



*Sutter Medical Center,  
Sacramento*

A Sutter Health Affiliate

# SMCS Physician

**Message from Tom Gagen, CEO**

**January 2010**

**Mental Health Should Be High on List of Essentials Provided By Local Government**

Safety for our patients, employees and medical staff is of utmost importance to me and the rest of the administration team. For that reason, I penned a response to a Dec. 13 Sacramento Bee story, "Mental-illness cases test cops," which detailed how recent cuts and closures at the county mental health facility were taxing our local law enforcement and putting them and individuals with mental health needs at risk. It should also be brought to our community's attention that, because of budget cuts imposed by our elected county officials, our health care providers – and every member of this community – are at great risk, too.

Providing much-needed urgent acute psychiatric care without appropriate resources is an extreme disservice to care providers, law enforcement and the individuals requiring psychiatric care. These individuals are our families, neighbors and friends. Just as with other health issues, mental illness can be chronic, controlled and monitored over time with few side effects, or it can be acute and require immediate response.

Those acute cases are the ones that The Bee article pointed out are a risk to law enforcement. No amount of training of our local police and deputies will solve this problem. What we need are the appropriate resources allocated to serve the mental health needs of our community.

However, I am even more concerned about the health care providers in our local emergency departments and our patients. Hospital emergency rooms are not physically designed or equipped to handle psychotic or violent individuals. In reality, they are far less equipped than law enforcement.

Since the unprecedented closure of county services for the mentally ill, our own hospital employees are regularly experiencing tense, sometimes dangerous and often physical encounters with individuals suffering acute mental health issues.

I am most distressed by the lack of concern that our community has shown about the county's mental health cuts. Fifty psychiatric beds were closed at the Sacramento County-funded psychiatric hospital. The Psychiatric Crisis Stabilization Unit has been closed. Our Sacramento County supervisors, and even some members of the public, seem to think it is OK to abandon people with mental health needs. Budget cuts may currently be necessary, but it's not OK to cut services that protect the community from injury and even death.

No one argues that the county budget is a mess, but one of the reasons we have local government is to provide certain essential services – such as services for those with mental health needs. Our elected officials can no longer ignore this issue; they should act now to find funding for this crisis situation.

**SMCS Welcomes  
New Medical Staff Members**

**Jay H. Lai, M.D.**  
1020 29th St., Suite 480  
Sacramento, CA 95816  
(916) 733-3777  
Specialty: Family Medicine

**David F. Ramos, M.D.**  
1020 29th St., Suite 480  
Sacramento, CA 95816  
(916) 733-3777  
Specialty: Family Medicine

**Mohammed A. Shaikh, M.D.**  
77 Cadillac Drive, Suite 210  
Sacramento, CA 95825  
(916) 325-1040  
Specialty: Pulmonary Diseases

**Simrita Singh, M.D.**  
Community Psychiatry Associates  
2081 Arena Blvd., Suite 160  
Sacramento, CA 95834  
(510) 834-2049  
Specialty: Psychiatry

**Jonathan E. Thygeson, M.D.**  
9727 Elk Grove Florin Road, Suite 250  
Elk Grove, CA 95624  
(916) 686-5003  
Specialty: Pediatrics

**Melissa J. Williams, M.D.**  
1020 29th St., Suite 680  
Sacramento, CA 95816  
(916) 453-3300  
Specialty: Hematology/Oncology

**Kidist K. Yimam, M.D.**  
1020 29th St., Suite 480  
Sacramento, CA 95816  
(916) 733-3777  
Specialty: Internal Medicine

**2010 Medical Executive Committee Announced**

The following is list of 2010 Medical Executive Committee physician members. For a list of all medical staff section and committee chairs, please contact Medical Staff Services at (916) 733-3097.

- Jonathan Breslau, M.D.** ..... Chief of Staff
- Michael Abate, M.D.** ..... Vice Chief of Staff
- Muhammad Afzal, M.D.** ..... Secretary/Treasurer
- Jaime Dickerson, M.D.** ..... Chief of Anesthesia
- Robert Kincade, M.D.** ..... Chief of Cardiovascular Disease
- Mylon Marshall, M.D.** ..... Chief of Diagnostic Imaging/  
Radiation Oncology
- Mathew Foley, M.D.** ..... Chief of Emergency Medicine
- Dineen Greer, M.D.** ..... Chief of Family Medicine
- Kristen Vandewalker, M.D.** ..... Chief of Laboratory Medicine
- Laurie Gregg, M.D.** ..... Chief of OB/GYN
- Gregory Janos, M.D.** ..... Chief of Pediatrics
- Richard Bowdle, M.D.** ..... Chief of Psychiatry
- Michael Aguilar, M.D.** ..... Chief of Surgery
- Nitin Rohatgi, M.D.** ..... Member-at-Large
- Thomas Hopkins, M.D.** ..... Utilization Review Team Chair
- Bruce Gordon, M.D.** ..... Credentials Committee Chair
- Mark Leibenhaut, M.D.** ..... Immediate Past Chief of Staff

**Dr. McGregor Awarded for Contributions to Palliative Care in State**

Jim McGregor, M.D., medical advisor for palliative care services and medical director of Advance Illness Management for Sutter Health Sacramento Sierra Region, received the 2009 Pierre Salmon Award at the California Hospice & Palliative Care Association annual meeting in November. The award recognizes individuals who have made a significant contribution to hospice and palliative care in California or Nevada; promoted the growth and availability of hospice and palliative care; and embodied the core values of hospice.

