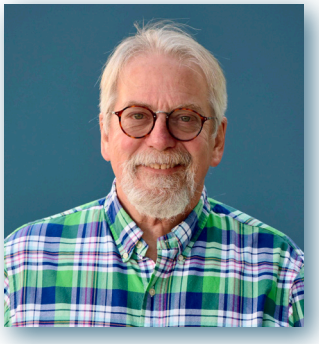
Winter 2021

Lompoc Healthcare District Medical Staff Newsletter

LOMPOC VALLEY MEDICAL CENTER
Lompoc Healthcare District

In this Issue

Journey Through Uncharted Waters



William J. Pierce, MD
Chief of Staff

The last 10 months have been a major challenge for us, and it looks as though we are not through it yet. Since March, LVMC has been heavily impacted by Covid-19. In fact, the virus has dominated every facet of our world since then. The Federal Penitentiary was a major source of patients for us and stretched us pretty thin at times. If not for the incredible response from everyone who works here, we could have easily been overwhelmed. Instead, with a superhuman effort, we were able to care for patients and protect ourselves as well. Supplies were a major issue as everyone knows, especially N95 masks which were in very short supply. Yet Neil Imano and several others were able to keep stocked, so as to keep exposures down for the front line providers.

While all this was going on, we still had to care for the non-COVID patients also. The hospital was "redesigned" with special areas allocated for COVID and non-COVID patients, including the recruitment of Physical Therapy for overflow. Nursing and Hospital Administration were constantly at work trying to facilitate the patient care efforts while constantly communicating with the other area hospitals and County officials. This enabled us to fully function as our Community Hospital, caring for all of our patients, even in the face of this completely unanticipated pandemic.

In June, we had a change in the Hospitalist service as well. This has resulted in a significant increase in the number and acuity of the patients being cared for at LVMC. This has been a welcome change and again, kudos to administration and Mr. Popkin for being flexible with the Hospitalist Service staffing, which allows for this kind of safe expansion in services.

As many of you know, there was a period of time in which elective surgeries were suspended here and everywhere else. We are now running a full schedule and everyone is being COVID tested before their procedure. The system seems to be running well, and safe practices are being observed in every case.

So, where do we stand for 2021? Much of this is speculation, but some things are known. Many areas of the country are experiencing big increases in new cases and hospitalizations are up as well. Until recently LVMC seemed to have been spared, but our numbers are climbing now as well. I am hoping that we do not see a true "second wave" in terms of hospitalizations, but that remains to be seen. Many in our population lack the ability to social distance or quarantine, which is contributing to the spread of the virus in Santa Barbara County. Our new Hospitalist Service is far stronger than before and so I am confident in our ability to handle whatever comes. We have more surgical specialists now and our ability to keep surgical patients in Lompoc is ever expanding. The clinics, after a period of massive slowdown due to COVID, are rebounding incredibly well.

Challenges loom over the horizon of the New Year. This ship, though, has demonstrated its ability and that of its crew to weather any storm.

William J. Pierce

Steve Popkin
Chief Executive Officer

CEO Thoughts

Greetings, Medical Staff Members,
I had the opportunity to preview the newsletter articles of Dr. Pierce and Dr. Michel. They did an excellent job of detailing where we have been, and where we are, relative to COVID-19. So, I am going to try to make it through this entire article without mentioning COVID-19…oops, I just did.

At LVMC we are continually striving to improve. As it is said, "If you're not moving forward, you're moving backward." So, accordingly, we are never satisfied with where we are at. Notwithstanding, I am very pleased with the progress we have made and the momentum we have gained in 2020. I will forgo listing the goals and initiatives we have accomplished this year, because what is more important is how our community feels about our efforts and actions to best serve their health care needs. By the ever-increasing number of positive and thankful calls, notes, cards, and social media postings we have received, praising our physicians, AHPs and staff, I feel confident that we are moving in the right direction.

As this is the inaugural medical staff newsletter, please indulge me while I pontificate a bit about my perceptions of medical staffs in general, and the LVMC medical staff in particular.

