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A PUBLICATION FOR THE MEDICAL STAFF OF KENNEDY HEALTH SYSTEM

Medicare Stops Coding for Consults Beginning January 1, 2010, Medicare will no longer pay for consultation codes both in the office and hospital setting. Citing a 2006 OIG report looking at Medicare consultation claims, the OIG concluded that "approximately 75% of services paid as consultations did not meet all applicable program requirements resulting in improper payments."

With a 20 - 30% differential in payments for consults versus visits, CMS hopes to realize some cost savings. CMS has tried to offset the income loss for physicians by increasing the RVU for new and established office visits by 6% and hospital visits by 0.3%.

For 2010, if you perform an office consult on a Medicare patient, choose an office visit code for a new or established patient. In the hospital setting, CMS will create a new modifier for the admitting physician which will be used to identify the admitting physician of record for hospital and nursing home admissions. For hospital patients, CMS states that "physicians will bill an initial hospital care code for their first visit during a patient's admission to the hospital in lieu of the consultation codes these physicians may have previously reported."

Subsequent care visits by all physicians should be billed as subsequent hospital care codes. It is not yet known whether private insurers will follow the CMS's direction. It is best to check with your commercial payors regarding which codes to use beginning this year. Be proactive for Medicare patients, use visits codes now and avoid a spike in claims denials.

Happy Healthy New Year to All.

Christopher J. Barone, DO *Interim CMO*

We apologize to the following physician we inadvertently failed to list in our 2009 Medical Staff Directory:

Cyrus Mohazzebi, MD 710 Kresson Road Cherry Hill NJ 08003 Phone: 856/795-3320 Fax: 856/795-1213

423 Sicklerville Road Sicklerville NJ 08081 Phone: 856/875-7444 Fax: 856/875-4042

Kudos to Dr. Petruncio

Claudia Petruncio, DO, received the Lighthouse Hospice "Service Excellence Award" for physicians at the Lighthouse Annual National Hospice Month celebration on November 10th. Board certified in Internal Medicine and Geriatric Medicine, Dr. Petruncio is an interdisciplinary group physician with Lighthouse, which provides care for patients and families dealing with life-limiting illnesses in southern New Jersey. Petruncio was recognized for her dedication, caring and medical expertise in the medical management of terminally ill patients. Kennedy's Case Management Department was also honored with a "Service Excellence Award" by Cherry Hill-based Lighthouse Hospice, Inc. for its ongoing commitment to patient care.

Dr. Petruncio passed her board certification examination in hospice and palliative care.

New Appointments

Department of Emergency MedicineLynn J. Eiding, ARNP
Gray Shaneberger, PA

Department of Family Medicine

Family Practice
Kevin M. Fleming, MD
Rose McGeever, DO
Dean A. Newton, DO
Sara Pagliaro, DO

Department of Medical Imaging

Smith Apisarnthanarax, MD Robert A. Lustig, MD John Plastaras, MD Radiation Oncology
John Christodouleas, MD

Telemedicine
Richard Abramson, MD
Gordon Andrews, MD
John Boardman, MD
James Brull, DO
Lillian W. Cavin, MD
Phoebe H. Dann, MD
Melvyn A. Feliciano, MD
Thomas F. Fiorito, MD
Howard T. Heller, MD
Kyle J. Henneberry, MD
Gregory Klisch, MD
Peter M. Reuss, MD
Conrad Wittram, MD

Department of MedicineCardiology
David Elbaum, DO

General Internal Medicine
Gregory Barone, DO
Lynda J. Glenz Skaf, ARNP
Stephen Heitner, MD
Joanne K. Mazzarelli, MD
Tudor J. Vlad, MD

Physical Medicine & Rehabilitation Sajid A. Surve, DO

Department of Obstetrics/GynecologyDorette Noorhasan, MD
Tracy Pacitti, RNFA

Department of Pathology Hong-Guang Gao, MD

Department of Pediatrics Fred Weiss, MD **Department of Psychiatry**

Regis F. Acosta, MD Robert McFadden, MD Fredric M. Shecter, DO

Department of Surgery

Anesthesiology
Raymond Bernard, CRNA
Gina Gruccio-Cronin, NP
Jennifer Osborn, CRNA
Eddie Russell, CRNA
Lisa V. Sattel, MD

Cardiothoracic Kenneth Lee, MD

Oral Surgery
Stephanie Adair, RDA
Kellie Napolitano, CDA,
RDA

A Q&A with Dr. Kenneth Adam Lee

Dr. Kenneth Adam Lee is Kennedy's Thoracic Surgery Program Director and a leading practitioner of thoracic surgery using *daVinci®* robotic technology. He has spent many years as an instructor traveling throughout the U.S. training physicians to use the daVinci Surgical System.

