

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.rocheatergeneral.org/mds>

RGH MDS ELECTED REPRESENTATIVES

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24/7 PHYSICIAN HOTLINE NUMBER

922-4414

DIRECT ADMISSION NUMBER:

922-7333

CALL THE HOSPITALIST
FOR YOUR PATIENT

922-7444

2011 Quarterly Staff Meeting

12/16

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

2012 Quarterly Staff Meeting

3/16, 6/15, 9/21, 12/21

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

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

Message from the MDS President

Paperlessness

My relationship with paper is changing. It is hard to describe since paper has always been a part of me. Since my most formative moments I have known paper. Soft and absorbent against my post-partum skin; untiring recipient of my exuberant, pre-school scribbles; colorful and 3D in 3rd grade art class; and firm and expressive in the myriad pages I have read. I have never been without paper. In fact, humans have rarely been without paper.

Paper is ancient. First developed by the Babylonians around 3000 BC, paper was made from crushed and dried papyrus reeds. In fact the word paper is taken from the name papyrus. The Chinese inventor Cai Lun in 105 AD began making paper we would equate with modern variants.

It appears that the entire evolution of modern man has been intertwined with paper. Where would we be today without it? Would there have been a printing press? Can you imagine the world without libraries or archives? How could universities have developed without paper? Intellectual exploration would likely have languished if not totally arrested without it. Living without paper seems almost unimaginable. Paper is part of the carbon cycle. It is in the fabric of mankind.

The transformative impact of paper is now challenged by an equally



Dr. Robert Mayo,
President RGH MDS

**So what does it mean
to be paperless?
Remote, simultaneous,
multi-user access to the
medical record; instant
information; complete
data capture; integrated
records; facilitated
decision making through
best practice alerts; and
much more.**

Paperless, continued

astonishing development—paperlessness. Yes, that is correct. The 5,000 year evolution of paper will vanish at RGH in one 24 hour day. For me, this sounds like a recapitulation of the big bang.

So what does it mean to be paperless? Remote, simultaneous, multi-user access to the medical record; instant information; complete data capture; integrated records; facilitated decision making through best practice alerts; and much more. In preparation for this momentous day there is an intense focus on paperlessness (CareConnect) training. Providers of all kinds have dedicated and are continuing to dedicate time to learning the formats, logic, and clicks of the electronic record.

The impact of paperlessness is vast. The way

we do everything with paper will change. In fact, our ability to practice medicine will be impacted. All members of the MDS who round on inpatients will require some form of training. Additionally, employed MDS members will also require training for their outpatient clinics. Training and demonstrated proficiency must be completed by November 5th when “Go Live” occurs. The Executive Committee and the Medical Board have discussed this for several months and passed a new Rule and Regulation describing competency requirements (please see details in this issue of the Forum). This is vital! Do not delay obtaining your needed training for CareConnect. The count down is on and it is our opportunity to support this enormous and transformative change. With a sentimental nod and a longing gaze I say “Good bye paper.” Paperlessness has overcome.

RGH MDS Rules & Regulations

T. Electronic Medical Record Training

Below you will find the new RGH MDS Approved Rule & Regulation for Care Connect Training Requirements. **This approved change supersedes the one that was communicated to you last month.** Should you have any questions, please contact Samantha Vitagliano, DMD, Chair, RGH MDS Bylaws Committee

1. Every member of the Medical and Dental Staff with inpatient privileges must complete training and proficiency testing in the use of the Hospital's electronic medical record (EMR), at a level determined by the CareConnect training policy.
2. Members who use their inpatient privileges infrequently must complete EMR training and demonstrate proficiency as determined by the Chief of their clinical Department. On a yearly average, this frequency of use shall be less than three times per month. The President of the Medical and Dental Staff and the RGHS Chief Medical Information Officer shall approve the training requirements of each Department for these members, and will review and approve each such member's request.
3. Members with inpatient “refer and follow” privileges will not be required to obtain training in the use of the hospital's electronic medical record.
4. Failure to demonstrate satisfactory proficiency in use of the EMR through testing shall result in suspension of clinical privileges. Such suspension shall be lifted upon the practitioner's successful completion of training and proficiency testing.
5. To expedite credentialing, the completed application of any applicant for membership who would require EMR training to exercise privileges may be presented to the Medical Board and the Board of Directors, with the contingency that approved privileges are not activated until the member has completed EMR training and demonstrated proficiency.



a Sincere
THANK

YOU

TO ALL RGH MDS
 NURSE PRACTITIONERS
 November 13 - 19

Every year, during the month of November, a week 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 a pediatric population that was not being served by the current health care providers of the times.