During my past 20 years as a hospital CEO, I have worked with six medical staffs, including LVMC. Each had/has its own unique "personality." To take some liberties from a Yogi Berra quote, I believe that half of what defines a medical staff is how it interacts with itself. Half is how it interacts with Administration and staff. And the "other half" is how the medical staff, through its individual members, interacts with its patients and community members.

I am pleased to say that, based upon my experience and perspective, the LVMC medical staff is at the top of list in all three areas. It's refreshing to see a medical staff that fully-supports all of its members, without the influence of "political factions" (at least none that I have observed). I, personally, am very appreciative of not only the medical staff's collegial relationship with Administration and staff, born out of mutual respect, but the strong partnership in doing whatever is necessary to move LVMC forward. This is attributable to both the medical staff leadership, and each individual medical staff member. I believe the LVMC medical staff has an "ideal mix" of physician members. To be sure, the breadth of medical specialties has recently increased. But, beyond that, we have many physicians who have served Lompoc Valley residents for many years and know the heartbeat of the community (literally and figuratively). They provide stability, historical perspective, mentorship, and a sense of comfort for the community. Equally as important, we have many newer physicians who bring their enthusiasm, fresh ideas, experiences from other practice environments, and who have been welcomed and appreciated by the community. One indicator of the "health" of a hospital and medical staff is whether physicians want to "jump on board." In 2020, 28 physicians joined the LVMC medical staff, which bodes well for the future.

On behalf of LVMC Administration, staff, and me personally, thank you very much for everything you have done and are doing, and together, let's look forward to a great 2021!

Steve Popkin
Chief Executive Officer

What is CAQH?

CAQH (**Council for Affordable Quality Healthcare**) is a non-profit organization for the purpose of bringing together health plans and healthcare providers.

Why should we care about CAQH?

Providers report professional and demographic information in a secure and confidential database. Insurance companies use the CAQH database for credentialing and contracting services. If the information is not reported correctly or timely this could affect enrollment with the health plans. Fortunately, LVMC has a team that helps keep your information updated and current.

For more information, contact Debbie Rock at 805-875-8905 or rockd@lompocvmc.com

The Pharmacy Corner

ANTIMICROBIAL STEWARDSHIP

Lompoc Valley Medical Center's Antimicrobial Stewardship Team submitted their program for the California Department of Public Health's Antimicrobial Stewardship Honor Roll. The program underwent a three-phase review process. The first phase entailed reviewing each application for missing documentation and evaluating each program's core elements. The second phase consisted of reviewing the outcomes portion of the application for those applying for Silver or Gold status, and the community engagement portion for those applying for Gold. For the review of the outcomes

portion, external blinded reviewers along with CDPH internal reviewers were engaged. The external reviewers consisted of antimicrobial stewardship experts representing different facility types: community, academia, major teaching, and community with special populations. For the third phase of the review process, each applicant's program was reviewed and re-reviewed in its entirety, evaluating each program's quality and impact beyond marking elements on a checklist. We are pleased to announce that LVMC has been designated with GOLD status, the highest designation possible.

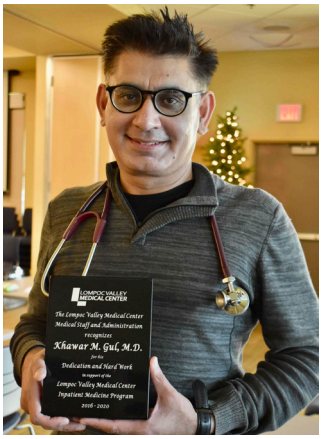
UPDATES TO THE FORMULARY

- Levalbuterol 1.25mg/3mL nebules were added to formulary with restricted use. Restrictions include; use only in patients that have failed racemic albuterol treatment or have experienced or have a history of adverse effects, such as tachycardia, from racemic albuterol.
- Biosimilar Insulin Glargine (Semglee) to replace Insulin Gargine (Lantus) on formulary.
- Bamlanivimab and Casirivimab/Imdevimab are available on Emergency Use Authorization for the treatment of COVID-19. These are both to be used only as an outpatient infusion and for patients with mild to moderate symptoms that are not hospitalized and not receiving oxygen therapy. Refer to pharmacy or the EUAs for all patient criteria requirements.

