The Grand Traverse region practically sells itself with multiple awards being bestowed on it for its nationally-recognized health care system and quality of life. But it still takes a personal touch to make a physician decide to move his or her practice here. And that’s where Deborah Glicker and Tracey Kukla-Aleshire, Physician Recruiters for Munson Healthcare, are here to help.

“If any of your physicians are planning to retire or your practice is looking to expand, we can assist in posting opportunities, sourcing resumes, and helping coordinate on-site visits,” said Deborah Glicker, Director of Physician Services and Recruitment. “And the more advance notice we have, the more we can help so there aren’t any gaps in patient care,” she said.

Also, if you know a new physician looking to begin a career or a seasoned physician looking for a change, have them contact Deb or Tracey who can help them find an opportunity that is the right fit for their needs. See right for a listing of opportunities.


Physician practices in need of recruiting services are invited to contact either Deborah Glicker at dglicker@mhc.net, (231) 935-5890 or Tracey Kukla-Aleshire at tkuklaaleshire@mhc.net, (231) 935-7692.

Online Resources for Regional Physician Opportunities
- munsonhealthcare.org/physicianopportunities
- Facebook (MunsonHealthcareRecruitment)
- Twitter (MHCRecruitment)

MMC POLICY ON SELF-ADMINISTERED/HOME MEDICATIONS

In recent months, patients undergoing outpatient procedures or placed in observation status at Munson Medical Center have expressed increased concern about the use of Self-Administered/Home Medications. This has been particularly true for Medicare patients.

Patients who already have a prescription for and take medications at home have been surprised by charges for these same medications dispensed to them while they are in an outpatient setting (outpatient extended recovery or observation). For those patients taking some high-cost medications (insulin, inhalers, eye drops etc.), their financial obligation may be significant depending on the co-pays and deductibles of their insurance plan.

Patients are being notified of potential costs when in the hospital, but providers can assist by communicating with patients prior to an outpatient procedure. CMS offers a specific handout, How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings, for Medicare patients. It is available online at www.medicare.gov.
Understandably, patients would rather bring these medications with them to the hospital so they could avoid additional cost. However, Munson Medical Center, like all hospitals, must balance that desire with patient safety.

**Munson Policy on Home Medications**

After careful thought and deliberation, Munson Medical Center has made the decision to disallow use of home medications with few exceptions. This decision was based primarily on safety. Exceptions include those medications that the hospital cannot supply and for which there is no acceptable alternative. In these cases, the provider must enter an order stating that the patient’s own medication(s) may be used. The pharmacy must then identify the product and label it with a Munson specific label.

A pilot program to allow cardiac catheterization lab outpatients to bring in a supply of their own medications for use during their short hospital encounter was discontinued on March 3. All patients at Munson Medical Center whether outpatient extended recovery, observation status, or inpatients now follow the same policy.

“As pharmacists, we’re focused on minimizing the risk of medication errors. One area of concern is identification. Home medications are often brought into the hospital in containers that lack the original prescription information. This makes it difficult to determine the exact medication, dose, and age of medications,” said Eric Warren, manager of Munson Medical Center’s Pharmacy. “Viability is another issue. Often, we cannot account for how and where the patient stored their medications. Temperature, humidity, and other environmental factors can significantly impact efficacy and safety. Dosing is another issue since, in some cases, more than a unit of use was present for the nurse to administer and dose changes presented an opportunity for barcode scanning to be ineffective.”

The time to transport, process, verify, and determine reliability of home medications and the fact that electronic screening for allergies and drug interactions was not possible with home medications not on the hospital formulary also factored into the decision.

**Provider Help Needed**

Providers are asked to review and ensure compliance with the updated policy 061.030 - *Medications Brought into the Hospital by Patients* and to consider what medications may not be needed for a short stay. Discussing this with patients in advance of a scheduled procedure or hospital stay can significantly reduce out of pocket expenses for the patient. If you have questions or concerns, please contact Eric Warren (935-5664) or Julie Botsford (935-7651) in Munson Pharmacy.

**Useful for Med Reconciliation**

All patients should still be encouraged to bring their medications from home to facilitate a more thorough and effective med reconciliation process. Once identified, medications must be returned to the patient or a family member, or stored as outlined in the revised policy. Medications cannot be kept in the patient’s possession during their stay at the hospital.

