

Forum

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

2010 Quarterly Staff Meetings

6/18, 9/17, 12/17

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

50% attendance recommended
for all attending Physicians

Message from MDS President

We have just been blessed with an early week of spring-like weather and change is certainly in the air. In medicine, change is remarkably evident in technology and health information management.

You may have seen the recent article in the Monroe County Medical Society Bulletin which spoke of the Monroe County Medical Society sponsored electronic medical record. There was also an article regarding the Rochester Health Information Organization (RHIO).

Dr. John Genier, an internist who practices in Fairport and who is President of the Rochester General Physicians Organization has spent innumerable hours in educating himself regarding EMR and with others is guiding our system with regard to information technology and particularly office-based EMR. I have asked him to update us as to where this critically important process is at RGH, and thank him for enlightening us.



Dr. Richard Constantino,
President RGH MDS

EPIC EMR- Connecting Private Docs to RGHS

When Rick Constantino recently asked me to write an article for the Forum on the RGHS EPIC EMR program and private docs, my first inclination was simple- "Run!" It is one thing to passionately speak about the need for our health system to partner with its physicians on an IT project to improve connectivity and patient care, but once your name is in print you can no longer hide! You cannot be misquoted when you write an article, and after my efforts several years ago to include contact phone numbers with each chart entry - I envision receiving countless pages and calls for any delays/missteps in the EMR process over the next 2 years. However, Rick can be persistent, as we know, and in the end I told him I would be happy to provide an update on the EMR Steering Committee. Despite my general lack of IT knowledge (I just purchased my first Blackberry phone this year, and my technical advisor is my 10 year old son, Taylor!), I do feel I represent many private practice docs on the topic of EMR. Intellectually, EMR is where patient care needs to be - emotionally- I am scared to death of the transition!

The availability of Federal money in the economic stimulus bill has pushed both hospitals and doctors to expedite the adoption of EMR. RGHS is unique to the local health care environment in that the majority of its physicians are in small group private practices. While several private practice groups have already adopted EMR, hundreds more have waited to see what the market will offer and, specifically, whether RGHS will offer a system-wide solution. As RGHS embarks on its safety initiatives, it only made sense to develop an EMR IT platform that is attractive to the majority of its attending staff. As our hospitalist program grows, more PCPs no longer step on the campus of RGHS. Communicating efficiently will be one of the biggest determinants in maintaining that off-campus PCP referral base. The RGHS senior leadership team recognized the need to include their private physicians in their plan, and have been



Dr. John Genier

CDIP CORNER –
THE POWER OF THE PEN
**Findings Discussed
with Patient**

By Mary Darrow, CCDS



All too often the phrase, “Findings discussed with patient,” is documented in the medical record progress note to indicate results of pathology reports. The rules of coding do not allow for extracting information from pathology reports, EKGs, Echocardiograms, X-rays and other test results. The information from these tests must be documented specifically in the progress notes in order for the coder to accurately code all diagnoses.

For example, an intestinal resection is performed and the pathology report indicates sigmoid adenocarcinoma metastatic to multiple pelvic lymph nodes. If the physician documents, “findings discussed with patient,” in the progress note, the coder will ultimately have to hold the bill and query the physician for clarification. This results in delayed billing and additional time on the physician’s part. Appropriate documentation would be the physician’s clinical impression of the pathology report or test results and specific documentation (diagnoses) in the progress note indicating this impression.

Please contact the CDI Team @ 922-3721 for any clinical documentation questions.

Message from Mark Clement

Three years ago, we began a journey to build “One Great Health System”—the most trusted organization in the region and the first choice for patients and physicians. With your support, we are building an enduring system that can adapt and thrive in a changing environment—a world of “health care reform”. It is an environment that holds health care providers to a higher standard of and accountability for quality, safety, efficiency, and ultimately doing what is right for the communities we serve.



Mark Clement, President & CEO

Federal Health Care Reform

After more than a year of intense discussion and debate, Congress has approved a compromise health care bill that will reform some of the most egregious insurance practices and expand access to more than 30 million Americans and other residents of this country. Consistent with the views expressed by the American Hospital Association and the Healthcare Association of New York State (HANYS), our System acknowledges the need for health care reform and supports expansion of access and elimination of troubling insurance practices such as denying coverage due to pre-existing or in some cases newly diagnosed conditions.

Because the Bill does not go far enough in controlling costs, it is likely that the new legislation will represent only the start of process to bring about comprehensive reform. During future reform discussions, RGHS, along with the American Hospital Association and HANYS, will continue to advocate to help ensure that our hospitals do not incur a disproportionate amount of future federal budget cuts.

