MEC Approves Physician Aging Policy

Munson Medical Staff’s Medical Executive Committee recently approved a new policy that will address aging issues and medical practice. OB/GYN and Medical Executive Committee Past President David Wright, MD, answers a few questions about the policy:

What prompted the policy?
I was reviewing articles for my board recertification and came across an article in The American Journal of Obstetrics and Gynecology in March of 2012. It was a Patient Safety Series entitled “The Senior Obstetrician Requesting Obstetric Privileges.” It was a hypothetical case study of an 82-year-old OB/GYN applying for full privileges at a hospital. It raised a lot of questions about what we would do in that situation. I took the concept of establishing a policy at Munson to our medical leadership and started researching what other institutions did when it came to evaluating aging physicians. What I found was only about 5 percent of medical staffs nationwide had a specific policy to address this issue.

What are the specific changes and why are they being implemented?
In conjunction with their biennial reappointment at age 65, practitioners holding clinical privileges at Munson Medical Center will complete an examination that addresses both their physical and mental capacity for the privileges requested. If the exam and evaluation are sufficient to reappoint the physician/practitioner, see Aging Policy, page 2

Outpatient Orders Policy Goes Into Effect Jan. 1, 2014

Starting Jan. 1, Munson Medical Center will implement its new outpatient orders policy. The policy was developed to meet CMS guidelines, improve communication among health care providers, and to protect reimbursement for services performed.

It applies to all faxed, electronic, or original signed outpatient orders.

“We’ve never had a policy before that outlined our expectations, so physician offices frequently asked us, ‘What do you want us to do?’” said Karen Popa, director of Patient Financial Services. “So as part of fulfilling ICD-10 medical necessity documentation, creating a clear policy actually kills two birds with one stone.”

Physicians and ancillary departments began meeting 18 months ago to discuss medical necessity documentation when it was discovered that without a policy that had clear elements, missing information often created extra or even redundant work for providers.

“Our whole aim in establishing this policy was to make it easier for the physicians and their offices,” Popa said. “We understand how busy they are.”

Since many physicians travel among hospitals, Popa said that it was important to ensure a consistent policy throughout the system.

see Outpatient, page 2

210 Beaumont Removed

210 Beaumont, the former offices for the Munson Healthcare Regional Foundation, was recently demolished by contractors as part of the Cowell Family Cancer Center project. The building was the last structure on the future cancer center’s footprint. Its demolition prepares the way for construction of the cancer center next spring.
Interdisciplinary Thoracic Oncology Clinic Opens in Munson Professional Building

Munson Medical Center’s vision for improving cancer services includes the Cowell Family Cancer Center where patients can receive coordinated services in a single location.

However, while efforts continue toward creating a physical space for the cancer center which is expected to break ground next spring, the Multidisciplinary Thoracic Oncology Program has initiated a multidisciplinary thoracic oncology clinic which began seeing patients in October.

The clinic meets weekly.

‘Any patient with a suspicion of lung, esophageal, or thymus cancer, or a new diagnosis is a candidate for referral.’

Program Coordinator Kendra Worden, MSN, FNP-C, said the multidisciplinary clinic provides patients with coordinated services in a single location.

“Any patient with a suspicion of lung, esophageal, or thymus cancer, or a new diagnosis is a candidate for referral,” she said. “Patients with an existing diagnosis who would benefit from re-evaluation and treatment planning also are candidates.”

During a clinic visit, patients will be seen by physicians from medical oncology, radiation oncology, thoracic surgery, pulmonology, and others as appropriate. Other services such as nutrition, social work, palliative care, and cancer research also are available for patients during their appointment.

For more information, or to refer a patient, call (231) 392-8400, option 3. The clinic is located in the Munson Professional Building, Suite 211.

continued from page 1,

Aging Policy

then the next request for evaluation will begin at age 70 and occur at each reappointment date. This is a “fitness to work” evaluation and must indicate that the physician/practitioner has no physical or mental problems that may interfere with the safe and effective provision of care permitted under the privileges granted. The policy objective is to make certain that patient safety and quality are adequately ensured by assessing the abilities, competencies (cognitive and technical/procedural), and health status of each appointee who has been granted privileges upon reaching the age of 65/70 and thereafter.

