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# Lourdes

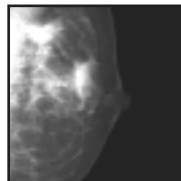
# HealthViews

## **A2** New Accelerated Breast Brachytherapy at Lourdes Cancer Center



Lourdes Cancer Center is now offering early-stage breast cancer patients SAVI™, a single-entry, multi-catheter device that allows the physician to exert greater control over the radiation dose. The device also shortens the length of treatment to five days.

## **A3** Lourdes Burlington Adds Digital Mammography



Lourdes Medical Center of Burlington County has advanced its fight against breast cancer by installing a new full-field digital mammography system.

## **A4** LIFE at Lourdes Serves Area Elderly



The Lourdes Health System is launching a new service designed to meet the chronic care needs of the frail elderly and their families.

## **A6** Your Practice: Get Ready for RAC

The Centers for Medicare and Medicaid Services (CMS) will initiate its Recovery Audit Contractor program in New Jersey in August. Detailed physician documentation will be critical in determining if CMS requests a refund.

## **A6** Do You Know What Your Patients are Saying About You?

The Internet is increasingly becoming a tool for healthcare consumers to review and choose practitioners. Maintain your online image.

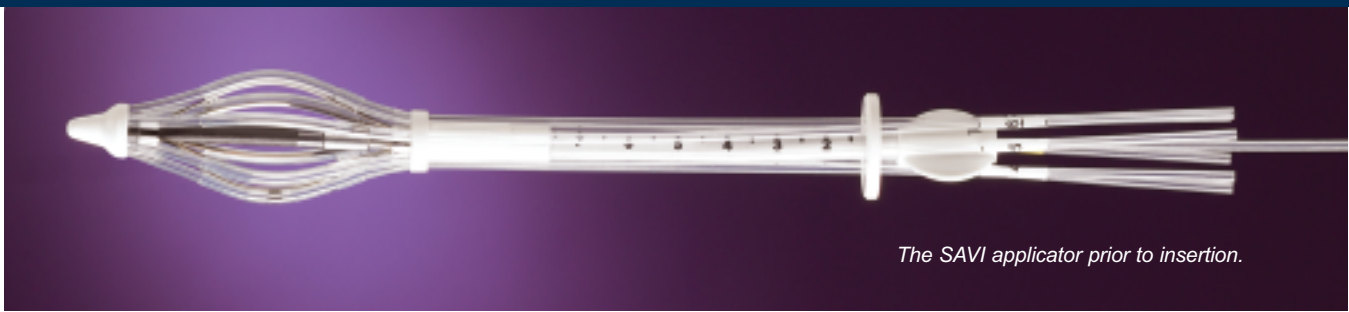
## **A7** Lourdes News

System makes equipment easier to find; Lourdes welcomes new GI physician.

Lourdes HealthViews is a publication of:  
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Lourdes Health Views is intended to provide physicians with news and information that will assist them in their everyday practice. Please direct any comments or suggestions to our Writer/ Editor at the above address or to: [bernsteinj@lourdesnet.org](mailto:bernsteinj@lourdesnet.org).



The SAVI applicator prior to insertion.

# New Accelerated Breast Brachytherapy Treatment at Lourdes Cancer Center

Accelerated partial-breast irradiation (APBI) has become a viable post-surgical option for many patients diagnosed with early-stage breast cancer. Balloon brachytherapy has demonstrated effectiveness, but it distributes a spherically symmetrical dose of radiation, and some patients are ineligible due to limited spacing between the tumor and the skin.

The Strut Adjusted Volume Implant (SAVI™) device from Cianna Medical Inc. combines the single-incision approach of traditional balloon brachytherapy with multi-catheter, interstitial-type radiation dosage. SAVI is a single-entry, multi-catheter device that allows the physician to tailor the radiation dose to the patient's anatomy— minimizing exposure to healthy tissue.

“The great advantage of partial breast irradiation is that it expedites the course of radiation therapy that is recommended following surgery,” said **Ashraf Youssef, MD**, a board-certified

radiation oncologist on staff at Lourdes Medical Center of Burlington County.

