Message from Brent and Susan

Dear Colleagues,

We are pleased to share the October edition of Intermountain Med Staff News, a news brief to keep Intermountain credentialed practitioners informed. Click on any title in the list below to go directly to that article, or read the entire newsletter in PDF format on Intermountain’s Physician Portal.

If you haven’t done so already, we’d like to encourage you to visit the Clinician Experience Project, a physician-led online resource that has hundreds of short (2-3 minute) “skill building” videos developed by physicians, for physicians and advanced practice clinicians. Topics covered include improving the patient experience, strategies for dealing with the electronic health record, improving the clinician experience, leadership, and many others. Our October learning track features quick tips on connecting with your patients and how that can improve both your experience and that of the patient.

To log in, use the email address that this email was sent to as your username and password (if you’ve changed your password, then use your new password).

If you have questions or comments, please reach out to the contacts noted at the end of each article, or reach out to us if you have an article or idea to submit. Thank you for all that you do in support of Intermountain Healthcare and the patients and communities we serve as we all help people live the healthiest lives possible.

Sincerely,

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In order to provide extraordinary care to every patient consistently across our entire organization, Intermountain leaders last week announced major changes — including the retirement of our regionalized structure as of December 1.

“Our regions have helped make us strong in the past, but we need new paradigms to help make us strong for the future,” says Marc Harrison, MD, Intermountain’s president and CEO. “We’re going to up-end old paradigms to better serve our patients and do the right thing for people.”

“We serve a diverse population of customers, and they expect to have the same experience at any Intermountain facility regardless of where they live,” says Rob Allen, senior vice president and chief operating officer. “This new One Intermountain organization will help us provide the same high quality and cost-effective care everywhere. We’ll be creating an experience that’s truly extraordinary.”

**What’s changing and why?** We’re organizing into two primary groups, which reflect the two most common ways people access health and care services:

- A Community Care Group focused on wellness and primary care services. This group will include things like primary care, Homecare, senior services, and Community Health.

- A Specialty Care Group focused on specialty and hospital inpatient care. This is the episodic care people need when they suffer a serious illness or injury.

These two groups will work together under the strategic direction of the Executive Leadership Team — Intermountain’s group of top leaders.

Other changes you’ll notice:

- The Intermountain Medical Group will work closely with both of our new care groups.

- The role of our Clinical Programs will expand to lead our shared clinical services systemwide and will ensure best practices are implemented across the system.

Here’s an illustration of our new organizational structure. Click the image to see an enlarged version.

**Watch messages from Dr. Marc Harrison and board chair Scott Anderson about coming changes**
Our shared support services like Communications, Human Resources, Finance, and others will be organized in a One Intermountain approach — bringing together the talents and best work of people across the enterprise in a more coordinated way. (See the graphic for details)

Organizing our teams and work this way will improve our ability to provide consistent care where, when, and how our patients and communities want to receive it.

Change isn’t new for Intermountain. “We’ve made many bold moves over the years, such as creating an insurance company, forming a Medical Group, and developing world-class Clinical Programs,” Rob says. “All of our caregivers have helped Intermountain become the respected, strong organization we are today. To stay strong, we need to keep evolving.”

How will this new organization help our patients and our communities? Aligning our internal structure more closely will help us fulfill our mission, which guides us in all we do, in three important ways:

1. **It will allow us to work more effectively.** “This change will help us be more nimble with approvals and clarify our decision-making process,” says Kim Henrichsen, MSN, RN, senior vice president of clinical operations and chief nursing executive. “A nurse will be able to go from one hospital to another and find the same processes in place.”

2. **It will allow us to create more value, in the form of better, more affordable care.** “This new structure will help us take the best possible care of our patients’ resources,” Marc says. “We’ll be able to better focus on the best and most efficient ways to deliver care regardless of how people are insured or pay for their care — including the underserved who receive our charity care in times of need.”

3. **It will allow us to be more nimble in these turbulent times.** “The more responsive we are to changing patient expectations, the more strength and stability we’ll have for our caregivers and those we serve,” says Mark Briesacher, MD, senior vice president, chief physician executive and president of the Medical Group. “Working together more closely will make us more agile. For example, our Medical Group and affiliated network clinicians will work even more collaboratively with caregivers across Intermountain.”

