

MEDICAL AFFAIRS NEWSLETTER

JANUARY/FEBRUARY
2019



IN THIS ISSUE FEATURE

Comings and Goings

FORWARD THINKING

From the Chief Medical Officer

DID YOU KNOW...

Upcoming events and information

MIDLAND QUALITY ALLIANCE

Upcoming General Session

Welcome New Providers

Michael C Abiog, MD– Diagnostic Radiology

Krishna Ayyagari, MD – Internal Medicine/ Hospitalist

Lauren Evans, MD – Vascular and Interventional Radiology,
Diagnostic Radiology

Swapna Kolli, MD – Internal Medicine/Hospitalist

Goodbye and Well Wishes

Adebayo Adewale, MD – Internal Medicine/Hospitalist

Baraa Alabd Alrazzak, MD – Pediatrics

Dennise E Baker, RN, BSN – Surgical Scrub Technologist

Ashley T Bell, PA-C – Physician Assistant

Jennifer Goode, PA-C – Physician Assistant

Raymond M Hampton, MD – Obstetrics & Gynecology

Paul D Lifland, MD – Orthopedic Surgery

Rozha Azmar, PA-C – Physician Assistant

Jaqueline Beeler, PA-C – Physician Assistant

William L Lett, MD – Obstetrics & Gynecology

Core Action Value #1
Authenticity

Becoming your authentic best self is like carving a statue – you carve away the lesser elements of character to liberate the greater elements.

Core Action Value #2
Integrity

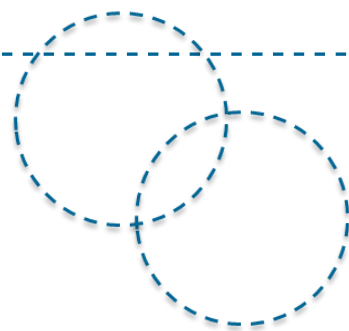
“To give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity.”
Douglas Adams





forward thinking

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Pharmaceutical shortages:

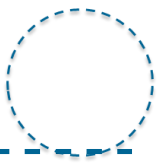
IV Labetalol

Among the various manufacturer shortages of pharmaceuticals, we are currently out of intravenous Labetalol. Since Labetalol has the unique properties of lowering blood pressure with both alpha and beta blocking effects, it is a go-to drug in many acute hypertension management situations. Below is a list of other drugs that may be of use if you are inclined to use Labetalol but currently are unable to get it. If any questions about this or any other drug use situations, feel free to rely on our Pharmacists to assist in medication selections.

Table 3-Recommended Antihypertensive Agents for Hypertensive Crises

Table with 2 columns: Conditions and Preferred Antihypertensive Agents. Rows include conditions like Acute pulmonary edema, Acute myocardial ischemia, and Pre-eclampsia, with corresponding preferred agents like Nicardipine, Esmolol, and Labetalol.





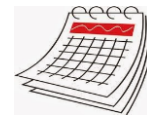
Clostridium

On Monday, 12/17, the lab began a new algorithm based reporting of *C. difficile*. Lab will still perform PCR testing initially; if the PCR is positive there will be a reflex to an EIA test that looks for the toxin. Nothing new needs to be ordered there will just be more information on the chart if a C diff is positive. The test will add about 30 minutes on to the current TAT of 1.5 hours.

A few quick notes on the new test:

- Our current tests (C diff and GI Panel) are PCR tests that detect the *tcdB* gene that encode for *C. difficile* toxin. A positive test indicates that a person has the **capability** of producing *C. difficile* toxin. A negative test indicates that a person has no capability of producing *C. difficile* toxin.
- This new test is an enzyme immunoassay (EIA) that detects Toxins A & B produced by *C. difficile*. A positive test indicates *C. difficile* infection (CDI). Unfortunately, a negative test doesn't rule out the possibility of CDI.
- We will be performing this reflex testing on all samples that are positive for *C. difficile* by PCR to help physicians differentiate between colonization and infection. New guidelines also allow us to only report the final test in an algorithm to CMS, this means our reportable numbers to CMS will be lower!
- What are the possible results?
 - o **PCR Negative** – The patient is negative for Toxigenic *C. difficile*, and cannot produce toxin.
 - o **PCR Positive, EIA Positive** - Toxigenic *C. difficile* is detected by PCR and toxin is detected in stool by EIA, consistent with active *C. difficile* infection.
 - o **PCR Positive, EIA Negative** - Toxigenic *C. difficile* is detected by PCR, however toxin is not detected by EIA. This most likely represents *C. difficile* colonization and not infection. The possibility of active infection due to toxin levels below the level of detection by toxin EIA cannot be excluded.

