Winter 2015

Clinic Connectoin: Winter 2015

CentraCare Clinic

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President’s Message

Mayo and the iWatch

By David Tilstra, MD, CPE
President, CentraCare Clinic

Mayo and Apple announced they are collaborating on the iWatch. Epic is working to create its own version of an app for patients and health care providers. CVS is advertising an interest in providing health care for its customers. Even five years ago, these ideas would have been thought to be crazy. Why are these companies doing this and why should providers care?

These companies and many more are attempting to work directly with people \textit{every day} to support them in maintaining their health. They are trying to build trust with people by providing health care information and offering suggestions on how to take care of themselves. Some companies will focus on the healthy population and share suggestions on exercise and nutrition. Others will focus on those with chronic illness to help with tracking their blood pressure or glucose. The bottom line is that they are interested in working with these patients \textit{every day}. In doing this, they desire to become the trusted source of health care information in front of traditional medicine approaches. We, as more traditional providers of medical care, may interact much less frequently, if at all, with this group of patients.

So what do we do with this information? The good news is that as traditional providers, we already have a relationship with patients, and some of these tools are intended to help us interact with patients. The point is we can’t ignore this trend. This is the ATM of health care. We will need to take advantage of the electronic means of patient interaction as it’s a matter of patient convenience in our time-pressed society. It’s also an opportunity for us to understand the patient better and that means better medical care — \textit{which is really what we all are trying to accomplish}. 
Extracranial-intracranial bypass surgery helps patients with stroke, aneurysm or skull-based tumors

By Archie Defillo, MD, Clinical Director Neurosciences, St. Cloud Hospital

Patients with symptomatic obstruction of the arteries inside the brain have a high risk of subsequent stroke. Anticoagulant and antiplatelet agents may not be effective for many of these patients.

Extracranial-intracranial (EC/IC) arterial bypass surgery is a treatment option for some patients who experience recurrent TIAs, despite best medical management. In addition, the surgical treatment of complex aneurysms and skull-based tumors may occasionally require EC-IC bypass surgery to maintain cerebral blood flow. Successful surgical outcomes are based on very selective preoperative criteria and surgeon experience.

With the addition of Jerone Kennedy, MD, a highly skilled neurosurgeon with extensive training in microvascular neurosurgery, CentraCare Health now offers full neurovascular services, including EC/IC bypass surgery.

For more information or to refer a patient, call St. Cloud: 320-240-2836 or Willmar: 320-231-6361.

Jerone Kennedy, MD

CentraCare to begin lung cancer screening program

By Melissa McClure, MD, Pulmonologist, CentraCare Clinic

Lung cancer is the number one cause of cancer deaths in men and women. According to the American Cancer Society, two out of three people with lung cancer are under 65 years old, though it is uncommon in people under the age of 45. Each year, lung cancer deaths alone exceed those of breast, prostate and colon cancers combined and long-term survival is low.

Risk factors for lung cancer include:
- Smoking
- Age
- COPD
- Family history
- Personal history of another cancer
- Second-hand smoke exposure
- Immune suppression
- Other occupational exposures

Part of the lethality of lung cancer is tied to the discovery of cancer at a later stage, where surgery or curative-intent therapy is no longer an option. Unlike breast, prostate and colon cancer, lung cancer hasn’t had an effective screening tool until recently.

The National Lung Cancer Screening Trial (NLST), which has enrolled more than 53,000 people nationwide who are at risk for lung cancer found that screening high-risk patients with serial, low-dose CT scans reduced mortality by 20 percent for patients found to have lung cancer. Most cancers detected were early stage promising opportunity to improve survival. With this information, many centers have begun to create lung cancer screening programs targeting the population. Successful screening programs are found in systems where there is a robust multidisciplinary approach to patient care allowing for comprehensive care from risk assessment and education to smoking cessation and continued evaluation. Screening programs typically are part of larger nodule tracking programs that follow incidental pulmonary nodules detected in the course of other evaluations.

