



Forum

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

**RGH MDS ELECTED
REPRESENTATIVES**

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JEANNE GROVE, DO, EDITOR

24/7 PHYSICIAN HOTLINE NUMBER

922-4414

DIRECT ADMISSION NUMBER:

922-7333

CALL THE HOSPITALIST
FOR YOUR PATIENT

922-7444

**2011 Quarterly
Staff Meetings**

9/16, 12/16

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

**50% attendance recommended
for all attending Physicians**

Responsibility & Privilege



Dr. Robert Mayo,
President RGH MDS

The dynamic interaction between responsibility and privilege is a theme I frequently consider. My children, who eagerly and frequently request privileges, often try to avoid basic responsibilities. One of my parental mantras is "responsibilities bring privileges." When asked, "Can I drive the car?" I respond, "Is your room clean?" It's simple: dirty room--no keys. It's interesting to observe how difficult and time consuming room cleaning is unless there is a privilege waiting to be earned. Whether cleaning rooms, driving cars or engaged in some other life activity, responsibility is inescapably interconnected to privilege.

Responsibility and privilege are foundational principles in medical practice. As physicians and providers, we have accepted tremendous responsibilities for ourselves, our patients, our health system and our communities. To fulfill these professional responsibilities we learn vast amounts of medical information; invest tremendous energy, time and resources into career development; and apply with great earnest our knowledge and skills. I am frequently impressed by the way I observe colleagues care for patients far above the basic standards because of their commitment to high quality care and their determined sense of responsibility. Throughout the MDS there are many of you who lead and support committees, reach out to community programs and extend hope and life. Your efforts are tremendous! For these and other responsibilities we receive in return unnumbered privileges. What an unusual privilege it is to speak personally and intimately with patients and their families, prescribe medications, manipulate physiology, perform procedures and surgeries and in aggregate, participate in the birthing, living, and dying of mankind. No other segment of society is granted such privilege! I am reminded of a favorite phrase from one of my medical school mentors who said, "Being a physician is like having a front row seat in the theater of life." And may I add; it's a grand performance.

One of many significant privileges that I feel we receive from working at Rochester General Hospital is working with a community of leaders, providers and team members committed to the vision of making Rochester General Health System the region's health care provider and employer of choice. I have worked in four health systems during my career and none of the others had a stated vision at all, not to mention such a lofty one. What does this vision mean for us

Responsibility and Privilege, continued

as physicians and healthcare providers? At the least it means our patients should receive optimal and safer care. Perhaps it will also mean the nurses, technicians, therapists and team members we depend on will be more engaged, experienced and collaborative. These and other privileges will come to us by virtue of our MDS membership but with these privileges will also come additional responsibilities.

What will our responsibilities be in becoming the physicians and providers of choice? A landmark article entitled, "The Quality of Health Care Delivered to Adults in the United States" published in the New England Journal of Medicine (June 2003) describes our opportunity. The researchers who published this article studied physician compliance with 439 quality indicators for 30 conditions and preventive care. The validity of the indicators used was previously assessed by four nine-member multi-specialty expert panels. Six thousand seven hundred and twelve patient records were reviewed from 12 different metropolitan areas. The data reveal that patients received 54.9% of recommended care. For the nation, this study is the largest of its kind ever published and raises disturbing questions about the usefulness and value of healthcare services purchased from physicians and providers. A subsequent important study entitled, "The Quality of Ambulatory Care Delivered to Children in the United States," published in the New England Journal of Medicine (October 2007) found a similar trend. This article published research on 175 validated indicators for acute, chronic and preventive pediatric care. One thousand five hundred and thirty-six patient records were reviewed and only 46.7% of the children received the recommended care.

These tremendous gaps between known evidence based best practices and performance have significantly fueled the determination of CMS and private insurers to transform health care from passive purchasers of services to active drivers of quality outcomes. In other words, they have taken hold of the proverbial driver's seat because healthcare institutions, physicians and providers did not adequately steer their individual and collective decisions toward best practices and the subsequent desired outcomes. Who can blame them when it was their dollar on the line?

