Every day at UTMB Health, councils, committees and task forces of administrators, physician leaders and healthcare providers across the organization are at work making decisions that affect patient care. These teams recognize that patients and their families are at the center of the care team, and not only are they the focus of everything we do, they can provide important feedback and preferences about their healthcare. Therefore, in order to ensure their voices are always represented at UTMB, we invite patient advisors to participate in our meetings so they can represent the diverse views of our patient population.

There are currently more than 10 patient advisors at UTMB who provide important insight and suggestions on healthcare quality and safety, inpatient and outpatient operations and services, modernization projects and more. We recently spoke with two of these individuals, Bonnie Farmer and Randy Garcia, about their time served as patient advisors.

Bonnie Farmer has served as a patient advisor on numerous UTMB committees, including the Health System Operations Council, Palliative Care Committee, a furniture selection committee, a review panel of potential food services contractors, an Internal Medicine panel for patient-centered care, and many others. She says serving on these councils has helped her understand the complexity of providing health services on such a large scale. “I have often said what happens each day is a tribute to the incredible dedication of literally thousands of women and men who provide everything from patient care to housekeeping to administration to volunteers,” she says. “Not that it’s always perfect, but it’s not for lack of focused effort on many levels to meet the needs of patients and families being served by UTMB’s many hospitals, clinics and other facilities. As a patient and family member, I’ve experienced the best and the ‘not so best.’ What I have learned is there is no lack of effort to achieve the best and no...”

Continued on page 2
lack of concern when only ‘not so best’ is achieved.”

Randy Garcia has served as a patient advisor for the Health System Patient & Family Advisory Council since December 2015. He enjoys making a difference for patients. “I like the fact that we are making a positive difference for the patient community. When you see an idea that has been presented and then implemented, it makes the time spent worthwhile.”

Emphasizing why it’s important to have patient advisors, he continues, “I believe it gives UTMB a fresh set of eyes and ideas that may otherwise go unnoticed. It can be a rewarding experience. There is the opportunity to influence many things in a positive way. Now when I visit any of the facilities, I constantly look for things that would enhance the patient experience.”

Bonnie agrees. “Each time I’ve met with representative groups within UTMB, the welcome has been sincere, my input and questions have been received with respect and given authentic consideration. It has been clear to me the work being undertaken is significant and a perspective from outside the system is not only welcomed, but valued. It’s an honor to be involved at this level.”

For those interested in becoming patient advisors, Bonnie advises, “Listen a lot. Give honest input. Broaden the scope of your contribution by asking for the input of other patients and family members as you spend time in the system facilities and in the community. Acknowledge and appreciate change. Honor your pledge of confidentiality. In an institution with as many working parts as UTMB, meaningful change is difficult and may seem impossible from the outside. From the inside, one can clearly see why. Orchestrating a change from the inside often improves the patient experience without much fanfare on the outside. A patient/family advisor can be a valuable advocate for UTMB by sharing the changes and improvements being made daily.”

If you or someone you know may be interested in becoming a patient advisor, please contact the UTMB Patient Services Office at (409) 772-4772.

The MakerHealth Space is a place for the UTMB community to design, build and create such prototypes. Brought to UTMB under the leadership of Chief Nursing Officer, David Marshall, it is the first makerspace in a hospital and has been featured by Popular Science, Medscape, and many others. It is open to all UTMB staff and students, and is a place where they may learn to work with 3D printing, laser cutting, textiles, electronics, general hand & power tools in order to create and explore ideas for innovation and improvement in patient care.

The accompanying images in this article are from a recent open house earlier this month, where Andrew Maxwell-Parish, MakerHealth Space Manager, shared some of the creations being made in the space. If you have not yet visited the space, please stop by! All employees are welcome to visit the space Monday through Friday from 9 a.m. to 5 p.m. in John Sealy Annex Room 5.212. If you would like some one-on-one time with Andrew to discuss your ideas, please feel free to email him to schedule an appointment. For a general orientation, stop by during Workshop Wednesdays, held every Wednesday from 2 – 4 p.m.

For more information, visit https://www.utmb.edu/maker or contact the MakerHealth Space Manager, Andrew Maxwell-Parish, at anmaxwel@utmb.edu or 409.772.0147.
A new workflow will soon be added to the Epic EMR that could potentially result in a significant reimbursement savings opportunity. By expanding the alert in Epic that informs providers when they should collect an Advance Beneficiary Notice (ABN) for radiology orders to also include lab orders, several million dollars per year could potentially be retained.

An ABN is a written notice that must be issued to fee-for-service beneficiaries (i.e., Medicare patients) before furnishing items or services that are usually covered by Medicare but are not expected to be paid in a specific instance or for certain reasons, such as lack of medical necessity. The ABN allows the beneficiary to make an informed decision about whether to get the item or service that may not be covered and accept financial responsibility if Medicare does not pay. If the beneficiary does not get written notice when it is required, he or she may not be held financially liable if Medicare denies payment—the provider then becomes financially liable for the services performed.

