

MEDICAL STAFF NEWS

Missouri Baptist Medical Center

AUGUST 2005

BJC HealthCareSM



John Krettek, MD

Message from the CMO —

My fellow MBMC Doctors:

The negotiations between BJC HealthCare and United Healthcare (UHC) have been resolved. UHC patients will continue to be treated at all BJC hospitals and by all physicians practicing at BJC hospitals.

The prior Performance Physician program is no longer in force. A panel of physicians from organizations in the metropolitan area will be selected to design a new pay for performance program with quality and efficiency metrics.

The move to pay for Quality rather than Quantity is not going to go away.

Numerous organizations (NQF, CMS, JCAHO) are continuing to identify scores of measures that will serve as indicators of the processes and outcomes of care. You are already familiar with Process Measures, since these are the Core Measures included on the BJC Best-in-Class Scorecard and publicly reported on the Comparecare.gov website, among others.

Currently, there are 10 Core Measures that every hospital in the country must collect and report for AMI, CHF, and CAP if they are to receive the annual payment update for their reimbursements from Medicare. 98% of hospitals are reporting, but their compliance rates demonstrate tremendous variation. 272 hospitals are participating in a CMS-Premier Demonstration Project reporting on 34 measures. There is much less variation, and most hospitals have demonstrated substantial improvement. For these hospitals, if their indicator compliance is in the top 10%, they will receive an additional 2% more in Medicare payments over and above their usual reimbursement. Conversely, if they do not improve their care processes, and compliance and are in the lower 20%, then they will be penalized and receive 1-2% less reimbursement than they normally would receive.

We can expect at least three additional modifications to these indicator sets in the future:

- The addition of more indicators that measure the quality of care delivered (a hospital system in Kentucky is preparing to measure and publicly report data on 212 measures!).
- When hospitals are able to identify the systems, processes and personnel that are required to collect, analyze and report this quality data, then most hospitals will achieve 95-100% compliance with all of the indicators and we will need to look for other ways to differentiate healthcare providers-hospitals and individual physicians.
- Physician-specific performance data that is accurate will be used to assess the measurable quality of care provided by each physician. This is already being performed by a number of insurance company programs in small, mainly primary care practices. Physicians receive additional "bonus" payments upon reaching previously agreed upon targets measuring both quality and cost performance.

Currently there is a great deal of variation in the documented care that patients receive throughout the healthcare system. 100% compliance with care processes represented at this time by the Core Measures and other evidence-based interventions is Right for at least three (3) reasons:

- It is Right for the **PATIENT** - Every patient deserves the right treatment, every time.
- It is Right for the **HOSPITAL** - Indicator compliance is now publicly reported as a proxy for quality of care. Poor compliance suggests poor quality. When pay for performance is fully implemented, a hospital's reimbursement and its viability may depend on documented compliance with all of the quality measures.
- It is Right for the **PHYSICIAN** - As the recent UHC program indicates, insurers may use quality and cost performance data to exclude individual physicians or groups of physicians based on the documentation of their compliance with nationally recognized quality indicators.

- CONTINUED ON PAGE 2 -

MESSAGE FROM THE CMO (cont.)

On the other hand, those physicians who recognize the landscape and direct their clinical and scientific energies to improving the systems and processes of care will be able to demonstrate 100% compliance in providing the best healthcare for their patients and reap the benefit in increased patient volumes and reimbursement.

For MBMC to reach the Top 10% performance level, we must demonstrate the following four attributes:

Desire:

It is clear that leadership and the MBMC Board of Trustees consider the quality and safety of our patients as its highest priority. Management has been challenged to achieve the highest level of compliance with nationally recognized standards of quality care. We have the desire to provide care at the highest level and will do so. The MBMC medical staff must now demonstrate its desire to be the best in quality measurement and performance.

Leadership:

The MBMC Board of Trustees, Management and Medical Executive Committee will champion quality and safety at MBMC. Each Department Chief will provide visible and vocal leadership of our performance improvement initiatives. It is up to every member of the medical staff to lead, not only in the provision of care to your patients, but also to achieve the right care, every time, or document why it is not indicated.

Culture:

We all must recognize that to reach our goals will require a change in culture from one of autonomous individuals "doing their job" to one which is "patient-centered," which embraces communication and teamwork, as well as a culture in which each quality measure and every patient safety goal is the work of everyone who enters our doors.

Ownership:

Every physician takes ownership when he or she provides the diagnosis and treatment of a patient. We now ask that ownership incorporate the right treatment every time, as reflected in the evidence-based processes of care represented by the measures and indicators of care, especially as their numbers increase over time. Moreover, we solicit your input and participation on the Performance Improvement and Safety Teams as we design systems and processes to help us reach high reliability and top performance as our way of caring for our patients.

The MBMC Vision is: "Through our exceptional people, we deliver extraordinary care." We can achieve this by every physician working together with your fellow physicians and with all of the patient caregivers throughout the hospital. The goal is for the best to be the best and demonstrate this to all who come to us for care.

