



# Atrium Health

## **Welcome to Atrium Health!**

New Physician & ACP Orientation

# Orientation Agenda

## Topic

- Welcome / Onboarding Team Introductions
- Badge Photos / Orientation Forms / Onboarding Reminders
- Lunch
- Coding & Billing Documentation
- The Art of Staying Inspired
- Spiritual Principles
- Organizational Structure & Priorities

# Physician & ACP Recruitment Rewards Program

## Refer a friend. Earn a reward!

Atrium Health Medical Group Division - Physician & ACP Recruitment Rewards Program

Know a talented physician or ACP who might be eligible to join our team? Let us know.



### Candidate Eligibility

- Eligible for candidate's referred after August 15, 2016
- Only candidates who are currently not employed (including CHS Flex pool and Independent Contractors) by Atrium Health Medical Group Division can be referred
- Candidate has not previously been employed by Atrium Health Medical Group Division

### Teammate Eligibility

- Referring teammate must be employed with Atrium Health at the time the referral bonus is paid
- Teammate is not making a hiring decision
- Teammate is not employed by Atrium Health Medical Group Division Physician & ACP Recruitment & Onboarding



**Atrium Health**

# New Physician & ACP Mentoring Program



Atrium Health

## Center for Physician Leadership & Development

The Center for Physician Leadership & Development (CPLD) offers mentoring and coaching opportunities to newly-hired physicians & ACPs. These programs are designed to help you identify and pursue your personal and professional goals.

### Physician/ACP Mentoring

A mentor is an experienced and trusted advisor. The mentor/mentee relationship provides a safe place for reflection and support. Your assigned mentor will help you explore strengths and blind spots, generate insights, and focus on goals.

#### Key Features:

- Commitment of six months to one year
- Mentor & mentee are expected to meet a minimum of once per month
- Matched within specialty, when possible (\*outside of reporting structure\*)
- Tool Kit & Resources will be available to you, including goal setting templates and conversation guides

### Coaching

Coaching is a creative process which uses focused conversations to create an environment that results in individual growth, purposeful action, and sustained improvement. As the "client", you will lead the conversation with your coach by asking questions and offering insights to help gain new perspectives - leading you to discover courses of action within that focus.

#### Key Features:

- One-on-one, personalized session with a professional coach
- Assess your current opportunities and challenges, identify priorities, and establish specific desired outcomes
- Access to a variety of validated self-assessment tools available for review during coaching sessions

Please contact your Onboarding Consultant or email [cpl@carolinahshealthcare.org](mailto:cpl@carolinahshealthcare.org) if you are interested in one of these opportunities.



Atrium Health

## Center for Physician Leadership & Development

If you are interested in learning more about Physician/ACP Mentoring or Coaching, please complete the following:

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Primary Facility:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

A representative from the Center for Physician Leadership & Development will contact you with more information.



Atrium Health

# Download “One Carolinas” Mobile App

Search for “One Carolinas” in the App Store or Google Play!



- **eXtras** – Search eXtras by vendor name. New Limited Time Offers available.
- **Paycheck & PTO** – View basic information about your last three paychecks. View the amount of PTO you have accrued, your accrual rate, and your cash-in elections for the year.
- **Classifieds** – Browse items and services that people are selling or in search of to buy. Search by category or by keyword.
- **Benefits** – Links to the J.P. Morgan Retirement and the FSA/HSA websites.
- **Careers** – Link to the mobile-optimized Carolinas HealthCare System career search page.
- **LiveWELL Health Plan** – Overview of the medical, dental, vision, and prescription plans.

# Benefits Enrollment

**\*\*Must enroll within 30 days of your contract date\*\***

The screenshot shows the top navigation bar with 'Health & Retirement' selected. Below it is the Carolinas HealthCare System logo and a search bar. A horizontal menu contains links for 'Health Plan', 'Retirement', 'Spending Accounts', 'Additional Benefits', 'Prescription Drug', and 'Resources'. The main banner features a photo of a woman with a teal overlay that reads 'New Teammate Benefits Enrollment'.

Home > Health Plan > New Teammate Benefits Enrollment

## Health Plan

Cost Estimator Tool by Castlight

New Teammate Benefits Enrollment

Submit Enrollment Changes

Carolinas HealthCare System would like to welcome you! Use the information on this page to assist in the benefits enrollment process.

### Getting Started

1. To get started, read the information in the Resources and Guides section below
2. Use the CHS Benefits: [New Teammates Enrollment Timeline](#) as a reference to guide you through this process.
3. Determine teammate and dependent eligibility.
4. Enroll in your benefits online.
  - Sign in to [YourHRLink](#) using your CHS User ID and Password.
  - Select the Employee tab to get started.
  - Your deadline to enroll is **30 days after your hire date**, and your benefits will be effective the first day of the month after 30 days of employment.

To request a change to your benefits after the enrollment period, review the guidelines listed on the [Submit Enrollment Changes](#) page.

# Reminders

## Orientation Forms

- ✓ Submit your Teammate Acknowledgement Form and NC-4 State Tax Form before you leave orientation today

## Marketing Form

- ✓ New Physician & ACP Portal → Required Tasks → Marketing Form

## Orientation Modules

- ✓ New Physician & ACP Portal → Required Tasks → Orientation Modules

## Canopy Modules

- ✓ Status report
- ✓ Must be completed by end of day today
- ✓ Cloretta Frazier, Information Services **(704) 512-4052**

**New Physician & ACP Portal:**

<https://www.carolinashealthcare.org/newproviderportal/>

# Reminders

## Teammate ID Badge

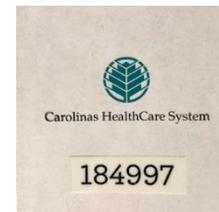
- ✓ Access Issues? Contact your practice manager for assistance or call the Support Center – 704.446.6161
- ✓ Emergency code card

## ACPs

- ✓ Courtney Bumgarner will contact you to schedule you for an additional ACP-specific orientation & benefits session
  - Email: [Courtney.Bumgarner@carolinashealthcare.org](mailto:Courtney.Bumgarner@carolinashealthcare.org)
  - Phone: (704) 446-5185

## CHS Parking Sticker

- ✓ Rear windshield + bottom left corner





# Atrium Health

## **Antidotes to Burnout: The Art of Staying Inspired**

Chaplain David Carl  
Executive Director, Spiritual Care  
AVP, Patient Experience

# The Problem

- Physician & ACP Burnout
- Compassion Fatigue
- Secondary Trauma
- Secondary Traumatic Stress
- Secondary Victimization
- Directly effects quality of care, safety of patients, treatment outcomes, patient satisfaction, nurse turnover, hospital staff morale, and financial performance.
- Denial
- Organizational Collusion

# The Problem (Continued)

- Almost 1 in 2 physicians are experiencing burnout
- Depression, suicide, and substance abuse disorders are more prevalent among physicians than the general population
- And yet the mental health of physicians/ACPs consistently receives low priority.
- 45% of primary care physicians would quit medicine immediately if they had the financial means
- The well-being of physicians/ACPs is a matter of national health

# Symptoms

- Hopelessness/Despair
- Decrease of pleasure
- Persistent stress and anxiety
- Sleeplessness, too much sleep, nightmares
- Pervasive negative attitude
- Decrease in productivity
- Inability to focus
- Feelings of incompetency
- Increased self-questioning/ self-doubt

## Symptoms (cont'd)

- Pull away and isolate self from others
- Excessive voicing of complaints
- Appear sad, apathetic, without energy
- Less attention to physical care/ poor hygiene
- Difficulty with focus and concentration
- Moral distress persistent
- Feelings kept inside (strong, silent, self-contained heroes)
- Compulsive behaviors (overeating, spending, gambling, substance abuse, promiscuity, addictions)

# The Art of Staying Inspired

- Practice self-compassion/ self-care
- Take deliberate breaks from work
- Breath Work/ Prayer
- Physical exercise
- Enjoyable recreational activities
- Establish clear, professional boundaries
- Accept the truth that successful outcomes are not always achievable (cure) but healing is always possible
- Create/ maintain social support (people and pets)
- Spiritual practices (rituals, forgiveness, meditation, etc.)

# Practical Approaches

- Pause
- Take a breath
- Check in and be observant with colleagues
- Go beyond empathy and practice compassion
- Debrief emotions as well as clinical process in review
- Talk/ Do not isolate or suppress
- Seek out a confidant
- Massage
- Healing Touch/Reiki/Energy Medicine
- Music

# Our Commitment

One Experience for Every Person, Every Encounter, Every Time that Includes, Informs, and Inspires

To do this we need to bring our best self to assist others in their healing....



# Atrium Health

## Spiritual Principles



*Courage*

*Wisdom*

*Loyalty*

*Kindness*

*Prudence*

*Humility*

*Generosity*

*Gentleness*

*Justice*

If we are to inspire others we need to be inspired from within.

If we are to be inspired from within we have to be intentional.

Inspiration is within us, around us, and beyond us.



**Atrium Health**

**Organizational Structure & Priorities**

# Gene Woods Introduces Atrium Health

# Atrium Health

A national leader in the transformation of healthcare services, provides a full spectrum of healthcare and wellness programs throughout North and South Carolina. Its diverse network of facilities includes academic medical centers, hospitals, freestanding emergency departments, physician practices, behavioral health centers, surgical and rehabilitation centers, home health agencies and nursing homes, as well as hospice and palliative care services.

The system now counts:

- 900 plus care locations
- 40 acute care and specialty hospitals
- 7,800 licensed beds
- Employs nearly 60,000 people (full-time and part-time) including more than 3,000 system physicians and advanced clinical practitioners
- Total Annual net revenue for properties owned or managed by Atrium is now over \$8 billion

## MISSION

To improve health, elevate hope, and advance healing –  
for all.

## VISION

To be the first and best choice for care.

# CORE VALUES

**Caring:** We treat our customers with dignity, giving them the courtesy and gentleness they need. We are helpful; we listen; we communicate; we respond to patient needs.

**Commitment:** We are dedicated to Atrium Health, taking pride in our organization and our jobs, projecting a professional image and striving to be the best in all we do.

**Integrity:** We honor and uphold confidentiality, are honest and ethical, keep our commitments, accept responsibility for our actions and respect the rights of patients, families and each other.

**Teamwork:** Linked by our common mission, Atrium Health respects the professionalism and contributions of our coworkers, understands that physicians are an integral part of the team, values diversity in all its forms and recognizes that people are our greatest assets.

