

CHANGES TO CME REQUIREMENTS

SB 1216 by Senator Peaden • HB 699 by Representative Negron
FMA Contact: Francie Plendl

On June 20, 2006 Governor Bush signed HB 699 into law. It takes effect on July 1, 2006. Below is a summary of the portions of the bill regarding CME requirements.

The new law provides that physicians (MDs and DOs) will now only be required to complete one (1) credit in HIV/AIDS – this must be done prior to the first renewal of the license, but once the physician has taken one (1) credit, he or she does not ever have to take it again. Most Florida physicians have already met this requirement and will not need to take the course again.

The new law provides that physicians (MDs and DOs) will now only be required to complete two

(2) credits in Domestic Violence every third biennial renewal, beginning with renewals following July 1, 2006.

The HIV/AIDS and Domestic Violence courses will no longer be required prior to initial licensure. For initial licensure, the only requirement will be two (2) credits in Prevention of Medical Errors. The biennial requirement for Prevention of Medical Errors also remains the same – MDs and DOs must complete two (2) credits during each two-year licensure cycle.

End of life and palliative care courses can no longer be used in lieu of the HIV/AIDS course or Domestic Violence course.

Below is a summary of Florida CME requirements for MDs only, effective July 1, 2006:

Initial licensure:

Two (2) credits in Prevention of Medical Errors

First renewal:

One (1) credit in HIV/AIDS

Two (2) credits in Prevention of Medical Errors

Every renewal thereafter:

40 credit hours of CME including two (2) credits in Prevention of Medical Errors

In addition, every third renewal:

Two (2) credits in Domestic Violence.

* For MDs renewing on January 31, 2007, you will be required to complete two (2) credits of Domestic Violence before your renewal in 2011.

* For MDs renewing on January 31, 2008, you will be required to complete two (2) credits of Domestic Violence before your renewal in 2012.

In summary – For MDs & DOs in Florida

- HIV/AIDS – 1 time only
- Prevention of Medical Errors – 2 hours every license renewal
- Domestic Violence – 2 hours every third renewal or 6 years

Additional DO requirements in Florida – Risk Management, Florida Laws & Rules and Use & Abuse of Controlled Substances.

LMHS will offer the above 3 courses first quarter of 07.

LMHS CME Mandatory Education Offerings:

Prevention of Medical Errors – 2 Hours

Domestic Violence – 2 Hours

8:00 a.m. – 12:15 p.m.

- November 4, 2006 – Lee Memorial Hospital Auditorium
- December 2, 2006 – Cape Coral Hospital New Café

RSVP – 573-5680

I N • T H I S • I S S U E

- Changes To CME Requirements • Welcome New Physicians • Critical Care Corner
- Documentation/Coding • Net Access • Continuing Medical Education
- CCH & LMHS Annual Medical Staff Meeting

WELCOME NEW PHYSICIANS

(Approved 05-26-06 and 06-29-06)

Provisional Staff (CCH & LMHS):

- Ana Marie Dizon, MD – Endocrinology
- Steven W. Davis, MD - Teleradiology

Provisional Staff (LMHS only):

- Larry W. Shapiro, DO – General Surgery
- James H. Johnson, Jr. MD – Pediatric Neurology
- Ashraf M. Diab, MD – Internal Medicine
- Islam Elfayoumi, MD – Internal Medicine

Provisional Staff (CCH only):

- Randall J. Bartholomew, MD – Emergency Medicine

CRITICAL CARE CORNER

Blood Management 2006

As many of you already know, we are facing a blood shortage nationally that is affecting our local community. We are in the process of developing evidence- based guidelines and education tools for our staff, patients, and families. We need to manage this precious

and limited resource and identify potential, serious complications associated with blood transfusions. In order to critically assess the evidence, we have invited several physicians from many different specialties to form a Blood Management Committee for Lee Memorial Health System.

A few points:

- There are reduced numbers of donors due to strict criteria
- There is less availability of blood products nationwide
- Transfusions are associated with
 - Graft vs. host reaction
 - Activation of the complement system
 - Increased risk of infection including post-op wound infection
 - Suppression of bone marrow response to anemia
 - Febrile transfusion reactions
 - Patient immobilization
- Generalized systemic inflammatory response with possible increased risk of acute vascular accidents

Articles and bibliography are available in the library at each campus.

