Summer 2012

Clinic Connection: Summer 2012

CentraCare Clinic

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A Hispanic man is severely injured in a farm accident and is rushed to the emergency room in Sauk Centre. He speaks no English. A Somali woman who is clearly in labor approaches the registration desk at the hospital in Long Prairie. She speaks only Somali but makes it clear she wants a female provider.

As Central Minnesota health care providers, how many of us would be confident in our ability to provide appropriate care for these individuals who have Limited English Proficiency (LEP)? Do we as providers have adequate training in the use of interpreters and in providing culturally and linguistically appropriate care? And regarding another facet of cultural competency, we also must consider whether our work forces reflect the cultural diversity of the communities we serve.

Recognizing that more of our patients are coming from racially, culturally, linguistically and religiously diverse communities, CentraCare Health System recently completed an in-depth organizational and provider assessment focusing on cross-cultural care and service to better understand how well we currently serve culturally diverse patients and to develop strategies to better serve all of our patients in the future. The assessment was conducted by
Primary care providers often are overwhelmed with the amount of work that needs to be accomplished at each visit. Every patient needs individualized attention, but they also need to have the recommended preventive screenings and chronic condition monitoring. Recognizing what services are needed can eat up a significant amount of the provider’s time.

One solution is to have a pre-visit planner who can determine what screening tests and services are expected for the patient’s age and medical condition and set up these necessary routine tests before the provider meets with the patient.

This pre-visit work allows the provider to spend more time with the patient and individualize the patient’s care. This also allows health care team members to work “to the top of their license.” Providers then can spend more time problem solving with the patient, while the time-consuming work of finding the dates and results of previous screening tests is done by the pre-visit planner.

Radiofrequency ablation treats Barrett’s esophagus

Barrett’s esophagus occurs when the normal squamous cells of the esophagus are replaced by intestinal cells. This change occurs because of long-term acid exposure of the lower portion of the esophagus (GERD). It is estimated that approximately 3 million Americans have Barrett’s esophagus and the number of new cases during the past decade has been increasing. Patients with Barrett’s esophagus are 40 to 130 times more likely to develop adenocarcinoma of the esophagus than the general population.

Historically, management of Barrett’s esophagus has involved:

• treatment of GERD symptoms;
• endoscopic surveillance to monitor any further precancerous change (dysplasia) and;
• treatment of high-grade dysplasia. Endoscopic monitoring for dysplasia occurs every three months to every three years depending on biopsy results.

Radiofrequency ablation, an effective treatment of Barrett’s esophagus, provides a safe, tightly controlled and uniform ablation of the Barrett’s epithelium. This treatment can be used for all Barrett’s tissue types — without dysplasia, low-grade dysplasia and high-grade dysplasia. This treatment requires multiple endoscopic sessions to eradicate Barrett’s esophagus. Based on current studies, success rates for completely ablating all Barrett’s tissue have been as high as 97 percent. After treatments, patients may have mild discomfort for a few days which can be easily controlled with medications. Currently, endoscopic surveillance of the esophagus post ablation will continue.

For consultation or referral, please call CentraCare Digestive Center at (320) 229-4933.

WPS Medicare Part B changes HPI reporting

WPS Medicare Part B had changed the way they adjudicate the extended level of a History of Present Illness (HPI) when practitioners use the 1995 Documentation Guidelines (DG) to document their services.

The 1995 DG states: “An extended HPI consists of four or more elements of the HPI.” The 1997 DG states: “An extended HPI consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.”

WPS Medicare Part B applied the 1997 DG statement to medical record documentation under both the 1995 and the 1997 DG based on a communication received from the Centers for Medicare & Medicaid Services several years ago. The Comprehensive Error Rate Testing contractor does not have that same communication and does not adjudicate documentation that way. Therefore, effective for dates of service April 19, 2012, and after, WPS Medicare Part B will no longer apply the statement from the 1997 DG to documentation when practitioners use the 1995 DG.
President’s Message continued from cover

Critical Measures, a national consulting and training firm that specializes in cross-cultural health care, diversity, language access and global health issues.

This assessment demonstrated that significant opportunities exist for improving language access services and effective communication between CentraCare providers and LEP patients. Critical Measures reported that many providers felt that they were inadequately prepared to care for LEP patients, insufficiently trained in the use of interpreters and lacked the knowledge needed to provide culturally appropriate care. Based on the important findings of this assessment, an action plan has been put into place to improve both the cultural competency and the workforce diversity of CentraCare Health System.

