

CME@Glance ▪ Summer 2015

In This Issue:

- **ICD-10 and the EMR**
- **Preventing Hospital Induced Delirium**
- **Journal of Continuing Education in Health Professions**
- **Steven Green Physician of the Year**
- **Choosing Wisely**
- **2015 Colorectal Cancer Conference Sep. 26**
- **California Prescription Drug Monitoring Program Streamlines CURES**
- **SCVMC Education Conference**
- **SMBWN Core Award**

ICD-10 and the EMR

The outgoing president of the San Diego County Medical Society, Steven Poceta, MD, recently spoke about his encounters with physicians over the past year. To his surprise, many young physicians were feeling overwhelmed with the amount of documentation related to the electronic medical record (EMR). As he recounted, "It's one thing to be awake at night treating patients, but it's another to sit at home and click on a screen, an inanimate screen that doesn't smile back at you or say thank you." Despite these negative responses, he reiterated that the electronic medical record is here to stay. He concluded that physicians need to take ownership and work with vendors for improvement.

A report from the Doctor's Company recently listed several EMR factors that contributed to malpractice claims. Topping the list of allegations were diagnosis-related failures. These included delays in diagnosis and incorrect diagnoses. Absence of appropriate alerts was also listed as an aggravating factor for claims.

That brings us to ICD-10 which is set to go live on October 1, 2015. It raises the level of diagnostic coding specificity with an increase of over 55,000 diagnosis codes. This will require more physician attention to identify the correct codified diagnosis, without which appropriate alerts can be fired. Fortunately, most EMR vendors have recognized the need to streamline the diagnosis selection process. Efforts to incorporate the diagnosis tool into the physician's workflow have resulted in major improvements. For example, Cerner's EMR has recently developed the Diagnosis Assistant which provides an intuitive and quick method for selection of the appropriate diagnosis. This can serve to trigger an appropriate alert when needed. For instance, if an order for Heparin is placed on a patient with a hemorrhagic stroke, an alert can be fired to the ordering physician.

In order to familiarize practicing physicians and providers with ICD-10, web-based learning from Elsevier is now available on the Sharp CME Portal.

These 30 to 45 minute tutorials are specialty specific with over 80 different specialties available. Additionally, nationally recognized speakers will be attending system-wide meetings this summer and fall. Phone apps, tip sheets, and FAQ's have been placed on the web at www.sharp.com/ICD10.

As my professor often said, "In order to solve a problem, you need to know what the problem is!" In other words, diagnosis comes before treatment.

Learning to use these new tools will require additional time and effort, and, yes, maybe even more late nights on the computer. In the end, more accurate data will go a long way to improve our patient's outcomes as we strive to provide better care.



John Vaughan, MD, Director of Medical Informatics

We Want to Hear From You!

Please send us any positive learning experiences you have from attending one of our Sharp CME events.

Phone: (858) 499-4560

Email: cme@sharp.com



@CMESharp

CME@Glance ▪ Summer 2015

Preventing Hospital Induced Delirium

Far more ominous than once thought, delirium is gaining our attention as a geriatric syndrome to readdress. Fifteen years ago I might have told you that delirium is an acute concern without long term consequences. We now know that hospital induced delirium (HID) is highly associated with permanent long term cognitive decline and functional decline, higher rates of institutionalization, readmissions and subsequent emotional and financial burden to the patient's family.

Hospital induced delirium is also associated with very high rates of mortality ranging from about 30% at 3 months to 80% at 3 years. To put that into perspective, that is as bad, or worse than advanced heart failure or most advanced inoperable cancers.

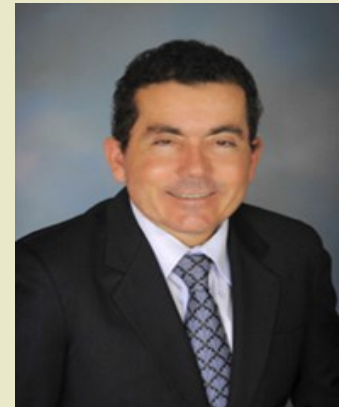
Among other issues, for those who survive HID, studies show increased rates of dementia, up to greater than 10 times higher than age matched controls who did not develop delirium.

With this knowledge, Sharp HealthCare is making efforts, not only to diagnose and treat but to **prevent** delirium.

The good news is that we have tools to foretell which elderly are likely to develop this concerning condition. By forewarning patients with full disclosure and anticipatory guidance patients may either chose to forego a treatment or chose an aggressive patient centered alternative. As well, besides bringing our hospitals up-to-date on non-pharmacologic standards for delirium prevention simple new tools such as low dose melatonin or Remaltheon have been shown to dramatically reduce HID. (31% down to 12% and 33% down to 3% respectively).

For patients admitted non-electively, we are teaching providers the importance of decreasing polypharmacy, decreasing anticholinergic burden and reducing sedative hypnotics and all psychoactive medications, and using peri-operative antipsychotics.