NEW VANCOMYCIN PROTOCOL

In January of 2021, LVMC Pharmacy Services will be transitioning the vancomycin dosing protocol from trough monitoring to area under the curve (AUC) Bayesian dosing. This dosing approach is recommended in the newly released 2020 vancomycin monitoring guidelines from the major infectious disease expert organizations. Dosing by AUC with a goal of 400-600 mg-hr/L should keep vancomycin concentration at therapeutic levels needed to achieve a clinical response, but below levels that might increase the risk of nephrotoxicity. The Bayesian dosing method does not require us to reach steady state to draw levels so expect vancomycin levels to be drawn earlier – typically before the second dose. In addition, appropriate AUC can be achieved with some patients with lower troughs; therefore, levels may be less than what you are used to seeing. From a safety standpoint, AUC-guided dosing of vancomycin was associated with reduced nephrotoxicity, which appeared to be a result of reduced vancomycin exposure. This protocol should provide an improvement in efficacy and safety for our patients.

By Sarah Osellame, Pharm.D. & Chad Signorelli, PharmD



Lompoc cardiologist Dr. Khawar Gul was presented with a special recognition plaque during November's Medical Staff meeting at LVMC. Dr. Gul, who has been in practice locally for about 10 years, actually missed the presentation of the award because he had to go to the Emergency Department to take care of a patient. He arrived back in time to gratefully accept the plaque from Chief of Staff Dr. Bill Pierce.

The plaque noted Dr. Gul's "Dedication and hard work" in support of the hospital's inpatient medicine program.

"Dr. Gul is incredibly energetic," Dr. Pierce told an assembled room of physicians. "He seems to be completely tireless. We all know about his contributions from the cardiologist standpoint. What is somewhat less known to the medical staff is the effort he has put forth in terms of the medicine service at our hospital over the last four years. Primarily he's been plugging holes in the roster for the hospitalist service and more recently has taken on the task of admitting ICU patients in the middle of the night, which makes his hours unbelievable. I don't know how he does it, but he does it."

Dr. Gul said he was honored and humbled to receive the award.

"I'm at a loss for words for the kind expression of gratitude Dr. Pierce has shown me," Dr. Gul said. "Working at LVMC hardly feels like work and I couldn't do it without such a phenomenal team. I love what I do and feel immense gratitude every day I get to serve the Lompoc community."

By Nora Wallace

Gastroenterologist Dr. Rahim Raoufi has been named the 2020 LVMC Physician of the Year.

Employees cast votes for the physician whom they believe exemplifies the district's values and maintains the trust of the community, patients and residents. The votes are also directed toward a physician who strives continuously to improve services, and who works as a team member with hospital staff.

"I really appreciate it," Dr. Raoufi said. "I have to say I really like working here. I have a great team. Without my team, I wouldn't be successful."

The comments offered by staff in nomination forms were extensive and effusive. They spoke of Dr. Raoufi's caring and compassionate nature, his dedication to his job and patients and his skill in his specialty. He was recognized for being a patient advocate and for his tireless work ethic.

"This doctor is fantastic with patients as well as staff," noted one nomination. "He is always upbeat and positive with all he comes in contact with. He also never forgets a face."

Another nomination said he was worthy because he "epitomizes the LVMC mission. He provides safe and high-quality services to our community … His main focus is the patient. He doesn't hesitate to refer them on to a specialist if needed. He deserves the honor and recognition."

LVMC Chief Executive Officer Steve Popkin called the award "very well deserved." He read a handful of the almost 50 nomination comments, which were presented in a scroll to Dr. Raoufi.

Dr. Raoufi is a graduate of Shiraz University of Medical Sciences in Iran. After finishing his Family Practice residency at East Tennessee State University, he entered the Internal Medicine residency program at University of California San Francisco, Fresno. He began his practice in Lompoc in 2012. He is married and the father of two children.

Previous Physicians of the Year include Dr. Cedric Kwon, 2019; Dr. Rollin Bailey, 2018; Dr. Tomas Machin, 2017; Dr. Cindy Blifeld, 2016 and Dr. Randall Michel, 2015.