Marilyn Kole MD David Reardon, MD Steven Levine, MD Peter Sidell, MD

DOCUMENTATION/CODING

Janelle I. Wissler, RHIA, CCS, CMT

Documentation Issue: Chronic conditions currently under treatment

Medical coders are bound by strict guidelines in ICD-9 diagnosis coding. Certain conditions that are chronic, yet receiving daily treatment, are eligible for inclusion in the final diagnoses coding. Examples of these would be congestive heart failure or atrial fibrillation or COPD. Even if the condition does not “flare” during this inpatient stay, as long as maintenance medication and treatment are given, the diagnosis/code may be included in the final diagnoses. Indeed conditions as common as stable angina or migraine headaches should be included. Lifelong conditions such as paraplegia or multiple sclerosis also should be clearly documented, so they may be coded, as they affect patient care and treatment. Even permanent placement of mechanical, or tissue, heart valves or other bioprosthetic devices should be listed in the diagnoses. Chronic kidney disease, chronic alcoholism and chronic blood loss anemia are just a few other conditions that coders can assign comorbid condition codes for. As

a reminder, when dictating your patient’s past history, be sure to include such terms as chronic liver disease, chronic respiratory failure, chronic nervous system disorders and chronic dialysis status.

When coders encounter evidence of treatment, such as medication records or physical therapy orders, but no corresponding physician-documented diagnosis, it is necessary to **query** the physician to obtain the precise wording necessary to code the overall condition of the patient; thus resulting in complete coding and accurate reimbursement for our patients.

Many of our physicians are already doing a great job with these guidelines, and we look forward to our continued interactions with the physicians through our **query** process. Remember, good documentation always makes a coder’s day go better. I can be reached at janelle.wissler@leememorial.org for any further clarification on this topic, or any other topics physicians would like addressed from a coding/reimbursement standpoint.

NET ACCESS

Recent enhancements include remote access to **CliniComp data online** along with Physician **Reference Tools** with access to several Research Databases, Journals, Medical Libraries and more. Standard features include: Patient Lab, Rad, Micro Results and Dictated Reports along with Demographics and Insurance information for all (Inpatient, Outpatient and ER) patients. Our records include data as far back as August 1999. Some of the new features require a Virtual Private Network or VPN connection to access from outside the hospital.

If you would like to know more about Net Access and how you can take advantage of all the features while making rounds or from your office or home, please contact: Karen Mueller at 239-343-7841 or pager 239-930-6635 or karen.mueller@leememorial.org

CONTINUING MEDICAL EDUCATION

“DYSLIPIDEMIA: FIELD TRIAL LEARNING OBJECTIVES”

James V. Talano, MD, MM
Cardiologist, Naples Florida

Tuesday, August 8, 2006

HealthPark Medical Center Room HP 1B
6:30 – 7:30 p.m.
RSVP for Dinner by August 4 – 573-5680

“DEPRESSION AND VAGUS NERVE STIMULATION”

Steven Machlin, MD
Psychiatrist, Fort Myers Florida

Wednesday, August 16, 2006

Lee Memorial Hospital Auditorium
6:30 – 7:30 p.m.
RSVP for Dinner by August 14 – 573-5680

“CYSTIC FIBROSIS AND NEWBORN SCREENING”

Maria Franco, MD
Pediatric Pulmonologist
Miami Children’s Hospital, Miami Florida

Thursday, August 24, 2006

HealthPark Medical Center Room HP1B
7:30 – 8:30 p.m.
RSVP for Dinner by August 22 – 573-5680

“SURGE, SORT, SUPPORT: OPERATIONS TRAINING”

A One-Day Interactive Training for Healthcare Professionals - 7 CME Credits

James M. Shultz, MS, PhD, Director, DEEP Center (disaster epidemiology emergency preparedness), Co-Director, Miami Center for Public Health Preparedness, University of Miami Miller School of Medicine

Maurice Ramirez, DO, CNS, CMRO, Board Certified Emergency Medicine, Federal Medical Officer, Department of Homeland Security, FL-3 DMAT

Monday, August 28, 2006

Lee Memorial Hospital – West Dining Room
1:00 p.m. to 9:00 p.m.

OR

Tuesday, August 29, 2006

Cape Coral Hospital – Board Room, 5th Floor
8:00 a.m. to 4:00 p.m.

OR

Wednesday, August 30, 2006

HealthPark Medical Center – 203 and 204
8:00 a.m. to 4:00 p.m.

**RSVP to Myrna Lintner, Spiritual Services
Lee Memorial Health System
Phone: 239-432-3199, or
E-mail: myrna.lintner@leememorial.org**

CCH & LMHS ANNUAL MEDICAL STAFF MEETING

A physician advisory board is being formed to redesign the Annual Medical Staff Meeting. Physicians that are interested in participating in the planning of this event are asked to contact Sandy Wharton by 08-01-06 at 334-5212 or e-mail Sandra.Wharton@leememorial.org

If you have questions about Medical Staff News,
please contact Joanne Gorgone, RN, BSN, CME Coordinator, Lee Memorial Health System,
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