Patients also are encouraged to carry a complete *Know Your Medications* card so they always have a record of the medications they are taking in case of an unplanned trip to their doctor’s office or in an emergency. Patients can access the card online at [www.munsonhealthcare.org/knowyourmeds](http://www.munsonhealthcare.org/knowyourmeds).

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**TRAVELING DOWN THE LONG ROAD TO MEANINGFUL USE**

In March, Munson Medical Center hosted the latest in a series of seminars helping to prepare practices for Meaningful Use. Dr. Joe Cook, Physician Informaticist, and Randi Terry, Information Systems Director, covered the next steps for practices pursuing Meaningful Use Stage 2.

“The seminars have been a great forum to share what Munson has learned on Meaningful Use and for practices to have their questions answered,” said Dr. Cook.

Topics covered during the March 27 seminar included how to qualify, technology, penalties, timing, providers practicing at multiple locations, core objectives, transition of care, security risk analysis, menu items, and audits. A copy of the presentation is available at [munsonhealthcare.org/meaningfuluse](http://munsonhealthcare.org/meaningfuluse).

“It’s been a long road traveling to Meaningful Use,” said Terry. “The requirements can be very complex, but we want practices to know that we’re here to help.”

A June seminar is planned that will focus specifically on Summary of Care/Transition of Care, providers practicing at multiple locations, quality measures, and obtaining your CEHR. More information to come.

If you have any questions on Meaningful Use, please contact Randi Terry at [rterry@mhc.net](mailto:rterry@mhc.net) or Dr. Joe Cook at [jcook1@mhc.net](mailto:jcook1@mhc.net).
ICD-10 DELAYED, WORK CONTINUES

On Tuesday, April 1, the U.S. Senate – following similar action by the U.S. House of Representatives on March 27 – approved a 12-month patch to the Sustainable Growth Rate (SGR), providing relief from massive cuts in Medicare payments looming for physicians. Included in that bill was a provision that forces a delay to ICD-10-CM/PCS coding implementation until at least Oct. 1, 2015.

Many physicians and practice staff will see the mandatory one-year delay as an opportunity to further prepare, refine processes, test coding and billing systems, and to get more comfortable with the changes and challenges ahead. All entities covered by HIPAA, including health plans, hospitals, health care providers, and any others using diagnosis and procedure codes, must transition to the use of ICD-10-CM/PCS codes for clinical diagnosis and procedure information by the new deadline.

CONTINUED SUPPORT

David S. McGreaham, MD, Vice President of Medical Affairs at Munson Medical Center, said that physicians can count on continued support from the hospital. “Many across the Munson Healthcare system and in private practice have been working diligently to meet an Oct. 1, 2014 deadline for the move to ICD-10. We’ve all put many hours and resources into clinical documentation improvements, impact analysis, report and process remediation, and education and training. Despite this delay, we need to keep moving forward. We cannot lose the momentum we have built simply because of a delay in the deadline. ICD-10 readiness remains a priority and we all have significant risk if we are not successful.”

CLINICAL DOCUMENTATION A KEY

ICD-10-CM/PCS coding language relies on increased specificity in clinical documentation. Dr. McGreaham noted that a focus on clinical documentation excellence and capturing the additional detail needed to code under ICD-10 is beneficial to both hospitals and physicians even under the current ICD-9 system. “While the delay is expected to be a topic of much discussion and speculation, we don’t want it to distract us from our priorities – clinical documentation excellence leading to better coordination of patient care and accurate reimbursement for the care we all deliver,” he said.

NEXT STEPS

The hospital plans to move forward with most elements of its ICD-10 implementation plan. The ICD-10 Program Team is evaluating and recommending adjustments to the various work plans, timelines, and education schedules to ensure that milestones are timed for maximum effect and gains achieved are not lost. The ICD-10 workshops for practice managers on April 8 and 9, and the April 16 ICD-10-CM coder training will proceed as planned. Updates on physician education will be shared as soon as new timelines are established.

For more resources and information, visit munsonhealthcare.org/ICD10.

