

*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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## Service Line Spotlight

### **Avera Service Lines Offer Opportunity for Superior Quality** *Lab Service Line Becomes Seventh Service Line*

At Avera, where the service line model was implemented two years ago, service lines allow the ability to gain continuity across Avera. Simply stated, the service line model allows hospitals and clinics to bring consistency to the myriad services for patients and to the many resources that are part of providing quality care.

Service lines are more than a structure at Avera. Service lines also allow the opportunity to foster new relationships — physician to physician and physicians to administration — across locations. With those new relationships comes the ability to learn and make decisions together, helping to drive standardization and variation in areas such as equipment and medication.

#### **Timeline**

Service lines began at Avera in April 2012, starting with Behavioral Health. Since then, six other service lines have been added. The

Avera Laboratory Service Line was added in June. A Laboratory Planning Session was held June 5 – 6 in Sioux Falls, S.D., where physicians and administrators met to discuss goals and objectives.

#### **Successes**

Common depression screenings, standardization of equipment and new branded structures are a few ways that the service line implementation has already allowed for progress. Another significant benefit of service lines at Avera is that the structure allows physicians and administrators to work together. “Mutual appreciation between physicians and administrators is where we want to head toward,” said Dave Flicek, Chief Administrative Officer of Avera Medical Group.

The focus of service lines is on developing world-class quality, said Tad Jacobs, DO, Chief Medical Officer of Avera Medical Group.



## From the Desk of the CMO

*Communication Remains Priority for AMG*

Dear Colleagues,

As I stated at the Service Line Summit in May, I truly believe that, at Avera Medical Group, we have a great story to tell. As providers, each one of you makes a difference every day in your patients' lives. You should be proud of what you have accomplished and the difference you make in our patients' lives every day.

In the midst of our continued success, there's also a lot of change happening, both in AMG and at a system level. We listened to your feedback about providing communication and want to continue to keep you informed. Communication continues to be a priority for AMG, and we have launched this newsletter as another avenue to keep an open dialogue between providers and administrators.

"Avera Medical Group Update" provides want-to-know and need-to-know information for Avera physicians and advanced practice professionals. This publication will provide more detailed information than the monthly AMG Update email.

You'll find articles about topics that pertain to your practice at Avera, including updates on system-wide efforts and initiatives. Each issue we'll focus on a new area of Avera in the Avera System Spotlight. Beyond fact-driven stories, we hope that you will be inspired by stories of faith in the Ministry in Medicine feature. And we want this newsletter to also serve as a resource. Check out the New Providers section, Medical Staff Notes and a list of CME opportunities to stay up-to-date on your Avera colleagues and events.

We hope that this publication proves valuable to you. Together, we are part of a vital healing ministry. Thank you for all that you do.

Sincerely,

Tad Jacobs, DO  
Chief Medical Officer  
Avera Medical Group



## System Spotlight

*Service Lines Offer Opportunity to Work Together*

Let's talk about the benefits of teamwork. It should come as little surprise that working together can bring results. So, what about collaboration in health care, in the

midst of a changing health care environment? What does that picture look like?

During the Service Line Summit in May, we heard Dr. Steve Berkowitz talk about the benefits — and challenges — of physicians and administrators working together as a health care team. He noted, "Medicine is a team effort. Why do we insist on playing solo?"

Here's the good news: we have a structure that allows physicians and administrators to work together, listen to each other and achieve results. And that has already happened.

Since we began our service line journey in April 2012, I have been very impressed with the results. We are driving standardization and driving out variation like we never have before, from equipment to IT to medication variation.

We heard you in recent surveys that communication is a challenge. Service lines are an excellent conduit for that exchange. If your specialty is already in a service line, the best way for you to be actively heard is to be involved. If you are in a specialty that has not yet formed a service line, watch for your invitation in the months ahead.

The service line concept offers an organized way for us to listen. We now have a structured way to bring up an issue and to have our colleagues — both physicians and administrators — listen to those concerns. This is your place to be heard. There's a spot at the table for physician leadership.

