



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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Editorial Staff:

JEANNE GROVE, DO, Editor
PAMELA SULLIVAN, MD

24/7 PHYSICIAN HOTLINE NUMBER

922-4414

DIRECT ADMISSION NUMBER:

922-7333

CALL THE HOSPITALIST
FOR YOUR PATIENT

922-7444

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

For years many have been concerned about the risks of distracted driving. Recent data confirms nearly eight thousand deaths and over half a million accidents a year are directly attributable to the use of cell phones in moving motor vehicles in the past year. An additional several thousand deaths and tens of thousands of accidents are felt to be due to distracted driving in some form.

As physicians and healthcare providers and those entrusted with public health and safety, I know that many of you are very concerned about these statistics. Laws locally and regionally have been passed to eliminate texting while driving, a practice common among many, particularly younger drivers. It is currently illegal to use a handheld phone while driving, although many continue to do this and police and other enforcement groups do not feel full community support in enforcing this law. Senator Jim Alessi, the sponsor of the anti-texting law locally has asked for Governor Patterson's support in bringing this and other distracted driver legislation forward at the state level. You will see a variety of community service commercials during the week leading up to many high school proms and the week before and after Memorial Day, the traditional start of the summer driving season. I know that many of us recognize the dangers of distracted driving, particularly that related to cell phone use, however I know that many of us continue to use cell phones while driving. Incidentally, hands free cellular phone use while driving although perhaps a bit safer than handheld has been shown to also greatly increase the number of distracted driving accidents and incidents.

You may know that in the mid 80s Rochester General Hospital was the first hospital in the state to mandate seatbelt use by employees while driving on the campus. The theory was that if employees needed to have their seatbelts on when they arrived on the campus or left, that perhaps they would use them while driving off the campus. Dr. John States spearheaded this effort and I had the great privilege of working with him on this project. Much to my surprise and delight, Governor Mario Cuomo in the mid 80s mandated the use of seatbelts. This initiative subsequently became a mandate throughout the United States literally saving millions of lives and reducing accidents over the last 25 years. I believe that distracted driving and the fatalities and accidents, many quite serious and disabling, is worthy of a similar initiative and support.

To this end, I have requested input from all members of the Medical Dental Staff to assess their potential support for an initiative to reduce distracted driving, particularly as it relates to cell phone use and misuse in motor vehicles. The executive committee of the Medical Dental Staff has unanimously supported this and I am very interested to receive the input of all MDS members. Imagine if we could eliminate the physical and emotional suffering and the profound impact on patients and surviving family members and friends with the elimination of eight thousand plus deaths annually and reduce or eliminate a half a million accidents annually, many of which I am told equal the types of injuries we have seen in our service people in the Iraq war. This could have a profound impact on our overcrowded emergency departments



Dr. Richard Constantino,
President RGH MDS

CDIP CORNER –
THE POWER OF THE PEN
Accelerated Hypertension

By Mary Darrow, CCDS



Hypertensive emergency, uncontrolled hypertension, severe hypertension and hypertensive crisis are diagnostic terms that are frequently documented in the medical record. These terms are **not** recognized in the official ICD-9-CM coding system as adding to the severity of illness of the patient.

The terms, **“Accelerated”** or **“Malignant” used with Hypertension** are the only descriptors that ICD-9-CM recognizes to show clinically significant hypertension.

DEFINITION – Accelerated Hypertension

Systolic > 180, or
Diastolic > 110, and
End-Organ Involvement (CNS, renal, cardiac), or
Symptoms (headache, chest pain, angina, SOB)

(Approved by Dr. R. Sterns)

EXAMPLE of Effect on SOI and Reimbursement

(Based on 5-day Medicare Hospital Stay)

Documented Diagnosis	SOI (Severity of Illness) max is 4	Reimbursement
ARF w/ Hypertensive Crisis	2	\$3,600
ARF w/ Accelerated Hypertension (as above + definition of AKI met)	3	\$5,570
CHF w/ Hypertensive Crisis	1	\$3,560
Acute CHF w/ Accelerated Hypertension (as above)	1	\$4,960

To contact the CDI Office, call 922-3721 or log on to the Clinical Documentation Improvement Portal Site and leave a message on the “Feedback” Link.

