Emergency Physicians Integrated Care

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EPIC Summer Newsletter

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Dates to Remember:

- **August 15**

  EPIC Family BBQ &

  Pool Party; JCC

- **September , 17**

  Alta Club, SLC

-Making a Difference- *Robert H. Parker, Jr.*

A few years ago I was approached by a consultant hired by the Salt Lake County Jail authority to negotiate a discounted rate for the incarcerated patients who needed emergency health care. We entered into negotiations, arrived at a rate that the consultant thought the county would be happy with, and then I never heard another word about finalizing our agreement. About one year later, a bill was introduced in our state legislature that initially stated that both hospitals and physician providers would accept Medicaid reimbursement for all incarcerated patients that present to the emergency department. The hospitals were pleased with the proposed legislation as they receive well over 90% of their charges for emergency services delivered to patients covered by Medicaid. You, as an emergency physician, on the other hand, receive only about 15% of your charges.

It's not the will to win, but the will to prepare to win that makes the difference!

Paul "Bear" Bryant

Before that particular bill went to the House and Senate for a vote, the Utah Medical Association asked that the language pertaining to the physician providers be dropped from the bill due to the disparity in reimbursement. The bill passed but it only covered hospital (or otherwise known as facility) charges. Shortly thereafter, the County started paying our physicians Medicaid rates for the incarcerated patients that were brought to the emergency departments. We cried "foul" and filed a lawsuit. To make a long story short, we won our case at the Utah Supreme Court level this past September. Our attorney, Brian King and I, met with the county a few weeks prior to the last legislative session in a good faith effort to have a mandate Medicaid rates to physician providers who don't have a contract. (why would the County want to enter into a contract when they could not have one in place and only be required to pay Medicaid rates?) I found their move to be unethical and very disturbing.

Unwilling to give up the fight at this point, I asked all of the EPIC physicians and physicians extenders to contact their representatives in the house to see if we

(Continued on page 2)

Bullets Over EPIC- *Seeking Optimum Documentation*- *Roger Perry, MD*

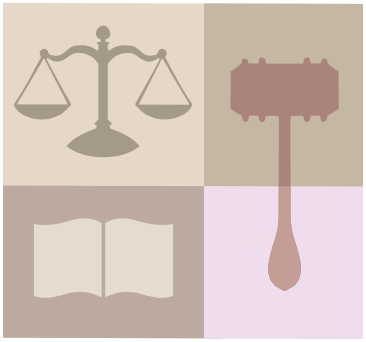
Kevlar: The Kevlar documentation is a rigorously and comprehensively dictated and then exhaustively edited transcribed record. Ideally, this should be done during or immediately after the patient encounter. Even at its best, this type of record is still a compromised reporting of the actual events. Records generated by other means are a further and substantial compromise of the clinical presentation and the course of the patient. This brutal fact must be recognized and addressed by all of us.

"ED Documentation is Ugly"

Daniel J. Sullivan, MD,JD,FACEP

Challenges: Emergency medicine practice presents substantial challenges in creating an optimum medical record. We must constantly and vigorously seek ways and means to efficiently generate an accurate, yet concise chronicle of the patient's presentation and

(Continued on page 3)



(Continued from page 1) Making a Difference

could either quash the bill, and the day I asked for your support was the very same day that the bill sailed through the House without any opposition. Luckily, Michelle McOmber from the Utah Medical Association (to which we now have 100% membership) was able to introduce me to the House Majority leader prior to the vote. I explained our circumstances as outlined above and I knew we had an ally. To paraphrase, we were able to have the bill "tabled", while Senator Greg Bell offered to mediate a solution between the County and the Emergency Medicine physicians. At that point, I asked a representative from each of the EM groups in Salt Lake County to attend the meeting in Senator Bell's office. Having all of the emergency physicians in Salt Lake County represented at this meeting was crucial! We finally had everyone's attention and were able to educate county Commissioners and Sheriffs as to the disparity in Medicaid payments. Even after arriving at a very specific agreement in Senator Bell's office, individuals within the County still tried to renege on the terms of the agreement. However, we were vigilant and instead of receiving Medicaid rates, EM docs will now receive 65% of their contracted PEHP rates.

We could have given up on our fight at numerous points along the way, however, we chose to persevere and it paid off. More importantly, it showed me what EPIC can do when we set our sights on a goal. It also shows me our untapped potential if we can once again rally all of the emergency medicine physicians in the County, or even in the state, to address torte reform, Medicaid reimbursement, and other legislative issues. It is the will to prepare to win that makes the difference!

THE TEN COMMANDMENTS OF EMERGENCY MEDICINE

1. Secure the ABC's
2. Consider or give naloxone, glucose, & thiamine
3. Get a pregnancy test
4. Assume the worst
5. Do not send unstable patients to the radiology department
6. Look for the common red flags
7. Trust no one, believe nothing (not even yourself)
8. Do unto others as you would do unto yourself (& that include co-workers)
9. Learn from your mistakes
10. When in doubt, always err on the side of the patient.