The ABN is used for Medicare Part B (outpatient) and Part A (limited to hospice, Home Health Agencies, and Religious Nonmedical Health Care Institutions only) items and services.

Several years ago, in 2013 when the Epic EMR was expanded at UTMB and all scheduling, registration and billing processes were integrated into the system (a project that was known as utmbConnect), an ABN alert was included that triggered when an radiology order was placed and associated with a diagnosis that Medicare did not cover or that Medicare deemed not medically necessary for a particular diagnosis. At the time, however, the notice was a “hard stop” for only about 80 percent of radiology tests and only a handful of lab tests.

The widespread use of electronic medical records (EMRs) and computerized provider order entry (CPOE) systems has had an impact on laboratory test utilization. Providers working with computerized systems can potentially access thousands of possible laboratory tests from online test menus. Additionally, the number of available lab test have more than doubled in the last 20 years. Therefore, Medicare has identified certain criteria that must be followed when it comes to paying for various tests.

Take diabetes testing, for example. Medicare will pay for the following diabetes screening tests:

• a fasting blood glucose test, and

There are several instances in which a provider should present the patient with an ABN:

• When they believe Medicare may not pay for an item or service;
• Medicare usually covers the item or service; and
• Medicare is expected to deny payment for the item or service because it is not medically reasonable and necessary for this beneficiary in this case or for one of the reasons listed in the “When You Must Issue an ABN” section below.

You must issue an ABN when you expect Medicare may deny payment for an item or service because:

• It is not considered reasonable and necessary under Medicare Program standards;
• Outpatient therapy services are in excess of therapy cap amounts and do not qualify for a therapy cap exception;
• A beneficiary is not terminally ill (for hospice providers only); or
• A beneficiary is not homebound or there is no need for intermittent skilled nursing care (for home health services only).

(Nota: Only Medicare beneficiaries who meet the risk factors for diabetes are eligible for this screening; screenings and tests are limited to a certain number per year; and other diabetes screening tests for which the CMS has not specifically indicated national coverage continue to be non-covered.)

If the test were associated with the wrong “reason for testing”, the Centers for Medicare & Medicaid (CMS) may deem the
test “not medically necessary” and deny reimbursement. This was a trend recently discovered at UTMB when a review of revenue cycle reports showed that some providers were ordering Hemoglobin A1c test (which is recommended for monitoring and treating diabetes), but associating the order with a basic screening for diabetes. Therefore, CMS determined that those tests were not medically necessary. This resulted in either the patient, if they had signed an ABN, becoming financially responsible for the cost of the test, or if they had not signed an ABN, UTMB was denied reimbursement for the service.

Effective December 6 when such a test is ordered for Medicare patients, Epic will alert the provider when the test selected does not match the diagnosis, and the provider will be prompted to present the patient with an ABN and document the status. The “hard stop” will occur in Epic for lab orders and require the ordering provider to mark the ABN status as “Discussed with Patient”, “Service Accepted”, or “Pending Signature”. It is important that orders marked “pending” are ultimately updated to reflect on of the other two options (i.e., “discussed” or “accepted”).

Providers with questions specifically related to their specialty or with questions about choosing a covered diagnosis should contact their department’s coder(s).


RECOGNIZING WORLD COPD DAY

On November 16, the Division of Pulmonary Critical Care and Sleep Medicine, led by Dr. Gulshan Sharma, recognized World Chronic Obstructive Pulmonary (COPD) Day. COPD, which includes chronic bronchitis and emphysema, is a progressive disease that makes it hard to breathe. “Progressive” means the disease gets worse over time. According to the American Lung Association, it is the third leading cause of death in the United States. Fortunately, it is preventable and treatable. In 2015, UTMB received the Joint Commission’s Gold Seal of Approval and designation as an Advanced Center for Excellence for its COPD program. If you or a loved one is experiencing symptoms of lung disease, schedule an appointment with a physician today to get screened. www.utmbhealth.com | 409.772.2222

CONGRATS, 2015-2016 PHYSICIAN LEADERSHIP ACADEMY GRADS!

Congratulations to the Physician Leadership Academy 2015-2016 graduating class, Cohort 4. The Physician Leadership Academy was developed to prepare UTMB physician leaders for the challenges that face today’s health care providers. For information on the Physician Leadership Academy, visit https://hr.utmb.edu/tod/physicianleadership/.

HAPPY HOLIDAYS

For Holiday Clinic Hours, visit https://www.utmbhealth.com/healthevents/winter-holiday-hours
DONNA SOLLENBERGER RECOGNIZED BY BECKER’S HOSPITAL REVIEW, TOP 135 CEOS

Donna Sollenberger, executive vice president and CEO, UTMB Health System, has been named in Becker’s Hospital Review 2016 list of “135 nonprofit hospital and health system CEOs to know.” The men and women on this list lead some of the largest, most successful and prominent nonprofit healthcare organizations in the country. Congratulations!

