



# INTEGRIS Health Partners

## NEWSLETTER

## February 2024

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## Letter from the President

Dear Colleagues,

There has always been confusion about the difference between hospice and palliative care. There are important differences, and both play a vital role in patient care. I am rerunning a previous newsletter that brings clarity to the topic. Please take the time to read this information

One of my passions has been improving end-of-life care for patients. For years we lamented that we spent way too much money at the end of life, but we never really seem to do anything about it. The lack of progress toward honoring the final stages of life is disappointing. But even more disappointing to me is physician resistance to dialogue and to engage in conversations about improving and managing the progression of advanced illness care for patients, families, and care providers.

There are huge emotional and monetary costs associated with maintaining the status quo. A lot of resistance may be a lack of understanding of the difference between palliative care and hospice.

Let's start with some definitions:

### **Palliative Care**

Focuses on improved quality of life by supporting patients and families through the emotional, spiritual, and physical changes of advanced chronic illness. The emphasis is on the person and caregivers – not just the disease – through identifying goals of care, complex symptom management, and identification of available treatment options.

Palliative care is appropriate at any age and any stage in a serious illness, and patients can continue curative treatment. There is no requirement for a terminal prognosis.

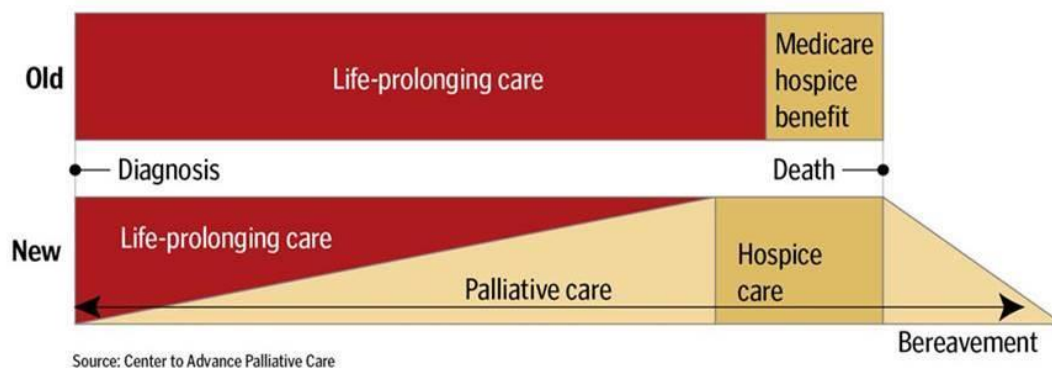
### **HOSPICE**

Is a Medicare regulated program for patients with documented 6-month prognosis, providing care at the patient's residence, be that a private home or a long-term care community, when the desired focus of treatment becomes comfort rather than curative. Comfort is provided through a multidisciplinary team approach consisting of physicians, nurses, social workers, chaplains, patient aides and volunteers providing medical, physical, spiritual, and emotional support with a presence in the patient's home. Through the hospice benefit medications related to the terminal illness as well as medical equipment are provided. Visuals are helpful as well. You can see palliative care is not hospice, but hospice can be part of palliative care.



Another way of looking at Palliative Care over the trajectory of a chronic illness:

## PALLIATIVE CARE MODELS



We have developed an excellent palliative care program to meet patients with chronic illness well before they are even considered end of life – and plan to expand it as needed. Our Palliative Care APPs see patients in their homes, collaborate with specialists and PCPs, and even follow patients through hospitalizations. We have always had excellent hospice care and have a first-rate hospice house. Palliative care providers support patients long before they may even qualify for hospice, but still don't have their advanced needs met where they live.

We need physicians to take the lead here and get the appropriate patients in the program. Be open minded and talk with your patients. As a starting point, ask yourself the evidenced based surprise questions: "Would I be surprised if this patient died in the next year? What about two years?" Consider the gap in care happening for patients in their last two years of life that is most often met in the ER or a hospital bed.

These conversations may simply be started by talking with your family or your parents. Consider asking them how they would want to spend their time if they had an advanced illness. Would they want to return to the hospital over and over? Or would they want to know they have choices in their medical options? I think you will be surprised by the results.

My real interest in this began many years ago while making rounds in the ICU on a weekend. I came across the wife of an elderly patient sitting in an ICU room. Her husband was getting aggressive and excellent care. I asked her what all was being done to her husband and why. She responded, "I do not know". She followed with an unsolicited, "we never wanted all of this". A long conversation ensued. She did not realize that she had choices about how far this would go and did not want to offend the doctors by asking questions. "They worked so hard to help him". Their PCP never discussed their options with them prior to this – despite his advanced age and numerous medical problems. Later that day she requested hospice. He went to the hospice house the next day and died gracefully.