I want to thank everyone who has dedicated their time to making service lines at Avera successful thus far. The discussions and work being done by each service line is extraordinary, and you should be proud of that work.

Fred Slunecka  
Chief Operating Officer  
Avera Health

# Every Word Still Counts

ICD-10 Delay Offers Chance to Continue Momentum of Better Documentation

## Need to Know

- The implementation of ICD-10 has been delayed by CMS until October 2015. Avera's "EveryWordCounts" initiative will continue throughout 2014 as planned.
- Avera is using the delay to begin working with ICD-10 diagnosis codes within Meditech's enhanced problem list functionality and for one-on-one specialty physician training.
- The concept terms that will be mapped to ICD-10 already exist in our live lookup for problems; these are the same terms that are currently mapped to ICD-9. Identifying the most accurate and common terms used in your clinical practice and saving them to favorites is the best practice to improve efficiency.

Avera is using the delay of ICD-10 to continue preparing as a system for ICD-10. The Centers for Medicare & Medicaid Services delayed the implementation until October 2015. Avera's "EveryWordCounts" initiative will continue throughout 2014 as planned.

Key areas include working with ICD-10 diagnosis codes within Meditech's enhanced problem list functionality and conducting quarterly physician specialty training.

The delay means that providers have a greater opportunity to improve their documentation and current documentation practices and to build a favorites list of common ICD-10 programs used in their specialty.

"Documentation quality equates to clinical quality," said Tad Jacobs, DO, Chief Medical Officer of Avera Medical Group. "When we accurately tell the patient's story, everyone benefits."

### Physician Education

Avera Medical Group, working with the Advisory Board Company, is conducting phase II of physician education about ICD-10. Site visits are coordinated at each region with the support of regional coordinators and clinic managers. There are also physician champions throughout Avera who went through a separate training program on documentation so they can work with their peers within their region.

"The focus is on teaching better documentation concepts for current practices as well as future ICD-10 concepts," said Kathy Dorale, Vice President of Health Information Management for Avera. "Helping

the physicians understand how 'words' impact coding and quality documentation has an impact on patients as well as physicians and their practices. Avera considers the patient as the No. 1 priority."

The goals for phase II of physician education include reviewing physicians' problem lists and helping to identify the problems and diagnoses most commonly used by physicians.

"We are trying to ensure physicians create the best problem list that clearly describes each patient so that whatever is on the problem list is accurate," Dorale said. "The physicians develop their problem list as they see patients in clinic and hospital settings. A problem list is useful to physicians as well as the patient to maintain what conditions are resolved or ongoing. New technology helps create these lists and keep them current."

It's important that documentation reflects the severity of patients' conditions.

"If not, data could affect the benchmarks on physician compare websites, making it look like patients are healthy although questioning long lengths of stays or high mortality rates than what other comparable hospitals or physicians are reporting," Dorale said.

Furthermore, physicians need to be able to tell the story about their patients as completely and accurately as they can so they can demonstrate how sick their patients are. "Physicians need to be able to capture the patient's clinical picture in a way that data can be captured correctly by abstracting staff who convert clinical diagnoses into codes," Dorale said.

### Need to Know

- The **AveraChart Patient Portal** has been implemented at all Avera clinics. 14,126 patients have accessed the portal, and due to proxy access 18,594 patient records have been accessed, as of June 10.
- Frequently Asked Questions (FAQs) and video tutorials are available at [AveraChart.org](http://AveraChart.org).
- Most messages received from AveraChart will be handled by support staff, and internal communications are not seen by the patient.

Specifically for Avera Medical Group, Oct. 1 to Dec. 31, 2014 is the time period in which patients must interact with AveraChart. “The long and short of it is, it is critical for patients to log on and use AveraChart,” said Tad Jacobs, DO, Chief Medical Officer of Avera Medical Group. “Not only has research shown improved quality outcomes with improved doctor-patient communications, but more importantly, a patient highly respects the physician’s opinion. If the physician recommends using the portal, the patient is more likely to use it.”

