Former Pierre Nurse Describes Opioid Struggle

The nation's prescription opioid epidemic is driving changes in health policy and in health care organizations like Avera, from improved prescribing protocols to new tools for treatment. These are changes that could save someone's life, according to a former nurse from Fort Pierre, S.D.

“I had so much shame and guilt over what I'd done, I couldn't live with myself,” said Jayne Parsons, former Emergency Department Director for St. Mary's Hospital. When she worked for St. Mary's, it was owned by Catholic Health Initiatives (CHI), so Parsons has never been an Avera employee.

During a recent interview, she sat straight in the chair, hands clasped tightly in her lap. “When I decided what I wanted to be when I grew up, I never put ‘addict’ on the list.”

Parsons' addiction started with a prescription for back pain. Add stress and a busy family, and she soon couldn’t exist without it.

“It made me someone I wasn’t,” she says. She started stealing opioids from the hospital pharmacy, the neighbor's medicine cabinet, wherever she could find it.

“I knew I had an issue, but was like, ‘I might have a problem,’” Parsons said. “Then I tried to fill a

Generous Donation Brings Dream to Build a Cancer Center in Pierre Closer to Reality

Avera recently announced plans to build a new cancer center in Pierre, S.D., thanks to up to $10 million in grant funding from The Leona M. and Harry B. Helmsley Charitable Trust.

The new home for Avera Cancer Institute in Pierre will be named the Helmsley Center, and it will house state-of-the-art cancer care as well as clinic space for primary and specialty care.

The donation of $7.5 million will go toward construction of the new building, plus a new linear accelerator for radiation treatment, specialized infusion chairs and a TUG robot that delivers

Continued on Page 9
A Time of Change
From the Desk of the CMO and CAO

Dear Colleagues,

As you know, the health care landscape is going through a time of unprecedented change. We have fewer dollars coming in due to lower reimbursement. Wellmark is increasing premiums to cover utilization rather than cover higher payments to providers. New government regulations bring new requirements. Like most health care organizations, Avera must redesign how it conducts business in order to drive better outcomes and reduce cost. To do this, Avera is engaged in several initiatives which will require change across the system. Here is an overview of the initiatives underway:

**Good2Great:** With Huron Consulting, Good2Great seeks to build the foundation for growth and long-term financial stability for Avera. The project is intended to optimize workforce, as well as operational and financial management across the system, and includes Clinical Operations and Documentation, Physician Operations, Care Access, Perioperative, Revenue Cycle, Human Resources Expenses, and Supply Chain/Pharmacy/340B.

- Workforce phase is focused on Avera Health and Avera McKennan but will expand to the entire system. It includes rigorous review of hiring and a productivity tool which dictates staffing based on daily census.
- Operational and financial management phase includes assessing the six regional hospitals, Avera Central Office, Avera Medical Group, Avera Health Plans, and DAKOTACARE.

**Population Health:** Evolent Health has been contracted to provide an overarching strategy for managing our patients across the continuum of care. Evolent will examine Avera’s medical management structure and how it could be configured to better coordinate care delivery for Avera Health Plans and DAKOTACARE members, patients with chronic and/or high cost health care needs, Accountable Care Organization patients for whom we are responsible, or other populations we serve.

- Includes patient data governance and service delivery to patients.
- Evolent is due to present a blueprint for Avera’s future to leadership this month.

**Coding Centralization:** Avera Health’s six regional hospitals, 12 critical access hospitals, and Avera Medical Group conducted a design analysis with The Advisory Board Company to determine the costs, benefits and optimal model for consolidated and standardized coding.

- The Advisory Board Company examined contingency coding support, hospital coding, internal review and training/education for hospitals and AMG, CDI reconciliation, release of information, chargemaster management, and coding denials management.
- Leadership is considering potential next steps following initial recommendations.

