Deborah Berger, MD, has joined the Radiology Staff at St. Joseph Hospital. Board Certified in Radiology, Dr. Berger is fellowship trained and specializes in Interventional Radiology. Dr. Berger completed her Interventional Radiology fellowship at New York University Medical Center. Interventional radiologists are doctors who specialize in minimally invasive procedures that use imaging guidance. They use their expertise when reading an x-ray, ultrasound, MRI and other diagnostic images, to guide instruments such as catheters, through blood vessels or through the skin, to treat disease without surgery. Most of these procedures are on an outpatient basis or require only a short hospital stay. General anesthesia is usually not indicated.

Dr. Berger performs an extensive array of vascular procedures such as: renal artery angioplasty and stenting; peripheral vascular interventions; endovascular repair for abdominal aortic aneurysms; vena cava filter placement. Dr. Berger also performs numerous percutaneous procedures including: Ultrasound and CT guided biopsies and drainages; port-a-cath placement; biliary and renal interventions.

Patients may also be referred to Dr. Berger for Uterine Fibroid Embolization for symptomatic fibroids and Testicular Vein Embolization for varicoceles.

Embolization is a procedure that has been around for many years to treat abnormal bleeding in various parts of the body, and it has only recently been applied to the uterine artery to cut the flow of blood to fibroids. Uterine fibroid embolization is a procedure in which a catheter, guided by x-rays, is snaked through blood vessels into the uterine artery and releases tiny plastic pellets the size of sand. The pellets block the fibroids ability to take up blood, denying the tumor the nutrients necessary for growth. Because fibroids require a large blood supply to grow, these fibroids will shrink in size following embolization and will help to relieve the patient of her symptoms. For many patients with symptomatic uterine fibroids, uterine embolization may be a reasonable alternative to other surgeries.

Acupuncture is an ancient healing art which continues to this day to promote the health and well-being of many individuals. Acupuncture involves the therapeutic insertion of solid stainless steel needles in various combinations and patterns into precise locations in the body to encourage healing. The modern scientific explanation regarding its effect is that needling the acupuncture points stimulates the nervous system to release chemicals in the muscles, spinal cord, and brain. These chemicals will either change the experience of pain, or they will trigger the release of other chemicals and hormones which influence the body’s own regulating system. The improved energy and biochemical balance produced by acupuncture results in stimulating the body’s natural healing abilities, and promoting physical and emotional well being.

Acupuncture is a useful modality for many conditions, but it is particularly useful in the management of both acute and chronic musculoskeletal pain. Examples of conditions responsive to acupuncture intervention include acute muscle sprains, strains, and spasms; arthalgias, myofascial pain patterns, and repetitive strain disorders.
WHAT YOU NEED TO KNOW

What is the NPDB?
The National Practitioner Data Bank is a clearinghouse for information about disciplinary and malpractice actions taken against physicians. The NPDB was created after the Health Care Quality Improvement Act (HCQIA) of 1986, and became operational in 1990. The HCQIA requires that a report be filed by insurance companies and state boards of medical examiners that impose a sanction on a physician’s license, and health-care entities that take a professional review action adversely affecting a physician’s privileges for more than 30 days.

Will I be reported to the NPDB if I don’t reapply to the Medical Staff?
You will likely not be reported for the failure to reapply to the medical staff. The NPDB is interested in information pertaining to physicians found to have professional performance problems. In many instances, physicians choose not to reapply due to relocation or a change in their practice location. However, hospitals are required to report to the NPDB any physician who resigns from the medical staff to avoid an investigation that could lead to disciplinary action.

If you have any questions you would like us to answer, please contact the Medical Staff Office at 882-3000 ext. 63854.

Credentialing Orientation Handbook
(Opus Communications 2002)

RADIOLOGY DEPARTMENT (cont. from page 1)

Studies show that Varicocele Embolization is just as effective as surgery in patients with symptomatic varicoceles. The Interventional Radiologists guides a small catheter painlessly into the venous system to the scrotum under the guidance of x-ray imaging. A dye is injected and creates an x-ray map (venogram) of the varicocele veins in the scrotum. Tiny stainless steel metal coils are inserted through the catheter to block the abnormal blood flow. The catheter is removed and no stitches are needed. The patient stays in the hospital overnight for observation and goes home the next day. Most patients return to work the following day.