**Update on the SMCS Expansion Project**

The new Energy Center on the lower floors of the Sutter Capitol Pavilion at 28<sup>th</sup> and L streets is ready to be fired up for testing in order to take over in mid-February for the existing Energy Center at the site of the Anderson Lucchetti Women's & Children's Center. By March, demolition of the existing Energy Center should be started, making way for the construction of the new acute-care facility.

Sutter Capitol Pavilion, which will house ambulatory services such as an outpatient surgery center and diagnostic imaging for Sutter Medical Center, Sacramento, is slated to open this summer. Those services are available for use by all physicians on the SMCS medical staff.

## Improving Medicare Affordability Is Key to Financial Viability

By Cecilia M. Hernandez, M.D., SMCS Vice President of Medical Affairs, [hernanc@sutterhealth.org](mailto:hernanc@sutterhealth.org)

Last summer, I presented a summary of the recommendations identified by Sutter Health to improve our Medicare affordability. Believing that knowledge is power, I thought you might be interested to know the detailed language for these initiatives. The following is taken from the Sutter Health Medicare Performance Initiative SharePoint Web site.

1. Standardize utilization review processes including consistent use of admission criteria, consistent use of InterQual criteria, and inclusion of an escalation process to a defined physician advisor with transparency regarding the outcome. Use of electronic InterQual (CERMe) criteria required for every patient (excluding L&D and preauthorized procedures).
2. Case management processes – admission reviews and discharge planning – to be available 24 hours per day, seven days per week at all points of entry. Case management provided by an R.N.
3. Implement seven-day-a-week ancillary (i.e. lab, radiology, physical therapy, etc.) access. Regional leadership teams to evaluate appropriate service levels for each facility.
4. Implement consistent tools to manage appropriate utilization, individual outliers and readmissions.
  - a. Institute “Assistance for Patients with Special Care Needs” account for hard-to-place patients.
  - b. Brief, daily, face-to-face huddle with nursing, hospitalists/admitting physician and case managers to “plan for the day, plan for the stay.”
  - c. Establish a process to ensure that no patient requiring a follow-up appointment leaves the hospital without one.
  - d. Physician to establish and document target LOS and initial discharge plan within 24 hours of admission.
5. Establish an accountable senior leadership team at the regional level charged with review and problem solving related to management of ALOS, outliers, readmissions, observation patients, patients with chronic disease, and never events. Consideration should be given to use of hospitalists, home health, hospice/palliative care, AIM program, etc.
6. Support alignment and share performance results by making consistent, transparent, real-time Medicare performance data available electronically throughout the organization.
  - a. Review and discuss Medicare specific performance data in regional board finance and planning committee meetings. Include comparative performance information of all Affiliates as well as Regional roll ups. SHSS develop and provide standard packet to ensure consistent level of transparency and information.
  - b. Develop and implement a system-wide strategy for use of data to enable physicians to improve performance. Develop at system-level and implement regionally. Include reports that integrate LOS, cost and quality. Establish metrics for progress/improvement. SHSS develop and provide standard packet to ensure consistent level of transparency and information.
  - c. Design and implement transparent dashboards/score cards with established, measurable goals that are aligned from the top down and are distributed to all stakeholders (case management, administrative teams, hospitalists and other physician groups, etc.) to align incentives. Monitor progress and include a reasonable timeframe for achievement.
  - d. Determine implementation details for regional and local levels, with a focus on maximizing impact and reducing variation.
7. Modify incentive strategy to support achievement of Medicare performance priorities.

Detailed implementation plans are being drafted by teams comprised of key individuals, including physicians, from throughout the region, with the expectation that these initiatives will impact 2010 performance. In response to this work, SMCS has begun to assess where we are today and what we need to accomplish going forward. The following are some highlights of what changes have been initiated and what to expect in the future.

- Electronic Inter-Qual evaluation tool implementation
- Escalation process implementation and documentation in MIDAS
- Complex Case Review implementation
- Daily census tool, by length of stay and payer mix tool implementation
- Resources available through case management for hard to place patients
- Daily rounds with nursing, hospitalists, and case management to discuss “plan for the day, plan for the stay.”
- Hospitalist admission order-sets with anticipated length of stay and disposition
- Administrative and exempt staff performance evaluations updated with Medicare affordability goals
- Remaining order-sets to be updated to include anticipated length of stay and disposition
- Expansion of daily communication with nursing and case management to include all physicians

Our Medicare margin at SMCS at the end of November 2009 was -32.6 percent. We ended 2008 at -28.56 percent. The California median is -16 percent. Last year was economically tough, but the future does not look any brighter for health care. Our costs continue to rise and our commercial payer mix continues to decline. Why does this matter to you as a physician? Our ability to provide care to our patients, to do the work we are trained and passionate to do, is inextricably linked to the financial viability of this institution and the health care system to which it belongs. We need to work together to make the changes necessary to turn this around.