We are committed to ensuring a thoughtful process of discernment around each initiative. This includes considering the physician’s perspective; staying patient-centered; and being true to our mission. This is a journey, and it might be uncomfortable at times, but we will travel it together. We value your trust and appreciate your patience as we work to ensure Avera’s health ministry remains strong and successful for years to come.

Sincerely,

Tad Jacobs, DO
Chief Medical Officer
Avera Medical Group

Dave Flicek
Chief Administrative Officer
Avera Medical Group

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**System Spotlight:** *Service Line Infographic Highlights Accomplishments, Initiatives*

Avera now has 11 service lines and each is making great strides in standardizing care for patients across the system, while finding innovative cost saving measures.

Avera Medical Group has created the Service Line Initiatives infographic as an easy way to share the service line goals, when each service line was established, and the initiatives each has identified as a current priority.
Recently, Avera Queen of Peace was awarded the Health Resources and Services Administration (HRSA) Small Provider Quality Improvement grant for the Before Baby: Avera Remote Gestational Diabetes Monitoring Project. The three-year grant totaling $507,176 will be used to increase access to trained specialists for women who are newly diagnosed with gestational diabetes in the Queen of Peace service area. The project will begin on Nov. 1, 2016.

When referred, women who are diagnosed with gestational diabetes will download a mobile telemedicine application to have face-to-face meetings with specialists such as a Certified Diabetes Educator/Registered Dietitian (CDE/RE). Patients will receive information about dietary and nutritional guidelines and how to manage a health pregnancy.

In addition to using the app, each patient will be sent a glucometer for daily blood sugar testing. These results will then automatically be sent to the CDE/RD who can monitor each patient and intervene as soon as blood sugar levels begin to spike and become out of control.

Patients enrolled in this grant will receive diabetes education services via telemedicine from Avera Queen of Peace Certified Diabetes Educators Carolyn Klinkhammer and Peggy Horn.

From a Clinical Perspective

Avera Queen of Peace Receives Funding to Improve Gestational Diabetes Care

An Innovative Approach in Rural Prenatal Care

“What’s different about gestational diabetes is that we require extraordinarily tight control. With this, we can log in and determine who has been checking their sugar levels with the glucometer,” said Kim McKay, MD, Clinical Vice President for the OB/GYN Service Line. “This is an innovative approach to what has been a challenge in rural prenatal care.”

“Delivering specialized care to patients in rural areas is a great way to serve Avera’s mission,” said Tom Clark, Avera Queen of Peace CEO and Regional President and OB/GYN Service Line Administrative Lead. “Connecting these women to specialists they might not otherwise be able to see is an important example of the quality care that Avera is known for.”

Hospitals in the Avera Queen of Peace region include Avera Queen of Peace, Avera Weskota Memorial Hospital in Wessington Springs, Avera St. Benedict Hospital in Parkston, and Avera De Smet Memorial Hospital, among many other clinics in the region.
Oncology – MOSAIQ

All Avera Cancer Institutes have successfully transitioned onto a single One Avera Oncology database, powered by MOSAIQ®.

This milestone is the culmination of work from countless individuals across the system and will open the door to future process standardization and integration. Most importantly, it means that patient information is now easily shared and accessed across all Avera regions, directly contributing to accurate, timely and quality patient clinical information usage and updates.

Moving forward, physician teams will begin working on clinical quality measures while collaborating with Elekta to improve the performance of MOSAIQ® to better meet the needs of those using the system.

Oncology – Avera Breast Center

Avera Breast Center is more than just a name. It is Avera’s promise to deliver the best and most consistent breast care possible, whether a patient is in Aberdeen, Yankton, Pierre, Marshall, Mitchell or Sioux Falls.

The dedicated team of experts provides convenient breast care at any stage of life, from getting regular screenings to breast cancer treatment and everything after.

The latest breast cancer campaign highlights the diverse range of innovative treatments and services found at the Avera Breast Center. From the use of genomic medicine to a breast reconstruction plan tailored to the individual, patients truly receive comprehensive breast care.