Our patients are living to ever increasing age. It is our job to be sure that we guide our patients though this period as effectively as possible.



Daniel Hoefer, MD, CMO
Outpatient Palliative Care

Introducing the Journal of Continuing Education in the Health Professions

The CME Department strives to provide impactful, evidence-based, clinically relevant continuing medical education (CME) using established, effective formats. The *Journal of Continuing Education in the Health Professions (JCEHP)* is a key resource for current methodologies in providing CME. JCEHP provides helpful guidance to those who develop, conduct, and evaluate continuation education programs.

JCEHP is a quarterly peer-reviewed journal focusing on relevant theory, practice and policy development for continuing education in the health professions. The publication presents unique, innovative research on lifelong learning strategies for medical professionals, continuous quality development, competency evaluation, and knowledge transformation.

A sample list of recent topics includes:

- ~Enhancing continuing education activities using the audience response systems
- ~Outcomes and participant experience of an online train-the-trainer program
- ~Returning inactive physicians to clinical practice
- ~Predictive model of clinician intention to improve continuing health professional education on cancer survivorship

To learn more check out JCEHP at the [Wiley Online Library](#).

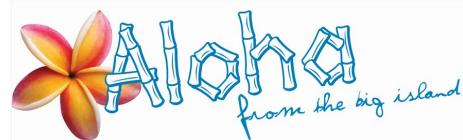


CME@Glance ▪ Summer 2015



Steven Green, MD Recognized as Physician of the Year

Congratulations to Steven Green, MD on being selected 2015 Physician of the Year by the California Academy of Family Physicians Foundation. Dr. Green has practiced with Sharp Rees-Stealy Medical Group since 1988. He is currently the Chief Medical Officer and serves on the Board of Directors at Sharp Rees-Stealy Medical Group. Dr. Green is also the Co-Chair of the upcoming Aloha Primary Care Conference in Hawaii.



Steven Green, MD
CMO, Sharp Rees – Stealy Medical Group

REGISTER NOW!

Introducing Choosing Wisely

As the United States focuses on providing safe, high-quality health care to consumers, the overuse of some health care resources has become a significant issue. To assist patients and providers with health care decisions, the [American Board of Internal Medicine \(ABIM\) Foundation](#) created the *Choosing Wisely* initiative, encouraging clinicians and patients to select care options that are appropriate and necessary. "We want to make sure we are providing high-quality care, but also that we are not doing things that are not benefiting the patient," said Dr. Parag Agnihotri, Sharp Rees-Stealy Medical Group Medical Director, Continuum of Care Programs.



Sharp Rees-Stealy Medical Group in conjunction with the [Integrated Healthcare Association \(IHA\)](#) has been selected along with Sutter Health, California Chapter of the American College of Physicians, Center for Healthcare Decisions and Blue Shield of California to participate in a three year project as part of the *Choosing Wisely* campaign. The project will aim to reduce the utilization of antibiotics, diagnostic tests for low back pain, pre-operative stress testing, and repetitive complete blood count testing. Read the entire announcement [HERE](#).

Along with Consumer Reports, the nation's leading independent non-profit consumer organization, more than 70 health care provider specialty societies have joined the *Choosing Wisely* project. Each participating specialty organization has created a list of "Things to Question" that offer specific evidence-based recommendations providers and patients should discuss to make wise, individually tailored healthcare decisions. To learn more about *Choosing Wisely*, visit: <http://www.ChoosingWisely.org>

Parag Agnihotri, MD
Medical Director, Continuum of Care
Sharp Rees-Stealy Medical Group

CME@Glance ▪ Summer 2015



Sharp HealthCare's 2015 Colorectal Cancer Conference coming on September 26, 2015

You will hear from a wide range of medical experts covering the diverse aspects of colorectal cancer care. The format of the conference will include interesting case presentations and interactive dialog integrated with concise summaries of key elements of colorectal cancer care management. **[REGISTER NOW!](#)**

California Prescription Drug Monitoring Program Streamlines CURES

The California Prescription Drug Monitoring Program (PDMP), Controlled Substance Utilization Review and Evaluation System (CURES), is intended to assist in the reduction of pharmaceutical drug abuse without affecting legitimate medical practice. An updated version of CURES, CURES 2.0, went live as of July 1, 2015. Additional instructions for physicians not registered in the database will be provided sometime this month.

Practitioners are reminded to register prior to the January 2016 universal adoption date. Practitioners who are registered with the system can dispense controlled substances to patients based on their professional expertise. To register with the system practitioners must submit an [electronic registration form](#) along with other documentation. Questions about CURES and the PDMP process can be directed to cures@doj.ca.gov and completed application packets can be sent to pmp@doj.ca.gov.

