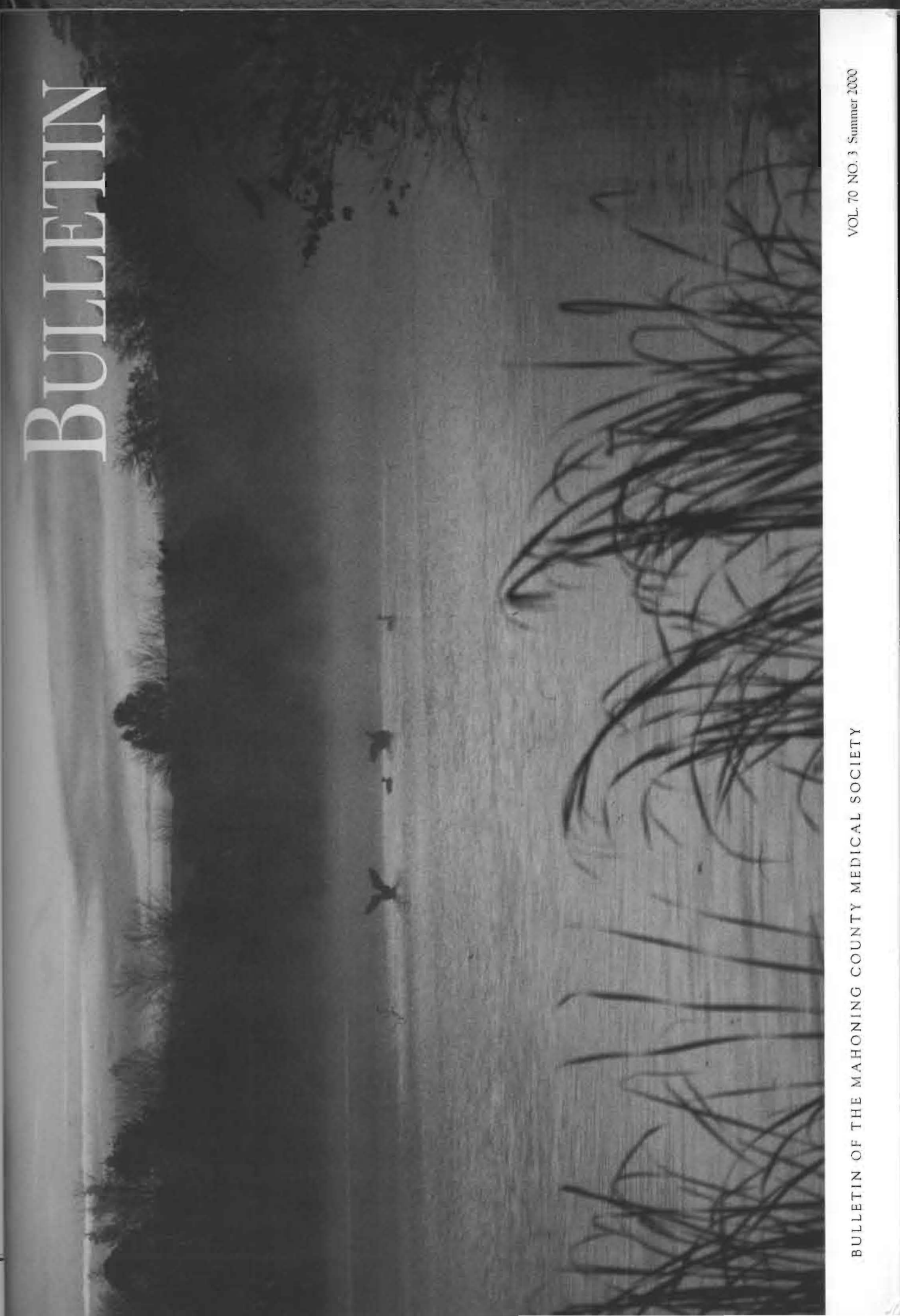
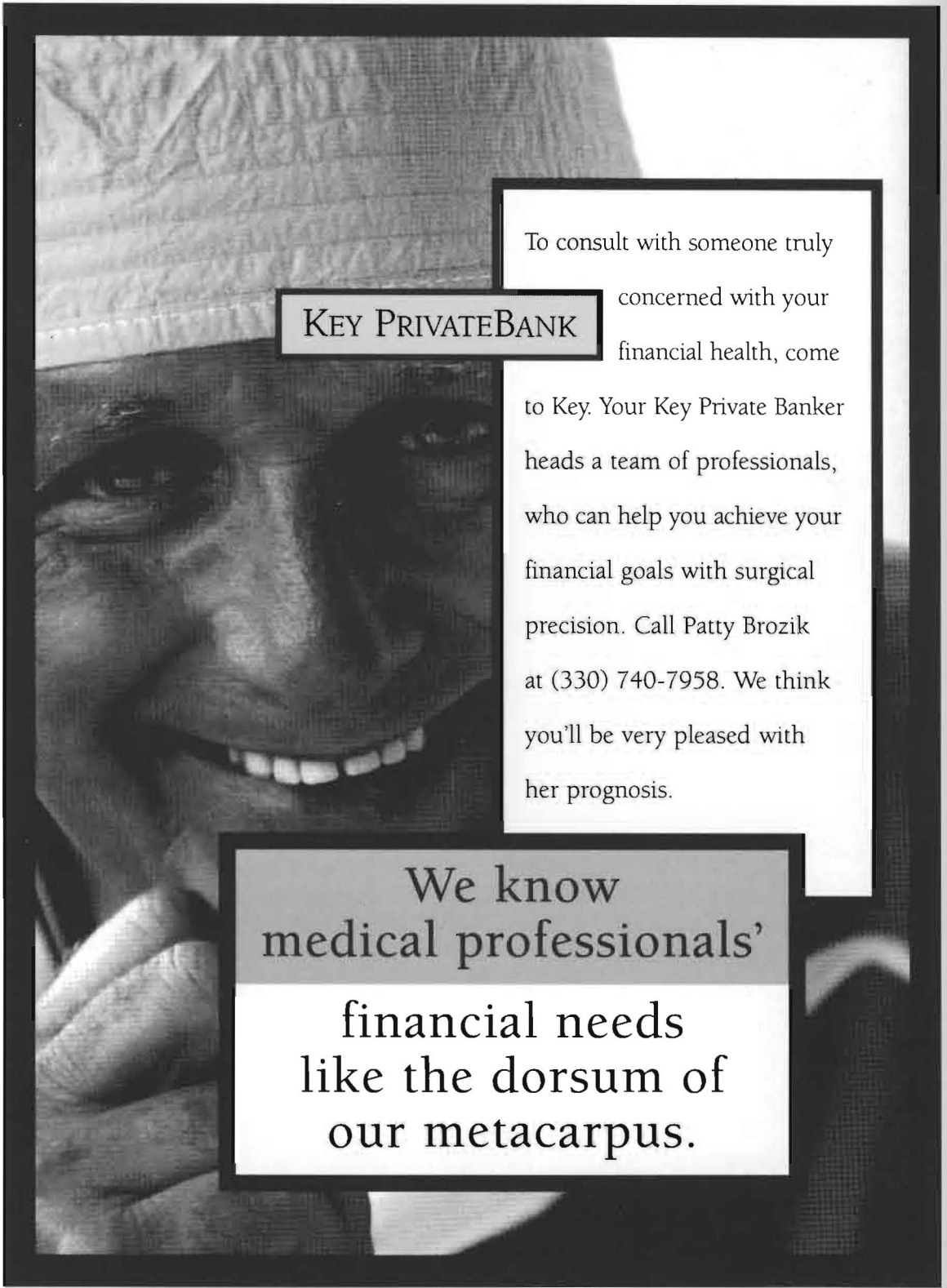