At CentraCare Health, the lung cancer screening and nodule program recently began using the NLST criteria. Eligible patients include asymptomatic adults age 55 to 74, who are current or former smokers who have quit within the past 15 years with at least 30 pack years.

 Patients who meet these criteria will undergo yearly low-dose screening CT scans and will be tracked in our screening database. Pulmonary Medicine staff will meet with patients who may have questions about screening, or are at high risk but fall outside of the NLST criteria. Developing a partnership with primary care providers to help address additional abnormal findings, not related to the lung, is critical to a successful program. Cutting-edge tracking of both nodules detected on lung cancer screening scans and incidental nodules was created through collaboration with Radiology, Epic and Pulmonary Medicine to reduce loss to follow-up. Launched in St. Cloud, the program will expand to other CentraCare facilities.

For more information about the program or to refer a patient, call 320-240-7867.
Introducing our new CentraCare Clinic Specialists

**Cardiology**
Brainerd Lakes Heart & Vascular Center, 218-828-7455

**Michael Thurmès, MD**  
Medical School: University of Minnesota, Minneapolis  
Residency: Abbott Northwestern Hospital, Minneapolis  
Fellowship: Loyola University Stritch School of Medicine, Maywood, IL  
Board Certified: Cardiovascular Disease, Internal Medicine, Interventional Cardiology

**Nephrology**
CentraCare Clinic – River Campus, 320-240-2206

**Srilakshmi Lankireddy, MBBS**  
Medical School: Guntur Medical College, Guntur, India  
Residency: Gundersen Lutheran Medical Center, La Crosse, Wis.  
Fellowships: Nephrology and Nephrology Transplant, University of Minnesota.  
Board Certified: Nephrology, Internal Medicine

**Neurology**
CentraCare Clinic – River Campus, 320-240-2836

**Jeffrey Gerdes, MD**  
Medical School: University of Minnesota, Minneapolis  
Residency: University of Iowa Hospitals and Clinics, Iowa City  
Board Certified: Neurological Surgery  
Clinical Interests: General neurosurgery and minimally invasive spine surgery

**Internal Medicine**
CentraCare Clinic – River Campus, 320-240-2203

**Abigail Taylor, MD**  
Medical School: University of Minnesota, Minneapolis  
Residency: Hennepin County Medical Center, Minneapolis  
Board Eligible: Internal Medicine

**Obstetrics & Gynecology**
CentraCare Clinic – Health Plaza, 320-654-3630

**Ellen Brown, MD**  
Medical School: Wright State University School of Medicine, Dayton, Ohio  
Residency: Wright State University School of Medicine, Dayton, Ohio  
Board Certified: Obstetrics & Gynecology  
Clinical Interests: Perimenopausal issues, birth control management and adolescent gynecological care

**Erin Hanson, DO**  
Medical School: Lake Erie College of Osteopathic Medicine, Bradenton, Fla.  
Residency: TriHealth: Good Samaritan and Bethesda North Hospitals, Cincinnati, Ohio  
Board Eligible: Obstetrics & Gynecology  
Clinical Interests: High-risk obstetrics, minimally invasive surgery and colposcopy

Access all CentraCare Clinic physician bios online at centracare.com

Central Minnesota Neurosciences joins CentraCare Health

Effective Jan. 1, Central Minnesota Neurosciences (CMN) joined CentraCare Health and now see patients at CentraCare Clinic – River Campus.

“Joining CentraCare Health allows us to better meet the needs of Central Minnesotans by expanding our neurosurgical specialty care,” said Jeffrey Gerdes, MD, neurosurgeon.

Established in 1984, CMN has a 30-year history of serving patients with spine and brain care in St. Cloud/Sartell as well as in Brainerd, Willmar, Alexandria and Monticello.

“Central Minnesota Neurosciences has been a great partner with our CentraCare neurosciences program. Bringing them into our organization will help us to deliver even better services to the people of Central Minnesota,” said David Tilstra, MD, president of CentraCare Clinic.

