revenue cycle performance (Distinguished Performer).

Although COVID-19 greatly impacted practice and procedure volumes and revenues, we received over \$6.2M in CARES Act provider relief funds and \$4.7M in Advanced Payments from Medicare and Medicaid to provide financial support and stability during the pandemic. In addition, BMP received a Medicare Alternative Payment of 2.1 mil and 4.7mil from our performance on value-based payer contracts from 2019.

STRATEGIC GROWTH AND REGIONAL INTEGRATION

BMP continued to expand its footprint across western Mass. Connecticut River internists (CRI) became a BMP primary care practice in Turners Falls. Westfield Emergency Physician Group was transitioned to BMP to support the Noble ED. PSA relationships were created with Baystate OB/GYN (BOGG) and Hampden and Franklin County Cardiology (HFCCA) to support specialty growth, and Valley Medical Group, a large multispecialty practice with 50,000 lives, joined an alignment agreement with BMP. Service line strategic plans/snapshots were developed with metrics and growth targets for 2021-2023.

In closing, 2020 has been, by any measure, a difficult year. This pandemic has tested our resilience and shown once again the true spirit and perseverance of BH employees during times of crisis. Thank you for your continued commitment.

"SUCCESS IS NOT FINAL; FAILURE IS NOT FATAL: IT IS THE COURAGE TO CONTINUE THAT COUNTS"
- WINSTON CHURCHILL

2020 BAYSTATE MEDICAL PRACTICES

Board of Directors



Andrew W. Artenstein, MD



Charlotte Boney, MD



Elizabeth Boyle, MD



Ronald P. Bryant, MHA



Kimberly Bucknor, MD



President, Baystate Medical Practices Regional Executive Dean,

and Chief Academic Officer

UMMS-Baystate







Dennis W. Chalke



DNP,CNP, ACNP-BC



Edward Feldmann, MD



Cheryl Geoffrion, MD





Nicolas Jabbour, MD



Mark A. Keroack, MD, MPH



Aaron Kugelmass, MD



Ramachandran Kuppuswamy, MD



Amir Lotfi, MD



Wilson C. Mertens, MD



Niels K. Rathlev, MD



Heather Z. Sankey, MD, MEd



Barry Sarvet, MD



Rakesh 'Kishi' Talati, MD. MBA

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.



Abraham Thomas, MD, MPH, FACP



Kathleen B. Scoble, EdD, RN

AMBULATORY QUALITY



Paul J. Helmuth, MD

Medical Director,

Quality and Population Health, Baystate Medical Practices

SAFETY

- · Practices implemented hand hygiene observations with performance reporting across all service lines
- Infection control and Environment of Care Rounds were implemented across BMP
- · Pharmacist-led anti-coagulation program was implemented to improve standardization of practice

QUALITY

- South Hadley Adult Medicine was awarded an honorable mention at Baystate Health President's Excellence Awards for their accomplishments through the learning collaborative on glycemic control in diabetes and team-based care
- The primary care service line and health center sites have implemented a standardized, comprehensive blood pressure management program called "Target BP" in collaboration with the American Medical Association
- Early in the COVID-19 pandemic, practice staff across BMP made over 3,000 calls to high-risk patients to address needs for medication refills, complete health care proxy, access the patient portal, etc.
- With fewer in-person visits during the COVID-19 pandemic, measures of clinical quality have fallen, prompting renewed efforts to maximize patient outreach and leverage increased use of virtual care

PATIENT EXPERIENCE

- BMP Northern Edge Adult and Pediatric Medicine was recognized as the top overall performer among Massachusetts adult primary care practice in patient experience
- BMP performance on Willingness to Recommend the practice increased from baseline of 87.9% to 89.2%, exceeding the target of 88.7%
- Practices focused on specific tactics to improve clarity of patient instructions, respect for what patients say, and ability of patients to share in decisions of care



Office of **ADMISSIONS**

- Successfully recruited our complete fourth class of students to the UMMS-Baystate PURCH track
- Matriculated 26 students into the Class of 2024
- Diverse and high-quality students: 15 Massachusetts residents and 11 from out of state; 7 male and 19 female. This is our academically strongest group with an average GPA of 3.82 and an average MCAT of 86%.
- This year's application cycle is off to an even stronger start with over 480 applications for our 25 positions
- The application process has been completely overhauled to be entirely virtual.
 We will expand our interview days to accommodate the increase in applications and the uncertainty that comes with virtual interviewing.
- The PURCH Admissions Committee has been expanded to include students and has increased its diversity; currently 35% of the members are persons of color



MD, FAAP, FACP

Assistant Dean of Admissions
Associate Program Director,
Medicine-Pediatrics Residency Program
Associate Professor of Pediatrics
and Medicine, UMMS-Baystate



Office of **EDUCATION**

Education at Baystate ensures that we have high quality providers for our patients now and into the future by engaging learners at all levels: from high school through professional practice. Education continues to meet our community's health needs through strategic grant funding, inter-professional and interdepartmental collaboration, and innovation around socially-informed priorities.

Key Highlights across the Continuum of Education:

- Through a national accreditation exemption, our medical and surgical residents provided critical front-line care during the pandemic
- With a \$750,000 grant from TD Bank, the University of Massachusetts Medical School-Baystate (UMMS-Baystate) education team began work on a mobile health bus, bringing inter-professional education to students and preventive care to the community: recently completing a successful collaboration with our Division of General Medicine and Office of Diversity, Equity, and Inclusion Response Team to bring COVID-19 testing and education to the community
- Health Sciences Library organized and distributed relevant, timely COVID-19 resources and evidence for clinical implementation during the pandemic
- Over 400 allied health students from local colleges and universities completed clinical training at Baystate as part of their associate, baccalaureate, master and post-doctoral work

Key Accomplishments within the UMMS-Baystate Population-based Urban and Rural Community Health (PURCH) track:

- For quality and experience, we reviewed and addressed structural racism within our PURCH track: as a result, we increased the diversity of our PURCH faculty and updated our curriculum by selecting more diverse reading materials, creating more anti-racist debriefing points, and teaching trauma-informed physical exam practices
- PURCH students formed the Student Volunteer Corps, organizing student response to volunteer opportunities within our community
- With a \$15,000 grant funded by the Association of American Medical Colleges
 (AAMC) Northeast Group on Educational Affairs (NEGEA), the Baystate Health
 Equity Incubator successfully piloted its first year, teaching medical, pharmacy,
 nursing, and social work students the foundational skills in health equity solutions
- 31% increase in UMMS-Baystate PURCH track applications from the previous cycle
- 338 medical students completed clerkships and electives in various specialties

Key Highlights from Continuing Education:

- Baystate Inter-professional Continuing Education (CIPE) office selected as one of five nationally to present to the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors on our institutional and educational response to COVID-19
- Our CIPE office implemented the "Fast Track" application for Continuing Education (CE) credit, allowing COVID-focused programs like Grand Rounds, Resilience workshops and other education to quickly be distributed to teams who needed it
- Our Baystate Education Research and Scholarship of Teaching (BERST) Academy accepted its 5th cohort of inter-professional members from across Baystate Health to learn and practice high quality and inclusive teaching practices: BERST Academy now has over 140 members



Rebecca D. Blanchard, PhD
Senior Director of Educational Affairs,
Baystate Health
Assistant Dean for Education and
Associate Professor of Medicine,
UMMS-Baystate



Kevin T. Hinchey, MD, FACP

Chief Education Officer,
Baystate Health
Senior Associate Dean of Education
Professor of Medicine, UMMS-Baystate



Office of **FACULTY AFFAIRS**

COVID-19 Pandemic:

OFA team was redeployed March-June in the following efforts:

- Partnered with Marketing & Communications to create a multi-page website on the HUB called "Resources for Medical Providers and Clinical Staff" that housed COVID-19 related guidelines (PPE, Clinical Care, Scarce Resource Allocation, Contact Information, CDC/DPH links, and Patient Experience Tools) and supported standardized, evidence-based patient care during the pandemic. Activity included:
 - Reviewing and updating content in real time and organizing 135-document Clinical Care Guideline pages by functional unit area for easier accessibility
 - Fielding, approving, and actively tracking content of all webpages
 - Incorporating regular feedback from Infection Control/PPE Coaches to create PPE FAQ of the day webpage
- Partnered with Critical Care Team (physicians, APs, nursing) to create guides
 outlining duties of clinical providers rotating through ICU during pandemic surge.
 OFA then turned these guides into "welcome videos" that reviewed roles and
 emphasized the tenets of psychological safety, communication, and teamwork
- Created and maintained Baystate-generated COVID-19 scholarship repository on HUB with links to articles (https://thehub.bhs.org/Departments/COVID19/Pages/ default.aspx?active=56&title=Scholarship)
- All faculty development offerings March-September 2020 were converted into remote sessions (see below)
 - Inaugural Division Chief Leadership Bootcamp (DCLB): OFA launched a professional development program in February 2020 to enhance skills in conflict management, delegation, change management, healthcare finance, and talent acquisition. The DCLB took place over two consecutive days in February and included a mixture of presentations and interactive exercises. To be eligible to participate, individuals had to be nominated by their department chairs or service line leaders. Subsequent to the February program, OFA created a quarterly webinar series for DCLB alumni that included conversations with BH leadership about topics critical to organizational stewardship.
 - Virtual Office Hours: OFA launched monthly "drop-in" hours through Webex to support the academic advancement of our faculty. These remote, half-hour sessions often begin with a brief review of a topic relevant to appointment and promotion and then become open forum for Q&A.
 - Research Faculty Development Program (RFDP): OFA welcomed the second cohort of RFDP Scholars. Four junior faculty and 20 senior faculty and mentors from UMMS-Baystate and UMMS Worcester participated in the four-month program, which included a mentored pilot grant proposal. In March, we moved the two-hour sessions to a remote platform to allow continuation during the pandemic. Despite these turbulent times, all participants completed their grant proposals and presented them via Webex to audiences on both campuses.
 - Inaugural Baystate Women in Medicine & Science Impact Awards: oversaw the establishment of a BWIMS awards committee, nomination process, and selection criteria to honor high-level contributions by women Baystate providers. We had an overwhelming response with nominees from a diversity of disciplines throughout the health system. OFA celebrated the winners via a remote event at the end of September.
- OFA launched new web pages to support our faculty and increase access to a variety of resources. Our FAQs page (https://www.baystatehealth.org/education-research/faculty-affairs/faqs) provides answers to common queries about CV preparation, faculty appointment, and academic career development. Our Faculty Resources page (https://www.baystatehealth.org/education-research/faculty-affairs/faculty-resources) includes sections on time management and taking advantage of the Heath Sciences Library.