BULLETIN



BULLETIN OF THE MAHONING COUNTY MEDICAL SOCIETY

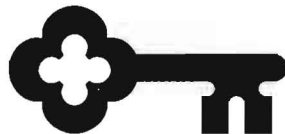
VOL. 70 NO. 3 Summer 2000



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Sept. 26, 2000

Youngstown Club

6:00 p.m. Social Period
6:45 p.m. Dinner
7:45 p.m. Meeting

Speaker:

Appellate Court Judge
Terrence
O'Donnell
Candidate for the
Ohio Supreme Court

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BULLETIN

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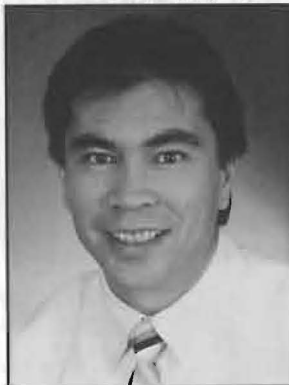
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Honesty Amongst Thieves?

THE TITLE ITSELF INDICATES AN AMBIGUITY FOR WHICH THERE IS ONLY ONE OBVIOUS ANSWER. A THIEF IS MOST LIKELY not one who possesses a high degree of moral standards or ethics, and certainly is not one of virtue or honesty. Prompting me to write something on this topic has been the recent rash of "thievery" that has occurred by staff personnel at several of my colleagues' offices. After speaking with some of them and reading local newspaper articles on the subject, I realized that it was not a unique problem. Perhaps attributable to my naivete, I thought I was immune to such in-office disasters...until this past week.

In the past few days, a quarter of my clerical/management staff had to be eliminated. The reason: Liberal "indiscretionary" use of funds and violation of fundamental security measures! Since then, I contemplated and questioned my seemingly ineffective management style. What did I do wrong? Did I "set up" my employees for failure? How did my internal control system fail? Did I not compensate them enough in the first place, therefore the pursuance of self-financing through inappropriate methods occurred? I'm not certain what the answer is and I'm not sure if I did anything wrong—from a management perspective—except perhaps swayed from my attention to details.