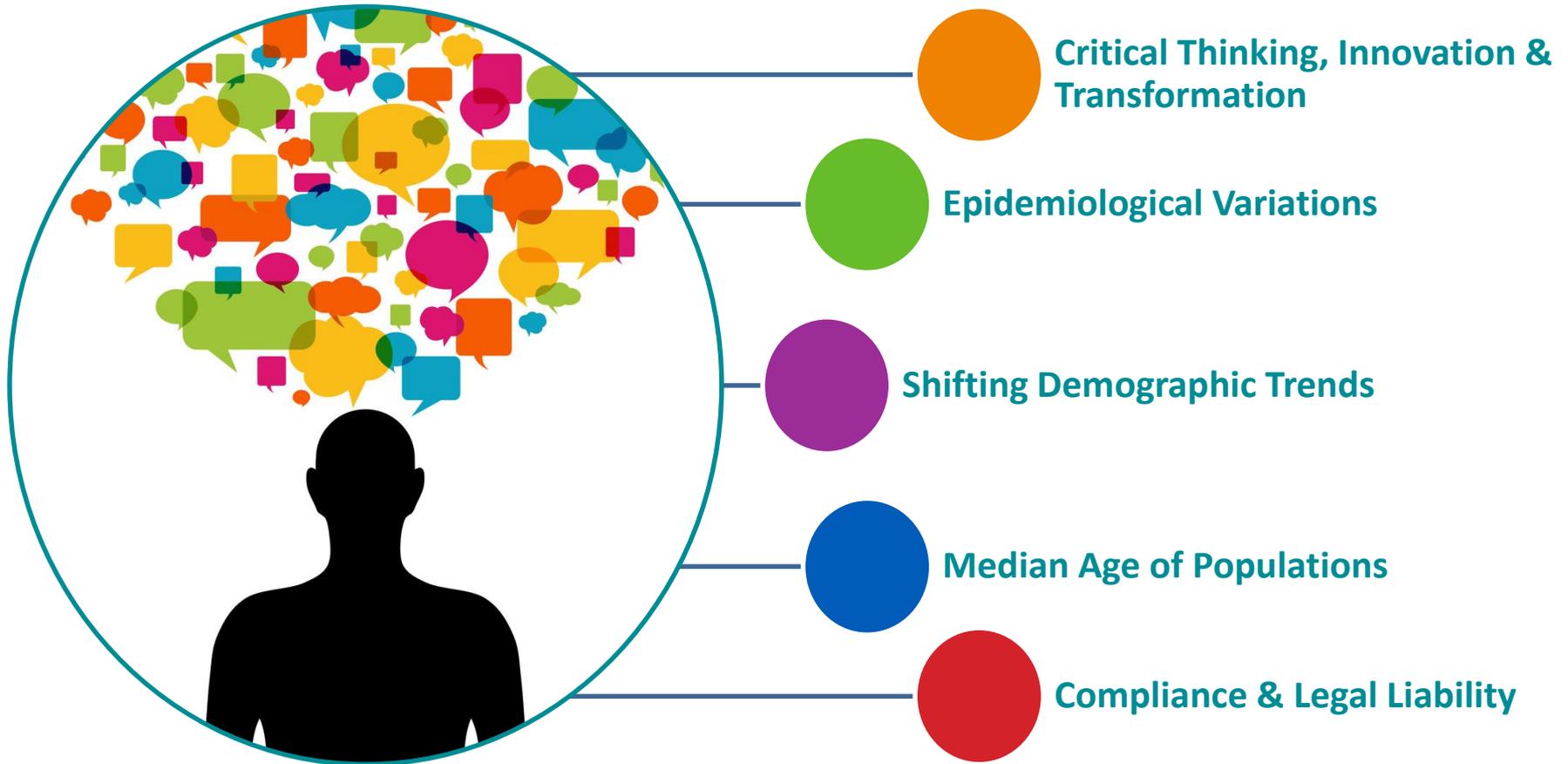


# Atrium Health

## Diversity & Inclusion

# System-Wide Diversity Strategy and Infrastructure

# Our Beliefs About Diversity

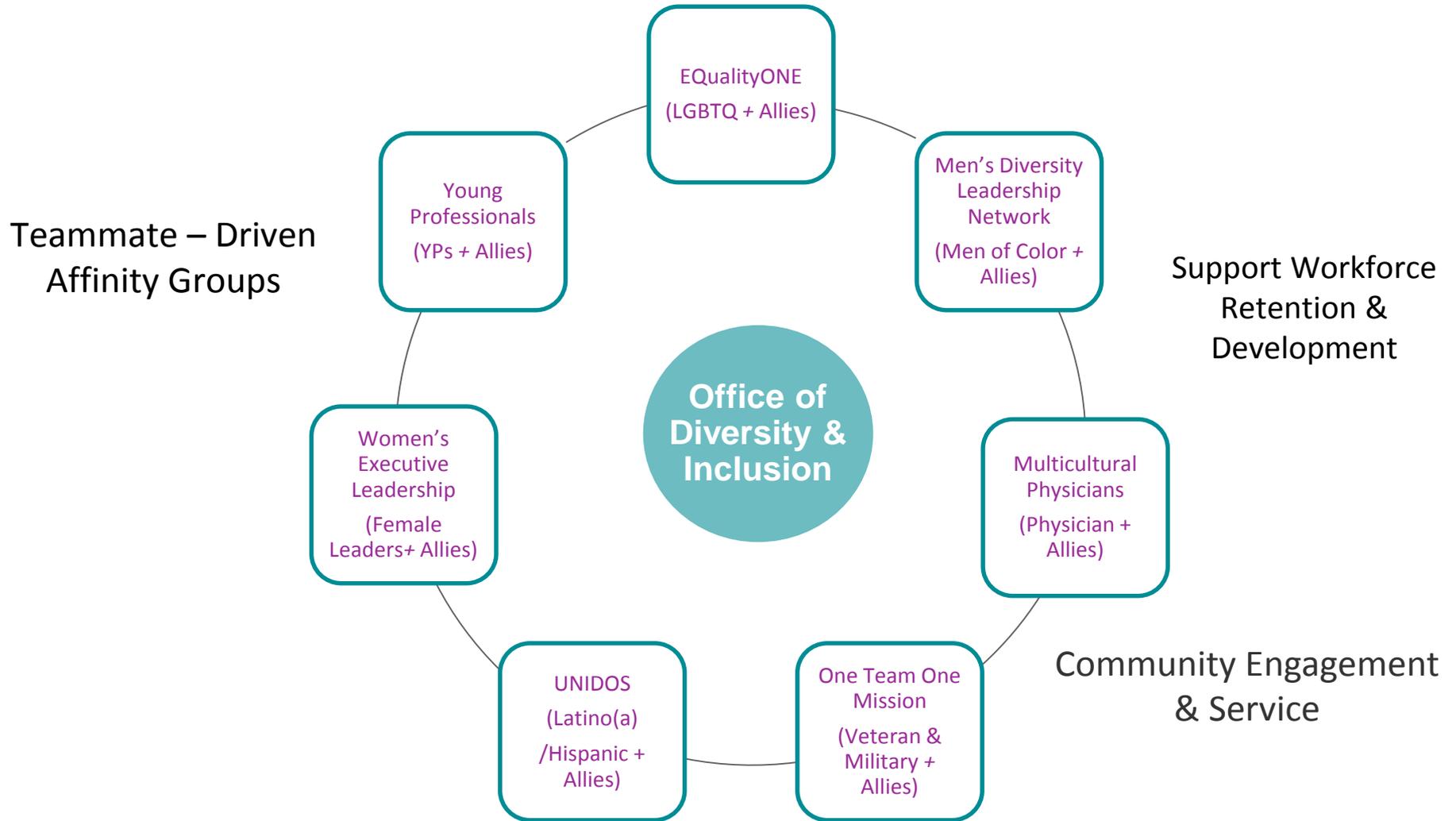


# Diversity & Inclusion Agenda



The four pillars of the Diversity Agenda serve as the framework through which diversity initiatives are developed and implemented throughout Atrium Health.

# System Resource Groups (SRGs)



# Diversity Councils & Advisory Committees



# Medical Group Diversity & Inclusion Committee

## Strategic Objectives



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Physician Workforce

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Physician & Administrative  
Leadership

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Key Diversity and Inclusion  
Performance Indicators

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Sustainable Measurement &  
Accountability

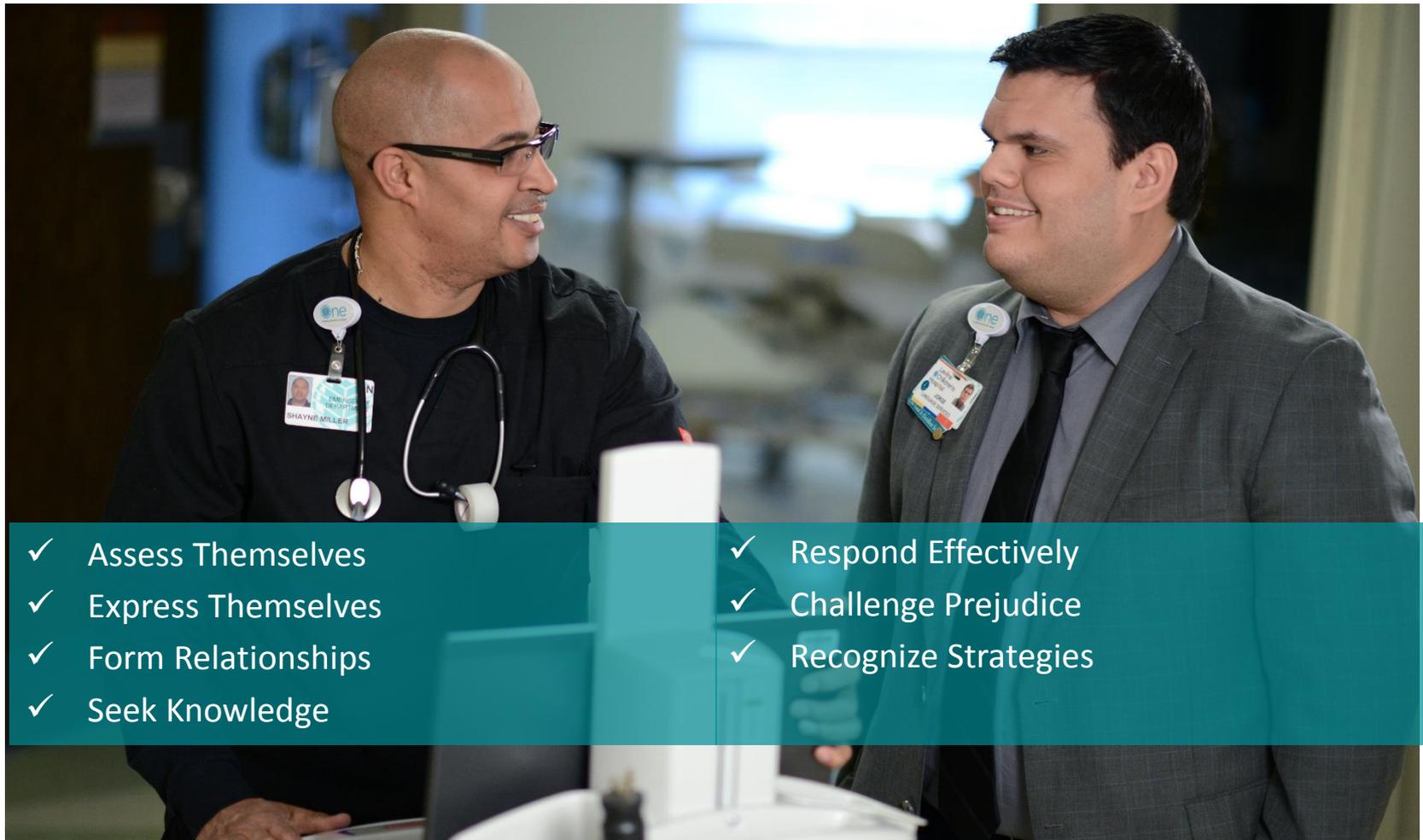
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Strong Culture of Learning

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# Building an Inclusive Culture...

