



November, 1998 ☿ Volume 10, Number 11

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*From the
President*

The kind of thinking that gets
you into a problem
Usually won't get you out.

Albert Einstein

Well, it's been a very long six months since the Lehigh Valley Hospital Board of Trustees called for an exclusive arrangement between our cardiovascular surgeons and our hospital. This last half year has been remarkable for the profound changes that have occurred in that time. Sacred Heart Hospital will begin its own cardiovascular surgery program this month. We at Lehigh Valley Hospital have not one, but two, cardiovascular surgery groups on staff. Almost 150 individuals, physicians and administrators alike, have expressed their opinions on exclusive arrangements in either interview or written form. Circumstances notwithstanding, there has been a tremendous amount of open minded, free-thinking on the part of the members of the Board of Trustees and its Ad Hoc Committee. Mrs. Kathryn Taylor, Chairperson, both of the Board of Trustees and its Ad Hoc Committee, will be submitting the final report of the Ad Hoc Committee to the full Board on November 4, 1998.

(Continued on Page 2)

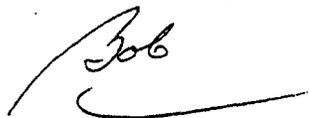
PROGRESS NOTES
Medical
Staff

(Continued from Page 1)

The Lehigh Valley Hospital/Muhlenberg Hospital Center Merged Bylaws Committee has completed its charge and compiled a set of preliminary Bylaws which, if they are independently approved by members of the Lehigh Valley Hospital and Muhlenberg Hospital Center medical staffs, will consolidate and govern our two staffs. In order to adequately involve all physicians, informational sessions to review and discuss these Bylaws will be held Wednesday, November 18, at 6:30 p.m., in the Muhlenberg Hospital Center cafeteria, and Monday, November 23, at 6 p.m., in Classroom 1 at Lehigh Valley Hospital, Cedar Crest & I-78. These should allow sufficient time for the Committee to reflect on concerns voiced by members of our staffs so that a finalized version can be offered, independently, for approval at the first combined Lehigh Valley Hospital/Muhlenberg Hospital Center General Medical Staff meeting on Thursday, December 17, at 6:30 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78.

November is the month of our local, regional, and national elections. It is also the month that the Nominating Committee, chaired by David Caccese, will be finalizing its proposal for a successor to David when he completes his whirlwind and fanciful 731 days as President of our medical staff. Obviously, your presence at the December 17 General Medical Staff meeting becomes doubly important since your vote can have a profound effect on these two important action items.

Finally, Medical Staff Services and Troika wish you and your families a Happy Thanksgiving.



Robert X. Murphy, Jr., MD
President, Medical Staff

VOTE
for the candidates of your choice
on November 4!

Robert X. Murphy, Jr., MD
Lehigh County Medical Society
Legislative Chairman

Don't Delay to Vaccinate -- Influenza and Pneumococcal Vaccines

Influenza and pneumococcal pneumonia continue to be major causes of illnesses leading to hospitalizations. Both, however, can be prevented with a safe, effective vaccine. The trivalent influenza vaccine prepared for the 1998-99 season will include A/Beijing/262/95-like(H1N1), A/Sydney/5/97-like(H3N2), and B/Beijing/184/93-like hemagglutinin antigens. Pneumococcal vaccine is cost-effective and potentially cost-saving among persons aged 65 years or older for prevention of bacteremia.

Influenza Vaccine is strongly recommended for persons at high risk for complications of influenza as well as health care workers (physicians, nurses, personnel in hospital, outpatient and long term care facilities) and household members (including children) in close contact with persons in high risk categories.

High Risk Persons

- All persons 65 years of age or older (represent >90% of all flu deaths)
- Persons >6 months of age with chronic illness
 - Pulmonary
 - Cardiovascular
 - Metabolic disease (including diabetes mellitus)
 - Renal dysfunction
 - Hemoglobinopathies
 - Immunosuppression (including immunosuppression caused by medications)
- Residents of long term care facilities
- Persons 6 months to 18 years receiving chronic aspirin therapy (due to risk of developing Reye Syndrome after influenza)
- Women who will be in the second or third trimester of pregnancy during the influenza season

Pneumococcal Vaccine recommendations target essentially the same groups as the influenza vaccine.

(Continued on Page 3)

(Continued from Page 2)

High Risk Persons

- Persons 65 years of age or older
- Persons aged 2 to 64 with
 - ✓ Chronic illness listed for influenza
 - ✓ Chronic liver disorders
 - ✓ Functional or anatomical asplenia
 - ✓ Kidney disorders
 - ✓ Alcoholism
 - ✓ CSF leaks
- Persons in long term care facilities
- Immunocompromised persons

Recommendations for Pneumococcal Revaccination

- Routine revaccination of immunocompetent persons is not recommended
- Revaccination is recommended for those at highest risk of serious pneumococcal infection
- Candidates for revaccination
 - Asplenia
 - Immunosuppression
 - Chronic renal failure
 - Nephrotic Syndrome
 - Persons 65 years of age or older if they received vaccine 5 or more years previously and were less than age 65 at the time of vaccination.
- If indicated, single revaccination 5 years or more after previous dose
- For children 10 years of age or less, revaccinate 3 years after previous dose

The National Immunization Program (NIP) has a wealth of information available to aid the clinician and their staff in patient education. Vaccine safety sheets for a number of vaccines are currently available, some of which are appropriate for public distribution while others are more technical and targeted specifically to the clinician. Materials can be ordered by phone, fax or the Internet.