To add insult to injury, The Institute of Medicine entitled its second text Crossing the Quality Chasm to communicate the enormity of these performance gaps. Fortunately, the

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title also includes the action verb "crossing" and abundantly describes the necessary tools to chart a successful course to traversing the chasm and closing the gaps. For a distressing title, the publication fortunately offers a healthy dose of optimism.

So what does this mean for you and me-- in the here and now? Keeping things simple and meaningful I have a few suggestions. Firstly, familiarize yourself with specialty society guidelines and evidence-based recommendations for your area of specialty. Lack of familiarity with recommendations is cited as one of the most common barriers to compliance. Secondly, collaborate in your departments and practices so that similar practice patterns can be developed and reinforced. Consistency among physicians and providers is powerful in communicating collective focus and guideline importance. It will also better recruit the help of your nurses and team members because ambiguity will be reduced and expectations elevated. Thirdly, monitor your outcomes compared to national best practices and develop improvement strategies. Fourthly, utilize *CareConnect*. The best practice alerts built within the system will guide you to evidence based best practice recommendations and will help you deliver the best care possible.

It is a great privilege to be a physician and provider. It is also a great responsibility. I hope that our performance gaps will be closed and that we may all be the community's health care providers of choice and flourish in the birthing, living and dying of those whom we serve.



RGH MDS regrets the passing of Dr. Robert J. Brandon, MD - who was a valued member of the Department of Family Practice since 1990.

RGH MDS VOTE RESULTS

CONGRATULATIONS to the
Newly Elected RGH Medical & Dental Staff
Representatives

2011-2013 MEDICAL BOARD
REPRESENTATIVES

Rola Rashid, MD
Chris Richardson, DO
Derek tenHoopen, MD

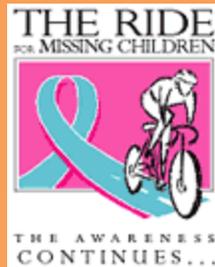
SPECIAL THANKS to Kevin O'Gara, MD and Brian Watkins, MD for the previous two years of service they provided to the RGH MDS as Elected Representatives.

RGH'S MEDICAL AND NURSING STAFF PARTICIPATE IN LOCAL BIKE TOURS TO SUPPORT CHARITIES

RIDE FOR MISSING AND EXPOITED CHILDREN

Rochester's 11th annual Ride for Missing and Exploited Children took place Friday May 20th. The ride started 15 years ago when Sara Anne Wood went missing in Utica. Each biker is given a child's picture at random - to ride in honor of.

Despite the rain, over 300 bikers rode by almost two dozen schools and even stopped into a few to spread the message about child safety to the



community an our children. It's this amazing spectacle that helps to reinforce those safety messages.

One hundred miles may be a long ride, but it's an important one in keeping children safe. Organizers expect the ride to raise over \$130,000 which will help to provide all services throughout Monroe County.

From our RGH own doctors Marc Eigg, Judith Kerpelman and Michelle Herron from West Ridge Ob-GYN and Dr Perter Kouides from Medical Heme-Onc were among the 300+ riders doing the 100mile ride. Doctors Kerpelman and Herron were honored for their 5th time riding this event.



AMERICAN DIABETES ASSOCIATION TOUR DE CURE

The American Diabetes Association tour de cure was held June 12th at Mendon Ponds Park. Lead by team captain RGH OR RN Laurie Benette, the RGH Riders were among the 1,900 riders and added to the \$550,000 raised to right this devastating common condition.



Dr Peter Kouidas (100 miles), Michele Faulkner (100 miles), Dr Marc Eigg (100 miles), Chris Welch (100 miles), Dr Judy Kerpelman (65 miles), Deb Foster (40 miles), Steve Morrell (100 miles)



Dr Marc Eigg and Dr Vince Chang



Dr Wendy Dwyer 40miles and Dr Derek tenHoopen 40 miles

RGH Medical Library News

FREE TRIAL OF *VISUAL DX* DATABASE

Available now through September 30, 2011, the RGH Medical Library has a free trial of the *VisualDx* database from Logical Images, Inc. This free trial is available from the RGHS network only. A username and password are not needed.

The *VisualDx* database provides visual diagnostic decision support for areas of medicine such as dermatology and infectious diseases. This resource provides access to more than 20,000 medical images, allowing visual confirmation of a patient's diagnosis and quick access to relevant management and care.