New York State Budget Challenges

Perhaps lost in the considerable public and media focus on federal health care reform is the continued fiscal crisis in New York State. The state currently faces a budget deficit of more than \$9 billion, and Governor Paterson has proposed more than \$1 billion in additional cuts and taxes for state health care providers, a continuation of a troubling trend in which health care providers have shouldered a disproportionate share of budget cuts. The Governor’s latest proposal also comes in the wake of nearly \$4 billion in cuts already enacted through six different budget actions over the last two years. His budget proposal, if adopted by legislators, would reduce payments to RGHS by approximately \$6 million this year, which would follow reductions of more than \$19 million over the past three years - a time period in which uncompensated care costs have continued to rise. In fact, last year our system provided more than \$40 million uncompensated and under-compensated care to our community!

Thanks to our MDS!

With the passage of national health care reform legislation and growing economic challenges in NYS, the future we envisioned three years ago is rapidly becoming a reality. But, thanks to your support, engagement, and collaboration with the rest of our team members, we have already achieved wonderful, nationally recognized milestones that clearly identify RGHS as a national leader in quality, safety and efficiency, ready for healthcare reform. I deeply appreciate your ongoing support of our work to build a “One Great Health System”—a system recognized for excellence in all that we do and able to adapt to the changing health care environment. I am confident that, with your help, we will be ready for the additional challenges along the way and will achieve our vision of being recognized as the most respected, preeminent provider of health care services throughout our region!!

RGH MDS ELECTIONS

The following list was presented during the March Quarterly Staff Meeting as individuals running for RGHMDS Elected Representative Office. The terms of these positions are from 7/1/2010 - 6/30/2012. As stipulated in the RGH MDS Bylaws during the next 30 days petitions nominating one or more additional candidates may be presented to the Chair of the Nominating Committee and assuming they meet the Bylaws stipulations, the Nominating Committee shall place the additional candidate(s) on the ballot. The ballots themselves will be mailed by May 1, 2010. Should you have any questions, please contact Mary Lou McKeown at 585-922-4259 or marylou.mckeown@rochestergeneral.org

PRESIDENT ELECT

Walter Polashenski Jr., MD
Maurice Vaughan, MD

TREASURER

Ronald Sham, MD

SECRETARY

Eduardo Arazoza, MD

MEDICAL BOARD MEMBERS:

Three Votes Only

(if more than three are identified the ballot will not be counted)

Holly Garber, MD
Cynthia Howard, MD
Dawn Riedy, MD
Eric Spitzer, MD

Addition to RGH MDS Rules and Regulations

Effective April 2010 the following has been added to the RGH MDS Rules and Regulations which you as an RGH MDS Members are subject to. Should you have any questions, please contact Samantha Vitagliano, DDS, RGH MDS Bylaws Committee Chair.

G1. Consultation/Review Required Prior to Treatment of Malignancy

Diagnostic microscopic slides from outside institutions shall be reviewed by an RGH pathologist before treatment for malignancy that includes chemotherapy, radiation therapy, or surgery to remove an organ. An attempt to obtain representative slides for review should be made in all cases, unless the need for intervention is urgent and delay related to slide review could potentially cause harm to the patient.

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

Nancy Brown, RPA-C

Provisional Adjunct, Department of
Surgery/Urological Surgery
1202 Driving Park Ave #5
Newark, NY 14513 315-359-2690

Paul Dorscheid, NP

Provisional Adjunct, Department of
Medicine/Internal Medicine
1425 Portland Ave Box 298
Rochester, NY 14621 585-922-4026

Michael Keyes, Jr., MD

Provisional Attending, Department of Emergency
Medicine
1425 Portland Ave Box 604
Rochester, NY 14621 585-922-3846

Abraham Lichtmacher, MD

Attending, Department of Obstetrics/Gynecology
1425 Portland Ave Box 232
Rochester, NY 14621 585-922-3784

Arshad Masood, MD

Provisional Attending, Department of
Medicine/Hospitalist
1024 Hilton Parma Rd
Hilton, NY 14468 585-392-4114

Christy Varrenti, NP

Provisional Adjunct, Department of Surgery/Vascular
& Critical Care Medicine
1425 Portland Ave SICU
Rochester, NY 14621 585-922-3860

CHANGE TO INACTIVE

Amy Kallio, RPA-C
Mary Lang, NP
Elizabeth Supra, MD

Are You Credentialed to Perform the Surgery You Have Scheduled???

By Mary Lou McKeown
Manager, Medical Staff Office

Each of you as Members of the RGH Medical & Dental Staff completes a document at time of initial appointment and reappointment which then has to be approved or denied. It is this document that defines what procedures you are permitted to perform at RGH. This document is referred to as a privilege form or DOP (delineation of privileges).

If you wish to perform a procedure that is not on your privilege form, you will need to seek approval from the governing RGH MDS and Hospital processes. This cannot be accomplished overnight.