EPIC Announcements!

New Partners:

Clay Bass—Care Plus

Brian Loveridge—Care Plus

Bo Poulson—Care Plus

Chad Nicholls—WEP

Trenton Thorn—WEP

New Babies:

Christine Anderegg : baby boy, Benjamin Jesse; Nov. 8, 2007.

Blake Yerman; baby boy, Tage Kenneth; Feb. 1, 2008

Craig Turner:: baby boy, Ian Michael; April 30, 2008

Other News:

Dave Cole was made the President of ACEP.

Ann Burelbach was married in March, 2008, to Nick.

Congratulations everyone!

Continued from page 1. Bullets Over EPIC

And of course in our emergency departments. There are hosts of brief, incisive ways each of us can appreciable augment the content of paper or electronic templates. The following guidelines and suggestions come from risk management courses at last October's ACEP Scientific Assembly, and from glaring deficiencies, which were obviously apparent in EPIC's Chest Pain Chart Review, project.

Storyline: The History of the Present Illness should make it clear to the reader the sequence of events, the severity and nature of the complaint, and particularly, the context of the injury or illness. The story should be cohesive and complete. A brief narrative is very valuable here and sets the patient apart from others with the same complaint.

Scream: The whole chart needs to "**scream"** that the provider considered and **looked for** critical diagnosis, which could have been the cause of the patients presenting complaint. Documenting pertinent specific negatives screams loudly to this end.

Timeline: Often the focus of a medical malpractice case is the timeline. Time stamp milestones in the department: first encounter with the patient, your orders, status of laboratory and radiology tests, the time of pertinent interventions and interactions with the patient and give an account of the results.

Consultants: Timed entries describing your interaction with consultants can be very powerful in fortifying the chart. For example, use a concise entry such as "2143 Hrs: Discussed the above details of the presentation at length with Dr.___ and he/she recommended _____.

If you disagree with the recommendation this should be resolved with the consultant and on the chart. The record should give the salient facts of the conversation, with appropriate quotations, as needed, to clarify the issues.

State Wellness: For patients discharged home, it is vitally important to document wellness of the patient at the moment of discharge. Simply documenting "satisfactory condition" just doesn't do it, and is not sufficient.

Power Words:. When appropriate, seek opportunity to use potent words to describe the patient. *Smiling, Happy, Bright, Jovial, Playful, Chatty, Ambulatory with ease, Amiable, Pain free, Resolving* ___, ____ *Improving, etc.*

Armor Plate:

- Ensure the integrity of your record.
- Actually do everything that you indicated on the chart that you did.
- Place your checkmarks, circles, & backslashes meticulously.
- Avoid non-conventional markings.
- Avoid inconsistencies and contradictions on the template.
- Be legible.

Write or dictate a summary note on all but the most routine cases.

Last Fortification: According to Gregory P. Moore, MD, JD, the discharge for the patient can be our "last chance to get it right". The discharge process is a huge area of risk, but also an opportunity to reduce risk and strengthen our document.. Thus, for those not admitted, it can be a valuable educational opportunity to transfer care back to the patient or their guardian. The process needs to be done methodically, thoroughly and with precise specificity. It should be clear that the patient has been given particular information along with the responsibility and direction to follow-up.

-"***Return promptly*** to the ED if ____", should be a standard instruction for 100% of patients discharged home. Clearly specify worrisome signs and symptoms, which, if present, should precipitate a prompt return to the ED, or a visit to follow-up provider. Record this in the chart and be sure that this is on the patient's printed discharge instructions.

-Give certain specific **warnings**. One example would be, "DO NOT DRIVE", if patient is intoxicated or was given medication that would interfere with driving. A second example would be if Flomax was prescribed, issue a warning that it "MAY CAUSE DIZZINES OR CAUSE FAINTING OR FALLS".

-Specify the **reason** for the follow-up.

-Specify the recommended **timeline** for the follow-up. In general this should be less than five days for most everything.

Note: Many physicians have been dismissed from cases or had favorable rulings based solely on the instructions given to the patient at discharge!

Share with others:

We should share documentation power words, tips and tricks which work to optimize out documentation process.

Documentation issues should be a standing agenda item for all division meetings.

Documentation Is Your Shield

Make it Bullet Prove!

Roger Perry, MD, author of Bullets Over EPIC

The best legal advice I ever received was to document, document, document!

Anonymous

Lakeview Hospitalist Program—*Written by: Ingrid Gordon*

The medical staff at Lakeview Hospital had been asking for a hospitalist program for a long time. Hospital administration approached Bob Parker and asked if AIM would step up to provide this service. We hired one full-time hospitalist, Kevin Stigge, MD, and two of the community internal medicine physicians, Scott Southworth, MD, and Bryan Bartholomew, MD, stepped up and offered to work one week a month. Some of the medical staff internal medicine physicians offered to provide night time call coverage.