For more information or to refer a patient, call 320-240-2836.
Introducing our new CentraCare Clinic Specialists

Urology

**Christopher Boelter, MD**
Medical School: University of Minnesota, Minneapolis
Residency: Mayo Clinic – Dept. of Urology, Rochester
Board Certified: Urology
Clinical Interests: Urological cancers, women’s health, laparoscopic and minimally invasive surgery

**Shawn McGee, MD**
Medical School: University of Minnesota, Minneapolis
Residency: Mayo Clinic – Dept. of Urology, Rochester
Board Certified: Urology
Clinical Interest: Da Vinci robotic surgery

**Gregory Parries, MD, PhD**
Medical School: University of Wisconsin, Madison; Vanderbilt University School of Medicine, Nashville, Tenn.
Residency: Massachusetts General Hospital, Boston
Board Certified: Urology
Clinical Interests: Urological cancers, stones, voiding dysfunction, male fertility and urologic prosthetic

**John Matsuura, MD**
Medical School: University of Minnesota, Minneapolis
Residency: Mayo Graduate School of Medicine, Rochester
Board Certified: Urology
Clinical Interests: Management of disease and health maintenance with nutrition and other lifestyle changes, female incontinence and urinary stone disease

**Lori Pinke, MD**
Medical School: University of Minnesota, Minneapolis
Residency: Mayo Clinic – Dept. of Urology, Rochester
Board Certified: Urology

**Andrew Windsperger, MD**
Medical School: University of Minnesota, Minneapolis
Residency: University of Kansas Medical Center, Kansas City
Board Eligible: Urology
Clinical Interests: Male and female reconstruction, treatment of transvaginal mesh complications, incontinence, pelvic organ prolapse, urethral stricture disease and urinary fistulas

**Keegan Maxwell, MD**
Medical School: University of Washington School of Medicine, Seattle
Residency: Barnes Hospital, St. Louis, Mo.
Board Certified: Urology
Clinical Interest: Minimally invasive treatment of urological conditions

Adult & Pediatric Urology joins CentraCare Health

Adult & Pediatric Urology (APU) has changed its name to CentraCare Clinic – Adult & Pediatric Urology. The clinic will continue to operate at 2351 Connecticut Avenue, Sartell, with the same providers, phone number and clinic hours.

“We are excited to partner with Adult & Pediatric Urology,” said David Tilstra, MD, president of CentraCare Clinic. “They have a strong reputation for quality care, being recognized, along with St. Cloud Hospital, as one of America’s Best Hospitals for urology in U.S. News & World Report three times within the past 10 years.”

The urologists will continue to serve patients at its Sartell clinic as well as 14 outreach locations.

For more information or to refer a patient, call 320-259-1411.
The impact of cancer survivorship and sexual health

By Joni Steffens, RN, CNM, Sexuality Counselor & Educator, CentraCare Clinic

Sexuality and intimacy often become the casualties of cancer and cancer treatment. While a conversation about sex can be uncomfortable for providers and patients, these conversations are vital to a patient’s well-being.

According to the National Cancer Institute, rates of sexual dysfunction in survivors range from 40-100 percent. While many treatment-related side effects improve with time, sexual side effects often persist and actually can worsen. In addition, partners of cancer survivors also report their own worsening sexual function.

Cancer can affect sexuality in four ways:
1. physical ability to give and receive pleasure
2. thoughts and feelings about one’s body
3. emotions such as grief, hope and joy
4. roles and relationships

Common sexual dysfunctions include a loss of sexual interest, arousal disorders, orgasm difficulties, decreased genital sensation and sexual pain. When sex lives begin to falter, there is a tendency to go through the motions without engagement or avoid sexual experiences and intimacy altogether.

Most people believe that fulfilling sexual intimacy is essential to healthy relationships. Help patients thrive under the stress of cancer and life by taking these crucial steps:

Ask about their sexual well being. Not only if they are having any sexual problems but also if they are satisfied with their sexual experiences and intimate connections.

