



From the president

The Physician's Role in Controlling Health Care Costs



Christopher Hedley, MD | Medical Staff

A study^[1] published in JAMA reminds us that the United States spends roughly twice as much as other affluent countries on health care, yet lags in important measures of population health. In comparing cost drivers for 10 other high-income countries, the authors eliminate higher utilization and lower social spending as contributing factors, suggesting that we use health services at similar rates. The authors contend that higher prices for physicians, hospital stays, and pharmaceuticals drive the differences in spending. Through shorter hospital lengths of stay and fewer physician visits, the United States makes more efficient use of health resources than other developed countries. In other areas, we are outliers, using more medical imaging and other diagnostic tests (at significantly higher prices) and ordering more procedures (coronary-artery bypass, angioplasty, knee replacement, and cesarean birth). Plentiful commentary and coverage have followed, with context and nuance added to the discussion. Emmanuel^[2] points out that higher physician salaries in the United States

“The most expensive piece of medical equipment, as the saying goes, is a doctor’s pen.”

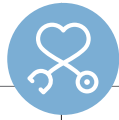
– Atul Gawande, MD

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Board meeting. As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of April 2, 2018.



Medical staff appointments



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CME corner

Medical Grand Rounds

TOPIC	The Practicing Physician's Role in the Public Health System
SPEAKER	Ying-Ying Goh, MD, MSHS
DATE	May 4, 2018
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

Second Monday

TOPIC	Anti-hyperglycemic Agents
SPEAKER	Yang Shen, MD
DATE	May 14, 2018
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

If you would like a copy of your CME credit report please contact Gladys Bonas via email at Gladys.Bonas@huntingtonhospital.com

Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2018 and select April 2018.

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Gladys Bonas, (626) 397-3770 or Gladys.bonas@huntingtonhospital.com.

Articles must be submitted no later than the first Friday of every month.

President Message CONTINUED

are offset by the lower number of physicians per capita, maintaining that US physician costs account for just 4% of the cost difference. Modern Healthcare[3] notes that US administrative costs (8% compared with a 3% average for the 10 other countries) would be closer to 14% if billing and insurance-related costs were included.

As physicians, there is not much we can do about administrative complexity and other systemic cost contributors. We do, however, affect the cost of care every day, by wielding what Gawande and others have referred to as the most expensive piece of medical equipment – the doctor’s pen. Gawande went a step further in 2009 (after his visit to McAllen, Texas) saying that we have an “epidemic of over-testing, over-diagnosis, and over-treatment.”[4] In his thoughtful response to the JAMA study, Mukherjee[5] illuminates the daily challenges physicians face by sharing the quandary of Dhruv Khullar, MD, a new attending physician. On releasing a 60-year-old man who has survived a heart attack, which medication should be prescribed: the generic for Plavix (clopidogrel), at \$0.25 per pill, or the newer Brilinta (ticagrelor), which costs 25 times more – but improves the chance of surviving a second heart attack by 2%, according to a yearlong study?

Given the need to control the costs of health care, what can (and should) an individual physician do? Do we deliver the best possible medicine, at any price, or do we seek some balance among medical benefit, financial cost, and social responsibility? We all need to do what we can to avoid being part of the problem. First, we can train ourselves to be the best physicians we can be, so that we are not using inappropriate procedures or diagnostic tests. The better we are at what we do, the less we will order inappropriately. Second, we should know the protocols used to work up the problems we encounter. Deployment of clinical decision support at the point of care could help; this is a latent opportunity for



our medical societies and health IT communities. Third, we need to assess the comparative effectiveness of various treatments while weighing their cost, especially when the benefit is just a few percentage points. We also need to be wary of marketing claims made by pharmaceutical salespeople. It is not hard to inflate an incremental benefit by associating it with a higher (but misleading) number. Fourth, we need to continue to press for tort reform, here in California and at the national level, to discourage the practice of defensive medicine. Opportunistic lawsuits were not among the cost drivers examined in the JAMA study, but we all know that a malpractice suit is an ever-present concern for the physician. Fifth, we need to involve the patient by engaging in shared decision making. Telling a patient that there will be a benefit of 12% versus 10% – but an increase in the copayment – is relevant to the decision. Likewise, talking proactively with patients about living wills (advance directives) and accurately characterizing the impact of end-of-life care are critically important conversations to have.