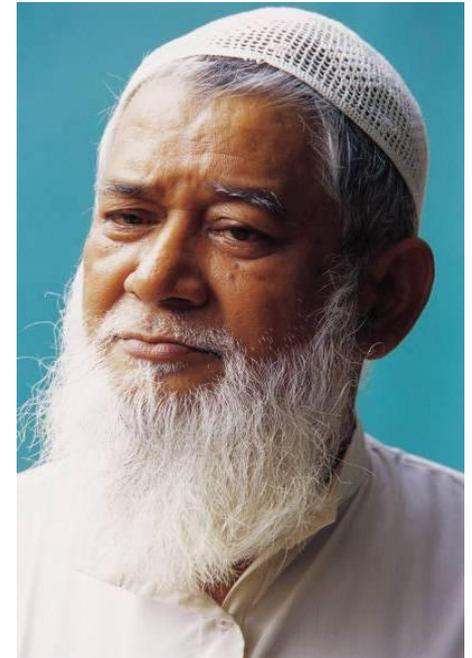
# Culturally Competent Providers ...



# Culturally Competent Care: Clinical Encounter



**Clinician**



**Patient**

# Culture Vision™

- Comprehensive web-based database
- On-the-spot access to culturally competent patient care!
- 38 ethnicities
- 13 religions
- 12 additional communities

PeopleConnect/Tools/Alpha Tools/**CultureVision™**

**OR**

PeopleConnect/Clinical/ClinicalOverview/**CultureVision™**

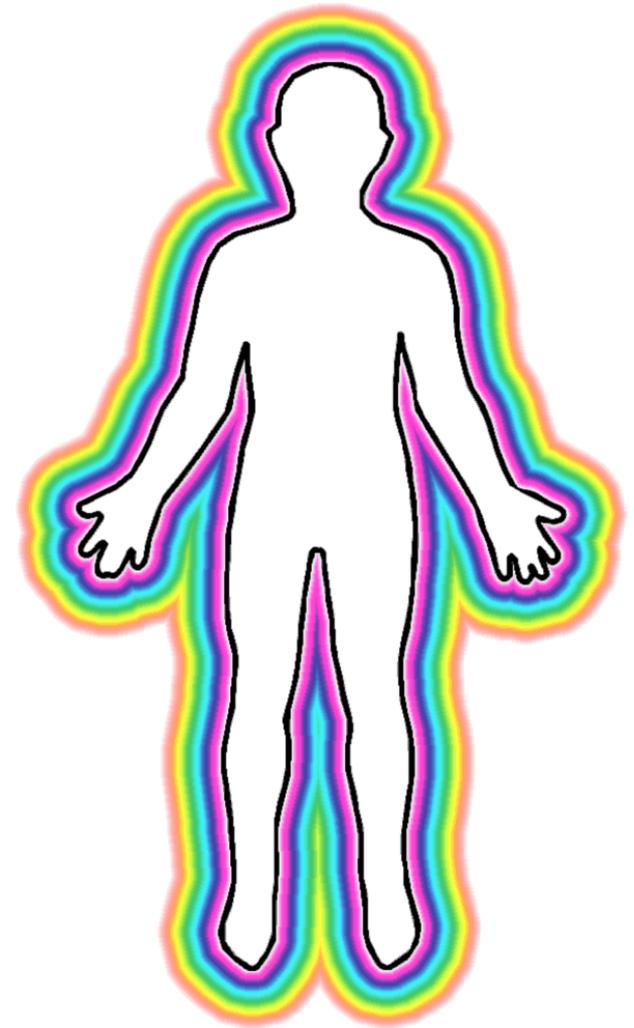
# Unconscious Bias: Key Concepts

*If You are **Human**.....You are **Biased***

Bias serves as a **fundamental protective mechanism** for human beings

**Unconscious bias** comes from social stereotypes, attitudes, opinions, and stigma we form about certain groups of people **outside our own conscious awareness**

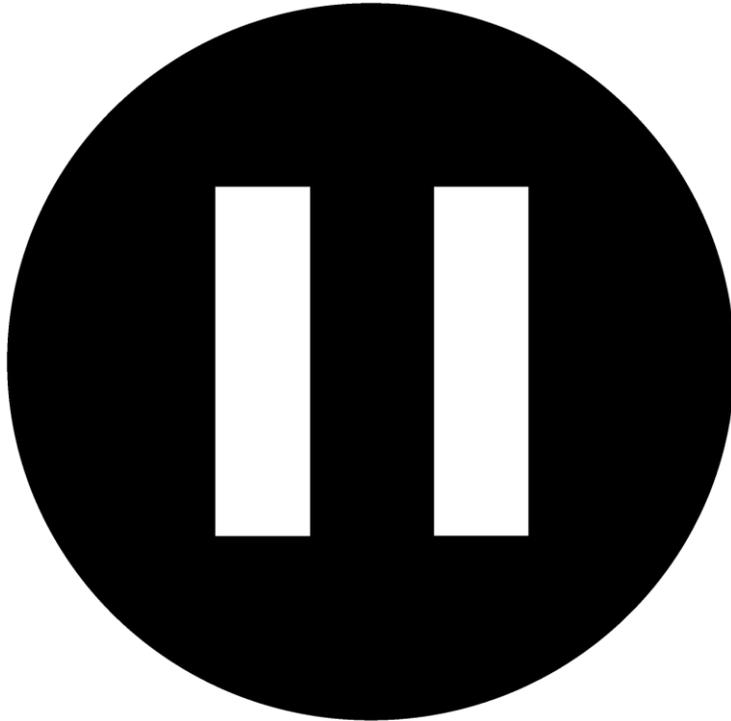
**All of us** hold unconscious beliefs about various social and identity groups, as defined by race, gender, age, sexual orientation, ethnicity, physical ability or disability



**Atrium Health**

# The Unconscious & Decision-Making

## Mitigating Unconscious Bias



Pay attention

Acknowledge

Understand

Search

Execute



**MISSION:** To improve **health**, elevate **hope** and advance **healing** – for all

**VISION:** To be the **first** and **best** choice for care

DESTINATION 2020<sup>YE</sup>

**DESTINATION POINTS**  
Year-end 2020

Achieve **\$300 MILLION** in margin growth to fund capital investments

**IMPROVE 300,000 LIVES** in sustainable value-based models

Realize **\$300 MILLION** in efficiencies by implementing best practices

**WE WILL BE DIFFERENTLY BETTER AS ONE BY:**

**STRATEGIC PRIORITIES**  
(branches)

**GROWTH**

Growing as the most **connected and convenient** system of care

**Build** upon world-class specialty service lines

**Deliver** the primary care and on-demand services consumers want

**Create** the next generation regional network

**VALUE**

Excelling at delivering **high-value, person-centered** care

**Improve** the health of at-risk populations

**Enhance** community health and benefit in partnerships with others

**Improve** our value for teammates, their families and for employer partners

**AFFORDABILITY**

Increasing the **affordability** of care for our patients

**Deliver** effectiveness and efficiency by practicing to the highest clinical standards

**Streamline** operations by identifying and minimizing the 8 wastes\*

**Strengthen** our integration as ONE system by reducing silos

**STRATEGIC OBJECTIVES**  
(leaves)

**OPERATIONAL EXCELLENCE**  
(trunk)

**Quality & Safety:**  
Creating the safest environment and improving health outcomes

**Patient Experience:**  
Improving the quality of experience for every patient, every encounter, every time

**Teammate Engagement:**  
Cultivating CHS pride and shared aspirations

**Efficiency:**  
Matching resources to the work

**WE WILL IMPROVE DAILY BY:**

(roots) **LEARNING ORGANIZATION:** Growing talent and driving clinical advances through education and research

(taproot) **FINANCIAL HEALTH**

\*1. Defects: Anything not done right the first time (spoil, rework, incomplete or incorrect items or information)  
 2. Overproduction: Producing more than is needed before it is needed by the customer or next process  
 3. Waiting: Idle time produced when two processes are not completely synchronized  
 4. Non-Use of Talent: Not utilizing or using the ideas, input or full potential of the team  
 5. Transportation: Any unnecessary effort to transport materials, items, or information into or out of storage between process steps  
 6. Inventory: Maintaining excess materials, work in process, finished items, or information that is not required to meet immediate customer demand  
 7. Motion: Any unnecessary movement to someone, pick up, or handle items or materials  
 8. Excess Processing: Providing higher quality than necessary, performing extra process steps, making a process more complex than it has to be



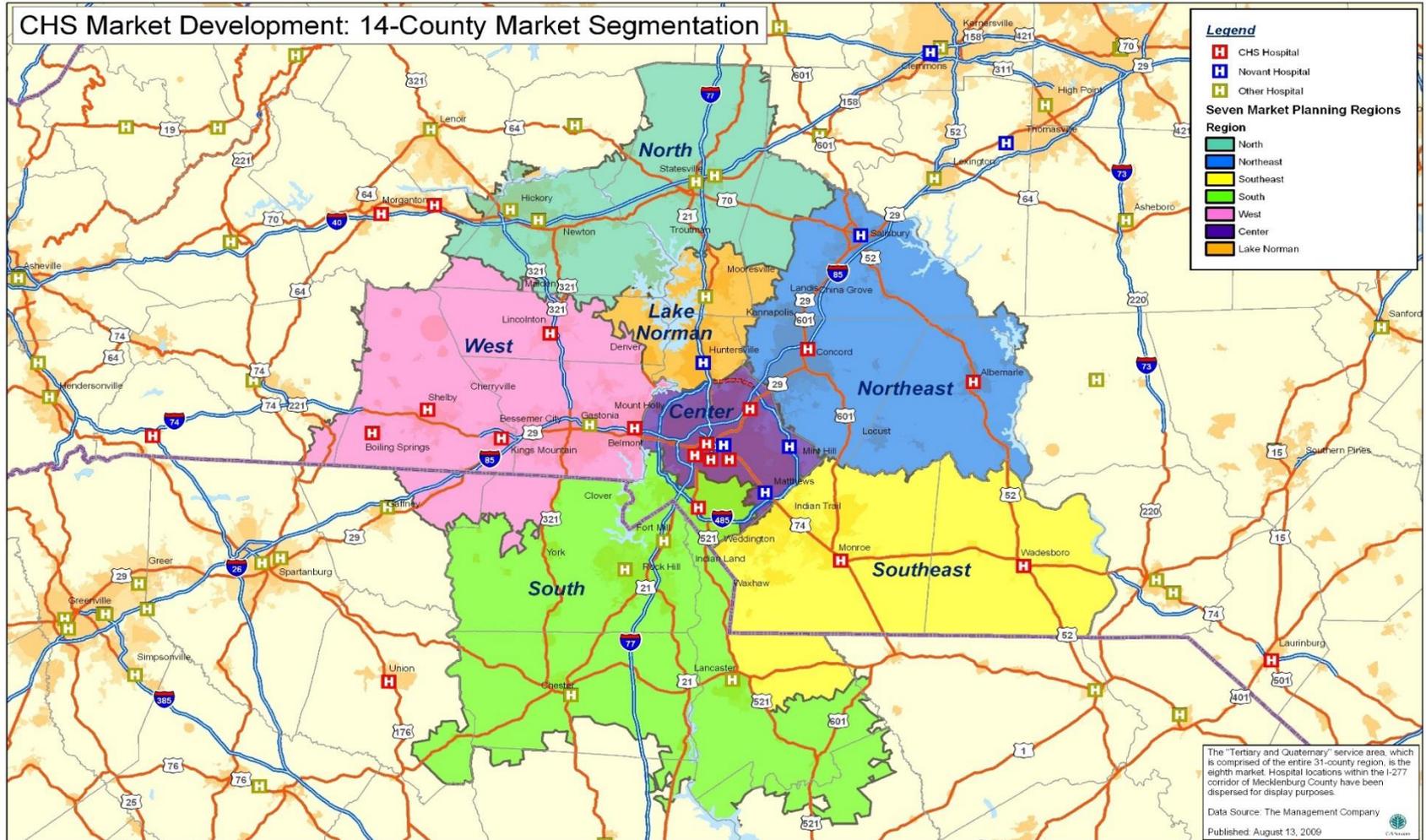
# Atrium Health Executive Leadership



# Atrium Health Medical Group Leadership



# Integration of the Atrium Health Medical Group Throughout our Primary Service Area



# Atrium Health Provider Regional Relationships

## Atrium Health Regional Medical Group

- St. Lukes
- Scotland
- Columbus
- New Hanover

*Management Services Agreement  
for Physician Network. Employed by  
Atrium Health.*