Amy S. Gottlieb, MD, FACP
Chief Faculty Development Officer,
Baystate Health
Associate Dean for Faculty Affairs
Professor of Medicine and Obstetrics
and Gynecology, UMMS-Baystate



Office of **RESEARCH**

COVID-19 Pandemic:

- Clinical Trials Unit (CTU) initiated COVID-19 clinical research studies, including regulatory work and start-up activities to get trials open quickly; providing study staffing; coordinating Expanded Access Program to provide convalescent plasma outside of clinical trials; and data collection for Remdesivir Expanded Access Program
- Epidemiology and Biostatistics Research Core (EBRC) developed COVID-19 database of accurate, timely data for leadership, and to evaluate best practices; employed statistical models to predict regional pandemic spread and clinical resource demands; and consulted on over 20 COVID-19 projects
- Human Research Protection Program (HRPP)/Institutional Review Board (IRB)
 expedited regulatory requirements for expanded access protocols and treatment
 trials; fast-tracked research through IRB and privacy board; assisted transition of
 research activities to telemedicine and remote status; and developed electronic
 consent platform
- Sponsored Programs Administration (SPA) expedited contracts and budget negotiations for 17 COVID-19 projects
- Institute for Healthcare Delivery and Population Science (IHDPS) developed COVID-19 research registry working with EBRC/UMMS to create a prediction tool for COVID-19 triage

QUALITY

- CTU selected clinical trial and regulatory management systems for Baystate research. 2021 implementation will streamline and standardize processes, increase transparency, facilitate monitoring, and provide useful metrics.
- EBRC worked with Information Technology to establish remote access to critical software to support ongoing research and educational initiatives
- HRPP developed a research training and competency manual that standardizes onboarding, training, and competencies for clinical research staff
- With finance and purchasing, SPA launched new procurement processes to meet federal guidance

VALUE

- Through FY20 third quarter, grant revenue surpassed \$13 million, a 31% increase over FY19
- SPA transitioned all research finance from revenue-earned to a cash basis and standardized clinical trial billing, leading to \$1.04 million in new billing and collection of 89% of receivables

EXPERIENCE

 Baystate's IRBs submission-to-approval times for convened board reviews took a median of 44 days, 14 days (expedited reviews) and six days (exempt reviews), equaling or surpassing national benchmarks

ACADEMIC INNOVATION

- Began constructing new outpatient Clinical Trial Unit with four exam rooms, a research pharmacy, and a laboratory to expand clinical trials in Western MA
- · Instituted Clinical Trials Incentive Policy to facilitate participation in outpatient clinical trials at BH
- Awarded Research Pilot Award Program (RPAP) funding to five Baustate investigators
- HRPP worked with Springfield Technical Community College to develop a certificate program in Clinical Research to facilitate workforce development
- The EBRC collaborated with investigators to publish 28 manuscripts
- IHDPS faculty published 82 peer-reviewed articles and have 16 active external grants



Peter Friedmann, MD, MPH, DFASAM, FACP

Chief Research Officer and Endowed
Chair for Clinical Research,
Baystate Health
Associate Dean for Research and
Professor of Medicine,
UMMS-Baystate
Professor of Population and
Quantitative Health Sciences, UMMS

TEAMWORK & COLLABORATION

Baystate Medical Practices Pandemic Response: A True "Team of Teams"

2020 will long be remembered for the COVID-19 pandemic. At Baystate Health (BH), we were notified of our first, confirmed positive test on March 14. In the six-month period following, we cared for nearly 1,200 hospitalized patients with COVID-19; tested more than 100,000, of whom nearly 5,000 were confirmed to be positive; and lost nearly 250 lives to this terrible scourge. The toll on our communities and our caregivers has been overwhelming.

Thanks to our forward-thinking hospital epidemiology and infectious diseases teams, we were well prepared. But it is fair to say that pandemic preparedness and response by nature are dynamic states in which adherence to guiding principles: acting with decisive urgency; flexibility; creativity; acknowledgement of uncertainty; adjusting based on rapidly evolving circumstances and data; transparent, frequent communication; and team empowerment tend to be rewarded with optimal outcomes. We emerged from the initial pandemic surge as a stronger, more resilient "team of teams."

We stood up an Incident Command structure in the first week of March to optimize BH's pandemic response. Work teams and work streams were rapidly created, directly involving hundreds of team members who were joined in their efforts by a broader team of thousands of BH employees. We were and continue to be guided by a single, overarching principle: to protect the health and safety of our patients, our team members, and our community. Upon reflection, we—our collective team—have forged a tremendous library of accomplishments:

- Entire units within our hospitals changed their identities, were re-purposed and in some cases physically relocated, and were staffed appropriately to address new and rapidly evolving clinical contingencies engendered by COVID-19. During the peak of the surge, there were more than 180 inpatients at BH, more than 20% of our entire system bed capacity, all with a single diagnosis: COVID-19.
- Capacity in our critical care units at Baystate Medical Center expanded exponentially, literally overnight. At
 several points, we were caring for more than 40 COVID-19 infected critically ill patients there. Critical care
 clinical teams expanded as well to meet the crisis demand: our intensivists worked around-the-clock and were
 joined in newly configured teams by hospitalists, anesthesiologists and nurse anesthetists, trauma surgeons,
 fellows, and a broadened nursing cadre.
- The Emergency Department (ED) adroitly pivoted to become an acute respiratory infection unit as well as continuing all its other functions. While triaging and managing thousands of patients with confirmed or suspected COVID-19 infection, our ED team also developed novel, creative, and highly effective approaches to the clinical respiratory management of COVID-19 patients, such as early proning to enhance oxygenation. These clinical advancements, along with our expert critical care services, reduced the need for mechanical ventilation and improved outcomes in our patients.
- Early on, Employee Health Services expeditiously stood up mobile testing for symptomatic team members and for several first responder groups. Working closely with teams from infection control, hospital epidemiology, infectious diseases, ambulatory services, and the laboratory, seven regional drive-through testing sites were rapidly established and staffed across all our regions. In the first six months of the pandemic, nearly 100,000 tests for COVID-19 were performed as a result of their efforts.
- New jobs and new duties for existing positions were created, including personal protective equipment (PPE) coaches, employee screeners, and clinical "runners" (whose work allows bedside nurses to minimize the need to don and doff PPE during patient care). During the surge, more than 100 team members were redeployed from their usual pre-pandemic duties to be trained for such service to provide additional, essential layers of protection for our direct caregivers.



(From Left) Terrel Bennett, Patient Service Representative - Baystate High Street Health Center; Steve Levesque, Environmental Services - Baystate Medical Center; Lisa Coughlin, CNP, Nurse Practitioner - Baystate Family Medicine - Northampton; Christopher Puffer, Medical Interpreter - Baystate High Street Health Center; Susan Keenan, RN, Surgical Nurse - Baystate Wing Hospital; Sundeep (Sunny) Shukla, MD, Chief of Emergency Medicine - Baystate Noble Hospital