Our ability to affect the cost of our patients’ care is our shared responsibility. Beyond that, the question of what we can do to solve the cost problem is one that each of us has to deal with on a personal level.

References

1. Papanicolaou I, Woskie LR, Jha AK. Health care spending in the United States and other high-income countries. *JAMA*. 2018;319(10):1024-1039.
2. Emanuel EJ. The real cost of the US health care system. *JAMA*. 2018;319(10):983-985.
3. Meyer H. Why does the US spend so much more on healthcare? It’s the prices. *Modern Healthcare*. <http://www.modernhealthcare.com/article/20180407/NEWS/180409939>. April 7, 2018. Accessed April 15, 2018.
4. Gawande A. The cost conundrum. *New Yorker*. <https://www.newyorker.com/magazine/2009/06/01/the-cost-conundrum>. June 1, 2009. Accessed April 15, 2018.
5. Mukherjee S. How can a doctor grapple with the epidemic of cost? *New York Times Magazine*. <https://www.nytimes.com/2018/04/03/magazine/can-doctors-choose-between-saving-lives-and-saving-a-fortune.html>. April 8, 2018. Accessed April 15, 2018.

From the

Health Sciences Library

Psychiatry Resource Highlights from the Health Sciences Library

In recognition of **May as National Mental Health Awareness Month**, here are just a few of the Psychiatry resources available from the Health Sciences Library. Physicians have access to the library's resources off-site via Citrix/Cerner login. Or, contact the library to be set up with an OpenAthens offsite account.

ClinicalKey®

High Impact factor (IF) full-text journals available from **ClinicalKey** (41 titles) including:

- Alzheimer's & Dementia (IF: 9.5)
- Biological Psychiatry (IF: 11.4)
- Journal of Affective Disorders (IF: 3.6)
- Journal of the American Academy of Child and Adolescent Psychiatry (IF: 7.3)
- Journal of Psychiatric Research (IF: 4.5)
- Journal of Psychiatry & Neuroscience (IF: 5.9)
- The Lancet Psychiatry (IF: 11)
- Psychoneuroendocrinology (IF: 4.9)
- Schizophrenia Research (IF: 4.8)
- Trends in Cognitive Sciences (IF: 15.4)
- ...and many more!



Mobile Medicine Workshops in May

Want to do more with mobile? Come to one of our walk-in workshops in May to learn more about the hospital & library resource apps available to you as an affiliated Huntington Hospital physician. From searching Medline to keeping up with the latest issues of your favorite medical journals, we have an app for that! Workshops will be hands on, one-on-one instruction tailored to the apps that fit your specific needs. Bring your mobile device(s)!

Workshop Days/Times:

Tuesday, May 15

8 - 8:30 a.m.

North/South Room (Wingate 1st floor)

Wednesday, May 16

Noon - 12:30 p.m.

East Room (Wingate 1st floor)

Thursday, May 17

2 - 2:30 p.m.

East Room (Wingate 1st floor)

Please RSVP at

<http://huntingtonhospital.libsurveys.com/rsvp>

Visit our Mobile Medicine app guide for more information on available apps:

<http://huntingtonhospital.libguides.com/mobilemedicine>

From the

Clinical Documentation Specialists

How important is the Discharge Summary?

This is the *most valuable document* in the medical record, for the following reasons:

- It is the final **diagnostic compilation/summary** representing the patient's course of care;
- It should include a **complete list of every diagnosis or medical issue**, especially the identification of the principal diagnosis, that was addressed and treated in the patient's care during their hospitalization;
e.g., **Sepsis was treated and resolved**
- There must be **no conflicting documentation between diagnoses** contained in the discharge summary and what was previously mentioned in the rest of the medical record;
e.g., **Doctor A documents NSTEMI;
Doctor B documents Type II MI.
Doctor A documents AKI;
Doctor B documents CKD III.**
- **Recovery Auditors review the discharge summary** in their efforts to recoup reimbursement and disregard any pertinent diagnoses during the hospitalization.