Embolization procedures that Dr. Berger has already performed at St. Joseph Hospital include embolization for gastrointestinal bleeding and embolization of a bronchial artery for hemoptysis.

ACUPUNCTURE (cont. from page 1)

Treatment protocols differ depending on the condition and the nature of the problem. Patient visits are usually scheduled once weekly, until a sustained effect is obtained. Sessions may then be spaced further apart until the condition resolves or stabilizes. Maintenance sessions may be utilized for some chronic conditions.

An acupuncture visit typically involves inserting 5 to 15 needles and leaving them in place for 10 to 30 minutes. Heat and electricity may be added to the treatment. Most patients feel only minimal discomfort as the needles are inserted and once in, there should be no pain.

Today, private medical insurance coverage of acupuncture visits varies from policy to policy. For further information, please contact Dr. Gregory Zuercher at 436 Amherst Street, 595-7371 or at St. Joseph Hospital, 882-3000 ext. 7505.

THE FIRST CHOICE PHO

The First Choice Physician Hospital Organization is a non-profit corporation operating since February 1, 1993. The PHO represents the hospital and over 130 physicians, who maintain medical staff privileges at St Joseph Hospital. This organization facilitates contracting and operational support on behalf of its membership with managed care payors.

The First Choice PHO recently executed a three-year amendment to the Harvard contract. This amendment eliminated downside risk sharing as well as the partial withholding of fees paid to physicians and the hospital. Harvard agreed to increase the physician fee schedule on an annual basis for those participating through the First Choice Contract.

The First Choice PHO is eligible to earn additional quality bonus money through continued participation in Harvard’s clinical quality program initiatives. One initiative for 2004 will focus on disease management of diabetic and asthmatic patients.

The PHO will work with key physician practices to establish and maintain diabetic and asthmatic patient registries. Achievement of these clinical initiatives with Harvard can generate additional revenue for First Choice providers.

In an effort to foster increased choice of insurance payors, First Choice entered into a non-risk contract with Northeast Health Alliance. NHA is a PPO Network Company that originated in Rhode Island, expanded through Massachusetts and now is attempting to expand into the New Hampshire marketplace. First Choice is also holding preliminary discussion with MVP, which is a health plan that originated in New York, expanded throughout Vermont and is also expanding its provider network in New Hampshire.

(cont. page 3)
MEDICAL MANAGEMENT

Documentation:
Having returned from a conference recently, I’m reminded how frequently the word “documentation” is used when referring to the medical record. I feel that “documentation” can be broken down into three general categories:
First (and I feel most importantly), we need to document thoroughly and legibly in the chart in order to safely communicate the patient’s medical condition and treatment plans to all individuals involved in the patient’s care.
Secondly, proper and thorough documentation is necessary in order to provide a maximum level of legal protection against potential lawsuits.
Finally, we need to document as precisely as possible in order to get the most appropriate reimbursement for the hospital as well as for ourselves.
The first two reasons actually should be mutually inclusive. That is, document clearly in a “S.O.A.P.” format and include the patient’s complaints, vitals, exam findings, objective data, and a detailed assessment of your findings. Then, clearly specify your “Plan” - including discharge planning. Obviously, progress notes that only state, “doing well-continue same,” provide absolutely no helpful information and really have no place in the medical record today.

For purposes of reimbursement, the best suggestion is to provide as much data/detail as possible. Just a few extra words can mean a substantial difference in terms of the reimbursement the hospital can ultimately receive.
For example, specify:
• “Gram negative pneumonia” instead of “Pneumonia”
• “Sepsis due to UTI” instead of “UTI” or “Urosepsis”
• “Cellulitis with staph bacteremia” instead of “Cellulitis”
• “Debridement with Scalpel” instead of “Debridement”
• “Acute Blood Loss Anemia” instead of “Anemia”

And remember, the hospital coders are not allowed to interpret the data and create the diagnoses themselves - it needs to be written! For example, if the patient has weakness and a potassium level of 2.5, the hospital cannot code for “hypokalmeia” if the progress note only says “weakness.”
Certainly, we have all encountered patients we have admitted as having one diagnosis only to have the whole scenario “morph” into something totally different. This is OK. There is no rule that says that the admitting diagnosis has to match the final diagnosis. Therefore, your admitting diagnosis may be “Near Syncope” while your final diagnosis may be “sepsis due to Gram Negative pneumonia.” Remember our job is to provide the diagnoses based upon the available data - it is the job of the hospital coders to then take our information and code it in such a way as to provide the most appropriate level of reimbursement.