Will this organizational change affect positions and people? Yes — though most of our 39,000 caregivers will see little or no change in their reporting assignments. Those impacted will be given the opportunity to apply for new positions within the One Intermountain organization. For some, it will provide exciting opportunities to develop their talents and contribute to Intermountain in new ways. Our Human Resources teams will be there to help people make smooth transitions.

“Our colleagues in regional roles have made tremendous contributions to our success and helped bring us to where we are today,” Marc says. “We recognize and honor their contributions. We consider all caregivers who’ve given their time and talents to Intermountain to be our friends and an important part of our lasting legacy.”

How can you cope with change and uncertainty? “Being agile, responsive, and ready to improve will be a winning strategy for caregivers and for Intermountain,” Kim says. “That naturally means putting in the effort to learn new ways of doing things, while continuing to meet the daily demands of our jobs. In uncertain times, it’s more important than ever for us live our values and support each other with kindness and sensitivity.”
New CME offering for physicians on Preventing Suicide

One in 15 adults and 1 in 6 youth in Utah report having serious thoughts of suicide in the last year. Suicide is now the leading cause of death for youth ages 10-17 in Utah. Approximately half of people who die by suicide visit a healthcare provider in the 30 days before their death. Are you prepared to help a patient at risk of suicide?

Click here to learn best practices in suicide risk assessment and management. In this 1 hour, online CME, physicians can expect to learn risk and protective factors for suicide, warning signs, suicide risk assessment tools and skills, triage and safety planning best practices, and referral resources. Presented by Doug Gray, MD, University of Utah Professor and Suicidologist.

This activity has been approved for 1 Maintenance of Certification (MOC) point for diplomates of the ABIM and APB.

If you have any questions, please contact Jessica Strong at Jessica.Strong@imail.org.

Seven Entrepreneurs Selected to Participate in the 2017 Intermountain Foundry Program

Intermountain Innovations is pleased to announce the innovative projects and caregivers selected to participate in the 2017 Intermountain Foundry program.

“This year’s cohort of Foundry participants embodies Intermountain's commitment to excellence and spirit of innovation,” says Bert Zimmerli, Executive Vice President and Chief Financial Officer. “They identified opportunities—both clinical and operational—where improvement was needed and have successfully implemented innovative solutions. Now, those ideas have the potential to further positively impact Intermountain as well as the broader healthcare industry as commercial products and services. We are excited to see how their business ideas develop over the course of the Foundry program.”

The 2017 Intermountain Foundry Cohort includes:

Thoughtful Care: A program and database that enables greater transparency around patient care and empowers caregivers to appropriately question care decisions, resulting in fewer unnecessary patient procedures, as well as improved outcomes and reduced costs.
Innovator: Erick Ridout, MD, Neonatologist & Medical Director, Dixie Regional Medical Center

**icAIR Tracker**: A patient engagement tool that facilitates proactive asthma management for adults, thus preventing adverse events including hospitalizations and Emergency Department visits.

Innovators: Kim Bennion, MHS, RRT, CHC, System Respiratory Care Quality Assurance Program Manager, Intermountain Central Office and Flory Nkoy, MD, MS, MPH, Associate Research Professor, University of Utah, Department of Pediatrics

**iTrack2**: Software and processes for guiding the assessment, design, procurement, and installation of IT devices and infrastructure.

Innovators: Mary Gathers, MHA, ARRT, RT, RM, Information Systems Regional Administrative Director, Intermountain North Region and Shane Garlick, MS, Project Manager, Intermountain North Region

**OASIS Analytics, Guidance, and Self-Learning Portal**: A learning and assessment portal designed to improve Centers for Medicare & Medicaid (CMS) OASIS Home Health assessments, administration, and compliance.

Innovators: Thomas Risk, MS, Instructional Designer, Intermountain Homecare and Hospice and Trisha Martinez, MBA, Quality, Patient Safety, and Education Director, Intermountain Homecare and Hospice

Next up, these Foundry innovators will participate in four entrepreneurship modules where they will refine their business ideas, validate the market opportunity, identify product or service needs, and plan for growth.

“I’m wildly optimistic about being able to work with business experts and other team members with diverse skill sets who can help us take Thoughtful Care to the next level,” says Erick Ridout, MD, Neonatologist at Dixie Regional Medical Center and 2017 Foundry innovator. “We believe that every patient at Intermountain—and beyond—deserves Thoughtful Care, and that every caregiver should have the data, tools, culture, and empowered respect to be able to provide Thoughtful Care. We can’t wait to further refine our Thoughtful Care model through the Foundry program in a way that truly allows us to scale this at Intermountain and to more broadly offer the program to others around the world.”

