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A NEWSLETTER ESTABLISHED AND COMPLETED BY THE THE MEDICAL & DENTAL STAFF OF ROCHESTER GENERAL HOSPITAL.
MORE OF YOUR MONTHLY UPDATES CAN BE FOUND AT <http://www.rochestergeneral.org/MDS>

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24/7 PHYSICIAN
HOTLINE NUMBER
922-4414

DIRECT ADMISSION
NUMBER:
922-7333

**2009 Quarterly
Staff Meetings**
12/18

7:30 - 9:00 a.m. Twigg Auditorium

50% attendance recommended
for all attending Physicians

PRESIDENT'S MESSAGE

The weather is changing and flu season will soon be in full swing. Influenza has been the subject of many practitioner and patient conversations. New York State has mandated both seasonal and H1N1 flu vaccination for healthcare workers and I know this will have an impact on all of us.

Two Medical Dental Staff initiatives are complete and I thought I would report on those this month. Let me start with the MDS and hospital initiative to prevent hospital acquired infections. The Infection Control committee with MDS support, supports 100% accountability of physicians, dentists and midlevel providers when it comes to vaccination for influenza. This means each individual will have a documented vaccination by November 30th or documentation of a valid reason to forgo vaccination. In conjunction with New York State policy, the MDS will require this vaccination documentation for continuation of privileges and hospital appointment/activity after November 30th, 2009. The Rochester General Hospital Health Office and MDS office can help you secure vaccination if you have difficulty in this regard. The initiative to prevent hospital acquired infections also has recommended review of isolation policies and the Infection Control Committee has not only reviewed policies but implemented a color code system for staff to assure greater compliance with isolation policies. In addition, each isolation room will now have a designated and uniquely colored stethoscope hanging on a consistent hook in each room. This should make it easier for physicians and others to find stethoscopes in all rooms, but particularly those housing patients requiring isolation. The MDS initiative also includes enhanced hand washing recommendations and support and we recognize and congratulate Dr. Nicole Mooney on having recently been awarded the Semmelweis Award for hand-washing consistency and promotion. These and other initiatives will help prevent hospital acquired infections and we ask that you give them your full support.

The second completed initiative is the development of a Rochester General Hospital/ Medical Dental Staff Code of Conduct. Dr. Rob Mayo, President Elect of the RGH MDS, has worked diligently with a committee to create what we think is a reasonable code of conduct for RGH physician members. I have asked him to briefly outline for you what the code of conduct consists of. A full code of conduct will be distributed to each MDS member through the MDS office.

On October 19, 2009 the Medical Board of the Medical and Dental Staff (MDS) approved the implementation of a Code of Conduct for all members effective immediately. The purpose of the Code of Conduct is to provide a standard framework for building greater teamwork, facilitating communication, supporting pro-



Richard Constantino, MD
President

National Medical Staff Services Awareness Week

November 1 - 7

In 1992, The United States Congress and George Bush, President of the United States, issued a proclamation designating the first week of November as "National Medical Staff Services Awareness Week".

When you go to the hospital seeking medical care, how do you know that the Medical & Dental Staff Members are properly trained, licensed and qualified to take care of your patients? The professionals working in the Medical Staff Office investigate every practitioner who applies for privileges to practice medicine at Rochester General Hospital. While the department may not be involved in the "hands on" care of patients, we are responsible for the physicians' hands that care for our patients on an ongoing basis.

We are dedicated professionals who are on the frontline of physician advocacy. We work with the Medical & Dental Staff leadership and Clinical Department leadership to assure that only applicants whose history can be accounted for, are presented for membership consideration. Through both the application process and the reappointment process the Medical Staff Office professionals secure information to assist the clinical leadership while making decisions on continued membership. Our actions assist the hospital by assuring protection from incompetent, troubled and impaired health care professionals. We are trained to identify problematic applications and reappointment documentation.

