

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

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Avera Medical Group Service Line Summit

New Resources to Help You

The second annual Avera Medical Group Service Line Summit was held April 16-17 at the Sioux Falls Convention Center in Sioux Falls. More than 220 physicians and leaders met to discuss communication, collaboration and opportunities for growth.

Avera leadership and service line leadership shared key updates about how the process has helped them establish better patient care,

develop better relationships between Avera regions, and make progress on improving clinical efficiency and reducing financial cost. An important part of the Service Line Summit was to review accomplishments and bring feedback for future goals. Another important purpose was to develop inter-service line relationships and share best practices and stories so that others can learn from other service lines' challenges and successes.

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AveraNow: Health care in the palm of your hand

Through the latest Internet and mobile technology, patients can access health care from the palm of their hand, and it's coming to Avera through AveraNow.

Beginning this summer, patients will be able to connect to an Avera provider anytime, from anywhere, through their smartphone, tablet, laptop or personal computer.

AveraNow partners the nationally recognized strength of Avera eCARE with American Well, a company that developed the number-one

rated telehealth app of 2014. AveraNow has a competitive edge over existing platforms. For example, some health systems offer video visits that can only take place through a desktop computer. And some systems offering those desktop visits require people to be an established patient.

AveraNow will have a free app offered through the iTunes App Store as well as Google Play and other Android-based app distributors. Or, patients can connect by logging onto a special web page.

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Tad Jacobs, DO

From the Desk of the CMO and CAO

Each of us Has a Role in One Avera

Dear Colleagues,

At the Service Line Summit in April we talked about how there are many pieces to the puzzle to make us “One Avera.” Each of us has a role to play and contributes a portion of the puzzle.

Service Lines, in particular, give you a place to fit and contribute to the organization. Here are a few remarks about what is working with service lines: “We identified participants who are really motivated. We’re just beginning to hit our stride.”

and collaborating closely to encourage communication across the entire team. Researchers estimate that if those best practices were put in place across the industry, the U.S. health care system could save upward of \$300 billion.

So, how do we meet consumer demand and maintain quality? One way is to embrace new access points such as AveraNow and the patient portal. Another is exploring new practice models such as team-based care. As a medical group, we’re at a critical phase where we can get involved in new technology in order to reach new patients and even enhance care for our current patients.

It’s a strategy that can enhance patient access to care by meeting patients where they’re at. Given the amount that patients are spending out of pocket on health care, they want value and ease of access to justify that expense. Convenience is becoming the expectation in health care as in all other sectors. As Avera Medical Group grows and expands, we have to move to an era where we embrace new technology access points. Responding to these changes is key for our future as a medical group.

Thank you for the work you do on behalf of Avera Medical Group every day.

Sincerely,

Tad Jacobs, DO
Chief Medical Officer
Avera Medical Group

David Flicek
Chief Administrative Officer
Avera Medical Group



Dave Flicek

“We have great engagement. We all care about the same things.” “Collegial relations between doctors and administrators. We have an open door to senior administrators who know me and call me by name.” These remarks highlight the collaboration occurring in service lines, and we’re only sure to see better things as service lines continue to grow and develop.

Just as we look at examples of “bright spots” in service lines, it can also be beneficial to look at how other medical groups are achieving great success. A new Stanford University study names the 10 best practices of the 11 highest-performing primary care groups in the U.S. The 10 common actions include: physicians adhering to quality guidelines, choosing tests wisely,

System Spotlight

Avera’s Coordinated Care Model Earns Recognition

Avera’s Coordinated Care program has been recognized as among the top five of health organizations that participated in a Centers for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Challenge Grant.

Since 2012, Avera’s Coordinated Care team has participated in this project, through CMMI grant funding received by a collaborative partnership that includes VHA Inc., a national network of not-for-profit health care organizations; TransforMED, a not-for-profit subsidiary of the American Academy of Family Physicians; and Phytel, Inc., a technology company that leads the field in automated, provider-led population health improvement solutions.

The grant funded a three-year national project involving health care systems, hospitals and provider practices throughout 17 communities, one of which was O’Neill, Neb., home to Avera St. Anthony’s Hospital.

The goal of the project was to expand the concept of the Patient-Centered Medical Home to the Patient-Centered Medical Neighborhood and connect acute-care hospitals with primary care, specialty and subspecialty practices to drive better quality and superior patient experience at a more affordable cost. Avera’s Coordinated Care model is a team approach that serves as an extension of the clinic care staff. The program serves patients in their homes and communities.