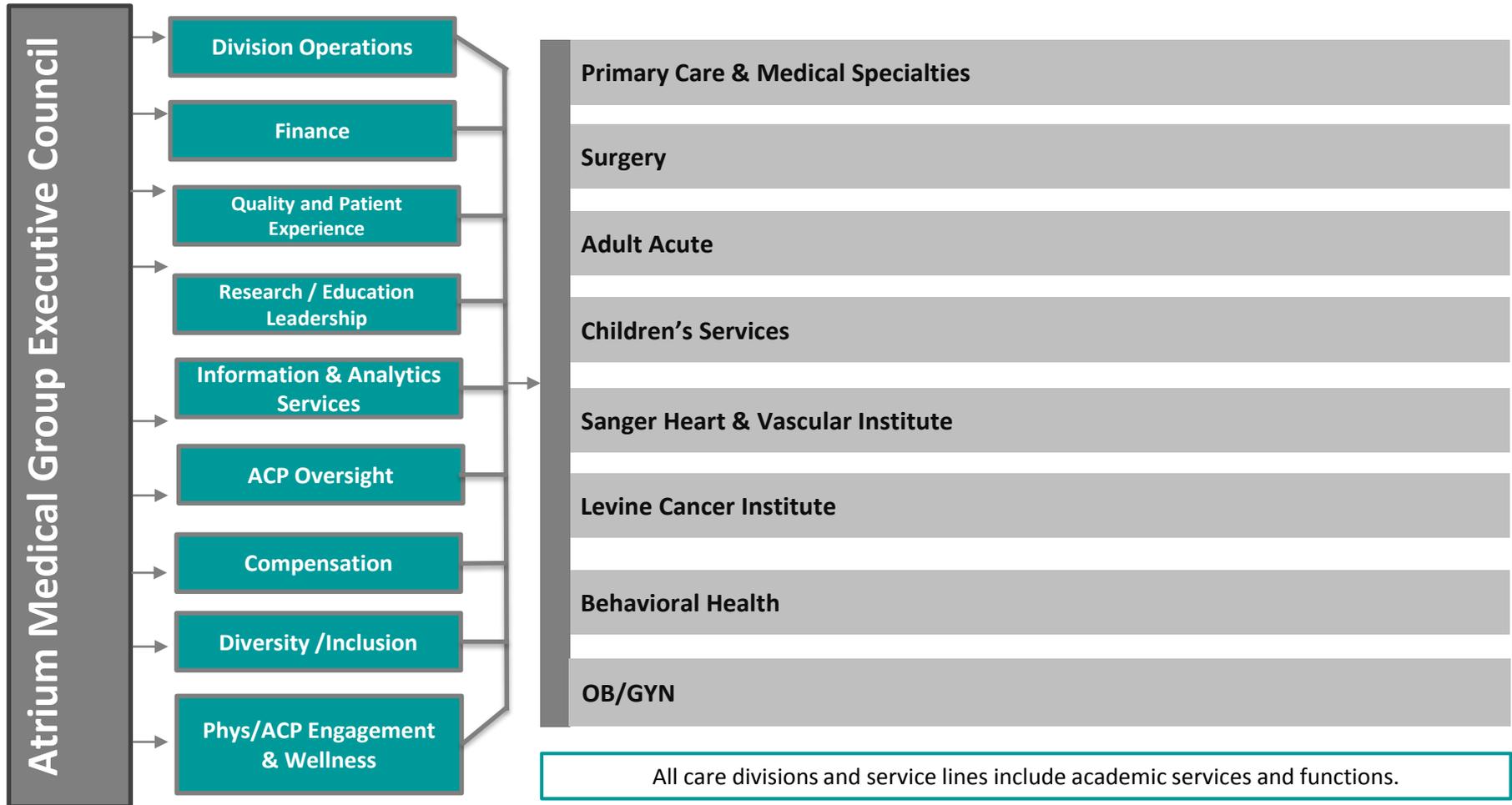
## Atrium Health Hospital Providers

- Blue Ridge
- Roper/St. Francis
- AnMed Health
- Cone Health

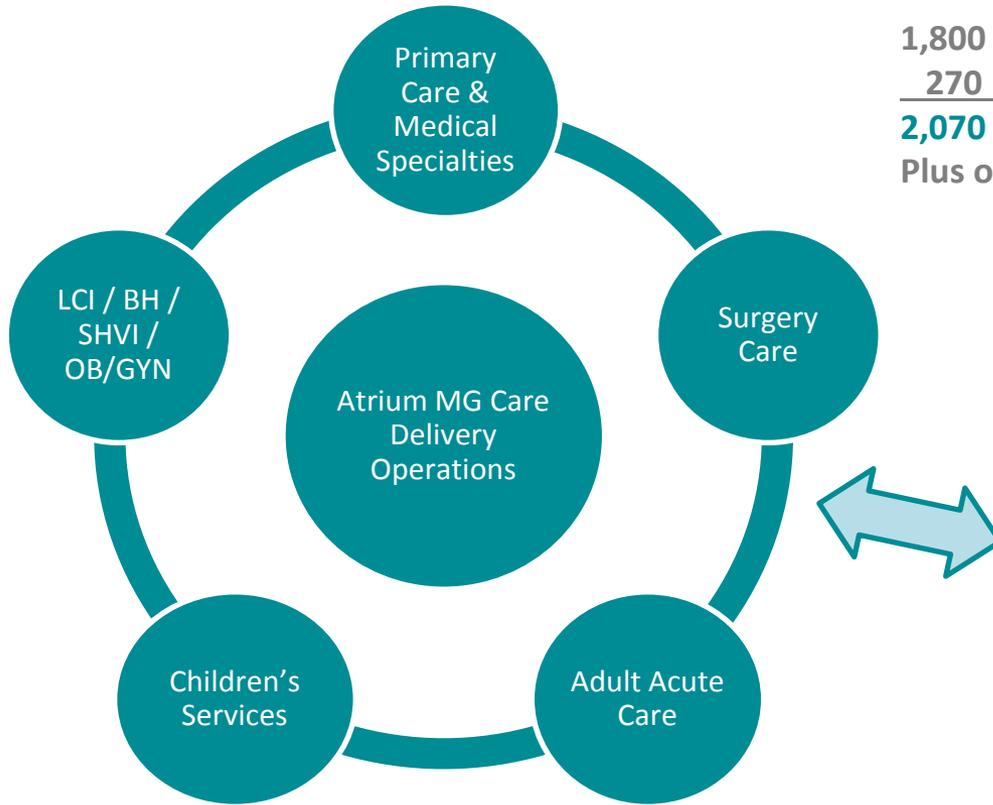
*Providers are employed locally not  
directly by Atrium Health.*



# Atrium Health “System” Medical Group Metro Market Structure



# Atrium Health Medical Group Matrix & Integrated Support Structure



1,800 Physicians

270 Residents

2,070 Total Physicians

Plus over 600 Advanced Clinical Practitioners (ACPs)



## Scope:

- Multiple Care Delivery Divisions
- Millions of Office Visits
- Hundreds of Locations
- **ONE VISION**



**Atrium Health**



**Atrium Health**

**Medical Group**

# Atrium Health Medical Group

## Guiding Principles

- **Ensures** community healthcare needs are met by providers and aligned with Atrium resources (through a vertical integration model)
- **Captures** and expands market share through multiple service strategies that eliminate access barriers, meet patient needs across a broad spectrum of convenient outpatient healthcare services, and provide new portals through which patients can enter the System
- **Strengthens** financial viability through purposeful growth and unified infrastructure systems & metrics
- **Contributes** to achievement of quality goals and efficient use of facility resources through the provision of clinically effective, timely, satisfying and coordinated patient care

# Atrium Medical Group

## Guiding Principles (cont'd)

- **Enhances** customer service and patient relationship with the System by maximizing ease of patient access and ensuring a satisfying and worthwhile appointment experience
- **Maintains** exceptional relationships with patients by guaranteeing ease of access to highly motivated, competent and engaged physicians and employees
- **Leverages** Medical Education & Research programs to enhance clinical services and differentiate the System regionally and nationally

# Adult Acute Care Leadership



**Shannon Carpenter**  
Vice President



**Dr. Scott Lindblom**  
Senior Medical Director



**Dr. Scott Furney**  
Senior Academic  
Medical Director

Specialty	Clinical Leader	Academic Leader
Hospitalists	Dr. Ryan Brown	Dr. Lane Jacobs
Critical Care	Dr. Michael Green	Dr. Steve Cochran
Pulmonary	Dr. Daniel Howard	Dr. Robert Taylor
Emergency Medicine	Dr. Mike Gibbs	
GI	Dr. Tom Pacicco	Dr. Martin Scobey
Infectious Disease	Dr. Lewis McCurdy	Dr. James Horton
Hepatology	Dr. Mark Russo	
PM&R	Dr. Bill Bockenek	
Palliative Care	Dr. Bea Skudlarska	
Geriatrics	Dr. Bea Skudlarska	
Adult Neurology	Dr. Robert Mitchell	