- Our teams worked tirelessly to rapidly establish new services as the need arose. These included enhanced clinician wellness efforts, augmented spiritual support, counseling, Employee Assistance Program, on-site parking, and a pop-up market for groceries and supplies. Our patients and their families benefitted through enhanced services, such as palliative care outreach.
- With the technical collaboration of I&T teams, nearly 4,000 team members were nimbly transitioned to work remotely in order to further minimize transmission risk within BH and preserve the health of our workforce
- The COVID-19 site on The HUB was quickly created and continuously populated with a treasure trove of useful information, rapidly becoming a "best practice" in education, communications, and information flow to team members in our health system. The "Medical Resources for Providers" section alone represented a Herculean effort by numerous dedicated teams of clinicians who continuously created and updated clinical guidelines for the management of various aspects of COVID-19 infection. Their work has been shared with numerous external stakeholders and others statewide and nationally who have benefitted from such state-of-the-art materials.
- The PPE story has been a point-of-pride at BH. Our supply chain, infection control, education, technology, and clinical teams worked ceaselessly in their pursuit of our goal to ensure the sustainable safety of our team members through the acquisition of necessary PPE, stepping up to ensure that we exercised creativity, followed sound infection control guidelines and public health recommendations, adapted nimbly to changing information, and communicated frequently and clearly to our team members.
- In a matter of just a few weeks, telehealth and other types of "virtual" visits were widely adopted and successfully operationalized in our ambulatory practices to minimize the risk of exposure for patients and team members. Primary care went from a ratio of 15 face-to-face visits for every one telehealth visit just before the pandemic to a completely reversed ratio of 1 face-to-face for every five telehealth three weeks later. Other specialties have followed suit as has the inpatient side. Sustaining and expanding this work in the future will go a long way to solve our longstanding Access to Health challenges as we recover from this pandemic.
- While still in the throes of the early part of the surge, we initiated a "Post-Pandemic Strategic Planning" section of Incident Command to better position our organization to rapidly recover from the pandemic. This has allowed us to successfully get back to advancing our strategic goals.
- The Finance team engaged early in the pandemic with regulatory and legal experts to assure that BH was treated fairly regarding federal and state programs to acquire reimbursement for unforeseen pandemic expenses
- Our organization was and continues to be a good regional community citizen during this massive event, continually assisting our community stakeholders, partners, and colleagues with education, information, testing, resources, and expert guidance. We continue to work closely with our state public health authorities and political leaders to ensure the best outcomes for the communities we serve.

This organization, through the boundless commitment of a team of thousands, has distinguished itself with honor in the way we have addressed this life-changing pandemic event. It is not over and there will be setbacks, but together we will be able to manage through it.

DEPARTMENT Highlights

DEPARTMENT OF ANESTHESIOLOGY

Peter Vieira, MD

Chair, Department of Anesthesiology Director, Inpatient Pain Management, Baystate Health Chair and Assistant Professor of Anesthesiology, UMMS-Baystate



Baystate Health's Department of Anesthesiology is a team of 52 physician anesthesiologists, 49 certified registered nurse anesthetists, three nurse practitioners and 31 residents and fellows who provide anesthesia and pain management services in alignment with BH's strategic goals of top tier performance in safety, quality, patient experience and value.

- Collaborated with surgical and nursing leadership to adapt the Chestnut operating suite to critical care units in anticipation of the COVID-19 surge while maintaining essential surgical services throughout the pandemic
- Redeployed one-third of our department attending faculty and CRNAs for COVID-19 critical care staffing in a tiered staffing model with trauma surgeon collaboration during the pandemic peak
- Assigned a dedicated anesthesia attending for COVID-19 intubations for a rapid 24/7 response for high risk COVID-19 intubations
- A team of anesthesiologists developed and 3-D printed an adapter to modify snorkel masks to be an effective alternative for front line providers who were at high risk of exposure. More than 100 of these snorkel masks were deployed to surgical, critical care, and emergency department locations.
- Pain Management: Provided expedited interventional treatments for pain (acute exacerbations) to avoid functional deterioration and ED visits. Implemented telehealth visits whenever possible to facilitate social distancing while maintaining patient access to health care.
- Safety and patient experience in Obstetric Anesthesia: Implemented thromboelastography to provide clinical guidance in neuraxial anesthesia (epidural and spinal) for patients who previously would not be candidates for these pain-relieving techniques due to pregnancy induced low platelet counts
- Quality and Patient Experience in Pain Management: Incorporated new procedures to manage painful conditions including spinal stenosis, neuropathic pain, spinal metastasis and non-operative shoulder pain
- · Academic Innovation:
 - Transitioned departmental Grand Rounds and residency lectures to virtual and hybrid-virtual format
 - Our department was represented in virtual international presentations in London and Vienna as well as at the annual American Society of Anesthesiology conference
- Patient Experience: Collaborated with Preadmission Nursing Services and Medical Consult Services to develop tools to facilitate the preadmission evaluation of surgical patients while reducing the burden on primary care and specialty consult services
- Quality and Patient Experience in Cardiovascular, Thoracic, Bariatric, Colorectal and Joint Replacement Surgery:
 - Collaborated with surgical colleagues to begin implementation of Enhanced Recovery After Surgery strategies to improve pain relief, patient satisfaction and reduce postoperative length of stay providing improved access to health care
 - Implemented multi-modal analgesia techniques including widespread use of local anesthetic nerve blocks to reduce postoperative opioid burden of patients
- Improving access to health care:
 - Expanded anesthesia services supporting interventional cardiology and electrophysiology to reduce leakage to competing health care systems
 - Collaborated with NEOS to increase capacity for total joint replacement surgery, reducing wait times for patients wishing to have surgery and thus reducing leakage to competing health care systems

DEPARTMENT OF EMERGENCY MEDICINE

Niels Rathlev, MD

Chair, Department of Emergency Medicine, Baystate Health Chair and Professor of Emergency Medicine, UMMS-Baystate



The ED volume at BMC dropped significantly during the early days of the COVID-19 pandemic on one day to 150 patients at the nadir. Volumes have presently rebounded to closer to 300 patients per day.

SAFETY

- · Faculty member was appointed director of Harm Reduction Services for the department
- Coordinated care with homeless shelters and outpatient providers concerning the follow-up of homeless and shelter populations seen at BMC or potential COVID-19 patients

QUALITY

- Conceived of and implemented protocols for COVID-19 patients, promoting non-invasive ventilation, high flow O2 via nasal cannula and awake self-prone ventilation
- Summarized the COVID-19 literature daily and sent updates to leadership and front-line clinicians and produced a COVID-19 podcast
- Implemented a suboxone distribution program with close follow-up, take-home naloxone and distributed opioid harm reduction kits from the ED

EXPERIENCE

- Earned a patient experience top performer designation in the pediatric ED
- Created ED QuickConnect with ability to connect patients and staff via iPods to help reduce PPE use and enhance communication
- · Developed a new Wellness Fellowship and launched a Diversity and Inclusion Division focused on health equity

VALUE

- Trained a pediatric emergency physician to become the designated ultrasound champion
- Developed infrastructure for the outpatient treatment of transient ischemic attack (TIA) with clinical launch anticipated in early FY 2021
- Improved overall critical care billing compared to budget

- Physician investigators are recipients of four federally funded research grants year-to-date. This includes two five-year career development grant awards from the Agency for Healthcare Research and Quality and National Institute on Drug Abuse respectively, a two-year institutional K award and an R21 award from the National Heart, Lung, and Blood Institute.
- A vice-chair of Research was appointed for the first time
- Faculty member was nominated as the "Most Influential 25 Under 45 Award" by the National Emergency Medicine Residents Association
- Designed and implemented the Emergency Clinical Problem Solving (ECPS) course for UMMS students

DEPARTMENT OF FAMILY MEDICINE

Robert Baldor, MD
Founding Chair, Department of Family Medicine, Baystate Health
Chair and Professor of Family Medicine, UMMS-Baystate



The Department of Family Medicine is the newest addition to UMMS-Baystate, and our focus was on developing the foundation for a successful program. An academic office was established at Baystate Franklin Medical Center (BFMC) in Greenfield which will support the establishment of a Family Medicine residency training program; and a satellite office opened at the medical school in Springfield.

Family physicians throughout the Pioneer Valley attended an inaugural department dinner in the Fall of 2019 to discuss teaching PURCH students, the future residency and practice redesign. Understanding the needs of these clinicians helped to develop the department's vision.

- A focus of the new Department of Family Medicine has been on developing the infrastructure for BFMC to be
 accredited by the ACGME as a "sponsoring institution" in order to host a FM residency program. This necessitated
 the development of a new Graduate Medical Education (GME) committee and the writing of dozens of new policies
 and procedures to support resident education. Despite social distancing requirements, this was accomplished with
 committee members working asynchronously and over 60 new policies and procedures approved and submitted
 to the ACGME for review.
- Recruiting family physician faculty has been a challenge, but with virtual interviews and brief site visits we have been successful in interviewing several potential recruits and have hired a seasoned physician with prior residency program director experience, who we hope to formerly appoint as our FM residency director once we receive formal accreditation
- UMMS-Baystate PURCH students are now rotating regularly with the Greenfield and Northampton Family Medicine Practices. They are learning about telehealth and how to provide necessary in-person care in a safe environment, as the practices have done a superb job in reconfiguring workflow.
- Secured a \$100,000 federal AHEC grant to support the PURCH students' community-based experiences
- Secured a \$750,000 federal HRSA educational grant that will assist with the FM residency development over the next three years
- Submitted ACGME documents in a timely fashion to meet our plan to participate in the residency MATCH in 2021 so that we can interview perspective medical students that fall
- Developed a revised, creative approach to renovate the 2nd floor of 48 Sanderson to accommodate the FM teaching health center in a cost-conscious fashion, while still meeting ACGME requirements
- Steady progress toward meeting our planned July 2022 start date for the residency program, which is focused on integrated population health and primary care workforce development for the Pioneer Valley

MEDICINE





Over the last year, the hallmarks of the Department of Medicine have been courage, creativity, resourcefulness, and resilience starting with the flood that shut down High Street Clinic for weeks as well as the unprecedented COVID-19 pandemic. In preparation for COVID-19 and during the pandemic, the Department provided leadership in numerous areas including Incident Command, Hospital Epidemiology, Employee Health, and Clinical Trials to COVID-19 testing at all three community health centers, to support Baystate Health.

