

WHAT'S UP?

FMC PHYSICIAN NEWSLETTER

January 2009

Looking to the new year and beyond as partners in healthcare

Alignment of physicians and hospitals means having a common vision for the future, with common incentives to accomplish that vision. The next few years are going to be tough for all involved in healthcare delivery. At FMC, we believe having a common vision will be essential. This is not a new need.

The government becoming the dominant payer of healthcare services in the 1980s was the first real driver for hospitals and physicians being aligned. In the '80s, initially, the concept of alignment was expressed largely in terms of focusing on cost control of healthcare services. There was a problem, however – there was no alignment of financial incentives.

Hospitals, paid under DRGs, needed physician support to control cost of care; physicians, paid a fee for service, saw little advantage to themselves or to their patients in changing how they provided services. This disconnect of financial incentive proved hard to overcome in most instances, and on the whole, little alignment between physicians and hospitals occurred.

Managed care brought new and more global financial pressures on both physicians and hospitals. Capitation in particular created an environment that at times resulted in significant change in how care was provided, including how physicians provided their services. It is interesting to observe, though, that the impact on the relationship between physicians and hospitals was often more that of a reluctant recognition of mutual benefit of working together, rather than a true alignment. There was often little acceptance of a common vision, and true partnering did not occur very frequently.

Even though the financial pressures of managed care have been mitigated, newer pressures of quality performance and transparency have created an

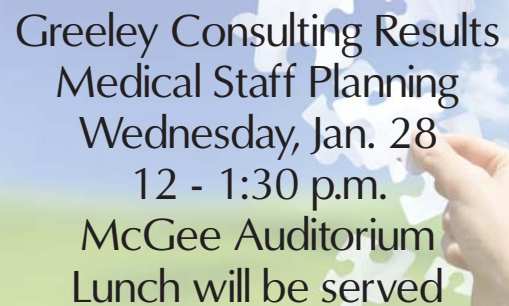
environment where once again, alignment offers an advantage to physicians and hospitals. Delivery of high quality for hospital patients requires the interaction of multiple players, and physicians are key. Added to transparency and the demand of high quality is the renewed emphasis on value, i.e. quality at the most affordable price. This is particularly true during this economic slow-down when the cost of healthcare is a major line item on the budget of businesses and individuals.

Healthcare payment is changing from a model of pay-for-service to one of pay-for-performance. Alignment of physicians and hospitals in how to provide this high value healthcare is judged by many to be the key ingredient for those who will be successful in the current and coming healthcare marketplace.

Historically, healthcare was considered largely “recession proof.” It turns out, this just isn't so. For example, FMC has seen about an 11-percent drop in volumes this fiscal year. Hospitals statewide are cutting back. Nationwide, it is predicted some hospitals will fail. Physicians are also feeling the pinch.

The issue now is creating benefit to patients, physicians and the hospital by in effect partnering to

cont'd.



Greeley Consulting Results
Medical Staff Planning
Wednesday, Jan. 28
12 - 1:30 p.m.
McGee Auditorium
Lunch will be served



Flagstaff Medical Center
Northern Arizona Healthcare

encounter this difficult market. Alignment is a form of partnering. The question thus becomes, “What’s in it for me, and at what cost?”

This is a question that we need to answer together. The changes that have occurred in healthcare in the last 10 years have been huge. Many more changes will occur and the rate of change will be staggering.

The best approach is to plan for these changes together. Not everyone will want to do that, I know. To my mind, the pressures of the current environment, however, will give those who work collaboratively more control over their future. The goal has to be the best interest of the patients we serve, and I believe achieving that best interest comes from FMC physicians and FMC working together to develop a common vision of what we want to become and how we are going to make that a reality.

Let me know your thoughts. Thanks.



Keep yourself UpToDate at FMC

FMC recently purchased a hospital-wide subscription to UpToDate. UpToDate is an electronic resource offering evidence-based, synthesized medical information quickly at the point of care.

UpToDate offers:

- More than 7,500 topic reviews in 13 specialties
- Evidence-based medicine grading system
- Completely updated releases every four months
- Lexi-Comp drug database
- Lexi-Comp drug interactions program
- Important new findings, by specialty
- Hundreds of patient information handouts

You can log in from anywhere in the hospital and get specific, detailed answers to your questions in a minute or two. To access UpToDate, please click on the UpToDate icon on your desktop or visit www.uptodate.com/online. No usernames or passwords are necessary.

Follow-up appointments

When possible, patients need to have an appointment with their follow-up provider in place prior to discharge from the hospital. Please write the order for the follow-up appointment prior to the discharge date. This will give the nursing staff time to make the follow-up appointment. Do not wait until the weekend to write the order, because most practices are closed and an appointment cannot be guaranteed.

Follow-up care is important for patient outcomes and avoidance of readmission.

Submitting incident reports

Adverse drug reaction, good catch, medication event or procedure-not-followed incidents should now be reported online through Citrix. Log on to the Citrix Metaframe and select the hot pink icon labeled Incident Reports – RDE.

To fill out the form, choose “FMC forms.” Then choose from one of the six forms that correspond with the event type: Adverse Drug Reaction, Equipment, General Incident, Good Catch/Medication Event, Patient Fall, or Procedure Test. To look up a patient, you need to have the patient’s name, FIN or MRN. Fill in the required fields and save the document. DO NOT use the back arrow while you are filling out the form, or your information will be lost.

The report will be routed to the appropriate unit or department manager for review and follow-up. The report can be submitted anonymously or you can enter your name. Incident reporting is vital to identify and resolve problems.

If you have any questions about automated incident reporting, call Quality Management at ext. 12541.

FMC hires new librarian

If you’ve been to the FMC library recently, you may have noticed a new face. FMC has hired Suzanne Tackitt as its librarian and CME coordinator. Suzanne graduated from NAU in 1987 with a bachelor’s degree in English. She began working at FMC in December 2005 for the Children’s Health Center.

The FMC medical library offers journal searches, article retrieval and computer technical advice for the public. Suzanne can set you up with remote access to the Arizona Health Information Network (AzHIN).

In addition to managing FMC’s CME program, Suzanne also can help you locate appropriate CME offerings outside of FMC.

The John B. Jamison, M.D., Memorial Library is located on the 3rd floor of the OR tower, next to Medical Staff Services. Suzanne can be reached at 773-2418.

Blood Bank info now easier to see

Blood Bank info is now more easily viewed on the Patient Summary tab in PowerChart.

When the Patient Summary Tab is opened, blood product information will display in the bottom left corner. All blood products assigned to the patients in the last 90 days will be shown, as well as all active Blood Bank orders from the last seven days. Orders and products from previous encounters are preceded with an asterisk.