It is of **utmost importance** to complete the Discharge Summary **on the day that your patient leaves** the hospital. Doing so would insure that any appropriate diagnoses be captured while memory is still fresh.

Please do not hesitate to call the CDI Department for your documentation needs. Extension 3662

Celebrating milestones

The following physicians hit a service milestone in the month of **May**. The medical staff would like to recognize the following physicians for their **service and dedication** to Huntington Hospital.

40 Years (on staff 05/1978)

Blitz, James P., MD

General Surgery

Littenberg, Glenn D., MD

Gastroenterology

Caton III, William L., MD

Neurosurgery

30 Years (on staff 05/1988)

Kovacs, Elizabeth, MD

Neonatology

25 Years (on staff 05/1993)

Powell, Mark Z., MD

Pediatrics

Slosser, Henry D., MD

Pathology

10 Years (on staff 05/2008)

Burnham, Walter H., MD

Orthopedic Surgery

Hart, Matthew H., MD

Anesthesiology

Ohanian, Arbi G., MD

Vascular Neurology

5 Years (on staff 05/2013)

Hackmann, Amy E., MD

Thoracic Surgery

Kang, Tarina, MD

Emergency Medicine

Doctors' Day 2018

National Doctors' Day is commonly celebrated in healthcare organizations to recognize the contributions of physicians to individual lives and communities. This year an Asian theme Luncheon was held in honor of our physician partners and their continued dedication to Huntington Hospital. If you were unable to attend, please stop by the Medical Staff office to pick up a thank you gift.



One of Our Own to Make History

Daryl Banta, MD

This year's midterm election features a historical event, Dr. Asif Mahmood is seeking to become the first physician and Asian American to serve as California State Insurance Commissioner. As many of you already know Dr. Asif Mahmood has been on the medical staff at Huntington Memorial Hospital for 18 years. He specializes in Pulmonary and Critical care and Internal Medicine. As a physician he has done everything possible to make sure the health of every patient was a priority. Like all medical staff at Huntington Memorial Hospital, he has gone above and beyond the call of duty in order to make our community healthier. Dr. Asif Mahmood has been a champion for underrepresented communities, has helped low-income students at ELAC Foundation Board, has volunteered in free clinics, and has served on the UNICEF/Western U.S. Board to help kids globally.

Many of you do not know that Dr. Mahmood has also been involved

in the political realm for many years. His experiences in healthcare and politics have led him to the decision to run for California State Insurance Commissioner. Dr. Asif Mahmood has now taken the biggest risk of his lifetime in order to do what no physician in the history of California has ever accomplished – to be elected Insurance Commissioner of our great state! As we all know – healthcare is complex and complicated and nobody understands it better than a practicing physician. Dr. Mahmood also has creative and aggressive ideas to fix the Insurance Commissioner's office and the insurance industry as a whole.

Dr. Mahmood comes from a very humble background and truly understands the challenges of those who are less fortunate and struggling in their life. Dr. Mahmood has never charged a patient who did not have insurance because he has based his career on a principle taught to him by his parents: "Helping others is our highest calling."



Dr. Mahmood has received great support in this hospital and has a great team at every level. He has received endorsements from multiple physicians and medical staff at Huntington Hospital, US Congressmen, the State Controller, City Mayors (including Terry Tornek, the Mayor of Pasadena), and multiple city council members. He is leading in the polls and has raised more money for his campaign than any other candidate.

California's June 5 primary is just around the corner and every vote counts. The top two candidates move on to the general election in November. The stakes in the midterm elections could not be higher. Let's work hard to make history together by electing a physician to the position of Insurance Commissioner. As Dr. Asif Mahmood says, "We need a physician not a politician." For more information, please visit his website at www.asif2018.com.

Editorial comment: Historically, the medical staff news has not published political endorsements, but for reasons obvious from the article, our staff should be aware of the potential we have for one of our own to hold this important position!



