



As we start our new academic and fiscal year we are looking forward to exciting new programs and achievements - such as the renewal of our Cardiovascular T32 training grant, **now in it's 36th year** - while also adjusting to the changes occurring all around us. The change in ACGME Duty Hour Requirements and subsequent coverage changes necessary to meet these requirements apply to all residents and fellows. Our faculty, fellows and residents should all be aware and compliant with these new requirements. As a reminder, our Vice Chair for Medical Education, Dr. Ben Clyburn, has put together the following summary:

- PG1 residents (interns) cannot exceed **16** consecutive hours
- PG2 and above residents cannot exceed **24 + 4** hours
- There must continue to be a **10 hour break** between all duty periods
- Work hours may not exceed **80 hours per week**
- Residents must have **1 in 7 days off**

Our service design for this year reflects these Duty Hours and can be accessed at <http://clinicaldepartments.musc.edu/medicine/education/residency/toolbox.htm> (under the heading service design 2011-2012).

I also want to review the ACGME mandated service limitations which we will strictly observe.

- Services with 1 intern and 1 upper level resident **must not exceed 14 patients**
- Services with 2 interns and 1 upper level resident **must not exceed 20 patients**
- An intern may not admit more than **5 patients in 24 hours or 8 patients in 48 hours** (night float is excepted)
- An upper level resident may not admit more than **10 patients in 24 hours or 16 patients in 48 hours** (night float is excepted)

The residents have been instructed that they are not to violate any of these “caps”. Each service should have a clear plan to care for patients (round, write notes, write orders) beyond these caps.

Finally, please remember that all residents are required to attend **Morning Report (8:30-9:30 M, W, F), Grand Rounds (8-9 Tues), and Noon Conference (12-1 M-F)**. Thank you for respecting these educational requirements and making certain that rounds do not conflict.

*Richard M. Silver, MD  
Distinguished University Professor  
and Interim Chairman*

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**On the Calendar:**

**Independence Day**  
Holiday - July 4th  
Clinics Closed

Department of Medicine  
**Faculty Meeting** with  
Dean Etta Pisano during  
Grand Rounds  
July 12th, 8 am  
IOP Auditorium

## T32 Training Grant in 36th year!



The Dean of Graduate Studies, Dr. Perry Halushka, has announced that the application to renew the Cardiovascular T32 NIH training grant has received a perfect 10 score and been renewed for the 36th year! According to Dr. Halushka, **“This is a phenomenal accomplishment and kudos go to [Dr. Don Menick] and Joan Sullivan.”**

According to Dr. Menick, “It was wonderful news and I am very thankful. We have a lot of great people working to make this such a successful and outstanding training program.”

Our cardiovascular training program has provided an outstanding multidisciplinary research-training environment for post-doctoral fellows since 1977, and for pre-doctoral fellows since 2002. The most recent competitive review of the program received a score of 10 from the NIH study section ensuring funding of over 3 million dollars for the next 5 years (years 36-40). The current structure of the program focuses on the molecular basis of cardiovascular disease, mechanisms of cardiac development, cell signaling, proteomics, cardiac stem cells and regenerative medicine in the context of cardiac function and heart failure, hypertension, diabetes and other pathobiological conditions. In addition to an outstanding research environment we have in place advanced coursework, a cardiovascular journal club, and didactic workshops on manuscript preparation, grant writing and career planning. Our efforts to provide a high-quality training environment have had a very positive impact on our pre-doctoral and postdoctoral fellows, as evidenced by their publication records, honors and awards, and post-training positions obtained.

In the last 10 years we have trained 28 pre-doctoral students and 30 post-doctoral fellows. Collectively,

these trainees produced a total of 163 publications with their mentors in refereed journals, including Science, JBC, PNAS, Circulation and Circulation Research. Twenty-four of the 58 trainees have published one or more times with at least one other trainee supported by the program.

In addition to being very productive, our trainees have earned local and national awards. Recognition of this nature reflects the quality of pre-doctoral students and postdoctoral fellows in the program. For example:

- ◆ Predoctoral trainees **Mark Hallman and Loretta Hoover** were awarded individual NIH NRSAs (F30 ES013619 and F30 HL094047, respectively).
- ◆ Pre-doctoral trainees **Michael O’Quinn, Brent Wilkerson, Rebecca Harlston and Eileen Wirrig** each received American Heart Association (AHA) pre-doctoral fellowships following their period of T32 support.
- ◆ **Ms. Shantae Jenkins**, received a MUSC Dean’s Scholarship and a competitive UNCF/Merck Graduate Science Research Dissertation Fellowship.
- ◆ Pre-doctoral fellow, **Anne Deschamps** received an NHLBI Intramural Research Training Award (Post-doctoral Fellow).
- ◆ Post-doctoral trainee **Jean Ruddy’s** work was recognized by receipt of the 2008 AHA Council on Cardiovascular Surgery and Anesthesia Vivien Thomas Young Investigator Award. This is one of the highest recognitions given to cardiovascular surgeons in research training. The 5 semi-finalists selected to compete for the 2008 award trained at Stanford University, Oxford University, Harvard University (2) and MUSC. Our **Dr. Ruddy** took the prize home.