Many physicians and pharmacists at Sharp HealthCare have already had the opportunity to learn more about the PDMP and CURES. Thomas Lenox, Special Agent, DEA, has spoken with physicians and pharmacists at Sharp Grossmont as well as Sharp Community Medical Group. Initiating and managing opioids is also one of the topics to be addressed at Sharp HealthCare's [Annual Primary Care Conference](#) this December. If you have other ideas for education on this topic please contact the CME Department.

Sharp Chula Vista Medical Center 2nd Annual Education Conference Continues to Grow

Many physicians from Sharp Chula Vista Medical Center traveled to Costa Rica this past June to learn valuable information on how to help their patients in the South Bay area. Conference Chair John Videen, MD and the other speakers focused on topics that affect the residents of the South Bay including diabetes, congestive heart failure, and breast cancer imaging. Based on feedback from attendees the conference was well received. Dr. Videen is looking to continue this educational event annually and wants your input. Please contact Monique Santos at Monique.santos@sharp.com if you are interested in being a part the conference in 2016.

Sharp Mary Birch Hospital for Women & Newborns Wins CORE Award for Inaugural CME Conference

Congratulations to the conference planning committee for being recognized as a CORE Award winner! The Advances in Obstetrics and Gynecology Conference Planning Committee was nominated at the Metro Campus under the Growth Pillar for successfully executing the inaugural CME Conference. The conference was the first of its kind at Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) and was extremely well received by attendees. The conference offered three concurrent tracks of content ensuring there was something for everyone.

The event featured highly recognized faculty in obstetrics, gynecology and neonatology. Members of the planning team included representatives from business development, marketing and advertising, CME and expert physician faculty. The CME Department was excited to be a part of such an impactful educational event. Plans are already in the works for the next conference in March 2016.

CME@Glance ▪ Summer 2015

Activities @ Glance

Topic	Date	Location
Community-based Care Transitions: Care Transitions Review	Aug. 18, 2015	Scripps Health Annex Building
ICD-10 Documentation Made Easy for Orthopedic Surgeons	Aug. 20, 2015	Donovan's Downtown
ICD-10 Documentation Made Easy for Neurosurgeons	Aug. 27, 2015	Donovan's Downtown 6 p.m. to 7:30 p.m. Register HERE
Managed Care Seminar for Sharp Rees-Stealy Medical Group	Aug. 31, 2015	To Register contact Lindsay Rosa at Lindsay.rosa@sharp.com
Providing Appropriate Care in the Era of increased Regulatory Scrutiny For Electrophysiologists and Cardiologists	Sep. 3, 2015	Spectrum Building Room 135 12:00 p.m. to 1:00 p.m. Register HERE
ICD-10 Coding and Physician Self Defense For Hospitalists	Sep. 9, 2015	Tech Way 6 p.m. to 8 p.m. Register HERE
ICD-10 Coding and Physician Self Defense for Pulmonologists	Sep. 10, 2015	SMH Boardroom 11:30 a.m. to 1:00 p.m. Register HERE
ICD-10 Coding and Physician Self Defense for Hospitalists	Sep. 10, 2015	Tech Way 6 p.m. to 8 p.m. Register HERE
ICD-10 Coding and Physician Self Defense for ED, IM, OB, Trauma and General Practice	Sep. 15, 2015	Tech Way 6 p.m. to 8 p.m. Register HERE
ICD-10 Coding and Physician Self Defense for Hospitalists	Sep. 16, 2015	Tech Way 6 p.m. to 8 p.m. Register HERE

CME@Glance ▪ Summer 2015

Activities @ Glance

Topic	Date	Location
ICD-10 Made Easy for Interventional Cardiologists	TBD	TBD 6 p.m. to 7:30 p.m.
ICD-10 Made Easy for Cardiovascular Surgeons	TBD	TBD 6 p.m. to 7:30 p.m.
ICD-10 Made Easy for General Surgeons	TBD	TBD 6 p.m. to 7:30 p.m.
Colorectal Cancer Conference for Primary Care and Specialists	Sep. 26, 2015	Paradise Point Resort & Spa 7:30 a.m. to 1 p.m. Register HERE
Medical Management of the Stroke Patient	Sep. 29, 2015	San Diego Marriott Mission Valley 6 p.m. To 7:30 p.m Register HERE
Sharp Community Medical Group's Annual CME Conference	Oct. 9 -11, 2015	JW Marriott Desert Springs Palm Desert, CA Register HERE
All-Physicians Assembly	Oct. 19, 2015	Paradise Point Resort & Spa 6 p.m. to 8 p.m.
Sharp Rees-Stealy Medical Group's Annual CME Conference	Oct. 23 - 25, 2015	Hyatt Regency Indian Wells Resort & Spa Indian Wells, CA Register HERE
Sharp Grossmont Hospital's Heart and Vascular Conference	Nov. 7 – Nov. 8, 2015	Rancho Bernardo Inn Register HERE
Primary Care Conference - Aloha from the Big Island	December 3 - 7, 2015	The Fairmont Orchid Kohala Coast, Hawaii Register HERE