Is a surgeon using the daVinci Surgical System operating in "virtual reality?"

I would not call it "virtual reality." While you are seated at a console a few feet away from the patient, the surgeon views an actual image of the surgical field and operates in real-time, through tiny incisions, using miniaturized, wristed instruments. At no time does the surgeon see a virtual image or program/command the system to perform any maneuver on its own/outside of the surgeon's direct, real-time control.

Is this telesurgery?

In theory, the *daVinci* Surgical System can be used to operate over long distances.

Where is the daVinci Surgical System being used now?

Currently, the *daVinci* Surgical System is being used in hundreds of locations worldwide including major centers in the United States, Austria, Belgium, Canada, Denmark, France, Germany, Italy, India and Japan.

Will the daVinci Surgical System make the surgeon unnecessary?

On the contrary, the *daVinci* Surgical System enables surgeons to be more precise, advancing their technique and enhancing their capability in performing complex minimally invasive surgery. The System replicates the surgeon's movements in real time. It cannot be programmed, nor can it make decisions on its own to move in any way or perform any type of surgical maneuver without the surgeon's input.

What are the benefits of using the daVinci Surgical System over more traditional methods of surgery?

Both surgeons and patients benefit in using the *daVinci*System over traditional methods of surgery.
For surgeons, some of the major benefits include greater surgical



precision, increased range of motion, improved dexterity, enhanced visualization and improved access. Patient benefits may include a shorter hospital stay, less pain, less risk of infection, less blood loss, fewer transfusions, less scarring, faster recovery and a quicker return to normal daily activities. Of course none of these benefits can be guaranteed, as surgery is necessarily both patient- and procedure-specific.

Why can't surgeons perform complex procedures, such as cardiac surgery, through 1-2 cm ports today?

Complex procedures like cardiac surgery require an excellent view of the operative field and the ability to maneuver instruments within tight spaces with precision and control. Surgeons historically have used invasive approaches like "open sternotomy" for heart surgery, which means splitting the breastbone and pulling back the ribs and typically results in a foot-long incision.

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Dr. Kenneth Adam Lee continued from page 3

This provides visibility and allows room for the surgeon to get his or her hands and instruments very close to the operative site, but results in significant pain, blood loss and a long recovery for patients. More recently, smaller incisions have been used to perform a variety of cardiac procedures. However, many cardiac surgeons feel the reduced access may limit visualization and may impede access to the operative field.

Will other Kennedy physicians have the opportunity to train on this exciting new technology?

Yes, with the formation of the *daVinci* Robotic Surgery Center at Kennedy University Hospital, we are increasing the range of procedures and number of surgeons trained.

Dr. Lee's office is located in the Kennedy Cancer Center, 900 Medical Center Drive, Suite 201, in Sewell, NJ. To schedule an appointment, call **856/218-5740**. Appointments will be made within 48 hours.

Save These Dates: System-Wide Department Meetings

Medicine & Family Practice

Monday, March 8, 7:30 a.m. • Stratford 3rd-floor large conference room Monday, October 18, 7:30 a.m. • Stratford 3rd-floor large conference room

Surgery

Monday, February 22, 7 a.m. • Stratford 3rd-floor large conference room Monday, May 17, 7 a.m. • Stratford 3rd-floor large conference room Monday, September 20, 7 a.m. • Stratford 3rd-floor large conference room Monday, December 6, 7 a.m. • Stratford 3rd-floor large conference room

OB/GYN

Friday, March 19, 7:30 a.m. • Wash. Twp. 3rd-floor classroom Friday, June 18, 7:30 a.m. • Wash. Twp. 3rd-floor classroom Friday, October 8, 7:30 a.m. • Wash. Twp. 3rd-floor classroom