Keith A. Sahl, M.D., Physician Advisor of Medical Management
Catholic Medical Center, Manchester, N.H.

THE FIRST CHOICE PHO (cont.)
First Choice PHO was also awarded “Certificates of Excellence” for adult and pediatric care in 2003 by Tufts Health Plan. First Choice physicians were rated “Excellent” for Adolescent Well-Care Visits, Satisfaction with Access to Specialty Care, Satisfaction with Outcome of Care, Satisfaction with Personal Interest in Patients, and Satisfaction with Overall Quality of Care by our PCP and Specialty Physician members! First Choice primary care physicians are once again on the HPHC Honor Roll.
If you would like more information on the First Choice PHO please call their office at 881.9300.

Keith CHOINKA, VP, INFORMATION SYSTEMS/CIO
On January 5th Keith joined St. Joseph Hospital. Keith comes with many years of experience, most recently from Prince William Health System in Manassas, VA, where he served as CIO.

UpToDate, a subscription-based clinical information resource designed to give you concise, practical information, is now available to you from the SJH Intranet home page. Topics include current information in most medical specialties, drug information, clinical manifestations, and diagnostic and management information for a wide variety of disorders, patient handouts and more.
Conducting a basic search is easy. Anyone needing assistance with more complex searching can call Cindy Sloan in the Health Science Library, at extension 64301. Please visit UpToDate today. We hope you find it helpful and refer to it often.

Unapproved Abbreviations
Several unacceptable abbreviations were approved at the February 10th Medical Executive Committee. Please visit the St. Joseph Hospital website for a complete list of unapproved abbreviations. Log onto www.stjosephhospital.com and go to Medical Staff Affairs web page for more information.
The Senior Adult Mental Health Unit Expands.

This past December, St. Joseph Hospital received approval from the Health Services Planning and Review Board to expand the Senior Adult Mental Health Unit (SAMHU). SAMHU has expanded from 9 to 18 beds, making them the second largest facility in the State of New Hampshire.

“Members of Senior Management at St. Joseph Hospital and the SAMHU administrative staff have worked hard to make this vision a reality,” said Roger Smyth, Program Director of the SAMHU. “There is such a need in our state for this kind of program. As the population lives longer, the need will continue to grow over the coming decades.”

A majority of the population SAMHU treats are memory impaired persons who have behavior changes as well as those suffering with depression, anxiety, and other mental illnesses. SAMHU offers many community programs such as Memory Screenings, Mind Aerobics, Alzheimer’s and Dementia Support Groups, and Mood Disorders Screenings.

The unit began admitting patients to the expanded unit on January 1, 2004. Construction of a larger nurse’s station along with added Social Services space and family room are among some of the changes that will happen over the next few months.

For more information regarding the services available at The Senior Adult Mental Health Unit, please call Lori Dodge at 882-3000 ext. 66453.

Granite State Mediquip now offers liquid oxygen to compliment their existing line of Home Medical Equipment and Respiratory products and services. Helios is the latest technology in personal lightweight portable oxygen systems. At 3.6 pounds total filled weight, it will last a patient 8-10 hours at two liters per minute. For more information about Helios or any other products or services please call us at 603.886.3661 or 800.698.4772.

Oncology Center Receives $1.5 Million in Federal Funding.

Financing for the new Oncology Center received a major boost last month, when President George Bush signed federal legislation that gives $4.19 million in aid to the Nashua area. The Oncology Center at St. Joseph Hospital will receive $1.5 million, an effort that was advocated by Senator Judd Gregg, Congressman Charlie Bass and Senator John Sununu. Currently, 33% of Nashua-area cancer patients travel out of state to receive cancer treatment. The purpose of the federal funding is to reverse this trend by supporting the development of a comprehensive cancer center for the Nashua-area community.

Construction of the new building, which will house The Oncology Center along with other ambulatory services, is slated to begin this fall.

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March 30th marks the annual observance of Doctor’s Day. This day is celebrated as an opportunity to show appreciation for our nation’s doctors!