Nine of the twenty post-doctoral fellows who have completed training within the past ten years have taken positions at academic institutions, including several at MUSC:

- ◆ **Amanda LaRue, PhD** is an Assistant Professor in the MUSC Department of Pathology and Lab Medicine, and **Rick Visconti, PhD** is an Assistant Professor in the MUSC Department of Regenerative Medicine and Cell Biology. Dr. Visconti is a mentored junior investigator on Dr. Markwald’s NIH

(Continued on page 3)

-funded Center of Biomedical Research Excellence (COBRE, P20 RR016434) and has received an AHA Grant-in-Aid Award. He is also a co-investigator on three other NIH research grants. Dr. LaRue initially received independent funding via the VA Merit Review Entry Program and has gone on to be a PI of a VA Merit Review Award. Dr. LaRue is also a co-investigator on three NIH research grants.

- ◆ **Dr. Korey Johnson** has also obtained a competitive VA Merit Review Entry Program Award.
- ◆ **Dr. Lauren Ball**, mentored by Dr. Buse, obtained an individual Juvenile Diabetes Research Foundation Fellowship (2005-2007) based on work she initiated during her period of appointment on this training grant. She has since received an appointment as Assistant Professor of Pharmacology at MUSC. Dr. Ball was a project leader on another NIH-funded COBRE at MUSC (P20 RR017696) and recently received her first NIH R01 (DE020925).

One of our minority post-doctoral fellows, **Dr. Marisa Covington**, mentored by Drs. Menick and Schnellmann, received the Carl C. Smith Mechanisms Specialty Section Award in 2005 from the Society of Toxicology (SOT), an APS Minority Professional Skills Training Award in 2006 and an SOT Merck Postdoctoral Travel Award in 2007. Post-doctoral trainee **Dr. William Yarbrough** received the Edward D. Churchill Research Scholarship as a result of his work on the T32. After his research training, Dr. Yarbrough went to Stanford University and trained as a Resident in Cardiothoracic Surgery, then returned to MUSC in late 2009 as an Assistant Professor of Cardiothoracic Surgery.

Over the last 35 years that the program has trained 94 fellows, **more than half of the trainees hold academic positions at the rank of Assistant, Associate or Full Professor.** 17 hold **leadership positions in pharmaceutical research**; seven are **staff scientists in federal research agencies** (two at the NIH, one at USDA, one at NOAA, two at NIST, and one at the FDA). Past trainees who are in academia have earned research funding from multiple sources, including the National Institutes of Health, the National Science Foundation, American Heart Association, and private foundations.

### **Program Director – Donald R. Menick, PhD**

Dr. Menick is Professor of Medicine, Division of Cardiology, and Acting Director of the Gazes Cardiac Research Institute. He is a recognized contributor to the field of cardiac hypertrophy and failure. He has maintained extramural funding on multiple projects since shortly after his arrival at MUSC and has been continuously funded by the NHLBI since 1990.

Dr. Menick is known as a highly interactive and collaborative scientist and an outstanding educator, as evidenced by multiple co-investigatorships on NIH-funded projects, numerous joint publications, service as a faculty mentor and committee member for several research training programs, and by the success of the students and fellows who have trained with him. He has served as an ad hoc reviewer on numerous study sections at the National Institutes of Health, the Veterans Administration, and the American Heart Association.

Dr. Menick has been invited to speak at many national and international meetings including the American Heart Association Scientific Session, Heart Failure Society and is an elected Fellow of the cardiovascular section of the American Physiology Society.

Dr. Menick has been committed to and actively involved in graduate education throughout his career. In 2000 he was appointed Director of the Molecular and Cellular Biology and Pathobiology Program, the **college's largest graduate program with 41 students and 150 faculty members from the 395 Graduate Faculty.** He has trained seven summer students, six M.S., six Ph.D., two M.D./Ph.D. students, and twelve postdoctoral fellows. Dr. Menick is also the Program Director of an NIH R25, which provides short-term cardiovascular research training fellowships for 10 minority medical students. Dr. Menick has been a participant of the T32 HL007260 since his recruitment to MUSC in 1987 and has served as an Associate Director since 1995 and its Director since 2003.

## Admitting Officer of the Day (AoD)

Message from Rogers Kyle, MD  
Director, MUSC Hospitalist Service

Beginning July 5th a hospitalist attending will begin to serve as the AOD for patients admitted to the medical services at the Main Hospital. Coverage of the non-resident (“Private Hospitalist”) medical service will also expand to 24/7 in-house attending coverage.