ICD-10 WORK PLAN CHECKLIST*

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<thead>
<tr>
<th>COMPLETE NOW:</th>
<th>PUSH FORWARD:</th>
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<tbody>
<tr>
<td>□ Vendor assessment and inventory</td>
<td>□ Clinical staff education – Target Completion by April 2015</td>
</tr>
<tr>
<td>□ Budget FY15</td>
<td>□ ICD-10 version: Paper based encounter form remediation – Target April 2015</td>
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<tr>
<td>□ Technology inventory and strategy</td>
<td>□ FY16 Budget – Target FY16 budget cycle</td>
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<tr>
<td>□ System Upgrades</td>
<td>□ Internal &amp; external testing – Target Jan 2015</td>
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<tr>
<td>□ Coder/Biller Training</td>
<td>□ Provider ICD-10 awareness</td>
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<td>□ Clinical documentation review</td>
<td>□ Process Remediation</td>
</tr>
<tr>
<td>□ Dual Coding</td>
<td>□ Revise paper forms that use clinical concepts (i.e. no ICD codes)</td>
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<tr>
<td>□ Review paper forms that use clinical concepts</td>
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*Adjusted in response to ICD-10 implementation delay to October 2015
Munson Medical Center stroke and brain injury patients now have access to innovative rehabilitation products that take advantage of the brain’s ability to reprogram following an injury.

Through a generous grant from the Munson Healthcare Regional Foundation, Munson Rehabilitation Services recently purchased an advanced upper extremity treatment program from Saebo, Inc.

“This is a new innovative treatment program for neurologically impaired patients,” said Crystal Feeeney, director of Rehabilitation Services. “We recently trained several of our occupational therapists in the use of the equipment and are pleased to bring this technology to northern Michigan.”

Saebo products were created and developed by two occupational therapists, one of which calls Traverse City his home. The equipment is designed to strengthen and encourage movement as well as help instill motivation in stroke and brain injury patients. Munson Occupational Therapists now have multiple customizable dynamic hand and arm orthoses to work with as well as electrical stimulation, mobile arm support, dynamic hand splints and unique motivational treatment tools.

Munson Occupational Therapist Joe Leppek, ORT/L, said “We are extremely excited to have this equipment. We now have new ways to approach treatment for individuals that have difficulty reaching, extending their arm or opening their hand. We can really push the patient more now to increase the number of repetitions they can perform without degrading their quality of movement which research shows can be highly effective in progressing recovery.”

The hospital’s kit allows therapists to fit and work with several patients at a time. Outpatients referred to the program by physicians can work with the equipment here and may qualify for receiving some of their own equipment to continue a program at home.

Therapists trained to use Saebo equipment can be found at Munson Medical Center, Munson Community Health Center, Interlochen Therapy Clinic, and Kalkaska Memorial Health Center.

For more information on Munson Rehabilitation Services go to munsonhealthcare.org/rehab.

Please share with your physicians

Tools for Transformation: Building the PCMH – Beyond the Blueprint

Thursday, May 29 | Social/Registration: 5:30; Program: 6 - 8 pm | Traverse City Golf & Country Club

Specialists and Primary Care Physicians are invited to attend a dynamic seminar presented by Drs. Christine and Tom Sinsky that will focus on incorporating greater efficiency into your practice while creating more meaningful time to spend with your patients. Topics to be discussed include structure of office practice, best patient care, and the Patient Centered Medical Home and Neighborhood.

A light dinner and refreshments will be served. Physicians will receive 2.0 hours of CME for attending. For CME information, go to munsonhealthcare.org/news/toolsfortransformation. There is no charge to attend.

To RSVP, please contact the Northern Physicians Organization at (231) 421-8505 by May 16.
Munson Medical Center offers transcatheter aortic valve replacement (TAVR) for patients suffering from severe, symptomatic native aortic valve stenosis. Without replacement of the aortic valve, this disease is life-threatening and previous studies have shown that 50 percent of patients will not survive more than an average of two years after the onset of symptoms.

In September 2012, Munson’s Structural Heart Clinic began offering TAVR for aortic stenosis patients who were not candidates for open heart surgery. This less invasive technique typically requires a shorter hospital stay and patients experience a quicker recovery period of one to two weeks.