To learn more, please visit Avera.org/breast.

Radiology

Since entering the partnership with Siemens, the Radiology Service Line has installed 10 new computed tomography (CT) machines with two more scheduled.* Operational improvement consulting conducted by Siemens at Avera McKennan has been a very positive experience. While we are still awaiting the final report, it was reported, “You have a well-oiled machine.” The consulting may go to other facilities, but we will first look at the final report.

Financial stewardship is a benefit of the partnership. Dollars saved in the process include not only pricing on CT but also added efficiencies in radiology departments across Avera, with savings of about $4.3 million to date.

*CT units in Creighton, Neb.; Gettysburg, S.D.; Redfield, S.D.; and Wessington Springs, S.D., were provided through generous funding from The Leona M. and Harry B. Helmsley Charitable Trust.
Behavioral Health Service Line Spotlight

As part of Avera’s Zero Suicide Initiative, the Behavioral Health Service Line has been working across service lines to implement best practices for suicide reduction. Avera began this initiative in July 2015. The Behavioral Health Service Line has had much success working with other service lines to add suicide and depression screenings to address patients’ needs across the system:

- **Emergency Department**: A four-question depression screening to the nursing intake process will go live soon
- **Primary Care**: Collaborated with Primary Care to add a Patient Health Questionnaire (PHQ-9) Depression Screening Tool. This evidence-based tool can be administered in person, over the telephone or as a self-report.
- **OB/GYN**: A postpartum depression screening will be added this fall for patients who are six weeks postpartum

Other Zero Suicide Initiative successes include:

**eAssessment Pilot**: Behavioral Health is starting an eAssessment pilot in Gregory. This is a tele-pharma-psychiatry consult service to address Primary Care questions about psychiatric drugs.

**Columbia-Suicide Severity Rating Scale**: The Columbia-Suicide Severity Rating Scale (C-SSRS), a six-question screening tool to assess suicidality, kicked off in July. The Behavioral Health Assessment Team and Behavioral Health inpatient staff have been trained to administer this scale. According to the Columbia University Medical Center, the C-SSRS is the only screening tool that assesses the full range of evidence-based ideation and behavior items, with criteria for next steps (e.g., referral to mental health professionals).

**Staff Training on Suicide Risk Assessment and Management**: We are more competent in assisting patients with suicide ideation. Nearly all inpatient Behavioral Health staff has been trained in QPR or QPRT Suicide Risk Assessment and Management. Outpatient staff is currently being trained.

**High-Risk Education Handouts**: We are starting to standardize patient education materials. A Means Restriction handout is now being embedded in the EMR. The handout educates the patient and/or family about the importance of restricting lethal means of suicide, particularly firearms. A Patient Safety Plan is also available to help patients during a time of crisis during suicidal ideas.

**Dialectical Behavior Therapy Event**: Marsha Linehan, PhD, developer of Dialectical Behavior Therapy (DBT) and world-renowned researcher, provided an overview presentation of DBT in Sioux Falls on Sept. 12. DBT is considered the gold standard for suicide prevention and is effective in treating many forms of mental illness. The DBT model offers a promise of hope and progress for suicide reduction.
As I travel around and visit our great clinics, I am always amazed at the stories I am privileged to hear. For the past few months I have been engaging clinic staff and providers in the area of holistic care. Holistic care refers to recognizing and treating a person, not as a disease or body part, but as a whole person: body, mind and soul. I have been offering some suggestions for providing holistic care, but recognizing that you know and have done far more in that area than I, I mostly wish to learn the ways you currently provide whole-person care.

At a recent visit to one of our clinics I asked, “What are some ways you care for the spiritual nature of your patients?” One of the physicians replied that a few hours before our meeting he had seen a patient with a terminal illness. Rather than discuss ways to cure what could not be cured, they discussed what would happen after the patient left her earthly life. The patient knew there was a particular family member who would take her death very hard. She was very worried about this and discussed it with the physician. The physician assured her that they would watch over and take care of this family member after the inevitable took place. Even going so far as to promise to bring the family member to the clinic to ensure she was coping as well as possible.