Currently patients are admitted to the medical services (teaching and uncovered) from multiple routes – ER, outside hospital transfers, ICU transfers, direct admissions, etc. Patients may also end up on medical services when specialty teams are “capped”, ART is on critical census alert or specialty teams experience high turnover or acuity. Additionally, ER boarding times are increasing in part because of delays in getting patients admitted to the appropriate medical service.

In an effort to simplify this process the AOD will be the conduit or “air traffic controller” for all admissions to the general medicine services at the Main Hospital, Monday through Friday, 7AM – 5PM. The AOD and ER attendings will work closely with each other in an effort to streamline the process and reduce the effort in assigning patients to a medical team. The AOD’s responsibilities include evaluating patients in the ER (or elsewhere on campus) and accepting, or declining, admission to a medical service based on medical team capacities as well as clinical appropriateness. With expanded uncovered service capabilities there will be additional capacity on medicine. However, the AOD will necessarily make the final decision on admissions to medicine.

This position exists at many academic institutions of our size. It is a busy job with significant responsibility and we ask your patience as we adapt to this function. Any concerns or suggestions as we further define the role of the AOD can be sent to me, Dr. Rog Kyle at [kyletr@musc.edu](mailto:kyletr@musc.edu).

The AOD will be available by pager and listed in Simon under the “Hospitalists” heading beginning July 5th.



## Dr. Cara Litvin receives K08 Award

Cara Litvin, MD, Assistant Professor in General Internal Medicine & Geriatrics, has been awarded an AHRQ K08 Award. Her grant is titled “Improving Recognition and Management of Chronic Kidney Disease in Primary Care.” This is a Mentored Clinical Scientist Research Career Development Award (K08) funded by the Agency for Healthcare Research and Quality to provide support and protected time for a research career development experience in health services research with a special emphasis on health information technology. During the 4 year award period, Dr. Litvin will work with her mentor Dr. Steven Ornstein (Department of Family Medicine) and other co-mentors from PPRNet, a primary care practice based research organization founded at MUSC, to study how health information technology can be used to improve the identification and management of patients with chronic kidney disease in PPRNet practices across the United States.





## Andres T. Blei MD Memorial Lecture

Adrian Reuben, MD, Professor in Gastroenterology and Hepatology, was selected to give the Andres T. Blei MD Memorial Lecture at Northwestern University, Feinberg School

of Medicine. According to Dr. Richard Green, Chief of Hepatology at Northwestern, Dr. Reuben served as an Associate Editor for the journal *Hepatology*, of which Dr. Blei was Editor. "After Dr. Blei's untimely death two years ago, a memorial lectureship was set up and Dr. Reuben was selected as the Inaugural Speaker....Dr. Reuben presented a lecture at Medicine Grand Rounds entitled "Acute Liver Failure Update - Causes, Consequences and Contributions of Dr. Andres Blei." He also presented the inaugural lecture later in the afternoon entitled "Humanism in medicine - Inspired by Andres Blei". Both of these lectures were exceptionally well received by all who attended.

## Dr. Bandyopadhyay wins Award

Dipankar Bandyopadhyay, PhD, Assistant Professor in Biostatistics & Epidemiology, had a paper titled "Inverse Probability of Censoring Weighted "U"-statistics for Right-Censored Data with an Application to Testing Hypotheses", which was published in the *Scandinavian Journal of Statistics* in 2010 that recently received the 2011 CDC/ATSDR Statistical Science Award as the "Best Theoretical Paper".



## Dr. Gebregziabher elected

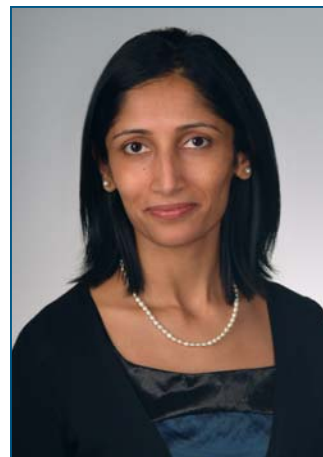


Mulugeta Gebregziabher, PhD, Assistant Professor, Biostatistics & Epidemiology, has been elected as Vice President of the SC Chapter of American Statistical Association (April 2011) and as a member of the Editorial Board of the *Journal of Biometry and Biostatistics* (November 2010).