Forty years later the profession has grown beyond hopes. There are currently over 148,000 nurse practitioners in the United States. They now come in many specialties and practice in many different settings.

If you see a Nurse Practitioner during their honorary week, please thank them for all they do.

A message from RGHS President and CEO

Leadership Changes

I am writing to announce important leadership changes within our system. I am excited to share with you that **Christine D'Amico** will take on a new and important role in our system as **Implementation Program Director for GRIPA**, Greater Rochester Independent Practice Association – a partnership between our system and our physicians. In her new role, Christine will initially focus on assisting our network of physicians and practices as we prepare for payment reform with both private and governmental payers. As I have shared with you in the past, I believe our system and medical staff are uniquely positioned because of GRIPA to embrace and thrive under the payment changes that are being driven by health care reform at the federal, state, and local levels. Working with Dr. Joe Vasile, President, and Bill Pelino, COO of GRIPA, Christine will play an important role in preparing our system and physicians to succeed under the growing number of quality driven payment initiatives.



Mark Clement, President & CEO
 Rochester General Health System

During her tenure as Senior Leader for Organizational Development, Christine and the OD Team have made innumerable contributions to our cultural transformation, including developing our Academy of Excellence, launching our Ideation Program, leading the efforts of our Action Teams, and organizing and supporting our many Leadership Development Programs.

I am also happy to share with you that **Alida Merrill**, a local independent consultant in leadership and organization development, will assume an **interim role as our Senior Leader of Organizational Development** reporting to Janine Schue, Senior Vice President of People Resources. Alida has worked with us on a number of key projects, including: Reweaving the Safety Net Program, Executive Coaching, and directing the leadership engagement and development work in support of Care Connect. A search for a permanent leader for Organizational Development will commence shortly and Alida will be among the candidates considered.

These changes will take effect on October 31, 2011. Please join me in thanking and congratulating Christine and welcoming Alida to our system!

GRIPA Care Management Services Working for You and Your Patients

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 your 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 uncompleted, as well as target members who are not at goal.

GRIPA Care Management is available to you to reach out to any members whom you think would benefit from additional help. The primary goal of the case management program is to target health concerns/ issues identified by physicians for these patients.

Take a look today at your practice reports and see what



opportunities there are for patient outreach. **Refer members to GRIPA Care Management by calling 585-922-1520 or by faxing a copy of your patient outreach report to 585-922-0016 with a note that says "care management".**

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

Patient Outreach Success in Cross Keys Medical Group

The GRIPA Accountable Care Programs level of success depends on physician support and office implementation of the patient outreach reports.

One office group who has successfully implemented the patient outreach report into their practice is Cross Keys Internal Medicine. This group includes doctors John Genier, Steve Howard, and David Kopp.

This particular practice has identified a key person to run the report. The physicians review and return it to staff who in turn send letters/lab slips to patients. Using the report helped this group fill in their schedule with patients who needed follow up for appropriate care.

John Genier, MD stated "I have found the patient outreach reports to be helpful in identifying those patients who "fall through the cracks". A few minutes invested by my staff led to several outpatient visits that were appreciated by the patients, and helped me better manage their care. Patients appreciate when their doctor reaches out to them- it shows we are invested in their care."

The GRIPA Accountable Care Medical Program focuses on three areas, Chronic Disease Management, Diabetes Prevention, and Cardiac Risk Management. Patient outreach reports easily identify contracted members overdue for visits, overdue for labs, or not at goal based on the GRIPA Clinical Care Guidelines created by GRIPA physicians.



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.

NEW MEMBERS

Alexandre Andreitchouk, MD, Dept of OBGYN
1250 Driving Park Ave, Newark, NY 14513, 315-332-2427

Grace Candelario, MD, Dept of Medicine/Hospitalist
PO Box 111, Newark, NY 14513, 315- 332-2214

Demitria Hernandez, MD, Dept of Emergency Medicine/Observation Unit
1425 Portland Ave, Rochester, NY 14621, 585- 922-9080

Thuc Doan Huynh, MD, Dept of Family Practice R&F/Int.Med.R&F
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Kira Kiriakidi, MD, Dept of Family Practice R&F/Int. Med.R&F
470 Long Pond Rd, Rochester, NY 14612, 585- 227-7600

Roopa Korn, MD, Family Practice R&F/Int.Med. R&F
1880-8 Ridge Road East, Rochester, NY 14622
585-467-4290

Lorraine Medina, NP, Dept of Medicine/Endocrinology
224 Alexander St, #200, Rochester, NY 14607
585- 922-8400