CDC Immunization Hotline
1-800-232-2522

ACIP statements and other printed materials sent or faxed, call
1-800-CDC-SHOT

To receive a NIP resource list, fax your request to

(404) 639-8828

NIP Website

www.cdc.gov/nip

NIP Internet Address

nipinfo@dc.gov



Attention PHAMIS Users

The IDX/Phamis Lastword MICRO command, a lab result lookup command, will change on November 14 as part of an upgrade package. Users will notice major screen display changes to the MICRO screens. Users that are familiar with the old MICRO screens should be pleased with the enhancements, i.e., new screen layout and features. The data that displays will be the same as the old screens, but viewed much easier.

In addition, for your convenience, you can now view the MICRO changes on-line by following the steps below:

In the blue box on the left side of the screen of the LVHHN Intranet Home Page, click on Information Services. Click on the Lastword link under Information Services. This will take you to the Lastword Home Page. Click on the MICRO COMMAND link and start the demo by following the links.

As always, the Information Services Department Helpdesk (402-8303) is available to answer any questions you may have regarding this issue.

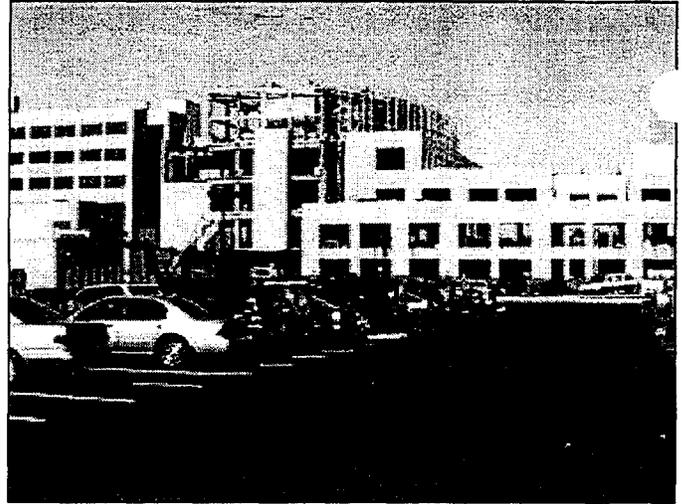
East Building Update

In preparation for construction to begin on the East Building Entry Concourse, several modifications need to be made to the Main Entrance and the Anderson Wing Entrance. These changes will effect egress to and from the Main Hospital, the John and Dorothy Morgan Cancer Center, MOB 1210, MOB 1230, and Lehigh Magnetic Imaging Center. Changes which have been or will be made include the installation of automatic doors and a temporary canopy at the Anderson Wing Entrance, modifications to the existing doors at the Main entrance, and the relocation of the valet parking booth to the new drop-off area. New signs and directional maps will be available in the Anderson Wing lobby and at the reception desk in the Main Lobby.



Above, the installation of new doors at the entrance to the Anderson Wing is completed.

On November 2, the new corridor link located within the East Building will open, pending state approval. This will connect the second floor of the Main Hospital and the John and Dorothy Morgan Cancer Center. There will be a transition period of approximately five days prior to the closure of the existing trailer link. On November 7, the existing trailer link, located on the north side of the campus, will be removed, and the new drop-off area and drive lane will be modified. Effective November 14, the Main Entrance will be closed. At this time, all visitors and staff will be requested to use the Anderson Wing Entrance. For safety reasons, construction partitions and a fence will be installed around the construction site.



A view from the Doctors' Parking Lot, construction of the East Building continues on schedule.

Please observe all safety signs, and do not enter the construction area without proper authorization. During this construction, Stair Tower #4, located on the north side of the campus near the GI/Endoscopy Lab, will be used for emergency egress only.

The Entry Concourse will be completed in two phases. Construction of the first phase will begin on November 16 with completion expected by early spring. This phase will incorporate the new Main Entrance and Lobby. The second phase is expected to be completed by July 1999.

Your cooperation and patience during the construction of the East Building is very much appreciated. If you have any questions or concerns, please contact the Facilities and Construction office at 402-8519.

Medical Staff Bylaws Information Session

An Information Session to review recommended changes to the Medical Staff Bylaws will be held on Monday, November 23, beginning at 6 p.m., in Classroom 1 at Lehigh Valley Hospital.

As these bylaws will be the governing document for the new merged Medical Staff, all interested members of the Lehigh Valley Hospital Medical Staff are urged to attend.

News from Nuclear Medicine

Diagnosis of Renovascular Hypertension

Angiotensin-converting enzyme inhibitor enhanced renography is the non-invasive test of choice for the diagnosis of renovascular hypertension. When performed in patients with moderate or high clinical suspicion of renovascular hypertension, sensitivity of 93% and specificity of 95% can be attained. The blockade of the renin-angiotensin cascade with an ACE inhibitor markedly reduces the production of angiotensin II. This effect represents the pathophysiological basis for this nuclear medicine test. The occurrence of patients who had normal renal angiography despite bilateral symmetrical renal function deterioration has been problematic. In the September, 1998 issue of the *Journal of Nuclear Medicine*, Dr. Claveau-Tremblay and others reported that calcium antagonists can cause false positive captopril renograms and that these medications should be discontinued before captopril renograms.