By Nora Wallace

CMS announces major updates to Stark Law

In November, the Centers for Medicare & Medicaid Services (CMS) announced historic updates to the the Stark Law, also known as the Physician Self-Referral Law. CMS acknowledged that federal regulations related to physician self-referrals have become outdated as the United States' healthcare system has transitioned from a fee-for-service to a fee-for-value model.

Previously, physicians faced legal consequences for making referrals for which they benefitted financially, as this often resulted in patient care coming second to financial gain. At times, this caused physicians to reject arrangements that would benefit patients for fear of inducing a self-referral. The new final rule, however, creates specific exceptions for value-based arrangements, recognizing that physicians take on more accountability in value-based arrangements, as reimbursement is directly tied to quality of care. In such arrangements, the risks for self-referral are therefore reduced, so creating these exceptions allows physicians and other providers to coordinate patient care more freely, therefore reducing patient costs and improving quality of care.

Additionally, the final rule creates an exception for donations of cyber security. It also seeks to reduce the administrative and financial burdens associated with Stark Law compliance by redirecting these funds to patient care. These changes are expected to take effect in early 2021.

More info: **https://www.cms.gov/newsroom/press-releases/cms-announces-historic-changes-physician-self-referral-regulations**

Source: Credentialing Resource Center

CMO Perspective

Where are we now and where are we going at LVMC in our battle with COVID-19?

Randall Michel, MD, FACS
Chief Medical Officer

LVMC is taking a multi-faceted approach in dealing with the current pandemic, which includes basic infection prevention, screening and diagnosis, appropriate treatment and more recently a vaccination program. With respect to infection control, we continue to follow the CDC, State and Santa Barbara County public health guidelines of social distancing, mask wearing, hand hygiene and screening all those who enter our facilities. In addition to our screening procedures, we received an All Facilities Letter from the California Department of Public Health on November 25, mandating a program to test asymptomatic hospital personnel for COVID-19. LVMC was subsequently able to institute a weekly screening program providing PCR testing to hospital employees as well as to members of the hospital medical staff who desire screening. This is an ongoing program in conjunction with Merso Laboratory in Lompoc. Referable to treatment, we continue to provide education to those patients who do not initially appear to require hospitalization. This includes information about worsening symptoms, quarantine measures and the administration of monoclonal antibody therapy when indicated. For those requiring hospitalization, therapeutics including antiviral medication, convalescent plasma, oxygen delivery and steroids are administered utilizing protocols that have been proven to be most successful across the country.

Going forward, with the approval of the Pfizer Coronavirus vaccine under an emergency use authorization, we have been vaccinating our front-line health care workers in accordance with the CDC mandates. The first allotment of the Pfizer vaccine arrived on December 17 and 370 doses were subsequently administered. There was a concerted team effort at LVMC to coordinate the smooth administration of this first allotment of vaccine. This included everything from registering individuals to appropriate tracking and government reporting. There has been a tremendous amount of planning on the part of nursing, quality assurance, pharmacy, registration personnel, Lompoc Health Clinic staff, maintenance, and environmental services. Much of this effort is being overseen by our hospital Chief Operating Officer, Dr. Naishadh Buch. We were pleased with the success of the first round of vaccinations and fortunately we have had no severe adverse reactions to the Pfizer vaccine.

The Moderna Coronavirus vaccine was approved under the emergency use authorization on December 18 and we received our first allocation of 800 doses on December 23. We started the second round of vaccinations on the same day to vaccinate all those at LVMC and Lompoc Health who wished to be vaccinated. Hopefully by the time you are reading this summary, we have had all our essential health care workers vaccinated.

We will continue to work with Santa Barbara County and hopefully be able to expand our role in vaccinating other essential workers and other high-risk groups in our community. Building on the experience we have had; we feel well prepared to ramp up vaccinations as more vaccine becomes available.

It has been a long 10 months for those caring for and those providing services for some of our sickest patients. It is gratifying to know that we are finally able to begin to further protect all our health care providers and staff. We are certainly looking forward to the more widespread availability of vaccine to the general public in the next few months, but we continue to urge everyone to continue observing the current guidelines of mask wearing, social distancing and hand washing. There is still a lot we do not know about this virus, but at least we now have a major tool with which to begin to control this pandemic.