There are eight Coordinated Care teams throughout the Avera footprint.

Currently, 954 patients are active in the program. There is no charge to patients for these services, but rather, Avera recoups the expenses through quality incentives earned through improved outcomes.



Jacquelyn Choate, MD

The Clinical Perspective

More Restrictive Transfusion Strategies a Step Forward in Better Patient Outcomes

One of the main initiatives of the Laboratory Service Line is to reduce blood utilization across the system. As chair of the Blood Bank Subcommittee, we are working to raise awareness about two major changes that are part of Avera’s move toward a more restrictive transfusion strategy.

Evidence has shown that more restrictive transfusion strategies actually lead to better overall patient outcomes. Many institutions across the country have already moved to more restrictive strategies for transfusion.

These are the two changes that will be implemented across the system:

(1) **Lower hemoglobin level recommendations.** The new guidelines promote a more conservative approach to transfusion and to not use the hemoglobin level alone as a trigger for transfusion. We’re trying to encourage having patient symptoms direct the decision for transfusion at lower hemoglobin values.

Our current recommendations allow transfusion for stable patients below hemoglobin of 8 and below 10 for patients with comorbidities. Our new guidelines will move those numbers to 7 and 8. We also would encourage documentation of the symptoms of the patient’s anemia that leads to the decision to transfuse.

(2) **Standard order of packed red blood cells will change to one unit at a time.** The other major update is changing from the standard order of two units of packed red blood cells to one unit at a time. The new standard will be to order one unit, recheck a patient’s hemoglobin level and reassess the patient, and then order the second unit if the patient needs it.

Process

We are trying to be thoughtful about how we implement these changes so that we don’t interrupt workflow, especially in urgent or emergent situations.

We’re hoping, through the Laboratory Service Line, to move these changes to all of the system hospitals. We are making these changes first at Avera McKennan Hospital & University Health Center and a few select hospitals, and then hopefully across the system. The guidelines for transfusion changed at Avera McKennan on Jan 1.

Tracking Patient Outcomes

We’ve collected data from the clinical intelligence team on the number of transfusions that are happening across the system, and also on the patients’ hemoglobin values when they receive transfusions. There’s room for improvement, and we think these changes will make an impact. We will also be looking for creative ways to measure the impact of a more conservative approach to transfusion on patient outcomes. We hope to be able to track patient populations or DRGs, and see if we find improvements in patient outcomes overall.

Meditech Changes for Blood Orders

We’re working on updating the physician order entry module of Meditech so that these changes will be reflected at the time an order for blood is placed. We’re excited for the Meditech 6 upgrade, which will provide some great tools for decision support in this process. In the meantime we are working on ways to incorporate these changes into providers’ workflow.

Other Education

We have been providing education about these changes to physician and nursing teams and committees at Avera McKennan, and have also communicated through email and letters to high-volume users. We hope to move these changes to other sites with the help of regional chief medical officers and committees at these hospitals. We plan to have educational modules available through the Avera Learning Center for both physician and nursing continuing education credit.

Service Line Highlights

Avera Service Lines Continue to See Progress

At the recent Service Line Summit, individuals met to provide an overview of current accomplishments and projects and to start planning for the next year's goals. The Summit included collaboration between physicians and administrators. The meeting also served as a great review of the work that's been done through service lines so far.

For more updates and video highlights, visit the Service Line page, located on the Avera Medical Group page on KnowledgeNet.

Behavioral Health

Behavioral health diagnosis can be challenging for non-behavioral health providers. Guidelines for screening and treatment of attention deficit hyperactivity disorder and adolescent depression are being developed to support those providers, especially primary care providers, in identifying and treating those conditions according to evidence-based best practice. This approach supports our primary care colleagues, and elevates the level of care in Avera's facilities, by ensuring the same care is delivered everywhere. Guidelines are also being developed for the screening and treatment of schizophrenia and chemical dependency not only for primary care providers but also to support behavioral health specialists.

A bed-need assessment for inpatient behavioral health needs has also been completed. This assessment supports the direction of the service line. Due to the continued need for behavioral health, expansion plans are in process to meet the growing needs, especially in the child and adolescent areas.