Regardless of race, ethnicity or culture, patients will increasingly demand that their care align with personal preferences and cultural norms. To be successful in caring for an increasingly diverse population, every leader, provider and staff member will need to reach out, learn about and connect with patients and families who are different from themselves in some way. Cultural competency (including an increased clinical competence in global medicine) and a more diverse workforce representative of our region’s changing populations will help us to better meet the needs of all the people we serve.

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Keeping pediatric cancer care closer to home

*Pediatric Hematology and Oncology Services available at CentraCare Health Plaza*

By Cindy Melloy, MD, Pediatrician, CentraCare Clinic

When a child is diagnosed with cancer or a blood disorder, a family’s first concern is that their precious child receives expert, compassionate medical care. When care is provided closer to home, the lives of families are less disrupted and the support of family and friends is more readily available. Leukemia, the most common cancer diagnosis in children, requires treatment with IV or IM chemotherapy as frequently as three times a week and treatment can last two to three years. Prior to opening our Pediatric Hematology and Oncology Infusion Center at the CentraCare Health Plaza in St. Cloud 10 years ago, these families often drove to Minneapolis, St. Paul or Rochester for this care — adding much stress, time and cost to therapy.

We are very proud to have a collaborative agreement with Children’s Hospitals and Clinics of Minnesota to provide care to these special families. Our recently expanded collaboration is unique, even nationwide, and has been very successful. We also are very fortunate to live in a generous community where philanthropic support has been vital to our success.

**Our services at CentraCare Health Plaza include:**
- Co-managed care between a primary oncologist at a children’s hospital and a St. Cloud pediatrics with a special interest in pediatric oncology.
- Access to all national Children’s Oncology Group chemotherapy and safety protocols with orders generated by the child’s primary oncology team.
- Nursing staff with pediatric oncology nursing certification and skilled in use of central lines.
- Ability to administer IV or IM chemotherapy, blood products, factor infusions for hemophilia, antibiotics and IV fluids in a separate, comfortable and child-friendly space.
- Child life therapists on staff to help alleviate fears of children, parents and siblings by using developmentally appropriate techniques.
- Nitrous oxide sedation program.
- Events for our children and families to help them develop a local network of support.
- A Parent Advisory Council to provide feedback for improvement.
- Weekly outreach from a Children’s Hospital oncologist to provide consult services and continuing care for hematology and oncology patients.

If children require hospital admission, we have 24/7 Pediatric Intensive Care Unit coverage while we continue constant contact with their primary oncology team.

The best success indicator is the satisfaction of our families. The following comment sums it up: “CentraCare continues to provide our family with outstanding medical care. Everyone is always helpful and energetic. We’ve been to many medical facilities, but none that equal the environment at CentraCare.”

If you have questions or would like to refer a child, please contact the St. Cloud Hospital Pediatric Infusion Center at (320) 229-4923.
Gain the collaboration you desire through service

By Lisa Drong, Customer Service Coordinator, CentraCare Clinic

When a patient visits you, what matters to them? While each patient is different, commonalities exist in creating collaboration and trust. By using the following service excellence tools, you will positively impact the patient experience.

The **first impression** that you convey is a critical prerequisite to the important work you do. Simple steps such as knocking on the door before entering, sharing a smile and a handshake and introducing yourself, sitting down and maintaining eye contact all contribute to a positive first impression. It’s essential to create an environment of trust, conveying to patients that you and your team care about them. Do you tell new patients about your experience and your personal approach toward patient care? Do you convey to existing patients that you remember them, their life or circumstances?

The amount of time you have with patients is often limited. **Setting an agenda** is one way to let patients know you will use your time together effectively. For example: “I’d like to first review your recent health history and learn what your major concerns or questions are today. Following that, let’s review the medications you are taking, I’ll complete your physical exam, and then we can discuss next steps together. Does that sound like a reasonable plan?” These three sentences can keep a visit on track. Other keys to successful interactions include implementing behaviors like eye contact, positive facial expressions, offering empathy and avoiding interruption.

**Closing the loop** is a final imperative, especially following a complex visit. If lab work is recommended, when and how will they get their results? If they start a new medication, what if things don’t improve? Do the treatment options you suggest sound reasonable to the patient? Without knowing answers to key questions, it’s difficult to gauge future compliance or outcomes.

Service is a broad category, but at its core is the process of building trust and rapport and collaborating with patients. Implementing the ideas above will impact clinic outcomes, decrease your malpractice risk, increase patient satisfaction and surely grow your practice.