Karl Michaklo, MD, Dept of Orthopaedic Surgery
10 Hagen Dr. #210, Rochester, NY 14625, 585-641-0141

Michelle Swanger-Gagne, PhD, Dept of Psychiatry & Pediatrics
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Brittany Vakiener, RPA-C, Dept of Medicine/Hospitalist
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585- 922-5067

Elizabeth Varland, RPA-C, Dept of Surgery/General Surgery & Plastic Surgery
1425 Portland Ave #362, Rochester, NY 14621
585- 922-3458

Hajara Yusuf, RPA-C, Dept of Surgery/Critical Care Medicine
PO Box 111, Newark, NY 14513, 315- 359-2847

Directory Changes: CHANGE TO INACTIVE

Leigh Anne Chandler, NP
Sandra Eckhert, MD

Jeffrey Eisenberg, MD
Angel Kerney, MD

Joseph Massey, MD
Ragai Meena, MD

Laura Pierce, MD

Mark your calendars

Rochester General Hospital
Medical & Dental Staff

DINNER DANCE

Saturday, January 28, 2012
Country Club of Rochester

More details to follow

THE NYS PALLIATIVE CARE INFORMATION ACT (PCIA) LAW:

Article #3 – Test your knowledge: FAQs Concerning the Law

Submitted By Adam Herman, MD, Director of Palliative Care, RGHS

On February 9, 2011 Chapter 331 of the NYS Laws of 2010, commonly known as the Palliative care Information Act (PCIA) was enacted. This places new requirements for providers when caring for patients with advanced or terminal illness.

This is the 3rd installment of a 6 article series on the PCIA Law. In article #1 we discussed the background and language of the law. In article #2 we discussed compliance law. In this article we will

review FAQs regarding the law.

Subsequent articles will discuss: how to engage patients in advanced illness discussions; tools to help identify advanced/terminal illness; and when specialty palliative care consultation might be considered for hospitalized patients.

In the next article in this series we will discuss how to engage patients in advanced illness discussions.

The questions compiled below are taken from the NYS Health website. These have been edited for content and space. For additional information please visit NYS health website: http://www.health.ny.gov/professionals/patients/patient_rights/palliative_care/

1) What is palliative care?

Palliative care is a medical specialty focusing on the treatment of pain, other symptoms, and stressors associated with serious illness. Palliative care is provided by a team of professionals across multiple specialties. Its aim is to maximize quality of life while living with serious illness. Palliative care is not just for people who are about to die. Some providers assume that palliative care and chronic disease management (or disease-modifying therapies) are mutually exclusive, but they are not. Palliative care may be provided concurrently with life-prolonging care.

2) Is palliative care the same thing as hospice?

No. While the approach to patient care with palliative care and hospice are philosophically similar and complementary, there are some clear differences. Palliative care is appropriate at any stage of a serious illness regardless of prognosis, condition or treatment plans and may be provided in conjunction with curative or life-prolonging treatment. Hospice, in contrast, can only be offered to patients when prognosis is likely less than 6 months, and where curative therapies are not desired or available. In a way, hospice provides a benefit (recognized by Medicare in 1982) that ensures palliative care is provided to patients with a limited prognosis. Both offer a personalized and family centered plan of care, delivered by an interdisciplinary team (e.g. physicians, nurses, social work and pastoral care) focusing on the management of pain and other symptoms with the goal of maximizing quality of life while living with serious illness.

3) Who is the “attending health care practitioner” according to the law?

Only physicians and/or nurse practitioners can be the patient’s “attending health care practitioner.” While physician assistants and other health care professionals may also, consistent with their scope of practice, provide information and counseling about palliative care and end-of-life options, they are not required to do so under this law and their communication does not substitute for their supervising or allied “attending” practitioner’s compliance with the law.

4) What information should a practitioner provide in order to comply with the PCIA law?

There are four components: 1) Prognosis; 2) Range of options appropriate to patient; 3) Risks and benefits of various options; and 4) Patient’s legal right to comprehensive pain and symptom management at end of life.

5) Are there any exceptions to offering this information?

There are no exemptions to this law (cultural, therapeutic or otherwise). The information and counseling must be offered, but it need not be provided if the patient (or authorized decision-maker) declines the offer.

6) If a primary care practitioner (PCP) diagnoses a terminal condition and refers out, must the PCPs offer to provide information and counseling?

If a PCP provides, or is expecting to provide, ongoing care or care coordination, then they must offer to provide information required by the PCIA law. Alternatively, they can reach an agreement with the patient’s specialist who can assume the responsibility.

7) I'm a specialist. Am I required to offer information?