Stage 2 of Meaningful Use focuses on patient engagement and empowerment, which can result in better informed patients. “Research shows in health systems that have rolled out a portal, patients are better educated about their condition,” said Kim Jundt, MD, Chief Medical Information Officer. “Patients research their conditions, and they can have an educated conversation with their provider.”

### Population Health Management

As population health management and accountable care become mainstream concepts proven to shrink costs and improve care quality, more and more electronic health record (EHR) products have analytics and reporting capabilities that will help providers expand their reach to provide more robust care to chronically ill patients and those at higher risk of developing expensive and dangerous diseases.

“Stage 2 is the first time patient interaction via the patient chart is required to meet Meaningful Use,” said Dr. Jundt. “We believe this is a vital first step in population health management not only to engage patients in their health and wellness, but also to help us better discern what is needed in terms of transforming our clinical practice around patient populations.”

EHR data can equip providers with information they need to identify high-risk patients or those who need to resume chronic disease

management or routine primary care. This ability, combined with the patients’ engagement on their own health, is driving population health management strategies nationwide.

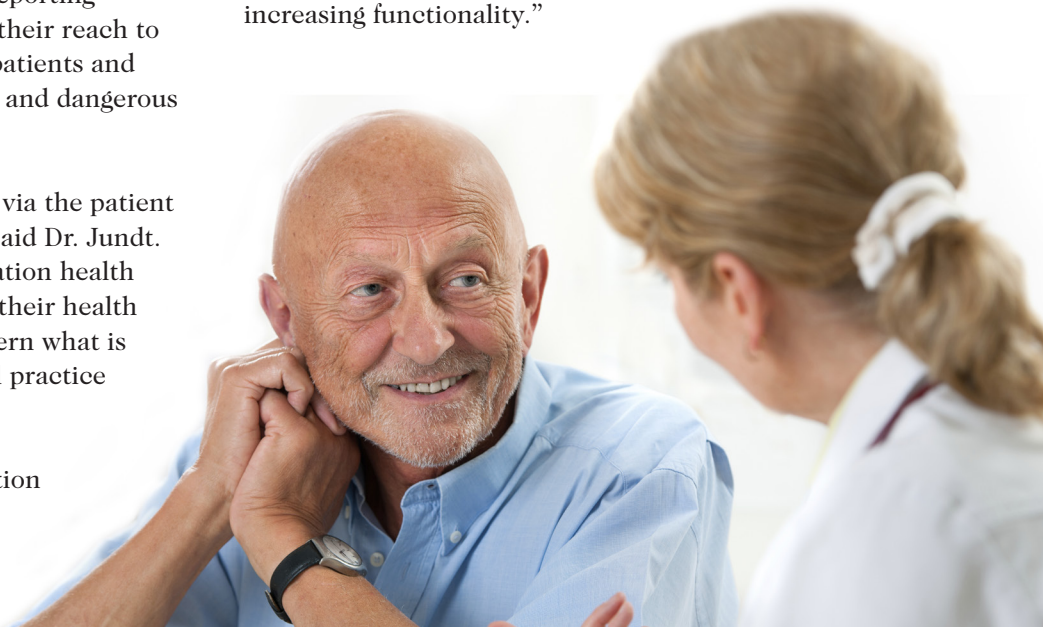
According to Jennifer Bresnick, author of “Prioritizing a Replacement EHR for Population Health Management,” EHR technology is only the first piece of the accountable care puzzle. From patients adding their blood pressure readings to their online health care journals, to home monitoring devices that automatically stream data into the electronic record, to health information exchange data transmitted from the hospital across town, providers have a plethora of input sources that will provide a robust portrait of a patient’s health. This data can be overwhelming, but it’s critical to understand and integrate, especially as wearable sensors increase in popularity and patients frequently expect more out of their providers.

### Potential Benefits

Dr. Jacobs points to other potential benefits of AveraChart:

- As increasing numbers of patients start using a portal, it may lessen phone traffic, thus reducing hold times and patient complaints.
- Office efficiency can be further improved by sending patients their test results electronically, thus saving mailing costs or calling time. And sending automated appointment confirmations by e-messaging also saves staff time.