***Congratulations to Dr. Amer Zeidan, May’s Recipient of the Documenter of the Month Award from the CDI Team.**

Message from Mark Clement, President & CEO, RGHS

I am delighted to inform you that Janine Schue will be joining our organization as Senior Leader for People Resources, effective next Monday, May 10. Over the past three years, our organization has made encouraging progress in our commitment to make our health system a great place to work for our team members, and a great place to practice medicine for our Medical and Dental staff. Janine was chosen to lead our People Resources Division following an extensive search and selection process that involved front line team members, physicians and leaders.



Janine Schue,
Senior Leader
People Resources

Janine brings more than twenty years of progressive Human Resources leadership experience to RGHS. She served as Senior Vice-President for Human Resources for Home Properties, Inc., where she was responsible for planning, directing and implementing human resource initiatives that supported the strategic objectives of a company with annual revenues of more than \$500 million. Prior to joining Home Properties, Janine spent a significant portion of her career as Director of Human Resources at Wegman’s, a highly respected national leader in the food market industry. During her tenure at Wegman’s, she played an important role in creating a culture that resulted in Wegman’s consistently being recognized as one of the best organizations to work for in the nation by Fortune Magazine, including a ranking of number one in 2005.

As Senior Leader, Janine will lead the efforts of our People Resources team as we continue to identify ways to further enhance the work environment at all RGHS affiliates, and support our vision of becoming the healthcare provider and employer of choice in our region! Please join me in extending a warm welcome to Janine, as she begins her new role at RGHS.

I would also like to extend my thanks and appreciation to Karen Oliveri, who has done a wonderful job serving as interim Senior Leader for People Resources over the last several months. As we welcome Janine, please join me once again in thanking Karen and the entire People Resources Team for their capable leadership and service to our system during these past few months!

New Creatinine Assay

The methodology for measuring creatinine in the RGHS Clinical Laboratory has changed from a Jaffe-based alkaline picrate reaction to a more accurate and precise enzymatic reaction. This change, in accordance with guidelines from organizations like the National Kidney Disease Education Program of the National Institutes of Health, is less likely to be susceptible to interferences from substances like glucose, ketones, proteins, and bilirubin. It is standardized to an isotope dilution mass spectrometry (IDMS) measurement of creatinine. As a result of the reduction in interferences, a creatinine measured by the new method can have a slightly lower value than was seen with the previous creatinine method. An internal study showed very good correlation between the assays. In some instances, the value increased slightly as well.

For these reasons, there is no conversion factor from the old to the new method. There is a new reference range, which was determined by the manufacturer. In addition, there is a new eGFR calculation provided by the manufacturer, which takes into account the slight variation between methods. Most centers that have already switched simply start using the new enzymatic method in place of the value calculated from the old method.

Newark-Wayne and Lakeside Hospitals will continue to use the alkaline picrate method until the new assay becomes available on instruments used at these sites.

Please do not hesitate to contact the **Chemistry laboratory at 922-4488** with any questions, issues or concerns.

ROCHESTER GENERAL HOSPITAL MEDICAL & DENTAL STAFF REGRETS THE PASSING OF **Joann Kubis, MD**

a member of the RGH MDS since August 1994 serving in the Department of Medicine/Internal Medicine
and

Elizabeth Friedman, MD

a member of the RGH MDS since October 2002 serving in the Department of Medicine/Allergy & Immunology

Both of these Staff Members were cherished health care professionals who service RGH and the community impeccably.

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

Adam Herman, MD

Department of Medicine/Geriatrics
2066 Hudson Ave
Rochester 14617 585-922-2800

John D. Marquardt, MD

Department of Orthopaedic Surgery
125 Lattimore Rd #100
Rochester 14620 585-473-1033

Rajiv Sharma, MD

Department of Medicine/Hospitalist
1425 Portland Ave #287
Rochester 14621 585-922-5067

Assunta Strang, MD

Department of Pediatrics
510 Kreag Rd
Pittsford 14534 585-218-9560

Darlene Welsh, NP

Department of Emergency Medicine
1425 Portland Ave #308
Rochester 14621 585-922-9080

CHANGE TO INACTIVE

Carie Bradt, RPA-C Didem Miraloglu, MD
Heather Henderson, NP Maureen O'Brien, RPA-C

REMINDER

ALL BALLOTS for the 2010 RGH MDS Elections must be returned by 6/7/2010. Elections results will be announced during the Quarterly Staff Meeting on June 18, 2010.