As the physician was relating this story, several other providers in the room were nodding their heads, having had similar experiences very recently. Two things are remarkable about this story: The love and selflessness of a patient facing her own death, spending her time with her doctor making sure that her loved one would be looked after and cared for. Secondly, her doctor took the time to put her soul at ease. This is holistic care at its best. The patient was worried about meaningful people in her life being affected by her illness. Her doctor was able to treat her soul by assuring her that her loved one would be looked after.

We challenge ourselves to be the hands and feet of Jesus. This story illuminates what it really means to do that. Imagine facing your death and feeling guilty that you are leaving people behind. That is a heavy burden to bear. Imagine your doctor lifting the burden from you, allowing you the chance to die with peace. This is just one example of care for the whole person. What are the ways you care for the souls of patients in your clinic?

By Steve Tappe, MTS
Vice President of Mission, Avera Medical Group

“Come to me all you who labor and are burdened, and I will give you rest . . . For my yoke is easy, my burden light” Matthew 11:28, 30
The LIGHT Program is here to help you with strategies to thrive among the many changes in health care today, such as EMR struggles, patient communications and compliance. The LIGHT Program has several new events and resources. “We continue to listen to our doctors, physician assistants and nurse practitioners and implement what they think would be most helpful as they care for patients and themselves,” said LIGHT Program Director Mary Wolf, MS, LPC-MH.

LIGHT is piloting two new events this fall, a couples retreat and a women in medicine retreat. These events will be open for a small number of participants; future events may be added for a wider audience based on the response.

LIGHT is also starting a new LIGHT Lunch program. It’s an opportunity for you and your colleagues to learn more about the LIGHT Program and to give feedback on the challenges of your work and what would help to alleviate some of the stress. Lunch is provided. Contact Mary Wolf to request a LIGHT Lunch in your area.

Save the Date: Couples Retreat on Nov. 11

A career in medicine poses specific challenges to a relationship. This couples retreat will address some of these challenges and include information about how to appreciate each other’s differences. Couples will take a DiSC Profile assessment and learn about couple’s communication. Watch for more information.

Women in Medicine Retreat: Faith and Wellness

This women’s physician retreat weekend on Oct. 21-22 will focus on spiritual restoration and renewal. Featured speakers are Pastor Jana Sawchuk, the senior pastor and co-founder of Burning Hearts Ministry, and Chris Linnares, a vibrant and fun Brazilian psychotherapist who is a passionate advocate for girls’ and women’s wellness and empowerment.

“We all are asked to wear many hats, which can be very demanding and easily lead to burnout. The retreat is designed to give female health care providers the chance to recharge, reflect, rest and regroup,” said Karen Garnaaas, MD, Avera Medical Group Neurology Sioux Falls.

Register at Avera.org/conferences.

Executive Coaching

The LIGHT Program provides executive coaching sessions that can give you an objective and confidential place to discuss a difficult decision, a well-being plan, a passion that you have put aside, the challenge of a leadership role, a transition, or ways to improve a relationship.

Wolf has provided 27 executive coaching sessions for physicians and advanced practice providers on topics including burnout, grief, leadership skills, communication and relationships with colleagues, documentation strategies, career decisions, chronic pain and change. Call 605-322–HEAL to schedule a session.

Peer strategy coaching also is available. Visit the LIGHT website for more information.
prescription belonging to a neighbor and was arrested.”

“I’ve seen a ton of cases like this,” said Assistant U.S. Attorney Jennifer Mammenga, who prosecutes most of the drug cases in eastern South Dakota for the U.S. Attorney’s office. “Some commit prescription fraud or shop doctors. Others sell it on the street for several times what they paid.”