Dr. Youssef and **Arnold Baskies, MD**, chief of the section of general, oncologic and breast surgery at the hospital, began treating patients at the Lourdes Cancer Center with SAVI earlier this year.

“Because SAVI is a multi-catheter device we can exert far greater control over how radiation is delivered in the breast. We have the luxury of being able to place the device very close to the skin or very close to the chest wall and still deliver a safe and effective treatment,” said Dr. Youssef, of 21st Century Oncology.

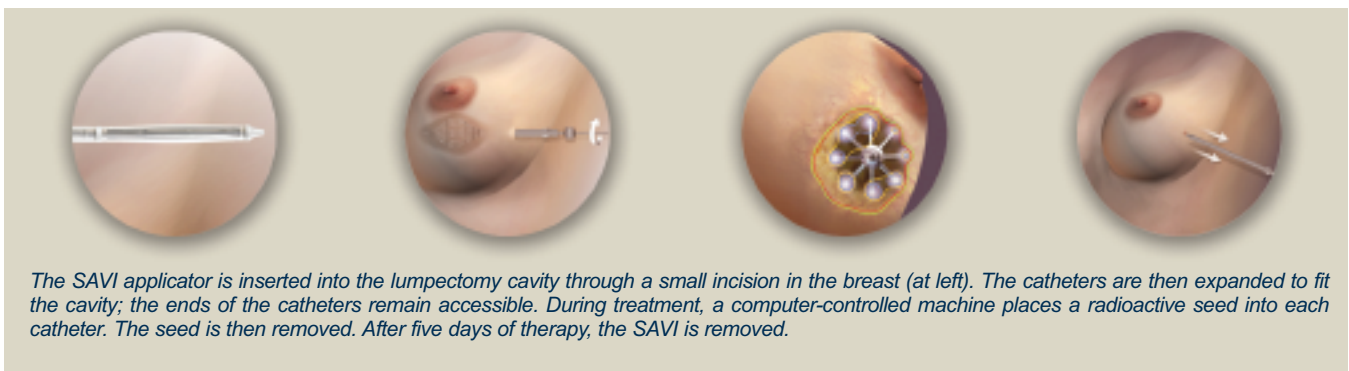
## Refining Breast Conservation Therapy

Until recently, lumpectomy followed by radiation of the entire breast was standard treatment for early-stage breast cancer. However, the six-to-seven weeks of daily treatments required for whole breast irradiation (WBI) can place a financial and personal burden on patients, and is

cited as one reason why up to 30 percent of women who undergo a lumpectomy do not follow up with radiation.<sup>1</sup>

Breast brachytherapy, however, allows for the safe delivery of radiation to targeted areas while reducing the length of treatment to five days. A form of brachytherapy called interstitial employs multiple catheters inserted in the breast, allowing physicians to tailor the radiation dose based on patient anatomy. A disadvantage is that each catheter requires its own incision point, making the procedure surgically complex.

Balloon, or intracavitary, brachytherapy (such as MammoSite® therapy, also available through the Lourdes Cancer Center) utilizes a dual lumen catheter and balloon that is inflated at the lumpectomy site. Contrary to interstitial brachytherapy, only one entry point is needed. The radiation dose is limited to the site surrounding the cancer and the treatment is complete in five days.



The SAVI applicator is inserted into the lumpectomy cavity through a small incision in the breast (at left). The catheters are then expanded to fit the cavity; the ends of the catheters remain accessible. During treatment, a computer-controlled machine places a radioactive seed into each catheter. The seed is then removed. After five days of therapy, the SAVI is removed.

## A Hybrid Design

The SAVI incorporates the advantages of interstitial and intracavitary brachytherapy. The device is inserted during the lumpectomy procedure or shortly thereafter. Only a small, single incision is needed.