Pediatrics

Tuesday, March 12, 7:30 a.m. • Wash. Twp. 3rd-floor classroom Tuesday, October 15, 7:30 a.m. • Wash. Twp. 3rd-floor classroom

Kennedy Patients Attending Diabetes Education Classes Achieve Excellent Outcomes

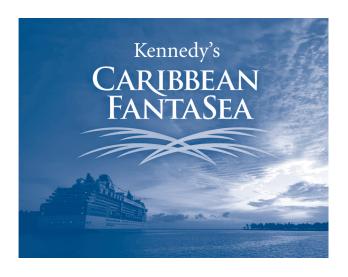
The American Diabetes Association recommends all people with diabetes receive an initial **nine hours of basic diabetes education** with follow-up education every six months to a year. Most insurance companies are required by state law to cover this education in New Jersey and Pennsylvania.

Kennedy's Diabetes Control Centers have educated more than 10,000 people since its inception and has achieved excellent outcomes.

After completing the nine-hour course, our patients have experienced a **decrease in HgA1c from 8.2 to 6.3.** Seventy-five percent of the patients report that they had their eyes examined and a foot exam within six months of their initial visit.

Classes are conveniently held in Cherry Hill, Stratford and Washington Township (day, evening and weekend classes are available). Our centers offer comprehensive education to diabetics who are experiencing gestational diabetes or are newly diagnosed, initiating insulin, starting on an insulin pump or medication or are having problems with blood sugar control. Education is individualized to fit each person's situation and ability.

Access to this service is easy. There is a centralized phone number for scheduling – **866/224-0264** – or a preprinted physician order form can be faxed to **856/309-0934** for services to commence. Diabetes Control will do the rest – verify insurance coverage, schedule patient, and notify you of the outcomes of your patient's experience.



Take a Cruise Abroad on Broad!

The Annual Kennedy Gala will be held on February 27, 2010, at the Park Hyatt Philadelphia at the Bellevue.

Mark your calendars for another exciting social event!

Staphylococcus Aureus: A Study in Evolution

By Jane Shinkarow, MS Lab Manager, Pathology and Microbiology

Staphylococcus aureus is implicated in many kinds of infections including community-acquired Sepsis, disease associated with toxins it produces, such as food poisoning and Toxic Shock Syndrome, infections of skin and soft tissue like cellulitis. It causes pulmonary and urinary tract infections and serious deep infection such as infections of the bones.

Staphylococcus in the early 1970s had a much more sensitive pattern. This organism on the culture plate often had the beautiful yellow color which is where it got its name from, "aureus". But we started seeing Stains more and more lose their characteristic color and began to learn to produce Beta-Lactamase, which breaks down the ring in antibiotics such as Penicillin. Breaking this ring inactivates the antibiotics ability to kill or inhibit the organism. In the laboratory this resistance was not always seen in the Kirby Bauer Sensitivity tests, therefore we needed to test each isolate for the ability to produce the enzyme Beta-Lactamase. If the isolate was positive, we needed to report Penicillin and Ampicillin as resistant.

In the mid 1970s some countries started to see Methicillin Resistant Staph. aureus. Kennedy was fortunate enough not to see any Methicillin Resistant isolates until 1988. But once we started seeing this strain, it soon became very common. This resistance is due to the Mec gene in the chromosome of the organism. There are several Mec genes that can convey this resistance. These Methicillin resistant organisms were found in a heterogeneous population where some of the population was sensitive and some of the population was resistant. This resistant population did not grow as quickly

which made it a challenge to detect. Initially Oxacillin screening agars were found to be a good aid in detection. Our Vitek 2 XL not only tests Oxacillin but is now also doing a Cefoxitin Screen which has found to detect the MecA gene better. Methicillin resistance carries over to many antibiotics and are reported resistant to the penicillins, cephems, Beta-lactam and Beta-Lactam/inhibitor combination. In the 1990s we were looking at Inpatient Methicillin Sensitive Staph aureus of about 70% in non-urine isolates and about 50% in Urine isolates. In 2007, our Methicillin Sensitive Staph.aureus rates are about 40% in non-Urines and 38% in Urine Isolates.