- In response to the pandemic, providers in the Department took on new roles from their usual duties to serve as providers in hospital medicine and in the Intensive Care Unit (ICU), as well as nursing staff in the ICU
- · Created a 24/7 intensivist service that oversaw other providers working in the Medical ICU
- All outpatient and some inpatient areas of the Department rapidly transitioned to use telehealth to provide patient care
- Initiated a virtual Department of Medicine Grand Rounds to educate others on COVID-19
- Palliative Care created a service to care for patients who were receiving comfort measures only along with the pharmacy and hospice teams to provide optimal symptom management and care for patients and to support their families who could not visit the patient in the hospital
- The Geriatrics Division created resources for an internet site to provide ongoing nursing education regarding delirium management, especially delirium in patients with COVID-19
- A new pulmonary consult service to perform procedures, such as chest tube placement, was started to accelerate and improve patient treatment strategies including transitions to outpatient care
- Effective transitioned Clinical Operations to an Integrated Medical Specialties model for the Endocrinology, Gastroenterology, and Infectious Diseases Divisions to optimize the work of all staff at the 3300 Main Street ambulatory location
- Successfully reduced the 3rd next available new patient visit type in the Endocrinology Division to under 14 days through the Discharge and Transition of Care Initiative as part of the learning collaborative
- Effort to increase Patient Health Portal enrollment by leveraging QR codes is ongoing. Based on feedback, this provides easier alternative point of enrollment. Data will be collected to prove its value in patient satisfaction and patient safety.
- A program between pulmonary/critical care and the hospitalist division trained numerous advanced practice
 providers to work in the ICU, which led to comments of improved job satisfaction and helped meet the need for
 more providers in the ICU
- Implemented an interdisciplinary Social Justice Work Group from residents and faculty of Medicine, Medicine-Pediatrics, and Pediatrics that have accomplished projects such as a voter registration drive
- Rapid transition to other sites and methods of outreach and care of patients for the time period when the High Street Clinic was closed because of flooding damage and repairs that helped prepare us for our ambulatory COVID-19 response
- · Nephrology Division ranked by U.S. News and World Report as a high-performing specialty
- · The three community health centers worked with the Contact Center to improve access for new patient visits
- Successful outreach efforts around COVID-19 (community engagement, education, testing)
- Initiated a technical assistance project to improve social determinants of health screening and capture Hierarchical Condition Categories diagnoses
- Successfully developed COVID-19 mitigation program for at-risk patients that targets based on data on risk (location and person level), uses a culturally and linguistically sensitive needs assessment tool, procures material and service resources based on needs, and uses community health workers for assessment and contactless delivery of COVID-19 mitigation materials and services

DEPARTMENT OF

OBSTETRICS AND GYNECOLOGY

Heather Sankey, MD

Chair, Department of Obstetrics and Gynecology, Baystate Health Chair and Professor of Obstetrics and Gynecology, UMMS-Baystate Adjunct Professor of Obstetrics-Gynecology, Tufts University School of Medicine



The Department of Obstetrics and Gynecology provides services at all four hospitals and at more than a dozen outpatient sites throughout our region. We are designated a level 3 perinatal center by the Department of Public Health and are the tertiary care referral center for western MA for high risk obstetrics, complex gynecologic surgery, gynecologic cancers, and fertility treatment. Our initial focus was increasing access for patients, including a trial of telehealth, consolidating locations, and streamlining operations. We recognize the impact of racial disparities as a driver for rising maternal mortality and were planning a campaign of awareness and education to launch in April during Black Maternal Health Week. And then the pandemic hit.

QUALITY

- This year marks the 30th anniversary of Baystate Reproductive Medicine's in vitro-fertilization program, and they continue to be recognized as a high quality program nationally
- We have been participating with Premier American Excess Insurance Exchange in the "Bundle of Joy" Initiative. After a detailed site visit, we identified key areas of focus for this year: Substance Use Disorder, Hypertension in Pregnancy, and Racial Disparities.

SAFETY

- We developed a process to streamline transfers of care from the Emergency Department to the Women's Evaluation and Treatment Unit immediately after the "Red Cross" triage is performed. This saves space/effort/resources in the Emergency Department and improves the wait time for pregnant women to receive care.
- Certified Nurse Midwives and homebirth midwives across Massachusetts collaborated to develop a protocol for homebirth transfers in order to ensure safe transfer of patients when necessary

EXPERIENCE

- Experiences with other viral infections (e.g. influenza) demonstrate that pregnant women tend towards much more severe illness. Together with the UMass Memorial Hospital, we brought together all of the western and central Massachusetts obstetrical units for a weekly meeting to learn from each other and establish consistent policies. We prepared for the worst and were fortunate to have very few cases, and even fewer who were seriously ill.
- As the pandemic unfolded, we quickly pivoted to offering teleheath through all of our practices for both new and return patients
- Baystate Pioneer Women's Health is working closely with Baystate Franklin on their "Moms Do Care" grant, now
 funded for a second grant cycle to continue the great work with women who are pregnant with substance use
 disorder. We have expanded our program to support women with opioid use disorder (OUD) in pregnancy and
 added an OUD Clinic one half-day per week where we can focus important services and provide medication
 treatment as appropriate.

ACADEMICS

- Our UMMS-Baystate faculty continues to be active in education and research, with 15 peer-reviewed publications and many who have leadership roles in national organizations
- We are looking forward to a year of innovation and growth with two faculty members who have been granted supported time through the Office of Research

DEPARTMENT OF

PATHOLOGY AND BAYSTATE REFERENCE LABORATORIES

Ashraf Khan, MD, FRCPath Chair, Department of Pathology, Baystate Health Chair and Professor of Pathology, UMMS-Baystate



Baystate Health's Department of Pathology is staffed by 22 sub-specialty trained pathologists, over 750 technologists and support personnel providing pathology/laboratory services across four hospitals, six large outpatient centers and multiple outreach clients across New England. We are proud to perform over six million clinical laboratory tests and process and interpret more than 120,000 surgical pathology, cytology and molecular pathology specimens annually.

COVID-19 Pandemic:

- Providing testing for BH patients, employees and community vulnerable populations including nursing homes, homeless shelters, prisons, and other local/regional hospitals and first responders, reporting >100,000 results since early March, more than 80% of which have been performed in our laboratories at BH
- Maintained an average results turnaround time of less than 24 hours, placing us in the top 17% of laboratories nationwide
- Partnered with operations in our six ambulatory COVID-19 specimen collection sites ("drive-through") to support accessible testing options for symptomatic, asymptomatic, and pre-procedure patients

SAFETY

- The Laboratory Information System (LIS) collaborated with Clinical Information System (CIS) and Integration Teams to design and test the delivery of Clinical and Anatomic Pathology Copy-To reports to providers' inboxes in CIS. In addition, changes were made to send Anatomic Pathology reports on inpatients to providers' inboxes eliminating the risk of a provider missing a critical test outcome.
- LIS developed a new encounter-level barcode label to be used in the BMP locations performing Point of Care testing, eliminating manual entry and ensuring more accurate patient identification

QUALITY

- Continued with integrated system-wide quality management efforts to increase engagement, standardize processes and enhance quality metrics across all BH labs
- Performed Core Lab Redesign/Roche Instrumentation Upgrade by replacing undersized/under-performing platforms in Chemistry, leading to numerous other initiatives in other areas within the lab
- Had a successful American Association of Blood Bank (AABB) site visit leading to re-accreditation awarded to BMC Transfusion Medicine Service in August 2020

PATIENT/PROVIDER EXPERIENCE

- LIS went live with 27 new bidirectional EMR interfaces with our Outreach clients
- Coordinated several "work from home" options and workflows for technical and professional staff; rotational coverage plans and necessary on-site coverage was sustained throughout the peak of the pandemic
- Collaborated with Tech Spring to develop BH's first web-based tool to allow patients to 'self-arrive' for laboratory testing via the MyBaystate app

VALUE

- Collaborated with the University of Massachusetts Institute for Applied Life Sciences (UMASS-IALS) beginning August 2020, which helped us to expand COVID-19 testing capacity for UMASS-IALS and BH at a reduced cost
- Expanded BRL's sales efforts into and throughout Connecticut and are awaiting approval by CT DPH to open our first draw station in Connecticut

- Faculty continues to be academically productive with multiple peer review publications, meeting presentations,
 Web-based teaching modules, leadership of professional organizations, editorial board memberships and invited membership of international clinical working groups and advisory boards
- Developed processes to collect COVID-19 convalescent plasma (CCP) donations from patients who had COVID-19 and to participate in a national, multi-health system phase III trial to establish the clinical protocols for CCP treatments for patients with active COVID-19
- Developed a multi-disciplinary innovative team (aka the "Swabbies") to address supply chain challenges with specimen collection kits (swabs, media, and transport mechanisms), doubling our media volumes and increasing specimen collection kit inventory





Chair and Professor of Pediatrics, UMMS-Baystate



Baystate Children's Hospital (BCH) is the only accredited children's hospital delivering tertiary care to infants, children, and adolescents in Western Massachusetts. The Department of Pediatrics provides the majority of inpatient and subspecialty care in western MA and primary care to the underserved in greater Springfield. Our vision is to provide the safest, highest quality and most compassionate patient care, outstanding medical education and innovative clinical and quality improvement research.