The SAVI is composed of multiple, soft catheters that in its collapsed form resembles a whisk. After insertion, the surgeon expands the catheter bundle by turning a mechanism from outside the breast. The expanded catheter array forms an ellipsoidal shape inside the cavity.

The radiation oncologist takes images of the breast to ensure proper positioning of the implant and determine the amount of radiation required.

Therapy lasts five days, with each day consisting of two treatment sessions.

The radiation dose is individually controlled through each catheter, more precisely targeting where cancer may recur and minimizing exposure to healthy tissue in the skin, chest wall and lungs.

The SAVI requires very little space between the cavity and healthy tissue, compared to other brachytherapy devices that mandate several millimeters. This makes breast brachytherapy accessible to many more women, Dr. Baskies said.

"SAVI is an important new tool in the management of our breast cancer patients. The design of the device allows for greater individualization of treatment," said Dr. Baskies.

Upon completion of therapy, the physician collapses the catheter bundle and retracts the SAVI through the initial incision.

## Outcomes

SAVI gained Food and Drug Administration approval in 2006. Five-year results from clinical trials have shown that breast brachytherapy prevents cancer recurrence at the tumor site about as effectively as conventional WBI.<sup>2</sup> A 10-month follow-up of the first 102 patients to undergo therapy with the device found only 8 percent experienced a palpable, asymptomatic seroma (compared to 15 percent to 60 percent for balloon brachytherapy) and an infection rate of 3 percent, similar to other breast procedures.<sup>3</sup>

A similar study of 12 patients by 21st Century Oncology found no incidence of potential side effects such as seroma, pigmentation change, fibrosis or infection.<sup>4</sup> In both studies, patients were ineligible for balloon therapy due to skin spacing or breast size.

## Candidates

According to Dr. Baskies, candidates for SAVI therapy should meet the following guidelines:

- 45 years or older;
- diagnosed with unifocal, invasive ductal carcinoma or ductal carcinoma in situ (DCIS);
- tumor size is 3 cm or smaller;
- negative microscopic surgical margins of excision;
- all lymph nodes are negative.

## CONTACT

The Cancer Center at Lourdes Medical Center of Burlington County is accredited by the American College of Surgeons Commission on Cancer. For more information or to refer a patient, call 1-888-LOURDES (568-7337).

# Lourdes Burlington Adds Digital Mammography

Lourdes Medical Center of Burlington County has installed the GE Healthcare Senographe Essential Full-Field Digital Mammography

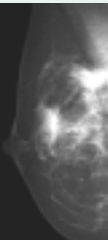
system, increasing the speed of studies and accuracy of diagnoses compared to traditional X-ray film.

According to the 2005 Digital Mammographic Imaging Screening Trial, full-field digital mammography performed better than film in women under 50, pre- or perimenopausal women and women with heterogeneously dense or extremely dense breasts.

"Digital mammography will afford us the potential and opportunity to identify more patients at risk for the development of breast cancer, hopefully putting us in a position to prevent the process," said **Arnold Baskies, MD**, chief of the section of general, oncologic and breast surgery at Lourdes Medical Center of Burlington County. "It will also help us with treatment planning, allowing us to offer more options to the patient, and predicting who has multiple breast cancers."

Digital images are available in 10 seconds and can be manipulated for easier analysis. Physicians also can retrieve older studies, including MRI and ultrasound, for instant comparison. Images can be sent to referring physicians electronically.

An *intraductal carcinoma is visible at right.*



Courtesy GE Healthcare

<sup>1</sup>Mantz Constantine. Viewpoint: a magic wand? Early experience with a breast brachytherapy applicator. Image [serial online]. December 2008; issue 49. Accessed February 16, 2009.

<sup>2</sup>Cianna Medical. Media page. Available at <http://www.ciannamedical.com/news/mediakit/SAVI-Fact-Sheet-FINAL.pdf>. Accessed Feb. 16, 2009.

<sup>3</sup>Yashar CM, Quiet C, Scanderberg D, Zannis V, Gurdalli S, Rice R, Wallace A, Blair S, Kuske R. Use of the breast brachytherapy device SAVI to obtain flexible dose modulation for normal structures in close proximity to device. Presented at the American Society of Clinical Oncology Breast Cancer Conference; Sept. 5-7, 2008; Washington, DC.