So, on September 10, 2007, we birthed a new Hospitalist Program at Lakeview and the medical staff was thrilled to have such a program at their hospital.

Within the first week we ramped up very quickly. Patient volumes were much higher than we anticipated and we quickly realized we needed to provide additional coverage or we would burn out our physicians. Working together with hospital administration and the physicians, we changed our hospitalist model and added a 12 hour swing shift, Monday through Friday. This required asking the community internal medicine physicians to provide additional coverage. Double coverage for weekdays began on May 1, 2008 . Overall this model is working. We are currently working n a plan to provide backup coverage on weekends when there is only one physician working and patient acuity and volume is more than he can handle by himself.

AIM currently has three hospitalist programs; Mountain West Medical Center, Ogden Regional Medical Center and Lakeview Hospital. We are always recruiting and working on ways to improve our programs.. If you know of any internal medicine boarded physicians that would be interested in working for us, please contact Ingrid Gordon or Cindy Dean at the EPIC office.

Life Before the Computer:

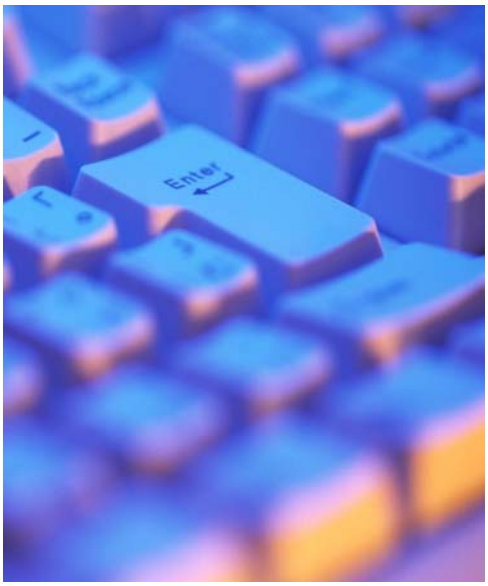
- Memory was something that you lost with age
- An application was for employment
- A program was a television show
- A cursor used profanity

  *A Keyboard was a piano

  *A web was a spider's home

  *A virus was the flu

  *A CD was a bank account
- A hard drive was a long trip on the road
- A mouse pad was where a mouse lived
- And if you had a 3 ½inch floppy you just hoped nobody found out!



From the Oquirrhs to the Alps

Tooele Transcript Bulletin; Jan. 10, 2008

By: Hollie Smith

Four months of rigorous hiking through the peaks and valleys of the Alps proved to be a challenging experience for one Tooele doctor, who learned more about himself and life through his 1,000 mile journey.

Russell Bradley, an emergency medical doctor at Mountain West Medical Center and the VA Hospital in Salt Lake City, recently returned home from a sabbatical that he spent backpacking through the rugged terrain of the Alps.

Bradley, 42, made the 92-stage trip with his brother and girlfriend. The trip was inspired more than two years ago and created a path between Bradley's brother's two homes in Munich, Bavaria, and Saint-Remy-de-Provence in France.

"We realized we could plan something extraordinary for ourselves," Bradley said. "something that we could hold in our hands and minds for the rest of our lives." The trek began on June 22 and wove its way through seven countries: Germany, France, Italy and Monaco. The adventure came to a close four months and four days after it began, with the three hikers taking the final steps on October 26. "I wanted to do something that was bigger than me," he said. "Doing something like this is taking you out of your regular life and saying 'You're going to do something extraordinary.' It asks things of you that you don't even understand."

The group stayed approximately 30 days in high alpine refuge huts, which are accommodations secluded in Alps. They also stayed in small villages and some hotels along the way. The hike covered more than 94,000 meters, which is equal to climbing Mr. Everest more than 10 1/2 times.

"It really is such a long way to go", he said. "it is like climbing more than Mr. Olympus every day, which is a tough hike."

During the trip, Bradley developed nerve damage in his feet and also suffered a knee injury. "For the first month of the trip I was in significant pain. But when we reached halfway, that was really the turning point. Our physical ailments had gotten a little better and we paired down our pack-packs."

It was also about halfway through the trip Bradley realized he would be facing some unforeseen challenges. The trip was physically challenging, but also left little time for other areas of self maintenance.

"it became important to find other things to do during the day," he said. "I realized I needed some intellectual stimulation. So, I had some friends send me medical lectures on iPod and I also learned Greek."

The mental and physical challenges were not the only contenders the hikers dealt with, at times pushing through continuous rain and hip-deep snow. "We realized that even through all the pain, we were doing something of worth," he said. " The best thing for me was actually sticking though something you have committed to, over and above physical ailments and mental stress, to be able to stick to something. I have never pushed myself like this before in my life."