HAPPY HOLIDAYS FROM THE DIVERSITY COUNCIL

The busy holiday season has arrived! This is a festive time of year when friends and families come together to give thanks and celebrate. In a diverse community like UTMB, holidays and traditions are celebrated in many ways. We should be mindful and inclusive of holiday traditions that are different from our own and give respect to others’ customs. Ask a friend, fellow student or coworker how they celebrate—most people enjoy sharing the uniqueness of their cultures and traditions. Engaging with others could be a great opportunity to learn about different holiday experiences.

The general spirit of the holidays is one that makes the world seem like a kinder place, but busy schedules, financial strain, and commitments can also make the holiday season one of the most stressful times of the year. Recognizing signs of stress is important to keeping the holiday season joyous and manageable.

The following are some tips for reducing holiday stress:

• Acknowledge feelings of stress, grief, or being overwhelmed.
• Reach out to others for help, or just to talk
• Make a schedule and learn to say ‘no’ if things get busy
• Stick to a budget
• Keep up healthy habits and set time aside for yourself
• For more information on stress management during the holidays, visit http://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20047544.

The holidays can be a very difficult time for some. For patients who must be hospitalized over the holidays, feelings of isolation may be increased. Meanwhile, co-workers and students who are not able to be with family for the holidays may also be feeling lonely. Anyone who has lost a loved one may also be feeling that loss more significantly during the holidays. If you know someone who may be feeling down during the holidays, reach out to them. Check out this helpful site on recognizing depression in the elderly around the holidays: http://training.mmlearn.org/blog/recognizing-the-signs-of-holiday-depression-in-older-adults.

Being mindful of others can make this holiday season joyous for everyone.
I would like to give a big “Shout-Out” to Dr. Kevin Murphy and Dr. Christopher Bates in Plastic Surgery for their professionalism, compassion and outstanding “Best Care.” They took of my hand injury. My hand looks great after only a couple of days! I can’t thank them both enough for the exceptional care I received after being dropped on them the same day. Both I and UTMB are very fortunate to have them. Veronica Lozano (Internal Medicine PCP) and Yvonne Rendon (Plastic Surgery) are both exemplary in providing and securing patient care assistance.

Dr. Ravi Radhakrishnan and his entire team were amazing with our child. They made us feel confident and comfortable. (General Surgery)

Dr. Wissam Khalife was a great person who cares about his patients. He is a very good doctor! (Internal Medicine, Cardiology)

I received the best care! Thank you to Caitlin Butler (nurse clinician III) for being so patient with me and my family. Also thank you to the other nurses who provided the best care: Diana Viveros (nurse clinician IV), Katie Henson (nurse clinician IV), and Melissa Maranto (nurse clinician IV). (Labor and Delivery)

I had a great experience from start to finish. From my arrival in the emergency department, to surgery in Jen 9A and then my experience in the inpatient ortho/trauma unit on Jen 11A. My family appreciates your compassionate care! I’d especially like to thank Trudy German (nurse clinician III) who went above and beyond during my stay. She is very compassionate and attentive. Thank you!

Dr. Angela Stickline is my primary care doctor. I absolutely love her and the care she gives! (League City Pediatric and Family Health Care)

I had an excellent experience. I was called in before my appointment time and saw Dr. Russell Laforte in less than 10 minutes. Wonderful service! (PCP Internal Medicine, Primary Care)

Dr. Tuere Coulter is great at what she does! She is always professional, caring, and shows compassion to me as a patient. Most important, she has the best bed-side (face to face) interaction! (Family Medicine, Dickinson)

Dr. Jean McAtee has been our family pediatrician for 16 years. We put complete trust in her. (League City Pediatric and Family Health Care)

I have never been to a doctor that was as organized as Dr. Norman Farr. When he came into the examining room he had already reviewed my entire file and had pertinent questions for me concerning medications, medical history, etc. It was a joy (as much as going to doctor can be a joy) to see such a professional person and such a comfort that I had him as my primary care physician. My husband, who was with me, was so impressed that he made an appointment with Dr. Farr on our way out! (Internal Medicine, Harborside)

Dr. Courtney Townsend is one of the very best surgeons I know, he has been excellent with my surgical care for years. I hate to think of what will happen to me when he retires. He recently called me personally with test results, so I wouldn’t go through the weekend wondering and worrying about the results. (General Surgery)

On November 17, the David L. Callender, MD & Tonya R. Callender, FNP Health Resource Center (HRC) held an open house. Patient Resource Specialist Savannah Parks reported that more than 100 people stopped by to tour the center, including a good combination of UTMB patients/families as well as staff and students. For those patients and families who had specific questions, the team was able to stop and assist them with their needs. The team believes the event will help spread the word of how the HRC can be such a beneficial resource to patients and families as well as staff. Special thanks to Savannah, Cyndi Grasso, Cathy Ivash, Ginger Eckenrode and Eva Ivey for helping facilitate the open house. For more information on the HRC, please visit https://www.utmb.edu/health-resource-center.