Within this profession, each person may become nationally certified as a Certified Medical Staff Coordinator (CMSC) and a Certified Provider Credentialing Specialist (CPCS).

The Medical Staff Office, which is accountable to the Medical & Dental Staff Leadership, as well as the Hospital Board of Directors, frequently interacts with many departments throughout the hospital, including notification to the Operating

The proclamation read:

The professionals who direct or manage medical staff services, from hospital communications to the accreditation of physicians and nurses play an important role in our Nation's health care system. In addition to serving hospitals and other primary care facilities, these professionals also work in HMO's, medical societies, State Licensing Board and consulting firms. By administering rules and regulations, by ensuring accreditation compliance and by providing a wide range of support to physicians, medical staff coordinators help to promote the quality and efficiency of health care.

Today many medical staff services professionals are striving to promote efficiency and professionalism in health care by working through the legal, financial and regulatory requirements that have increased along with new challenges and opportunities in health care industry. This week we acknowledge such efforts.

~ GEORGE BUSH, President of the United States of America

Room that a physician is approved to perform a specific procedure. It is imperative that each employee of the hospital be aware of this available information when determining which health care professionals have been approved to treat RGH patients.

In addition, we are responsible for communicating services to the 1327 Members of the RGH MDS, through meetings, mailings, newsletters, directories etc. – all while maintaining the highest level of customer service that regulations allow.

The "behind the scenes of caring staff" or "THOSE PEOPLE" as we have been called, have never been seen caring for patients directly, but our attempts to provide comprehensive services, and our dedication to quality excellence, along with our loyalty to the RGH MDS, ultimately affect the quality care our patients receive.

The dedicated members of your RGH Medical Staff Office have over 62 years dedicated to

this profession and are very grateful to be working with the wonderful Medical & Dental Staff Members of RGH. They are:

- **Mary Lou McKeown**, Manager, 22 yrs. Experience - Family Practice, Orthopaedics, Radiology & Radiation Oncology
- **Karen Curtis**, 10 yrs. experience - Cardiac, Surgery, Psychology, Lab, Anesthesia & OB
- **Barb Kahle, CPCS**, 27 yrs. Experience - Medicine, Emergency Medicine, Physical Medicine/Rehabilitation & Neurology
- **Shelly Warner**, 3 yrs. Experience - Pediatrics, Dentistry & Ophthalmology



Participants: John Barbaccia MD, YaLi Chen MD, Mathew Capuano MD, Cornelia Cudrici MD, Steve Hellems MD, Demitria Hernandez MD, Douglas Jones MD, Deb Kerly MD, Alexander Mallari MD, Mark Mirabelli MD, Laura Petrescu MD, Lonika Sood MD, Serhiy Sosniyenko MD, Pam Sullivan MD, Jim Swenson MD, Ted Tanner MD, MD, Janet Williams MD, Wayne Morton EMT, Anita Bauer RN, Ann Coyle RN, Leslie Gaciach RN, Katie Gaffney RN, Stephanie Grace RN, Ellen Hoffman RN, Debbie Lester RN, Elicia Morris RN, Kelly Newton, RN Lynn Pavelek RN, Cathy Sellinger RN, Linda Sliwoski RN, Melissa Trimberger RN, Mary Ellen Zulauf RN, Jennifer Jones AT, Sarah Phillips AT, Matt Barbaccia, Dawn Chock, Erin Gaffney, Brandon Hartman, Chloe Lester.