The group kept a blog throughout their trip and posted photos to the Web to keep friends and family updated on their daily progress.

Some family and friends even took part in the hike by climbing with the group for just a short amount of time. It was through this continued support Bradley realized that everyone else was also a part of this journey.

Russell Bradley in the Alps

"You kind of end up doing it for other people as well as yourself," he said. "In a certain way you're living everybody's dream and if you're going to live somebody's dream, you should live it well."

The trip gave Bradley newfound clarity. It also strengthened his long-standing ties with his friends and family in Europe.

"It's nice to be a part of a global village," he said to me. It's nice to be able to go to another country, speak the language, and sit with people as good as your friends at home. It becomes your home."

Bradley is the former ER medical director of Mountain West Medical Center.

1. You know you're intellectualizing when someone writes you a love poem and you point out a misplaced comma.

2. You know you're intellectualizing when you explain why the rainbow is so colorful and forget to admire its beauty.

3. You know you're intellectualizing when you tell a woman in childbirth "your labor pains are interesting sensations worthy of all your attention."

4. You know you're intellectualizing when someone tells you they lost their house and you give advice without ever acknowledging their loss.

EPIC

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We're on the web!

Check us out at www.epicdocs.com

OUR MISSION:

EPIC is a group of emergency care providers dedicated to providing quality emergency medical care in an efficient, cost effective, compassionate and ethical manner, and in a way that promotes the

The EPIC History

Emergency medicine in the state of Utah, and particularly along the Wasatch front (Provo to Logan), had traditionally been provided by independent groups of emergency physicians covering one or more hospitals. During the 11990's, the practice of emergency medicine began to change, and increasing pressure was brought to bear by hospital ownership organizations, insurance carriers, multistate contracting groups and others

It became apparent that emergency physician groups would need to increase their size in order to remain strong and retain their autonomy. Discussions began in the mid 1190's and in the fall of 1999 EPIC was formed. The guiding principles used to create EPIC were to build an entity that would make it easier to improve patient care, allow the best integration of business and administrative functions, and still retain maximum independence at each hospital site. The goal of those who set out to form EPIC was to create a business and professional structure that would continue far into the future, based on the concepts of excellent clinical medicine and fair, democratic dealings among equal partners.

EPIC is a work in progress. Many obstacles have been overcome, and many more are yet to addressed. Working together as equal partners in an atmosphere of mutual respect and trust, we will achieve our goal of medically excellent, financially stable and thoroughly integrated group of independent emergency physicians.

Dynamic Doc

Monday, June 2, 2008 Ogden Standard-Examiner; Correspondent: Jamie Lampros

Dr. Joan Balcombe, left, and Bridgette Nielsen-Hooten, RN

OGDEN- Most emergency room physicians don't get a kiss from their patients before leave the hospital. Dr. Joan Balcombe does.

Balcombe has treated several elderly women who, before they leave, give her a kiss on the cheek as a way to thank her for treating them

"She has a special way with patients," said Deanna Wolfe, trauma program manager at Ogden Regional Medical Center. "She is one of the most caring, committed physicians I know. She is able, to a certain degree, to put herself in the patient's shoes. Many people have said they wish she would open up a private practice."

Balcombe, an ER physician and medical director at ORMC, was recently named Utah Emergency Medical Services Physician of the Year by the state Department of Health's Bureau of EMS. "I feel very honored and grateful," Balcombe said. "The team out there in the field are the ones who help to make the whole system work, and they are great people to work with."

Balcombe new she wanted to become a doctor after taking biology and life science classes early in life. Emergency medicine appealed to her because of the excitement and diversity of care. "Emergency departments are the safety net. Not only do we treat the critically ill and injured, the minor illness and injuries, but we also serve as the only medical providers for those individuals who have nowhere else to go," she said.

"The patients are really the heroes. You have these little kids come in, and they are scared and their lower lip is trembling, but they are so brave. By the time they leave they have a sticker and a bear and a big smile on their face. It's just a very gratifying job."

Wolfe said Balcombe always treats patients with dignity and respect. She also doesn't downplay a case that some physicians might feel in not a true emergency, Wolfe said. "She hasn't forgotten that your child with an earache is an emergency to you," Wolfe said. "She keeps that in the forefront".

Balcombe was born in Kansas and raised in Montana. She graduated from the University of Chicago Pritzker School of Medicine and served her residency in general surgery at the University of Utah.

Balcombe is chief of the division of emergency medicine and assistant trauma medical director at the hospital, as well as medical director of the Weber County paramedics, chairwoman of the Weber County EMS council and member of the American College of Emergency Physicians.

When she isn't working, Dr. Balcombe enjoys fly fishing, rock hunting, snowshoeing & traveling.