<sup>4</sup>Cross C, Brown A, Escobar P, Kokal W, Mantz C. Partial breast brachytherapy utilizing the single-entry multi-catheter SAVI device in patients with less than 7mm skin-to-cavity distance: favorable acute skin toxicity outcomes from a phase II trial. Presented at the American Society for Therapeutic Radiology and Oncology Annual Meeting; Sept. 21-25, 2008; Boston, MA.

## CONTACT

To schedule a patient for a digital mammogram or other radiologic exam at Lourdes Medical Center of Burlington County, call 1-877-APPT-LHS (1-877-277-8547).



# LIFE at Lourdes

## Pioneers Model for All-Inclusive Service for the Elderly

This spring, Lourdes Health System is launching a new service designed to meet the chronic care needs of the frail elderly and their families.

LIFE (Living Independently for Elders) at Lourdes will be modeled on a national initiative called PACE: The Program for All-Inclusive Care for the Elderly. The program will be one of the first in the state.

“The goal is to maintain function and independence for the frail elderly in their own homes and in the community, avoid or delay nursing home placement and reduce avoidable hospitalization,” said **Paul Bryman, DO, FACOI, AGSF, CMD**, LIFE at Lourdes medical director.

More than 1.8 million Americans live in nursing homes, according to Census figures. The average cost of nursing home care is \$67,000 a year, rising to more than \$100,000 in urban areas.

### **Comprehensive Services**

The PACE model was established in San Francisco in the early 1970s. A national PACE demonstration project was initiated in 1986 and Congress authorized permanent status for those programs in 1997.

Funded by Medicare and Medicaid, LIFE provides comprehensive services, including: adult day care; medical care; home health and personal care; medications and prescriptive devices like hearing aides and eyeglasses; social services; access to all necessary medical specialties; hospital and nursing home care when necessary; respite care; and transportation. There is no additional cost to the client, making the service more economical than long-term nursing home care.

The focal point of the program, the adult day care, will be located in the Kevon II office campus, at McClellan Avenue and Route 70, in Pennsauken. At the center, clients attend daily recreational activities, as well as appointments with program physicians, nurses and social workers and receive physical, occupational and recreational therapy. Breakfast and lunch (as well as dinner if needed) will be prepared by chefs at Our Lady of Lourdes Medical Center.

“The program delivers medical and supportive services and is able to provide the entire continuum of care to seniors with chronic care needs while

maintaining their independence for as long as possible,” Dr. Bryman said.

### **Eligibility and Outcomes**

In order to participate in LIFE at Lourdes, an individual must be:

- age 55 years or older;
- a resident Camden County;
- Medicare/Medicaid eligible;
- state-certified as needing nursing home care;
- able to remain living in the community with the help of LIFE at Lourdes services.

According to the National PACE Association, the typical client is 80, has an average of nearly eight chronic medical conditions and is limited in three activities of daily living. Despite the many co-morbidities, only 7 percent of participants enrolled in PACE-like programs eventually require nursing home placement, Dr. Bryman said, attesting to their effectiveness.

### **CONTACT**

For more information, contact **Tangela Thompson, LIFE at Lourdes director of marketing, at 856-675-3675.**

# Your Practice in South Jersey: Get Ready for RAC

The Centers for Medicare and Medicaid Services (CMS) will initiate its Recovery Audit Contractor (RAC) program in New Jersey in August 2009. The goal of the recovery audit program is to identify improper payments—overpayments or underpayments—made on claims for services provided to Medicare beneficiaries.

RACs will be reviewing medical records of hospitals and physician practices to justify whether the payment was appropriate. If the RAC determines the physician documentation is insufficient, it will request a refund back to Medicare.