Validate and normalize their experience. This seemingly insignificant effort will empower your patients and increase their confidence in their ability to overcome challenges. This is as simple as saying, “Sexuality means something different to every individual, but we know that sexual problems are common during and after treatment. Is there anything about sexuality or intimacy that might be helpful for us to talk about?”

Refer to a knowledgeable sexuality counselor or sex therapist to address the unmet need of individuals struggling with sexual issues on top of managing an illness. Consider a referral as part of the survivorship plan and:
1) as part of early decision-making process; 2) for education and preventive actions; 3) to discuss fertility preservation; 4) to address treatment-related side effects; 5) for sexual recovery; 6) when experiencing personal or relationship distress related to sexuality.

Optimal sexuality takes an investment of time and energy, a desire to make it happen, a willingness to make it a priority and a commitment to practice required skills. It is important to acknowledge the way changes may have altered perceptions and experiences. Sexual recovery involves integrating loss into a new sex life, and as a health care provider, you can help to make this a reality for patients.

For more information or a referral to the Sexual Health Clinic at CentraCare Health Plaza, call 320-654-3688.

Documentation Requirements for Diagnostic Services

By Connie Goulet, CPC; Sue Stein, CPC; Jessica Timmer, CPC; and Lindsey Theisen, RHIT, Compliance Specialists, CentraCare Clinic

Medicare has noted that documentation issues for diagnostic services are responsible for a large portion of claim denials. The majority are due to the lack of a physician order and/or documentation to support the medical necessity of the service(s) billed.

Reminders:
• Only the “treating physician” or “treating practitioner” (nurse practitioner, clinical nurse specialist or physician assistant) can request a diagnostic test for a beneficiary.
• Unsigned physician orders or unsigned requisitions will not be considered in a review.
• Medicare recommends physicians sign all orders for diagnostic services to avoid potential denials.
• When completing progress notes, the physician should clearly indicate all tests to be performed (simply stating “ordered X-rays” or “requested labs” is not acceptable).
• The medical record must support the medical necessity for ordering the service(s) per Medicare regulations and applicable Local Coverage Determinations and must be available for submission upon request.
• Third-party payers follow the above rules and guidelines.

If you bill diagnostic services to insurance payers, you must obtain the treating physician’s order and documentation to support the medical necessity of the ordered service(s). This includes records that may be housed at another location (nursing facility, hospital, referring physician office, etc.).
CentraCare Heart & Vascular Center receives national recognition

CentraCare Heart & Vascular Center (CCHVC) at St. Cloud Hospital was named one of the nation’s 50 Top Cardiovascular Hospitals® by Truven Health Analytics, a leading health care data company.

For its latest independent study, Truven Health Analytics evaluated more than 1,000 U.S. hospitals and singled out 50 that achieved superior clinical outcomes for cardiovascular health. Top 50 heart hospitals have significantly higher survival rates, lower costs, fewer complications and shorter hospital stays. Award winners are categorized into peer groups. St. Cloud Hospital is categorized as a teaching hospital without a cardiovascular residency program.

If all cardiovascular providers in the U.S. performed at the level of this year’s winners:
- Nearly 9,500 additional lives could be saved
- More than $1 billion could be saved
- More than 3,000 additional bypass and angioplasty patients could be complication free

CCHVC also was recognized for achievement in the American Heart Association’s Get With The Guidelines®–Heart Failure program.

CCHVC earned bronze recognition by achieving at least 90 consecutive days of 85 percent or higher adherence to all Get With The Guidelines® program quality indicators. Measures include proper use of medications, aggressive risk reduction therapies and education. Studies have shown that following these guidelines can reduce patients’ length of stays, 30-day readmission rates and disparity gaps in care. CCHVC is one of only four Minnesota hospitals holding this designation.

Each year 670,000 new cases are diagnosed and more than 275,000 people will die of heart failure. However, many heart failure patients can lead a full life when their condition is managed with proper medications and devices and with healthy lifestyle changes.

For more information or to refer a patient, call 320-656-7020.