Several of my colleagues were very unhappy with me. How dare the GI consultant make this decision? But the decision was always the patient's, and his wife's, to make. Informing her of their rights to determine his care allowed the person who knew him better than anyone to decide how to love him.

I think about this event frequently as he would have been a great candidate for a palliative care program. All of this could have been sorted out before he ended up in ICU for over a month. There would

have been a much lower emotional and financial cost. These transparent conversations could have been had while he still had capacity. In all fairness, this was many years ago and palliative care was not even a thing. Doctors on the case worked extremely hard and did an excellent job with the patient. However, we have options these days and it begins not only in the hospital but in the primary care office. We cannot afford to spend hundreds of thousands of dollars in the last 25 days of life. I implore you to consider the palliative care program. Getting patients engaged in these discussions just makes sense. In the end, the patients and their families are the ones who will decide what needs to be done.

INTEGRIS is actively growing our capabilities in this area. Please take the time to talk to patients about their wishes. Feel free to contact me if you have any questions.

Sincerely,

Carl Raczkowski, M.D.  
President, INTEGRIS Health Partners

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## IHP Citizenship Metrics

The 2024 Citizenship Metrics have now been approved by the IHP Board of Directors. They are as follows:

- Attending 2 of the [live Lumeris PEEP trainings](#) or [on-demand courses](#). Completion of these courses is a gateway measure to be eligible for shared savings.
- Completing the IHP Provider Survey released in October.
- Attending/Viewing 50% of applicable IHP Summits/ Pod/Clinic Meetings.

Please contact IHP with any questions at [INTEGRISHealthPartners@Integrishhealth.org](mailto:INTEGRISHealthPartners@Integrishhealth.org).

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## Save the Date: IHP Summit – February 2024



### **Save the Date – Tuesday, February 20, 2024**

Please join us for the next  
**INTEGRIS Health Partners Summit of 2024.**

We are excited to gather in person at the INTEGRIS Health Baptist Medical Center Auditorium for the next INTEGRIS Health Partners Summit of 2024. Attendance at 50% of (half) the INTEGRIS Health Partners Summits is required to be eligible for 2024 IHP Shared Savings.

**Time: 6 - 7 p.m.**

**Location: INTEGRIS Health Baptist Medical Center Auditorium**  
3300 NW Expressway  
Oklahoma City, OK 73112



**Join us on Teams for the Livestream**

Livestream option will be available to those unable to attend in person.

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## **CMS-HCC Risk Adjustment Education**

The Lumeris Provider Education Engagement Program Calendar for 2024 is now available to view [here](#). These sessions are webinars designed to enhance your knowledge of the principles of CMS-HCC risk adjustment model and the importance of accurate and complete documentation. The webinar for February is:

### **Heartbreak Hotel and Heart Failure**

Documentation requirements for Heart Failure related conditions to support accurate diagnosis coding. Review of V28 changes related to heart failure.

[February 8th, 12pm-1pm](#)

[February 8th, 6pm-7pm](#)

[February 9th, 12pm-1pm](#)

To register, click the link for desired session's date and time.

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## **Clinical Programs Update**

**Women's & Children's CP Update – Jill Hughes, Drs. Smith and Vanlandingham**

- Developing Smart Phrase, BPA and Standard D/C orders for improvement of severe maternal hypertension discharge and follow up practices
- Obtaining final approvals for implementation of Nitrous Oxide for the Intrapartum Patients
- Collaborating with Surgical Services CP on Hysterectomy Care Pathway.
- Collaborating with DLO and the OKDOH to improve Syphilis testing platforms
- Pediatric Inpatient & Ambulatory Constipation Pathway in progress

#### **Neurosciences & Orthopedics CP Update – Briton Stoll, Drs. Beson and Gannaway**

- Developing Hip Fracture Care Pathway
- Implementing Ceribell Rapid EEG at IHSMC – Go-Live January 10, 2024
- Implementing Non-Hemorrhagic Stroke Care Pathway – Pilot at IHSMC Go-Live March 2024
- Implementing Tenecteplase for Acute Stroke Treatment at INTEGRIS Health certified stroke centers Go-Live March 2024
- Engaging Providers to Improve RAPT Compliance Rates
- Developing Pre-Operative Packet for Total Joint Patients

#### **Intensive Medicine CP Update – Melissa Gullotto & Jana Williams, Drs. Peterson, Biedermann, El Banayosy, and Britt**