It is suggested that if you want to rule out renovascular disease in a patient, please discontinue all calcium antagonist medication (verapamil, nifedipine, diltiazem, etc.) several days prior to ordering the ACE inhibitor enhanced renal scan. At Lehigh Valley Hospital, the use of IV enalapril is preferred over oral captopril since the IV effect is quicker and more uniform. It is also suggested that the ACE inhibitor enhanced renal scan be performed before the baseline renal scan. If the ACE inhibitor enhanced renal scan is normal, there is no need for the baseline scan since renovascular disease is essentially ruled out. However, if the ACE inhibitor enhanced renal scan is abnormal, then a baseline renal scan may be of value for further specificity.

Newly Approved Isotope to Detect Acute Deep Vein Thrombosis

There is a newly approved isotope to detect ACUTE deep vein thrombosis. The tracer is Technetium 99m Apcitide (Acutect). The test involves a simple antecubital IV injection of the radiopharmaceutical, and planar images of the pelvis and legs are obtained at 10 and 60 minutes. There is no prep.

The radiopharmaceutical is a unique peptide that binds preferentially to the glycoprotein (GP) IIb/IIIa receptors found on activated platelets which subsequently aggregate into an acute clot. While other imaging modalities can only detect an obstruction, Acutect is specific for the acute disease process. This agent can detect acute clot both above and below the knee. There are no adverse effects and there is no HAMA response.

This study may be ordered as an adjunctive procedure for an equivocal Doppler ultrasound scan or venogram.

If you have any questions or concerns regarding these issues, please contact Stuart A. Jones, MD, Robert J. Rienzo, MD, or Paul S. Sirotta, MD, in Nuclear Medicine at 402-8387.

Affinity's **Movement Disorders Program** was recently honored to receive donations from Dupont/Merck Pharmaceuticals and SmithKline Beecham Pharmaceuticals. These generous donations will be used to further enhance the one-year old program directed by Peter J. Barbour, MD, Division of Neurology.

The Movement Disorders Program is a multi-disciplinary program which provides assessment and treatment for functional disabilities caused by Parkinson's Disease and other related neurological diseases. The patients who enter this program will be assessed and treated by a team of clinicians including David Glosser, PhD, neuropsychologist, Peter J. Barbour, MD, and Ronald E. Wasserman, MD, neurologists, and a dedicated group of physical, occupational, and speech therapists. The goal of this program is to help the patient adapt to the changes they are experiencing in their daily functions caused by the neurological disease.

The Movement Disorders Program is held on Wednesdays, from 1 to 4:30 p.m., at Affinity, 1243 S. Cedar Crest Blvd., First Floor. For more information, please call Affinity at 402-9292.

A Brief Orientation on Call Parks

HealthPage operators continue to be unnecessarily blamed for delays in executing Call Parks. The truth of the matter is that the operators are not the culprits. In fact, the problem may be connected to the type of pager the individual being call parked carries.

When a Call Park is placed, the operator taking the call immediately places the page. If the individual being call parked carries a numeric or alphanumeric pager, the transmission will take one-fifth of a second. However, if the individual being call parked carries a voice pager, voice pages take up transmission time on the tower, and depending upon how many other voice pages are being sent at that time, these calls start to back up. The delay may take up to three minutes for the page to reach the voice pager of the individual being call parked. (This is one of the major reasons that HealthPage does not sell voice pagers.)

Once the Call Park page is received, at times, up to three minutes after the Call Park was placed (as described above), the individual receiving the page may respond to the Call Park and find that the caller has hung up. This situation is likely to cause two individual to become very annoyed -- the sender and the receiver of the Call Park.

Recommended use of Call Parks include emergencies and/or priorities, paging from a car phone or from a place where a call back is not possible, and for patient to physician when a call back is not possible.

If you choose to use the Call Park system, please remember that delays do occur, however, these delays are NOT caused by the HealthPage operators.

For your convenience, Call Park instructions may be found on pages 3 to 5 in the Medical Staff Handbook (if you did not receive a copy, contact Physician Relations at 402-8590), or as follows:

Call Park Instructions

A. Recommendations for Call Park Usage

1. Emergencies and/or priorities - Physician to physicians should be done for emergencies and/or priority calls.
2. Paging from a car phone or from a place where a call back is not possible.
3. Patient to Physician - Only when a call back is not possible.
4. Not to be used by Physician's or Employee's families.
5. Not to be used for personal reasons.

B. Call Park Prefixes

- 111 - STAT Call
- 222 - Call from a family member
- 333 - Call from a hospital employee
- 444 - Call from a patient
- 666 - Call from a physician
- 777 - Business call

C. Call Park Retrieval

1. Inside the Hospital

- a. Dial the last 4 digits of the call park number as indicated on the pager display.
(The last 4 digits will always begin with 09.)
- b. Call is connected, begin the conversation.

Example of a call park call from a physician:

Pager display 666-402-0963
Dial: 0963
Begin conversation

2. Outside the Hospital

- a. Dial 402 plus the 4 digit call park number indicated on the pager display.
- b. You will hear a dial tone for approximately 3 seconds.
- c. When dial tone stops, wait for a connect which takes approximately 2 seconds.
- d. Call is connected. Begin conversation.

Example of a call park call from a patient:

Pager display 444-402-0963
Dial: 402-0963
Hear dial tone
Hear silence for 2 seconds
Connection made; begin conversation.

3. Busy Signal

- a. If you receive a fast busy signal, all circuits are busy. Hang up and dial the call park number again.
- b. If you receive a regular busy signal, the caller has hung up. Call the Page Operator (402-8999) for the caller's name and number.