VisualDx is also integrated with the *UpToDate* database. When searching in the *UpToDate* database, the VDX icon next to a particular topic indicates a *VisualDx* result is available relating to dermatologic or infectious conditions.

To begin your search in *VisualDx*, enter a search term in the *Look up a Diagnosis* search box, or click on the *Differential Builder* to develop a diagnosis. If you need help in searching the free trial of the *VisualDx* database, please contact the RGH Medical Library at 922-4743.

MD CONSULT SITE LICENSE AND *MD CONSULT MOBILE*

RGHS recently obtained a site license to *MD Consult* (MDC), an online resource offering comprehensive information from numerous medical journals and references. While we have had a subscription to *MD Consult* for a number of years, our new site license allows an unlimited number of users to have simultaneous access to *MD Consult*.

RGHS also now has access to *MD Consult Mobile* (MDC Mobile) This product allows users to search *MD Consult* resources, such as books and journals, through web-enabled smartphones such as the iPhone and Blackberry. Additionally, iPhone, iPad, or iPod Touch users will be able to access a free download for *First Consult*, a clinical decision support resource. *First Consult* content is stored on your device, allowing access anytime and anywhere.

MD Consult may be accessed from any RGHS networked computer by going to the RGHS portal and clicking on the Medical Library icon. A username and password are not needed.

To access *MD Consult* from a non-networked computer, or to get started using *MD Consult Mobile*, you must create an MDC personal account by following these steps:

- Access *MD Consult* from a computer on the RGHS network by going to the RGHS portal and clicking on the Medical Library icon.

- Click on "Create Account" on the top right.
- Complete the registration form, create your username and password, click "Submit" and log out.

After successfully completing your personal account, you will then be able to access *MD Consult* from any computer with Internet access by going to www.mdconsult.com and logging on, using your own personal account's username and password.

To access *MDConsult Mobile*, simply log onto *MD Consult Mobile* by visiting <http://mobile.mdconsult.com> from your mobile browser. Then, follow the instructions there.

Please contact the RGH Medical Library at 922-4743 if you would like more information, or need help in using *MD Consult*, setting up a personal account, or in setting and using *MD Consult Mobile*.

RGH MEDICAL LIBRARY DATABASES ACCESSIBLE FROM HOME OR OFFICE

The Medical Library at Rochester General Hospital subscribes to many databases in the fields of medicine, nursing, allied health & management. Several of these databases are available over the Internet on computers that are not on the RGHS network. A separate PDF document is available on the Medical and Dental Staff site on the RGHS Portal that highlights the list of current databases accessible from non-RGHS networked computers along with instructions on how to access them from your home or office computer. Print it, fold it in half and you will have a compact set of directions as well as a list of library services for future reference!

Other Medical Library databases are available on the RGHS network only. Stop by the Medical Library at RGH or, using an RGHS-networked computer, click on the "Medical Library" icon under "RGHS Top Used Links" on the "RGHS Portal" homepage the next time you are at Rochester General.

LITERATURE SEARCH REQUESTS

Are you looking for relevant information relating to clinical questions, healthcare administrative questions, or any healthcare related topic? The RGH Medical Librarian staff can assist you by providing evidence-based medical literature, or healthcare business literature, to meet your information needs. Literature searches can be requested online from the Medical Library home page on the RGHS Portal. Alternatively, you may request a literature search by calling the RGH Medical Library at 922-4743.

RGH Awarded for High Value Healthcare

Premier healthcare alliance has presented Rochester General Hospital with a 2011 Quest Award for High Value Healthcare Honorable Mention. Only 86 other healthcare institutions were so honored.

Premier is a performance improvement alliance of more than 2,500 U.S. hospitals and 75,000-plus other healthcare sites



using the power of collaboration to lead the transformation to high quality, cost-effective care. Owned by hospitals, health systems and other providers, Premier maintains the nation's most comprehensive repository of clinical, financial and outcomes information and operates a leading healthcare purchasing network.

Historical Sketch: Dr. Edward H. Townsend, Jr.