**Opioid Epidemic on National Scale**

It’s happening nationwide, and it’s deadly. The National Institute on Drug Abuse says prescription opioid deaths tripled from 2001 to 2014.

“The opioid epidemic is one of the most pressing public health issues in the United States,” said U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell in a July statement. HHS and other national health agencies are responding:

- HHS expanded access to buprenorphine to treat opioid use disorder
- President Barack Obama signed into law the Comprehensive Addiction and Recovery Act (CARA), which allows partial prescriptions for some drugs and allows nurse practitioners and physician assistants to prescribe buprenorphine
- The Centers for Medicare and Medicaid Services proposed removing the link to payment from pain management questions on patient satisfaction surveys (the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS). Physicians report feeling pressure to prescribe because pain management scores are linked to Medicare payments to hospitals.

“The emphasis is moving from pain control to responsible prescribing,” said Tad Jacobs, DO, Avera Medical Group’s Chief Medical Officer. “Avera recognizes the epidemic, and has initiated a comprehensive campaign fight it.”

**Avera’s Comprehensive Responsible Prescribing Campaign**

The campaign includes a controlled substances agreement for physicians to sign with patients, then upload into the electronic medical record for other physicians to see. Avera is also developing a lab test for physicians to give patients they believe might be selling prescription opioids instead of taking them.

And, Avera is offering new prevention and treatment tools to providers.

“Right now, our physicians can order a genetic test for a patient to help determine which pain medications work best for him or her and how much they need,” said Jacobs. “We’re also installing behavioral health teams or social workers in some clinics for easy referrals to addiction counseling.”

**‘It’s Your Neighbor, Colleague, Friend, Family Member’**

Parsons hopes these changes help save people from the struggle she waged.

“Opioid addiction is horrible to fight,” said Parsons. She was sentenced to rehabilitation instead of jail, partially because physicians, friends and patients wrote letters on her behalf to the judge. She brought the letters with her to show. The edges are curling and the typing is smudged. She can share the contents of each without looking.

“It cost me loss of respect in my community,” said Parsons. “Financially it was huge because I was a director in the hospital and that’s gone. I surrendered my nursing license. Pain that it cost my family. I lost a lot.”

Particularly, she did when she relapsed. After her second slide, she rehabilitated in another state for four months, missing her son’s senior year of soccer and countless family moments.

Twelve years later, she’s now in recovery and works for a mental health center as a development officer. She was never treated at Avera, but she’s telling her story now to urge Avera providers – and others who might see it – to scrutinize every opioid prescription, and monitor patients using them. Even if it’s someone they know.

“It’s not the bum on the street. It’s your neighbor, colleague, friend, family member,” says Parsons. She also wants to help remove the stigma surrounding addiction. “Recovering addicts aren’t bad people getting good, they’re sick people getting well.”
medications including chemotherapy to care units in the hospital and cancer center.

The Helmsley Charitable Trust has also announced a $2.5 million dollar-for-dollar challenge matching grant. The Avera St. Mary's Foundation will launch a fundraising campaign in 15 counties in central South Dakota to meet the $2.5 million challenge through donations from area individuals, families and businesses. This is the first time the Helmsley Charitable Trust has offered a challenge match in South Dakota and the Avera system.

**Construction to Begin Next Summer**

Construction is planned to begin next summer, with an estimated opening date of late fall 2018.

“The Helmsley Charitable Trust has a made a distinct commitment to strengthen health care in rural locations. Improved cancer care is a well-documented need in the Pierre area,” said Walter Panzirer, Trustee for the Helmsley Charitable Trust.

“We hope area residents will see the $2.5 million dollar-for-dollar challenge match as a rare opportunity to benefit generations to come,” said Mikel Holland, MD, President and Chief Medical Officer of Avera St. Mary’s Hospital. “We are counting on others to follow the generous example of the Helmsley Charitable Trust and invest in a future that includes excellent health care, right here at home.”