Home Care and Hospice Redesign Reduces Costs While Improving Patient Care

by Mary DeHaven, Public Affairs

Effective operations and a commitment to patient care are the driving forces behind a recent reorganization of Lehigh Valley Home Care and Lehigh Valley Hospice.

"To remain a provider of high quality home health services, we need to gain more control over our costs and develop better tools to monitor and improve the quality and effectiveness of our services," said James Dunleavy, Senior Vice President, Health Services. "Recently, we earned JCAHO accreditation with commendation, which shows our commitment to quality care. This reorganization is further proof of our desire to be the best home care provider possible."

Home Care and Hospice will consolidate several of its branch offices into more condensed, local care units and continue to provide care for patients in its current geographical service areas. Once the reorganization is complete, Home Care and Hospice will have four fewer offices. The main office will remain in the LVHVN's Health Services building at 2166 S. 12th Street, Allentown. Branch offices will be located at Muhlenberg Hospital Center's 1770 Bathgate Drive; Stroudsburg; Milford, and a yet to be determined site in the Carbon and Schuylkill County area.

"The changes are necessary in part because of substantial reductions in reimbursement resulting from the increase in managed care and the Balanced Budget Act of 1997," said Cynthia Runner Heidt, Administrator, Patient Care Services. "Almost all home health providers nationwide will experience substantial reductions in reimbursement as a result of these factors."

Simultaneously, Medicare and other health insurers are requiring home health providers to demonstrate their effectiveness through a comprehensive, national standards assessment process, which will provide outcome measurements.

"As a physician, I believe this new emphasis on accountability and objective outcome data will improve patient care," said Paula Stillman, MD, medical adviser to Home Care and Hospice. "Physicians and payors will now have objective measurements on which to judge the quality of home health providers."

Bonnie Kosman, newly named administrator, said the reorganization realigns resources with Home Care's and Hospice's priorities. "We determined how we could cut fixed costs and commit a larger portion of our budget to direct patient care expenses, such as staffing," she said. "Why should we spend money on rent, phones, and office furniture when we're most concerned about providing patient care?"

Home Care Medical Director Fred Fister, MD, who helped establish Home Care in 1962, agrees these are challenging times, but has faith that the staff will succeed in this new health care era.

Dedicated Physician Check-In Line to be Implemented by HealthPage

In an effort to meet the needs of its customers, HealthPage will offer a dedicated physician check-in line. Beginning November 1, physicians who have an answering service account with HealthPage will begin to receive pages to this new dedicated line -- **402-5300**. HealthPage will prioritize all incoming calls to 402-5300, with a goal to answer these calls within four rings. Physicians may also use this dedicated line to check calls holding for their office during off hours, and to change their pager status with an operator in an emergency situation. This new dedicated line is for **PHYSICIANS ONLY** and should not be utilized by office staff.

If you have any questions or comments, please contact Troy Swartz, Operations Manager, HealthPage, at 402-1816.

"Emergency Care State of the Union," a program sponsored by PennCARE, will be presented on Monday, November 16, from 6 to 8:30 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. The speaker will be David Willis, Associate Director, The Advisory Board.

Registration deadline is November 13. For more information, call PennCARE at 402-7570.

Physician members of the LVPHO/GLVIPA will receive "credit" toward the Incentive Plan for their attendance at this educational session. Please remember to sign in.

Congratulations!

Thomas D. DiBenedetto, MD, Division of Orthopedic Surgery, Section of Ortho Trauma, was recently notified that he passed the 1998 Recertification Examination and has fulfilled all of the recertification requirements of the American Board of Orthopaedic Surgery.

John P. Fitzgibbons, MD, Chairperson, Department of Medicine, has been appointed to the Academic Internal Medicine Task Force on the Financing of Graduate Medical Education.

Clifford H. Lyons, MD, Department of Family Practice, was recently appointed by the Physicians' Health Programs (PHP) as assistant medical director for the northeastern Pennsylvania region. In this position, he will help physicians who are impaired in their practice for any reason. Often this is because of drug and alcohol dependency, but also can be as a result of stress or emotional or physical difficulties. PHP is a program of the Educational & Scientific Trust of the Pennsylvania Medical Society.

Thomas M. McLoughlin, Jr., MD, Chief, Division of Cardiac Anesthesia, has been recruited and agreed to join the faculty of the American Society of Anesthesiologists Self-Evaluation and Education (SEE) program. The SEE program is the premier CME vehicle of the American Society of Anesthesiologists. Dr. McLoughlin will participate in the preparation of two booklets annually, consisting of 100 questions, answers, and critiques, each indexed to the American Board of Anesthesiology Board Certification and Recertification examination content outlines.

Papers, Publications and Presentations

The staff of the HLA Laboratory – **Bala B. Carver, MD**, Director; **Marj Williams**, Supervisor; **Patricia Casey**, **Diane Hartzell**, **Mark Hoffman**, and **Marilyn Wetmore** – co-authored two studies which were presented as poster presentations at the national meeting of the American Society for Histocompatibility and Immunogenetics held recently in Vancouver, British Columbia, Canada. The two studies, both of which are related to kidney transplants, include "Enhanced Sensitivity of PRA Testing and Monitoring of AHG Enhancement," and "Sibling Non-Identity Detected at C Locus - A Case Study."

John P. Fitzgibbons, MD, Chairperson, Department of Medicine, made a presentation titled "Trends in Inpatient

Teaching" at the Association of Program Directors Meeting in Internal Medicine which was held in Chicago, Ill., in September.