Ronald Dwinells, MD



R Dwinells

When I first took the job, I viewed my position as the Chief Executive Officer at the Youngstown Community Health Center as a position that dealt with issues on a more global issue. I thought that I would be more valuable as an advocate for the Center and its patients. I assumed the role as a director instead of a physician. I paid little attention to the everyday "goings-on" of the Center. And therein lies my mistake. So, as the old cliché goes, *you learn from your mistakes*. And believe me, I certainly did. For this editorial, I wanted to take up space to convey my observations and thoughts on how to keep our employees scrupulous and honest. Perhaps you are doing everything and more of the following list. Or maybe you are doing part of it. And again, maybe you're not doing any of it. For whatever it's worth, here goes:

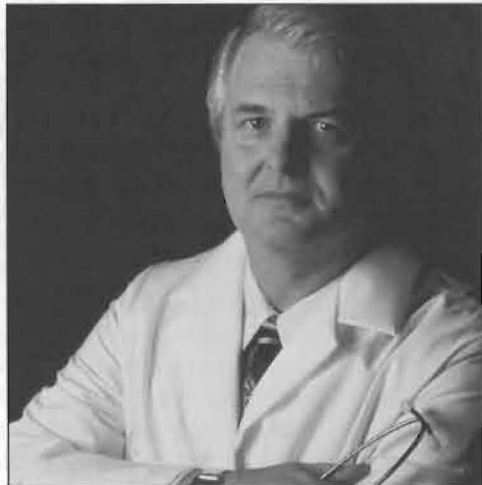
- Never trust anyone 100%. I actually hate this statement. My mom started telling me never to trust anyone when I entered my adult years, probably to protect me from all the dishonest and unscrupulous people in this world. But I never wanted to believe her. I wanted to see the good in all people. I'm certainly not disillusioned, but the longer I exist as a member of the human species, the more I have learned that she's right.
- Always check your mail and never let anyone (other than your spouse, and sometimes that's questionable) open it. It is possible that employees may open checks (from insurance companies, personal patient payments, etc.) and make their own deposits in a second account. For your daily deposit records, make a copy of the checks to correspond with the deposit.
- Always review your deposit slips. There are generally three sources of income coming into your office. The cash

continued on page

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Janardan R. Tallam, M.D.

JANARDAN R. TALLAM, M.D., IS THE CURRENT PRESIDENT OF THE MAHONING COUNTY MEDICAL SOCIETY AND HAS BEEN A MEMBER of the organization since 1987. Although he holds board certifications in both general surgery and emergency medicine, Dr. Tallam currently practices his profession as an attending physician in the emergency department at St. Elizabeth Hospital Medical Center.

As with many of our colleagues, he brings a unique perspective to the ever-changing face of medical practice. Tallam believes that the practice of medicine has become increasingly automated and technical and that physicians must keep up with the progress in order to provide effective and quality care. From his experiences in the ER, he also feels that patients are significantly more knowledgeable than in the past, especially with the advent of mass communication tools such as the Internet. Therefore, they are increasingly more demanding in terms of obtaining specific and clear answers to their questions, as well as the quality delivery of medical services. "The more knowledgeable the patients are, the greater their expectations," he notes. When asked his opinion about the relationship between the insurance industry and the practice of medicine, he replied that there is a unique bond between the physician and patient, and as long as this bond of trust exists, then the patient will always be an advocate for physicians and the traditions of medical practice and not for the insurance companies.

Dr. Tallam's goals for his tenure as president are twofold:

- 1.) He would like to see every practicing physician become a member and a participant of the Mahoning County Medical Society, and
- 2.) He would like to see the Society do more to attract these members to the organization.

Besides his affiliations with a number of professional organizations, he actively serves on several hospital committees, including the Trauma Systems committee, Poison Control committee, the Utilization Review committee,



Janardan R. Tallam, MD

the Committee on Pharmacy and Therapeutics, the Quality Assurance committee and the Medication Errors committee. In addition, Dr. Tallam was a member of the Board of Directors of the American College of Emergency Physicians in New York. He has also served on the teaching staff at S.U.N.Y., Temple University, and Hershey Medical Schools.

Dr. Tallam lives with his wife, Donna, and their children in Canfield.

“Dawn”

Photo by Dr. Robert Jenkins

DR. JENKINS GRADUATED FROM GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN WASHINGTON, DC. A PAST president of the MCMS, he was an Internist in the Youngstown area for 36 years before his retirement.

Since retiring, he and his wife Mary Jane have pursued photography as a hobby. They have attended several photographic seminars given by the Southwestern Michigan Council of Camera Clubs at Hope College in Holland, MI. Both are members of the Youngstown Photographic Society and have won a number of awards.

Dr. and Mrs. Jenkins have photographed for both the Medical Society and Alliance. They have produced a number of slide shows from their travels, which they have shared with dif-



Dr. Robert Jenkins

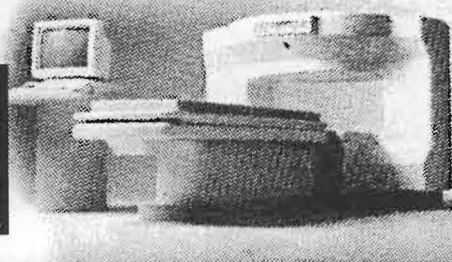
ferent community organizations.