The newest challenge has been to detect Inducible Clindamycin Resistance. This is another type of resistance that can be difficult to detect since the organism does not begin to express resistance until it has been exposed to the antibiotic. The test we now have online on the Vitek 2 XL is the D-test. The antibiotic Erythromycin is used to "induce" the Clindamycin resistance trait of the organisms. When the Laboratory manually performs this test, they place on a culture plate a disc containing erythromycin in close proximity to a disc containing Clindamycin. If resistance is induced, there would be a flatting of the zone of resistance between the two discs making a D shape, giving the test its name.

As you can see, Staph. aureus is an organism that has learned to adapt and can cause infection is a variety of sites. It is important for us to control the spread of this organism to our susceptible patients.

Building Bridges: Reaching the Co-Occurring Patient

Alcohol and drug addiction are major health issues in the United States and, together, the cost of these problems is overwhelming. People afflicted with co-occurring conditions (alcohol and drug abuse, combined with a mental illness) constitute an even greater health and safety concern in the U.S. Research suggests that nearly 50% of patients with serious mental illnesses are also afflicted with substance abuse. Many individuals, families and communities suffer when treatment opportunities are missed, and the cost to society is staggering. For any healthcare professional, this is a difficult patient population to reach. In addition, available treatment options are limited, and for those who are able to obtain care, positive outcomes are uncertain.

Patients with thought or mood disorders whose circumstances are compounded by habitual alcohol or drug abuse often have difficulties with insight and understanding. While some support and recovery groups tailored to their needs do exist, the intellectual or emotional dynamics that provide a foundation for success may be difficult for the co-occurring individual to fully access or use. "Recovery" often works when the person builds relationships and connections that help them maintain a sober lifestyle. For mentally ill people, building relationships and connections are the very thing that they many times cannot do.

If the aforementioned issues are combined with a lack of personal and financial resources, this complicated problem appears almost monumental. Additionally, individuals with co-occurring disorders are likely to have even higher rates of medical complications as well as one reverberating issue: a lack of compliance with treatment recommendations.

Finally, limitations in funding, comprehensive case management and housing support services generate and compound the problem. Traditionally, mental health and substance abuse were viewed as separate issues; however, evidence suggests treatment outcomes improve when both issues are addressed at one time. The substance abuse and mental health treatment community has worked to build more bridges between disciplines so that patients who have historically "fallen through the cracks" will be better served. Until that happens, however, using service providers who have had success in treating this patient population offers a wise alternative for your patients.

Kennedy's Behavioral Health Services clinicians have worked with co-occurring patients for more than 20 years. Our treatment protocols have been integrated for some time. Whether in our inpatient or outpatient units, our clinicians have the experience and track record to reach as many clients as possible and help them turn their lives around. We offer a group-based treatment approach designed to provide the patients with the skills and education to reach their own goals.

For more information regarding our programs, please contact the ACCESS Center at 800/528-3425.

http://download.ncadi.samhsa.gov/ken/pdf/toolkits/cooccurring/IDDTUsersquideAJ1_04.pdf

http://www.medhelp.org/njgroups/AddictionGroups.pdf

http://psychservices.psychiatryonline.org/cgi/content/abstract/37/3/289

http://mentalhealth.samhsa.gov/publications/allpubs/SMA06-4195/chapter13.asp

http://download.ncadi.samhsa.gov/ken/pdf/toolkits/cooccurring/IDDTUsersguideAJ1_04.pdf

How You Can Help the People of Haiti

All of us have been moved by the aftermath of the devastating earthquake in Haiti, our neighbor in the Americas. The scale of this disaster is being revealed everyday as rescue and relief efforts continue. It is evident that these efforts will require substantial resources in many different ways to help the people of Haiti recover.

Many of you have been asking how you can help and what Kennedy is doing as an organization to support these efforts. In past disasters of this nature, the best option has always been for any personal donations from staff to be sent directly to the American Red Cross. They have processes in place to assure that all donations are used only for these efforts. In addition, their leadership role in these relief efforts is in conjunction with the federal government which assures coordination efforts with all entities.

If you are interested in making a personal donation, the American Red Cross indicated that checks are the preferred method for donation and they will send you an acknowledgement letter and confirmation of receipt. You can mail your check as follows:

American Red Cross International Response Fund/Haiti

Mail to: Camden County American Red Cross 5425 Rt. 70 West Pennsauken, NJ 08109

Thank you for all of your care and concern for the victims of this tragedy.



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