## A Short History of RAC

RACs were first created by Congress in 2003 and began as a three-state demonstration project in 2005. New York, California and Florida were participants in the initial demonstration, which ended in 2008. They were chosen due to their high utilization rates of Medicare services. The program is now being expanding into a 50-state permanent project. Congress has mandated CMS to have four RACs in place by January 2010. Each one of these RACs will oversee review in approximately one-quarter of the country.

Each RAC will be responsible for determining overpayments or underpayments to CMS. As of March 2008, RACs identified and collected \$1.03 billion in improper Medicare payments. The overwhelming majority of the targeted dollars (96 percent, or \$992.7 million) were improper overpayments collected from providers. Only 4 percent (\$37.8 million) were underpayments.<sup>1</sup>

According to CMS, 85 percent of overpayments were collected from inpatient hospital providers, 6 percent from inpatient rehabilitation facilities and 4 percent from outpatient hospital providers. Most overpayments occurred when providers submitted claims that did not comply with Medicare's coding or medical necessity policies.

If these trends continue as the program expands, it becomes ever more important for physicians and hospitals to work together to be certain all documentation is complete and accurate, so as to avoid the need for future repayments.

## Be Prepared for Review

It is important to note that RACs will not replace ongoing review by fiscal intermediaries and government contractors; they are in fact another layer of review. They also have the authority to choose who and what they wish to examine. Complete and accurate documentation remain the single best response to these multiple review systems. That is why it is essential to for physicians to provide clear, concise documentation in order for health information management (HIM) coders to correctly identify all diagnoses and procedures which impact patient care.

While the prospect of RACs may seem daunting, it is important to remember that better clinical documentation leads to more accurate coding and claims submission, which in turn helps to:

- reduce the amount of RAC recoveries;
- promote the appeals process;
- promote accurate reimbursement;
- decrease potential liability for improper submission of claims to federal payers.<sup>2</sup>

As providers, physicians must understand the RAC process, as well as their rights and obligations. RAC reviews, for example, include incorrect payment amounts as well as payments for noncovered, incorrectly coded or duplicate services.



To avoid any future repayment to Medicare, it is advised providers:

- appropriately document services to demonstrate medical necessity as well as the Medicare medical necessity criteria for the setting where the service was rendered;
- ensure services are correctly coded;
- submit sufficient documentation to support Medicare claims;
- participate in educational seminars on proper documentation and coding techniques;
- develop and assist in implementing corrective action plans based on findings from audit reviews.<sup>2</sup>

It is clear that RAC will be here for some time. As it goes nationwide, physicians must respond with a redoubled effort to ensure timely, complete and accurate documentation for billable services. Be prepared for a RAC investigation by being proactive. Review your RAC readiness by assessing your knowledge. Take advantage of education offered by your local medical facilities. Talk to HIM professionals. The most successful providers are those that work in a team approach.

## CONTACT

For questions regarding RAC or documentation issues, contact your hospital's case management clinical documentation specialists. At Lourdes, these experts can be reached at 609-835-4357 (Lourdes Medical Center of Burlington County) or 856-757-3160 (Our Lady of Lourdes Medical Center).

<sup>1</sup>The Medicare Recovery Audit Contractor Program: An Evaluation of the 3-Year Demonstration. Baltimore, Maryland: Centers for Medicare and Medicaid Services; June 2008.