“We need to make sure Avera is maximizing the use of our EHR, and that’s been challenging,” said Dr. Jacobs. “We want to use it in a meaningful way, minimize lost productivity and keep spirits high amidst upgrades, new requirements and increasing functionality.”



## 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

David 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:

Hiring for 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, Avera  
Gregory Hospital

Tad Jacobs, DO, CMO

Dave Flicek, Administrative  
dyad, CAO

### Avera Medical Group Laboratory

Bruce Prouse, MD, Interim  
clinical dyad

Mary Maertens,  
Administrative dyad

# Service Line Spotlight

Continued from Cover

## Service Line Summit

The first annual Avera Medical Group Service Line Summit was May 1 – 2 at the Sioux Falls Convention Center in Sioux Falls. Previously, the service lines each met separately by specialty. Two hundred participants, including 70 physicians, developed priorities for their service lines in the coming year.

Avera leadership and service line leadership shared key updates about how the process has helped:

- Establish better patient care through collaboration between physicians and administrators,
- Develop better relationships between Avera regions, and
- Make progress on improving clinical efficiency and reducing financial cost reduction.

The Service Line Summit also included service line updates and break-out sessions for planning and collaboration. Each service line was charged with coming up with a goal for one integration project.

## Successes reported at this year's summit

The service line model has already produced successes within the established service lines.

In the Behavioral Health Service Line, the concept has helped look at a system-wide approach to solving a problem, which is ultimately more efficient, says Matthew Stanley, DO, Clinical Vice President, Behavioral Health.

The Behavioral Health Service Line's first initiative is standardizing the PHQ9

(Patient Health Questionnaire) into work flow and electronic medical records for the treatment for major depression. They are also working with the Primary Care Service Line to develop a screening tool. Dr. Stanley said it's been positive to have the chance to "network and discuss practices and philosophies and create new friendships and relationship" with other psychiatrists.

At the Service Line Summit, other service lines shared progress notes.

- For example, the Oncology Service Line has been working on increasing integration of outpatient cancer work with inpatient cancer work.
- The Radiology Service Line has moved from six vendors to two for 33 CT scanners across the system.

Dave Kapaska, DO, Regional President and CEO of Avera McKennan Hospital & University Health Center, Sioux Falls, realized that the service line concept was about thinking of the larger picture and solving an access issue together. He admitted that, initially, he was frustrated that he would lose control of planning for Behavioral Health.

But then he realized that service lines are about figuring out issues together instead of competing with each other. "It's about providing access to kids on a reservation who have no place to go. It's about that patient who doesn't have access to all that we have in our system, together," he said.

## Need to Know

- The use of service line structure is a reaction to the health care environment. It's a malleable, applied science for the health care industry.
- We are using a dyad structure for the service lines — physicians and administrators working to lead the service lines. Using service lines goes beyond clinical efficiency and financial cost reduction. It brings us together as a system.
- Service lines help us to develop greater relationships and trust between our regions.
- These efforts are in pursuit of a brand promise. If a patient comes into an Avera clinic or hospital in one location, the approach to care is the same as that of any of the other Avera facilities and the most appropriate care is given.



# Ministry in Medicine

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

## God's Perfect Timing: A Story of Patient Care

"We need you in the ER."

Andrew Clark, MD, remembers feeling less than pleased to hear those words. "I was tired and frustrated. I wasn't even on call," he said.

After recently finishing a busy call weekend, Dr. Clark had arrived earlier than usual to Avera Medical Group Gregory in Gregory, S.D. It wasn't until later that he realized that his early arrival was part of God's master plan.

Dr. Clark went into the emergency room and began taking care of the patient. He recalls noticing that many people were in the ER, as part of the care team, and that the stress level was higher than normal.

When the on-call physician arrived in the ER, the physician — instead of stepping in, as that physician would normally insist on doing — said that Dr. Clark could continue taking care of the patient.