SAFETY

BCH joined Solutions for Patient Safety in 2015, a network of >140 children's hospitals sharing data and best
practices to reduce harm. Serious Harm Events over the past year (July 2019-2020) decreased by 26% with the
most improvement in central line associated blood-stream infections and unplanned extubation rates. As of
October 2019, we are now counting Peripheral Intravenous Infiltrate and Extravasation (PIVIE) events.

QUALITY

- Keeping specialty care local was achieved through alliances with Boston Children's Hospital, Tufts Medical Center, and Connecticut Children's Medical Center
- New faculty in child neurology, gastroenterology, pediatric critical care, pediatric infectious diseases, pediatric hospital medicine and neonatology increased access to care
- COVID-19 led to accelerated telemedicine utilization, which now accounts for 56% of ambulatory visits, and a COVID-19 testing site at 140 High Street provided initial testing for children

EXPERIENCE

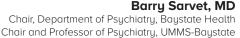
- Exceeded target for Willingness To Recommend at 88.2%
- Pediatric Hospital Medicine is a site for the I-PASS SCORE Study: Safer Communication on Rounds Every time (SCORE) Study, designed to improve communication during bedside rounds: "Doctors treat with courtesy and respect" improved from 83.3% to 89.5%
- Pediatric Palliative Care program launched in fall 2019
- Weekly food pantry at 140 High Street for ACO families: increased from 62 families served in May, to 392 in June, 399 in July and 442 in August

VALUE

- The Pediatric Antibiotic Stewardship Program reviewed 384 antibiotic prescriptions in the past 12 months. Using the metric "days of therapy/1000 patient days per month": 247.3 before program implementation in 2/2015 down to 169.0
- Using PRN dosing starting 9/2019 versus traditional SCHEDULED dosing of morphine to treat Neonatal Abstinence Syndrome (NAS), Length of Stay in the NICU for Full Term Infants requiring pharmacologic treatment for NAS decreased from baseline 24.4 days to 18.3 days by 9/2020

- Academic productivity increased by 25% to 30 publications
- The pediatric categorical residency received 1,130 applications, of which 384 were from allopathic and 201 from osteopathic medical schools. We interviewed 178 applicants and ranked 174 to match 10 students, one of whom is in the neurodevelopmental track at Boston Children's. The pediatric board pass rate, which was above 90% for 3 years, fell to 86% in 2019.







In the context of a global pandemic which has brought immeasurable psychological stress, trauma, and loss to our communities, the Department of Psychiatry has remained focused on its mission to provide vital behavioral health services for our people. We continue to develop innovative models of care for improving access to care and clinical outcomes for our patients, incorporate behavioral health services into primary and specialty medical settings, and provide education and training for the next generation of behavioral health providers. As the largest inpatient psychiatry provider in western MA, we remain committed to providing acute psychiatric treatment for the most vulnerable patients in our community and are developing a new, state-of-the-art, consolidated psychiatric hospital facility.

SAFETY

- Established infection control, risk management, and clinical care standards for safe inpatient psychiatric care during the pandemic, successfully preventing transmission of SARS-CoV-2 within all five inpatient psychiatry units
- Developed a temporary inpatient psychiatry unit in Springfield 6 in order to be prepared to safely care for patients infected with SARS-CoV-2 with acute psychiatric conditions
- Expanded evidence-based suicide assessment and management protocols across behavioral health and related departments

QUALITY

- Launched the Addiction Consultation Program at BMC for improvement of quality and access to care for patients with substance use disorders
- Developed and implemented system-wide protocols for management of patients at risk of suicide in all primary and specialty ambulatory care settings
- Published MA Child Psychiatry Access Program clinical algorithms to promote best practices in treatment of posttraumatic stress disorder and autism spectrum disorders in the pediatric primary care setting

EXPERIENCE

- Launched new IT platform for incorporating the administration of patient reported outcome measures into the process of care for behavioral health treatments
- Converted all outpatient and partial hospital psychiatric services to be delivered via telehealth in order to maintain accessibility for patients
- Provided on-site Psychological First Aid for front line staff during the outbreak adjacent to BMC units with a concentration of SARS-CoV-2 patients
- Launched a departmental Anti-Racism Task Force in order to develop a strategic plan for addressing health disparities in mental health care for racial minorities in our community and to evaluate and improve diversity and racial equity within the department

VALUE

• Significant progress was made in the development of a new consolidated inpatient psychiatric facility for our health system. Kindred Healthcare was selected as our partner after completing a rigorous and competitive selection process. The hospital is projected to open in early 2023.

- Designed and implemented the Caring for the Caregiver in a Time of Crisis (CCTC) program which included online group self-care and resiliency sessions for Baystate employees, with 427 employees taking part. The CCTC program was one of 11 programs across the nation recognized as an Innovative Best Practice by the National Joint Accreditation Council for Medical Continuing Education.
- Launched new child and adolescent psychiatry fellowship program which is expected to address the serious workforce shortage for this specialty in our region
- Received new grant funding by the U.S Substance Abuse and Mental Health Services Administration to collaborate with the UMMS as a Treatment and Service Adaptation Center for the purpose of advancing trauma-informed mental health and primary care services for children across the nation





Richard Hicks, MDChair, Department of Radiology, Baystate Health
Chair and Associate Professor of Radiology, UMMS-Baystate

The Baystate Health Department of Radiology is staffed by 47 radiologists and over 350 technologists and support personnel supplying imaging services across four hospitals, six large outpatient centers and seven smaller outpatient sites. We are proud to perform approximately 660,000 high-quality diagnostic imaging studies per year.

SAFETY

- · Innovative "shoot-through door/window" technique for x-rays limits staff exposure and conserves PPE
- More than 50% of radiology examinations were able to be read with remote reading stations, moving radiologists out of the hospitals and providing redundancy for potential absences
- Team efforts result in no Central Line-Associated Blood Stream Infections (CLABSI) attributable to Interventional Radiology for more than one year
- Field mapping conflicts between the CIS order and the Radiology Information System were resolved, significantly limiting the possibility of lost clinical information

QUALITY

- Fourteen new ultrasound units across BH added elastography (for staging cirrhosis) and contrast-enhanced US capabilities (for lesion characterization)
- · Automated passage of ED clinical information into the radiology report improved diagnostic value of interpretation
- National Mammography Database reveals a Baystate detection rate of 3.9 cancers/1000 patients exceeding the national average of 3.76

EXPERIENCE

- 3-D prone stereotactic breast biopsy table installed at BBWC with enhanced technical capabilities and patient comfort
- Overall BMC Radiology Press Ganey top box scores above target at 85.8% and 5 of 8 sections exceed their individual target
- Radionuclide seed localization for breast surgery expanded to Baystate Noble
- New, shorter oral contrast protocol introduced for ED patients to reduce delay by one hour improving abdominal CT turnground time

VALUE

- Intravenous contrast policy modifications significantly reduced the need for pre-CT lab work and daystay intravenous hydration before CT
- Standard reporting guidelines for abdominal aortic aneurysm enhance follow-up care with anticipated reduced morbidity/mortality from ruptured aneurysms
- Lutathera therapy introduced in nuclear medicine for treatment of neuroendocrine tumors (first in region)

- There was one promotion to professor and one promotion to associate professor
- Radiology residency program fully matched
- · Nineteen peer-reviewed articles and nineteen national presentations/abstracts/posters were produced by staff
- Several faculty members were selected for national faculty development and management programs







Baystate's Department of Surgery is a team of 51 surgeons, 36 FTE Advanced Practitioners, 10 Per Diem Advanced Practitioners, 39 surgical residents, and 170 employees. The department has made significant progress in the past fiscal year towards advancing Baystate Health's strategic goals and preparing to deliver healthcare in a pandemic and post pandemic environment, where working remotely, home child-care needs, and the expectations of patients have all shifted.

