Clinic Connection: Spring 2015

CentraCare Clinic

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Reconstructive Urology addresses complex issues
By Andrew Windsperger, MD, CentraCare Clinic – Adult & Pediatric Urology

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For more information or a referral to Dr. Windsperger, call 320-259-1411.
In introducing our new CentraCare Clinic Specialists

Endocrinology
CentraCare Clinic – Health Plaza, 320-229-5000
Abel Alfonso, DO
Medical School: Michigan State University – College of Osteopathic Medicine, Lansing, Mich.
Residency: Brooke Army Medical Center, San Antonio, Texas
Fellowship: Walter Reed Army Medical Center, Washington, DC
Board Certified: Internal Medicine, Endocrinology

Perinatology
St. Cloud Hospital Perinatology Clinic, 320-656-7024
Kathleen Pfeilghaer, MD
Medical School: Baylor College of Medicine, Houston, Texas
Residency: University of Minnesota, Minneapolis
Fellowship: Thomas Jefferson University Hospital, Philadelphia, PA
Board Certified: Obstetrics/Gynecology and Maternal & Fetal Medicine

Physical Medicine & Rehabilitation
CentraCare Health Plaza, 320-229-4944
Jon Herrera, MD
Medical School: Saint Louis University, Bago City, Philippines
Residency: University of Minnesota, Minneapolis
Board Certified: Physical Medicine & Rehabilitation, Brain Injury Medicine

Pulmonary Medicine
CentraCare Clinic – River Campus, 320-240-2207
Timothy Ekle, MD
Medical School: Michigan State University, East Lansing
Residency: Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota
Fellowship: Mayo Clinic, Rochester, Minnesota
Board Certified: Pulmonary Medicine, Critical Care, Internal Medicine

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A brief overview of Venous Stasis Ulcers
By Marc A. Young, MD, FACS, Wound Center Medical Director, CentraCare Health

Venous stasis ulcers are a common problem in the Upper Midwest. They limit how much a patient can work, can cause a significant amount of morbidity and place the patient at a much higher risk for lower extremity amputation.

Venous stasis ulcers are believed to form secondary to pressure from venous hypertension within the superficial venous system, eventually leading to tissue injury and ulceration. Studies also have shown a relationship between obesity and chronic venous disease, which may explain the increasing incidence of venous stasis ulcers as our population continues to become more obese.

Most venous stasis ulcers occur medially in the lower leg near the ankle, although they can be found circumferentially from the mid-calf area to just below the malleoli. They usually are shallow, have an irregular border and the base is usually granulation tissue. Some patients report mild to severe pain that often is relieved by elevation.

All patients with a suspected venous ulcer should be assessed for arterial disease at a minimum using an Ankle-Brachial Index (ABI). ABI values can be falsely elevated in patients with diabetes and calcified non-compressible arteries. These patients should be referred for a formal arterial duplex study. A venous ultrasound competency exam also may be helpful to verify the diagnosis and obtain detailed anatomical information of their venous insufficiency.

Multilayer compression therapy is the mainstay of treatment for venous stasis ulcers. Patients with an ABI of greater than 0.7 may undergo compression therapy. Those dressings usually are placed on the affected limb and changed on a weekly basis. This type of dressing has good results, with studies showing 73 percent healing without other intervention. Larger ulcers often require weeks and sometimes months to heal. A large percentage of these patients will benefit from a referral to vascular surgery. Venous ablation procedures have been shown to greatly reduce the recurrence of venous stasis ulcers, which is the natural history of this condition. Compression stockings also reduce recurrences, but long-term compliance with wearing them is a problem.

A brief overview of Venous Stasis Ulcers continued from previous page

Venous stasis ulcers continue to be a major health care issue, and their incidence may rise with the obesity epidemic. Through correct identification and treatment with compression therapy, most of these ulcers will heal over several weeks. Recurrence can be reduced with surgical intervention and regular use of compression stockings.

Patients with chronic wounds and conditions, such as pressure and diabetic ulcers, non-healing surgical wounds and minor burns, can improve with wound care. The
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Accurate documentation required for ICD-10 and good patient care

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

REMINDER: ICD-10 is effective Oct. 1, 2015. See below for examples of documentation specificity.
- Clinical documentation is not just about coding, and coding is not just about payment.
- Accurate coding is a requirement for good health care data.
- Good health data is critical to improving the quality of care, effectiveness of care and ensuring our patients’ safety.
- Complete and accurate documentation of important clinical concepts condition is a required for good patient care.

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Heart Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document classification:</strong></td>
<td><strong>Document (if known):</strong></td>
</tr>
<tr>
<td>• Intermittent</td>
<td>• Diastolic vs. systolic vs. combined</td>
</tr>
<tr>
<td>• Mild persistent</td>
<td>• Left side/right side</td>
</tr>
<tr>
<td>• Moderate persistent</td>
<td>• Acute or chronic vs. acute on chronic</td>
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<tr>
<td>• Severe persistent</td>
<td></td>
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<tr>
<td>• Cough variant</td>
<td></td>
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<tr>
<td>• Exercise-induced bronchocon</td>
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</tbody>
</table>

**Document complication type:**
- Uncomplicated
- Acute exacerbation
- Status asthmaticus

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document types:</strong></td>
<td><strong>Document type as:</strong></td>
</tr>
<tr>
<td>• Type 1</td>
<td>• Mild</td>
</tr>
<tr>
<td>• Type 2</td>
<td>• Moderate</td>
</tr>
</tbody>
</table>
- Due to drug or chemical
- Due to underlying condition
- Document underlying condition (i.e. Malignant condition)

**Document associated complications:**
- Diabetic peripheral angiopathy
- Diabetic autonomic neuropathy
- Diabetic foot ulcer

If blood glucose control is not maintained, document insulin control status as:
- Inadequately controlled
- Poorly controlled
- Uncontrolled

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