It was a grave situation for the patient, who did not recover. For a while afterwards, only a few people were in the ER. The nurse who originally had been in the room had left.

Dr. Clark came out of the ER and saw groups of people nearby with the patient's family, including the physician who was on call and the nurse who was initially with the patient in the ER. He realized that her caregivers had been close friends with the patient.

"God wanted me to help out so that those other people would have time to grieve over her loss and not be involved with the patient's care," he said. "It didn't make sense at the time. But after reflecting on it, I thought, that's amazing. Afterward, I was glad to have been put in that situation."

For Dr. Clark, the situation is a reminder to watch for those moments where God has a larger plan, despite our best efforts to try to control the situation.

"It was another lesson for me to watch closely for those moments. The real important lesson for me is that God is running the show all the time," he said.

As a physician, it's important to be aware of what's going on around you and to be conscious of God's work. That might not be as evident in every situation, he says, but this was one of those times.

"Realize God is there with you during those hard times," he said.



Dr. Andrew Clark

*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](mailto:bryann.beckerknecht@avera.org).*

# New Providers

The following providers have staff privileges at an Avera hospital or are on staff at an Avera facility.

## Family Medicine

### Shawn Bartel, MD, Avera Aberdeen Family Physicians

Dr. Bartel received his medical degree from the Sanford School of Medicine at The University of South Dakota, Vermillion, S.D., and completed an internal medicine/pediatric residency program at Medical College of Wisconsin, Milwaukee, Wis.

### Zachary Borus, MD, Avera Medical Group Spirit Lake Medical Center

Dr. Borus graduated from the University of Rochester School of Medicine, Rochester, N.Y., and completed a family medicine residency at University of Rochester/Highland Hospital.

## General Surgery

### Jeffrey Johnson, MD, Avera Medical Group Brookings

Dr. Johnson graduated from Saba University School of Medicine, Saba, Netherland Antilles and completed a general surgery residency at University of Missouri at Kansas City.

## Internal Medicine

### Olawunmi Lawal, MD, Avera Medical Group Internal Medicine Aberdeen

Dr. Lawal received his medical degree from University of Lagos in Nigeria. He will complete his internal medicine residency at Columbia University, Harlem Hospital Center, New York, in 2014.

## OB/GYN

### Bradley Bloemker, MD, Avera Marshall Regional Medical Center

Dr. Bloemker received both a Ph.D. in Biomedical Sciences and a medical degree from Creighton University, Omaha, Neb. He completed an obstetrics and gynecology residency from Marshall University Joan C. Edwards School of Medicine, Huntington, W.V.

## Radiation Oncology

### Troy Adolfson, MD, Avera Medical Group Radiation Oncology Aberdeen

Dr. Adolfson received his medical degree from the University of Minnesota – Twin Cities. He completed a family medicine internship in from the University of Minnesota – Duluth Family Practice Center. His radiation oncology residency was completed at the University of Minnesota, Minneapolis.

## Transplant Anesthesia/Critical Care

### Victor Scott, MD, Avera Medical Group Transplant & Liver Surgery and Avera eICU, Sioux Falls

Dr. Scott will provide anesthesia services for Avera Medical Group Transplant & Liver Surgery and critical care services for Avera eICU CARE. Dr. Scott received his medical degree from SUNY Health Science Center, Brooklyn, N.Y. He completed an internal medicine residency at Kings County Hospital, Brooklyn; a critical care fellowship at the University of Pittsburgh Medical Center; an anesthesiology residency at the University of Pittsburgh Medical Center; and a liver transplantation anesthesiology fellowship and pediatric anesthesiology fellowship at the University of Pittsburgh. Dr. Scott is board certified in internal medicine, anesthesiology and critical care medicine.

## Urology

### Dileep Bhat, MD, Avera Medical Group Urology Mitchell

Dr. Bhat was in private practice in Mitchell.