When will this policy be implemented?
The policy was accepted and passed by the MEC at their November meeting. It has some minor details which need to be addressed by medical staff leadership and Medical Staff office before it can be implemented. Since we all have reappointments at different times of the year (depending when each section is going through reappointment) physicians/practitioners will have to comply with this policy at different times when their privileges come up for renewal.

How will changes to the policy benefit patients and medical staff?
This is a patient safety issue first and foremost. The MEC is obligated to assess each practitioner’s capacity to perform all requested privileges. At the biennial review many different factors are reviewed by the Medical Staff office and Credentials Committee in making recommendations to the MEC. The MEC in turn makes recommendations to the Board which grants privileges. This would be more evaluation added to that review.

Anything else you feel is important for Medical Staff to understand about this policy?
First, many active medical staff members have already given important input to this policy. I have told many this is a starting point. This policy will need to be reviewed annually as more information on evaluating the aging physician comes to light.

Second, this is only one piece of the evaluation. Many other things are looked at during the reappointment process. I see this as a screening evaluation to improve patient safety and to help us all as we get older. An adverse evaluation does not automatically mean you lose your privileges. It may be an opening for all of us to help our fellow staff members.
Munson Medical Center’s effort to communicate the signs and symptoms of stroke will branch out to more young people in the coming year.

In past years, the hospital has participated with Value Health Partners, a group of eight hospital systems across the state to educate young people about stroke care through a video contest. Winning entries were posted on YouTube.

In 2014, the Michigan Department of Community Health is helping expand the program to include posters, paintings and other media to get the message further into more schools.

Medical Department Chairman Donald Caraccio, MD, said by using the acronym F.A.S.T. young people can become educated about the signs of stroke and possibly intervene and save lives by calling 911. A three-hour window is important to administer tPA if appropriate.

“Educating the young about stroke will help in several ways,” he said. “It will provide early education about the importance of wellness issues and create more awareness among the younger generation if they see the signs of a stroke in a grandmother or grandfather. These kinds of programs have long-term benefits.”

Clinical Nurse Specialist Kathleen Glaza, MSN, RN, ACNS, BC, said the beginning Jan. 1 any school in the state may participate in the contest to communicate the signs of stroke. Winning schools receive $1,000, with $500 for second place.

Representatives from the Michigan Community Health Department plan to reach out to area schools to enter the contest. Munson Medical Center’s Stroke Unit is able to sponsor schools from throughout much of northern Michigan.

Application forms are available at valuehealthpartners.org. More information about the program is available by contacting Vicky Zimmerman at (231) 935-2688, vzimmerman@mhc.net. Or Glaza at (231) 935-7504 or kglaza@mhc.net.

Munson Recognized by AHA-ASA for its Stroke Care

Munson Medical Center recently was recognized by the American Heart Association and American Stroke Association’s Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award.

The award recognizes Munson Medical Center’s commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

“With a stroke, time lost is brain loss, and this recognition from the American Heart Association/ American Stroke Association demonstrates that our staff is committed to providing care that has been shown in the scientific literature to quickly and efficiently treat stroke patients with evidence-based protocols,” said Donald Caraccio, MD, chairman of Munson Medical Center’s Medical Department.

The award represents 12 consecutive months of 85 percent or higher adherence to all Get With the Guidelines-Stroke Quality Achievement indicators and at least 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures during that same period of time. These guidelines represent benchmarks to measure quality of care.

These measures include aggressive use of medications, such as antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs, and smoking cessation, all aimed at reducing death and disability and improving stroke patients’ lives.

During the past quarter, 63 percent of the hospital’s eligible ischemic stroke patients have received tissue plasminogen activator, or tPA, within 60 minutes of arriving at the hospital.

If given intravenously within three hours after the start of stroke symptoms, tPA has been shown to significantly reverse the effects of stroke and reduce disability.
Three MHC Hospitals, BCBSM Sign Agreement
Three Munson Healthcare hospitals and Blue Cross Blue Shield of Michigan are launching a new value-based hospital reimbursement agreement in northern Michigan designed to improve patient care and medical outcomes while also enhancing efficiency and holding down the cost of care.