The Intermountain Foundry program helps Intermountain caregivers explore the business potential of their healthcare innovation ideas through an immersive 8-week program. As Foundry participants, caregivers work on refining their business idea, validating the market opportunity, identifying product or service needs, and planning for growth. Learn more about the Intermountain Foundry program at intermountain.net/foundry.

If you have questions, please contact Randy Bloack at randy.block@imail.org.

Mark Briesacher, MD, Senior VP & Chief Physician Executive and President of Intermountain Medical Group and Todd Dunn, Director of Innovation at Intermountain's Transformation Lab are featured in Intermountain Podcasts' first episode.
**Intermountain Podcasts has launched to enhance your access to valuable information**

Tune in to clinical insights from Mark Briesacher, MD and other medical leadership at your convenience.

As physicians and advanced practice clinicians, your time is precious. You're being asked to spend more time with patients, and spend time documenting, huddling, following all the transformations in our organization and in the industry, keeping up with Medicare and reimbursement changes, care process updates, and so on. Because your time is so limited, you've asked through various surveys for more effective communications, to be less inundated with noise, and to be better kept informed of strategic plans and directions.

We hear you. And we've found a communications solution that we hope will be more convenient for you to tune in to while you're on the go, commuting, or during other times outside your patient care.

Intermountain Podcasts is a new channel we've launched on the Our Best Practice website, that features conversations between Mark Briesacher, MD, Senior VP & Chief Physician Executive and President of Intermountain Medical Group, and other Intermountain medical and executive leadership, about important, current topics in healthcare.

Tune in to our podcasts for episodes on innovation, continuous improvement efforts, and how our leadership wants to work with each of you to support your invaluable roles of making a difference in our patients' lives.

Visit [IntermountainHealthcare.org/podcasts](https://www.IntermountainHealthcare.org/podcasts) to listen today.

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**Episode One: “Hiring” Healthcare to Help People**

It takes many dedicated professionals—on both the clinical and business sides of Intermountain—to make continuous improvements. Mark Briesacher, MD, and Todd Dunn, Director of Innovation at Intermountain's Transformation Lab recently met to chat about why they hired healthcare and how their roles further our continuous improvement efforts.

To hear Dr. Briesacher and Todd Dunn talk about hiring healthcare, click here.

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If you have any questions, please contact Kimberly Coudreaut at kimberly.coudreaut@imail.org.
On October 10, the Patient Status Order (PSO) will no longer be required at registration, meaning that transfers and admissions are permissible without a PSO. You'll no longer use the existing PSO PowerPlan. A new single PSO order that includes fields for Patient Status and Level of Care is available. When you open a patient chart, you'll be alerted if a PSO has not been entered prior to an admission or transfer.

You must enter a PSO at the time of admission and have it signed by a privileged provider before a patient discharge. However, the PSO will NOT need to be in place before a patient transports to the necessary inpatient location.

Additionally, the new single PSO applies to all Hospital Admission PowerPlans, the Day of Surgery phase of Surgical PowerPlans, and to the Post-partum phase of Labor and Delivery PowerPlans. An inpatient stay may not begin until an inpatient PSO is in place.

Providers can now order PSOs from smartphones, tablets, and computers if they miss the PSO in admission orders. Neither PPRO (nursing workflow) nor PPRO-D (physician workflow) will change with this update.

**Favorites**

Take action to preserve your PowerPlan Favorites. If you have saved the PSO PowerPlan as a Favorite, please note that it has been and removed from your Favorites list. Your other PowerPlan Favorites update automatically to either include or exclude the PSO as necessary. If you have saved a PowerPlan Favorite with a defaulted status, you will need to resave your Favorite with the PSO status selected.

**PSO Alerts**

If a PSO isn't placed for a patient, providers, nurses, case managers, and PCTs/HUCs will be alerted when the chart is opened. **Note: Initially the alert suppresses for 4 hours after a patient transfer to give the provider time to place the Admission PowerPlan and for the nurse to initiate the PowerPlan.** The open chart alert will remind you to place a PSO if one hasn't ordered on the Admission PowerPlan.