Thank you Medical Staff for providing cupcakes for the Huntington Hospital volunteers during National Volunteer Week!

They were delicious and very much appreciated.

– Volunteers Services

Medical staff meetings

Calendar

MAY 2018

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<u>1</u> 8 a.m. QM Pre-Agenda CRC	<u>2</u> 12:15 p.m. Ob/Gyn Peer WT 5/6	<u>3</u> Noon Medicine Committee N/S Noon Trauma Srvc WT 5/6	<u>4</u>
<u>7</u> 5:30 p.m. MEC Board Room	<u>8</u>	<u>9</u> 12:15 p.m. Ob/Gyn Committee East Room	<u>10</u> Noon. QM Committee East Room	<u>11</u> 7:30 a.m. Neurosurg Sect CR 11
<u>14</u>	<u>15</u> 12:15 p.m. Infection Control Research Hall 5:30 p.m. Surgery Committee CR 5/6	<u>16</u> 7:30 a.m. Cardio Sect Peer Cardio Conf. Room 12:15 p.m. Credentials Committee Board Room	<u>17</u> 6:30 a.m. Anest Sect/Peer CR-7 Noon PT&D Committee CR 5/6 6 p.m. Bioethics CR 5/6	<u>18</u>
<u>21</u> 8 a.m. Emergency Medicine Section ED Conf. Room Noon Radiology/ Nuclear Med Section CR 11	<u>22</u> 7:30 a.m. Interdisciplinary Committee CR C Noon General Surgery Section WT 5/6	<u>23</u>	<u>24</u> Noon Pediatric Committee East Room	<u>25</u>
<u>28</u> Memorial Day	<u>29</u>	<u>30</u> 12:15 p.m. Endovascular Committee WT 5/6	<u>31</u> Noon IM Peer Review CR 8	

Calendar

MAY 2018

MONDAY	7	14	21	28	
	OB/GYN Dept. Mtg 12:15 - 1:15 p.m. CR 5 @ 6	Second Monday 12 - 1 p.m. RSH Topic: Anti-hyperglycemic Agents		Memorial Day	
TUESDAY	1	8	15	22	29
	MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m., RSH	MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m., RSH	MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m., RSH	MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m., RSH	MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m., RSH
WEDNESDAY	2	9	16	23	30
	Genitourinary Cancer Conference 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Genitourinary Cancer Conference 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Cardiac Cath Conference 7:30 - 8:30 a.m. Cardiology Conf. Room Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room
THURSDAY	3	10	17	24	31
	Trauma Walk 7 - 8 a.m. Conf. Room B Trauma M&M 8 - 9 a.m. Conf. Room B Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11	Surgery M&M 8 - 9 a.m. Conf. Room B	Trauma Walk 7 - 8 a.m. Conf. Room B Surgery M&M 8 - 9 a.m. Conf. Room B Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11	Surgery M&M 8 - 9 a.m. Conf. Room B	Surgery M&M 8 - 9 a.m. Conf. Room B
FRIDAY	4	11	18	25	
	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Grand Rounds 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery M&M 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	



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ADDRESS SERVICE REQUESTED

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- Laura Sirott, MD | Secretary/Treasurer
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- David Lourie, MD | Chair, Quality Management Committee
- Syeda Ali, MD | Chair, Medicine Department
- Kathy Walker, MD | Chair, OB/GYN Department
- John Rodarte, MD | Chair, Pediatrics Department
- Howard Kaufman, MD | Chair, Surgery Department

Glenn D. Littenberg, MD | Newsletter Editor-in-Chief



U.S. News & World Report ranks Huntington Hospital

#4 in Los Angeles **#9** in California

National rankings in three specialties:

Recognized as Best Regional Hospital/Los Angeles in 13 types of care!

“High Performing” in six adult specialties: Diabetes & Endocrinology, Gastroenterology & GI Surgery, Nephrology, Orthopedics, Pulmonology, Urology

“High Performing” in seven common adult procedures and conditions: Abdominal Aortic Aneurysm Repair, Heart Failure, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease (COPD), Hip Replacement, Knee Replacement, Lung Cancer Surgery