- Early Mobility Pathway: Phased go live Jan 2024 through June 2024; IHE will be the first facility to go live in January

#### **Behavioral Health CP Update – Allie Friesen**

- INTEGRIS Health Gala benefiting Behavioral Health Raised over \$760,000 ○ Actively developing strategy for implementation across all IHP/IMG clinics

#### **Oncology CP Update – Kim Frank, Dr. Showalter**

- Elsevier Clinical Path (evidence-based oncology pathways) Went live 10/24/2023 – On pathway rate 93% (143 decisions) vs. 88.8% Clinical Path Network.
- Collaborations: 1. Advanced GI, Surgery, and Oncology – to improve access to oncology and surgical specialists (navigation and multi-disciplinary clinics) 2. Oncology; Women’s & Children’s; Neurology CP’s; IMG – SBAR submitted for Geneticist 3. Clinical Services – Pathology (reduce TAT)

#### **Surgical Services Update – Madison Edwards, Dr. O’Leary**

- Standardized Colon orders are live. Please use these for colon surgeries. They are labeled “CRS” in Epic
- Optimization of Epic to include improved functionality for IHP independent physician office ability to enter case request ○ Following successful pilot programs – the following features are now available at the following locations: IHBMC (Medical Plaza Surgery Center, NW Expressway, and Portland) IHSMC
  - Availability to see open OR time – Live as of 9/2023
  - Automated notifications for block owners – Live as of 10/2023
  - Automated ability to request block release – Live as of 10/2023
- Currently notifying physicians. You may provide a designee to receive your notifications to Kevin Shuffield @ [kevin.shuffield@integrishealth.org](mailto:kevin.shuffield@integrishealth.org)
- SSI prevention monitoring utilizing K Cards to monitor THA, TKA, Colon and Hysterectomy patients to ensure all measures are met. Please ensure that you are entering antibiotic orders via order entry in Epic ○

Special requests entered outside this function will not be seen by pre-op nurses and will affect CPOE utilization

### **IACC/NZTI Update – Kay Shields Ragan**

- Established Liver Transplant Hotline for urgent inpatient referral of potential liver transplants
- Physicians are meeting with ICU's and hospital physician groups both within IH and external facilities. This hotline provides access directly to a NZTI transplant hepatologist.
- Initiating assessment in tandem with CI team to review Kidney referral to waitlist process to gain efficiencies and shorten throughput time, targeted start date in late May
- Engaging with EPIC team to review potential optimization opportunities for transplant flow
- Implemented eCPR for select patients undergoing resuscitation, initial outcomes are above nationally reported results; will reassess at 6 months to determine possibility of expanding coverage hours
- Implementing XynQAPI tool to assist with evaluation and improved

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## **APP Update**

ALL APPs with privileges at an INTEGRIS facility:

I would like to continue to encourage you to attend our APP Council meetings and become involved in the subcommittees. We have a legislative, inpatient, outpatient and educational subcommittee. Please complete this form to be added to the distribution list: <https://forms.office.com/r/M72cg8XGxL>



As always please contact the System Manager, Office of Advanced Practice – Dee Carey at [Barbara.Carey@integrisok.com](mailto:Barbara.Carey@integrisok.com) or 405-513-3899 with any questions or concerns.

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## **Citrix Migration**

INTEGRIS Health Information Technology will begin the next phase of our Citrix migration at **4 a.m. on Monday, Feb. 12.**

- Our focus has been on rigorous testing and issue resolution to ensure a reliable transition.
- This structured, phased migration will enhance our ability to address and resolve issues swiftly, with the complete transition set to conclude by March 18, 2024.

**Action Item:**

- **Personal Devices** - Please verify that the Citrix client is operational on your personal devices by **Monday, Feb. 12.** (See below resources section.)

**What you need to know:**

- INTEGRIS Health managed devices have been automatically updated with the Citrix client, so you do not need to do anything else.
- Desktop shortcuts and downloads will not follow you to the new Citrix desktop, but you can easily find and save them on your Citrix Profile or create shortcuts to your desktop. A Quick Start Guide is available [here](#) to do this.
- Links to tip sheets, videos and the Quick Start guide are available below in the resources section.
- Enhanced User Experience - Physicians and providers should anticipate an optimized Citrix Desktop interface, where you will find a streamlined workflow and essential VMware features integrated.
- Our support infrastructure has been strengthened, with increased help desk availability and accessible instructional resources.