Dr. Gebregziabher also has given several invited talks this spring, including: 'Identifying Subgroups Using Categorical Features Data: An Application to Autism Spectrum Disorder' at the School of Public Health in Addis Ababa University, Addis Ababa, Ethiopia (March 10, 2011)

"Discovering Phenotype Subgroups using LCM and DPM" at the 20th Annual Conference of the Ethiopian Statistical Association, Addis Ababa, Ethiopia (Feb 25-26, 2011)

## Dr. Somaiah receives Young Investigator Award



Neeta Somaiah, MD, Assistant Professor in Hematology/Oncology, received a young investigator award

based on an abstract she submitted. She will be going to present this work in the form of an oral presentation at the International association for the Study of Lung Cancer (IASLC) to be held in Amsterdam in July. Her airfare, meeting registration and hotel fare will be covered by this travel award. This same work was also selected for Oral discussion at the recently concluded Annual ASCO (American Society of Clinical Oncology) meeting

## Reception held to celebrate Brackett Endowed Chair



The Department of Medicine's Division of Nephrology held a reception at the Wickliffe House to celebrate the establishment of the **Newton C. Brackett, Jr., MD Endowed Chair for Clinical and Translational Renal Research** in the University's Renal Disease Biomarkers Center of Economic Excellence. This endowed chair will serve as a permanent tribute to the late Dr. Brackett for his outstanding contributions as a teacher and physician in the Department of Medicine's Division of Nephrology.

Pictured with Dr. Brackett's widow (center), **Mrs. Ann Brackett is (left to right), Dr. James B. Edwards, MUSC President Emeritus, Mr. Philip Prince, Dr. John Arthur and Dr. David Ploth.**



## New settings for iPad, iPhone and iTouch

Message from  
Ben Rogers  
IT Manager

There are new settings for the citrix reciever for iPad, iPhone, and iTouch that lets you use Webapps without the need for VPN.

### Citrix Reciever Setup (Webapps)

#### 1) Install Citrix Reciever

Go to the App Store and search for an install the free Citrix Reciever.

2) Click citrix reciever icon and create a new "store" with the following settings

Address: <https://mobile.musc.edu> (was <http://ctxpna.musc.edu>)

Domain: clinlan

username: yournetid

password: yournetidpassword

Please don't store your password otherwise someone who gets ahold of your device may be able to access some of your data. Remember always use a passcode. Instructions can be found at [medicine.musc.edu/medhelp](http://medicine.musc.edu/medhelp) under Settings Passcode Lock on your Phone .

3) You can now choose to add any applications to your citrix quick access "desktop" by clicking the green + next to them.

4) Pinch and scroll gestures work in citrix sessions you open. The biggest difference is you have to click the icon at the top or bottom of the screen then click the keyboard icon to enable typing. You may also use the Home button to switch back and forth between applications.

## Inpatient Billing: Part I

With the implementation of Ingenious Med underway it is going to be critical for all providers to have an understanding of inpatient billing, not only for compliance reasons but also to ensure appropriate reimbursement. From now until the various go-live dates during the months of August-October, each newsletter will provide an article to focus on one aspect of inpatient billing. The guidelines presented are based on 1995 documentation guidelines and CMS regulations.

### Admissions

#### Code Selection

CPT	Risk & Level of Medical Decision Making	Documentation
99221	Low Risk; Straightforward or Low Complexity	Detailed (Elements: 4+HPI, 2-9 ROS, 1 PFSH, 5-7 Exam w/detail of at least 1 organ system)
99222	Moderate Risk; Moderate Complexity	Comprehensive (Elements: 4+HPI, 10+ ROS, 8+ Exam of organ <u>systems</u> )
99223	High Risk; High Complexity	Comprehensive (Elements: 4+HPI, 10+ ROS, 8+ Exam of organ <u>systems</u> )

The medical decision making and nature of the presenting problem should drive your selection of the inpatient admission level and subsequently your level of documentation.

Another factor that is very important to remember when billing for admissions is to **bill the date of service on the date you as the attending have seen the patient**, and not technically when the patient was admitted according to the hospital system. This is an initial inpatient encounter, and sometimes this is not the exact admission date. It is always critical to check all boxes related to the tie-in on the house staff's documentation, and then subsequently add any additional notes, sign, date and time the encounter.