New models for treating patients in the primary care office, with mental health counselors right in the primary care office, is expanding to better meet the needs of patients and to support primary care providers at the time a need is identified. Addressing a patient's behavioral health need as soon as possible is very important. This new model provides that necessary support, at the right time, in the right place.

Emergency Medicine

The Emergency Medicine Service Line continues to strive to improve the patient experience, quality of care delivered, and working environment for our staff. Following the annual Service Line Summit meeting, the steering committee met to prioritize many of the ideas that were generated during the Summit:

- They redesigned the subcommittee groups to better interact with each other.
- They have developed subcommittees into operations, finance, technology and clinical quality/patient satisfaction.
- They continue to work on our standardization initiatives that include carts, equipment, medications and patient flow processes.
- Careflight will continue to be a focus as well; they are working on the development of a centralized communication/dispatch center and, ultimately, a unified aero medical program.

Laboratory

Laboratory Service Line started in early June 2014 with a vision to work as a unified unit to improve lab services for every patient with the right test, at the right time, for the right cost. The Lab Service Line is achieving their vision by updating the blood utilization and transfusion guidelines. Best practices change over time, and keeping with the changes helps to provide high quality care to patients and to prevent risk of blood reaction to the patient after transfusion.

Lab equipment is key to turning a specimen into usable data to support the delivery of high quality patient care. The service line is working with Supply Chain to identify a vendor that will help Avera provide the best equipment to our labs. The first area where this will happen is chemistry. Selecting a vendor as a partnership takes time, as each vendor is evaluated on several key areas including quality, consistence, service, price and overall fit as a partner with Avera.

Part of making sure every patient receives the right test, at the right time, for the right cost is having the right data to guide decision making. A data-specific group is making sure the service line has all of the right information to best support appropriate utilization of lab tests that include overutilization and underutilization. Finally, lab quality and safety must have the necessary policies and procedures to ensure lab licensure and certification. These policies and procedures drive the work within the labs. The service line is updating these policies and procedures to ensure high quality test results and a safe environment for staff and patients.



Kimberlee McKay, MD

Clinical Vice President Spotlight

Education: Medical degree from the Sanford School of Medicine at The University of South Dakota, Vermillion; Residency at the University of Kansas School of Medicine, Wichita.

Family: Andrew, Luke and Maren Solares

Title: Clinical Vice President of OB/GYN Service Line

Specialty: OB/GYN

What is your role as the Clinical Vice President of the OB/GYN Service Line?

This is a role that is still evolving, but that is meant to reduce practice variation, improve quality and help with efficiency. These goals mean relatively nothing to a physician who is seeing 35 patients a day and just trying to do his or her best to meet every patient's needs. My hope is that the Service Line Steering Committee has identified areas that may help our physicians work smarter and not harder. Each project is meant to strengthen relationships, whether with your local team or your consulting team at a larger center. My job is to facilitate these relationships and ultimately ensure that we have done due diligence in order to make these projects a success.

What do you see as achievements in the service line so far?

1. In collaboration with the Primary Care Service Line, we are developing "Transfer Guidelines" to help shape and identify risk factors during pregnancy so that those factors may be addressed prior to labor
2. Building evidence-based practice guidelines that give clinicians an abridged version of current guidelines into a more usable form
3. Implementing a "Hard Stop" policy system-wide for early elective delivery

What are the goals/objectives for the OB/GYN Service Line?

1. Planning for the implementation of team training that will help facilitate more consistent communications strategies among staff and physicians on the Labor and Delivery floor
2. Executing an education strategy through Gnosis for fetal heart tone monitoring and interpretation

Avera Service Line Leadership

Avera Medical Group Behavioral Health

Matthew Stanley, DO, Clinical Vice President, Behavioral Health

Mary Maertens, Administrative dyad

Avera Medical Group Oncology

Dave Kapaska, DO, Administrative dyad

David Elson, MD, Interim clinical dyad

Michael Peterson, MD, Interim clinical dyad

Avera Medical Group Emergency Medicine

Jared Friedman, MD, Clinical Vice President, Emergency Medicine

Doug Ekeren, Administrative dyad

Avera Medical Group Obstetrics & Gynecology:

Kimberlee McKay, MD, Clinical Vice President, OB/GYN

Tom Clark, Administrative dyad

Avera Medical Group Radiology

Brad Paulson, MD, Radiologist, Interim clinical dyad

Todd Forkel, Administrative dyad

Avera Medical Group Primary Care

Rich Kafka, MD, Interim clinical dyad

Tad Jacobs, DO, CMO

Dave Flicek, Administrative dyad, CAO

Avera Medical Group Laboratory

Bruce Prouse, MD, Interim clinical dyad

Mary Maertens, Administrative dyad

Avera Medical Group Nephrology

Robert Santella, MD, Interim clinical dyad

Dave Kapaska, DO, Administrative dyad

Avera Medical Group Hospitalists

Todd Forkel, Administrative dyad

Joseph Rees, DO, Interim clinical dyad



Ministry in Medicine

"Be still, and know that I am God." Psalm 46:10

Ethics Integration at Avera

Ethics concerns who we most deeply are and, in light of our identity, how we are called to act. The identity of Avera is rooted in the life and healing ministry of Jesus. As exemplified in the lives of our founders, and stated in the Ethical and Religious Directives for Catholic Health Care Services, our ministry is a response to Jesus' command to "go and do likewise" by caring for the poor, the sick and the suffering. At its essence, our identity is to be Christ's healing compassion in the world. Through the care we provide, our patients and their loved ones come to experience their own dignity and value, just as did those persons for whom Jesus cared.

As we endeavor to faithfully live our identity, the ever-evolving health care landscape poses many ethical questions and challenges. How do we maintain services to persons most in need while faced with increasing costs and decreasing reimbursements? By which standards do we evaluate emerging technologies and treatment options? What is the best—or least problematic—course of action in a given set of circumstances? How do we reconcile competing claims? Who are values-compatible partners? Although there are no ready answers to these questions, we don't have to face them alone. Fortunately, we are able to draw upon our Christian tradition, as well as our collective wisdom and experience. Guidance is also available through Avera's ethics resources, such as our ethics committees, standards and educational programs.

As the new Vice President of Ethics, I am committed to ensuring a robust ethics infrastructure which supports Avera's identity, mission and values by guiding

organizational and clinical decision-making. To this end, I've been focusing on several important priorities during the initial months of my tenure. First, I'm available to provide ethics consultation and guidance for clinical and administrative issues, and have been collaborating with our ethics consult teams, clinicians and leaders in this regard. To assess Avera's existing ethics infrastructure, I've been meeting with facility ethics committees, and reviewing ethics policies and related documents. I have also been traveling throughout the system to introduce myself and learn about Avera's many ministries. Finally, I am providing ethics support to committees and facilitating ethics education.

I look forward to meeting and collaborating with the many dedicated members of Avera Medical Group. If you would like to contact me, please feel free to do so at: mary.hill2@avera.org or on my cell phone: 520-419-8197.

It is a privilege to be part of the Avera team and to serve alongside you in the healing ministry. As together we live our identity, may we "rejoice in the challenge to be Christ's healing compassion in the world and to see our ministry not only as an effort to preserve health but also as a spiritual service and sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus' ministry and God's love for us. [Ethical and Religious Directives, Conclusion]."

By Mary L. Hill, BSN, MA, JD, Vice President of Ethics, Avera Health



Mary L. Hill, BSN, MA, JD

If you have a suggestion for a story that could be featured in Ministry in Medicine, please contact BryAnn Becker Knecht at bryann.beckerknecht@avera.org.

New LIGHT Program Website

Check out the new LIGHT Program website to find resources and learn strategies for preventing or reducing burnout. Access the LIGHT Program website on KnowledgeNet by visiting <http://knowledgenet/avera-medical-group/light-program>. Resources include:

- Self-assessments to help identify signs of burnout.
- Video series from Dr. Dike Drummond on "Burnout Basics" and "Burnout Power Tools." Learn signs of provider burnout, how the body and mind react to stress, and how to identify burnout and seek help.
- Find additional resources, including strategies for restoration.

Call 605-322-HEAL.

This is a confidential, provider-specific number that is available for free consultation.

Options Expand for Personalized Medicine

Avera Institute for Human Genetics is expanding and enhancing personalized medicine to benefit more patients.

Meditech now offers greater ease in ordering genetic testing electronically, and revised reports provide the needed medication information up front. In addition, informed consent is no longer required to be signed by the patient.

