# ST. LOUIS Medical News

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## ON ROUNDS

### Commercial Market Update

*Medical space appears healthy, as physician practices merge with health systems*

Earlier this year, SSM Health Care opened a renovated urgent care center, its third urgent care center in 2013. Total Access Urgent Care unveiled its fifth location, while Sonny Saggar, MD, opened locations in Creve Coeur and north St. Louis, bringing his total to four urgent care centers ... 4

### Two-Night Minimum

*Observation, Inpatient & the Two-Midnight Rule*

If being quite specific while leaving plenty of room for interpretation was an art form, the Centers for Medicare and Medicaid Services surely would have achieved 'master class' status by now. The two-midnight rule, the recent compliance mandate that went into effect on Oct. 1, is an example of this dichotomy ... 6

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# A Coup for St. Louis

*Zevacor unveils nation's first 70 MeV commercial cyclotron dedicated to radiopharmaceuticals for medical use*

By LYNNE JETER

St. Louis will be home of the nation's first private non-government entity with the only 70 MeV commercial cyclotron strictly dedicated to making radiopharmaceuticals for medical use.

Zevacor, an independently owned healthcare firm based in Indianapolis, Ind., and established in 2012 to manufacture and distribute PET and SPECT radiopharmaceuticals, recently acquired Pioneer Pharmacy, a radiopharmacy in St. Louis that will soon be renamed Zevacor, and opened a facility in nearby Springfield, Ill. Both facilities operate in tandem to support Zevacor's facility in Decatur, Ill.

"It's an option for physicians to bring the best technology to their patients, and an opportunity for hospital administrators to save money on the overall diagnosis and treatment," said John Zehner, executive vice president of Zevacor.

A cyclotron at the world's only installed and operational 70 MeV system, located in Nantes, France.

# Union Movement

*Des Peres RNs post first collective bargaining pact at Tenet hospital*

By LYNNE JETER

Since its founding in 2009, the National Nurses United (NNU) has organized 15,000 RNs at 40 hospitals in 13 states. The largest union and professional association of registered nurses in the United States – the result of a merger of three strong nurse unions – represents nearly 190,000 RNs.

That rising number includes RNs at Des Peres Hospital in St. Louis, who won their first collective bargaining pact Oct. 18. The action occurred 16 months after

Des Peres RNs voted to join the NNU, simultaneously with Saint Louis University Hospital (SLUH). Both hospitals are Tenet Healthcare properties acquired during the late 1990s. During the organizational campaign, both hospitals had relatively new CEOs – John Grah at the 143-bed SLUH, and Phillip Sowa at the 356-bed Des Peres Hospital.

SLUH nurses finalized their first contract in June, which union organizers say set the table for the Des Peres pact. The SLUH three-

# Case Study: ICD-10 Conversion

*ChartWise comprehensive CADCDI software program significantly enhances documentation efficiency while also optimizing reimbursements for busy Atlanta-area health system*

By LYNNE JETER

LAWRENCEVILLE, GA. — When leaders at Gwinnett Hospital System were tasked with implementing a program for ICD-10, they were concerned about tightened Medicare reimbursement standards and projected losses in productivity associated with conversion from ICD-9.

The Lawrenceville, Ga.-based market leader, with 38 percent market share in Gwinnett and Barrow counties, had been using the same software tool since 2004. Even though Gwinnett Hospital System had developed a clinical documentation improvement (CDI) program that ranked in the top 5 percent nationally for clinical quality, the software could no longer support the needs of its 553 beds, 800 affiliated physicians and 4,100 employees.
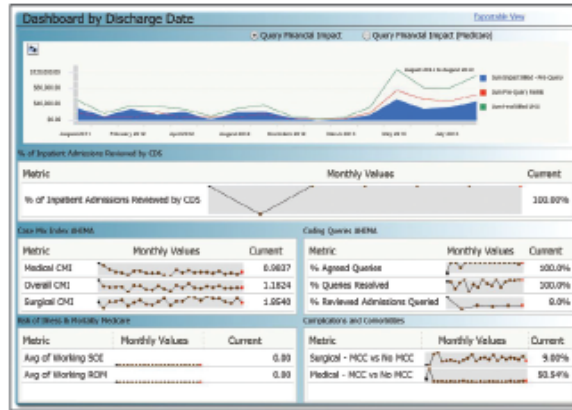
"Our system required a tool that would streamline workflow by automating manual processes," said Maria Mann, RN, BSN, clinical documentation integrity manager and for Gwinnett Hospital System, who was tasked with researching and selecting a new Computer-Assisted CDI (CACDI) provider. "We also needed a platform capable of providing advance metrics and more efficient reporting. We were looking for a state-of-the-art software solution designed to handle present and future documentation challenges associated with reimbursement, (CMS's) RAC (Recovery Audit Contractors) audits and the ICD-9 to ICD-10 conversion."

The most salient attribute the health system required from their CACDI software to move the program forward was a user-friendly interface and an overall easy-to-use platform. An impactful, comprehensive CACDI program could significantly enhance a coder's documentation efficiency while ultimately impacting the organizations' bottom line through optimized reimbursements. Also, coders needed to be able to query physicians electronically for speed, efficiency and accurate recordkeeping, noted Mann.

"We didn't have the time or resources

**Maria Mann**

to execute extensive training with physicians, and needed to make certain any advanced features contained within the software would improve efficiency for the hospital systems' CDI and IT staff," she explained.

Mann invited the top vendors in the field to make a presentation demonstrating the value and functionality of their software to integrate into their CDI program.

"Once we reached the point of working through each software solution's user functionality and integrative capabilities, it became readily apparent that there are no other tools on the market today offering what ChartWise:CDI does," said Mann. "We were searching for the most user-friendly solution and that's what drew us in, but ChartWise's advanced reporting capabilities were extraordinary. We also found that the ChartWise software would help facilitate our transition from ICD-9 to ICD-10 and that their solution would streamline our workflow while increasing productivity."

In the first five months of implementing ChartWise's CDI application, Gwinnett Hospital System, reported significant results. In January, the month preceding implementation of ChartWise's software solution, the CDI staff engaged in a total of 774 initial chart reviews searching for further documentation that could alter the severity of illness/risk of mortality or DRG (diagnosis related group) codes, along with 439 follow-up reviews to see if the physician had answered their clarification query. In March, the first full month after assimilating the new CDI program, the same team was able to complete 1,446 initial reviews and 1,850 follow ups, an increase of 87 percent and 321 percent, respectively.

Gwinnett Hospital System also reported a substantial increase in physician response rate after integrating ChartWise:CDI software. Last year, the average response rate was 76 percent. From February to May, with ChartWise:CDI implemented, the average physician response rate rose to 86.8 percent. Mann attributes the increase to the quality and content of the queries, along with the ability to easily respond to a query.

"The entire process has been an overwhelming success," said Mann. "From the easy-to-use interface, to the reporting capabilities, to the electronic query functionality, the transition has been seamless."