The new reimbursement arrangement is being launched at Munson Medical Center in Traverse City, Kalkaska Memorial Health Center in Kalkaska, and Paul Oliver Memorial Hospital in Frankfort.

The arrangement covers a three-year period and supports closer collaboration between the hospitals and their physician partners to improve the health of the populations they serve.

To accomplish this, BCBSM will provide the health system with funding for infrastructure improvements needed to better coordinate care between the hospitals and physicians.

Munson Oncology Offers New Centralized Phone Number
Patients will now have the convenience of one centralized number for Munson Oncology physician offices. The number is (231) 392-8400.

Callers will be prompted to select their location, either Munson Oncology, 5041 N. Royal Drive, Suite 2, or Munson Oncology, 4960 Skyview Court.

The North Royal Drive location contains the offices for Lisa Hughes, DO; Peter Kohler, MD; Richard Kosinski, MD; and Andrew Riddle, MD.

The Skyview Court location includes the offices of David Gordon, MD; Joshua Ruch, MD; Robert Schwert, DO; and Zachary Word, M.D.

Hospitalist Joins Munson Medical Staff
William F. Lange, MD, has joined the staff of Munson Medical Center as a specialist in hospital medicine. Dr. Lange practices at Patient Care Specialists, 1105 Sixth St., Traverse City. Dr. Lange graduated from Ohio State University College of Medicine, Columbus, Ohio. He completed his residency at Marquette General Hospital, Marquette, Mich.

Getting Ready for ICD-10
As of Oct. 1, 2014, all physicians, hospitals, and health plans are federally-mandated to transition to the use of ICD-10 codes for clinical diagnosis and procedure information. Munson is providing education to Munson’s Medical Staff at no cost through Munson’s HealthStream learning website. An ICD-10 preparation checklist and information on how to access the HealthStream education for on-staff physicians is available online at munsonhealthcare.org/icd10.

Endocrinologist Lectures at MSMS Scientific Meeting
Endocrinologist J. David Faichney, MD, FACP, recently lectured on “Optimizing Vitamin D Levels: Updates on Doses and Targets” at the 148th Michigan State Medical Society Annual Scientific Meeting held this year in Troy.

Dr. Faichney, a Clinical Associate Professor at Michigan State University, has served both as a course director and lecturer at the MSMS scientific meeting for several years. In addition to the lecture, he participated as a judge of the poster competition.

iPATH Project Prepares to Launch in Early 2014
An ambitious project whose aim was to shrink discharge summary availability from eight days to the same day is expected to launch in early 2014.

The project, called Improving Patient Access to Healthcare or iPATH, is the brainchild of a wide mix of physicians, nurses, clinicians, and other staff. It integrates numerous federal requirements while providing more timely and discrete data in PowerChart for providers.

Since iPATH was created to analyze the hospital’s complex technologies and make them work more efficiently, physicians will notice some changes, said Neesha Fournier, MD, a member of the iPATH Clinical Leadership Team. She practices internal medicine at Milliken Medical and has worked more than a year on the project.

“First of all, physicians will no longer have to wait for the transcription, which can be up to eight days,” she said. “We have also ensured that the most relevant information is on top, so physicians see the things that matter, such as discharge diagnoses, meds, follow up appointments, and more. It will make it easier for them to follow up with the patient.”

While most of the changes physicians will see are expected to be positive, Fournier said a few changes may take some getting used to. “We changed the name from discharge summary to hospital summary; that might confuse some,” Dr. Fournier said. “Also, we are working on making sure physicians don’t see incomplete or duplicate hospital summaries, which could also be frustrating. We are working on all that now.”

One important benefit physicians will notice is the ability to bill with Transition of Care codes.

Another benefit, expected to come later, is the ability for providers to dictate directly into the hospital summary using Dragon medical dictation software, shrinking the turnaround time from days to minutes.

“Our current processes can be inconvenient because of the transcription wait times, but we are closing the gaps in care,” Fournier said. “It will be a change, but I think people will adjust.”