REMINDER

Dues notices were issued at the beginning of May. Payment must be received by June 1, 2010. If you have misplaced your dues notice, simply send a \$125 check made out to the RGH Medical & Dental Staff c/o Mary Lou McKeown @ 1425 Portland Ave.



Message from Mark Clement, President & CEO, RGHS



Mark Clement,
President & CEO

Spring is a season of renewal, growth and promise. Those same attributes provide a wonderful metaphor for the changes Rochester General Health System has experienced through the first five months of 2010. It is not an exaggeration to suggest that the events of early-2010 will have a profound and lasting impact on our journey to become our region's most respected and trusted healthcare provider!

Landmark Change and Challenges

So far, 2010 has been a period of landmark change and significant challenge. However, we have also seen the emergence of new opportunities and exciting organizational progress.

- For the first time in nearly 50 years, the federal government passed sweeping healthcare reform legislation, eliminating many unfair insurance practices while expanding access to health care for more than 32 million previously uninsured citizens.
- Regional and national trends reflect a shift in demand for healthcare services. Providers are experiencing reduced demand for both in and outpatient services, likely driven by the economic downturn of the past two years and by the redesign of health plans in ways which push greater financial responsibility for care back to the patient.
- As the New York State legislature struggles to approve a budget, our system leaders continue to meet with elected officials in an effort to limit proposed reductions in Medicaid reimbursements. While we recognize the fiscal crisis facing our state, it is simply unfair for hospitals to bear a disproportionate share of budget cuts – representing \$4 billion statewide over the last two years, and \$19 million to our system alone over the past three years.

Encouraging Progress Within our System

I especially want to acknowledge the work our Medical and Dental staff and other team members are doing to transform our culture at RGHS. We are becoming more nimble and better able to respond to a rapidly changing environment that has been impacted by unprecedented healthcare reform, the state budget crisis, a sluggish economy, and many other forces. Physicians and team members at all levels are working to accelerate this change, generating ideas that promote greater effectiveness and efficiency, and making RGHS an even better place to practice medicine and receive care.

- Despite relatively “soft” volumes experienced by hospitals throughout our region and across the nation, RGHS remains financially solid. We finished the first quarter with a positive operating margin of 1.1%, keeping us on pace to achieve our system goal for 2010.
- Thanks in large part to the commitment of our Medical and Dental staff, for the fourth straight year we were recognized as one of the nation's Top 100 Integrated Health Systems, this time ranking in the top 50, and among the top 10 in the entire Northeast.
- Our Robotic Surgery Program recently performed its 3,000th procedure, making it not only the region's leader, but placing it within the top 4% of programs in the United States.
- Our efforts to improve the practice environment for you, our physicians, are producing encouraging results. A recent physician survey involving nearly 600 members of the RGHS MDS showed dramatic improvement in virtually every area, ranging from the perception of quality of nursing care to the ease and efficiency of practice. Based on your feedback, RGH and NWCH are now at the 83rd and 94th percentile, respectively, in overall physician satisfaction when compared with a cohort of 400 other hospitals across the country. We will continue to seek your feedback and explore new and creative ways in which we can build the best possible practice environment for our physicians.
- Similarly, we've continued our efforts and commitment to create a great work environment for our team members. RGHS has climbed to the 83rd percentile nationally in team member satisfaction, which will help our efforts to attract and retain the best and brightest in the region.

Looking Forward

I am excited and optimistic about our current and future plans – many of which I will address in greater detail in upcoming issues of Forum and at our quarterly Medical Staff meetings. These initiatives will enable us to maintain the pace of positive change and progress occurring throughout our system and help make RGHS our region's health care provider of choice -- for both patients and physicians. Some of the important projects that I will address in upcoming Monthly Updates include:

- **Culture of Safety:** In the coming months, we will be asking all team members and physicians to participate in a Culture of Safety survey. This tool will help us identify ways we can provide even more support to our caregivers as they deliver the highest quality and safest care possible.
- **Wilson Center:** With recent Board approval, we are working to complete the purchase from Blue Cross Excellus of the Wilson Health Center. Located directly on the RGH campus, the Wilson Health Center will add 80,000 square feet of clinical space for expansion.
- **Electronic Medical Record:** Later this summer, phased implementation of the EPIC Electronic Medical Record (EMR) system will begin. The EMR, which will be implemented over a 2-3 year period, will improve both the quality and efficiency of the care we provide throughout our system, and support our work in clinically and operationally integrating our seven affiliates. The Epic EMR product offers a number of significant advantages for our Medical and Dental staff, particularly the "one-patient/one-record" concept on which the system is based. With Epic EMR an individual patient record can be accessed, in real-time, by any provider within our system.
- **PeriOperative/Surgical Services Modernization:** This exciting project calls for the expansion and modernization of RGH's main ORs as well as our pre and post recovery facilities. This will result in improved patient flow as well as greater capacity and efficiency. The team leading this project will present final plans to our Board in July, with a goal of receiving CON approval by September and start of construction in Q2 or Q3 of 2011.
- **NWCH ED Replacement:** With CON approval expected soon, the NWCH ED replacement will create a modern, state-of-the-art ED at NWCH, allowing us to further improve the care and service we provide to patients in the Wayne County and Finger Lakes region. Design work for the new ED is expected to be completed by this November, with construction slated to begin in the first quarter of 2011.
- **Service Excellence:** Our system has made encouraging progress in recent years in improving physician, team member, patient, and customer satisfaction. However, work remains to be done in our journey to consistently deliver an unparalleled patient experience—Every Customer, Every Encounter, Every Time!—that will distinguish RGHS from all other providers in the region. Our upcoming Leadership Development Institute (LDI) sessions in early June will be dedicated to the topic of improved customer service.
- **Outpatient Dialysis Expansion:** Earlier this year, our Board approved a plan to create a second Outpatient Dialysis Program in the Webster area. This will allow our system to accommodate the growing dialysis patient population and provide greater convenience and access to patients residing in eastern Monroe and western Wayne counties. Once a site is identified, we will proceed with submission of a CON for state approval.
- **Relocation of Carlson Commons:** After more than 18 months of study, we are in the final stages of site selection to relocate the more than 500 team members now working at Carlson Commons. The two final sites that are under consideration are conveniently located to the RGH campus and will offer our team members a much improved physical work environment.
- **Hill Haven Replacement:** Late last year, we were awarded an \$8 million state grant which will help fund an exciting modernization project of our Hill Haven facility. Replacing the current, functionally obsolete physical plant with a new state-of-the-art facility will allow us to better serve our residents and patients for decades to come. Plans call for completing the clinical, space and business planning for this project and moving forward with CON submission later this year.

Clearly, much has been accomplished in recent months on our journey to become "One Great Health System"—a system recognized for excellence in all that we do. This is an exciting and pivotal time in our nation's efforts to improve the delivery and financing of healthcare. Thanks to your talent and hard work, I believe we are positioned to become a national leader in a new environment that rewards organizations that deliver high quality care in an efficient manner! As always, I thank you for your continued support of our efforts and of our long range vision. Working together, I am confident that 2010 will be a terrific year for RGHS and will bring us closer to our goal of becoming our community's health care provider of choice!!



ANTIBIOTIC SUSCEPTIBILITY PROFILE (JANUARY-DECEMBER 2009) PERCENT SUSCEPTIBLE TO ACHIEVABLE SERUM LEVELS

O r g a n i s m	I S O L A T E S ^a	A M I K A C I N	A M P / S U L B	A M P I C I L L I N	C E F A Z O L I N	C E F E P I M E	C E F T R I A X O N E	C I P R O F L O X A C I N	C L I N D A M Y C I N	E R Y T H R O M Y C I N	G E N T A M I C I N	I M I P E N E M	N I T R O F U R A N T O I N ^b	O X A C I L L I N	P E N I C I L L I N	P I P E R / T A Z O	T E T R A C Y C L I N E	T O B R A M Y C I N	T R I M / S U L F A	V A N C O M Y C I N
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RGHS Rochester General Hospital Inpatient Sensitivities