SAFETY

- Smoothly implemented all the Governor's phased changes to surgical offering through the course of the pandemic and partnered with Anesthesia, OR and Quality leadership to establish a standard testing policy for pre-procedure COVID-19 testing system-wide
- The Division of Trauma collaborated with the Internal Medicine Department and Hospital Operations leadership, to lead the effort to develop the multidisciplinary COVID 19 critical care unit during the pandemic. This effort involved clinical care of the critically ill COVID patients, as well as resource management, training and supervision of advanced practice providers in fundamentals of Critical Care, implementation of innovative treatments protocols such as convalescent plasma and partnership with the operations team to physically move the critical care units within the hospital.
- Multiple Pediatric & Adult Trauma initiatives; solid organ injury guidelines, Non-Accidental Trauma guidelines multi-disciplinary team to minimize unconscious bias, Falls Prevention Initiative

QUALITY

- Establishment of single breast tumor board for entire health system & establishment of radioactive seed localization program at Baystate Noble Hospital
- During COVID, triage of cancer patients and others with urgent issues to continue to receive timely surgical care
- Implementation of an AUDIT-C alcohol abuse screening in CIS, and achieved 90% compliance with this quality initiative
- Initiation of Enhanced Recovery After Surgery collaboratives to elevate patient care at multiple divisions
- Telehealth implemented across the Department

EXPERIENCE

- During COVID-19 the Pediatric Surgery Office ran an Urgent care to minimize ED utilization
- In collaboration with the Sleep Medicine Team the plastic surgical division successfully performed our first INSPIRE surgeries, providing a surgical treatment for sleep apnea
- Expanded presence of both Breast Surgery and Hand Surgery offerings in regional greas
- Successful relocation of the Melanoma and Cutaneous Malignancy Clinic to Baystate Noble Hospital in Westfield
- Willingness to Recommend (overall score) is 92.7%

VALUE

- Starting an Adolescent Bariatric Surgical program
- Collaboration with Shriners Children's Hospital to Grow Complex Spine Surgery at Baystate
- Collaborated with Mercy Hospital on a common Thoracic Surgery call schedule
- On-boarded new APPs throughout the department that have been able to promote a model of care that maximizes value in access, throughput to surgery, and cost of care

- The academic output for the department of surgery increased dramatically with over 38 Peer Review Publications and 20 accepted abstracts of 21 submitted (of which 11 will become manuscripts)
- Approval for breast surgery fellowship, with the next closest programs at Yale and in Boston
- UMMS-Baystate Surgery graduates with 3 years cumulative pass rate is 100% for both the American Board of Surgery Qualifying and Certifying Exams
- UMMS Worcester Integrated plastic surgery residency rotation on the UMMS-Baystate campus for developing advanced skills in craniofacial surgery, hand surgery, microsurgery

SERVICE LINE Highlights

BAYSTATE HEART AND VASCULAR PROGRAM

Aaron Kugelmass, MD

Vice President and Medical Director, Heart and Vascular Program Chief, Division of Cardiology, Baystate Health Professor of Medicine, UMMS-Baystate



The Baystate Heart and Vascular Program remains focused on achieving top performance in safety, quality, experience, value, and academic innovation:

SAFETY

- · Catheter Acquired Urinary Tract Infection (CAUTI) none within the last four quarters on inpatient cardiac units
- Central Line Acquired Blood Stream Infection (CLABSI) none for 504 consecutive days on the HVCC medical service and 680 consecutive days on the HVCC surgical service

QUALITY

- U.S. News & World Report "High Performing" designation for Aortic Valve Surgery (AVR), Coronary Artery Bypass Graft (CABG), Abdominal Aortic Aneurysm (AAA), and Congestive Heart Failure (CHF)
- Society of Thoracic Surgery three-star designation (highest) for mitral valve surgery, CABG, and AVR
- Percutaneous Coronary Intervention (PCI) and ST Elevation Myocardial Infarction (STEMI) with PCI in top decile nationally
- American Heart Association Mission Lifeline Gold Plus and Silver Plus recognition for STEMI, receiving hospital and non-STEMI care, respectively
- President's Excellence Award for eBridge Pilot Project Improve communication EMS to hospital for STEMI patients
- Healthgrades' America's 50 Best Hospitals for Cardiac Surgery, America's 100 Best Hospitals for Cardiac Care and Coronary Intervention
- The Left Ventricular Assist Device (LVAD) Program continues to achieve benchmark patient survival

EXPERIENCE

- Press Ganey Heart and Vascular Practice "Willingness to Recommend" 92.7%, 2.1 percentage points above projected 90.6% "Top of the Box"
- Press Ganey Heart and Vascular Ambulatory Services "Willingness to Recommend" 84.4%, 4.7 percentage points above projected 79.7% "Top of Box"
- 2019 President's Excellence Award Distinguished Performer-Patient Experience Category for Cardiac Surgery application for patient engagement and implementation of Enhanced Recovery After Surgery Protocols (ERAS)

VALUE

- Rapid adoption of telehealth during pandemic; H&V ambulatory visits exceeded pre-COVID baseline
- Initiated CardioMems, a remote heart failure monitoring program to reduce admissions and re-admissions for heart failure in high-risk patients
- Continued subspecialty growth in Transcutaneous Aortic Valve Replacement (TAVR), Left Atrial Appendage Occlusion, LVAD, Extra Corporeal Membrane Oxygenation, and Percutaneous Mitral Valve Clip
- Record STEMI volume in 2020; eBridge utilization remains steady

- Cardiology fellow Board pass rate remains at 100%
- Two faculty members are first author on national consensus/guideline publications
- Two federal competitive research grant submissions
- Heart and Vascular sponsored successful continuing medical education (CME) programs including the Western New England Regional STEMI Conference

BAYSTATE REGIONAL CANCER PROGRAM

Wilson C. Mertens, MD, MSBA

Vice President and Medical Director, Cancer Services Chief, Division of Hematology Oncology Baystate Regional Cancer Program, Baystate Health Professor of Medicine at UMMS-Baystate



SAFETY

- Ongoing review of radiation delivery by the Radiation Physics Center at MD Anderson Cancer Center as well as ACRO reveal accuracy of dose delivery well within review-defined parameters
- Interdisciplinary team comprised of oncology pharmacy, nursing, medical oncology and representatives from Baystate Information and Technology reviewed and updated chemotherapy ordering templates as well as operating policies for system-wide application
- Completion of infusion suite expansion at the D'Amour Center for Cancer Care, with construction anticipated shortly on laboratory expansion
- Facilities continued to operate, in line with Commonwealth and Baystate guidance, during the coronavirus pandemic with minimal disruption to patients who required ongoing cancer therapy

QUALITY

- BRCP continues participation in the American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI), with a 2019 certification score of 98.5%, one of the highest scores achieved nationally
- The Program's radiation oncology division achieved accreditation with American College of Radiation Oncology
- In collaboration with Baystate's Clinical Engineering, I&T and TechSpring, the division of Radiation Oncology is employing 3-D printing to develop more accurate skin overlays for surface brachytherapy treatment (the only such program in Massachusetts) and skin overlays for more even radiation dose distribution of resulting from linear accelerator treatment

EXPERIENCE

- Patient experience scores from Press Ganey have increased, ending the year with 92.1% Willingness to Recommend
- Overall cancer program employee engagement scores continued high, and exceeded the overall score of BH and BMC; provider scores were particularly high
- Plan is underway for expansion of clinical examination space to handle the increased number of patient referrals to the cancer program, and to expand our benign hematology and survivorship/surveillance efforts

VALUE

- Volumes continue strong, with continued increase in cancer market share. Radiation therapy volumes are at program-record highs, notwithstanding the coronavirus crisis. Similarly, volumes at our infusion suites are high and are projected to grow.
- The processes for virtual visits were established during the pandemic allowing patients to avoid in person visits. Simple benign hematology consultations have been converted to telemedicine, with marked reduction in no-show rates and improved access.

- The program's faculty expanded substantially with the successful recruitment of a new specialist in malignant hematology, further increasing our depth of oncologists in malignant hematology, gastrointestinal cancers, and breast cancer
- Patient accrual to National Cancer Institute clinical trial cooperative group molecular therapy "basket studies" continues to be strong, demonstrating our commitment to "precision therapy" in cancer care
- Tissue collection for our tumor registries was expanded to other Baystate hospitals, and IRB protocols were amended to allow for e-consenting

BAYSTATE NEUROSCIENCES AND REHABILITATION

Edward Feldmann, MD, FANA, FAHA

Vice President and Medical Director, Neurosciences and Rehabilitation, Baystate Health Chair, Department of Neurology Chair and Professor of Neurology, UMMS-Baystate



The Baystate Health Neurosciences and Rehabilitation service line comprises the department of Neurology and the divisions of Neurosurgery and Physical Medicine and Rehabilitation, as well as outpatient rehabilitation. We are the tertiary referral site for neurosciences for western Massachusetts, providing state-of-the-art, technically advanced care for stroke and other time-sensitive diagnoses.

SAFETY

Assumed responsibility for managing BNH outpatient rehabilitation satellite in January 2020 with focus on safety
and quality in transitioning staff policies and practices for regional consistency with other satellites

QUALITY

· Awarded Get with the Guidelines-Stroke GOLD PLUS with Honor Roll award from the American Stroke Association

EXPERIENCE

 Patient experience CG-CAHPS willingness to recommend score improved to 87.9%, exceeding our designated target of 87.5%

VALUE

- Created a designated weekly Stroke Clinic in the Baystate Health and Wellness Center Longmeadow to help reduce inpatient stroke admissions, inpatient and observation lengths of stay, and improve access to care for this population
- Initiated capacity management project to avoid TIA admissions and decrease stroke LOS, keeping patient out of BMC and having them managed in an expedited fashion in outpatient stroke clinic
- We sought to minimize neurosurgical case leakage by hiring an additional neurosurgeon and a functional neurosurgeon to expand capability for epilepsy and movement disorders surgery, expanding neurosurgery skill set/marketability
- Stabilized endovascular capability through UMass partnership to minimize leakage of emergent and elective cases; restored 24/7 availability of emergent neurovascular care at BMC

- Initiated a Sleep Technologist Apprenticeship Program for state grant, representing the first in state for sleep apprenticeship
- Initiated multiple clinical trials in stroke with hire of academic neurologist
- Took on expanded teaching rotations of UMass med students and resident rotators from other services

BAYSTATE PRIMARY CARE

Elizabeth Boyle, MD

Vice President Primary Care and Clinical Integration, Baystate Health Assistant Professor of Medicine and Pediatrics, UMMS-Baystate



We aim to be the primary care practices of choice in western Massachusetts for patients, staff and providers caring for more than 122,250 adults and 11,300 children in western MA and see more than 280,000 annual visits. Our affiliations with Western Mass Medical Group, Valley Medical Associates, and Springfield Medical Associates deliver primary care to another approximately 25,500 patients.