RGHS Supports Rochester Marathon

By Doug Jones MD

On Sunday September 13th, Rochester General Hospital was the official sponsor of the medical support tent for the 5th annual MVP Health Care Rochester Marathon. On a beautiful 60 degree running day, 3000 runners competed in the 1/2 and full marathon distances. Under medical director Dr. Douglas Jones (allergy and rheumatology), a staff of 17 MD's, 14 RN's and 7 support staff were available to treat competitors needing aid at the end of this often challenging endurance race. Runners were seen for heat related injury, dehydration, electrolyte problems, cardiac concerns, exercise induced asthma, blisters, scrapes, bee stings, sprains, cramps and strains. Over 80 competitors were treated, but with excellent care none needed to be transferred this year to the hospital. We look forward to continuing the sponsorship of the medical supports into the future as this event for the Rochester and Western NY region continues to grow. This new commitment is a visible and worthwhile way for RGH and its quality medical staff to give back to the Rochester community.

Rochester General ED Softball Team Has Winning Season!

The Rochester General E.D. softball team finished the 2009 summer season with a record of 11-0. In the League Championship



game, RGH won 13-3, bringing home both the Cobbs Hill League Champion and Playoff champion trophies. These trophies are on display in the Emergency Department until a permanent place can be found for them.

Team members included:

- Jim Briggs
- Patrick Martin
- Ryan Brecker
- Peter Mamalakis
- Jose Carrion
- Hiram Gonzalaez
- Joe Majauskas
- Domingo Sanchez
- Abby Milner
- Amber McGrath
- Erica Quist
- Stephanie Hanzlik
- Patti Ott
- Rebecca Briner
- Michelle Vargas
- Sonya Martinez
- Peaches McKnight

The team was coached by Dr. Z. Shamoon.

Currently, in the fall league, the team is in first place with a record of 4-1, in the most competitive co-ed division in the city! All the fans that come to support the team are greatly appreciated!

Drs. Kevin Hix and Sagar Nigwekar Article Published in Cochrane Library

Congratulations to Drs. Kevin Hix and Sagar Nigwekar who recently had their article on Atrial Natriuretic Peptide for Preventing and Treating Acute Kidney INjury publishes in Issue 4, 2009 of the Cochrane Library. The review referenced in the article involved 19 studies with 1,861 patients

Congratulations to both for this recognition



New MDS Committee Laboratory Testing Advisory Committee

Requests for specialized send-out laboratory tests are steadily increasing. In addition to un-reimbursed costs for testing performed at reference laboratories (currently costing RGHS > \$1,000,000 annually), even reimbursed costs for these tests impact limited healthcare resources and sometimes result in out-of-pocket expenses for patients. There is also an exploding array of commercial bioassays (costing \$2,000 - \$5,000 +) being marketed directly to physicians and patients (through the lay press & internet) which are of variable clinical validity and utility.

With this in mind, an RGH Laboratory Testing Advisory Committee (LTAC) was established in May 2009 with support from the RGH Cancer Committee, RGH Senior Leadership and the RGH Medical Board. Based on the model of the RGH Pharmacy & Therapeutics Committee, the purpose of this committee is to "facilitate appropriate inpatient and out-patient laboratory testing, including proper specimen handling and results reporting, in support of high quality patient care and fiscal responsibility." Standing members include pathologists and oncologists- Drs. Peter Bushunow, Bill Fricke, Prad Phatak, Dawn Riedy (Chair), Joel Shapiro, Eugene Toy & Roberto Vargas and Judy Beeman (Laboratory Compliance & Charge Capture); other specialists will be involved as needed.

The LTAC will initially focus on providing clinical guidance with respect to specialized send-out tests and new bioassays, including their clinical validity & utility and cost/benefit ratio. A Formulary for Laboratory Tests will be developed with four test categories: Routine Tests (available routinely), Reflex Tests (with defined criteria for reflex testing), Restricted Tests (requiring pre-approval by a pathologist) & Tests Not Available at RGH. Pre-approval by a pathologist for restricted tests is intended to ensure appropriate specimen triage, to ensure that the end-user of the test results (typically an oncologist or other specialist) indeed requires and will use the test results in patient management and to ensure communication between clinician & pathologists, so that timely and reliable specimen handling, billing, & reimbursement issues can be addressed prior to specimen harvest.