CMS requires the Patient Status Order patient admissions and a physician or other qualified practitioner signature prior to discharge. Failure to document a PSO in the medical record properly and prior to discharge affects the hospital's billing and reimbursement.

A Patient Status Order (PSO) is a legal order in the medical record required by Medicare and certain Commercial Payers designating patient level of service (e.g. IP, Observation, OPB). The PSO can be written by APCs, MDs, DOs, Midwives, and Residents. A PSO must be signed prior to the patient's discharge by a qualified provider licensed by the state and facility bylaws with admitting privileges and is knowledgeable about the patient's hospital course. Currently Intermountain bylaws do NOT permit a PA or NP to sign a PSO.

PSO selection is a complex medical judgement, which physicians can make after considering a number of factors including: the patient's medical history, current medical needs, and types of available and appropriate facilities.

Click here to download a guide that can help providers in this decision.
If you have any questions, please contact Farukh Usmani, MD, MSHSM, Director, Medical Informatics, at Farukh.Usmani@imail.org.

iCentra went live at Primary Children's Hospital on Saturday, October 21, and the launch, which was Intermountain's final iCentra go-live, took place without any major hiccups.

"There was some apprehension, but as I've rounded through the hospital since go-live, everyone's been enthused and prepared," says Katy Welkie, Primary Children's Hospital's administrator. "I think the feeling was: We're ready, let's just turn it on."

Katy adds: "I'm confident things will go well — and I'm confident there'll be problems. We have a great team that's working together like champions, not only at Primary Children's Hospital but across the system, and it's been great to see how committed we are to keeping our patients safe, which is the most important thing, and how hard everyone's worked to be prepared."

**A summary of the first few days of the go-live:**

**Patients have been the primary focus.** "It's been great to see how completely focused everyone is on taking care of our patients, just like usual," says Jason Bartholomew, who's leading the transition to iCentra at Primary Children's. "We've had some surges in volumes, but our people have really been focused on answering patient questions and providing extraordinary care."

**We've had glitches — and we're expecting more.** Within the first two days after launch, the help desk had logged about 370 tickets from iCentra users at Primary Children's Hospital. "That's about what we expected," says Jason. "Most of our issues involved devices working and people being able to log in correctly. We expect to track thousands of tickets in the first couple of weeks."

**Training made the stress of the launch manageable.** "There was kind of an apprehension about the unknown — you could call it butterflies — early on Saturday, but it didn't transfer into fear or nervousness," Jason says. "I think people were just excited to have it happen. And I think the training helped.
The classroom training is helpful to help people understand the methodology and layout, but you really begin to learn the system when you actually use it in your work environment, which is the focus of the mock go-lives and the playbooks."

**There'll be more stress as the transition continues.** "People will be surprised at how our workflows will be impacted in weeks three and four," says Jason. "Some issues won't emerge until then. Being prepared will help you be resilient."

**There's LOTS of support.** About 440 support staff at Primary Children's Hospital are supporting the go-live, including people from other parts of Intermountain, from Cerner, and from Leidos — a company based in Atlanta that's helped other organizations launch the software. They'll be here for up to eight weeks.

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How alerts in iCentra are helping to curb unnecessary care, limit overprescribing, and save costs
Mark Briesacher, MD, Chief Physician Executive and President of Intermountain Medical Group, was recently interviewed for an article in The Wall Street Journal, “To Curb Unnecessary Care, Hospitals Use Physician Alerts.” The article discusses how electronic medical records, like iCentra at Intermountain, can be valuable in warning clinicians if their course of action may be unwise.

Alerts in iCentra are triggered whenever clinicians write an order that goes against the latest best practices or care process models. This will help weed out unnecessary procedures, screenings, tests, medications, and other care that could drive up costs or potentially harm patients (e.g. opioid misuse, antibiotic overuse and resistance, excess radiation from imaging, etc.).

“We think it's really important that we make doing the right thing as easy as possible,” Mark said in the article.

Building care process models into iCentra makes it easy for clinicians to follow - and hard to deviate from - evidence-based practices, allowing all of us to instead apply that intellectual energy to the patient's personal needs and focus on whether there may be reasons to deviate from or revisit those processes. Whenever possible, please access and take advantage of our care process models and tools in iCentra.

Read the full article here.

Supply Chain reviews and standardizes suture instrument trays, improving patient safety

Thanks to the physicians who recently worked with our Supply Chain Organization (SCO) to standardize suture instrument trays. Collaboration and communication led us to a more usable kit that better serves our patients.