## Advanced Practice Providers

David Axtman, PA-C, Avera Urgent Care

Suzanne Beitzel, FNP-C, Avera Medical Group Windom

Miranda Brower, ARNP, Avera St. Luke's FastCare® ShopKo

Brian Chabot, PA-C, Avera eCare Services, Avera Medical Group McGreevy Dawley Farm\*, Avera Medical Group McGreevy West 41<sup>st</sup> Street\* and Avera Medical Group McGreevy 7th Avenue\*

Kimberly Dewing, PA-C, Avera Medical Group Dermatology Sioux Falls\*

Heidi Dumas, NP, Avera Medical Group Windom

Ivy Elsbernd, PA, Avera Medical Group Spencer

MaryAnn Fanning, NP, Avera St. Luke's FastCare® ShopKo

Christina Gant, CNP, Avera Medical Group Oncology & Hematology Sioux Falls\*

Tamera Graziano, CNP, Avera Marshall Psychiatry Associates

Jessica Klein, CNP, Avera Medical Group Oncology & Hematology Sioux Falls

Clint Perman, PA-C, Avera Medical Group Selby, Avera Medical Group Ipswich\*, Avera Medical Group Groton\*, Avera St. Luke's FastCare® Kesslers\* and Avera St. Luke's FastCare® Shopko\*

Theresa Petersen, CNP, Avera Medical Group O'Neill

Megan Schryvers, CNP, Avera Medical Group Fulda\*

Stacy Slettum, FNP, Avera Medical Group Fulda\*

Amy Thompson, CNP, RN, Avera Medical Group Neurosurgery Sioux Falls\*

Kirstin Williams, CNP, Avera Medical Group Oncology & Hematology Sioux Falls

\*New practice location



# Across the System

**Health Care Innovation Award:** Avera will receive an \$8.8 million Health Care Innovation award from the Centers for Medicare and Medicaid Services Innovation Center to create a new virtual care center model, in partnership with the Good Samaritan Society, to improve the delivery of long-term care and reduce costs. This grant is projected to save \$27 million over the next three years and to improve care for more than 7,000 elderly South Dakotans.

**New Clinic and Campus Plan:** The groundbreaking for a new Avera clinic in Mitchell, S.D., is scheduled for Aug. 5 on a campus named Grassland Health Campus. A three-story, 70,000-square-foot clinic will be built west of Cabela's, making the clinic visible from Interstate 90. Grassland Health Campus will allow for the long-term expansion of Avera Queen of Peace Hospital, Mitchell, S.D. The 30-acre campus is also suited to accommodate the move to outpatient services.

**Lab Service Line:** Mary Maertens, CEO Avera Marshall Regional Medical Center, and Dr. Bruce Prouse, Pathology and Interim Lab Service Line clinical leader, conducted their regional site visits to begin the Lab Service Line. The Lab Planning Session was held June 5 – 6 in Sioux Falls, S.D.

**To Your Health:** Results from the **To Your Health** corporate wellness program, which was launched in 2012 in partnership with HealthFitness, show that Avera is modeling the way for population health management. Every \$1 spent on corporate wellness program generated \$2.84 in health care savings since 2012. The average number of high health risks among Avera's employee population decreased 6.6 percent.

**Avera Medical Group Ophthalmology:** Dr. Thomas White retired on March 7 after a long and successful practice in Sioux Falls.

**IFM Certification:** Dr. Patty Peters and Jessica Morrell, CNP, are graduates of the Institute for Functional Medicine's (IFM) Certification program. They join an elite group of 124 practitioners who are in the first graduating class of IFM's program. Dr. Peters and Ms. Morrell are the first in South Dakota and in the region to obtain this prestigious certification.

**Retirement:** Pamela J. Rezac, Ed.D., President and CEO of Avera Sacred Heart Hospital, Yankton, S.D., retired on June 27 after 17 years as Avera Sacred Heart's CEO and 34 years in health care leadership. Since taking over leadership of the Avera Sacred Heart region, the region has grown from five communities with seven facilities to 13 communities with more than 20 facilities. Doug Ekeren, Vice President of Professional and Regional Services at Avera Sacred Heart, accepted the position of interim CEO at the hospital effective June 28.

