UNDER NEW MANAGEMENT
UI Physicians to Manage Iowa River Landing beginning January 2016

To better align Iowa River Landing operations with physician practice and management, UI Physicians (UIP) will assume IRL operations starting the first full week of January, 2016. This operational shift does not remove IRL from the UIHC portfolio.

Meetings of UI Health Care and UIP management were conducted through July and August to discuss potential solutions to outstanding issues, and define the parameters of the new arrangement. The new plan is designed to facilitate greater physician engagement, with built-in transparency and accountability and an enhanced impact on patient access, patient satisfaction and practice costs.

“We are excited to enter this new chapter, giving our physicians greater control over this important practice,” said Jean Robillard, MD, Vice President for Medical Affairs at the University of Iowa. “It’s a natural next step in the evolution and growth of our fully integrated academic medical center.”

The UIP Board will provide overall management, delegating day-to-day support to a local operational team. As an ad hoc member of the UIP Board and UIP Executive Committee, the VPMA will remain the final point of authority.

The change is intended to provide increased flexibility for physicians, enhancing physician impact on the cost of practice, and the cost of care. There will be no difference in day-to-day activity for non-IRL physicians, and nothing noticeable immediately for IRL physicians. As new management groups take on hiring decisions, new initiatives and pilot programs, IRL physicians should see positive changes.

Ken Kates, Associate Vice President and Chief Executive Officer of UI Hospitals and Clinics, expects positive results from the change.

“With up-to-the-minute analytics on patient volumes and satisfaction, our physicians will be able to make decisions with real impact,” he said. “This is an outstanding opportunity to grow the business at IRL.”

UIP will manage expenses related to daily operations, new initiatives, pilot programs and upfront investments with oversight from the management group. A dedicated marketing plan will be developed that utilizes existing resources.

The ultimate goal is improved satisfaction for both patients and providers.

“This is an exciting time for our physicians,” said Douglas Van Daele, MD, Executive Director, UI Physicians. “UI Health Care is putting its full faith behind our physicians. UI Physicians is maturing as an organization by taking responsibility for our own operations.”

Our Ultimate Goals

- Physician Engagement
- Staff Satisfaction
- Patient Satisfaction
- Clinical Quality
- Patient Safety

FEATURE
Promoting Your Practice

RECOGNITION
Exceptional Patient-Centered Care

CHANGE
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SPECIALTIES
Why UI Urology?
Exceptional Patient-Centered Care Honored

As health care metrics shift from quantity to quality, the patient voice is increasingly more important for the success of healthcare organizations. UI Hospitals and Clinics collaborates with Press Ganey to ask our patients crucial questions about the continuum of their care, allowing for analysis of opportunities for improvement and highlighting areas of excellence.

Sample size and subsequent relevance have been issues in the past, but with our new sampling methodology, email and paper surveys, numbers have dramatically improved. With more significant data, the Office of the Patient Experience is better able to drill down on patient satisfaction rates by individual providers.

"Simply put, we need to provide humanized patient-centered care more consistently," said Ami Gaarde, Director of the Office of the Patient Experience. The patient/provider relationship is vital to satisfaction. "If we connect with our patients on an individual level," Gaarde said, "their experience with us is greatly improved."

In October, a celebratory breakfast was held for physicians in the top 10% of the nation on the question "likelihood to recommend provider." "Bringing out the best in each other," Gaarde said, "helps us give the best to our patients."

Physicians in the 90th percentile for "likelihood to recommend provider" responses include:

Taher Abu Hejleh • Laith Abushahin • Ferhaan Ahmad • Bryan G Allen • Wallace L Alward • Carryn M Anderson • Angela M Arlen • Dianne L Atkins • Steven J Balint • Robert W Baker • Mary Gwen Z Beck • David A Bedell • Edward F Bell • Rebecca J Benson • John A Bertolatus • Nancy E Beyer • Jay K Bhamra • Donald W Black • H Culver Boldt • Holly-Marie Bolger • Rami A Boutros • Noelle C Bowdler • Theresa M Brennan • Ann Broderick • Patrick D Brophy • John M Buatti • Julia R Buchkina • Edward T Buckingham • Chadi A Calarge • Juanita C Capiziano • Mayy F Chebil • Bunjin Chung • William H Coryell • Elizabeth S Cramer • Judith H Crossett • Vanessa A Curtis • John M Dagle • Brian P Daniel • Peter T Daniolos • Paige J Deets • Kimberly S Delcour • Frederick R Dietz • Mark W Dion • Rachael R Dirksen • Bradley S Dixon • Lakshmi Durairaj • Harriet J Echternacht • Amanda C Elliott • Amy A El-Sheikh • John W Ely • Jill J Endres • Lillian M Erdahl • Angela T Farrell • Deema A Fattal • Daniel S Fick • John F Fieselmann • Meredith L Fishbane-Gordon • Mark D Fisher • Dawn M Flaherty • Alicia K Gerke • Saket Girotra • Jill J Endres • Lillian M Erdahl • Angela T Farrell • Deema A Fattal • Daniel S Fick • John F Fieselmann • Meredith L Fishbane-Gordon • Mark D Fisher • Dawn M Flaherty • Alicia K Gerke • Saket Girotra • Michael C Giudici • Jennifer L Goebig-Campbell • Christopher J Goedt • Kenneth M Goins • Jesus Gonzalez Bosquet • Michihiko Goto • Jeremy D Greenlee • Peter J Gruber • Alan E Gunderson • Carissa B Gunderson • Laurie Gutmann • Mederic M Hall • Eyad M Hanna • Patrick G Hartley • Douglas K Henstrom • Elaine Himadi • Raphael Hirsch • Beng Choon Ho • Hery T Hofman • Sandy D Hong • James R Hopson • Douglas B Horsnick • Hisakazu Hoshi • Peter L Hoth • Lawrence G Hunsicker • Casmim M Igam • Katherine L Imborek • Frederick C John Jr • Krista M Johnson • Hillary D Johnson-Jahangir • Roberto S Kalil • Randy H Kardon • Hiroto Kawasaki • John C Keech • Jerrod N Keitel • Richard E Kerber • Brian R Kirschling • Julia A Kiesney-Tait • Veronika E Kolder • Jessica D Krescowik • Satyarth Kulshrestha • Ethan F Kuperman • Young H Kwon • Douglas R Labrecque • Geeta Lai • Matthew L Lantier • Natalie L Lantier • Samuel T Lawre • Rebecca R Lesdal • Enrique C Leira • Brian K Lian • Ingrid M Lizarraga • Katharine Saunders • Alison C Lynch • Rachel A Maassen • Michelle X Maloney • Michelle M Maloy • Jessie E Marks • Denise A Martinez • Satsuki Matsumoto • James J Mezrich • Dayna J Miller • Mohammad Mokadem • Jose A Morales • Michael R Muellerleile • Ifi Won Nam • Christina B Nelson • Carla M Nester • Nealy C Neukirch • Benton Y Ng • Rachael M Nicholson • Ram Niwas • Peggy C Nopoulos • Lana Noureiddeen • Michael A O'Donnell • Sue O'Dorisio • Thomas M O'Dorisio • Michael E Ohl • A Lebron Paige • Usma S Perera • Lisuika M Pesce • Graeme J Pittcher • Phillip M Polgreen • Paul R Pormeinh • Jason M Powers • Vickie D Pyervich • Nancy M Rahe • Benjamin E Reinking • Jennifer G Robinson • Robert L Rodnitzky • Ginny L Ryan • Rajan Sital • Maria K Santillian • Katharine J Saunders • Phillip G Schmid Jr • Michael E Shey • Rosemary M Silverman • William J Smith • Mark C Smith • Peter S Snyder • Elliott H Sohn • Steven M Sperry • Kimberly S Staffey • Haraldine A Stafford • Jack T Stapleton • Timothy D Starner • Colleen K Stockdale • Edwin M Stone • Judy A Streit • Scott P Stuart • Sonia L Sugg • William T Talman • Alexandra Thomas • Karl W Thomas • Terri R Thommen • Jon M Tippin • Guido J Tricot • Ergun Y Uc • Marta J VanBeek • Scott A Vogelgesang • Nicholas H Von Bergen • Michael Wall • Kelly K Ward • Ronald J Wegrz • George J Weiner • Michael C Willey • Jeffrey S Wilson • Patricia L Winokur • Jerold C Woodhead • Thoru Yamada • Malcolm H Yeh • Leah Z Rhone

Medicaid Managed Care: Change is Imminent

Governor Branstad’s “Medicaid Modernization Initiative” is (as of Dec. 18) scheduled to be implemented March 1, 2016 at the earliest – pending CMS readiness approval. Four private Medicaid Care Organizations (MCOs) have contracted with Iowa Medicaid Enterprise (IME) to manage the care of more than half a million Iowans – 45,000 of whom are University of Iowa Hospitals and Clinics patients.

Each of the four MCOs is negotiating individual contracts with physicians and hospitals across the state. It is expected that all four will have signed contracts with UI Health Care before the go-live date. Approved procedures, reimbursements, precertification requirements, and a variety of other details vary widely between the MCOs.

Medicaid patients throughout the state were sent informational packets from IME and the MCOs in November. Each patient was assigned to an MCO and primary care provider, and has 90 days to change their MCO/provider.

For the inevitable questions coming from faculty, staff, referring providers and patients, UI Health Care has established a Medicaid Information Center at 319-467-8080 and medicaid-info@uiowa.edu. A series of informational all-staff fora will continue to be scheduled, along with personal presentations to LIPs. The Loop and The Point will include further information as it is updated, along with links to additional resources.

