



Missouri Baptist Medical Center

MedStaff News

14
OCTOBER

Becoming physician leaders

"If physicians do not see themselves as leaders, no one else will see them as leaders either."¹

There was a time when physicians could simply walk into the hospital, take care of patients and leave. Those were simpler times. Today, medicine has become far too complex for us to work this way. According to *The New England Journal of Medicine*², health care is transforming from a "cottage industry" to a "postindustrial" state in which intelligent standardization, relevant measurements, appropriate reporting and facile collaboration are the new keys to success.

Health care reform is fundamentally changing how we practice, driving the need to be more efficient with time, money and resources, all while maintaining the quality of care. And, as physicians increasingly tie their economic fortunes to a single organization's future performance, many are asking for a greater voice in that organization's overall strategy — as opposed to simply working within their clinical silos.

To succeed in this new environment, physicians must better understand the business operations and logistics behind the care we provide to our patients. By working in this new context, we can begin to make more effective decisions that will help us better care not only for the health of our patients, but for our hospital as well.

This is what it means to be a physician leader today — recognizing that we are an essential part of a larger, integrated organization whose participants must all work in harmony to provide quality, cost-effective services across the entire continuum of patient care. And through our leadership, we can help mold this transformation and continuously improve how cost-effective high-quality health care is provided.

In my view, there are two ways to be a physician leader at Missouri Baptist — and both are essential:

There are those of us who prefer to lead from the patient's bedside, guiding the clinical care team, demonstrating best

practices that benefit patient and hospital alike, and bringing new clinical services to our patients.

For some of us, leadership means taking a more formal role in the administration of the hospital itself. These are critical positions, because business decisions are made better by the clinical perspective that only we can provide.

Here are just two examples of how Missouri Baptist is engaging more physicians in these leadership roles:

Leadership Forum: a group of physicians across a wide range of disciplines, such as general medicine, surgery, radiology, obstetrics and others, meeting virtually to begin understanding the complexities of modern health care delivery.

Physician participation in various MoBap and BJC committees: such as, the capital and finance MoBap committees, to bring their clinical expertise to the administration and the Board.

A recent article in *H&HN Daily* may summarize the opportunity — and the challenge — of physician leaders best:

"If physicians do not see themselves as leaders, no one else will see them as leaders either."³

Regardless of how you lead, we all play a vital role in improving the quality of care. Should you desire to be the type of leader who plays a more active role, please let me know. I look forward to helping each of you nurture your own leadership talent, for the benefit of us all.

Sincerely,

Mitchell Botney, MD

Chief Medical Officer



See sidebar on next page

¹ *H&HN Daily*. "Making Great Physician Leaders: Understanding Self-Image." Rod Fralix & C.J. Bolster. September 9, 2013.

² *The New England Journal of Medicine*. "Cottage Industry to Postindustrial Care—The Revolution in Health Care Delivery." Stephen J. Swensen, M.D., M.M.M.; et al. 2010.

³ *H&HN Daily*. "Making Great Physician Leaders: Understanding Self-Image." Rod Fralix & C.J. Bolster. September 9, 2013.



See the business behind what we do

An inside look at what happens after you order an X-ray

Isn't it simple? You order an X-ray and it appears right when and where you need it. What you don't necessarily see are all of the steps that make that X-ray possible, from ordering and maintaining the equipment and software to delivering the final image to you:

- You order the X-ray on a computer that somebody bought, installed and maintains, including the software to order the X-ray.
- The order is transmitted to the radiology computers (likewise ordered, installed and maintained by someone — who also had to be hired by the hospital).
- A notice is sent to the transporter to pick up the patient. Someone hired that transporter and ensures adequate staffing to handle the patient volume.
- Someone bought the wheelchair, purchased and

installed the elevator and calls the elevator company when maintenance or service is required.

- The X-ray is processed, transmitted to the radiologist who reads and dictates a report that then is transmitted to the transcriptionists (who may be working half-way around the world after someone hired them) and then eventually you see an image and a report on your office (or home) computer because someone created a network that connects the two systems together.

Physician leaders are not only good physicians, but must be aware of the entire business and logistical complexities required to make even something as routine as an X-ray possible. Even more importantly, physician leaders must have a vision and be able to collaborate with their physician and administrative colleagues to improve patient care in our new health care environment.

As physicians, we all have an obligation to lead, whether it is from the executive suite, the patient's bedside or both. The health of our patients — and our hospital — relies on that leadership more now than ever.

