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Letter from CEO, Rick Napper

Fall is here and with it comes cooler temperatures, shorter days and elections. Two of those three occur every year; however, one of them comes around less frequent. That is why it is important to pay close attention to them when they are here. This year expects to be of huge importance at a time when our country, state and community face the stresses of our time. Healthcare is especially important as we move forward and those representing us will play a major role in changes, financing and our future. I encourage every physician to accept your role, not just as a voter, but as a community leader. We have three weeks to energize our community to support initiatives important to healthcare and the patients we serve.

Physicians provide services which cannot be matched by any industry and yet the profession continues to be under attack. It is time to speak out in an effort to protect our patients, our communities and our profession.

As always, I appreciate the hard work that you do. Please feel free to contact me with any questions or concerns.

Respectfully,

A handwritten signature in black ink that reads "Rick D. Napper". The signature is fluid and cursive.

Rick Napper, CEO

Announcements

Danny Bethay was recently recognized for performing well over 1,500 Coronary Artery Bypass Surgery (CABG) cases using the endoscopic vessel harvesting technique. He was inducted as a Platinum member of the EVH Leadership Circle. This recognition places Danny in a prestigious group of the most experienced harvesters in the United States. Danny has been working along side of Dr. Max Hutchinson for over XX years and together they provide Magnolia Regional Medical Center with one of the regions most tenured and experienced cardiac surgery programs.



Vice-President of Physician Operations, Don Lloyd

It is extremely important that providers become aware of these upcoming changes and plan for their implementation.

Medicare will begin testing HIPAA Version 5010 Claims

Beginning in January, CMS, the Centers for Medicare and Medicaid Services will be ready to test the new HIPAA version 5010 transaction standards with physician practices and clearinghouses. CMS recommends that medical providers, health plans, clearinghouses and vendors finish their internal preparations for transitioning to version 5010 by December 31, 2010. The updated Version 5010 claim form provides the framework needed to support the new ICD-10 code sets. It also includes updated standards for claims, remittance advice, eligibility inquiries, referral authorizations and other administrative transactions. It is extremely

important that providers become aware of these upcoming changes and plan for their implementation. If you have questions, please do not hesitate to contact Magnolia Practice Solutions at 662.293.1686.





PNEUMONIA ANTIBIOTIC SELECTION CHANGES

CMS and Joint Commission have announced changes to Core Measures pneumonia antibiotic selection. These changes broaden the selection of antibiotics in order to allow ICU patients to receive anti-pseudomonal/anti-pneumococcal antibiotics without documentation of pseudomonal risk for pneumonia patients sick enough to be admitted to the ICU. Pseudomonal risk is defined for Core Measures as: (1) bronchiectasis documented as a possible consideration; or (2) physician/APN/PA or pharmacist documented pseudomonal risk; or (3) structural lung disease and documented history of repeated antibiotics or chronic systemic corticosteroid use. The changes will take effect October 1, 2010.

Antibiotic selection for Non-ICU patients less than 65 years old with no risk factors for drug resistance will remain the same. Antibiotic selection for Non-ICU patients greater than 65 years old or with risk fac-

tors for drug resistance will remain the same. Alternative selections for pseudomonal risk and b-lactam allergy with pseudomonal risk will be offered for Non-ICU patients.

In order to accommodate these changes, the Pulmonary Care Track has been revised. Beginning October 1, 2010, two Pulmonary Care Tracks will be available. One will be labeled Pulmonary Care Track ICU; the other will be Pulmonary Care Track Non-ICU. Each will reflect the appropriate antibiotic selections for those patients.



Anna Janzen-Lancaster, RN

E-SAFETY FIRST - CONTROL YOUR FATE – COMMUNICATE!

What does it take to be great? Communication!

In an effort to control our fate and achieve greatness, MRHC medical staff and members of the Physician Care Manager Core Implementation team are striving to change the way we communicate with one another. The communication techniques of the past don't seem to keep up with the changes facing medical staff and hospital administration – newsletters, emails, quarterly meetings, posted signs and bulletin boards don't always provide the real-time effective avenues of information exchange that is necessary in this age of electronic dispatch.

To accommodate the ever increasing amount of information transference necessary for the success of the Physician Care Manager Project, the implementation core team has made numerous improvements to their approach to communicating with medical staff.