**Informative Sessions:**

**A comprehensive series of meetings** and communications have been organized to guide you:

- **Tuesday, Jan. 23:** Executive Integration Team - migration overview.
- **Wednesday, Jan. 24 and Thursday, Jan. 25:** Advisory councils - detailed impact discussion.
- **Thursday, Feb. 1 to Wednesday, Feb. 21:** Various operational meetings - preparatory guidance.
- **Regular Updates:** Nursing and executive huddles and IT meetings.

**Resources:**

- [Downloading Citrix on your device and accessing Epic \(MacOS App Based\)](#)
- [Downloading Citrix on your device and accessing Epic \(MacOS Web Based\)](#)
- [Downloading Citrix Workspace on your device and accessing Epic - PC Quick Start guide to create shortcuts on your Citrix Desktop](#)

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## IHP Credentialing

IHP Providers,

As a reminder, all INTEGRIS Health Partners providers are required to undergo some form of credentialing to participate in the INTEGRIS Health Partners Network. There are 3 ways providers can be credentialed for network participation:

- **INTEGRIS employed providers:**
  - These providers are credentialed by the INTEGRIS Credentials Verification Office (CVO) as a part of their employment. This information is shared with IHP and reviewed by our IHP Network Strategy and Credentials Committee for network approval.
- **Independent providers who do NOT maintain privileges at an INTEGRIS facility:**
  - These providers can submit a [Participation Request Form](#) and be credentialed by our IHP Credentialing team. Once the application and verification process is complete, providers will be reviewed by our IHP Network Strategy and Credentials Committee for network approval. Reappointments for these providers are managed by the IHP Credentialing team.
- **Independent providers who maintain INTEGRIS facility privileges:**
  - These providers can apply for network participation using their hospital privileges by submitting an [Add/Change Form](#). These providers will also go through our IHP Network Strategy and Credentials Committee for approval.
  - If a provider in this category resigns their hospital privileges, they will need to submit a [Participation Request Form](#) and be credentialed by IHP Credentialing.
    - If hospital privileges are resigned and the provider does not apply for IHP Credentialing, they will be termed from IHP in line with requirements laid out in section 2.1.1 of the IHP Network Participation Agreement.

Providers can review their credentialing status using this link: [MD-Query \(mdquery.com\)](#)  
If you have any questions, please contact our team at [IHPCredentialing@integrishealth.org](mailto:IHPCredentialing@integrishealth.org).

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## Coding Tip of the Month:

# Did You Know?



A person with Peripheral Arterial Disease experiencing symptoms of pain in their limbs while laying down or with their feet elevated may have atherosclerosis of the extremity with rest pain.

*To code for this condition to the highest level of specificity, be sure your documentation includes any clinical findings that supports the condition along with a disease status and a treatment plan.*

## Validated Coding & Documentation Example

I70.221 - Atherosclerosis of native arteries of extremities with rest pain, right leg – Improving, continue wearing compression stockings daily.

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Vascular Disease

January 2024 Coding Tip

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## Gender Affirming Provider Survey

IHP Providers are invited to complete our Gender Affirming Provider survey [here](#). We are building a collection of resources within our network for patients seeking gender affirming care and/or a gender affirming provider. Gender affirming care is designed to support and affirm an individual's gender identity. Type of care provided varies across disciplines and healthcare settings. Common elements across settings would be intentional practices to create a safe and inclusive healthcare space (i.e., intentional use of a patient's identified pronouns and preferred name, assisting patients in finding resources to align with their specific needs, etc.). This survey will serve as a tool to capture information about gender affirming care resources as well as a way for providers to attest to that they provide gender affirming care to their patients. Please [reach out to our IHP team](#) if you have any questions about the Gender Affirming Provider survey.

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## Epic Care Link

INTEGRIS Health has partnered with Epic to offer the EpicCare Link to our independent providers in IHP. The EpicCare Link system offers free, read-only access to INTEGRIS medical records allowing community providers access to review patient's charts creating a more transparent flow of information between physicians.

IHP providers interested in using the INTEGRIS EpicCare Link system can request access by going to [https://epiccarelink.integrisk.com/EpicCareLink/common/epic\\_login.asp](https://epiccarelink.integrisk.com/EpicCareLink/common/epic_login.asp) and clicking on Request New Account.

If you have trouble registering for an account, please contact the INTEGRIS IT Help Desk at 405-949-4086 or Toll Free at 866-609-4357.

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## Update Your INTEGRIS Health Partners Profile

Our INTEGRIS Health Partners team has been hard at work updating the IHP Provider Roster and Directory. In an effort to ensure accuracy, we ask that you take time to fill out this short 10-minute survey to update your information: [INTEGRIS Health Partners Profile Update Form](#). This will be used to update our IHP Provider Roster and Directory, as well as your INTEGRIS Health website provider profile.