Physicians wishing to request that a new test be considered for inclusion in the RGH Formulary may contact any member of the committee for an Application. Applications will be reviewed in a timely fashion, and the committee's decision will be based on review of national guidelines and results of published Phase III, prospective and retrospective clinical trials. If a test is deemed "Not Available at RGH" interested clinicians may apply to the RGH IRB if they wish to utilize the test as part of a clinical trial or study. Please contact Dawn Riedy, LTAC Chair, at (585)922-4121 or dawn.riedy@rochestergeneral.org if you have any questions or need further information.

CDIP CORNER – THE POWER OF THE PEN Documentation Changes for 2010

By Mary Darrow, RHIT



It's that time of year again when the Centers for Medicare/Medicaid Services (CMS) update or add new ICD-9 diagnosis and procedure codes. It appears that the most critical new codes as far as documentation is concerned, are those that relate to venous embolism and thrombosis (deep or superficial) of the upper and lower extremities.

In years past, venous embolism/thrombosis was considered a co-morbidity w/ no further documentation necessary. Beginning October 1, 2009, this is no longer true. A diagnosis of venous embolism/thrombosis must be prefaced by either acute, chronic or history of. Acute embolism/thrombosis is appropriately documented when it is a new condition requiring the initiation of anticoagulation therapy. Chronic embolism/thrombosis should be documented when the patient is past the acute phase but is still receiving anticoagulation therapy. Documentation of chronic will ensure that the resources utilized for anticoagulation therapy will be appropriately reimbursed as well as showing the SOI (severity of illness) of the patient.

Therefore, the next time you're documenting in the medical record a venous embolism/thrombosis, be sure to further specify by adding acute, chronic or history of and your patient's severity of illness will be accurately reflected. If you have any questions about this or other documentation issues, please call the CDI Office at 922-3721.

CHANGES TO YOUR RGH DIRECTORY

For those of you who have access to the ViaNet, don't forget the on-line directory in Departments and Medical & Dental Staff. For those of you who do not have access to the ViaNet, there is a monthly excel directory available for you upon request. Contact Mary Lou McKeown at 922-4259 or marylou.mckeown@rochestergeneral.org

NEW MEMBERS

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CHANGE TO INACTIVE

Mohsen Emami, MD
Richard Freeman, MD
Elizabeth Goodman, RPA-C
Catherine Hall, RPA-C
Martha Leas, MD
Olga Selioutsky, DO
Bruce M. Stewart,
Tiffini Voss, MD

MDS
NOW Available
the New RGH MDS
Member Directory

please call the Medical Staff Office at
922-4259 or email
marylou.mckeown@rochestergeneral.org
to obtain your copy

NEWS

Thank
You

National Nurse Practitioner Week November 8-14

The first week of November has been designated by the American Academy of Nurse Practitioners as National Nurse Practitioner Week in celebration of the knowledge, skills and professionalism of this group of advanced practice nurses.

In 1965, Denver Colorado graduated the first class of Nurse Practitioners. The designated role of these specially trained nurses was to take care of the health care needs of the pediatric population that was not being served by the current health care providers of the times.

Almost forty years later, the profession has grown beyond hopes. There are currently over 85,000 Nurse Practitioners in the United States. They come in many specialties and practice in many different settings, including Emergency Rooms, Surgical Suites and in private practice physician groups.

Rochester General Hospital Medical & Dental Staff has 130 Nurse Practitioners as part of its quality focused Membership. We are honored to have them serve the patients of Rochester General Hospital and the many health care providers within the hospital system.

If you see a Nurse Practitioner this week, take a moment to thank them for their dedication and service.

President's Message, cont. from page 1

professionalism and reinforcing common behavioral expectations. The tradition and culture of citizenship, collaboration and collegiality that already exists among the Medical and Dental Staff will be further strengthened by this code. In addition, this code meets the Joint Commission's requirement mandating codes of conduct for all medical and dental staffs beginning in 2009.