In addition, Dr. Fitzgibbons presided over the organizational meeting of the Association of Chairs of Medicine which met in Chicago in September. This is a new organization which was created to allow Chairs of Medicine to discuss common concerns.

Mark A. Gittleman, MD, Division of General Surgery, was an invited guest speaker at the "International Symposium for the Multidisciplinary Approach for Breast Cancer Diagnosis" at the European Surgical Institute in Hamburg, Germany, October 12 to 14, where he made presentations on breast biopsy techniques and conducting training workshops for stereotactic biopsy.

In addition, Dr. Gittleman was invited as a faculty member for the post-graduate course "Image-Guided Breast Biopsy" at the annual meeting of the American College of Surgeons which was held October 26 to 28, in Orlando, Fla. He presented a lecture on "Interventional Breast Ultrasound" and conducted workshops on stereotactic breast biopsy.

Indru T. Khubchandani, MD, Division of Colon and Rectal Surgery, was a visiting professor at the University of Genova, Italy, from September 19 to 23. He gave a series of lectures on ambulatory surgery and current advances in colon and rectal surgery.

From September 23 to 28, Dr. Khubchandani was an invited speaker at the National Meeting of the Italian Society of Colon and Rectal Surgeons, where a post-graduate course by an international faculty had been arranged. Dr. Khubchandani presented a video on "Endorectal Repair of Rectocele," and his lectures included: "Hemorrhoidectomy in Pregnancy," "Hemorrhoidectomy in Patients on Dialysis," "Hemorrhoidectomy in Patients with Sexually Transmitted Disease," and "Hematologic Disorders." He also participated in a symposium on inflammatory bowel disease with an assigned subject of "Complex Fistula in Ano." The meeting was attended by 1,000 surgeons and was held in Sorrento, Italy.

Marian P. McDonald, MD, Division of General Surgery, presented Grand Rounds at Pottsville Hospital on October 15. Her topic of discussion was "Sentinel lymph node mapping and biopsy for the treatment of breast cancer and melanoma."

Glen L. Oliver, MD, Chief, Division of Ophthalmology, presented a case, "Idiopathic Scleral-Choroidal Calcification," at the recent Wills Eye Hospital Annual Fluorescein Conference.

Upcoming Seminars, Conferences and Meetings

Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at Noon in the hospital's Auditorium at Cedar Crest & I-78.

Topics to be discussed in November include:

- ◆ November 3 - Treatment of Crohn's Disease
- ◆ November 10 - Management of the Difficult Headache Patient
- ◆ November 17 - Hantavirus Pulmonary Syndrome PA Experience - One Year Later
- ◆ November 24 - Chronic Pain & Personality Disorders: Implications for Medical Practice

For more information, please contact Evalene Patten in the Department of Medicine at 402-1649.

Third Annual Frances C. Schaeffer, MD, Memorial Lecture

Advanced Laparoscopic and Hysteroscopic Gynecologic Surgery featuring live interactive telesurgery and hands-on laboratory practicum will be held Friday, December 4, from 6:45 a.m. to 4:30 p.m., in the hospital's Auditorium at Cedar Crest & I-78, and on Saturday, December 5, from 7 a.m. to 4 p.m., at Ethicon Endosurgery, Somerville, N.J.

This conference is designed for gynecologic surgeons who desire to learn advanced laparoscopic and hysteroscopic techniques. Day One - faculty with extensive laparoscopic and hysteroscopic experience will conduct didactic sessions to familiarize participants with anatomy and surgical techniques. Three live surgical procedures will be telecast in an interactive forum. Day Two - participants will perform an operative hysteroscopy, laparoscopic hysterectomy, and reconstructive pelvis surgery in a faculty-supervised, animate, hands-on laboratory at Ethicon Endosurgery in Somerville, N.J.

Registration is required, and seating is limited to 200 participants on Friday and 32 participants on Saturday.

Transportation from Allentown to Somerville, N.J., will be provided by Lehigh Valley Hospital.

For more information, please contact Bonnie Schoeneberger in the Center for Education at 402-1210.

Who's New at LVH

Medical Staff

Change of Address

College Heights OBGYN Associates, PC

Edward E. Geosits, DO

Thomas A. Hutchinson, MD

Karen M. Matz, MD

Michael S. Patriarco, DO

Molly S. Peters, MD

Patrice M. Weiss, MD

1245 S. Cedar Crest Blvd.

Suite 201

Allentown, PA 18103-6267

(610) 437-1931

Fax: (610) 433-8791

(Effective November 1, 1998)

Ernesto Rodriguez, MD

Allentown Medical Center

401 N. 17th Street

Suite 109

Allentown, PA 18104

(610) 774-9694

Fax: (610) 774-9697

Theresa A. Ryan-Mitlyng, MD

Medical Director, Lehigh Valley Physician Group

LVPG-Pediatrics

1770 Bathgate Drive

4th Floor

Bethlehem, PA 18017

(610) 317-4651

Fax: (610) 317-4666

Resignations

Michael A. Barone, MD

Department of Pediatrics

Division of General Pediatrics

Wayne J. Brotzman, DO

Department of Family Practice

News from



MUHLENBERG HOSPITAL CENTER

Upcoming Seminars, Conferences and Meetings

Lunch & Learn Program

The Lunch & Learn Program for the Department of Medicine will be held on Wednesday, November 11, beginning at 12:15 p.m., in the First Floor Conference Room at Muhlenberg Hospital Center. Martin LeBoutillier III, MD, cardio-thoracic surgeon, will present "Minimally Invasive Heart Surgery." As lunch will be provided, pre-registration is requested.