# Primary Care & Medical Specialties Leadership



**Dr. Al Hudson**  
Senior Medical Director



**Dr. John Franko**  
Primary Care Division Academic Leader



**Jeff Ozmon**  
Senior Vice President

Specialty	Clinical Leader	Academic Leader
Family Medicine	Dr. Dan Senft	Dr. Mark Robinson
Internal Medicine	Dr. Carmen Teague	Dr. Tom Montgomery
Urgent Care	Dr. Alfred Kendrick	Dr. Alfred Kendrick
Corporate Health	Dr. Charlie Rich	Dr. Larry Raymond
Sports Medicine	Dr. Kevin Burroughs	Dr. David Price
Medical Specialties	Dr. Robert Mitchell	Dr. Kelli Dunn
<ul style="list-style-type: none"> <li>• Dermatology</li> </ul>	Dr. Dan Parsons	
<ul style="list-style-type: none"> <li>• Rheumatology</li> </ul>	Dr. Firas Kassab	
<ul style="list-style-type: none"> <li>• Sleep Medicine</li> </ul>	Dr. Doug Kirsch	
<ul style="list-style-type: none"> <li>• Endocrinology</li> </ul>	Dr. Gary Rolband	
<ul style="list-style-type: none"> <li>• Allergy</li> </ul>	Dr. Ekta Shah	

# Surgery Leadership



**Dr. Brent Matthews**  
Senior Medical Director/Academic Medical Director



**Lauren Rorabaugh**  
Vice President

Specialty	Clinical Leader
Bariatrics	Dr. Keith Gersin
Surgery	Dr. Mike Thomason
Plastics	Dr. Adam Ravin
Urology	Dr. Chris Teigland
Orthopaedics	Dr. Ed Hanley
Oral Medicine & Surgery	Dr. Mike Brennan
Specialty OB/GYN	Dr. Robert Higgins
Ophthalmology	Dr. Galen Grayson
Pediatric Surgery	Dr. Tony Stallion

# Children's Services Leadership



**Dr. Stacy Nicholson**  
President



**Jennifer Terry**  
Vice President

Specialty	Clinical Leader
Critical Care	Dr. David Fisher
<ul style="list-style-type: none"> <li>• Neonatology (PICU)</li> </ul>	
Hospitalists	Dr. Mary Rogers
<ul style="list-style-type: none"> <li>• Child Maltreatment/ Adolescent Medicine/ Newborn</li> </ul>	
Pediatric Specialty 1	Dr. Susan Massengill
<ul style="list-style-type: none"> <li>• Renal/ Rheumatology/ Endocrinology</li> </ul>	
Pediatric Specialty 2	Dr. Joseph Stegman
<ul style="list-style-type: none"> <li>• Genetics/ Infectious Disease/ Pulmonary/ Developmental</li> </ul>	
Gastroenterology	Dr. Victor Pineiro
Oncology/BMT/Palliative Care	Dr. Javier Oesterheld
Pediatric Neurosciences	Dr. David Griesemer
Surgery	Vacant

# OB/GYN Leadership



**Shad Ritchie**  
Vice President



**Dr. Suzanna Fox**  
Senior Medical Director



**Dr. Robert Higgins**  
Senior Academic Chair

Specialty/Area	Clinical Leader
OBGYN Generalists	Dr. Tara Vick
Gynecology Oncology	Dr. Robert Higgins
Reproductive Endocrinology & Infertility	Dr. Paul Marshburn
Female Pelvic Medicine & Reconstructive Surgery	Dr. Kevin Stepp
Eastover, Shelby, & Union OB/GYN	Dr. Jay Matkins
Charlotte, Piedmont, & McAlister OB/GYN	Dr. Scott Makemson
Northeast Women's, Greater Carolinas Women's Center, Northcross, GYN Care of the Carolinas	Dr. James Wheeler
Eastover University, NorthPark, & Stanley Women's	Dr. Suzanna Fox

# Behavioral Health Leadership



**Vacant**  
Chief Clinical Officer

**Martha Whitecotton**  
Senior Vice President

Specialty/Division	Clinical Leader	Administrative Leader
Behavioral Health Service Line		Martha Whitecotton, SVP
Behavioral Health Facility Executive - Charlotte	Dr. James Rachal	Victor Armstrong, VP
Behavioral Health Facility Executive - Davidson	Dr. Cheryl Dodds	Lisa McCanna, VP
Behavioral Health Northeast	Dr. John McKinsey	Sue Deluca, VP
Behavioral Health CNE	Dr. Jennifer Ziccardi	
Behavioral Health Emergency Services	Dr. Wayne Sparks	Sue Deluca, VP
Behavioral Health Addiction Medicine	Dr. Steve Wyatt	Lisa McCanna, VP
Behavioral Health Consult Liaison	Dr. Jay Yeomans	Sue DeLuca, VP
Behavioral Health Primary Care Integration	Dr. Manuel Castro	Sue Deluca, VP

# Levine Cancer Institute Leadership



**Dr. Derek Raghavan**  
President



**Kevin Plate**  
Vice President

Specialty	Clinical Leader
Radiation Oncology	Dr. Stuart Burri
Solid Tumor Oncology & Investigational Therapeutics	Dr. Ed Kim
Hematologic Oncology & Blood Disorders	Dr. Ed Copelan, Chair Dr. Belinda Avalos, Vice Chair
Medical Operations	Dr. Jean Chai, Medical Director Dr. Jonathan Gerber, Co-Director
Surgical Operations	Dr. Jeff Kneisl, Medical Director
Surgical Oncology	Dr. Richard White
Supportive Oncology	Dr. Declan Walsh

# Sanger Heart & Vascular Institute Leadership



**Dr. Paul Colavita**  
President



**Scott Moroney**  
Vice President

Specialty / Division	Clinical Leader	Specialty / Division	Clinical Leader
Central Region	Dr. Jim Bower	CV Surgery	Dr. Joseph McGinn
North Region	Dr. Craig Clinard	Cardiology	Dr. Geoffrey Rose
Southeast Region	Dr. Kushal Hand	Congenital Heart Center	Dr. Paul Kirshbom
South Region	Dr. Justin Haynie	Heart Failure	Dr. Sanjeev Gulati
West Director	Dr. Nelson Seen	Electrophysiology	Dr. Rohit Mehta
Northeast Director	Dr. Ashesh Patel	Research	Dr. Mike Rinaldi
Invasive Labs	Dr. Bill Downey	CV Surgery	Dr. Joseph McGinn
Imaging	Dr. Tom Johnson	Cardiology	Dr. Geoffrey Rose
Vascular Surgery	Dr. Frank Arko	Adult Surgery	Dr. Eric Skipper

# The Center for Advanced Practice (CAP)

# What is an ACP?

Physician Assistants

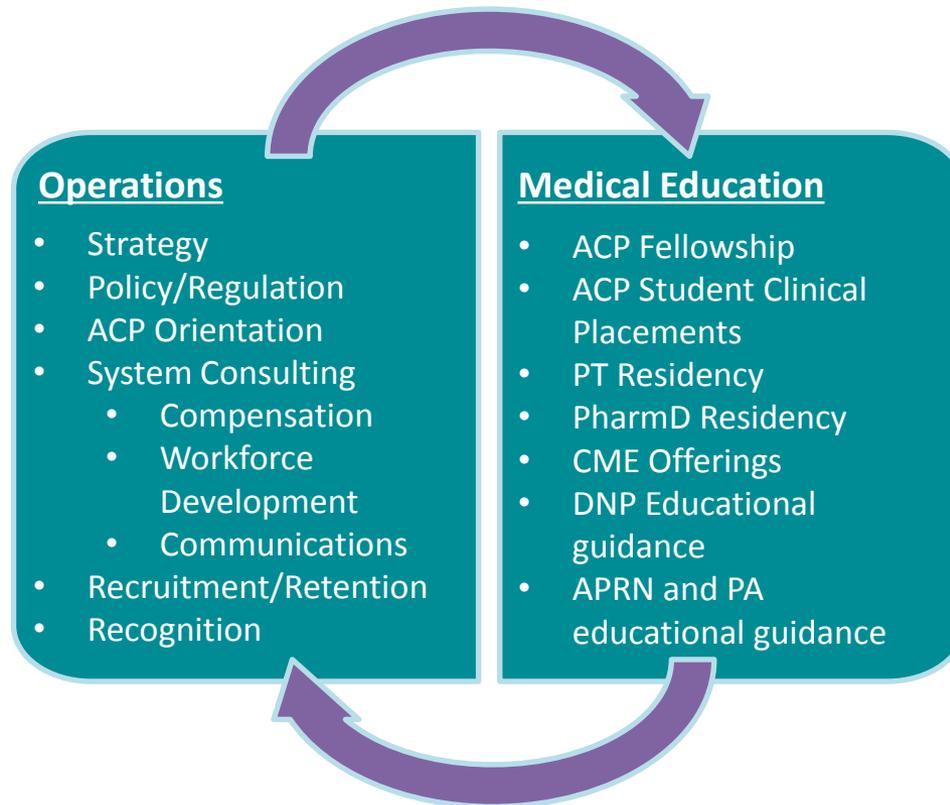
Nurse Practitioners

Certified Registered Nurse Anesthetists

Certified Nurse Midwives

Clinical Nurse Specialists

# Center for Advanced Practice Services Provided



## **CAP can answer questions related to:**

- NC/SC/GA Rules & Regulations
- Collaborative Practice Agreements
- Credentialing vs Privileging
- ACP Scope of Practice
- Supervising physician role

## **Additional functions of CAP:**

- Onboard ACP students for their clinical rotations
- Coordinate ACP continuing education opportunities
- Link ACPs to mentors for career and education guidance
- Coordinate ACP communication and recognition

# Post-Grad Education

## ACP FELLOWSHIP PROGRAM

- ✓ Licensed PAs and NPs
- ✓ 1-Year Transition to Practice
- ✓ Largest Program in the country



22 TRACKS COVERING

Acute Care

Primary Care

Urgent Care

Hybrid of Inpatient/Outpatient Care

# How to Contact Us

Center for Advanced Practice  
3<sup>rd</sup> Floor Annex Building  
1000 Blythe Blvd.  
Charlotte, NC 28203  
(704) 446-5185

[Contact Us](#)

**Dr. Roger Ray & Dr. Alisahah Cole**  
**Team of Teams: From US Military to Atrium**



# New Physician & ACP Surveys

## Source

- Physician & ACP Engagement & Wellness Committee

## Purpose

- To obtain feedback from new Physicians & ACPs, and their co-leadership team, and utilize that feedback to make improvements to the new provider recruitment and onboarding process at Atrium Health

## Frequency

- Once the new Physician / ACP starts at Atrium Health, they are surveyed at 1 month and 6 months. Each new Physician / ACP's co-leadership team is also surveyed after the new Physicians / ACP's start date

# Our Commitment

## • Timely Access

- We strive to provide:
  - Timely access to our care teams and appropriate healthcare options (Ex. CarolinaConnect, hospitals, emergent and urgent care, physician office and virtual care)
  - Patients easy and transparent access to their medical records

## • Top Quality Cost Effective Care

- We strive to provide:
  - Evidenced based care in conjunction with shared decision making
  - Appropriate tests and treatments to ensure a value driven patient care experience
  - An integrated system of care to improve clinical outcomes and patient experience.
  - A system of care that is easy to navigate and always puts the patient first
  - Patients with culturally competent care

## • Open Communication

- We strive to provide:
  - Our patients with an environment of care that fosters enduring empathetic relationships with their providers
  - Our patients with transparent and honest dialogue
  - Our patients with timely responses
  - Information that is clear and understandable, including patient medical bills

## • Unified Care Coordination (Integrated System of Care)

- We strive to provide:
  - A comprehensive scope of services
  - Communication across care teams to ensure a seamless transition of care
  - An integrated system of care that fosters greater coordination of services and resources

## • Core Behavior Expectations

- We strive to provide:
  - Professional and personal growth through continual learning experiences and leadership opportunities
  - A culture that promotes Atrium Core Values (Caring, Commitment, Integrity, Teamwork) and One Experience Behaviors by incorporating the CURO Conversations (Connect/Understand/Reveal & Relate/Outcomes).