Since all members of the Medical and Dental Staff are required to comply with the Code of Conduct, the Medical Board recommends that each member carefully review the code. All new MDS applications will require a signed attestation and all existing MDS members will be required to sign the attestation during annual re-credentialing proceedings. You may also sign the attestation prior to your re-credentialing. The Code of Conduct and Attestation form can be found on the MDS web page and is included in this month's MDS Forum.

Our Code of Conduct was developed through an exhaustive process. A committee consisting of Marguerite Dynski, M.D., Dominick Cortese, M.D., Anthony Fedullo, M.D., Robert Tatelbaum, M.D., Robert Mayo, M.D. and Mary Lou McKeown reviewed numerous codes from other hospitals and medical and dental staffs. The team borrowed ideas from these codes and added some unique elements. Additionally, the Behavioral Definitions and Conduct Boundaries developed and endorsed by the American Medical Association were included. The work of this committee has spanned ten months and included numerous meetings and communications. The final draft of the Code of Conduct has been approved by the Medical Executive Committee and the Medical Board of the MDS. Since it is linked to the Rules and Regulations of the MDS it does not require a Bylaws revision for implementation.

In conclusion, the Code of Conduct is designed to strengthen our excellent medical and dental staff and further support our strong tradition of collaboration, professionalism, citizenship and collegiality.

I want to thank the members of the infection control team, particularly Linda Green as well as MDS members of this initiative including Drs. Ed Walsh, Rick Sterns and Derek tenHoop, for their diligence in creating a MDS initiative to prevent hospital acquired infections. My deepest gratitude as well to Dr. Rob Mayo, who chaired the code of conduct development process as well as the committee members. In terms of initiatives, there are two down and twelve to go. I thank you for your ongoing efforts to create and support these initiatives, which truly identify the RGH MDS as unique in its partnership with the hospital and its administration and clearly define the MDS leadership role in meaningful initiatives to improve patient care and MDS environment.

Thanks for all of your ongoing support and I wish you and your families a Happy, Healthy and meaningful Thanksgiving Holiday!

Important Safety Information for Heparin

On Tuesday, October 27th, RGHS changed to an entirely new coagulation system. As a result, our standard heparin nomogram had to be revised to reflect these changes.

Standard Nomogram				
APTT	Re-Bolus (units)	Hold Infusion (minutes)	Rate Change (units per hour)	Repeat APTT
Less than 36	Repeat initial bolus	0	Increase by 120 units (Notify Provider)	Stat in 6 hours
36 to 44.9	0	0	Increase by 120 units	Stat in 6 hours
45 to 75.9	0	0	0	Stat next AM
76 to 90.9	0	0	Decrease by 80 units	Stat in 6 hours
91 to 110.9	0	30	Decrease by 120 units	Stat in 6 hours
111 to 133.9	0	60	Decrease by 160 units (Notify Provider)	Stat in 6 hours
Greater than 134	0	60	Decrease by 200 units (Notify Provider)	Stat in 6 hours

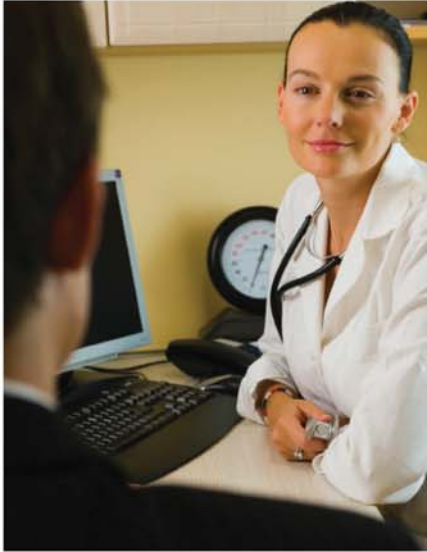
Depending on the indication for anticoagulation, a bolus may or may not be needed (e.g. acute PE vs. post-operative patients at high risk of bleeding). It is also important to note that modified nomograms will have to be adjusted to account for the new aPTT therapeutic range which is significantly lower than our old aPTT range.