For more information or to register, please contact Marge Kratzer in the Medical Director's Office at 861-2266.

Department of Medicine Meeting

The next Department of Medicine meeting will be held on Monday, November 16, beginning at 5:30 p.m., in the First Floor Conference Room at Muhlenberg Hospital Center. Arthur L. Levine, MD, nephrologist, will present "Nephrology Critical Care Review." As a light dinner will be provided, pre-registration is requested.

For more information or to register, please contact Marge Kratzer in the Medical Director's Office at 861-2266.

Medical Staff Bylaws Information Session

An Information Session to review recommended changes to the Medical Staff Bylaws will be held on Wednesday, November 18, beginning at 6:30 p.m., in the Muhlenberg Hospital Center cafeteria.

As these bylaws will be the governing document for the new merged Medical Staff, all interested members of the Muhlenberg Hospital Center Medical Staff are urged to attend.

Who's New at MHC

Medical Staff

Appointments

Deborah A. Bren, DO

Christine & Bren Family Practice
1365 Blue Mountain Drive
Danielsville, PA 18038-9738
(610) 767-4315
Fax: (610) 767-9420
Section of Medicine
Subsection of Family Practice
Provisional Courtesy

Joseph J. Grassi, MD

Orthopaedic Associates of Bethlehem, Inc.
2597 Schoenersville Road
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Bethlehem, PA 18017
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Fax: (610) 691-7882
Section of Physiatry
Provisional Active

Ronald A. Lutz, MD

LVPG-Medicine
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Fax: (610) 402-7160
Section of Emergency Medicine
Provisional Active

Richard S. MacKenzie, MD

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Cedar Crest & I-78
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Fax: (610) 402-7160
Section of Emergency Medicine
Provisional Active

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Alexander M. Rosenau, DO

LVPG-Medicine
Lehigh Valley Hospital
Cedar Crest & I-78
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Section of Emergency Medicine
Provisional Active

Eve L. Warner, MD, PhD

Lehigh Valley Cardiology Associates
2597 Schoenersville Road
Suite 202
Bethlehem, PA 18017-7396
(610) 866-2233
Fax: (610) 866-7738
Section of Medicine
Subsection of Cardiology
Provisional Active

Practice Change**Richard S. Kolecki, MD**

(no longer with Premier Heart Specialists)
Richard S. Kolecki, MD, PC
65 E. Elizabeth Avenue
Suite 210
Bethlehem, PA 18018
(610) 317-9968
Fax: (610) 317-9800

Leave of Absence**Nercy Jafari, MD**

Section of Surgery
Subsections of Thoracic/Vascular Surgery
Six month leave of absence

Kyu S. Kim, MD

Section of Physiatry
One year leave of absence

Resignations**Peter Barrett, MD**

Section of Surgery
Subsection of Thoracic Surgery

Haywood Blum, MD

Section of Emergency Medicine

Anthony Brandimarto, DO

Section of Medicine
Subsection of Cardiology

Frank Capobianco, MD

Section of Emergency Medicine

Debra Hermany, MD

Section of Emergency Medicine

Bruce M. Kaufmann, MD

Section of Surgery
Subsection of Gynecology

Gabriel Martyak, DO

Section of Emergency Medicine

George Palmer, DO

Section of Emergency Medicine

Stafford M. Smith, MD

Section of Medicine
Subsection of Cardiology

Barbara Watunya, DO

Section of Emergency Medicine

Allied Health Professionals**Resignations****Geoffrey Carlson, PA-C**

Physician Extender
Professional - PA-C
(Coordinated Health Systems - Brett Godbout, MD)