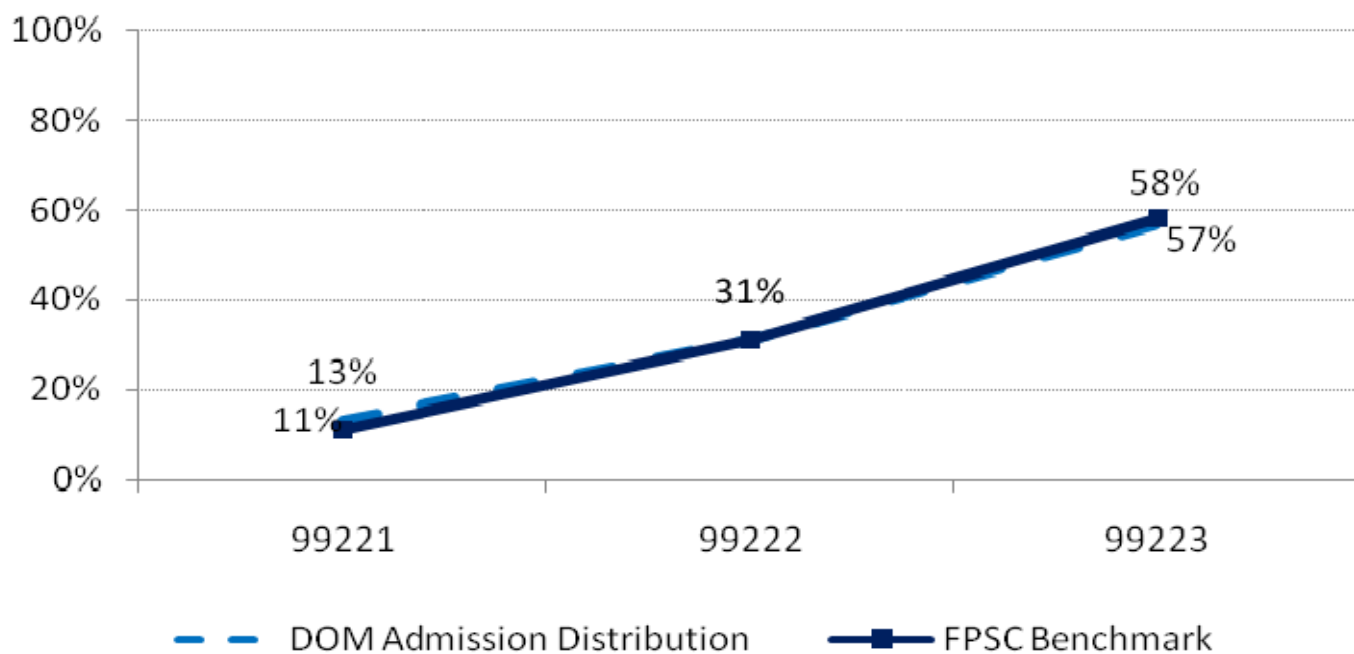
#### Documentation

For all inpatient admissions, physicians and residents should strive to document a comprehensive history and exam, because only around 10% of admissions on average are identified to be at the lowest level. Some frequent pitfalls with documentation include missing part of the past, family, or social history (PFSH) or missing the comprehensive exam.

A few documentation requirements you should be aware of:

- √ Only documenting “non-contributory” for family history is not acceptable without elaboration.
- √ If for any reason you are not able to document because the patient is unwilling to participate or cooperate, you must document this reason so it can justify billing at a higher level when warranted regardless of missing an element such as the PFSH.
- √ A comprehensive exam must include 8 organ systems; documenting “Extremities: Normal” would only count as a body area and not as an element toward the minimum 8 organ system exam. Documenting “Extremities: Negative for edema” would count as Integumentary or Cardiovascular, but not both.

## DOM & FPSC\* Admission Distribution



\*Faculty Practice Solutions Center is a nation-wide academic healthcare institutional benchmarking tool powered by UHC & AAMC. The Department of Medicine's admission distribution is in line with this nationwide academic benchmark. More than half of admissions should meet the medical necessity requirements to bill a level III, 99223, admission code.

## Red Cross declares Critical Need for Type O Negative Donors !



During the "100 deadliest days of summer" your assistance as a blood donor is particularly valuable as accident rates increase. Type O negative blood is always in high demand because it can be transfused to patients with any blood type, especially in emergency situations. While all blood types are needed during the critical summer months, the Red Cross urges those eligible donors with type O negative blood to make and keep appointments to give blood this summer.

Donors can visit the Red Cross Donor Center located in Room 279, Main Hospital, Tuesday-Thursday from 10am-4pm

Walk-ins are welcome, but scheduling an appointment is easy as well, online at: <http://www.redcrossblood.org/locations/musc-medical-center>





## ATTENDING RESPONSIBILITIES

Hello faculty,

Thank you in advance for teaching our medical students and for taking the time out of your busy schedules to make sure that the next generation is ready for their responsibility in the future. I greatly appreciate all of your help. Here is a reminder of the attending responsibilities with respect to medical students.

1. Orient students and residents to expectations at the beginning of each month.
2. Ensure adequate new patient evaluations for students (at least 2 each week).
3. Critique and provide feedback to students and residents on oral and written presentations.
4. As much as possible, teach at the bedside. Ensure that students and interns can demonstrate proficiency in the physical exam and in history taking.
5. Ensure that students and residents read. At a minimum:
  - a. Require an impression which reflects that the students and residents have read on the patient's problems.
  - b. Revisit topics from previous days to ensure that reading has been done in the interim.
  - c. Require students and/or residents to give brief discussions on topics that come up in rounds.
6. Have the students round anytime you, as the attending, round.
7. Ensure that all student absences are excused by the Course Director in advance, and that a plan for making up the time is fulfilled.
8. Ensure that students and residents see basic procedures. They should also observe other procedures done on their patients.
9. Complete mid-rotation feedback cards and review performance with the students.
10. Review how to practice Evidence Based Medicine in general. For the junior core rotation: please assist your group of students in creating a clinic question on one of their patients. They will do a literature search to answer this question. They will share the article that they found to answer the question with you. Please take the time to review the article for the study's quality and how well it answers the clinical question, then sign the top of the article. They will take their search and present it to one of the librarians for further critique.
11. Ensure that students attend their required conferences, and required lectures.
12. Complete an evaluation on the student in E-value if you have worked with the student for at least 5 days.
13. Junior students should carry 2-3 patients at a minimum. Seniors should carry 4-5 patients.