The Edwards SAPIEN transcatheter heart valve was originally approved by the Food and Drug Administration for the treatment of patients suffering from severe aortic valve stenosis who had been determined by two cardiac surgeons to be inoperable for open aortic valve replacement. That approval has been expanded to include patients who are candidates for high risk open heart surgery.

The balloon-expandable valve is delivered via a catheter-based approach without a median sternotomy or the use of cardiopulmonary bypass. It is the only TAVR therapy approved for commercial use in the country and Munson Medical Center is one of a select number of sites currently offering this technology.

In the last year the structural heart team also began performing TAVR via direct apical and direct aortic approaches, in addition to transfemoral. These new routes involve very small chest wall incisions to deliver the transcatheter aortic valves and do not require sternotomy.

“These alternative access points have opened this procedure up to patients with peripheral vascular disease or just small peripheral arteries. They have been well tolerated and really help us to treat more patients who otherwise would not be candidates,” said Nicklaus Slocum, MD, who is Medical Director of the Structural Heart Clinic and one of the physicians performing the procedure.

The structural heart clinic has seen 149 referrals and performed 23 TAVR procedures at Munson Medical Center. Many patients have been evaluated and ultimately underwent open surgical valve replacement as well.

The Structural Heart Clinic brings together a team of physicians, nurses, and specialized staff who work collaboratively to determine a patient’s eligibility for TAVR or the best plan of care for those with structural heart disease.

Cardiologists and cardiothoracic surgeons provide comprehensive patient treatment options for aortic stenosis, mitral disease, perivalvular leaks, Patent Foramen Ovale (PFO), and Atrial Septal Defect (ASD).

For more information or to make a referral, contact Deb Provost, Structural Heart Clinic coordinator, at (231) 935-6446, or page (231) 318-8601.
It has been almost three months since iPATH went live on January 28. Together with physicians, clinicians, and staff, we are working to develop an efficient transition of care system that provides high quality patient care while meeting regulatory requirements. We are working with users who have become successful with iPATH to define our own best practices.

Based on feedback from physicians, we’re working on the following improvements:

- **Medication List:** We’ve heard from physicians how important it is that the medication list includes status (e.g., new, no change, stopped). This was our original intention but unfortunately, we ran into an issue at launch that necessitated us to only list those medications that a patient should be taking upon discharge. However, it is our ultimate goal is to include status in the medication list. At the current time, many physicians have opted to use a section called “Notes to Patient” to define new or changed medications.

- **Hospital Summary:** We’ve heard from physicians that sometimes you have received multiple copies of the Hospital Summary and sometimes these were incomplete. We are fine tuning our internal processes to improve the distribution method and final product. We have also heard that some physicians are receiving multiple copies of the Hospital Summary from different methods (i.e., faxing and interfacing). If this is still happening at your practice, please call the Help Desk at 935-6053 and we will correct this.

- **Problems and Diagnoses:** We’ve heard from physicians that you would like a complete and accurate list of problems and diagnoses in the Hospital Summary. Whether all the entries are within the problems and diagnosis list or used in conjunction with the Hospital Course, a complete and accurate list should be present within the Hospital Summary.

We know that this implementation has been challenging, and we thank you for your patience and commitment to patient care. If you have any iPATH concerns or questions, please call the Help Desk at 935-6053.

**NATIONAL PRESCRIPTION DRUG TAKE-BACK DAY IS APRIL 26**

Unused or expired prescription drugs in the medicine cabinet can be safely disposed of on Saturday, October 26 from 10 am – 2 pm at local Sheriff’s Department and Michigan State Police posts.

National Take Back Day is a federal initiative aimed at reducing the amount of prescription drugs, especially narcotics, which languish in many homes and are highly susceptible to diversion, misuse, and abuse.

National Prescription Drug Take-Back Day occurs annually on the last Saturday of April and October. If patients have drugs they want to dispose of during the rest of the year, they can take them to any of the Munson Healthcare Pharmacies as part of the Yellow Jug Old Drugs® program.

Permitted locations in the region include those listed at right.