Dr. Jenkins' "Dawn" was awarded "Slide of the Year" in a recent competition of the Youngstown Photographic Society.

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From the Desk of the Editor

continued from pg. 4

checks that come across the front desk; insurance/personal payment checks that come in the mail; and miscellaneous income from such sources as completing medical forms, etc. I usually have my staff complete three deposit slips—one for each category. This way I can keep track of them easier.

- Always keep an eye on your accounts payables. Review the payable checks against the invoices and/or purchase orders.
- Never let staff members spend your money for supplies unless requested on a P.O. or something similar. They will take advantage of this and buy unnecessary items that you may not approve. How many rolls of scotch tape can an office possibly use in a month?

- Have your “books” checked by an accountant at least once a month. This should help keep everyone honest.

The bottom line: **Pay attention to details.** And if you don't know everything about a particular part of the business, such as insurance billing, learn the basics so that they think you know a lot more than you really do! Doing the above may not be foolproof, but it certainly should help keep some of your employees honest amongst thieves. Good luck!

Society Dinner Meeting

THE MAHONING COUNTY MEDICAL SOCIETY HELD ITS SPRING DINNER MEETING MAY 23RD AT THE YOUNGSTOWN CLUB.

Product displays were provided by Edward Hassay of Insurance Buyers Service; Greg Kreiger and Pat Bundy from Option Care; and Mary Ann Morrison and Dave Burick of Pfizer Pharmaceuticals.

Dr. Michael Kavic was welcomed as a new member to the Society.

In his president's report, Dr. Tallam noted that the OSMA Annual Meeting was held May 5-7 in Dayton. In addition to Dr. Tallam, the MCMS was represented by Drs. Bobovnyik, Handel, Knight, and Saunders. Dr. Bobovnyik was selected to chair Resolutions Committee I, and Dr. Tallam was a member of Resolutions Committee IV. Sixth District Councilor Dr. Knight served on the Nominations Committee.

Dr. Chris Knight, parliamentarian, re-

viewed a proposed by-laws amendment which had been submitted to the membership by mail. The amendment proposed that the month of January be substituted for the month of November in Article VII, Section I, Subsection C of the by-laws. The amendment was approved by the members present, and will be submitted to the OSMA for approval.

The program entitled "KePRO - What We're All About" was presented by Edward L. Charnock, M.D., Medical Director of Health Care Quality Improvement Projects and David A. Bitonte, D.O., Medical Director and Clinical Assistant Coordinator. KePRO, Inc. is the new Medicare Peer Review Organization (PRO) for Ohio as of August 1, 1999.

The next meeting will be held Tuesday, September 26, 2000 at the Youngstown Club.



Ed Hassay Insurance Buyers Service.



Lto R: Pat Bundy and Greg Kreiger, Option Care.



Lto R: Mary Ann Morrison and Dave Burick, Pfizer Pharmaceuticals.



Lto R: Edward L. Charnock, M.D. and David A. Bitonte, D.O., KePRO.

Potential Development Program

THE SIX-YEAR-OLD BOY WAS SITTING COMFORTABLY IN THE BACK SEAT OF THE FAMILY CAR, ENJOYING THE RIDE AND TAKING in the scenery. The car, traveling slightly above the speed limit, soon attracted the swirling bright lights and loud screeching sirens that often accompany this rate of travel. Daniel and his mother had been on their way to McDonald's after making stops at the bank and the local grocery store. When his mother came to a halt, in response to the cacophony, the boy became confused and anxious. He knew that this had not been planned. A "schedule" given to him by his teachers was plastered against the back of the front seat. According to the schedule icons, the bank was first, then came the grocery store, and now they were supposed to be on their way to get something to eat—at McDonald's! When the amiable looking man in the blue uniform walked over and started to talk to his mother, Daniel wanted to tell him that this wasn't the right place to stop. He started making gestures towards the McDonald's icon. When he failed to get the officer's attention, the boy became more fervent and began to utter vocal sounds—quietly at first but increasing in loudness and tempo the longer he was ignored. Finally, the patrolman looked at the little boy and asked his mother what was wrong. "My son," she explained, "is autistic and he has a schedule to follow. You, by stopping me, have disrupted his routine according to the pictures posted on his schedule board." The policeman looked amazingly at the boy, smiled and let the mother go with just a warning.

No, this is not a story to help anyone "squirm" out of getting a speeding ticket, but it is merely an illustration of a child who lives in the world of autism. When Daniel first arrived at the Potential Development school located at 209 West Woodland Avenue in Youngstown, the teachers were fearful of him. He was a big child for his age and extremely aggressive. Some even thought of him as having bully-like characteristics. But with time, using the T.E.A.C.C.H. (Treatment and education of autistic and related communication handicapped children) method, his teachers taught him to develop a sense of organization and to communicate through vi-

sual cues such as the "schedule" mentioned above. According to Virginia Leskanic, Executive Director of the school, "We suit the curriculum to the child and not the child to the curriculum as in most traditional schools." Ms. Leskanic goes on to state that these children learn primarily from visual structure as well as from the use of sensory integration. They do not process auditory information well, therefore the focal point of teaching evolves around visual communications.