SAFETY

- During the COVID-19 pandemic, care pathways were redesigned to screen, triage, evaluate and manage the full spectrum of primary care needs including respiratory infection assessments and chronic disease management
- Outreach calls were made to over 3,000 high risk patients during the first phase of the pandemic to assess needs, address gaps in care, medication refills, and health care proxy
- COVID-19 precautions, hand hygiene, and workflow redesign for social distancing helped keep employees and patients safe

QUALITY

- Primary care leaders and providers coordinated with Division of Prehospital and Disaster Medicine to bring respiratory illness assessment and testing to high risk individuals via a mobile team
- South Hadley Adult Medicine received honorable mention at the BH President's Quality Awards for their accomplishments on diabetic control
- Target BP, an American Medical Association Foundation-sponsored program for improving blood pressure management was implemented in all Primary Care Service Line (PCSL) practices to help in public health efforts to prevent heart attack and stroke
- Top decile performance in most HEDIS Quality measures, supporting success in our risk contracts including Next-Generation Medicare ACO, Blue Cross, Health New England, and others

PATIENT EXPERIENCE

- A substantial portion of care was transitioned to virtual options including synchronous video and telephone encounters as well as asynchronous messaging via the portal or use of the Getwell app specifically for patients tested for COVID-19 and their primary care teams
- We continue to improve access to care in the region with >11,000 new patient visits, >35,000 same day visits, >9,000 senior wellness visits, and >66,000 virtual visits
- "Would you recommend this Practice?" scores on Press Ganey continued to improve and exceeded our yearly goal

VALUE

- In addition to connecting patients to COVID-19 testing for symptomatic and asymptomatic needs, PCPs supported the community at large through ordering and results reporting for over 1,000 community members prioritized by local and state health officials
- We have expanded our interdisciplinary teams with Advanced Practice Practitioners (APPs), Integrated Behavioral Health, and care management and expanded telehealth, portal communication, and group visits as we aim to increase access to care and add value for our patients
- Connecticut River Internists became Baystate Primary Care Turners Falls as BH took over and maintained primary care access in this rural area for patients
- We hired 11 providers to fill crucial vacancies in western MA

- UMMS-Baystate recruits students interested in rural and urban primary care and our primary care practices have many of these students at their sites
- The physicians and APPs in our Greenfield and Northampton primary care sites are the foundation and inaugural faculty for our newly created academic Department of Family Medicine

REGION Highlights

BAYSTATE HEALTH EASTERN REGION

David L. Maguire, MDVice President and Chief Medical Officer
Baystate Health Eastern Region



COVID-19 Pandemic

- Daily meetings with clinical teams/administration and support staff to address staffing, review and update care protocols and address clinical challenges in real time
- In-house training of hospitalists and nurses on ventilation management, sedation, proning with close coordination with Baystate Medical Center ICU
- Two field trips of Baystate Wing staff (Nursing, Respiratory Therapy and physicians) to the Baystate Medical Center Critical Care Unit to learn from the staff there
- Daily coordination with facilities team to create negative pressure area in the ED, creation of a Surge Unit in the former, now decommissioned Emergency Department and expansion of Intercare Unit via temporary walls to manage COVID-19 and PUI patients
- Intense Infection Prevention focus on our very vulnerable Geriatric Psychiatry patients resulting in no COVID-19
 patients

SAFETY

- · Culture of Safety initiative involving hospitalists and Med/Surg nursing staff
- Interdisciplinary Plan of Care Rounds organized

QUALITY

• Quality and Peer Review programs revamped to a more streamlined process and with closer congruence with the Baystate Health system process

EXPERIENCE

· Shared Decision-Making Training for all hospitalist and Emergency Department providers

VALUE

- Re-alignment of regional practices: Ob/Gyn to Baystate Mary Lane Outpatient Clinic, and in coordination with new mammography unit, creating a Women's Health Center
- Quabbin Adult Medicine moved to Belchertown Medical Center
- Moved all endoscopy procedures from Baystate Mary Lane to Baystate Wing Hospital
- Increasing adoption of telemedicine in all clinical areas. Especially effective in Behavioral Health reducing "no show" rates to near zero
- Adding Cardiology Nurse Practitioner support, thereby enabling the cardiologists to improve new patient access



Kinan K. Hreib, MD, PhD, MBAVice President, Chief Medical Officer and Chief of Medicine
Baystate Health Northern Region



During the initial few months of the COVID-19 pandemic, the Northern Region of Baystate Health and Baystate Franklin Medical Center reengineered operations to care for our patients in the community. We created alternative access points for care to minimize spread of the virus but still gave patients the choice to connect with providers. During this difficult time for our community we never lost sight of the patient who is at the center of our mission. We also saw the strength of our employees as they provided support to each other at a time when we were not immune to the uncertainties.

SAFETY

- BFMC Quality & Safety Performance exceeded target for all of our patient safety indicators
- BFMC received Joint Commission Accreditation in April of 2020
- We received a grade "A" from Leapfrog. This score considered several elements including priority of leadership, dangerous bed sores, the use of Computerized Physician Order Entry (CPOE), and problems with surgery
- All patient falls with harm were at zero per 1000 patient days
- A new multidisciplinary peer review process was implemented. We are exploring options to disseminate lessons learned.
- COVID-19 innovation for safety: Video Quick Connect utilizing iPod Touch to create a video intercom between
 patient and provider. This allows conservation of PPE as well as limiting unnecessary exposure to clinical staff.
 After successful clinical pilot at BFMC ED, this innovated technology was rolled out to all Baystate Health
 Emergency Departments.
- At BFMC, the engineering team created a way to make all ED rooms that have windows behave as negative pressure rooms, adding six more scarce negative pressure rooms
- Alternate Waiting Room Project in the Emergency Department. We are designing an alternate COVID-19 free waiting room for screened asymptomatic patients that will open this fall.

QUALITY AND VALUE

- Readmissions were below target; additionally, several quality outcomes were favorable including surgical site infections, central line infection, Foley days as well as mortality from heart failure and sepsis
- We have continued to see improvement in our sepsis bundle, and a sepsis work group regularly reviews opportunities for improvement
- The Moms Do Care EMPOWER program has provided peer support, care coordination and service integration to 49 pregnant, postpartum and parenting women with Opioid Use Disorder in the past 18 months. SAMHSA has just approved a third year of funding and expanded eligibility criteria to include stimulant use.

EXPERIENCE

- Inpatient surgery and most outpatient services exceeded patient satisfaction goals. Specifically, nurses and doctors received high marks for treating patients with courtesy and respect. A multidisciplinary team continues to evaluate and implement processes aimed at improving patient experience in specific areas.
- The Clinical Practice Team in obstetrics developed a short Family Experience Survey that is given to the patients before they leave the hospital. The leadership team uses the comments in the survey to recognize staff for care that they provided to their patients.
- Developed and executed a process for post-discharge COVID-19 results follow-up for every patient discharged from the Emergency Department with pending results

BAYSTATE HEALTH WESTERN REGION

Britton T. Percy, MDVice President and Chief Medical Officer
Baystate Health Western Region



BNH continues to operate responsibly within its margin, trimming costs to maintain budget and taking advantage of opportunity created by COVID-19. Lessons learned include leveraging limitations to spark innovation, using existing resources in new ways to achieve different outcomes, and taking advantage of planned initiatives to catalyze movement in other related areas.

SAFETY

- Patient Centered Bedside Rounds: the hospitalist and nursing teams have successfully implemented and sustained daily bedside patient centered rounds on all patients. Nurse, provider and patient develop the daily plan of care together at the bedside, completing a daily communication log left at the bedside.
- Nursing bedside shift report: Nurse to nurse report at shift change now occurs at the bedside of every patient, including them in the nursing communication process every time a new nurse takes over their care

QUALITY

Breast Program: The Baystate Noble Ball 2019 provided funds for the Radioactive Seed Localization Program,
which has been operational since June 2020. All our breast surgeons are certified in Hidden Scar technique, a
cosmetically superior surgical technique and instrumentation, previously only available in the NYC metro area.
BNH is positioned to become a center of excellence in Women's Health, rooted in our service lines of Breast,
Urogynecology and Urology and supported by nurse midwifery/primary care and imaging/testing services.

EXPERIENCE

- Opioid Awareness Campaign: BNH is participating in a systemwide opioid awareness campaign, meant to improve
 outcomes and experience in patients with opioid use disorder. This involves provider education in opioid use
 disorder; physicians obtaining their X waiver, allowing them to prescribe buprenorphine; distribution of harm
 reduction kits to patients; the "Words Matter" campaign which teaches staff to shift their language away from
 pejorative words like "addict," and toward more patient-centric language like "person with opioid use disorder,"
 similar to language we use around other illnesses.
- BNH has initiated a plan to use a combination of volunteers, nurses and providers to call patients who have had an ED visit, hospitalization, surgery, or outpatient procedure at BNH. The team will use the opportunity to improve the care experience for that individual and for future patients.