Sincerely,

*Deborah*

Deborah J. DeWaay M.D.  
Assistant Professor, General Internal Medicine & Geriatrics  
Hospitalist/Student Clerkship Director, MUSC  
843-792-1302

## Updated FY12 Fringe Benefit rates effective 7/1/11.

These new rates will be required in all proposals submitted on or after July 1<sup>st</sup>, 2011.

Employee Benefits Category	Fringe Benefits Rate	Applicable Employment Types
Staff	29.1%	Faculty 9-Month Faculty Unclassified Non-Faculty Classified, Research
Post-Doctoral Fellows	27.9%	Post-Docs / Residents
Temp Faculty/Temp non-Faculty	20.5%	Temporary Faculty / Non-Faculty
Students/Other	6.7%	Student Ph.D. Students Res. Grant Employees - No Ben

## Writing and giving performance reviews: do's and don'ts

(Extracted From Business Management Daily, June 23, 2010) by Joe Gough

Anything less than an honest performance appraisal may only cheat the employee out of professional development. Here are some do's and don'ts:

### 1. DON'T be overly lenient

Managers often feel uneasy about criticizing employees' efforts. However, leniency hurts performance because it fails to flag weaknesses.

### 2. DON'T be overly strict

The opposite problem—overly harsh—is just as demoralizing for workers who make consistent contributions. Managers need to define their expectations and identify behavior that falls short of or exceeds those requirements. This should be done through consistent feedback—not just on review day.

### 3. DO go high and low

“Central tendency assessment” occurs when a supervisor gives all workers average ratings. This attitude can depress employee morale and indicate that the supervisor isn't doing his or her job. Try to record/reference instances of superior and inferior performance.

### 4. DO focus on pros and cons

Many managers give short shrift to work areas in which the employee excels. They focus almost exclusively on weaknesses and “needs improvement” areas. Give equal time to the positive areas.

### 5. DON'T compare workers

There's no need to discuss how other workers achieve their goals. Assume all employees are capable of superior performance and talk about ways to enhance their efforts.

## NephCure Walk



Team Nephrology (MUSC) walked in the NephCure Foundation fundraising walk June 11th at Wannamaker County Park. Dr. Michael Janech, Nephrology, helped with setting up the walk and setting up learning sessions at MUSC. The walk raised \$10,511. Team members from MUSC included **Rachel Sturdivant, Tammy Hill, Gwen Blanton, Milos Budisavljevic, Cameron Craft, Rhonda Davis, Wayne Fitzgibbon, Tom Morinelli, Benjamin Neely, and Michael Janech.** The NephCure Foundation is the only organization committed exclusively to support research seeking the cause of the potentially debilitating kidney diseases, Nephrotic Syndrome and Focal Segmental Glomerulosclerosis (FSGS), improve treatment and find a cure.” (quote taken from their website) For additional information about NephCure, or about how you can help make a difference, please visit their website at <http://www.nephcure.org/home>.

## Bridge Funding

Dear Colleagues,  
A principle goal of the College of Medicine is to support and strengthen the research capabilities of its faculty. One mechanism we utilize to meet this goal is the College of Medicine's Bridge Funding program. The purpose of this program is to support investigators with established clinical or basic research programs during periods when a competitive renewal was not funded. Applications will be accepted three times per year and the deadline for this cycle is July 15, 2011. Program details and the application format can be found at <http://dl.dropbox.com/u/10928448/Bridge-Funding%20Proposal.pdf> Please email completed applications to Cathy Martin at [martinc@musc.edu](mailto:martinc@musc.edu).

Craig Crosson, Senior Associate Dean for Research

## In Brief:

### e-prescribing:

June 30th was the deadline for eligible providers to submit 10 outpatient e-prescribing encounters for Medicare patients; however, **this is only step one** to avoid any penalties on Medicare collections. In order to receive a bonus on your 2011 Medicare payments, you must submit a total of 25 e-prescribing encounters **by December 31st**. Please continue e-prescribing and don't forget to mark the 'eRx transmitted' code on your outpatient charge tickets!