The Potential Development Program was first founded in 1953 by Christine Kline. More recently, under the direction of Virginia Leskanic, who has been the school's director since 1990, it has grown to two sites and serves children through their kindergarten years. Although the Youngstown-Mahoning Valley United Way and the Hine Foundation are the primary funding sources, a number of other contributors help realize the dreams of Ms. Leskanic and her staff.

The school, located in Warren (in the facilities of the Children's Rehabilitation Center) serves children who are primarily autistic. The facilities located in Youngstown serve "special needs" children which currently comprises approximately 50% autistic children while the other half is made up of various other handicapping conditions. Referrals usually come from psychiatrists, neurologists, hearing and speech centers, social service agencies and pediatricians. Ms. Leskanic states that pediatricians in the community are becoming more aware of the wonderful successes that this school has had with autistic as well as other handicapped children. She believes that clinical rotations by pediatric residents from Tod's Children Hospital have also helped increase this awareness.

As the Potential Development Program grows through referrals, community involvement, and recognition, more children like Daniel will be helped and more mothers may be able to avoid speeding tickets!

For more information or to make referrals, the organization's main office is located at 209 West Woodland Avenue, Youngstown and the phone is 746-7641

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Notes From The Editor

It seems that in recent months, I have heard or read about a number of stories describing theft or some type of unscrupulous behavior (by staff) taking place in local physician's offices. Many of us have been victims and I believe that many more have yet to discover unpleasant events that may be occurring in their own offices. This prompted me to write the editorial entitled *Honesty Amongst Thieves*. From my own experiences, I jotted down some words of advice to our readers. If you have any recommendations to alleviate this sort of problem at our offices, perhaps you could share them. I believe that the *Bulletin* is an excellent communications instrument to convey information to our colleagues.

In the community health advocates column, I wrote about a wonderful program for autistic children that may have escaped our awareness. *The Potential Development Program* is and has been a valuable community health resource in our community. Please check out the article.

A new column for this issue, member profile, features our President, Dr. Janardan Tallam. I plan to feature a member of the Medical Society with every issue to include not only a brief biographical sketch but to entertain their views and outlooks on the discipline of medicine, as well as explore their perspectives on the future of the medical society.

Announcements/Miscellaneous

I recently discovered that there are a number of wonderful services at the YWCA. They include Lupus Support Group meetings, Outreach education programs, A MammoVan that provides mammograms to the public and transportation services. For more information, contact the YWCA at 746-6361.

Hai Shiuh Wang, M.D. a past president of the Society, was recently appointed to the Youngstown State University's Board of Trustees. Dr. Wang is an ophthalmologist and is president of Eye Care Associates, Inc. Congratulations to Dr. Wang and his contributions to the community!

Pat Wadjun, the Society's secretary/bookkeeper since 1989 retired on August 30th. Her dedication to our organization is much appreciated. Best of luck to Pat and her future endeavors!

To contact either the Society or myself for feedback, our addresses, phone numbers, and e-mails are:

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A Look Back...

Fifty Years Ago Summer 1950

Officers were:
G.G. Nelson,
president; E.G.
Wenaas, president-



elect; G.E. DeCicco, secretary; L.H. Getty, treasurer; and F.S. Coombs, editor of *Bulletin*.

The Mahoning Medical Service Foundation received its first contributions. The first awards were six regular nurses' scholarships and two for a combined five-year program at Youngstown College.

John LoCricchio succeeded the late Wm. Dean Collier as director of the Department of Pathology at St. Elizabeth Hospital.

Cortisone became available for distribution to hospitals. The increased production reduced the price from \$200/gram one year ago to just \$95/gram.

Doctors received \$1.00 for office calls and \$2.00 for house calls for relief patients.

Forty Years Ago Summer 1960

Officers were: F.G. Schlecht, president; A.K. Phillips, president-



elect; M.W. Neidus, immediate past president, C.E. Pichette, secretary; C.W. Stertzbach, treasurer; and J. Schreiber, editor of the *Bulletin*.

A Blue Cross-Blue Shield group hospitalization plan for physicians' employees was inaugurated. The cost was \$35.70 for 6 months for a single person or \$96 for a family.

Steve Ondash was installed as president of the Ohio State Surgical Association.

Thirty Years Ago Summer 1970

Officers were:
R.L. Jenkins, Jr.,
president; J.F.
Stotler, president-



elect; J.W. Tandatnick, immediate past president; H. Holden, secretary; M.C. Raupple, treasurer, and J.C. Melnick, editor of the *Bulletin*.

Howard Rempes (executive secretary) was elected president of the Association of County Medical Executives. Bertie B. Burrowes was elected chairman of the Board of Trustees of Youngstown State University.

St. Elizabeth's Hospital announced plans for a new 225-bed wing.

Twenty Years Ago Spring 1980

Officers were: B.P. Brucoli, president; D.J. Dallis, vice-president;



Y.T. Chiu, immediate past president; H.S. Wang, secretary; J.A. Ruiz, treasurer; and R.D. Murray, editor of the *Bulletin*.