VALUE

- BH Gastroenterology Division has doubled its pre-COVID volume of endoscopies performed at BNH, consolidating endoscopies to the most efficient location for the health system
- BMP will assume management of the BNH emergency physicians, which will bring our ED group into closer alignment with the health system and Health New England

2020 BAYSTATE MEDICAL PRACTICES

New Physicians & Advanced Practice Clinicians



Mohammad Abu Hishmeh, MD Baystate Pulmonary & Critical Care Medicine Department of Medicine



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Raza Alvi, MDBaystate Health Hospital Medicine
Department of Medicine



Shaheen Alvi, MDBaystate Health Hospital Medicine
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Leanne Borden, PABMP - Pioneer Valley Urology
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Bonnie Jo Casey, PA Baystate Health Hospital Medicine Department of Medicine



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Ryan Clark, DO Baystate Emergency Medicine Department of Emergency Medicine



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Benjamin Woodard, NP Baystate Emergency Medicine Department of Emergency Medicine

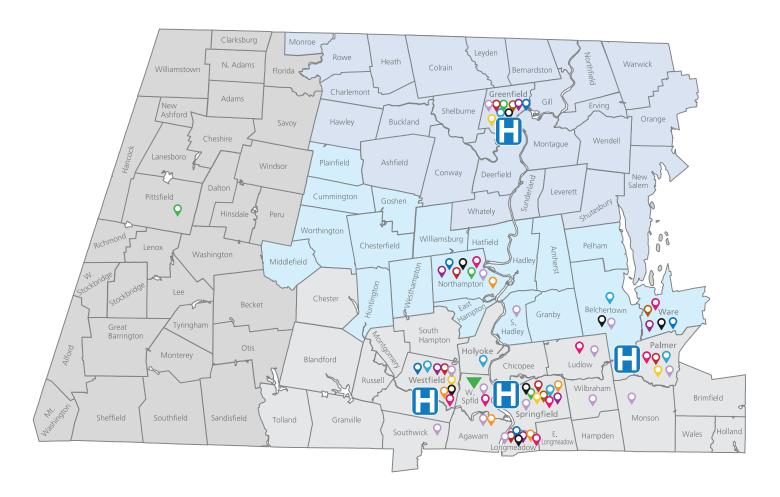


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Daniel Zawalich, PA Baystate Primary Care - Turners Falls Community Primary Care Service Line

Baystate Health Service Area





BEHAVIORAL HEALTH

Baystate Behavioral Health	
- Adult Outpatient	Springfield
- Adult Partial Hospitalization Program	Springfield,
,	Westfield
- Adult Psychiatric Treatment Unit	Springfield
- Child Outpatient	Springfield
- Child Partial Hospitalization Program	Holyoke
- Greenfield Inpatient	Greenfield
- Griswold Center	Palmer
- MCPAP Program	Holyoke
- Neuropsychology	Springfield
- Psuchiatru Consultation Service	



CANCER

Baystate Hematology Oncology	Springfield
Baystate Radiation Oncology	Springfield
Baystate Regional Cancer Program	Greenfield,
	Springfield, Ware



CHILDREN'S HOSPITAL/PEDIATRICS

Baystate Adolescent Medicine	. Springfield
Baystate Developmental Behavioral Pediatrics	. Springfield
Baystate Family Advocacy Center	. Springfield
Baystate General Pediatrics	. Springfield
Baystate Medical Genetics	. Springfield
Baystate Newborn Medicine	. Greenfield, Springfield
Baystate Pediatric Cardiology	. Pittsfield, Springfield
Baystate Pediatric Critical Care Medicine	. Springfield
Baystate Pediatric Endocrinology & Diabetes	Northampton, Pittsfield,
	Springfield
Baystate Pediatric Gastroenterology & Nutrition	Northampton, Pittsfield,
	Springfield
Baystate Pediatric Hematology/Oncology	. Springfield
Baystate Pediatric Hospital Medicine	. Springfield
Baystate Pediatric Infectious Disease	. Springfield
Baystate Pediatric Neurology	
Baystate Pediatric Neurosurgery	
Baystate Pediatric Pulmonology	
Baystate Pediatric Rheumatology	. Springfield

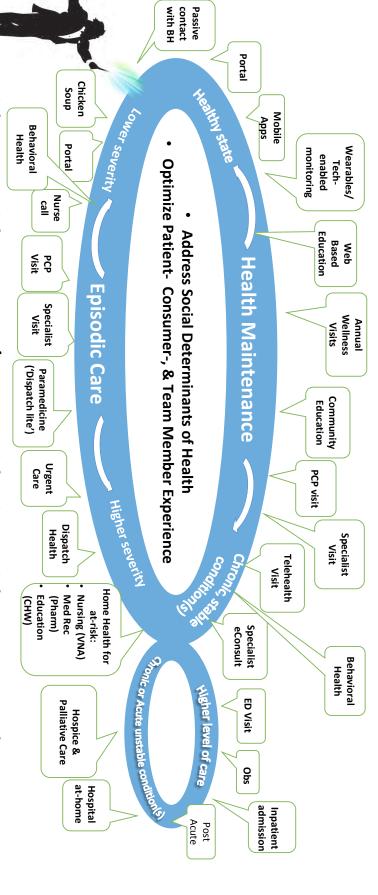
✓	HEART & VASCULAR	•	SURGERY	
•	Baystate Cardiac Surgery	. Greenfield, Longmeadow,	Baystate Ear Nose & Throat Baystate General Surgery	Greenfield, Longmeadow
	Baystate Vascular Services			Northampton, Palmer, Springfield, Ware, Westfield
		Springfield	Baystate OrthopedicsBaystate Orthopedic Surgery	
	HOSPITAL MEDICINE		Baystate Pediatric Surgery	Springfield
	BMP-Hospital Medicine	. Greenfield, Palmer, Springfield, Westfield	Baystate Plastic Surgery	Longmeadow, Northampton, Palmer, Springfield
)	MEDICINE		BMP - Sports & Exercise Medicine	Amherst, Greenfield, Northampton
	Baystate Brightwood Health Center	. Springfield	Baystate Surgical Oncology & Breast Specialists	Greenfield, Northampton
	Baystate Critical Care Medicine	. Springfield	Baystate Thoracic Surgery	Springfield, WestfieldNorthampton, Palmer.
	Baystate Endocrinology	. Longmeadow, Palmer, Springfield		Springfield, Westfield
	Baystate Gastroenterology	_	Baystate Trauma and Acute Care Surgery Baystate Urology	
		Palmer, Springfield, Ware, Westfield	Baystate Wound Care and Hyperbaric Medicine	Greenfield, Palmer,
	Baystate Geriatric Medicine Baystate High Street Health Center - Adult Medicin		BMP–Valley Orthopedic and Sports Medicine	Springfield Greenfield, Northampton
	Baystate Infectious Disease	1 5	URGENT CARE	
	Baystate Mason Square Neighborhood Health Cen	ter	Baystate Health Urgent Care (a joint venture with	
	Baystate Pulmonary	. Greenfield. Longmeadow,		Feeding Hills, Longmeadow, Westfield
		Northampton, Palmer, Springfield, Westfield	Baystate Urgent Care	
	Baystate RheumatologyBaystate Travel Medicine		WOMEN'S HEALTH	
			Baystate Gynecologic Oncology	-
	NEUROLOGY		Baystate Maternal Fetal Medicine Baystate Midwifery and Women's Health	
	Baystate Neurology	_	Baystate Reproductive Medicine	Northampton, Springfield
	Baystate Neurosurgery	Springfield, Westfield Springfield	Baystate Urogynecology	
	Baystate Physical Medicine & Rehabilitation		Baystate Wesson Women's Clinic Baystate Women's Health	
	Baystate Sleep Medicine	. Greenfield, Longmeadow,	Bugstate Women's Fleutin	
		Northampton, Palmer,	BMP-Obstetrics & Gynecology	
		Springfield, Ware	BMP-Pioneer Women's Health	Greenfield, Northampton
	PRIMARY CARE	ſ	Baystate Franklin Medical Center	Greenfield
	Baystate Family Medicine - Northampton	. Northampton	Baystate Medical Center	
	BMP-Adult Medicine - South Hadley		Baystate Noble Hospital	Westfield
	BMP-Adult Medicine - Wilbraham	. Wilbraham	Baystate Wing Hospital	Palmer
	BMP-Greenfield Family Medicine			
	BMP-Northern Edge Adult and Pediatric Medicine	. •	Baystate Home Health & Hospice	West Springfield
	BMP-Quabbin Adult Medicine			
	BMP—Quabbin Pediatrics Medicine			
	BMP-West Side Adult Medicine Baystate Primary Care			
	Daystate Filling Care	Longmeadow, Ludlow,		
		Monson, Palmer, Southwick,		
		Turners Falls, Westfield		



A New Model that Aligns Access and Population Health to Achieve Value

OATH: Orchestrated Access To Health

Our OATH to the Communities We Serve Orchestrated Access to Health:



Right Care + Right Consumer/Patient + Right Time + Right Location = Value