### Ingenious Med:

The DOM will begin implementation of a new inpatient electronic charge capture system, Ingenious Med, in August. The system was developed by physicians, for physicians in order to optimize coding and billing for all inpatient effort. An introduction to the product will be made at all upcoming faculty meetings, and small group training sessions will be scheduled for all.

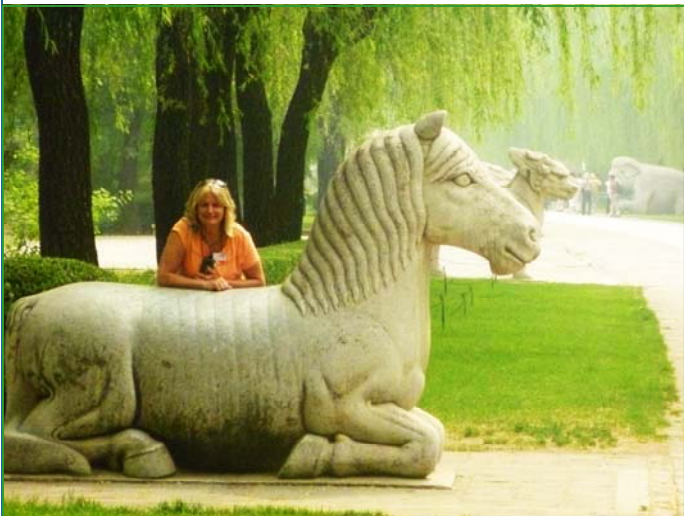
### PGY 2 Leadership Conference

PGY2 Leadership Conference is scheduled for Friday, July 15. Any PGY 2 resident on your service is required to be at the Leadership Conference.

### Success Factors (SF) Annual Reviews - University Employees

If you supervise a MUSC employee, on June 15 you should have received an SF email. You will need to log into SF (using Net ID) and forward the evaluation to the employee for their "self evaluation". After the employee completes their self evaluation is done, you will receive another email from SF asking you to complete the annual review. Instructions for completion provided in the SF emails. The annual review deadline is August 1, 2011. If you have any questions for issues, please contact Joe Gough at 792-2524 or [goughj@musc.edu](mailto:goughj@musc.edu).

## Anne Hawes, Patient Coordinator, Cardiology



What do you like about working at MUSC?

**I'm proud to be part of a team working with brilliant cardiologists who are known all over for their expertise.**

What is your job?

**Pretty much all administrative: scheduling heart cath, echos and vascular studies, triage, daily charge reports, on-call calendars and just generally trying to keep the front desk running smoothly.**

Any outside of work interests you'd like to share?

**I love sailing, piano, traveling to distant lands and collecting handbags.**

If you could have any career, what would it be?

**I'm doing what I love – helping people.**

Tea, Coffee, Soda or Water?

**Soda – for caffeine**

Favorite book?

**Pillars of the Earth by Ken Follett**

Strangest day you've had on the job at MUSC?

**I never know what a new day will bring but we can count on full moons being a little strange.**

Anything else you'd like to tell us?

**My husband and I love to travel. Last year we went back to England and Turkey and this year we went back to China. This picture is the Sacred Way - a pathway of huge stone pairs of animals leading to the Ming Tombs.**



## Jane Porter Administrative Coordinator I Biostatistics & Epidemiology

What do you like about working at MUSC?

**I work with a great group of people in Biostatistics and Epidemiology. I enjoy supporting our talented faculty and especially like working with our administrative team. We really work well as a team and enjoy spending time together.**

What is your job?

**I am Dr. Palesch's assistant and provide administrative support for her. I also handle faculty recruitment, other faculty affairs and manage the Division's administrative assistants.**

Any outside of work interests you'd like to share?

**I enjoy gardening, antiquing and photography projects.**

If you could have any career, what would it be?

**I would love to have the gifts to be an artist**

Tea, Coffee, Soda or Water?

**Diet Coke with lime**

Favorite book?

**I don't like "favorite" questions! I really enjoyed "Nobody's Fool" by Richard Russo. I was reading "The Secret Life of Bees" when my daughter graduated from high school. I was close to her best friends and gave them each a copy of the book with little bee stickers next to the passages I liked. That was fun.**

Strangest day you've had on the job at MUSC?

**Staying until 3:00 am to work on a grant.**

Anything else you'd like to tell us?

**I recently celebrated 21 years as a breast cancer survivor.**

## Excellent Comments

You did great! **Dr. Gerard Silvestri and the entire staff** were wonderful.

It's never a great thing to have to go to the ER, but **Dr. Meekins and the ER Staff** make it much less scary! Thank you so much!

To whom it may concern,  
My visits with **Dr. Beatrice Hull** have been very good. She is very professional and I believe a very good doctor.



**Dr. Rita Kramer** is an excellent physician. She is upbeat and sensitive to my medication situation, very aware of latest results and research on meds related to my health. I totally trust her diagnosis, suggestions, etc., She is wonderful.