As discussed in the August edition of Medlink, the physician intranet site features up-to-date information specific to the medical staff as well as announcements, references, answers to FAQ's,

order sets, links of interest, and PCM "How to" references. The site also features a suggestion box and utilization survey for feedback from the medical staff.

Over the last month, personnel have been added to the PCM Core Team to assist with effective and efficient communication between the team and the medical staff. Realizing that the best approach to communication is direct conversation, the team has added a Subject Matter Expert/Physician Liaison to act as this direct communications link. Anna Janzen-Lancaster, RN will fill this position and become a familiar face to medical staff as she assists with this direct communication effort. Anna will be contacting physicians concerning order set review and approval, coaching, and electronic access. She will also provide information to the physicians for determining preferences as we implement CPOE (computerized physician order entry) and physician documentation and as the liaison between the physicians and the core team.

So that physicians will have an active voice in the building of the CPOE and physician documentation software,

Dr. Gene Combest has organized a Physician Advisory Committee (PAC) that will represent each of the specialty physician groups. The purpose of this committee is to act as the translator between the practicing physician and the design/implementation team, helping to interpret what physicians really need and helping formulate workable solutions to problems. This committee will ultimately communicate information to all physicians about the use and benefits of their electronic information systems and help physicians use this tool effectively as they practice. PAC members will also be instrumental in developing and reviewing the customized training plan and schedule by which physicians will be trained.

Realizing that communication cannot exist when only one entity provides information, the implementation core team encourages physicians to participate in the process by actively accessing information sites and providing feedback during the process.

"You can have brilliant ideas, but if you can't get them across, your ideas won't get you anywhere." — Lee Iacocca



Magnolia Wound & Hyperbaric Center of Excellence

Magnolia Wound & Hyperbaric Center of Excellence Achieves National Recognition

The Wound and Hyperbaric Center located at Magnolia Regional Health Center was recently named a "Center of Excellence" in wound healing by Shared Health Services, Inc. Designation as a "Center of Excellence" recognizes the Wound and Hyperbaric Center for exceeding benchmarks in positive clinical outcomes, patient and physician satisfaction, proper documentation and safety compliance. The Center is only one of four in the nation to receive this prestigious award. The award was presented at the hospital on Wednesday, September 29, 2010.

It is estimated that over six million Americans suffer from chronic or hard to heal wounds. The Wound and Hyperbaric Center at Magnolia Regional Health Care specializes in the treatment of patients who experience these debilitating wounds. Most wounds heal quickly, usually within four weeks, but there are specific types of wounds that cause severe problems if left untreated.

"We have seen several patients who have been suffering from wounds for ten to twelve years. These chronic wounds have healed by utilizing evidence based wound care incorporating HBO (Hyperbaric Oxygen Therapy), synthetic skin grafting and multiple other cutting edge modalities," explained David Pizzimenti, D.O., Medical Director of Magnolia Wound & Hyperbaric Center of Excellence. Dr. Pizzimenti, who also serves as Director of Medical Education for MRHC's Medical Student and Internal Medicine Residency Programs, continued, " This is one of the only medical student and residency sites, where participants in the programs have the opportunity to complete clinical rotations in wound care and hyperbaric

treatment."

Rick Napper, MRHC CEO & President stated, "Our vision is to not only treat the patients that need wound care now, but to also prepare our students and residents to treat the diabetic population, which is now skewing younger than in past years." He added, "We are excited to hear that we are doing well and hope to continue to provide the highest quality care to our community."

Under the direction of Drs. David Pizzimenti and Marissa Cruz, a multi-disciplinary team of wound care specialists, including general surgeons, podiatrists, vascular surgeons, and highly-skilled certified wound care registered nurses, works to achieve some of the best healing rates and fastest healing times in the nation. During the patient's visit, the wound care team is able to perform many advanced treatment modalities making it one of the most convenient, comprehensive and sophisticated wound facilities in the region. The Center's staff, working in conjunction with the patient's primary care physician, help with the diagnosis and treatment of arterial ulcers, diabetic and neuropathic ulcers, lower extremity edema (swelling of the feet and/or ankles), pressure ulcers, problem surgical wounds, animal and insect bites, trauma wounds and venous stasis ulcers.