AIHG is offering these pharmacogenomic tests, which can now be ordered electronically in Meditech:

- Pain Genotyping Panel (for patients with a history of being nonresponsive to pain medications or had adverse effects)
- Psychotropic Genotyping Panel (for patients with depression or other neuropsychiatric diagnosis who failed to benefit from at least one psychotropic medication or had adverse effects)
- CYP2C19 (an enzyme that impacts clopidogrel (Plavix®) or any other drug metabolized by CYP2C19)
- CYP2D6 (an enzyme that impacts tamoxifen or any other drug metabolized by CYP2D6)
- MTHFR (an enzyme that impacts fluoropyrimidines and antifolates for cancer, recurrent thrombosis or recurrent miscarriage patients)

These tests are performed locally by the scientific staff of the AIHG. There is reimbursement for selected genes from Medicare and some insurances.

In addition, Avera Medical Group patients and Avera Health Plans members who are over age 18 with primary or secondary major depressive disorder or other psychotropic disorder may also qualify for a Psychotropic Genotyping Panel at no cost as part of Avera-based research studies. This test would be especially beneficial for patients who struggle with finding the most effective psychotropic medication.

For questions related to reimbursement, preauthorization, ordering questions, or the psychotropic genotyping studies, please contact Julie.fieldsend@avera.org or 605-940-5985.

Avera Medical Group Service Line Summit

Clinicians and Leaders Share Successes and Plan Next Steps *(Continued from cover)*

Five service lines discussed recent initiatives in a collaboration spotlight. Representatives from the Emergency Medicine, Radiology, Oncology, Behavioral Health and OB/GYN Service Lines spoke about their recent and ongoing work.

In addition, each of the service lines met individually for annual planning sessions to discuss future plans.

Service lines continue to be an opportunity for physicians and administrators to work together. Tad Jacobs, DO, Chief Medical Officer, Avera Medical Group, discussed the opportunities that collaboration provides.

“Great work is happening. As the organization gets larger, the question is, as a physician and advanced practice provider, how can I give input? Service lines give us a voice in the organization. We’re at a good spot to continue the momentum,” Jacobs said.

“The work that the service lines have been doing has been developing faster than anticipated. ... The challenge is creating the infrastructure to support that,” said David Flicek, Chief Administrative Officer, Avera Medical Group.

Representatives from the Oncology Service Line spoke about the great physician collaboration that has been happening within the service line. The recent strategic relationship formed with Elekta has been a significant accomplishment to help maintain consistency of care across Avera. Through this partnership, Avera will be able to access a single patient registry at any of Avera’s cancer centers and outreach locations. It’s also been a huge cost savings, with an estimated \$20 million in savings.

For more information and video highlights about the service lines, visit the Service Line page on the Avera Medical Group tab on KnoweldgeNet.

AveraNow: Health care in the palm of your hand

(Continued from cover)

When patients connect for a visit, they’ll fill out a checklist concerning symptoms, current medications and pertinent health history. Payment is a \$49 flat fee with a credit card, without insurance and reimbursement steps.

Covering AveraNow, a 24/7 service, won’t require additional staffing at this time. Providers will consist of eCARE staff and a pilot group of Avera Medical Group primary care providers. In the future, it’s possible that AveraNow connections will be available to a wider range of providers during their non-scheduled time.

“Our goal was to maximize technology for the best possible video visit through Avera, and now we have it,” said Jason Knutson, DO, Family Practitioner with Avera Medical Group McGreevy 69th and Western, and member of the Primary Care Innovation Council.

One of the first questions physicians might have is “will I lose clinic visits?” It’s true that AveraNow providers will cover a certain number of visits that would have been seen in the clinic. But it’s better to look at AveraNow as one more access point for patients, Knutson said.

Every 30 seconds, e-commerce generates \$1.2 million,

according to EverMerchant. Other health systems, both locally and nationally, are already offering video visits. AveraNow will be available to all consumers. “We can embrace the latest technology and benefit from it, or pretend it isn’t happening,” Knutson said.

One goal of video visits is to draw patients back to primary care – either for follow-up visits or future preventive care. American Well estimates that 33 percent of patients utilizing this platform do not have a PCP. So in this way, Avera hopes to gain patients. And, it’s a way for providers who are not yet up to capacity to build their patient base. In the future, Avera hopes to expand AveraNow so that interested providers could offer video visits as part of their typical clinic day – right from their office or even from home, Knutson said.

Another common concern is quality of care. AveraNow follows protocols based on evidence-based practices, for example, tracking of antibiotic usage. “We have a set of strict criteria for prescribing antibiotics. That doesn’t mean we can’t treat a particular illness that doesn’t meet the criteria with another medication. It just might not be the antibiotic the patient was hoping to get,” Knutson said.