Yes – all practitioners who expect to provide ongoing care or care coordination have primary responsibility to offer information. However, when there is more than one practitioner, the law allows assignment of the responsibility to one practitioner. Unless they agree to assign responsibility to one of them (documented in record), each retains a primary responsibility under the law.

8) How does the practitioner determine “reasonably expected” to cause death within 6 months?

The PCIA law does not address this question. The determination is based on the clinical condition of the patient, including his/her primary diagnosis and comorbidities, utilizing the knowledge and experience of the practitioner. This topic will be addressed in a subsequent article in this series.

9) When must the offer of palliative care information and counseling be made?

The offer is required when death is reasonably expected based on the patient's condition within six months. The frequency of an offer/reoffer is not addressed in the law. The need/desire for information may change over time, consequently, it should be offered based on the clinical and patient factors.

10) Does the PCIA law limit when I discuss Palliative Care?

No. The PCIA law only directs when palliative care information and counseling must be offered. It does not limit having discussions about palliative care EARLIER in the illness trajectory, which may be appropriate and recommended as part of best practice.

11) Should the offer of palliative care information and counseling be documented?

Yes, documentation is critical for several reasons: 1) to alert other practitioners; 2) to support reimbursement claims related to counseling; and 3) to respond allegations that the offer was not made.

12) What are the “legal rights to comprehensive pain and symptom management at the end of life?”

The PCIA law does not define this. Practitioners should provide options for controlling their pain and symptoms, including information about treatments for shortness of breath, fatigue, and nausea and loss of appetite, among others.

Additional references and resources:
<http://www.getpalliativecare.org/>
<http://www.palliativedoctors.org/>

October 2011 Updates

Pharmacy & Therapeutics

FORMULARY & POLICY CHANGES:

Capsaicin Patch (Qutenza) – approved to formulary restricted to RGMG outpatient practices. Capsaicin patch is a new treatment option for neuropathic pain associated with postherpetic neuralgia. The patch reduces pain up to 12 weeks therefore is dosed once every 3 months. Most common adverse events were application site erythema and pain.

OTHER FORMULARY CHANGES:

Hyaluronidase 200 unit vials replaces hyaluronidase 150 unit vials (on long term back order) for use in treating IV site extravasations.

Rosiglitazone (Avandia) removed from formulary. FDA new REMS program limits dispensing only from mail order pharmacies by approved Physicians to consented patients.

POLICIES:

Disaster Response Plan updated to reflect county standard code wording.

INFORMATIONAL:

Antimicrobial Renal Dosing Guidelines document has been completed and will reside on the new RGH Antimicrobial Stewardship RGHS intranet page.

NEW SHORTAGES AFFECTING RGH (AS OF 10/1/2011):

- Papaverine injection – manufacturing delays – considering alternative agents
- Prochlorperazine inj – manufacturing delays – using alternative agents.
- Caffeine benzoate inj – manufacturing delays – doing without.

Resolved shortages:

- Aminocaproic Acid injection
- Calcium gluconate injection.



2011 Founders Society Gala

Congratulations to the 2011 Philanthropy Award Honorees:

- Agnes Bartlett Curtis Philanthropy Award: **Gail Riggs, Ph.D.**
- John Whitbeck, M.D. Clinical Philanthropy Award: **Edward Tanner, M.D.**, Chief of Orthopaedics
- Mary L. Keith, R.N. Employee Philanthropy Award: **Hugh Thomas, Esq.**
- B. Thomas Golisano Honorary Award: **George and Thelma Haizlip**
- Lifetime Achievement Award: **Betsy Morse**

As physicians, we can make a profound impact by attending and sponsoring the event. Sponsorship packages start at \$2,500 and include tickets to the event. Details on each package are available at www.giveRGH.org and at the foundation office.

Call 922-4800 for more information. You can also purchase tickets online at www.giveRGH.org.

2011 Founders Society Gala

Fantastic Voyage!

Saturday, November 19, 2011

Rochester Institute of Technology
Gordon Field House

Congratulations to the 2011 Philanthropy Award Honorees:
Agnes Bartlett Curtis Philanthropy Award: Gail Riggs, Ph.D.
John Whitbeck, M.D. Clinical Philanthropy Award: Edward Tanner, M.D., Chief of Orthopaedics
Mary L. Keith, R.N. Employee Philanthropy Award: Hugh Thomas, Esq.
B. Thomas Golisano Honorary Award: George and Thelma Haizlip
Lifetime Achievement Award: Betsy Morse

BOARDING PASS
Fantastic Voyage!
Saturday, November 19, 2011

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