John E. Krettek, MD, PhD

Grand Rounds —

All presentations begin at 8 a.m. in the MBMC auditorium.

- Aug. 10** – *Amyloidosis: Rare but Fascinating*, **Merrill Benson, MD**, Indiana University School of Medicine
- Aug. 17** – *New Drugs in 2004 and 2005*, **Thomas Hall, PharmD**, Director of Pharmacy Services
- Aug. 24** – *Advances in the Treatment of Osteoporosis*, **Kathryn Diemer, MD** (WUSM)
- Aug. 31** – *Artificial Disc Replacement*, **David Raskas, MD**
- Sept. 7** – *To be announced...*
- Sept. 14** – *Lupus Nephritis vs. Diabetic Nephropathy*, **Alejandro Alvarez, MD**

CMS-approved for Stenting —

MBMC is now among the facilities approved by the Centers for Medicare and Medicaid Services (CMS) for carotid stenting. As a result, reimbursement for these procedures when performed in the Cardiac & Vascular Center can be expected when billed. Congratulations to all in the CVC for their fine work and perseverance to be included in the list of approved sites!

DO NOT USE! —

Per the criteria of JCAHO requirements, the following abbreviations are not to be used in Medical Record documentation:

- **TIW**
(write out "three times weekly" or "three times in a week")
- **QN** (write out "nightly" or "every night")
- **IU** (write out "international unit")
- **U** (write out "unit")
- **SC or SQ** (write out "sub-q" or "subcut")
- **QD or QOD**
(write out "daily," "every day" or "every other day")
- **MSO4 or MgSO4 or MS** (write out "morphine sulfate" or "magnesium sulfate" or "MagSO4")

In addition, never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (**0.X mg**).

For clarification to these or other abbreviations not to be used during documentation, contact **Terri Eichelmann**, director of HIM, 314-996-4641 or tae6845@bjc.org.

ADA Accredits Diabetes Program —

The Diabetes Management and Nutrition Counseling Program at MBMC has recently attained the esteemed status of becoming a credited center by the American Diabetes Association.

In order to receive recognition, the program must meet ADA national standards for Diabetes Self-Management Education. Meeting these standards ensures that:

- The program is designed so that the individual with diabetes achieves successful health-related outcomes
- “Best practices” initiatives are part of the curriculum
- The instructional team for each patient is multidisciplinary
- CQI is used to determine opportunities for increasing the effectiveness of the program.

For more information, please contact **Debbie Rapp, RN, MSN**, MBMC manager of nursing practice, standards & outcomes, 314-996-5739 or dar0418@bjc.org.

Discharge Reminder —

Just a friendly reminder that one way to help assure that your incoming patient has a bed is for all patient discharge orders to be written by 9 a.m., with plans that the patient will be discharged by noon. For further clarification, please call the **Nursing Services office**, 314-996-5210.

Welcome to the Team! —

The following practitioners joined the MBMC medical staff in April-July, 2005:

James Corder, MD – internal medicine
Michael Cleary, MD – gastroenterology
Karen Demuth, MD – pediatrics (W.U.)
Michael Edwards, MD – critical care medicine
Amanda Emke, MD – pediatrics (W.U.)
Nancy Fahim, MD – neonatal/perinatal medicine (W.U.)
Barbara Ferdman, MD – pediatric cardiology (W.U.)
Sarah Garwood, MD – pediatrics (W.U.)
Karen Garzia, MD – pediatrics
Laura Hill, MD – pediatrics (W.U.)
Christine Hrach, MD – pediatrics (W.U.)
Stefan Ianchulev, MD – cardiac anesthesia
Ahmed Jafri, MD – neurology
Helen Kim-James, MD – dermatology
Piotr Kulikowski, MD – internal medicine
Steven Leh, MD – critical care medicine
Aimee Liou, MD – pediatrics (W.U.)
Mark Luckett, MD – ob/gyn (house staff)
John McGreevy, MD – pediatrics (W.U.)
Mukul Mehra, MD – gastroenterology
Keir Neighmond, DO – family practice
Michael Presti, MD – gastroenterology
Dave Rengachary, MD – neurology
John Saba, MD – urology
Layth Saymeh, MD – gastroenterology
Michelle Schultz, MD – hematology/oncology
Atif Shafqat, MD – hematology/oncology
Lydia Sharp, MD – emergency medicine

Exclusive CCOP Secured by Cancer Center —

The Cancer Research Program at the Missouri Baptist Cancer Center has secured the highest honor granted to community hospital-based clinical research programs by the National Cancer Institute.

The program, in partnership with The Center for Cancer Care and Research as part of the Heartland Cancer Research Consortium, has received a Community Clinical Oncology Program (CCOP) designation. This designation is strictly for clinical research partnerships coordinated by community hospitals; only 62 have been granted by the NCI throughout the United States.