<i>Acinetobacter baumannii</i>	37	97						32			62	100				43	34	86	43	
<i>Citrobacter freundii</i>	54	100						94			91	100	98			81		94	81	
<i>Enterobacter cloacae</i>	136	100						96			96	100	57			77		94	90	
<i>Enterococcus sp.</i> ^c	564							30 ^d			80 ^e		97		92		27			100 ^c
<i>Escherichia coli</i> ^f	1300	100	60	58	91		98	81			91	100	98			98		92	82	
<i>Klebsiella oxytoca</i>	97	100	61		64		94	99			98	100	95			94		99	96	
<i>Klebsiella pneumoniae</i> ^g	415	99	80		93		97	96			96	100	67			96		96	94	
<i>Morganella morganii</i>	54	100						91			93	100	0			95		96	73	
MRSA/ORSA ^h	588								31 ⁱ					0			97		99	100
MSSA/OSSA ^j	469				100				69 ⁱ	65			100	100			97		98	100
<i>Proteus mirabilis</i>	236	100	98	86	87		100	89			94	100	0			99		93	88	
<i>Pseudomonas aeruginosa</i>	357	98				96		81			91	95				92		92		
<i>Serratia marcescens</i>	69	100						99			100	100	0			99		97	100	
<i>Staph. sp. coagulase neg.</i>	277				33				54 ⁱ	36			99	33			85		60	100

a=average number of isolates tested

b=drug should be used for treatment of urinary tract infections only

c=VRE (vancomycin resistant *Enterococcus*) prevalence was 25% for 2009

d=based on urine isolates only

e= gentamicin 500µg high level aminoglycoside susceptibility in *Enterococcus sp.*

f=*E. coli* ESBL prevalence for 2009: 1%

g=*K. pneumo* ESBL prevalence for 2009: 2%

h=methicillin/oxacillin resistant *Staph. aureus* prevalence for 2009: 56%

i=based on inducible clindamycin resistance testing results for a subset of total isolates

j=methicillin/oxacillin sensitive *Staph. aureus*

Streptococcus pneumoniae penicillin susceptibility was 95% for all isolates recovered during 2009 (n=285, 2% displayed high level resistance with MIC ≥2 µg/ml)

Prepared by:
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Director of Microbiology

Theodor K. Mayer, M.D., Ph.D.
Chief of Clinical Labs and Pathology

Rochester General Hospital Antibiotic Susceptibility Report for 2009

The Rochester General Hospital Antibiotic Sensitivity Report for 2009
is now available. On-line you can view it through the Rochester General internet and intranet sites.
For a printed antibiogram card, call the Microbiology Lab at **585-922-4063**.

Dr. Constantino

cont. from page 1

and perhaps reduce healthcare costs as it relates to these accidents and subsequent care of injured patients.

I realize this is a very complicated issue and may reduce some individuals efficiencies as they have come to rely upon utilization of time spent in their cars for doing other things. I would hope that most, if not all, would recognize the incredible cost of this practice in terms of human life, injury, suffering and financial burden. I recognize there are untoward consequences of these changes. You may wonder why I believe it is important for the MDS to support this initiative. I believe that as a group, healthcare workers and physicians in particular, have the greatest legitimate need to speak with patients urgently perhaps while driving. If we as a group eliminate this practice, it sends a very powerful message to all. If those of us who have the greatest insight into injuries, illness and safety risks of this practice are willing to forgo doing it despite our having the greatest justification perhaps for talking on cell phones while driving, I believe it will not only educate the public, but empower our lawmakers and law enforcement officials to support laws and initiatives, those already passed and those to be passed.

In my poll of the MDS, I've asked them if they support this initiative philosophically and if they would be willing to support it in terms of elimination of their own cell phone use; supporting existing laws for non-hands free cell phone use and possibly elimination of hands free cell phone use in the future. I am also requesting that they support elimination or reduction of distracted driving from all causes. (For unknown reasons, listening to music in a moving vehicle or talking to other passengers has not been documented to greatly increase the risk of accidents, although I certainly don't understand this.) I am envisioning that physicians could ultimately display appropriate literature in their offices in support of elimination of distracted driving.

If our Medical Dental Staff can support this, I envision that we could begin a program of contacting other Medical Dental Staffs to create support in other institutions and in other regions and eventually bring this to county and state medical societies creating a broad based push for this initiative.

I am very interested in your input regarding this issue and hope that you can support this. Happy spring and please drive safely.