A Harvard and Columbia University trained pediatrician, Dr. Edward H. Townsend, Jr. arrived at Rochester General Hospital in 1948. By 1955, he had assumed the position of Chief of Pediatrics and held consulting pediatrician or associate pediatrician positions at many regional hospitals. He was also a professor of pediatrics at the University of Rochester's School of Medicine and Dentistry.



Dr. Townsend contributed greatly to both pediatrics and general healthcare during his time in Rochester. Known as a dedicated pediatrician, Dr. Townsend also was the founder of the Regional Premature Center located at RGH and was responsible for the full accreditation of the Pediatric Residency program at RGH. In addition to his academic, research and practice-based work, Dr. Townsend also a pioneer in bringing medical advice into the home through the medium of the television show "House Call", which aired on WVET-TV.

While Dr. Townsend's career met an untimely end in 1965 when he died of cancer, his legacy at RGH may still be felt to this day. In 1979, the Townsend Teaching Day in Neonatology was established; this program continues to this day and draws many fine speakers. Additionally, the Edward H. Townsend, Jr. Chair in Pediatrics was created and endowed in 1981.

Sources: Biographical file of Dr. Edward H. Townsend, Jr. compiled by the staff of the Rochester Medical Museum and Archives.

CHANGES TO YOUR RGH DIRECTORY

For those of you who have access to the RGHSNet, 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. And Finally, when you are in CCS you will find a full directory under VIEW and STAFF DIRECTORY for your use.

RGH MDS Welcomes the Following New Members

Erin Baylor, NP, Department of Emer. Med./Pediatrics
1425 Portland Ave #238, Rochester NY 14621
(585) 922-3475

Emma Bendana, MD, Department of Surgery/Hospitalist
1425 Portland Ave #113, Rochester, NY 14621
(585) 922-4840

Mark Johnson, MD, Department of Surgery/Hospitalist
1425 Portland Ave #113, Rochester NY 14621
(585) 922-4840

Ryan Lester, RPA-C, Department of Orthopaedic Surgery
1425 Portland Ave #143, Rochester NY 14621
(585) 922-3963

David Moorthi, MD, Department of Physical Medicine & Rehab/Refer & Follow
1882 S. Winton Rd, Rochester NY 14621
(585) 271-1620

Brian Pavlovitz, MD, Department of Pathology/Lab Med.
1425 Portland Ave - Lab, Rochester NY 14621
(585) 922-9870

CHANGE TO INACTIVE

Changed to Inactive
James Briggs, RPA-C
Paul Harrington, MD
Suzanne Klein, MD
Christopher Kolstad, MD

Nagendra Nadaraja, MD
Nora Perkins, MD
Colleen Raymond, MD
John Schubmehl, MD



GRIPA ACCOUNTABLE CARE MEDICAL PROGRAM SUCCESS

The GRIPA Accountable Care Medical Program is becoming a **SUCCESS** GRIPA representatives reviewed the medical program with almost all primary care physicians and office staff and our network is beginning to distinguish itself as a result.

The GRIPA Accountable Care Program focuses on three areas:

- Chronic Disease Management
- Diabetes Prevention and
- Cardiac Risk Management.

Practices are actively participating and able to get patients in who are overdue for visits, labs completed as well as target members who are not at goal.

Here are a few “best practices:”

- Designating the task to a clinical staff member and not reflexively expecting the Office Manager to run the reports and call the patients
- Running the report every 2-3 weeks
- Incorporating the tasks throughout their day

- Allowing staff member to instruct office staff/ secretary to arrange office visits
- For patients not at goal: have staff member collaborate with physician to look at the patients situation before the patient is contacted

To be successful with the most recent employer contract with Monroe County covering their 12,000 employees, and sign additional contracts that will benefit the physicians, it is important you follow the GRIPA Accountable Care Medical Program (ACMP). The covered employees now appear on your Patient Outreach report.

The patient outreach report now displays your total count of contracted members and the number of members who are on your patient outreach report that are either overdue for visits, labs, or at not at goal; according to the GRIPA Clinical Integration Guidelines. Take a look today at your practice reports and see what opportunities there are for patient outreach.

Call GRIPA Provider Relations at 585-922-1525 if you need access or have questions.