Breathing new life into lung cancer detection

Introducing the new lung cancer screening program at Missouri Baptist

The long-term survival rate for lung cancer remains low, despite advances in surgical, radiotherapeutic and chemotherapeutic approaches. More people die each year of lung cancer than of colon, breast and prostate cancers combined. And while smoking rates have declined in the U.S., 94 million current or former smokers remain at elevated risk for the disease.

As part of our commitment to world-class medicine, Missouri Baptist sought to improve our ability to detect lung cancer. We turned to two sources for guidance: the National Cancer Institute and the U.S. Preventive Services Task Force (USPSTF). The result: our new, comprehensive lung cancer screening program.

To develop our program, we began with the results of the National Lung Screening Trial (NLST), conducted by the National Cancer Institute. The aim was to determine if low-dose CT (computed tomography) screening could reduce mortality rates. The findings were encouraging: low-dose CT screening reduces lung cancer deaths by at least 20%, compared to a chest X-ray.

Indeed, the adoption of CT imaging for detecting lung cancer appears to be growing. An April 2013 survey by the Advisory Board Company found that, among its Oncology Roundtable members, use of CT screening had doubled since 2012.

Insurance coverage is growing as well among some payers, and CMS is currently conducting a National Coverage Analysis to review available evidence on the topic. The proposed decision memo is due in November 2014.

Beyond low-dose CT screening alone, the USPSTF recommends a more comprehensive program that includes:

- Discussion of smoking harms
- Smoking cessation counseling for active smokers
- Standardized approach to scanning, image interpretation and follow-up
- Adherence to quality standards
- Participation in a registry
- Validation of whether broad implementation of CT screening achieves results similar to the NLST findings.

We based our lung cancer screening program on the USPSTF recommendations. To limit radiation doses, we have invested in a complete, low-dose CT scanner platform. Now, your practice can provide one of the fastest CT scans available for a complete picture of patient health. And we're making the program available and sharing resources with referring hospitals in our region. It's the right thing to do for those who matter most: the patients in the communities we serve.

If you have a patient at high risk, encourage him or her to seek more information about our lung cancer screening program by visiting our website: <http://www.missouribaptist.org/MedicalServices/ImagingCenter/OurServices/LungCancerScreening.aspx>.



New to Missouri Baptist Medical Center campuses June-September 2014

We welcome the following physicians to our Main Campus and Missouri Baptist Outpatient Center-Sunset Hills.

Joshua N. Baker, MD

Dr. Baker is board-certified in thoracic surgery. He earned his medical degree from University of Missouri School of Medicine-Kansas City and completed a combined internship/residency in general surgery at Kansas University Medical Center. He completed a fellowship in cardiac surgery at University of Pennsylvania and cardiothoracic surgery at Massachusetts General Hospital.



a combined internship/residency in obstetrics/gynecology at Washington University School of Medicine and a fellowship in gynecologic oncology at Women and Infants Hospital of Rhode Island.

John M. McGurk, MD

Dr. McGurk specializes in internal medicine. He earned his medical degree from University of Texas Southwestern Medical School and completed a combined internship/residency in internal medicine at Washington University School of Medicine.



Grant N. Bleeker, MD

Dr. Bleeker specializes in anesthesiology. He earned his medical degree from Creighton University School of Medicine and completed a residency in anesthesiology at University of Iowa Hospitals & Clinics.



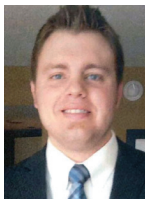
Jennifer Meyer, MD

Dr. Meyer is board-certified in obstetrics/gynecology. She earned her medical degree from St. Louis University School of Medicine and completed a combined internship/residency in obstetrics/gynecology at Washington University School of Medicine.



Robert P. Buchmann, MD

Dr. Buchmann specializes in anesthesiology. He earned his medical degree from University of Missouri School of Medicine-Kansas City. He completed a combined internship/residency in anesthesiology at St. Louis University Hospital.



Ehab S. Morcos, MD

Dr. Morcos is board-certified in anesthesiology. He earned his medical degree from Cairo University Faculty of Medicine-Egypt. He completed an internship at Cairo University Hospital, a residency in critical care medicine at National Heart Institute-Egypt, and a fellowship in anesthesiology and abdominal organ transplant at Washington University School of Medicine.



Kimberly A. Coveney, MD

Dr. Coveney specializes in internal medicine and pediatrics. She earned her medical degree from Medical College of Georgia and completed a combined internship/residency in internal medicine and pediatrics at University of Alabama.



Pawel T. Dyk, MD

Dr. Dyk specializes in radiation oncology. He earned his medical degree from St. Louis University School of Medicine. He completed an internship in internal medicine at St. Louis University School of Medicine and a residency in radiation oncology at Washington University School of Medicine.