Med Student Days



Matt McQuisten, SIM Education Coordinator, and Kelly Rhone, MD, assist medical school students during a critical patient scenario.

This spring, Avera eCare collaborated with The University of South Dakota Sanford School of Medicine, Vermillion, to give first-year medical school students hands-on information about telemedicine.

“The telemedicine experience is really important for our medical students,” said Janet Lindeman, MD, MBA, Dean of Medical Student Education at Sanford School of Medicine. “South Dakota as a state and Avera as an organization are leaders in telemedicine, and our students need to know that as they go out into practice.” Students learned about how eCARE uses telemedicine to assist rural health care facilities to enhance patient care. The hope is that students will begin to see themselves working on both sides of the camera in their future medical careers, and to consider working in rural health care.

Medical student Kelly McKight learned more about what it might be like practicing in a rural setting. “I think this is something I will use a lot in the future, just because South Dakota is so big and I want to practice here, and so even if I’m not in Sioux Falls, it’s nice to know wherever I go in South Dakota, I can always get back to someone with maybe more answers or more knowledge, or even just more help.”

Events included:

- David Erickson, MD, Executive Vice President and Chief Medical Officer, Avera Health, and Michael Elliott, MD, Chief Medical Officer, Avera McKennan Hospital & University Health Center, explained how eCARE uses technology to care for our patients today and discussed how that might look in the future.
- Students then traveled to the eHelm for a tour and an afternoon of simulated patient encounters.
- Kelly Rhone, MD, Assistant Medical Director for eEmergency, and Andrew Solares, MD, eEmergency physician, assisted students via telemedicine technology and SIM. They helped students through procedures such as intubation, intrasosseous placement and chest tube placement. This was many students’ first opportunity to have a hands-on experience with a critical patient scenario.
- David Kovalski, MD, eICU Medical Director, demonstrated how the eICU uses telemedicine to care for critically ill hospitalized patients to improve outcomes and assist rural facilities in caring for patients. Telemedicine allows rural facilities to keep patients and families closer to home for their care.



Across the System

Avera@Home:

Avera is changing the structure for the home medical equipment service line to better position our organization for future success. Effective July 1, 2015, Avera Home Medical Equipment will transition to become part of Avera@Home. This transition will allow consumers to have one access point for these services. It will strengthen our overall service design and allow us to respond to changes in the marketplace.

Meditech 5.67 Upgrade:

The Meditech 5.67 upgrade will be ready to “go live” at the end of August. Providers will need to attend 120 minutes of training prior to the go-live date. Much of this mandatory training will be in preparation for ICD-10 and will be available online. Watch for more information this summer.

Avera De Smet Memorial Hospital:

On May 11 Avera De Smet Memorial Hospital broke ground on a new hospital addition and renovation. The \$3.2 million project involves adding new space and equipment, as well as transforming existing space to be more efficient, patient-friendly and reflective of state-of-the-art health care. The project will be complete in 18 months to two years.

Avera Prince of Peace Retirement Community:

On May 17 Avera Prince of Peace Retirement Community in Sioux Falls celebrated the grand opening of the new addition. The two-story, 117,000-square-foot addition is the largest long-term care construction project in the history of South Dakota. The \$25 million addition houses 90 beds — 64 in long-term care and 26 in rehabilitation, plus 20 additional assisted living suites. Avera Prince of Peace also has 32 existing assisted living apartments as well as independent living apartments. To learn more, visit Avera.org/princeofpeace.

“Live” Campaign:

In April Avera launched our longest running, broadest campaign to date. The “live” campaign is designed to remind us that taking care of our health is the best way to keep living for the things we love the most. The campaign highlights the Avera Medical Group brand and directs visitors to Avera.org/live where they are encouraged to find care through Avera Medical Group.

People News

The American College of Physicians has awarded the 2015 Richard Neubauer Advocate for Internal Medicine Award to Rob Allison, MD, FACP, Avera Medical Group Pierre. The award recognizes individuals who have made exceptional efforts in support of the College’s advocacy program.

David Porembka, MD, Avera Medical Group Intensivists, was recently selected as a Master of Critical Care Medicine (MCCM).