# The Teal Acorn Award Series

- ❖ Physician of the Year
- ❖ ACP of the Year
- ❖ Physician/ACP Provider of the Tree
- ❖ Tree of Life Physician/ACP Innovator of the Year
- ❖ Dr. Francis Robicsek Physician/ACP Community Health
- ❖ Physician/ACP Leader of the Year
- ❖ Patients' Choice Award Top Performing – Physician & ACP
- ❖ Physician/ACP Academic of the Year

# Refer a friend. Earn a reward!

## Physician & ACP Recruitment Rewards Program - CHS Medical Group Division

Know a talented physician or ACP who might be eligible to join our team?  
Let us know.

### Candidate Eligibility

- All candidates must be BE/BC in their specific specialty (if applicable), with a license in good standing for all states where license is held
- Only candidates who are currently not employed by Atrium Health MG can be referred. Current Atrium Health MG teammates transferring into a new position are not eligible
- Atrium Health MG Physicians & ACPs who left the System within 1 year or less are not eligible

### How to Participate

Email candidate name, contact information, and current CV to

[providerrecruitmentrewards@carolinashealthcare.org](mailto:providerrecruitmentrewards@carolinashealthcare.org)

### Teammate Eligibility

- Referring teammate must be employed with Atrium at the time the referral bonus is paid
- The following are not eligible:
  - Site-Based Medical Director and above are ineligible to receive a bonus for positions in which they are already involved in the recruiting process

### Referral Bonus Amounts:

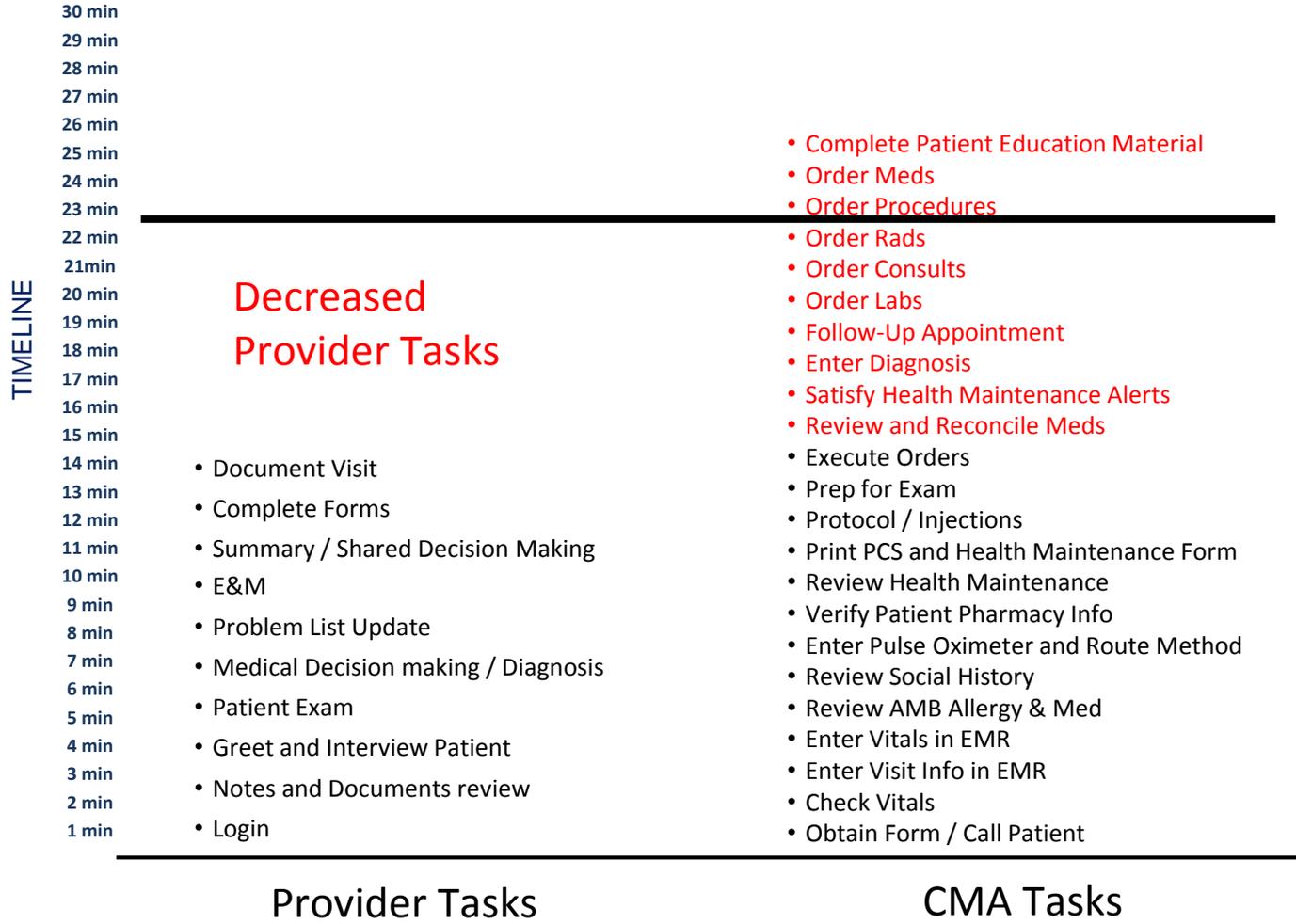
- **\$5000** for referral of a full-time Atrium Health MG physician
- **\$2,500** for referral of a part-time Atrium Health MG physician
- **\$2,500** for referral of a full-time Atrium Health MG ACP
- **\$2,500** for referral of a part-time Atrium Health MG ACP



# Atrium Health

## Hot Topics

# Clinical Redistribution of Tasks



## SKILL OPTIMIZATION

- Medication Safety & Pharmacology exam review
- Market Forces Changing Healthcare
- 6 Stages of the Change Model
- LEAN Basics: Principles & Tools
- Care Model Redesign
- AtriumMG Quality & Safety
- Scope of Practice
- Medication Safety & Pharmacology Exam
- Medication Safety & Pharmacology Exam Remediation
- Medication Safety & Pharmacology Exam Retest
- Hands on Skills Lab - Initial Clinical Competencies
- Point of Care Testing
- EMR/CPOE
- Clinical Scenarios
- Introduction to Coding: Coding Overview  
ICD-10, CPT & HCPCS



# Clinical Care Team Redefined and Skill Optimized

## Before Care Model

### RN / LPN Clinical Assistant

- Ambulatory intake
- Message management
- Prescription refills
- Vaccine/Med administration
- Prior authorizations
- Result management

## After Care Model

### CMA Roomer

#### Office Visit Care

- Ambulatory intake
- Vaccine /Med Administration
- Prescription refill pool
- Health maintenance review
- Daily huddle with Provider
- Pre-visit huddle with Provider
- Agenda Setting
- Point of care testing
- Order entry & visit coding
- Pt education & depart process

### CMA Flow Manager

#### Gatekeeper to Provider

- Message management
- Prior authorizations
- Prescription refills
- Lab tracking & result management
- Pre-visit planning

### RNs - Nurse Supervisor / Triage

- Preceptor/Nurse Supervisor
- Standard Triage Protocols allow RNs to work to the top of license
- Allows improved first call resolution for patient and reduction in provider messages





**Atrium Health**

**Quality & Patient Experience Goals**

# CHS Quality & Patient Experience Goals Process - 2018

CHS Quality & Patient Experience Goal Planning **May/June**

<i>Contribution Sources</i>						<b>June / July</b>
Medical Groups	Acute Care	Continuing Care	Service Lines	CHS Clinical Leadership Groups	CHS QSOCs	

CHS Quality & Patient Experience Goals Retreat **Aug 10, 2017**

*Development of Additional Business-Unit-Specific and/or Service Line Quality & Experience Goals*

Preliminary QCC Affirmation of Priorities **Aug 22, 2017**

Definition, Baseline & Target Development **by Oct 19, 2017**

Business Units Affirm Goals **by Nov 10, 2017**

QCC: Endorses 2018 Goal Targets **Nov 14, 2017**

QCC Chair Reviews Specific Goals  
Final Goals Published to BOC for Comment **Dec 12, 2017**

2018 CHS Quality & Experience Goal Kick-Off **Jan 1, 2018**



# General Guidelines for Setting Target and Stretch

Find a comparative national benchmark, if possible.



Focus on the top quartile as either the target or stretch goal for the System depending on the baseline performance for that metric and the anticipated improvement that is possible in the coming year.



If a facility/network is currently performing above the System stretch goal then their goals will be developed to encourage maintaining these gains.



For all other facilities/networks, target and stretch goals are assigned by an algorithm at an increasing percentage in order to allow for the System to meet the overall target and stretch goals if all facilities meet their individual goals.

\*For 2018, Antibiotic Stewardship goals will be setting facility target and stretch goals first. These individual facility goals will then make up the CHS level goals.



**Atrium Health**

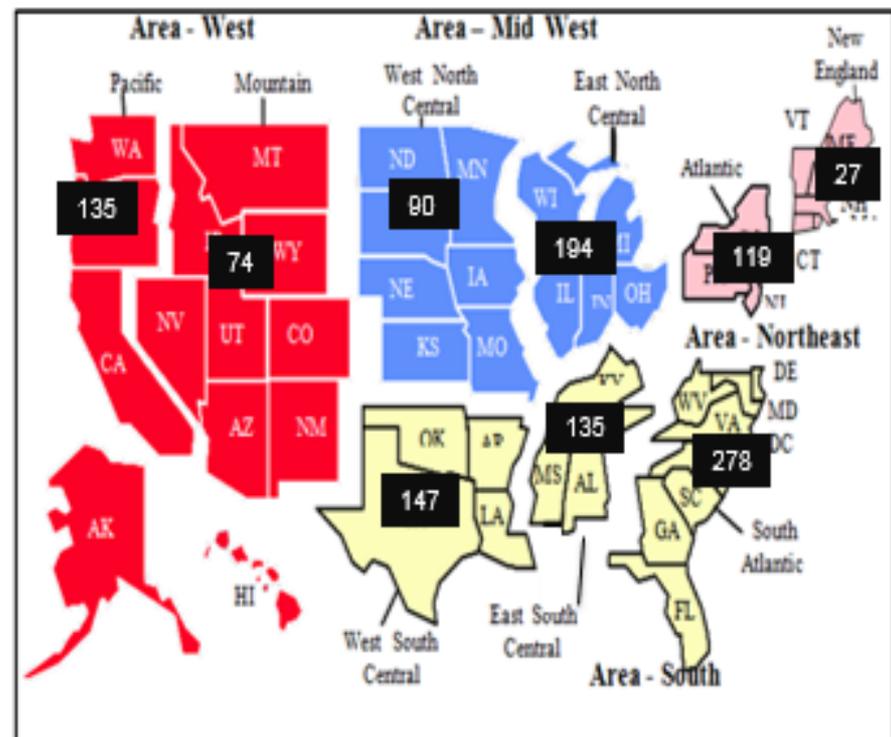
# Premier Methodology

A large number of Carolinas HealthCare System facilities participate in the Premier Alliance Quality Advisor

Premier provides national and regional benchmarking

Benchmarks for readmissions were chosen based on Premier's National Benchmarks

Demographics	
Number of Facilities Included (Percentage of All US Hospitals)	Approximately 1,199 hospitals (22%)
Urban Location	878 hospitals (73%)
Average Bed Count	233 beds
Average Number of Discharges (CY 2015)	11,642 patients
Total Number of Discharges (CY 2015)	8,801,261 patients (4% are CHS)



# National Healthcare Safety Network (NHSN)

CDC NHSN is the nation's most widely used healthcare-associated infection (HAI) tracking system. It provides hospitals, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

The NHSN data is publicly reported on Hospital Compare and included in the Value Based Purchasing (VBP) Program and the Hospital Acquired Condition (HAC) Reduction Program in the form of risk-adjusted outcomes.