All too often, physicians are scheduling procedures that they have not been approved for. This includes new procedures and equipment training – neither of which you are permitted to perform at RGH without documented approval on your privilege form.

So if you ever want to:

- Perform a brand new procedure which does not exist on the standard DOP
- Perform a procedure which is on the DOP, but you have not been approved
- Bring a new piece of equipment into the hospital for a procedure
- Be taught a procedure with a hands-on proctor
- Be taught a procedure with a hands-off proctor
- Bring in a proctor from an outside hospital or other company

Remember there are steps which need to occur before you can even consider scheduling the patient. These steps include but are not limited to:

Chief/Division Head approval for the proposition:

- Need Determination
- Financial Impact
- Quality of Care

Development of credentialing/training criteria for:

- Equipment use
- Proctor criteria, if necessary
- RGH Member training criteria – various stages as well as ongoing

So if its not on your personal approved DOP, you are not approved to perform it. Call your Department Chief early in the process to discuss your proposal and also contact the Medical Staff Office to obtain the appropriate paperwork. This will help to alleviate the cancelling of scheduled procedures and the level of dissatisfaction it creates for your patients.

Should you have any question, please give your Department Chief of your Medical Staff Office Representative a call.

ROCHESTER GENERAL HOSPITAL Congratulations to Dr. Peter Kouides

Recipient of the 2010 Father George
Norton Physician Excellence Award



The award was presented at the Medical & Dental Quarterly Staff Meeting on Friday, March 19, 2010. This award is sponsored by Rochester General Hospital Patient Care Services.



To: RGH Leaders

By Linda Greene, Scott Sleeper

When using alcohol based hand gel use one squirt applied to the palm of the hands. Rub thoroughly covering hands and finger tips. Be sure to rub in thoroughly.

(Do not use multiple squirts as excess amounts can cause skin irritation).

Benefits of using the alcohol gel in this prescribed method:

1. Hands will be sanitized without being overly saturated
2. Less likelihood of floor staining from over saturation
3. This is the most cost effective method for hand sanitization

Dr. Constantino *cont. from page 1*

working towards that end over the past 6 months.

The process began in August with a robust timeline to pick a vendor, test it with our physicians and employees to see if it was the "right fit", negotiate a contract, and implement the plan by the end of 2011 to maximize Federal stimulus dollars for all involved. Ralph Pennino and I represented the private practice physicians on the EMR Steering Committee. After many meetings and vendor presentations, the EMR Steering Committee selected EPIC, an internationally recognized EMR with the highest ranking ambulatory EMR. EPIC estimates that over 190,000 physicians will be using their EMR, and that about 25% of all U.S. patients will be uniquely identified in their EMR, by the end of this decade. RGHS is currently in the planning and approval stage - starting contract negotiations and developing a business model for RGHS Board approval in May.

What does all this mean for the private practice physician? In the next few weeks, you will be contacted for a survey (yes, I know another survey!) to determine where you are in the EMR process. Please participate in this survey - it will provide important information for RGHS to adequately develop the business plan and budget for what is arguably the most important capital project in RGHS history. As the survey is completed, RGHS will further develop and refine the ambulatory EMR offering for its private practice docs that is expected to be more than competitive with other EMRs. RGHS will continue to work closely with the private physician community as it develops this offering. A series of meetings to review the EPIC system and finances will be scheduled later in the Spring so people can determine if EPIC makes sense for them. Timing of the rollout of the EMR to both private and employed physicians is planned to begin in the next 12- 18 months.

What should private practice physicians be doing to prepare for EMR? Educate yourself by attending education sessions, and talking to colleagues who have already made the transition. Meet with other vendors to see what is available locally and nationally. Begin to understand the pricing options out there already, and the funding programs available through loans and grants. The more information you can gather, the better you will be able to assess the RGHS EPIC offering when it is made available this Spring. As always, "the devil is in the details", but I have confidence that the RGHS leadership team recognizes the value of connecting as many physicians as possible.

One of the reasons I chose to stay at RGH after my residency 17 years ago was the friendly collegial atmosphere - specialists and PCPs, private and employed docs working together. It was truly the "RGH culture" long before culture became the overused buzzword of the new millennium. The EMR will be the biggest change any of us experience in how we deliver care every day - and I'd much rather do it with my friends and colleagues at RGH than alone.

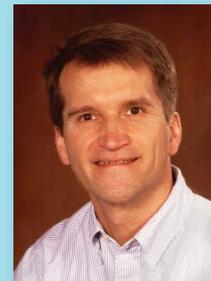
~ John Genier, MD

I know many of you already have electronic medical records or are using GRIPA portal. I know some of you are utilizing the RHIO. I also know that many of you have not yet decided which way you are heading with regard to IT and EMR. I hope this summary will help as you consider your options. As one of your colleagues stated with regards to EMR, "Its not a matter of if, but only a matter of when". I would add to "when?" the questions "how?" and "with whom?". I am hopeful that Rochester General's incredible expertise with IT and EMR as well as its extraordinary purchasing power will be a great resource and aid to all of us.