Old versions of the forms and flowsheets will be removed from circulation. However, during the transition, please make sure you have the correct order form (revision date 10/09) when ordering IV heparin for patients as the new and old form look very similar. The aPTT values are all that have changed; the dosing recommendations have remained the same.

If there are any questions or concerns, the Hematology Lab can be reached at 922-4273 or Maura Radliff (Anticoagulation Clinical Pharmacist) can be reached at 922-4663.



GRIPA Connect ePrescribing Goes Live in the OPD and Twig Clinic



The outpatient department (OPD) and Twig Clinic at Rochester General Hospital are going electronic with their prescriptions through the GRIPA Connect Portal.

"I'm thankful for GRIPA and their employees for their dedicated support to get us e-prescribing," says Laura Woodson, a physician assistant in the Twig Clinic. "Our renewal process is much faster, improves patient care, and is more efficient. The enthusiasm and energy of our nursing staff, especially Gabriel Fasino, is a key component of our success." Dr. Alefia Tapia adds, "I'm very optimistic that e-prescribing will reduce medication

errors and be particularly helpful for our residents."

Staff began the process of adopting electronic prescribing in mid 2009 and have sent over 2,000 prescriptions electronically as of the beginning of October. Meetings describing and mapping workflows led to a pilot of the e-prescribing program by teams comprised of a prescriber and nurse in each area. The practice manager for the OPD and Twig, Ron Purpura, commented, "The process of examining workflows made us realize the tremendous efficiency e-prescribing had to offer. With the assistance of GRIPA's Michael Van Ornum, we've been able to retool our existing processes for the better and move e-prescribing forward."

The feedback from the pilot teams quickly identified the medical records department as having a significant role in the process. When electronic renewal requests come into GRIPA Connect electronically, the medical records staff can immediately pull the chart and deliver it to the prescriber for authorization. Stacey Jones, the Health Information Management (HIM) supervisor, says, "We are excited about being involved in the process and it has really helped our ability to manage charts. The amount of time charts spend outside our department is

greatly reduced."

Residents are next to start using GRIPA Connect ePrescribing and many are pleasantly surprised by the wealth of clinical information in the portal available regarding their patients. Dr. Jarvis Sanchez-Rivera, a third year resident, commented, "I can make better decisions about medications I'm prescribing."

An article in the September issue of Archives of Internal Medicine underscores the value electronic prescribing has for patient safety. The investigators found that one adverse drug event was prevented for every 331 alerts that prompted a provider to change the prescription. If the results are extrapolated across all clinically integrated GRIPA ePrescribers each year, there would potentially be 36 adverse drug reactions prevented, including 12 life-threatening adverse reactions, and 1 permanent disability prevented.

The staff in the outpatient department and Twig Clinic demonstrate that the benefits of e-prescribing can be seen even in a challenging, fast-paced, teaching environment. To learn more about GRIPA Connect ePrescribing, a free service for GRIPA's clinically integrated providers, call Provider Relations at 585-922-1525.

GRIPA Connect Portal

Demonstration Projects Help Physicians Improve Communication and Quality of Care.

The GRIPA Connect Portal is a tool available to assist you in managing the care of your patients. In order to continue to help our providers learn the benefits of this tool and what it has to offer, GRIPA has launched two Clinical Integration demonstration projects that 60 physicians currently are participating in.

The A1c Project involves using the portal to determine which of a physician's diabetic patients are overdue for an A1c test, so they can be contacted to get their labs done. The Colonoscopy Project uses the portal to document when a patient is due for their next colon cancer screening, so physicians using the portal will receive an alert

when the due date arrives and can remind patients when they are due.

We will keep you posted on our progress.