Scripting has been developed to help staff correctly address patient questions. It is important to note that we are all prevented from influencing a patient’s decision on their MCO selection in any way. All Medicaid patients are to be directed to IME Member Services for assistance. Our Medicaid Information Center can help them make this contact.

Further changes are likely as the new systems are refined over the next several months. Watch your email, The Point, hospital flat screens, etc., for further bulletins as events warrant.
Why UI Urology?

With a storied history spanning more than a century, the University of Iowa Department of Urology has an outstanding regional and national reputation: U.S. News & World Report ranked UI Urology as one of the top 40 urology programs in the nation. The department is widely known for its research and innovation as well as exceptional patient care and outcomes.

UI Urology provides comprehensive evaluation and treatment – in the clinical setting and with surgical intervention – for all urologic and male reproductive system diseases and disorders. “Patients can have confidence in the breadth and depth of our experience,” said Karl Kreder, Professor and Head, Rubin H. Flocks Chair, Urology. “No matter what the problem, or how complex it is, we have the expertise to take care of it here.”

Known for its robust and innovative clinical research, UI Urology continues the search for new treatments, techniques, and cures that will revolutionize patient care and outcomes.

Research Highlights

Multidisciplinary Approach to the Study of Pelvic Pain (MAPP; Part 1): UI was one of just six U.S. sites involved in this examination of urologic pelvic pain syndromes, funded by the NIDDK and NIH from 2008-2014.

Trans-MAPP Study of Urologic Chronic Pelvic Pain (MAPP, Part 2): This Symptom Patterns Study further investigates insights identified in MAPP 1, is also sponsored by NIDDK and NIH, and continues from 2014-2019.

Symptoms of Lower Urinary Tract Dysfunction Research Network (LURN): Efforts to increase the understanding of lower urinary tract symptoms will inform strategies to both prevent and manage these symptoms through this 2012-2016 study supported by NIDDK and NIH.

Prostate Cancer Research Training Program: With a grant from the U.S. Department of Defense, this undergraduate training program (a partnership between UI and Lincoln University) continues to address the underrepresentation of minority biomedical research scientists in the United States.

Welcome New UI Physicians!

Ahmed Mohamed Bakhit, MD
Associate in Internal Medicine
Specialties or Specific Procedures: Hospitalist

Tomohiro Tanaka, MD
Clinical Assistant Professor of Internal Medicine
Specialties or Specific Procedures: Gastroenterology

Cynthia Wong, MD
Professor and Chair of Anesthesia
Specialties or Specific Procedures: Obstetric Anesthesia

Fatima Simsek-Duran, MD
Clinical Assistant Professor of Psychiatry
Specialties or Specific Procedures: Adult Psychiatry

Pediatric Urology

UI Children’s Hospital offers outstanding care for children and young adults with conditions involving the kidneys, bladder, urethra and reproductive organs. Iowa’s only board specialty certified pediatric urologists join pediatricians, nurses, pediatric radiologists, child life specialists and other health care professionals in care teams that specialize in an exceptional range of urologic conditions.

UI pediatric urologists also collaborate with obstetricians to provide diagnoses and care plans for genitourinary issues of the fetus.

Pediatric Urology services are available in the Pediatric Specialty Clinic and Iowa River Landing facilities, as well as clinics in Bettendorf, Clive, Dubuque, and Waterloo.
Promoting Your Practice: What is Newsworthy?

If a hospital falls in the forest, does it make a sound?

‘Getting the word out’ is essential to promoting research, new services and procedures. There are numerous processes and venues in UI Health Care to help publicize your efforts, and this article is the first in a series to help you share your excellence with the world.

The UI Health Care Media Relations team pitches hundreds of stories every year, while fielding thousands of inquiries from journalists and reporters. Having a few questions answered beforehand makes their job much easier, and their efforts more effective.

Is your story newsworthy?

In spite of a 24-hour news cycle, the traditional media picks up only a handful of stories, stories that they have determined will appeal to their target audience of readers, viewers and listeners. The primary criteria for newsworthiness include timing, significance, proximity, prominence, and human interest.


Who is your audience?

If your story passes the newsworthy test, who would want to hear it? The general public? The science-savvy consumer? The UI community? Health care peers?

Knowing the intended audience makes it easier for writers to choose appropriate language and narrative structure – and it is essential for media relations staff to target the right outlets.

What is the next step?

UI Health Care Media Relations can be reached through Tom Moore at 319-356-3945 and thomas-moore@uiowa.edu. The team also includes Jennifer Brown (319-335-3590, Jennifer-l-brown@uiowa.edu) and Molly Rossiter (319-335-8892, molly-rossiter@uiowa.edu).

Successful Stories

For maximum interest, UI Health Care Media Relations recommends:

- Money/cost angles (more cost effective and efficient procedures)
- Cool science (groundbreaking research that’s easy to understand)
- Personal stories (inspiring people tugging at heartstrings)
- Science that affects many people (like obesity, cancer, sleep, germs)
- Great visuals