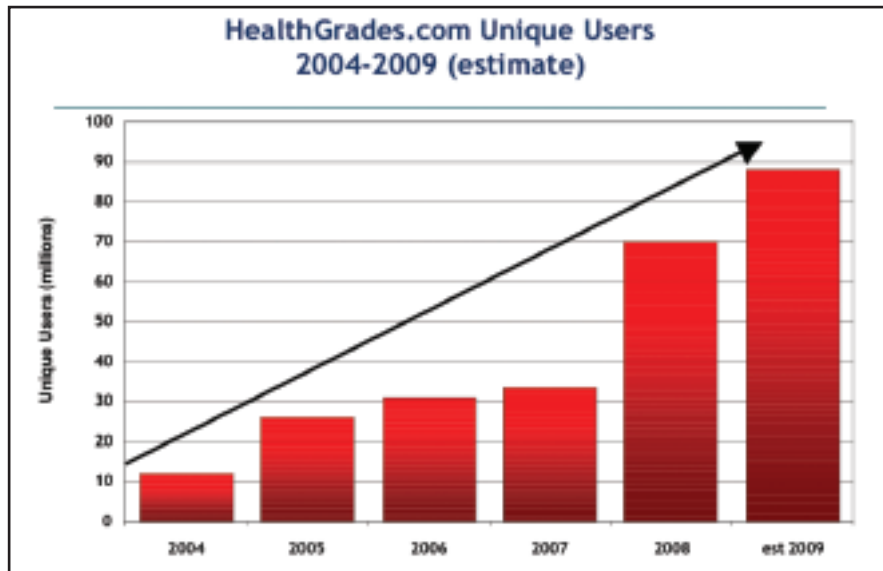
<sup>2</sup>Murer C. RAC Up for Providers: More Audits Are You Ready?. Rehab Management [serial online]. January/February 2009. Accessed March 19, 2009.

# Do You Know What Your Patients are Saying About You?

An issue brief published last year by the Center for Studying Health System Change found that half of all consumers still used “word of mouth” as their primary source for physician referral.<sup>1</sup> This study generated a great deal of publicity since it found use of online provider information to be generally low—between 3 and 11 percent, compared to physician recommendations (38 percent). However, this study looked at all consumers and not specifically insured, educated females age 35-64: the “sweet spot” of healthcare Web surfers. This demographic is highly likely to use social networking as a tool to review and choose practitioners, taking “word-of-mouth” to a level never attainable before.

## Everyone is in the Business

Web sites like [www.healthgrades.com](http://www.healthgrades.com), where consumers find both hospital ratings as well as physician profiles, is a typical site employed by this demographic. HealthGrades, which averaged over 1 million unique visitors a month in 2004, now reports over 6.5 million monthly unique visitors. It is here that consumers can view details on doctors’ education, years in practice, office location, malpractice history and disciplinary actions. Most information is



*HealthGrades.com averaged over 1 million unique visitors a month in 2004, but has seen exponential growth. Its site, which profiles hospitals as well as physicians, uses Web site optimization tools to drive traffic. At press time, the site was averaging over 6.5 million unique visitors a month, with projected annual visitors of close to 90 million.*

available for a fee, though some doctors or institutions provide them to the public free of charge. These reports also include a survey where consumers may answer key questions concerning office wait time, friendliness, trust and recommendation for family and friends.

Web sites like [www.findadoc.com](http://www.findadoc.com) and [www.doctorscorecard.com](http://www.doctorscorecard.com), which are devoted specifically to physician location, profiling and rating, have now been joined by well-regarded consumer sites with track records in non-medical fields.

Angie’s List, a fee-based site where consumers share first-hand reports on contractors, has now added doctors and dentists. Zagat’s has expanded its restaurant and hotel enterprise to now include doctors as well.

## What’s in Your Report?

For the practicing physician, this can all be unnerving. What to do? **Carol Lynn Daly**, marketing director for Lourdes Health System, suggested that physicians first start by “googling themselves.” “You may be surprised to learn that

## Tips for Maintaining Your Online Image

Help keep your Internet profile in good standing with these tips adapted from a recent issue of *Physicians Practice Pearls*:<sup>2</sup>

- **Assign staff** to regularly monitor your profile online.
- **List yourself.** Contact sites to provide your data. That includes all hospitals where you are on the medical staff.
- **Correct any incorrect or missing information.**
- **Respond to online comments just as you would to an angry patient in your office.** Be calm. Avoid condescension. Take the position that you want to resolve the problem. It may be worth joining a site like Angie’s List to see how professionals in other fields respond to unhappy clients. You will see how this tactic often gets the client out of their “penalty box.”
- **Promote your listings to your patients and to friendly colleagues.** Post a sign in your office to encourage patients to rate you and post comments to reputable sites.