**Doctor Cindy Feely** was great!

**Dr. Corey Hatfield** is a competent highly professional knowledgeable talented young physician. He relates to the patient well.



**Dr. George Simon** is the best. I was very scared then I was turned over to him, but his staff and he made me feel very comfortable. Even the people in the fusion room were nice to me. If I was ever to have to have to have chemo again Hollings Cancer Center and Dr. Simon and his staff would be seeing my face again. LoL!!! Hollings

Cancer Center is saved my life and I'm very grateful for that.

The doctors and social workers are top-notch - I am glad I discovered MUSC. **Dr. Michael Boger** followed up with detailed info regarding lab results, etc. I can't tell you how much I appreciate the assis-

tance with my meds. Even my lack of insurance, the discounted billing also means a lot to me. Thank you!

**Dr. Pam Morris and staff** give excellent care and I am very blessed to have them as part of my health team.



I have been a patient of **Dr. Preston Church** in the past - though not in 3 years. I am a retired Roper employee. The **Pulmonary Dept** at MUSC is far superior locally. Dr. Church is conservative, knowledgeable and prompt with follow-up on testing. His involvement in M.A.C is specific to my needs and I am fortunate to count myself as one of his patients.

My experience with MUSC is always extremely good. I also live part of the year in France and Germany and have had experience with their health care systems. Germany is damn good. But if **I ever had a serious problem I would head directly to MUSC** - no question. People here are spoiled - I just hope they know it

**Dr. Feely** was patient and thorough and took the time to answer all my questions.

**Dr. Daniel Steinberg and his staff** were the epitome of professionalism, and they provided the utmost care and concern to provide excellent customer service to this patient!



**Kerri Presley, PA**, always answers all my questions and provides excellent service.

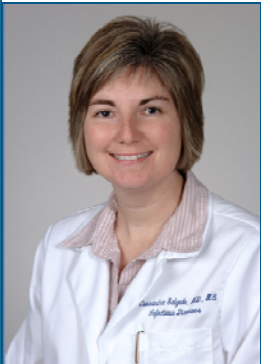
When I see **Dr. Arthur** now, it is mostly a check-up. My kidney disease is now in remission. I can not say enough nice things about the **Nephrology Clinic and Anemia Clinic**. I receive a shot, at Anemia Clinic, once a month. Everyone is professional, kind and helpful, at MUSC. Thank you

## Medicine Grand Rounds

All lectures are held in the IOP Auditorium  
each Tuesday at 8:00am  
CME credit applies if you have  
signed/swiped in by 8:15 am.

July 5

### "A Winnable Battle, Health Care Infections: Risk Assessment and Mitigation"



**Cassandra Salgado, MD, MS**  
Associate Professor  
Division of Infectious Diseases  
MUSC

July 12

### "Faculty Meeting with the Dean of the College of Medicine"



**Etta D. Pisano, MD**  
Vice President for Medical Affairs  
Dean, College of Medicine  
MUSC

July 19

### "State of the Department"



**Richard M. Silver, MD**  
Distinguished University Professor  
Interim Chairman  
Department of Medicine  
MUSC

## Hurricane Season

As we prepare for another active hurricane season (June 1st through November 30th), it is time to revisit your division severe weather plan. Please make certain that you have a comprehensive understanding of your role in the event of a Hurricane or other emergency situation. Copies of your Division's plan are available upon request from your Division Business Manager.



### **The things you should do NOW are:**

1. Obtain a copy of your Division Hurricane Plan as well as contact information for your Division/Program leaders – faculty and staff.
2. Understand your role/obligations to MUSC in the event of a Hurricane
3. Provide your Division faculty and staff leaders with your contact information – how they can reach you in the event of a Hurricane
4. Make a personal Hurricane plan for you and your family – including pets. Local grocery and home improvement stores have comprehensive plans and checklists available to assist you in your planning. There is also a plan available online at: <http://hurricane.wcsc.com/>

Do not wait until a hurricane is imminent to make your plans – due to heavy demand it may be too late to obtain needed supplies from local stores.

### **MISSION**

*To improve the health of those we serve  
through the highest quality patient care, excellence in  
education, and innovative research*

### **VISION**

*To be a leader of academic internal medicine  
in South Carolina and the Nation*  
MUSC Department of Medicine

MSC 623, Suite 803 CSB, 96 Jonathan Lucas Street  
Charleston, SC 29425  
843-792-2911 843-792-5265 (fax)  
medcomm@musc.edu



Department of Medicine Staff Employees  
Town Hall Meeting

JOIN US for Ice Cream and Information

Friday, July 15th 3-4 p.m. in CSB 300

or

Thursday, July 21st 2-3 p.m. in 125 Gazes/STB

For further information email  
[medcomm@musc.edu](mailto:medcomm@musc.edu)