Tania Felegy, PA-C

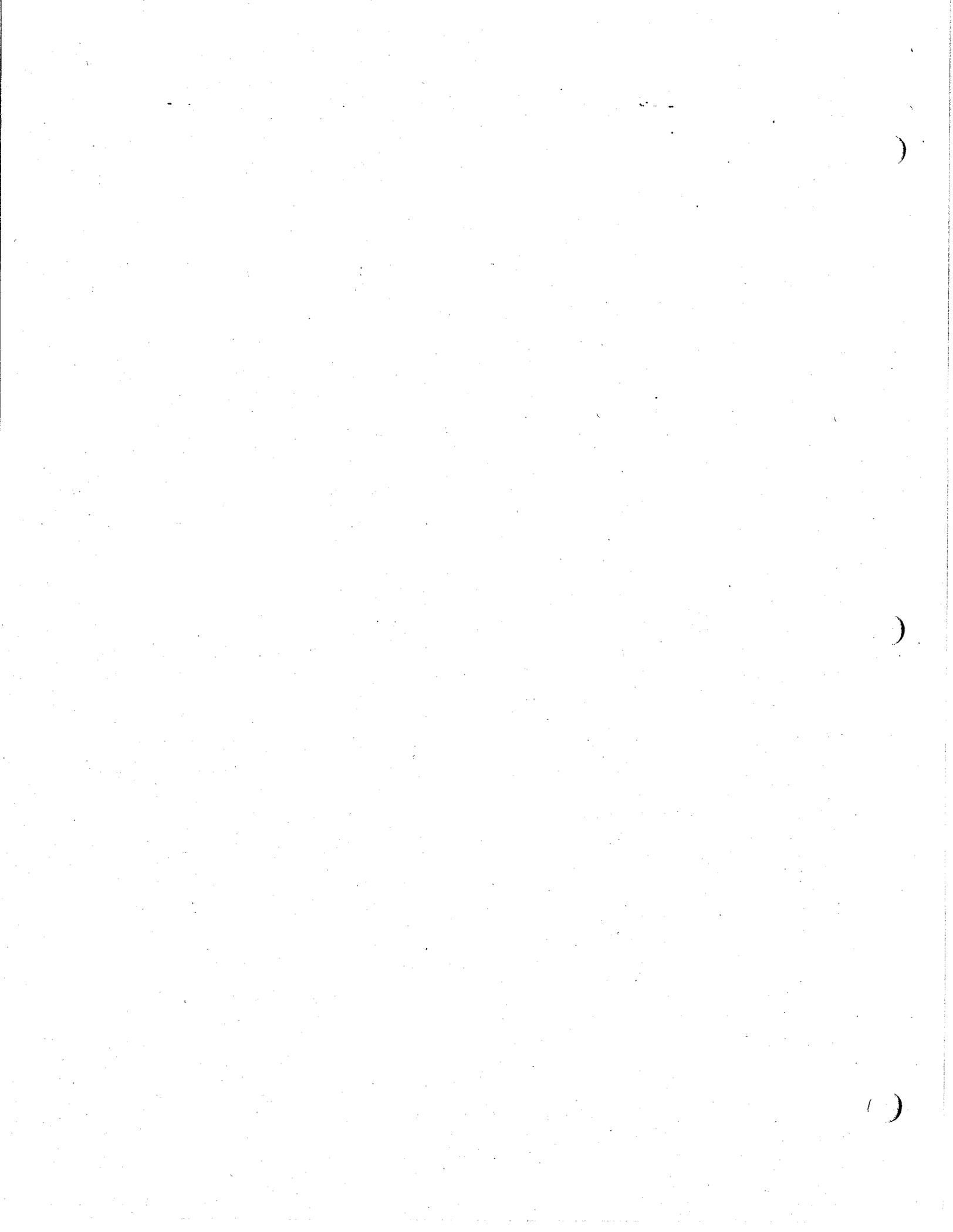
Physician Extender
Professional - PA-C
(Coordinated Health Systems - Michael Busch, MD)

Philip Hansel, PA-C

Physician Extender
Professional - PA-C
(Coordinated Health Systems - Emil Dilorio, MD)

Andrea Seibert, PA-C

Physician Extender
Professional - PA-C
(Coordinated Health Systems - Carl Weiss, MD)



NEWS FROM THE CENTER FOR EDUCATIONAL DEVELOPMENT & SUPPORT

Announcement:

It gives us great pleasure to announce that CEDS has been awarded a \$150,000 one-year grant from Dorothy Rider Pool Health Care Trust to support our efforts to improve nursing and general staff education. We believe we can improve learning and patient care through the following three initiatives:

1. Implement an Intranet approach for educational programs ensuring staff meets regulatory requirements, as well as enhances competency and educational development at the point of service in a convenient, user-friendly, efficient way. The biggest change in this goal is the elimination of the blue personal safety book!
2. Purchase virtual reality simulation systems for teaching and learning intravenous catheterization.
3. Develop a Patient Care Services Educational Institute by bringing health care experts to LVHNN who will share their expertise through a variety of educational forums.

Susan Steward, Director, Nursing Education will be the Project Director.

Thanks to Sallie Urffer, Grant & Research Coordinator, and Sue Steward for conceptualizing this project and for writing a grant proposal.

If you have any questions about this project, please contact Sue at 402-1705 or Sallie at 402-1403.

Grand Rounds:

Nov 3-Tue-7am-Ophthalmology-Surgical Grand Rounds-CC-Aud

Nov 10-Tue-7am-Surgical Grand Rounds-Plastic Surgery Resident, K.Lesley Birmingham, MD-CC-Aud

Nov 17-Tue-7am-Surgical Grand Rounds-General Surgery Chief Resident, E. James Frick, MD-CC-Aud

Nov 24-Tue-7am-Surgical Grand Rounds-Orthopedic Div, Henry Sheak, MD, Chief, Orthopedics/Allegheny Univ.-Laser Applications in Orthopedic Surgery-CC-Aud.

News from the Library:

OVID Training: To schedule one-on-one OVID (MEDLINE) training session, call Barbara Iobst at 402-8408.

After Hours Access To Health Sciences Libraries: For your convenience, both the CC & I-78 and the 17th & Chew Health Sciences Libraries are available after hours via card access. There are regulations in effect during the hours the Libraries are not staffed. These regulations have been posted by the library card reader for your convenience. Please take the time to read them.

Please note: after hours access to the Health Sciences Libraries does not automatically give you after hours access to the Meyer Cohan Learning Resource Center (LRC). Physicians, residents and medical students should already have access to the LRC.

If you need after hours access to the LRC, please contact John Frankenfield at 402-5297.

NEW LIBRARY BOOKS - CC & I-78

"False Hopes: Why America's Quest for Perfect Health Is a Recipe for Failure"

Author: D. Callahan

Call No. W 61 C156f 1998

"Life Without Disease: The Pursuit of Medical Utopia"

Author: W. Schwartz

Call No. W 84 S399L 1998

"Market-Driven Health Care: Who Wins, Who Loses in the Transformation of

America's Largest Service Industry"

Author: R. Herzlinger

Call No. W 74 H582m 1997.

NEW LIBRARY BOOKS -17th & Chew

"Chronic Pelvic Pain: Evaluation and Management"

Author: R. Blackwell, et al.