Are you a Lourdes physician? Check your profile at [www.lourdesnet.org](http://www.lourdesnet.org). Are you interested in becoming a Lourdes physician? Contact **Linda O’Donnell** at 856-796-9204.

you are profiled on a number of Web sites. Besides HealthGrades, physicians are also profiled for free on [www.ucomparehealthcare.com](http://www.ucomparehealthcare.com), [www.vitals.com](http://www.vitals.com) and [www.ratemds.com](http://www.ratemds.com)," Daly said. Doctors may find that no one has bothered to rate them as yet, but it is worth a periodic check. See the box on the previous page on maintaining a good Internet profile.

There is a more assertive means of responding to negative online reviews. Some physicians are confronting what they call "internet defamation" by asking patients to sign a waiver agreement in which they agree not to post online comments about the doctor, the doctors' expertise or treatment. However, Daly advised, it is better to make sure patients have a good experience, so there is no danger of a bad review at a later date. "From a customer relations and transparency point of view," she added, "asking patients to sign such a waiver may send the wrong message. If you find you do have an undesirable online comment, respond to it calmly and evenhandedly. Readers know when a reply is genuine and weigh it against the complaint." She also noted that, when there are multiple online comments, the reader will excuse a minimal number of negative comments when the majority are positive.

Daly also suggested that negative ratings are an opportunity for physicians to take an honest look at their office and communication skills and see if there is perhaps a better way to do things.

**To learn more about Lourdes Health System hospitals and their partnership with HealthGrades, contact Carol Lynn Daly, marketing director, at 856-382-1797.**

<sup>1</sup>Tu, HT and Lauer J. Word of Mouth and Physician Referrals Still Drive Health Care Provider Choice. Research Brief No. 9. Center for Studying Health System Change. December 2008. Accessed March 5, 2009. <http://hschange.org/CONTENT/1028/>

<sup>2</sup>Zupko, K. How Do You Rate Online? Physicians Practice Pearls. November 6, 2008. Vol. 9 No. 45.

# Lourdes News

## Tagged: System Makes Equipment Easier to Find

Nothing leaves a worse last impression than a patient left waiting in a room while a staff member scours the hospital for a wheelchair. However, a pilot program at Our Lady of Lourdes Medical Center should make wheelchairs, stretchers, IV pumps and other biomedical equipment easier to locate.

More than 600 radio frequency identification (RFID) tags have been placed on equipment that can be tracked through the Lourdes intranet. Through the RadarFind application, staff can determine the approximate location of the equipment on each unit and whether it is available for use.

"The system provides the ability to locate equipment so staff can easily access it when they need it," said **Mark Green**, information systems project manager. "Units no longer will have to be so protective of their wheelchairs, for example. Time will be saved and patient satisfaction increased."

If the project is successful, it will be expanded to Lourdes Medical Center of Burlington County, Green said.



*A radiofrequency identification tag is affixed to an IV pump. Green means it is ready to use.*

## Lourdes Welcomes New GI Physician

Gastroenterologist **Brian Berberian, MD**, has joined Lourdes Medical Associates, the physician network of the Lourdes Health System.

Dr. Berberian said primary care physicians and specialists should feel comfortable referring to his practice for conditions such as celiac disease, hepatitis and gastroesophageal reflux disease.



**Brian Berberian, MD**

"Hepatitis is very complicated to manage since it carries such a high risk of complications," he said. "GERD is very prevalent and is a risk factor for Barrett's esophagus, which can lead to the development of esophageal adenocarcinoma."

Dr. Berberian also has experience performing gastrointestinal stenting and endoscopic retrograde cholangiopancreatography (ERCP).

A graduate of the School of Medicine at the Universidad Autonoma de Guadalajara, Dr. Berberian completed his internship and residency in internal medicine and his fellowship in gastroenterology at the University of Medicine and Dentistry of New Jersey.

Dr. Berberian's practice is located in Runnemede, Camden County. He is fluent in Spanish. For more information, call 1-888-LOURDES (568-7337).