**System Spotlight: Service Line Infographic Highlights Accomplishments, Initiatives**

**Service Line Initiatives**

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Across the System

New Genetic Testing Soon Available to Avera Physicians:

Avera Institute for Human Genetics (AIHG) has joined a global consortium based around the new Infinium® Global Screening Array (GSA) for population-based genomics.

- The GSA provides Avera physicians with a highly economical genetic tool to help you choose the most appropriate drugs for your patients in a large-scale approach
- This tool will expand AIHG’s pharmacogenetic testing exponentially beyond what we’re now able to report for your patients in Meditech (currently: pain, psychotropics and Clopidogrel)
- Avera is further developing processes for this new offering

The GSA should be available for your patients by early 2017, so watch for more information to come.

Avera Institute for Human Genetics currently provides research and clinical testing through national and international collaborations such as The Avera Twin Register, The Netherlands Twin Register, and MD Anderson Cancer Center.

Breast Campaign:

Avera Breast Center’s dedicated team of experts provides convenient breast care at any stage of life, from getting regular screenings to breast cancer treatment and everything after. The latest breast cancer campaign — which launched Sept. 11 — highlights the diverse range of innovative treatments and services found at the Avera Breast Center. From the use of genomic medicine to a breast reconstruction plan tailored to the individual, patients truly receive comprehensive breast care.

Watch for this campaign and learn more about the many remarkable services happening now at the Avera Breast Center. Avera.org/breast

New Advanced Practice Provider Advisory Council:

Avera Medical Group has formed a new Advanced Practice Provider Council, which will play an important role in enhancing relationships among physician assistants, nurse practitioners and Avera Medical Group leadership. The council also will provide a forum for discussion and feedback about issues relevant to advanced practice. The council is led by Eric Noyes, CNP, Avera McKennan, as the clinical lead, and John Mathison, Vice President of Specialty Clinics, Avera McKennan Hospital & University Health Center, as administrative lead. Find a list of council members and learn more by visiting the council’s page on KnowledgeNet.

Primary Care Campaign:

The latest Live better. Live balanced. Primary Care campaign launched July 24.

Establishing a good provider-patient relationship is important in maintaining a healthy, balanced life — and this campaign aims to do just that. With more than 170 Avera Medical Group locations, individuals likely have primary care options close by. Something as simple as a routine screening can detect signs of diseases at their earliest and most treatable stages.

Avera Hospitals Earn Star Ratings on Hospital Compare Website

The Centers for Medicare and Medicaid Services has released its most recent hospital quality star ratings on Hospitalcompare.gov. These ratings are based on 62 quality measures selected from the hospital inpatient quality reporting and outpatient quality reporting programs.

Avera’s regional hospitals did quite well. The Avera Heart Hospital, Avera Queen of Peace Hospital and Avera St. Luke’s Hospital all received 5-star ratings — the highest rating — placing them in the top 3 percent in the nation for quality. Avera McKennan Hospital & University Health Center, Avera Sacred Heart Hospital and Avera St. Mary’s Hospital received 4-star ratings and Avera Marshall Regional Medical Center received a 3-star rating.

Upcoming Avera Medical Group Roadshows:

Oct. 17 - Mitchell, SD
According to a recent article in Health Affairs on health care expenditure projections, rising prices can be attributed to inflation, an aging population and higher health care salaries driven by a competitive labor market.

While baby boomers are entering into Medicare, existing beneficiaries are expected to use hospital and physician services more frequently than previous generations. Between increased program enrollment numbers and a swell in the use of services, “spending growth is expected to be the highest for Medicare among the major payers of health care,” said Sean P. Keehan, lead author of “National Health Expenditure Projections, 2015-25: Economy, Prices and Aging Expected to Shape Spending and Enrollment.”

An estimated one in five Americans will be covered by the program with Medicare’s projected per enrollee spending reaching roughly $18,000 by 2025. Spending is anticipated to increase as disabled and aging beneficiaries make up a growing proportion of the Medicaid population.