**Careflight Services:** Finch and Company is conducting a report about how Avera can best provide Careflight services. The final report is forthcoming. The Emergency Medicine Service Line executive team and steering committee will then interpret the report and process their recommendations.

**Update on The Joint Commission Survey:** Avera St. Mary's Hospital, Pierre, S.D., continues its quality improvement journey that began with The Joint Commission survey in April. Following The Joint Commission survey, the South Dakota Department of Health conducted an independent survey. Avera St. Mary's has developed action plans to address the concerns raised during the survey, and the action plans have been accepted by the state. Avera St. Mary's is working hard to implement those plans.

**CEO Cancer Gold Standard Reaccreditation:** Avera McKennan Hospital & University Health Center, Sioux Falls, S.D., has been reaccredited as a CEO Cancer Gold Standard™ employer for 2014. Avera McKennan was first accredited in October 2010. This accreditation recognizes Avera McKennan's commitment to reducing the risk of cancer for employees, their families and the community by promoting healthy lifestyle choices, encouraging early detection through cancer screenings, and ensuring access to quality treatment.

**Avera Cancer Institute:** Avera has rebranded its cancer programs across the system as Avera Cancer Institute to represent a brand promise of consistent quality of care and service, regardless of location. Avera Cancer Institute is comprised of six regional centers and 40 outreach



sites. Existing cancer centers in Aberdeen, Mitchell and Yankton will be renamed Avera Cancer Institute. A new \$12.95 million facility under construction in Marshall will be named Avera Cancer Institute Marshall. Fundraising is underway for a \$13.5 million building project to expand cancer services in Aberdeen. Avera Cancer Institute Sioux Falls was expanded in 2010 with the construction of the Prairie Center. Avera launched on June 8 a new system-wide marketing campaign about the Avera Cancer Institute. With a focus of “cancer care done differently,” the campaign is an opportunity to reach out to the entire Avera footprint.

**Marketing Centralization:** The Avera Health Marketing Department transitioned to a centralized marketing team as of July 1. The centralization aligns with Avera’s strategy to create one organization and one brand. The structure facilitates cohesive marketing and communications strategies, including increasing internal communications. The department’s focus is on consistency, quality and cost efficiencies across Avera. The 50-plus member team is led by Kendra Calhoun, Senior Vice President of Marketing. The move created three functional areas within the department that are headed by Jeff Pickett, Vice President of Marketing; Lindsey Meyers, Vice President of Public Relations; and Daryl Thuringer, Vice President of Corporate Communications.

**SHE Magazine:** Avera sponsored a special women’s health edition of SHE magazine, an Argus Leader publication, which was distributed on Mother’s Day. Seventy thousand copies were printed. The edition features informative articles and inspiring stories that directly relate to Avera. From May 9 to June 9, 2,105 unique visitors went to [Avera.org/womens](http://Avera.org/womens), the women’s health landing page. The digital issue garnered 1,480 impressions within that time period.

### **Legislative Update**

**Relief for Vets:** The House passed the Veterans Access to Care Act (H.R. 4810) and the Senate approved by a vote of 93-3 the Veterans’ Access to Care through Choice, Accountability and Transparency Act of 2014 (S. 2450). Both bills cost about \$38 billion and contain provisions that would allow veterans to seek care outside of Veterans Affairs if the system cannot meet current wait-time goals or if the veteran resides more than 40 miles from the nearest VA medical facility. House and Senate conferees will iron out the differences between the two bills and should proceed quickly. There are better than 50 percent odds that the bill will pass and be signed by the president. The law should provide a modest financial positive for hospitals with a presence in those cities where there are large backlogs.

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## **AMG Regional Roadshows**

July 30, 2014 - Spirit Lake, Iowa  
Aug. 18, 2014 - Worthington, Minn.  
Oct. 15, 2014 - Mitchell, S.D.

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## **Conferences and Symposiums with CME in 2014**

### **Human Trafficking/Victim Witness Conference:**

Aug. 12-14, Washington Pavilion, Mary W. Sommervold Hall, Sioux Falls, S.D.