The Wound and Hyperbaric Center offers evidence based care which is proven to reduce complications and amputations related to these chronic, non-healing wounds. During a typical visit to the Center a patient will undergo a complete assessment, wound measurement and photographs, debridement to aid in the removal of dead, damaged, or infected tissue by surgical or other means to improve the healing potential of the remaining healthy tissue, infectious disease manage-

ment, laboratory and vascular evaluation, advanced wound dressings, compression dressings, prosthetic and pressure relief assistance, wound VAC and/or hyperbaric medicine.

Hyperbaric medicine is a non-invasive procedure often used to increase the rate of healing of chronic non-healing wounds. During a hyperbaric medicine treatment the patient is placed in a chamber containing 100% oxygen at pressures of more than one Atmosphere. Hyperbaric treatments typically last about 2 hours. Most patients will feel no differently than they would at home in their beds. They can listen to music or watch TV, talk to family members, or simply take a nap.

"We are honored to be named a Center of Excellence" said Ronny Humes, Vice-President of Operations with MRHC. "Our team of physicians, nurses, and staff is committed to healing chronic wounds and this award recognizes our efforts".

Magnolia Regional Health Care partners with Shared Health Services, Inc., a nationally known provider of Wound and Hyperbaric Medicine Centers, to provide some of their advanced therapies. "We pride ourselves not only in treating every patient like they are a member of our own family, but on the success of helping our hospitals remain up to date on every aspect of wound healing. We are very proud of the team at Magnolia Regional Health Care," said SHS President David Davis.

Shared Health Services, Inc. is based in Johnson City, Tennessee and currently works with hospitals from Florida to Pennsylvania and from West Virginia to Kansas. More information is available at www.sharedhealthservices.com/.



Rick Napper, CEO
David Pizzimenti, D.O.
Marissa Cruz, D.O.
David Davis, BS, RRT, CHT
Marla Shettles, PT, MS, WCC,





Risk Management

Health Reform Law Expands Medicare Coverage of Preventive Care

Starting in January 2011, Medicare will pay for annual wellness visits, which will include preventive services such as cholesterol screenings, routine vaccinations, many cancer screenings and other services and screenings that receive an A or B recommendation for seniors from the U.S. Preventive Services Task Force. This new law will waive the Part B deductible and the 20 percent coinsurance that would apply to most preventive services under Medicare. In addition, the new law requires coverage for annual wellness visits that entail personalized prevention plans for patients.

Physicians should be aware, however, of problems that can arise when billing for preventive care and a separate evaluation and management (E/M) on the same claim. In an article in the Report on Medicare Compliance, it states that "errors are popping up on physician claims for E/M services billed with preventive care because they are not justified and/or documented adequately, which could essentially be construed as

double dipping." The article also states that with the new health care reform law for increased coverage of preventive care, the emerging risk may now intensify for erroneous billing. Medicare will pay for E/M services provided at the same time as the annual wellness visit if the E/M is separately identifiable and well documented. The bad news is that this could be a new risk issue but the good news is that it may also be a revenue opportunity. Some seniors who have had to choose between shelter, food or medicine on their poverty level fixed income may now make appointments for annual wellness visits.

The tricky area for physicians is because Medicare beneficiaries often have serious problems and these problems such as diabetes, hypertension or COPD, are often treated during the preventive exam services. When billing the separate E/M code in addition to the wellness exam, a modifier 25 should be added to the CPT code for the E/M to make sure the claim bypasses Correct Coding Initiative (CCI) edits, and the documentation should be very specific as to the services performed outside the preventive care

services. There are still problems that could arise such as billing CPT 99215 for E/M which requires a "comprehensive history, a comprehensive examination and medical decision making of high complexity." The problem identified there is that the preventive services exam also requires a "comprehensive history and exam" so you cannot bill it twice. You need to make sure that your office staff who are putting in codes are following the rules and regulations and are also comparing your documentation to what is being billed. Auditors are finding that physicians are routinely billing E/M services every time a patient's complaints are addressed during a wellness exam.

I hope this information is beneficial to you. If you would like some additional literature for your office staff, please let me know.

Renee Bullard, 293-7673
Compliance/Risk Management