

The University of Michigan Department of Urology

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What's New December 9, 2016

Faculty Introduction: Dr. Chad Ellimoottil

Urology Department Faculty and Staff

6 Items, 12 Minutes

Today we have the penultimate entry in our series of faculty introductions (to be completed in the new year), which comes from Dr. Chad Ellimoottil. Like so many of our previous introductions, Dr. Ellimoottil is no stranger to the What's New forum. He contributed previously as a Fellow, and as you'll soon read, the institutional knowledge he's gathered over the years is more than evident. Despite starting just six months ago, Dr. Ellimoottil is already ingrained in a wide range of clinical efforts and research projects. As you'll soon read, the only thing that matches Dr. Ellimoottil's excitement for the work being accomplished is his appreciation for the teammates that help make it all possible. I know the Department feels just as lucky to have him on our team. So, without further ado, let's hear from Dr. Chad Ellimoottil.

-Eric Anderson

Dr. Chad Ellimoottil

Hello!

It is amazing how quickly time goes by. I am six months into my first faculty year, and it feels like I started yesterday. I feel privileged to have joined the University of Michigan's Department of Urology. Since I have, technically, been here for a while (2.5 years, if you include my fellowship), I thought that I would skip the biography and jump right in.

"The team, the team, the team"

I think one of the greatest benefits of being a University of Michigan faculty member is that "team culture" is palpable on a day-to-day basis. Since the start of my career at UM, I have been involved in high functioning teams. When you surround yourself with good people, great things happen. I have been incredibly lucky to work with some extraordinary individuals. Therefore, I thought that I would dedicate my "What's New" to highlight some of the team members that help me perform to the best of my ability.

**Dream big,
work hard,
stay focused &
surround
yourself with
good people.**

Team #1: General urology team

After a few months, I feel as though I am hitting my stride in my general urology clinic at Taubman because of the truly outstanding team. I've been seeing patients with BPH, kidney stones, overactive bladder, recurrent UTIs, and anything else that comes in the door. I am very lucky to have Carrie Ruehs (general urology care coordinator) on my team. Her energy, reliability and compassion allow her to provide excellent care to general urology patients. In addition, I have an international leader in general urology (John Wei) on speed dial for advice. In addition, Kim Allain and Barb Miller-Brief make scheduling lean and efficient. I couldn't ask for a better clinical team.



Hats off to the TC leadership (Bahaa Malaeb, Kandy Buckland, Emily Kostelnik, and Tracy Trolian), nurses, and the medical assistants for handling the extremely high volume of patients that cruise through TC - not an easy feat. I am also going to give Toni Morgan (who runs the prostate MRI program) a well-deserved shout out, even though she calls me out whenever I am in the fusion biopsy clinic and not wearing matching socks.

Team #2: Bro clinic team

I am not going to lie, Tuesday "bro clinics" are often the highlight of my week. Somehow, the stars aligned and Stanley Mukundi, Chad Ellimoottil, and Sapan Ambani were all assigned to Tuesday clinic in Livonia. A couple months later, the ultimate bro, Sam Kaffenberger joined the crew. All jokes aside, it is great to immediately have four different perspectives (general urology x 2, endourology and oncology) on challenging cases. We review each other's imaging and offer informal advice throughout the day in the clinic. We also tell cool stories.



In addition, Tammy Knuth, Mary Lowry, management, front desk staff, and the medical assistants make the Livonia experience pretty awesome.

Team #3: e-health business infrastructure committee

When the founders of Netflix first proposed that they could provide better customer service by mailing DVDs directly to customers at home, companies like Blockbuster didn't believe it. I have a strong belief that, in the next 5 years, 25% of low-complexity established patient visits at UMHS will be conducted through a videoconferencing platform ("video visits"). I've been fortunate to be a member of the UM e-health business infrastructure team and we have been working hard to make video visits a reality for UM. This highly diverse team is comprised of representatives from MCIT, MiChart, Revenue Cycle, Education, Compliance, etc. I joined the committee thinking that the process would be easy, but was quickly humbled when I realized the legal, clinic workflow, regulatory, and financial intricacies are not so simple. Fortunately, the BI team has the expertise to navigate through the complexity of the health system environment. I am proud to say that Urology and GI are the first specialties to pilot UM's official video visit platform through the portal. Todd Morgan, Jim Dupree, Will Roberts, Alon Weizer, and Daniela Wittmann have all tested the waters with video visits; I am hoping to rapidly build a scalable model for our Department and our affiliate hospitals in 2017.



Team #4: Michigan Value Collaborative



For the last six months, the MVC has been a big part of my professional development. I am currently the Director of Analytics for MVC and I guide an incredibly talented team of analysts (John Syrjamaki, Michelle Hou and Brooke Kenney) as they perform analyses focused on hospitalization, readmission, and post-acute care costs (an episode of care) for over twenty different conditions. Jim Dupree is my boss (Director of MVC) and it has been a great experience watching MVC evolve under his leadership. One of the most exciting projects that we recently have worked on was developing a platform where hospitals could virtually share best practices. We completed a pilot focused on sharing best practices for heart failure readmission reduction initiatives. The pilot included participants from Beaumont, Covenant Healthcare, Hillsdale Hospital, Holland Hospital, MidMichigan Health, Crittenton, Lakeland, Henry Ford, McLaren Greater Lansing, Mercy Health Muskegon, and St. John Macomb. Currently, we are working on scaling the flexible platform for other conditions and health system issues.

Team #5: Health policy team at the Dow Division

The Dow Division has always been a thriving, multi-disciplinary team-based environment. My current team at Dow includes David Miller, Deb Kaye, Jun Ye, Alice Min, and Johnathan Li. We are using big data to better understand what happens to cancer patients during the first 90 days after they leave the hospital. Our research will benefit policymakers interested in

bundled payments as well as hospital administrators that are designing programs to reduce readmissions or post-acute care usage. In addition, I am in the process of writing a career development grant that will provide resources to allow me to move away from big data analyses and towards direct engagement with hospital administrators. This research will enable me to understand the nuances of care delivery transformation that are not available in databases.



Team #6: Team Chad and Steph

Probably the most important team that I have been part of this year is not related to work. Many of you met Stephanie throughout the year. She is still in Chicago, but she is currently interviewing for a cardiothoracic ICU NP position at UM. If all goes well, she will be joining this great organization and forming her own set of teams very soon.



In summary, it has been an incredible six months and I am looking forward to an even bigger 2017!