In July 2017, NHSN updated their models (all infection types) with more recent data from 2015 to calculate the predicted infections. CMS will use the updated models for the FY 2019 VBP and HAC Reduction Program.

Many CHS hospitals updated their teaching statuses in August of 2017.

<https://www.cdc.gov/nhsn/index.html>



# Press Ganey

Press Ganey provides more than 26,000 health care organizations across the country with the information they need to understand and improve the patient experience. They work with providers across the continuum of care to collect feedback through mail, phone, and electronic surveys in order to understand patient needs and address opportunities.

Press Ganey is the largest CAHPS administrator in the United States and offers benchmarking and performance insights relative to peer groups. The HCAHPS data (Hospital CAHPS surveys) are included in the FY 2019 VBP and publically reported on Hospital Compare.



<http://www.pressganey.com/>

# Contributing Population Metrics Influencing Goal Selection

## HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across 5 domains of care.

## MSSP/ACO

The Shared Savings Program offers providers and suppliers (e.g., physicians, hospitals, and others involved in patient care) an opportunity to create a new type of health care entity, an Accountable Care Organization (ACO). An ACO agrees to be held accountable for the quality, cost, and experience of care of an assigned Medicare fee-for-service (FFS) beneficiary population.

## Commercial Payers

CHS has contracts with several commercial payers requiring performance in several quality and utilization measures as a gate to shared savings.

## MIPS

MACRA replaced three Medicare reporting programs with MIPS (Medicare Meaningful Use, the Physician Quality Reporting System, and the Value-Based Payment Modifier). MACRA defined four performance categories for MIPS, linked by their connection to quality and value of patient care: Quality, Improvement Activities, Advancing Care Information, Cost.



# 2018 Atrium Health System Performance Goals

Priority #1: Patient Safety	Acute Care Infections Composite
	Acute Care Antibiotic Stewardship
Priority #2: Clinical Outcomes	Acute Care 30-Day Mortality
	Diabetes Outcome Composite
	Prevention Composite
Priority #3: Patient Experience	Overall Rating Composite
Priority #4: Clinical Efficiency	Acute Care Unplanned Readmissions

# 2018 QCC Goals: New/ Expanded/ Modified

<b>Priority #1: Patient Safety</b>	Acute Care Infections Composite	Includes CAUTI, CLABSI, SSI, MRSA, and CDI infections from NHSN. AHRQ PSI 90 is now a monitor measure.
<b>Priority #2: Clinical Outcomes</b>	Acute Care Observed 30-Day Mortality 	Was a 2017 watch measure as an O/E. Reporting Observed rate for 2018.
	Diabetes Outcome Composite	Replaced HbA1c < 8 with HbA1c Poor Control (>9 and untested); added Retinopathy Assessment; added Statin Therapy
	Prevention Composite	Replaced Depression Monitoring with Depression Screening and Follow-up Plan
<b>Priority #3: Patient Experience</b>	Overall Rating Composite	Added Outpatient Ambulatory Surgery CAHPS; changed composite weighting to encounter volume only

# Additional Information

The 2018 QCC Scorecard will be reported monthly in PowerBI which will launch in February 2018 for the first scorecard. Training will be available through a recorded webinar in January 2018.

Please access the 2018 QCC Definitions Document at the following link on the Quality Portal:

<https://carolinashealthcare.sharepoint.com/sites/CHSQualityInitiatives/Scorecards/Forms/AllItems.aspx?id=%2Fsites%2FCHSQualityInitiatives%2FScorecards%2F2018%20Corporate%20Goals>



# Atrium Health

**Patient Satisfaction Transparency**

**Transparency Appeal Committee  
Onboarding**

# Control & Accuracy

- **CHS Providers will have more control of online reputation** – We have better control over patient satisfaction data that will be housed on our CHS website compared to questionable ratings produced by Healthgrades, Yelp and others
- Helps patient make right connection with right provider – Our patients deserve **accurate information about our physicians**
- When searching for a physician on a search engine (i.e. Google), the CHS find a doc portal will display as the first option due to the quantity of reviews
- **Accuracy Counts:** 80% of patients will change their mind upon reviewing a negative review (*Digital Trends – 2012*)
- Empowers patients to make **informed decisions** regarding their healthcare

# Star Ratings and Patient Comments

- **Star Ratings**
  - Rolling 12 months of data
  - Refreshed in real time
- **Patient comments:**
  - Rolling 12 months of data
  - Refreshed quarterly
  - Scrubbed for profanity, privacy violations, names of other providers and for references to providers physical appearance
  - Providers see comments before they go on-line

# Care Provider Section Questions

## CARE PROVIDER

very					very
poor	poor	fair	good	good	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

**DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.**

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Concern the care provider showed for your questions or worries .....                        | <input type="radio"/> |
| 2. Explanations the care provider gave you about your problem or condition .....               | <input type="radio"/> |
| 3. Care provider's efforts to include you in decisions about your care .....                   | <input type="radio"/> |
| 4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.) ..... | <input type="radio"/> |
| 5. Likelihood of your recommending this care provider to others .....                          | <input type="radio"/> |

**Comments** (describe good or bad experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Overall Provider Question

- Using a number from 0 to 10, where 0 is the worst personal doctor\* possible and 10 is the best possible, what number would you use to rate your personal doctor\*?
- \* NOTE – The term “personal doctor” will be changed to “provider” on the Press Ganey survey.

## PROVIDER PATIENT SATISFACTION RATINGS



**CHS  
PROVIDER**



Paige Tomcho, DO

	Health Grades		Vitals.com		RateMDs		Press Ganey <sup>★</sup>	
	# of responses	rating	# of responses	rating	# of responses	rating	# of responses	rating
	<b>11</b>	<b>4.4</b>	<b>15</b>	<b>3.0</b>	<b>0</b>	<b>n/a</b>	<b>188</b>	<b>4.8</b>

Dr. Tomcho has been my primary care physician for more than 7 years. I have complete confidence in her. She has already read my medical file before I see her and is always very knowledgeable about my situation. Dr. Tomcho is a wonderful care provider.

Our ratings are more robust, higher than other internet based ratings.



Justin Haynie, MD

<b>7</b>	<b>3.3</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>n/a</b>	<b>201</b>	<b>4.8</b>
----------	------------	----------	----------	----------	------------	------------	------------

\*Dr. Haynie has always shown care & been courteous. He is friendly and professional. He puts me at ease.

# Abbreviated Profile

Haynie, Justin F., MD [VIEW FULL PROFILE](#) 



*Cardiology - Heart, Interventional Cardiology*



Primary Address

Sanger Heart & Vascular Institute-Pineville  
10650 Park Road, Suite 220  
Charlotte, NC 28210  
Phone: 704-667-3840  
[Get Directions](#) | [View Map](#)

Other Locations

[Sanger Heart & Vascular Institute-Rock Hill](#)



**4.9** out of 5

221 Ratings

1 Comment

[Learn about our survey](#)

[MAKE AN](#)

[APPOINTMENT](#)



[Schedule Online](#)



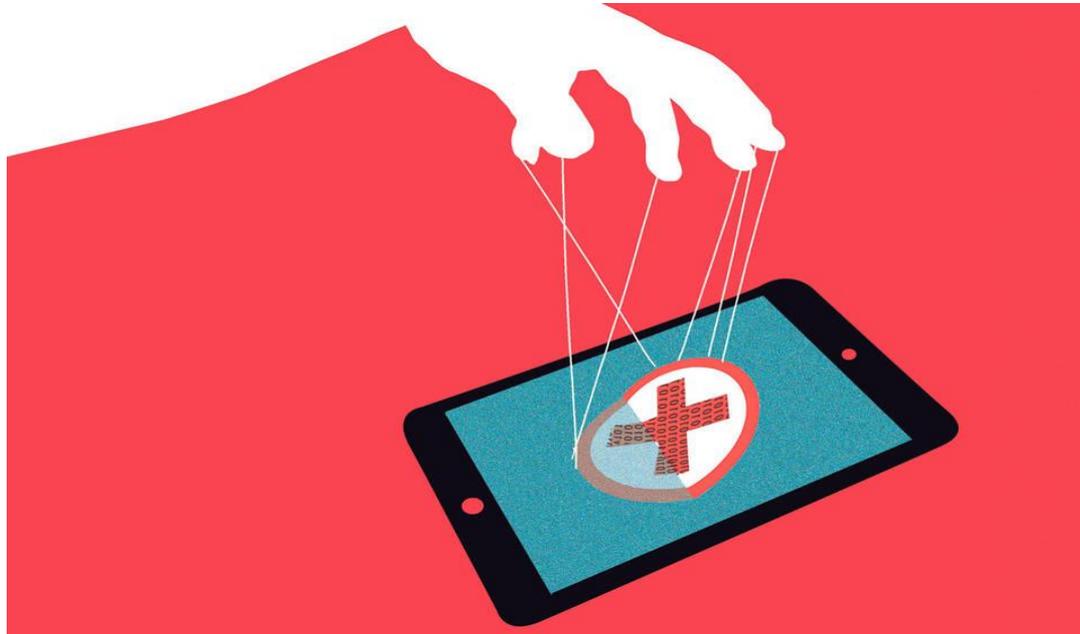
**Atrium Health**

# Overall Comment Review Process

- Press Ganey comments are reviewed by PG Binary Fountain team
- While Physicians / ACPs **have time to review comments** before they are posted, they are **not be mandated to review comments**.
- Comments that are not reviewed will be posted based on pre- defined criteria.
- Email notices are sent to Physicians / ACP's periodically, to remind them to login into PG Binary Fountain to review their comments
- Appeals are made in the PG Binary Fountain tool
- A Transparency Appeals Committee (Comprised of the Care Division leaders or designees) will review any comments that are appealed by Physicians / ACPs.