Call Schedules



In the second week of January, the ER had several services that had not yet delivered call rosters for the month. No call was listed for: Cardiothoracic Surgery, Nephrology, Neurology, early pregnancy OB and Pulmonary. Part of it is on the Medical Staff Office for not reaching out more aggressively, but please remember to provide the call schedule as our rules and regulations require. **One week prior to the end of a month, the following months call schedules must be available in the Medical Staff Office so that they can be reviewed and distributed.**

Please send all call schedules to Leigh Milefsky at leigh.milefsky@midlandhealth.org or fax to 432-221-4253.



Midland Quality Alliance

Our Clinically Integrated Network, Midland Quality Alliance (MQA) is a year old. Ms. Rebecca Pontaski, Administrator, has been working hard and collaborating with our analytics resources, Mr. Jim Jeffcoat and Mr. Reagan Twum-Barimah to provide accurate information about disease management and the impact on cost of care for our covered lives. Please see the two graphs on the following page for a snap shot of our first year success.

As you recall the model we are developing is fairly simple. Target our highest risk covered lives, that have defined chronic diseases, and using a high touch, relatively low cost care coordination process, help the primary doctor better manage the care, thus reducing the cost of care. Our focus in year one has been on increasing generic drug utilization, helping manage hypertension, diabetes and Asthma. We also have been coordinating care and managing care transitions for at risk covered lives. As the two graphs illustrate it appears to be working.

Year two we have added Hypertension and Hyperlipidemia to the list of chronic diseases. The year has been dynamic and interesting. We have engaged in the BPCI program with CMS to improve the quality of care and reduce the cost for specific DRGs in a bundled payment model.

We are continuing to have discussions with other self-insured organizations including MISD and City of Midland to take on their covered lives. We intend to further involvement with Medicare patient with a Medicare Advantage product in 2020 as well. We are also adding a Social Worker and a Care Coordinator to the MQA services to help our covered lives better navigate their health care needs and improve patient engagement in their care.

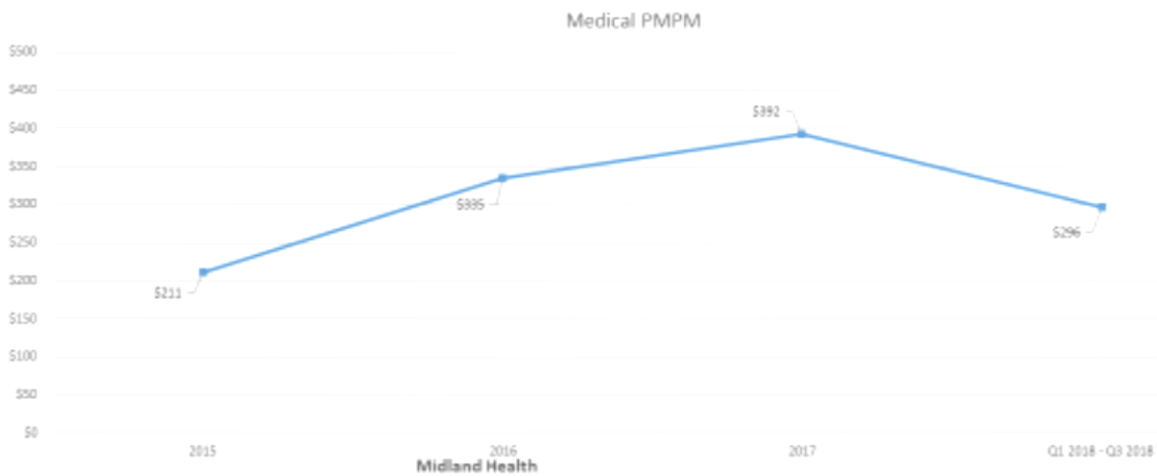
For those that are members of MQA, Rebecca and Heather Garza, the MQA Care Manager, will be reaching out in the coming weeks with information about how you have done with your MQA covered lives. We look forward to continued growth and prosperity in 2019! If you have any questions about MQA, please reach out to me or Rebecca.