Folasade A. Oladapo, MD

Dr. Oladapo is board-certified in anesthesiology. She earned her medical degree from University of Medicine & Dentistry of New Jersey. She completed an internship in internal medicine at New York Hospital Medical Center of Queens, a residency in anesthesiology at Montefiore Medical Center, and a fellowship in anesthesiology and pain management at University of Rochester.



Courtney M. LeHew, MD

Dr. LeHew specializes in emergency medicine. She earned her medical degree from Washington University School of Medicine and completed a combined internship/residency in emergency medicine at Washington University School of Medicine.



Kiran Sarikonda, MD

Dr. Sarikonda is board-certified in internal medicine and pulmonary diseases. He earned his medical degree from Siddhartha Medical College. He completed a combined internship/residency in internal medicine at Michigan State University and a fellowship in critical care medicine at Washington University School of Medicine.



Carolyn K. McCourt, MD

Dr. McCourt is board-certified in gynecologic oncology and obstetrics/gynecology. She earned her medical degree from Creighton University School of Medicine. She completed



Quarterly Medical Staff

2015 QMS dates are scheduled for January 12, April 13, July 13, and October 12 at 7:30 a.m. in the MoBap Auditoriums.

Grand Rounds

All presentations begin at 7:30 a.m. in the MoBap auditoriums.

- November 5: **Topic: Alcoholism**
Luis Guiffra, MD
- November 19: **"The Financial Implications of Medical Decisions. Part 2"**
Mitchell Botney, MD
- December 3: **Topic: Prostate Cancer**
Matthew Spellman, MD
- December 17: **"An Overview of Lipid Therapy 2015: Updating current and past thinking"**
Martin Schwarze, DO

Save the Date

Medical Staff Holiday party is scheduled for Saturday, December 6, 6-10 p.m. at Old Warson Country Club. Look for your invitation in the mail.

United Way-Jewish Federation

The United Way-Jewish Federation campaign is underway. We are fundraising through November 11. We would greatly appreciate any and all contributions to this wonderful cause. You can make your pledge by logging onto myBJCnet and clicking the campaign banner. We appreciate your generosity!



June-September 2014 new to staff

The following practitioners have joined the Missouri Baptist medical staff.

Joshua N. Baker, MD
Cardiovascular Surgery

Kamran A. Baig, MD
Internal Medicine

Grant N. Bleeker, MD
Anesthesiology

Robert P. Buchmann, MD
Anesthesiology

Kimberly A. Coveney, MD
Internal Medicine

Pawel T. Dyk, MD
Radiation Oncology

Eric M. Guenther, D.O.
Family Medicine

Laura E. Heitsch, MD
Neurology/WU

Jane A. Hunt, MD
Pediatrics/WU

Samuel F. Julian, MD
Neonatal Perinatal Medicine/WU

Ravichandra R. Kasireddy, MD
Internal Medicine

Salah G. Keyrouz, MD
Neurology/WU

Mehreen B. Khann, MD
Internal Medicine

Derek S. Larson, MD
Nephrology

Jin-Moo Lee, MD
Neurology/WU

Courtney M. LeHew, MD
Emergency Medicine

Christopher R. Leon Guerrero, MD
Neurology/WU

Carolyn K. McCourt, MD
Gynecologic Oncology

Carli L. McGee, MD
Pediatrics/WU

John M. McGurk, MD
Internal Medicine

Ehab S. Morcos, MD
Anesthesiology

Carrie A. Nalisnick, MD
Pediatrics/WU

Kevin S. O'Bryan, MD
Pediatrics/WU

Milton O. Ochieng, MD
Internal Medicine

Folasade A. Oladapo, MD
Pain Medicine

Maryann Otto, MD
Anesthesiology/WU

Peter D. Panagos, MD
Neurology/WU

Abigail E. Schachter, MD
Pediatrics

Lovy Shukla-Solus, MD
Pediatrics

Bradley T. Smith, MD
Ophthalmology

Craig R. Smith, MD
Surgery

Zachary A. Vesoulis, MD
Neonatal Perinatal Medicine/WU

Allison N. Walsh, MD
Obstetrics/Gynecology



Missouri Baptist
MEDICAL CENTER

BJC HealthCare

A Commitment to Care
3015 North Ballas Road, St. Louis, MO 63131
Phone 314-996-5000
©2014 Missouri Baptist Medical Center.

MedStaff News submissions

If you have any suggestions or submissions, please call Hanna Botney, 314-996-7010. You may fax the information to 314-996-5962, or email information to: hanna.botney@bjc.org

MBM19822_9.14