A heart felt thank you to all our providers and staff for their perseverance.

E/M Outpatient Coding is Changing January

After several years of work by a panel of physicians, and two revisions, the AMA released the final changes for Evaluation and Management coding for outpatient visits in 2020. The changes are part of the CMS goal of "patients over paperwork." CMS approached the AMA with a challenge to change the Evaluation and Management codes, as they thought some of the codes were outdated. CMS wanted some administrative simplification in the codes. One goal of this administrative simplification was to eliminate "note bloat" that has been occurring since the implementation of the electronic health record. Copying and pasting information from one visit to another to add to the quantity of documentation is a known issue for those using medical record documentation for treatment or payment. CMS auditors now look for identical notes in the medical record with little or no additional documentation to support the codes that are being applied to an account.

While some requirements have changed, adequate documentation of the patient visit in the medical record will still be needed in order to support codes chosen and submitted to Medicare or other payers for payment. Physicians are reminded that Medicare or another payer has the final say in determining whether a physician or other healthcare provider has the documentation in the medical record that supports a code submitted for payment. It is not a matter of having a certain quantity of documentation, the documentation that is there has to be meaningful and support the code submitted as interpreted by the payer.

In 2020, CMS implemented what are referred to as "RAC" audits on physician office visits. This has not been done in the past. "RAC" stands for Recovery Audit Contractor. CMS engages a company to request chart documentation. The RAC auditor then determines if the documentation meets all of the requirements in the Official Coding guidelines, Coding Clinic guidelines and other rules and regulations regarding documentation in the Federal Register. If it does not, they will take back (recover) the payment that was previously paid to a facility or physician. LVMC has already started to receive requests for charts from these auditors for some of the clinic physicians and services associated with the clinics owned by the hospital.

Changes to the E/M codes start on January 1, 2021 and only apply to codes 99201-99205 and 99211-99215. Documentation requirements for all other Evaluation and Management codes remains the same.

Here is a brief description of the changes that are effective January 1, 2021:

The first change that has been made is that E/M code 99201 has been eliminated. If you treat a patient after Jan. 1, 2021 and submit a code of 99201 to the payers, the claim will be denied for payment as the code no longer exists as one that may be added to an account.

Changes for Medical Necessity have been made. Those changes include eliminating the need to document why a treatment visit occurs in the patient's home as opposed to the physician's office, eliminating the restriction on having physicians from the same group or medical specialty from being able to bill visits that took place on the same day, and eliminating excess documentation (that note bloat issue).

There is no longer a point system for the history and examination codes. Physicians and other Allied Health Professionals (AHP) will no longer have to examine systems they are not treating in order to reach a certain level of documentation for the E/M outpatient visit supporting the code applied to the visit. Physicians are still required to do an examination "that is appropriate for the level of care and the service being provided". The level and extent of the examination is left up to the physician or AHP. The history and examination "points" previously used to determine the E/M code have been eliminated from the code selection process.

Physicians will have a choice to use the medical decision-making criteria or the total time spent with the patient on the date of the encounter. There must be documentation to support whichever method is used for choosing an E/M code.

Medical Decision Making (MDM) elements that will drive code choice are the number of problems that are addressed at the encounter, the complexity of the problems that are addressed, the total amount and complexity of data that is reviewed related to the problem addressed, the risk of complications, and mortality of patient management.

Continued on page 7

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A new requirement for review of records states that the physician must make statements about the7 data to show that the data was actually reviewed and analyzed. The physician or AHP must describe what the data means for care of the patient. Physicians will not be able to simply cut and paste data from diagnostic test results or previous records.

Time can be used to determine the code that can be applied. The length of time now required in some codes may make it somewhat harder to reach the higher level codes. The time that can be counted is total time spent by the physician or AHP examining the patient, reviewing test results, ordering prescriptions, talking with another provider about the patient, and time spent obtaining a history from the patient or patient's family (if the patient is unable to communicate). Physicians cannot include time spent by their ancillary staff and they cannot count time spent on days other than the actual encounter date with the patient. The time spent must be documented in the medical record for that date of service.