Benjamin Aaker, MD, Avera Medical Group Emergency Medicine Yankton, received the Anton Hyden Award from the University of South Dakota (USD) Sanford School of Medicine. This is the top teaching honor for clinical faculty at the School of Medicine. Dr. Aaker has been an assistant clinical professor for the School of Medicine for approximately three years.

Ann Burns, Director of Physician Recruitment, announced her retirement, effective Sept. 30, 2015. Ann’s leaving marks the end of an era for Avera McKennan, as she started the Physician Recruitment Department in September 1994, and has played an integral role in developing Avera Medical Group as it is today.

Upcoming AMG Roadshows:

June 23, Avera St. Luke’s Hospital, Aberdeen

Public Policy Update

Sustainable Growth Rate

You may have heard about the Sustainable Growth Rate (SGR) repeal in the news this spring. This Congressional legislation (H.R. 2, Medicare and CHIP Reauthorization), which was passed by the U.S. House of Representatives on March 26 and by the U.S. Senate on April 14, is a very important piece of legislation for Avera as well as health care entities across the nation.

The Sustainable Growth Rate legislation was passed in 1997 in an attempt to slow the rate of Medicare spending. It consisted of a formula that, beginning in 2000, resulted in cuts to physician payments. Due to the 17 delays passed in 14 years, a cut of 21 percent would have begun on April 1, 2015. H.R. 2 finally repealed the SGR and changed the payment formula moving forward.

Besides repealing the SGR, this legislation also reauthorized funding for the Children’s Health Insurance Program (CHIP) through fiscal year 2017, and delayed implementation of CMS’s two-midnight policy until Sept. 30, 2015.

In addition, several health care provisions were extended in this legislation that are important to Avera in providing access to health care, such as:

- Therapy cap exceptions process, which allows patients to receive medically necessary therapy beyond the arbitrarily-set Medicare limits.
- Medicare low-volume program, which provides additional support for the higher costs associated with operating a hospital with a low volume of discharges.

If you have questions about these or other legislative issues, please contact Deb Fischer-Clemens at deb.fischerclermens@avera.org.

Conferences and Symposiums with CME

Avera Splinting Workshop for Primary Care Physicians

June 4, Presentation Room, Prairie Center, Avera McKennan campus, Sioux Falls

CORE Orthopedics Avera Medical Group Avera Sports Medicine Symposium

June 4 – 5, Sr. Colman Room, Prairie Center, Avera McKennan campus, Sioux Falls

Avera McKennan Pulmonary and Critical Care Symposium

June 12, Hilton Garden Inn South, Sioux Falls

North Central Heart Cardiac Symposium

Sept. 18, Sioux Falls Convention Center

Avera Cancer Institute Oncology Symposium (with Primary Care Track)

Sept. 24 – 25, Prairie Center, Avera McKennan campus, Sioux Falls

Avera Women’s Conference for the Primary Care Provider

Oct. 2, Sr. Colman Room, Prairie Center, Avera McKennan campus, Sioux Falls

Avera and Hazelden Conference: “Prescription Drug Abuse”

Oct. 9, Sr. Colman Room, Avera McKennan campus, Sioux Falls

The Avera Medical Group Update newsletter is published quarterly by Avera for physicians and advanced practice providers to keep them current about matters that affect health care practice, share ideas, welcome new providers, recognize accomplishments, and inform about innovations that help make Avera and its providers the highest quality health care system.

Ideas? Suggestions?

Do you have topic ideas for future Avera Medical Group Update newsletters? Would you be willing to be a source for a future article? Email BryAnn Becker Knecht, Editor, at bryann.beckerknecht@avera.org.

Conferences and Symposiums with CME (Continued)

New CME videos added to the Avera Learning Center (watch them, take a quiz and get credit):

Endometrial and Ovarian Cancers: Staging, Prognostic Factors and Treatment

Cultural Competence in American Indian Health

Violent Crime and Human Trafficking Conference

Avera Cancer Institute 15th Annual Oncology Symposium

Relieving the Ache: Tackling Pain Management in the Acute Care Setting

CHF: When the Pump Can't Keep Up

Avera Ethics Conference videos on Medical Futility Physician Panel, Challenges in Catholic Health Care and Reclaiming Professional Integrity

Rural Health Conference

To access the Avera Learning Center, go to: www.healthstream.com/HLC/Avera. To log in, here is your User ID: Full birthdate and last four digits of your SSN, such as MMDDYYYYSSSS. Your password is: hello. Select the Catalog tab, type in the title of the course, and click Search.