### **Avera/SDSU Symposium:**

Sept. 11, Brookings, S.D.

### **Avera Cancer Institute Oncology Symposium:**

Sept. 25-26, Sr. Colman Room, Prairie Center, Avera McKennan Hospital & University Health Center campus, Sioux Falls, S.D.

### **Avera Women’s Conference for Primary Care:**

Oct. 3, Sr. Colman Room, Prairie Center, Avera McKennan Hospital & University Health Center campus, Sioux Falls, S.D.

### **North Central Heart Symposium:**

Nov. 7, Sioux Falls Convention Center, Sioux Falls, S.D.

*To find out more information or register, visit [www.avera.org/conferences](http://www.avera.org/conferences) or email [AveraEducationEvents@avera.org](mailto:AveraEducationEvents@avera.org).*

*The Avera Medical Group Update newsletter is published quarterly by Avera for physicians and advanced practice professionals 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](mailto:bryann.beckerknecht@avera.org).*

## ***Every Word Counts***

### ***Physician Documentation Education Teleconference Agenda 2014***

<b>July 15:</b>	<b>ICD-10 Documentation Topic #11: Cellulitis</b> <a href="https://www1.gotomeeting.com/register/284348969">https://www1.gotomeeting.com/register/284348969</a>
<b>July 29:</b>	<b>ICD-10 Documentation Topic #12: AMI &amp; Coronary Artery Disease (CAD)</b> <a href="https://www1.gotomeeting.com/register/471303369">https://www1.gotomeeting.com/register/471303369</a>
<b>Aug. 12:</b>	<b>General Topic #4: What to Expect First</b> <a href="https://www1.gotomeeting.com/register/550946153">https://www1.gotomeeting.com/register/550946153</a>
<b>Aug. 26:</b>	<b>ICD-10 Documentation Topic #13: Pneumonia, Respiratory Failure, &amp; Chronic Obstructive Pulmonary Disease (COPD)</b> <a href="https://www1.gotomeeting.com/register/582788680">https://www1.gotomeeting.com/register/582788680</a>
<b>Sept. 9:</b>	<b>ICD-10 Documentation Topic #14: OB/GYN</b> <a href="https://www1.gotomeeting.com/register/604927953">https://www1.gotomeeting.com/register/604927953</a>
<b>Sept. 23:</b>	<b>ICD-10 Documentation Topic #15: Pediatrics</b> <a href="https://www1.gotomeeting.com/register/636585457">https://www1.gotomeeting.com/register/636585457</a>
<b>Oct. 7:</b>	<b>ICD-10 Documentation Topic #16: Ambulatory</b> <a href="https://www1.gotomeeting.com/register/653224849">https://www1.gotomeeting.com/register/653224849</a>
<b>Oct. 21:</b>	<b>ICD-10 General Topic #5: ICD-10 Is Here</b> <a href="https://www1.gotomeeting.com/register/677663841">https://www1.gotomeeting.com/register/677663841</a>
<b>Nov. 4:</b>	<b>Post Implementation Reinforcement #1: Topic TBD</b> <a href="https://www1.gotomeeting.com/register/700246064">https://www1.gotomeeting.com/register/700246064</a>
<b>Nov. 18:</b>	<b>Post Implementation Reinforcement #2: Topic TBD</b> <a href="https://www1.gotomeeting.com/register/714303433">https://www1.gotomeeting.com/register/714303433</a>
<b>Dec. 2:</b>	<b>Post Implementation Reinforcement #3: Topic TBD</b> <a href="https://www1.gotomeeting.com/register/726956784">https://www1.gotomeeting.com/register/726956784</a>
<b>Dec. 16:</b>	<b>Post Implementation Reinforcement #4: Topic TBD</b> <a href="https://www1.gotomeeting.com/register/740804720">https://www1.gotomeeting.com/register/740804720</a>

*All teleconferences held from 12:15 – 1 p.m. CST.*