For more information on National Take Back Day or to find the nearest drop off location, please visit [www.deadiversion.usdoj.gov/drug_disposal/takeback/](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/).
Increasingly, physicians are using mobile devices to consult on patient care and for continuity of care. For example, a patient presents with an odd rash; physician takes a photo of the rash with their smart phone and sends photo to another physician for consultation. Is this a privacy breach? What are the risks to a physician?

Here are some precautions to keep in mind when using your mobile device to share patient information or photos.

Physicians and other health care professionals can be held personally liable for privacy breaches on their personal devices.

Do not post an identified patient’s photograph/video to a social media website, such as Facebook or YouTube, without a patient’s written permission. Munson’s form can be used as a template (replace Munson with your practice’s name) and is available at munsonhealthcare.org/HIPAA.

If the patient can’t be identified in the photo, then there is no breach of privacy, even if others view or obtain it. For example if the photo or information doesn’t include the patient’s face, name, date of birth, address, medical record number, social security number, or other identifying factor such as a tattoo or birthmark, etc., then the PHI is considered “de-identified” and there is no breach. If a patient could reasonably be identified from the information you share, then it could be a privacy breach.

Your email provider and hackers are able to access information during transmission, for marketing or other purposes. Do not identify the patient or PHI in the following instances, unless patient safety warrants, or you have patient permission to share this information.

Not Encrypted:
- Text messages – Unless you have text encryption software.
- Pager messages – Pages should be deleted as soon as no longer needed. If a pager is lost or stolen, all undeleted messages can be accessed until the battery dies.
- Emails sent from email accounts other than mhc.net – Unless you have email encryption software.
- Files attached to an email – For example, physicians are at risk if they send their curriculum vitae (CV) that includes their social security number as an email attachment.

Other Best Practices:
- Password-protect mobile devices.
- Install “remote wipe” capabilities. This allows you to remove data from your device remotely.
- Keep a close eye to prevent loss or theft. Mobile devices are the #1 cause of large-scale privacy breaches as they are easily lost or stolen.
- Keeping files of patient information on your computer or mobile device? Always store electronic patient information on an encrypted drive. PHI that is stored on an encrypted drive is not subject to a privacy breach.
- Using a thumb-drive? All thumb-drives with PHI should be encrypted. Although encrypted thumb-drives are more expensive, they are worth the investment to protect you from a breach.
- If an email contains PHI (encrypted or not), ALWAYS include a Confidentiality Tag. For example: The information contained in this email is intended only for the personal and confidential use of the designated recipient named above….

If, in your professional judgment, patient safety or quality of care necessitates sharing PHI by unencrypted text, photo, or email, then proceed with needed action. Do document what you disclosed, and why it was in the best interests of the patient. In this way, you are protected should a future privacy complaint occur.

If you have any HIPAA questions, please contact Rochelle Steimel, Privacy Officer, at (231) 935-5765 or rsteimel@mhc.net or Linda Bower, Security Officer at (231) 935-7619 or lbower@mhc.net.
JOIN US FOR MUNSON’S FIRST 5K WALK/RUN

Grab a friend, form a team, bring your family, or push a stroller — whether you are a seasoned runner, a first time runner, or a Sunday meanderer, you can “Run the Run”! Munson Medical Center’s 2nd annual fun 5K is for everyone.

Run the Run 5K Walk/Run (3.1 miles)
Saturday, May 17 - 9:00 am
Grounds of Munson Medical Center
1105 Sixth Street, Traverse City

The free event is open to all Munson Healthcare staff, physicians, providers, physician practice staff, retirees, volunteers, families, and friends. Awards and prizes will be given for finish times, general participation, and best department spirit. T-shirts are available for purchase. There is no cost to participate in the race.

For more information and to register for the run, go to munsonhealthcare.org/runtherun.

Physicians Who Are No Longer Practicing
Dr. Thomas Doerr, Bay Area Plastic Surgery, retired as of April 15.
Also, a reminder that the following physicians have retired or are no longer practicing:
• Clifford Alan, DO
• Thomas Auer, MD
• Thomas Bannow, DO
• Sally Miller, DO
• Robert Schwert, DO
• William Smith, MD
• Douglas Wigton, DO
• Steven Young, MD

For those practices with an EMR, please update your records.