Pharmacy Costs



Cost of Covered Lives



Medical Staff Services Department Employee Spotlight



Tori Ramirez started at Midland Memorial Hospital in January of 2019 and is an Administrative Assistant to the Medical Staff Services Department. She has a Bachelor's Degree in Criminology from the University of Texas of the Permian Basin and an Associate's degree in General Studies from Midland College. She has plans to complete a Master's Degree in Health Care Administration and further her career in Medical Staff Services. In her spare time she enjoys reading, traveling and spending time with her dog, Austin.



Valentine's Day Party for Medical Staff (Adults Only)

February 15, 2019

7pm – 10pm

Dinner and Dancing

Cocktail Attire



RSVP to

marian.sturgeon@midlandhealth.org

January Power Move

WALK DON'T POINT



WE WILL TAKE OUR VISITORS TO THEIR
DESTINATION POINT.

MIDLAND HEALTH

February Power Move

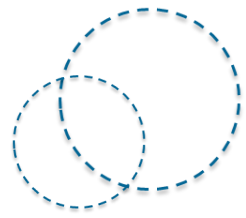
NO PASS ZONE



ALL CALL LIGHTS AND ALARMS ARE TO
BE ANSWERED BY ANYONE WHO
SEES/HEARS THEM.

MIDLAND HEALTH

Midland Quality Alliance/Medical Affairs Employees Spotlight



Rebecca Pontaski currently serves as Administrator for Midland Quality Alliance with responsibility for Network Operations, Finance, and Analytics. She has served the healthcare industry for over 20 years, the last 12 of which have been with Midland Health in Midland, TX.

She has a Masters and Bachelors of Healthcare Administration graduating with honors. Rebecca also serves as a Values Coach and holds numerous certifications in the fields of Healthcare Information as well as those for credentialing and management of medical staff services.

Rebecca is devoted to her husband, Larry, and her family. She recognizes the need for building community relationships at her local church. Knowing the value of personal balance, she enjoys quiet time with a good book, exercise, as well as attending activities with her grandchildren



Midland Quality
Alliance

Rocio Spencer joined Midland Health in August 2018 as the Executive Assistant to Dr. Lawrence Wilson and Rebecca Pontaski. She handles both their schedules and helps with administrative duties for Midland Quality Alliance and Medical Affairs.

In the past, she has worked in the City Secretary's Office at the City of Midland and most recently as the Planning Assistant for the Permian Basin MPO.

She is completing her Bachelor's Degree in Business Management at UTPB and is the current Social Director for the Young Professionals of Midland.



You can submit ideas, announcements and important information to be published in the newsletter to



rocio.spencer@midlandhealth.org



This year's first General Session is scheduled for **February 20, 2019** in conference rooms C/D from 5:30 pm to 7:30 pm. Dinner will be provided.



There will be a Live Demo of BasinMD.com that will go through the live platform and show the provider experience as well as answer any questions.

Other topics will be discussed.

Please remember attendance is required to 2 of the 4 scheduled General Sessions per the MQA agreement.



RSVP to
rocio.spencer@midlandhealth.org

12/4 – 12/8 Dr. Ronica McBrayer

Dr. McBrayer has been incredible to work with. She constantly made sure we had the best care. In doing so she went above and beyond to make sure Callie was doing great and being cared for. We are so blessed to have her taking care of us and advocating for us.



1/4/19 Drs. Gadiraju, Hlaing and Musunuru

"My experience at MMH was the best everybody from the wonderful doctors, nurses and others that took good care of me. Excellent job, again, thank you and may God bless ya."

THANK YOU