If you are a new provider or an existing provider and had recent changes to your provider TIN and/or clinic locations and have not already made the change with HealthCare Highways, please visit this link [Providers: Tailored Plans for Patient-Centric Care | Healthcare Highways](#). At the bottom of the page, go to "Update Your Information" and complete the ACT Roster template with updated provider information. This update will ensure provider claims are processed correctly.

Please reach out [Robyn.Burk@integrisk.com](mailto:Robyn.Burk@integrisk.com) with any questions you have regarding these forms.

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## Provider Headshots

Calling all headshots! We are in the process of updating all IHP provider headshots on the INTEGRIS Health website. It is important to patients when they are looking for a new doctor to have a visual representation of who they will be going to for their health concerns and continued care.

IHP has collaborated with Marketing to allow providers to make appointments to get headshots taken at the [INTEGRIS Health Corporate Tower](#). Please contact [Lainey.Townsend@integrisk.com](mailto:Lainey.Townsend@integrisk.com) to schedule your appointment. Once completed, the provider will receive a copy of their professional headshot to use for marketing purposes. If you already have a professional headshot, please email it to [INTEGRISHealthPartners@integrisk.com](mailto:INTEGRISHealthPartners@integrisk.com).

## New Physicians and Advanced Practice Providers

<p><b>Brandi Bass, APRN</b> Advanced Practice Registered Nurse, Family Medicine INTEGRIS Health Medical Group Downtown Oklahoma City, OK 73102 (405) 606-2260</p>	<p><b>Courtney Carrier, APRN</b> Advanced Practice Registered Nurse, Family Premier Breast Health Institute of Oklahoma Oklahoma City, OK 73159 (405) 768-1970</p>	<p><b>Richard Dees, DO</b> Orthopedic Surgery INTEGRIS Health Medical Group Orthopedics Edmond Edmond, OK 73034 (405) 657-3990</p>	<p><b>Alana McKinney, APRN</b> Advanced Practice Registered Nurse, Family INTEGRIS Health AllSet Urgent Care - South Classen Oklahoma City, OK 73071 (405) 427-4941</p>
<p><b>Sarah Menz, APRN</b> Advanced Practice Registered Nurse, Family The Physicians Group, LLC Yukon, OK 73099 (405) 787-8550</p>	<p><b>Laura Miller, PA</b> Physician Assistant The Physicians Group, LLC Yukon, OK 73099 (405) 787-8550</p>	<p><b>Sarah Miller, APRN</b> Advanced Practice Registered Nurse, Family INTEGRIS Health Medical Group Breast Surgery Oklahoma City, OK 73120 (405) 552-0400</p>	<p><b>Yvette Phillips, APRN-CNP</b> Advanced Practice Registered Nurse, Family Zuhdi Transplant Physicians - Advanced Interventional Endoscopy Oklahoma City, OK 73112 (405) 633-9101</p>
<p><b>Jeni Reichenberger, PA</b> Physician Assistant Just Kids Pediatrics Midwest City, OK 73110 (405) 757-7818</p>	<p><b>Jennifer Stewart, MD</b> Pediatrics Just Kids Pediatrics Moore, OK 73160 (405) 757-7818</p>	<p><b>Ronald Sutor, MD</b> Internal Medicine INTEGRIS Cardiovascular Physicians Oklahoma City, OK 73112 (405) 948-4040</p>	<p><b>Hillary Sweetin-Lewis, PA</b> Physician Assistant INTEGRIS Health AllSet Urgent Care - South Classen Norman, OK 73071 (405) 427-4941</p>
<p><b>Tracy Troyer, PA</b> Physician Assistant INTEGRIS Southwest Rehabilitation Oklahoma City, OK 73109 (405) 644-5256</p>	<p><b>Carrie Vincent, APRN</b> Advanced Practice Registered Nurse, Pediatrics Norman Pediatric Associates, P.C. Norman, OK 73072 (405) 321-5114</p>	<p><b>Rodney Worthen, MD</b> Urology Urology Associates, Inc. Enid, OK 73701 (580) 233-3230</p>	<p><b>Cory Young, APRN-CNP</b> Advanced Practice Registered Nurse, Family INTEGRIS Health AllSet Urgent Care - South Classen Oklahoma City, OK 73071 (405) 427-4941</p>

To see previous issues of the IHP Newsletter, please visit the archive at [Newsletters | INTEGRIS Health \(integrisk.com\)](https://www.integrishospital.com/newsletters).