# Canopy Updates and MyCarolinas

## How to Take Charge of Your Medical Records WSJ 06/29/15



*Patients have a lot to gain by getting access to their health information. They just need to know where to get it—and what to do with it.-WSJ, 06/29/15*

# MyCarolinas

## Current Functionality:

- Labs
- Tests
- Allergy List
- Med List
- Problem List
- Surgical List
- Secure Messaging
- Rx Renewal
- Appt. Scheduling
- Discharge and Depart Summaries
- GetWell Video
- OpenNotes

The screenshot displays the MyCarolinas patient portal interface. At the top, the header includes the website name 'CarolinasHealthCare.org', the user's name 'PAMELA LANDIS', and a 'Sign Out' link. Below the header is a navigation bar with icons for 'MyCarolinas Home', 'Health Record', 'Health Messages', 'Appointments and Billing', 'My Profile', and 'Help and Resources'. The main content area features the MyCarolinas logo and tagline 'My records. My providers. My health.' on the left. The central section is divided into several panels: 'My Profile' showing user details for Pamela Landis (1328 ORDERMORE AVE, #6, CHARLOTTE, North Carolina 28203, Home Phone: 313-418-5488, plandis1@hotmail.com) with an 'Update Profile' button; 'Announcements' with two recent posts: 'An Update To MyCarolinas' (Dec 09 2013, 8:58 AM) and 'Welcome To MyCarolinas' (Jun 05 2013, 4:12 PM), both with 'More Announcements' buttons; 'From the MyCarolinas Support Team' containing a table of messages and a 'More Messages' button; and 'My Appointments' showing an appointment for 2/16/2015 at 9:30AM with provider Dr. KNIGHT MD, NICOLE CAROL at Meck Med Group Museum IM, with a 'More Appointments' button. A 'Health Messages' link is visible at the bottom left of the main content area.

Date	From	Subject
Jun 14, 03:24PM	MyCarolinas Support	Access Request Approved

# OpenNotes – Key Messages

Creates a healthier,  
more engaged patient

- Inspires patients to participate in their care
- Improves patient recall of care plan
- Improves medication adherence

Improves communication  
& fosters open dialogue

- Empowers patient through shared decision-making
- Patients who read their notes regularly are more likely to have a better understanding of their health
- In a 2012 OpenNotes Study:

**Patients Reported:**

- 83% of patients felt more in control of their health
- 82% understood conditions better
- 71% took better care of themselves
- 70% took medication more regularly

**Providers Reported**

- 97% did not spend more time on visits
- 80% said sharing notes is useful
- 70% did not spend any more time on notes
- 70% reported improved relationships

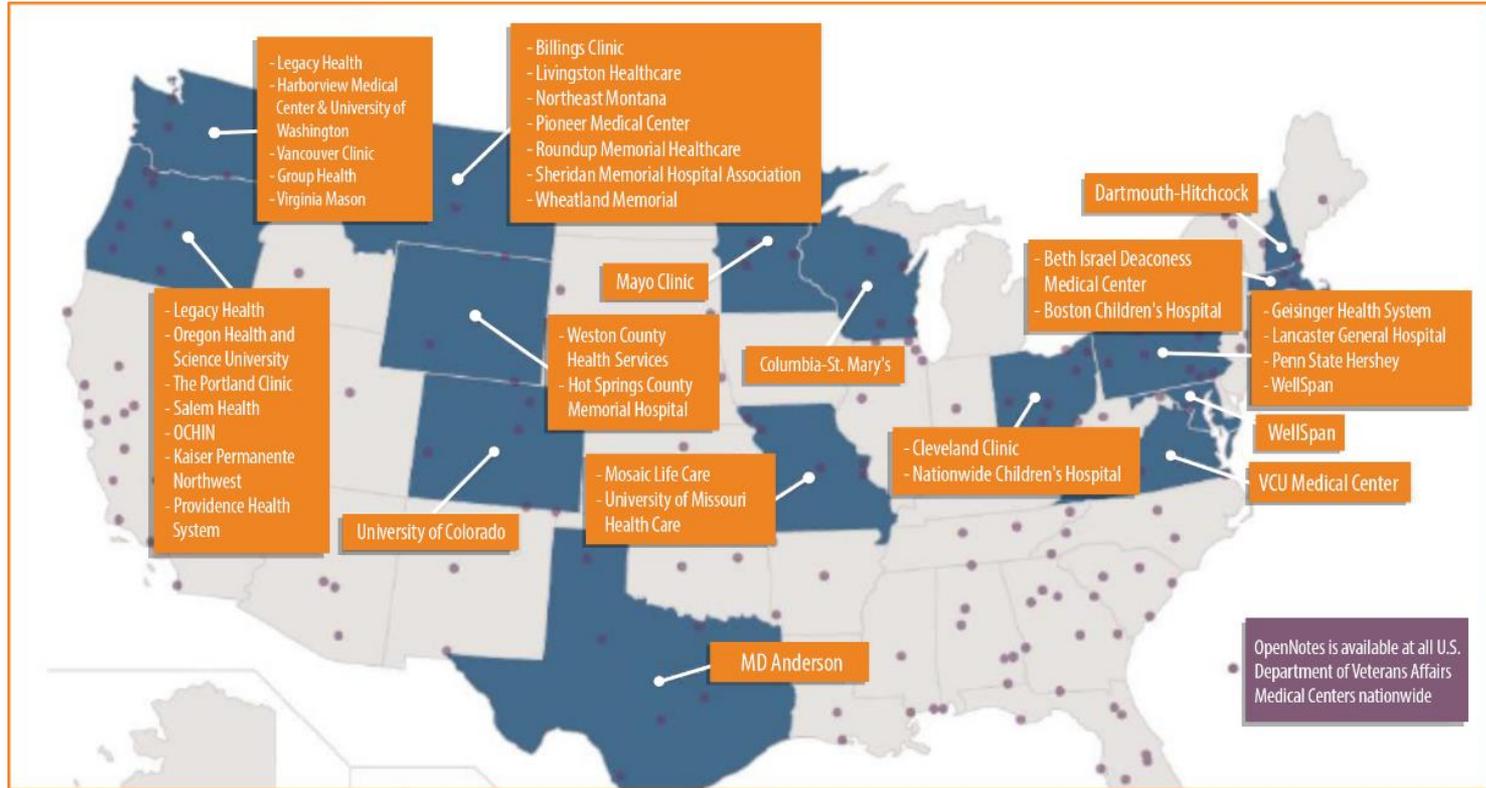
Providers have control

- Only prospective notes as of September 2015 shared
- Physicians can make certain notes sensitive
- Providers have right to block certain patients or individual notes



Atrium Health

# Nationwide Snapshot



# What's Viewable. What's Not.

## OpenNotes

- History and Physicals
- Operative and Procedure Reports
- Office Visit Notes
- Documents scanned into the selected OpenNote Types will be visible in MyCarolinas

## Notes that will not be shown

- Child advocacy
- Forensic documentation
- Behavioral health
- Progress notes
- Chemical dependency notes
- Consult notes
- Nursing and interdisciplinary team documentation
- Administrative documentation
- Sensitive note type

# When it's Viewable

## Lab and Test Results

- 24 hours after finalization

## Radiology reports

- 5 days after finalization

## Open Notes

- Upon Signature

# Tips for Sharing Notes

## Keep it Simple

- Avoid jargon and abbreviations, especially ones that might be easily misinterpreted (“SOB” or “BID”)
  - “patient complains of” = “patient reports”
  - “patient denies alcohol use” = “patient reports no alcohol use”
  - “patient refuses influenza vaccination” = “patient declines influenza vaccination”

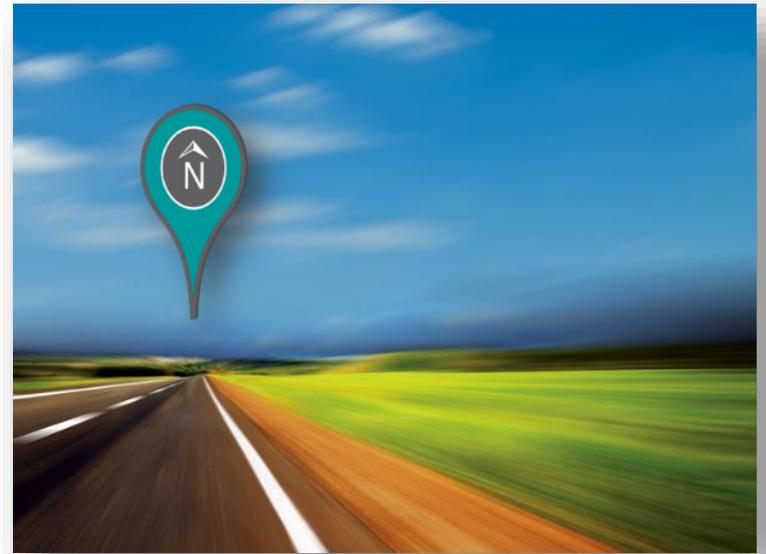
## Balance Perspective

- Obesity, for example, is a medical term with a definition. Perhaps seeing it in writing will reduce patient denial and improve motivation
- Complement sensitive behavioral health diagnoses with non-judgmental descriptive terms, where possible, to avoid labeling
- Highlight the patient’s strength and achievements alongside their symptoms and clinical problems to endorse patients’ attributes and empower positive change.
- Be mindful of sensitive topics and remember patients have rights under HIPAA to access their record



# Other Strategic & Operational Initiatives

- Care Management
- Virtual Care
- Employer-focused Clinics
- Canopy Efficiency
- PowerChart Touch
- Workflow View / Dynamic Documents / Dragon Medical One
- Care Pathways
- Behavioral Health Integration
- Integrated Practice Units (Cardio)
- Transition Clinic
- Leadership Development
- Change Management (Comm Strategy & Toolkits)



Colleagues,

In mid-February, we will be enabling the new suite of EMR tools for use by all CHS MGD and CHS Affiliated physicians and ACPs. These tools, which include Workflow View, Dynamic Documentation, and Dragon Medical One have proven very effective in streamlining provider use of the EMR, reducing the time it takes to review data, place orders, and create documents, and they include new valuable features. In every specialty where we have deployed Workflow View and Dynamic Documents we have seen **30 to 60 minutes per day less time in the EMR** by physicians and ACPs who have used the tools. We are very excited to have the benefits of this technology enjoyed by all of you. You will also need to be proficient in using these tools to produce new CHS standard documents (e.g., CHS Discharge Summary, CHS Wellness Visit Note).

The following link takes you to a landing page where you can access information and education about how to use these tools: [Toolkit](#) When you select the link for the Web-based Training in the Toolkit you will be taken to the login page for People Link, and after signing in with your CHS login and password, will be taken directly to the education. These educational modules are required for all CHS System physicians and ACPs. The investment you make to understand and use these new tools will pay ongoing dividends in improved efficiency and saved time.

In addition, IAS will be sponsoring two live webinars to further demonstrate and explain the use of these tools and answer your questions. These sessions will be recorded for review. The link below will allow you to register for one or both Adobe Connect sessions and ensure that you have the necessary computer settings for the meetings. [Webinar](#) In the several months following our February go-live, our CAST representatives will be rounding with each CHS physician and ACP to address questions and assist with the use of these tools. We are working with our administrative leaders to arrange these meetings.

Our goals in this optimization are to help you use technology more easily and efficiently. Your engagement in learning these tools is the critical key to success.

Thank you,

Jeffrey A. Cleveland, M.D.  
CHS MGD Informatics Medical Director



# Patient Experience

*All Voices Matter*

**Questions?**