During the process, we reviewed why entire instrument trays were being thrown away practically unused. Our physicians set out to solve the problem so caregivers have what they need and the whole kit, which costs up to $6.50, would not have to be disposed of for the one $1.50 piece that was really needed.

**Good advice.** The SCO med/surg supply committee reviewed, then tried, several proposed products. Departments such as the ED, Surgery, and CV weighed in that they must have straight scissors and hemostats available for what they do. “As clinicians evaluated the two scissor options for the new standard kit, they discovered the curved scissors are a safer patient option than the straight scissors. The decision to change to curved scissors fits nicely into Intermountain’s Zero Harm strategy.

The kit choices were reduced from 16 different ensembles from six suppliers to five kits and just one supplier. The choices assure caregivers have what they need but can customize the setup by using single-pull items.

With reduced kit variation we accomplish:

- Less confusion
- Reduced training time
Kit assembly efficiency (the Supplier can make the kits more efficiently because of less variation)

Cost savings

More flexibility by adding the ability to choose preferred instruments

If you have any questions, please contact Chase McAfee at chase.mcafee@imail.org.

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**PAIN MANAGEMENT**

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**Ensuring Coverage for Pain Injections**

Medicare has increased scrutiny of outpatient interventional pain procedures, such as Facet Joint and Lumbar Epidural injections and nerve blocks. Noridian, Utah's Medicare Administrative Contractor, has informed Intermountain Healthcare that these types of procedures are under review for coverage, particularly when multiple types of injections are done and billed on the same site, for the same complaint, during the same encounter.

The referring provider can ensure coverage by clearly documenting diagnosis and conservation treatment prior to referral. A pre-procedural medical documentation checklist can be used to document medical necessity. It can be accessed in 4 ways:

- Directly in iCentra in the ad hoc forms> Ambulatory Care Folder> Medical Necessity for Facet Joint Injections
- Via the physician portal: [https://intermountainphysician.org/Documents/Medical-Necessity.pdf](https://intermountainphysician.org/Documents/Medical-Necessity.pdf)
- Using the following search words in the physician portal: medical necessity, pain, pain injection, facet joint or lumbar epidural

Interventional Proceduralists cannot perform multiple types of pain blocks to the same or related pain complaint area on the same day of service. Noridian states that this is not medically necessary implying it would be impossible to determine which injection resulted in pain relief and they will deny these accounts.


If you have any questions, please contact Karen Bronson, Compliance Program Manager at Karen.Bronson@imail.org

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**PRIMARY CARE**
**Improving Adult Immunization Rates**

Primary Care Clinical Program has been invited to participate in a national learning collaborative with the American Medical Group Association. The purpose of this collaborative is to increase immunization rates in adult patients, with a specific focus on pneumococcal vaccines and influenza at a minimum, thereby reducing the clinical and economic burden of vaccine preventable diseases. Objectives include:

- Identify gaps and ways to address gaps in recommended vaccination practices with a specific focus on pneumococcal vaccines and influenza
- Design and implement a variety of strategies to address gaps in practice using a combination of existing intervention tools, targeting both providers and patients, and identification of best practices
- Evaluate the program's impact on relevant vaccination rates over time
- Identify gaps in capture of data about vaccinations and ways to improve the accuracy and completeness of data on vaccination administration and vaccination status
- Demonstrate value of a data-driven partnership in preventive care and identify opportunities for a broader national campaign

Additionally, the Primary Care Clinical Program is launching a Flu engagement campaign leveraging the patient portal to improve flu vaccine rates. This will be the first time patients will be able to provide feedback to their providers directly and have the data entered into the EMR, creating a closed loop process between the patient and their provider (See graphic below).
SelectHealth News Brief

Single-Fiber EMG Now Available In-Network!

Effective October 1, 2017, Cory J. Kogelschatz, M.D. is contracted to provide single-fiber EMG services for SelectHealth members at Intermountain Medical Center's Neurosciences Institute. Previously, these services were only available when authorized through an out-of-network service approval. With the availability of Dr. Kogelschatz to provide in-network services for SelectHealth members, out-of-network referrals will no longer be authorized. To schedule a single-fiber EMG, please call 801-507-9800.

If you have questions, please contact Dr. Krista Schonrock at krista.schonrock@selecthealth.org.