The CCOP status allows our physicians and their participants to become actively involved in exclusive NCI-approved cancer treatment, prevention and control clinical trials. It also entitles representation on the Board of Directors of federally funded national research organizations, at which interests of community cancer specialists are best represented.

For more information about the CCOP designation or the Cancer Research Program, please contact **Jean Roark**, Heartland CCOP administrator, 314-996-5569 or jmr2166@bjc.org.

Updates from the Lab —

As of June, three new testing protocols are being offered through the services of the MBMC core lab:

- An improved Free T3 testing has been evaluated and verified for use. This assay features the following improved characteristics over the previously used method:
 - Sample type flexibility (both serum and heparin plasma)
 - Decreased sample volume needed to assay
 - Reduced turnaround time

The reference range is similar to the former reference range of 2.3-4.2 pg/mL

- Beta Hcg subunit quantitative assay tests are being performed here to avoid delays in results. The assay performed to evaluate for malignancy no longer needs to be sent to a Mayo lab.

The reference range for this test is 0.0-5.0 mUnits/ml. It will be reported with the same disclaimer: “Method is Beckman Coulter Access Immunoassay. Serum markers are not specific for malignancy and values may vary by method.”

- Carcinoembryonic Antigen (CEA) body fluid, the test used to evaluate fluid samples obtained via endoscopic ultra sonographic fine needle aspiration (EUS-FNA), is now available. No reference ranges have been established for body fluids associated with this test.

For more information, please contact **Keith Langford**, MBMC core lab supervisor, 314-996-4767 or kxl6966@bjc.org.

MBMC Meet the Docs —

This continuing feature highlights some of the MBMC employed physicians and private physicians whose offices are located on the MBMC campus.

Michael Cleary, MD



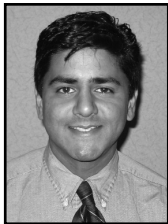
Dr. Cleary, a gastroenterologist, joins the MBMC medical staff after completing a Fellowship in gastroenterology from the University of Michigan Health System in Ann Arbor (where he also completed an internship and a residency). He has a special interest and training in endoscopic ultrasound. He earned his medical degree from Stritch School of Medicine at Loyola University, Maywood, Ill. He is board certified in internal medicine, and is a member of Alpha Omega Alpha.

Helen Kim-James, MD



Dr. Kim-James, a dermatologist, joins the MBMC medical staff after completing a residency in dermatology at Barnes-Jewish Hospital (where she also completed an internship). She earned her medical degree from Washington University School of Medicine, and spent time studying both in Oxford, England, and in Korea.

Dave Rengachary, MD



Dr. Rengachary, a neurologist, joins the MBMC medical staff after completing a clinical neurophysiology fellowship at Barnes-Jewish Hospital (where he also completed a residency and an internship). He earned his medical degree from Northwestern University School of Medicine (a member of the honors program in Medical Education), and is a member of Alpha Omega Alpha.

Atif Shafqat, MD



Dr. Shafqat, a hematologist/oncologist, joins the staff of the Missouri Baptist Cancer Center after completing a fellowship in hematology/oncology from Indiana University in Indianapolis. He completed a residency and an internship at Duke University Medical Center, and practiced internal medicine prior to his fellowship. Dr. Shafqat received his MBBS (MD equivalent) from Aga Khan University Medical College, Karachi, Pakistan.

Congratulations to...

Humberto Fagundes, MD, director of radiation oncology, whose article "Transperineal TRUS-guided prostate brachytherapy using loose seed versus RAPIDStrand: A dosimetric analysis," was published in the December 2004 edition of *Brachytherapy*.

James Marks, MD, radiation oncology, who retired from his practice at MBMC on June 30.

John Niemeyer, MD, chief of radiology services, who has been named a Fellow of the American College of Radiology. Only about 10% of ACR members are selected for ACR Fellowship.

The MBMC Cancer Research Program, which was named as the highest accruing "at-large member" of Cancer and Leukemia Group B, the program's major affiliation for NCI-sponsored clinical research trials, for the third year in the past four years.

The MBMC Rapid Response Team, whose members have been the subject of numerous local and national articles as a result of the success of their program.

Reporting Information Updates —

If you have any changes to your demographic information – office or home – to report, please contact **Donna King** in the Medical Staff Office, 314-996-5161 or djk2901@bjc.org.

Photos Needed —

In an effort to update photos for the upcoming on-line physician directory, a photographer will be available during the following times in the Media Services studio (next to the Auditoriums):

- 7:30 a.m. – 1 p.m., Wednesday, Aug. 10
- 7:30 a.m. – 1 p.m., Wednesday, Sept. 28

If neither of these times work for you, please call 314-996-5206 and a Media Services staff person will schedule a shoot time with you.

Web Registration Is Available —

Did you know that your patients can pre-register via the Internet for scheduled tests and procedures? To obtain brochures that will explain the process to your patients, please contact Physician Services, 314-996-5544.