Howard Rempes was to retire after 23 years of service as executive secretary of the Medical Society. W.E. Sovik was awarded a plaque by the Ohio Ophthalmological Society. He was only the third person to receive this honor.

Ten Years Ago Spring 1990

Officers were: J.A. Lambert, president; B.S. Gordon, vice-presi-



dent; K.F. Wieneke, immediate past president; K.J. Carter, secretary; D. Chung, treasurer; and D.L. Bobovnyk, editor of the *Bulletin*.

Chester A. Amedia, Jr. wrote an outstanding article on "Clinical Laboratory Regulations".

Three physicians had passed away that time: Leonard F. Fagnano, Joseph A. Fogarty, Jr., and Francis G. Kraves.

Medical Museum Donations

"This One Is On Me", the life-story of Dr. J.L. Fisher (1895-1987), was contributed by his son Dr. R.R. Fisher. The interesting book was written by Dr. J.L. Fisher, with editing by Eric Davis and Elizabeth Fisher Davis.

Dr. John Cavanaugh contributed several items that had belonged to his father-in-law, who was a dentist. Among the items donated were two large instrument cabinets, hammers made from animal horns, lamps and instruments.

Dr. Gus Boulis donated a number of items, including his medical diploma and floor lamps.

The doctors will soon be receiving request to complete a bibliography form which will be on display at the Museum and also published in a book.

The Museum needs a bound copy of the 1978 *Bulletin*. If you would like to donate your copy, or any other items, please contact John C. Melnick, MD (Museum 742-4661 or Home: 799-4874).

John C. Melnick, MD



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A Time of Opportunity

THIS YEAR'S ELECTIONS WILL AFFORD OHIO'S PHYSICIANS AN OPPORTUNITY TO POSITIVELY DEAL WITH MATTERS that have caused them much anger and angst. The candidates for the Ohio Supreme Court offer sharp contrast.

The incumbent Justice Alice Robie Resnick has been part of the majority of justices who have been guilty of judicial activism. Justice Resnick is the author of the decision to overturn the 1997 Tort Reform Law. She is now up for reelection. It is time to place a responsible jurist on the bench, one who believes in judicial restraint and who does not legislate from the bench. There is such a candidate.

Appellate Court Judge Terrence O'Donnell will square off against Justice Resnick. Judge O'Donnell has an excellent chance of unseating his opponent and he deserves our support. Hailing from Cuyahoga County, he should draw well from the Cleveland area and will receive much support from traditional Republican strongholds throughout the state.

Incumbent Justice Deborah Cook is also running for reelection to the Ohio Supreme Court. She too deserves our support. She has supported Tort Reform and also has employed judicial restraint. OMPAC supports the candidacies of both Justice Cook and Judge O'Donnell, and is asking Ohio's physicians to vote for and financially support these candidates.

Judge O'Donnell will be the guest speaker for the Tuesday, Sept. 26th meeting of the Mahoning County Medical Society. Members are strongly encouraged to attend this meeting and hear Judge O'Donnell.

Are you frustrated with delays in payment for your services provided to patients? Insurance companies are delaying payments, using a variety of excuses, in order to secure increased income from the "float". In fact, in the State of New York, Oxford Inc. was making \$400,000 per day on the 'float' of monies withheld. "Prompt Pay" Legislation has been introduced that, if passed, will correct the current problems physicians encounter with delays in payments. Expect this legislation to move forward in the next Legislative Session (2001).

Issues of HMO Liability and antitrust exemptions for physicians are matters that will be dealt with on both the state and national levels. The OSMA and AMA are working hard to seek passage of these issues into law which will be of benefit to both patients and physicians.

Term limits will have a big impact on the Ohio Legislature with over 40 open races affecting the Ohio Senate. OMPAC is currently interviewing as many of the candidates as possible, first to get to know these individuals and second to determine their positions on issues critical to Ohio's physicians.

OMPAC will then make the decisions on which candidates to support and will supply that information to all Ohio's physicians. PLAN and PAC members will be receiving a political action guide summarizing the candidates' positions and OMPAC's recommendations for support.

This is a year for physicians to vent their frustrations through political action. First, please vote. Act on your frustration. Don't just complain - you can and will make a difference. Second, support OMPAC and help organized medicine secure the elections of candidates who are philosophically aligned with our issues.

Also, if offered, volunteer to work on a local or statewide campaign. Direct financial support to the candidates of our choice is essential. To run for any office requires money. Money is the lifeblood of politics. Your financial support will establish a sense of connection with the candidates. Please get engaged in the political process. Don't just talk the talk, but walk the walk. Believe me, our counterparts do (i.e., lawyers, allied professionals, etc.) Strike a blow for your profession. "Kick —". "Let's get it on!" "It's a war out there!" "Win one for the Gipper." You get the message. Good voting.

Dan Handel
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HCFA, OHIO KePRO, Inc. AND YOU! A New Health Care Team*

*The first in a series of articles introducing HCFA Quality/Performance Improvement Projects to Physicians.