Rochester Business Journal – Health Care Achievement Awards

The Rochester Business Journal recently held its annual Achievement in Health Care Awards Luncheon. Rochester General Health System was honored in three categories:

Gerald Gacioch, MD, was honored in the Physician Category. He, along with other members of the Rochester Heart Institute, stress a team approach in cardiac care. He is a strong advocate for his patients always striving to make their care personal. Dr. Gacioch also gives selflessly of himself. Such an example is of a patient from Belize that he met on an InterVol mission. The patient required lifesaving cardiac surgery and with Dr. Gacioch's leadership, the patient was able to travel to Rochester, have surgery performed, and travel back to Belize within three weeks to return to parenting her three children. The entire cost of her travel, surgery, and hospitalization was donated.



Lori Dambaugh, BSN, RN, PCCN, BC, was honored in the Nursing Category. Lori is a Clinical Resource Nurse on the Progressive Pulmonary Unit (5200). Dr. Andrew Swinburne said, "Lori knows how to connect with people under trying circumstances. Doctors, in addition to nurses, could learn from watching Lori work with patients and families." Lori has also led the Clinical Nurse Advancement System (CNAS). The CNAS Program at Rochester General Health System has been recognized as best practice throughout the nation. She is also currently completing studies for dual Masters and Doctorate Degrees at St. John Fisher College.



The Early Nurse Intervention Team (ENIT) was honored in the Innovation Category. The ENIT program, a nurse-to-nurse consultative program, was developed to establish the perception of an intensive care unit without walls. ENIT recognizes that unstable patients are its responsibility no matter where the patient is located. These critical care nurses make themselves available across units by making frequent rounds. They serve as educators, supporters, coaches, and patient advocates. ENIT responds to all Codes and STAT pages and facilitates patient transfer to Intensive Care Units if required.

What's Happening to Primary Care?

Primary care providers (PCP) are essential to improving health care access and quality. However, fewer providers are entering primary care specialties due to lower reimbursement and an increased burden of work. Having fewer primary care providers, with less time to see the increasing number of patients, may lead to poor patient care. In a team-based treatment approach, GRIPA care managers work with primary care providers to deliver higher quality care through integrated care management, while relieving some of the burdens faced by the providers.

GRIPA Care Management Services is a partnership of the pharmacist, the patient or their caregiver, and other health professionals that promotes the safe and effective use of medications, promotes communication between the PCP and their patients, and helps patients achieve the intended outcomes of medical therapy. Pharmacists evaluate the patient's medication regimens, lab values, and general well-being. With this information, the pharmacist can suggest: an alternative medication to the provider to better reflect the insurance's formulary preference, eliminating the need for the provider to complete a prior authorization; regimen simplification opportunities; optimal administration schedules; medications that decrease the potential for interactions and adverse reactions. Nurses provide behavioral change support, personalized education, and coordinate care for complex patients. Social workers provide mental health support, identify community sources of financial assistance, and address social barriers to care. GRIPA Care Management Services often decrease the need for the patients to see their provider as often, which decreases the visit burden on the office without diminishing the quality of care.

Pay for performance is an increasingly popular financial tool used by health insurers. This payment model rewards providers for meeting certain performance measures for quality and efficiency. GRIPA Care Management Services can be a strong ally for providers since they support patient behaviors that directly affect the provider's reimbursement, such as encouraging patients to keep their PCP appointments and have blood work performed regularly. The result is better monitoring and management of the patient's conditions, leading to better patient outcomes.

Providers who wish to take advantage of the great resource and collaborative opportunity that GRIPA Care Management Services offers should call 585-922-1520. In tough economic times, this is one case where collaboration financially benefits the provider while maintaining quality care for the patient.

Demo Project Leads to More Alerts



Drs. Kornfield, Kothari, Devgun, Penmetza, and Alsalahi, in the spirit of Clinical Integration, continue to assist their referring physicians by entering dates in the GRIPA Connect Portal on which they perform a patient's colonoscopy and for when they recommend repeating the exam. The recall date will automatically generate a "Point of Care Alert" in the patient's file when he or she is next due for this examination, alerting all physicians involved with that patient. This Alert feature is already applied to many of the clinical measures in the Portal to assist physicians in staying abreast of their patients' care needs.

As the Portal matures, and data acquisition and sharing become more sophisticated, GRIPA envisions reminder letters being automatically generated for mailing/e-mailing to patients as part of the Alert process. GRIPA very much appreciates the supportive efforts of our physician members as we work to improve the Portal.