Rochester General Hospital Physician Earns Prestigious Designation from the Society of Hospital Medicine

Balazs Zsenits, MD, FACP, SFHM/Medical Director of the Hospitalist Division at Rochester General Hospital has earned the designation Senior Fellow in Hospital Medicine (SFHM), awarded by the Society of Hospital Medicine. Only 150 hospitalists nationwide were selected to receive this first-ever credential.



The inaugural class of SFHM designees represents hospital medicine's most experienced leaders. To be designated as a Senior Fellow in Hospital Medicine, an applicant must:

- Serve as a hospitalist for at least five years
- Be a member of SHM for at least five years, and
- Demonstrate their dedication to quality and process improvement, commitment to organizational teamwork and leadership, as well as lifelong learning and education.

"Our new SFHM designees combine the innovation and experience that make hospital medicine such a vital and visionary medical specialty," said SHM's CEO, Larry Wellikson, MD, SFHM. "We hope that hospitals and communities will join us in congratulating these individuals in their leadership, experience and service to improving patient care in the hospital."

Dr. Zsenits will be inducted in the inaugural class of Senior Fellows at SHM annual's meeting in Washington, DC on April 10, 2010.

"It is a great honor to be awarded the Senior Fellowship by SHM, the society that leads hospitalists in improving quality and effectiveness of patient care in hospitals - the most complex, most expensive, and riskiest settings of health care," said Dr. Zsenits. "I am fortunate that our excellent team of hospitalists at Rochester General Hospital has been supported in their work by our hospital's forward-thinking leaders. Among its other achievements, our hospitalist program has reduced in-hospital mortality to half of what is expected [based on New York state hospitals' data for matched disease severity] and our entire hospital team remains focused on safety, service, and the efficiency of patient care."

ABOUT SHM

SHM is the national organization for hospitalists. We are leading the transformation and improvement of care for the hospitalized patient through innovation, collaboration, and action. Over the past decade, studies have shown that hospitalists decrease patient lengths of stay, reduce hospital costs and readmission rates, all while increasing patient satisfaction. Hospital medicine is the fastest-growing specialty in modern healthcare, with over 31,000 hospitalists currently practicing and an upward growth trajectory in full force. For more information about SHM, visit www.hospitalmedicine.org.

GRIPA Receives Quality Honor and Awarded Contract from IPRO to

Improve Results for those with Chronic Kidney Disease

The Greater Rochester Independent Practice Association (GRIPA) is pleased to announce it received a **quality award for its outstanding commitment to patient safety and quality improvement** as demonstrated by the development and implementation of a variety of innovative intervention strategies. The award will be presented at IPRO's Annual Membership meeting and Luncheon on Tuesday June 8, 2010.

Additionally, GRIPA received a \$40,000 contract from IPRO to develop additional system improvements targeting patients with Chronic Kidney Disease. Chronic Kidney Disease is the ninth leading cause of death in the U.S., affects 13% of the total U.S. population, and accounts for 23.7% (approximately \$58 billion) of total Medicare expenditures annually. And, the efforts of IPRO and GRIPA

GRIPA brings together the extraordinary knowledge and expertise of an 822-physician membership, Rochester General Hospital and Newark-Wayne community hospitals, and a medical management and information technology staff with goal of improving the quality and cost effectiveness of health care. GRIPA provides medical, business, and

GRIPA provides medical, business, and technology management services aimed at making better health care easier to deliver, less costly for patients, and more rewarding for all involved.

intend to improve the quality of life for those with the disease. Currently, IPRO is also working with GRIPA on several medication safety initiatives.

IPRO is a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. Founded in 1984, IPRO is highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. IPRO holds contracts with federal, state and local government agencies, as well as private sector clients, operating best-of-class programs in more than 33 states and the District of Columbia. A national nonprofit organization, IPRO is headquartered in Lake Success, New York.

technology management services aimed at making better health care easier to deliver, less costly for patients, and more rewarding for all involved. GRIPA's health information technology program, GRIPA Connect, creates a connected community of physicians, hospitals, labs, imaging facilities, and pharmacies, sharing patient information through a secure web portal. The program also includes robust care management and adherence to physician-created Clinical Care Guidelines. GRIPA has appeared three times on the Rochester Top 100 list. For more information visit www.gripa.org and www.gripaconnect.com