IN 1992, THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) AND ITS CONTRACTORS, PEER REVIEW ORGANIZATIONS (PROs), initiated the Healthcare Quality Improvement Program (HCQIP). This represented a new approach to improving the health of Medicare beneficiaries. HCQIP involves analyzing and changing patterns of care to remedy widespread shortcomings in the health care system.

Collaboration is critical to the success of HCQIP, which offers historic opportunities for partnering with practitioners, beneficiaries, providers, plans, and other purchasers of healthcare. The goals of the program are to:

- Develop quality indicators firmly based in science;
- Identify opportunities to improve care, through careful measurement of treatment patterns;
- Communicate with professional and provider communities about these patterns of care;
- Intervene to foster quality improvement through system improvements; and
- Remeasure to evaluate success and redirect efforts.

The evolution of HCQIP has been enhanced by the development of evidence-based practice guidelines by specialty societies. Representatives from these societies served on the advisory committees that developed the Quality Indicators for each of the HCFA projects. HCQIP has been subdivided into **National, Local, and Managed Care** projects.

The national projects focus on inpatient and outpatient disease processes. The inpa-

tient-focused projects are Acute Myocardial Infarction, Heart Failure, Community Acquired Pneumonia, and Atrial Fibrillation. Stroke, Influenza/Pneumococcal vaccination, and use of aspirin for secondary prevention are included as part of the Community Acquired Pneumonia inpatient project and as an outpatient project. The outpatient projects are Diabetes and Mammography screening.

Ohio KePRO, Inc. is the HCFA-contracted agency in Ohio and has been working since August 1, 1999, to develop and implement these and other projects. Each project has been assigned to a clinical team consisting of a physician, team leader (in all cases an RN), epidemiologist, data analysts and a pharmacist (17 of the 22 inpatient indicators are medication-related).

For each of the national inpatient projects, 750 charts were abstracted to determine the compliance rate for each indicator and to ascertain each state's baseline. PROs are charged by HCFA to increase rates of compliance with each indicator in their respective states. Through statewide projects with collaborating hospitals, physicians and community organizations, Ohio KePRO, Inc. is confident the projects will increase these rates. Further, Ohio KePRO, Inc. anticipates the projects will identify and overcome the barriers to the improvement of medical care for Medicare beneficiaries and other healthcare recipients in Ohio.

To achieve these goals all of Ohio's prospective payment system (PPS) acute care hospitals were invited to collaborate in the inpatient projects. One hundred an-

twenty-six hospitals have agreed to be collaborators, some in all projects and others on specific projects that they have identified as more appropriate for their facility. Outpatient facilities, individual providers, and community organizations are being asked to collaborate in our outpatient projects.

Each collaborating hospital will receive their **site-specific data** as well as the **state aggregate** and **national comparisons**. All

Ohio hospitals will receive the **state aggregate** and **national comparisons** and **project manuals**. Project manuals include references, teaching tools, and intervention tools contributed by collaborators from across the state. Please contact your hospital's Quality Im-

provement Department to view the information and materials. All of the provided materials contain information to share with physicians.

Descriptions of each of the projects can be found in the provider section of Ohio KePRO, Inc.'s website at www.keproinc.com. I encourage you to access Ohio KePRO, Inc.'s site and gather more information to guide you with your inpatient and outpatient management of

patients with these disease processes. Soon to be included will be the state baseline data, reminder notices to assist you in your offices and on hospital rounds, and selected reference materials. State aggregate data will be also included as it becomes available.

Having provided you with this back-

ground information I would like to describe the **Atrial Fibrillation/Stroke** projects. These two projects are included together because of the close correlation of untreated atrial fibrillation and stroke. It is estimated that of the 80,000 strokes occurring annually, 40,000 could be prevented with expanded warfarin therapy, at a savings of approximately \$600 million per year.⁽¹⁾ Warfarin has been the subject of the most therapeutic trials. A *Meta* analysis of five of the studies was published in 1994. The annual stroke rate was **4.5 percent in control groups** and **1.4 percent in the warfarin groups- a risk reduction of 68 percent**. **Aspirin** has been found to reduce stroke risk by **36 percent**.⁽²⁾ HCFA's Critical Indicators are based upon the American Heart Association guideline.⁽³⁾

Ohio's baseline rates for compliance with the Warfarin indicator reflect an average rate of **52.1 percent** which is just slightly below the national average (See Figure 1). Ohio ranks 35th in comparison with other states' data.

Other indicators such as **thyroid testing, echocardiograms, patient education, and planned PT/INR studies**, while important in the evaluation and treatment of patients with atrial fibrillation, have been added as **profile indicators** and are not included in the evaluation of an individual state's performance.

Evaluation of stroke treatment guidelines and data availability are delayed because of rapidly evolving changes of indications for diagnostic and therapeutic interventions.^(4, 5 and 6) Baseline data for Ohio and other states has just become available and Ohio KePRO's approach to this project will differ from the approaches in the other projects.