Call No. WP 155 C5572 1997

"Practical Guide to Ultrasound in Obstetrics and Gynecology," 2nd edition

Author: E. Sauerbrei, et al.

Call No. WQ 240 S255p 1998

"When Psychological Problems Mask Medical Disorders: A Guide for Psychotherapists"

Author: J. Morrison

Call No. WM 141 M879w 1997

"Psychiatric Clinics of North America"

- Vol. 21, No. 3, September 1998

Topic: "Diagnostic Dilemmas I"

Guest Editor: David Tomb.

initiative for the medical staff

What's next for the OIG?

Physicians should stay on top of investigations

If you think the government is about to slow down its fraud and abuse investigations, think again.

According to the Office of Inspector General's (OIG) *Semiannual Report*, which it released to Congress this summer, the OIG has no plans to lighten up its investigations. In fact, the OIG plans to continue its probes with the same intensity it has had all year.

With that said, physicians are wise to continue to beef up their documentation skills, which will help ensure that documentation accurately reflects the service provided and, hence, steer them and their hospitals clear of fraud and abuse allegations.

After all, in its *Compliance Program Guidance for Hospitals*, the OIG stated that "accurate coding depends on the quality and completeness of the physician's documentation."

Knowing the initiatives

Proper documentation is perhaps the most important tool physicians have to help them stay clear of fraud and abuse.

However, it's also critical that physicians understand the OIG's fraud initiatives and its plans for the future. This knowledge will allow physicians to concentrate their documentation education efforts in the appropriate areas.

In its *Semiannual Report*, the OIG gives physicians and other health care professionals a sneak preview into what it will focus on in the coming

months. Physicians should familiarize themselves with the report and then, if necessary, take steps to improve documentation where needed.

According to the report, the OIG will continue the following investigations:

- **Bacterial Pneumonia Project.** The OIG is currently investigating more than 100 hospitals as part of its Bacterial Pneumonia Project. This initiative targets physicians who incorrectly assign the diagnosis-related group (DRG) for claims that should be grouped as the lower-paying viral or unspecified pneumonia.

- **PATH audits.** The OIG initially launched the audits of Physicians at Teaching Hospitals (PATH) in 1995. During the PATH audits, the OIG investigators look at two primary areas, according to the report:

1. Intermediary Letter No. 372. This letter was issued in April 1969 by the Department of Health, Education, and Welfare's Bureau of Health Insurance. It provided clarification about Medicare Part B payments for the services of teaching physicians. It basically states that the teaching physician must be present and working "elbow-to-elbow" with residents to receive reimbursement.

2. Evaluation and Management (E/M) codes. The OIG says many teaching physicians have developed a pattern of reporting E/M codes that are a higher level than the service provided. Therefore, OIG agents are auditing these codes

as well. The OIG agreed to net claims that physicians undercoded against the upcoded claims.

The PATH audits retroactively apply to services provided from 1990 through 1995. PATH is a national project but is limited to those institutions that received guidance from the Medicare Part B carriers communicating the applicable Health Care Financing Administration (HCFA) reimbursement standards.

- **DRG Payment Window Project.** This national investigation focuses on compliance with the Medicare 72-hour rule. This project looks for services rendered during the patient stay that should be bundled into the DRG but are billed separately. This rule also requires that most outpatient services provided within three days of a hospital admission be bundled into the DRG payment.

Prior to the inception of this project, the OIG issued four reports to HCFA identifying about \$115 million in Medicare overpayments to hospitals, which were caused by these improper billings. In its investigation, the OIG identified 4,660 hospitals that it says submitted improper billings for outpatient services.

As of the end of the reporting period, settlements had been executed with approximately 2,300 hospitals and about \$57 million had been recovered. The settlements also included agreements to establish measures to ensure compliance with proper billing for inpatient and outpatient services.

- **Operation Bad Bundle.** This national investigation, which started in Ohio, focuses on the billing for certain medically unnecessary tests by hospital laboratories. These abusive practices stem from the improper unbundling and double billing of laboratory tests.

This project seeks to recover multiple damages for improper and excessive claims submitted for hematology and automated blood chemistry tests by hospital outpatient laboratories.

Although the Ohio Hospital Association and the American Hospital Association filed a lawsuit challenging the legitimacy of this investigation, a federal court dismissed the lawsuit.

Thus far, 114 hospitals have entered settlements as part of this project, for a total recovery of more than \$26.3 million. The OIG expects more settlements in the near future.

- **Patient transfers.** This OIG/Department of Justice initiative focuses on improper payments to hospitals for patient transfers between two prospective payment system hospitals.

Under Medicare reimbursement rules, the hospital transferring a patient is to receive a per diem payment based on the length of stay, and the hospital receiving the transferred patient is to be paid a DRG payment based on the final discharge code.

The OIG found that since 1986, many transferring hospitals have inappropriately claimed the full DRG payment rather than the per diem payment.

Based on the OIG's initial report, HCFA identified \$227 million in recoveries and savings. The OIG's second report, issued in November 1996, and a more recent computer analysis of claims disclosed additional overpayments of about \$165 million.

Editor's note: The Semiannual Report is on the OIG's Web site at www.dhhs.gov/progorg/oig.

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Medical Staff Progress Notes is published monthly to inform the Medical Staffs of Lehigh Valley Hospital and Muhlenberg Hospital Center and employees of important issues concerning the Medical Staffs.

Articles should be submitted to Janet M. Seifert, Physician Relations, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-8590.