The requirements for prolonged services codes have changed, as well. Prolonged services codes can only be applied to 99205 and 99215. The increments of time have changed to 15 minutes instead of 30 minutes. A new code was created to use for prolonged services. The code 99XXX is now used for prolonged services provided beyond the times listed in the CPT code book for 99205 and 99215. This code is added in addition to 99205 or 99215. Additional units of 99XXX should be added for each full fifteen minutes of additional time spent.

AMA has a chart that physicians can use for determining the specific requirements for each code for MDM requirements. You can access the chart by using the link below this paragraph for the AMA website. The chart is contained within the documentation for all of the changes briefly described above and can be printed from the website. This will be very useful as you negotiate the changes that have taken place. The AMA owns the copyright to the CPT codes and this author discovered that free websites that used to have CPT code look up capabilities on the internet have posted notices now saying they have had to remove the CPT look up ability at the request of the AMA.

https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

A memo from CMS released on December 4, 2020 listed an alternate code that has to be used for prolonged services for Medicare patients. CMS will not process Medicare claims that have the new 99XXX code on the claim for prolonged services. CMS requires physicians to use HCPCS code G2212 in place of 99XXX. The memo did not mention if this would be required for Medicaid claims or other government payer claims. Medicaid and other government payers may adopt the G2212 code sometime in the future as this has often been the trend in the past.

This is article is a very brief overview of the changes as they have been outlined by the AMA at the time of writing this article. As with all changes, I expect additional changes to the requirements and codes will be implemented in the future. It is exciting that we are finally at the point where the changes are in use that we have been hearing about. These changes will require all physicians and AHP staff to think differently when documenting and choosing a code. It is hoped that as a result of these changes, physicians will annually save approximately 180 hours of time on average documenting in their patient's medical records. This will help improve the care received by the patient because the physician can spend more time on patient care overall. If this estimate by the AMA is correct, this will be a positive step forward for physicians and patients.

For more information or if you have any questions please contact Christy Moegelin moegelinc@lompocvmc.com

Barbara Frink RHIA, CHPS
Director of Health Information Management

Recent Medical Staff Appointments

Ira Felman, MD
Oncology/Hematology
Lompoc Health - Hematology-Oncology

Natalie Y. Wang, MD
Anesthesiology
Lompoc Valley Anesthesia Associates

Troy I. Mounts, MD
Spine Surgery
Troy Mounts, San Luis Obispo

Regular Medical Staff Business Meetings & CMEs

Tuesday, January 26 - 7am Ocean's Seven Cafe
GERD: Gastroesophageal Reflux Disease
Speakers: *Christopher R. Taglia, MD & Rahim A. Raoufi, MD*

Tuesday, February 23 - 7am Ocean's Seven Cafe
Acute Stroke Program
Speaker: *Thomas J. Clark, DO*

Tuesday, March 30 at - 7am Ocean's Seven Cafe
TBA

LOMPOC VALLEY MEDICAL CENTER
Lompoc Healthcare District

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Celebrating Milestones

The following physicians hit a service milestone in the year 2020. We would like to recognize the following physicians for their **service and dedication to Lompoc Valley Medical Center.**

45 Years on Staff
Lawrence S. Riemer, MD
Internal Medicine

30 Years on Staff
John M. Sawyer, MD
Family Medicine

Lawrence J. Bines, MD
Obstetrics and Gynecology

25 Years on Staff
Cindy Blifeld, MD
Pediatric Medicine

20 Years on Staff
Donna L. Walker, MD
Oncology/Hematology

Duard W. Enoch, MD
Diagnostic Radiology

Faridi G. Sherieff, DPM
Podiatric Medicine & Surgery

10 Years on Staff
Katherine L. Remington, MD
Pediatric Medicine

5 Years on Staff
Brett D. Lebed, MD
Urology

Christopher W. Johnson, MD
Urology

James R. Trettin, MD
Emergency Medicine

Sketched during the November Medical Staff Meeting