In order to avoid further delays our collaborators were given two choices for participation: (1) To copy charts and have them abstracted by Clinical Data Abstraction Centers (CDACs), or (2) To use HCFA's state baseline data for planning interventions. Ohio KePRO, Inc. will perform one measurement in 2001.

continued on pg. 24

FIGURE 1
Atrial Fibrillation
Ohio Baseline Data

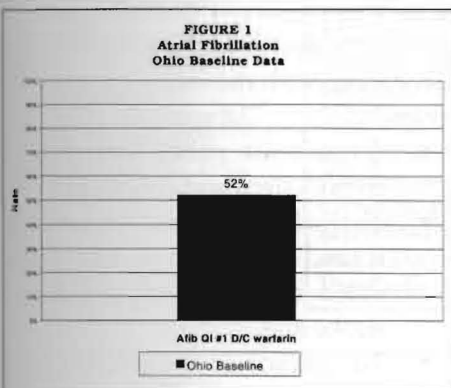
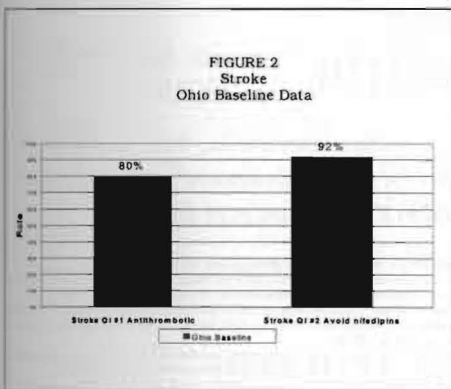


FIGURE 2
Stroke
Ohio Baseline Data



Ohio KeyPRO, Inc.

continued from pg. 23

The two quality indicators—antithrombotic therapy at discharge and avoiding sublingual nifedipine during hospitalization—are displayed in **Figure 2**. Ohio's rate for antithrombotic therapy is 79.7 percent, which is very close to the national average for this indicator but Ohio's ranking is again 35th. Ohio's rate for avoiding sublingual nifedipine is 92%, below the national average. Ohio's ranking is 40th nationwide.

The profile indicators for stroke and documentation of time for symptom onset, CT/MRI/MRA scan and thrombolytic administration. Information on these indicators will be collected in subsequent studies.

What do these numbers mean and what is being done to increase Ohio's rates?

The significance of the entire HCQIP project is that this is the first nationwide collection of this type of data for Medicare. Additionally, HCFA is using this data as a catalyst for a coordinated national campaign to improve care for Medicare beneficiaries, using the PRO network acting in collaboration with providers and physicians.

What is Ohio KePRO, Inc. doing?

1. We are collecting data from our collaborators: Analysis of the data so far indicates we are doing better than HCFA's baseline (HCFA data is based on 1998 admissions?)

2. We have distributed Project Books on each project to all hospitals in Ohio. These books contain tools and interventions to assist providers in improving and documenting care for Medicare beneficiaries.

3. We have made FAX summaries of each project available for physicians.

4. We are scheduling regional educational programs.

5. We have presented programs to Medical Staff meetings, hospital committees, and other organizations. We will continue to honor these requests.

6. We have formed coalitions with specialty societies.

7. We are working with hospitals and medical staffs to identify "opinion leader" statewide.

Additionally Ohio KePRO, Inc. is participating in an important collaboration with the American Heart Association and others. This project—*Operation Stroke*—a multi-year initiative that is developing interventions with the following major objectives:

- To increase public awareness of stroke's signs and symptoms,
- To teach 911 dispatchers, paramedics and other pre-hospital care providers the signs and symptoms of stroke and,
- To empower physicians and healthcare personnel to evaluate and treat patients with appropriate medications and without delay.

If you have any questions about the project, please contact the PRO contact at your hospital, access Ohio KePRO, Inc. website (www.keproinc.com), or call us at 216-447-9604.

Edward L. Charnock, MD, FACEP
Medical Director, HCQIP

Cynthia Kurkowski, RN, is the project leader for Atrial Fibrillation/Stroke and collaborated in the production of this article

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The following disclaimer should be noted:

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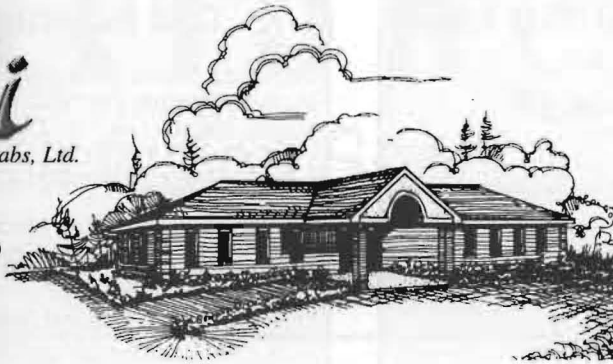
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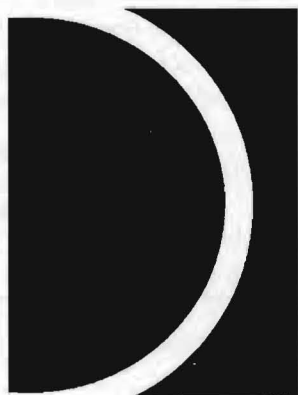
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