“Governments are anticipated to sponsor 47 percent of health spending, up from 45 percent in 2014,” said Keehan.

Coupled with rising input costs, provider wages are likely to increase due to expected economy-wide wage increases and an increasingly competitive market for hospital employees. All these additional expenses will impact the rising cost of hospital services.

The authors expect more employers who offer private health insurance plans to offset their rising costs by offering high-deductible health plans. But savings might not last. The report predicts the higher deductibles will cause some of the insured to avoid seeking preventive care.

“Research has found that moving into high-deductible health plans or being subject to other increases in cost sharing tends to have a disproportionate impact on the use of physician and clinical services, such as preventive care,” Keehan said.

One in four employer health plans in 2015 were high-deductible health plans. That’s up from one in five in 2014. Increases in co-payments and deductibles are expected to continue through 2025, which could continue limiting the use of physician and clinical services.
The Avera Medical Group Update newsletter is published quarterly by Avera for physicians and advanced practice providers to keep them current about matters that affect health care practice, share ideas, welcome new providers, recognize accomplishments, and inform about innovations that help make Avera and its providers the highest quality health care system.

Ideas? Suggestions?

Do you have topic ideas or suggestions for future Avera Medical Group Update newsletters? Email Jen McKeown, Director of Corporate Communications, at jen.mckeown@avera.org.

2016 Conferences and Symposiums with CME

Sept. 23: Pulmonary and Critical Care Symposium, Holiday Inn City Centre, Sioux Falls

Sept. 29-30: Avera Cancer Institute Oncology Symposium, Prairie Center, Avera McKennan campus, Sioux Falls


Oct. 28: Avera Ethics Conference, Hilton Garden Inn Downtown, Sioux Falls

Nov. 4: North Central Heart Cardiac Symposium, Sioux Falls Convention Center, Sioux Falls

Nov. 9: Palliative Care Medicine Conference, Hilton Garden Inn South, Sioux Falls
Welcome New Providers

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

**Dermatology**
- Wesley Fletcher, MD
  - Avera Medical Group
  - Pierre

**Hospitalists**
- Sean McGrann, MD
  - Avera Medical Group
  - Hospitalists Sioux Falls

- Kwabena Kvakye, MD
  - Avera Medical Group
  - Hospitalists Sioux Falls

- Mara Groom, DO
  - Avera Medical Group
  - Spirit Lake Medical Center

- Lorinda Covell, MD
  - Avera Medical Group
  - Hospitalists Sioux Falls

**Orthopedic Surgery**
- Thomas Ambrose, MD, FACS
  - Avera Medical Group
  - Orthopedics and Sports Medicine

- Patrick O’Brien, MD
  - Avera Medical Group
  - Orthopedics and Sports Medicine

**Family Medicine**
- Mara Groom, DO
  - Avera Medical Group
  - Pierre

- Niel Burns, MD
  - Avera Medical Group
  - Pierre

- Lyndle Shelby, MD
  - Sioux Center Health

**Internal Medicine**
- Kelly Evans, MD
  - Avera Medical Group
  - Brookings

**Occupational Medicine**
- Ryan Noonan, MD
  - Avera Medical Group
  - Occupational Medicine
  - Sioux Falls

**Pediatrics**
- Oleksandr Kachanov, MD
  - Avera Medical Group Pediatrics
  - Aberdeen

**Nephrology**
- Lu Huber, MD
  - Avera Medical Group
  - Nephrology

**Pulmonary/Critical Care**
- Travis Hanson, MD
  - Avera Medical Group
  - Pulmonary Sioux Falls
Do you know of any physicians who are looking for opportunities in the South Dakota, Minnesota, Iowa, Nebraska or North Dakota areas? Avera Medical Group Physician Recruiters would love to talk with them about the Avera positions that are currently available. Contact Christa Henderson, Human Resources Officer, Avera Medical Group, at 605-322-7870 or christa.henderson@avera.org.