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Updates:

**Wednesday, July 18th
11:30am, Education Center B
Safety/Risk Lecture**

**Wednesday, July 18th
12noon, Education Center
U.S. Army Luncheon**

**Wednesday, July 18th
6:00pm, Education Center
Podiatry Complications**

**Thursday, July 19th
5:00pm, Education Center
FP Residency Dinner Mtg.**

**Friday, July 20th
12:30pm, Education Center
LECOM Student Luncheon**

**Wednesday, July 25th
11:30am, Education Center
OMM Lecture**

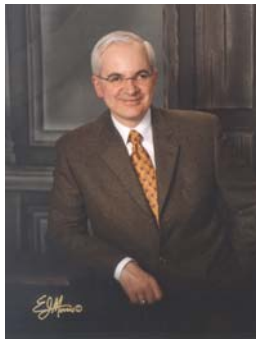
**Wednesday, Aug. 8th
1pm - 4pm, Education Center
Infectious Disease Lecture
Dr. Carl Encarnacion**

RESIDENCY PROGRAM HIGHLIGHT

Internal Medicine Residency Program

From The Program Director

John M. Ferretti, D.O., FACOI



I am pleased to share the highlights of our Residency Program with you. We are very proud of our well-rounded core curriculum in General Internal Medicine and its Subspecialties. Residents receive training in evidence based medicine, epidemiology, teaching and team management skills. We are pleased to provide an educational environment that is designed to enhance academic curiosity, foster excellence in clinical and teaching skills, and promote clinical and basic science research. The spirit and enthusiasm of this year's residents provide a sense of camaraderie and community that is shared among the residents, interns, medical students and hospital staff. Our graduates have received top fellowship positions, and many have remained in our region becoming preceptors and mentors to future generations of residents and students.

Mission of the IM Residency

To provide Residents with a comprehensive structured cognitive and procedural clinical education, in inpatient and outpatient settings to become competent, proficient and professional Osteopathic Internists.

Program Requirements and Content

The Residency Program in Internal Medicine is thirty-six (36) months in duration. The training consists of: thirty-six months of IM and its Subspecialties, the first twelve months of which may be an AOA Approved Specialty Track Internship in IM, or thirty- six months of IM and its Subspecialties after any other AOA-Approved Internship.

Research & Didactics

Residents are required to participate in the AOA-Approved Clinical Assessment Program (CAP) and must do one (1) Research Project during their thirty-six (36) months. The Residency Program requires all IM Residents to enroll in the Masters of Science in Medical Education Program at LECOM. The IM Residency Program offers a variety of formal structured didactics to the Residents at Morning Report, Journal Club, Residency Lecture Series, Grand Rounds, Board Review, Noon Educational Lectures, OMM Lectures, Behavioral Science Lectures, Patient Safety and Risk Management Lectures.

CODER'S CORNER

Mark Terrill, CCS
Inpatient Coder, MCH

CMS Releases Fiscal 2008 Proposed Rule

CMS's new Severity-Adjusted Diagnosis Related Groups (DRGs), that is in the proposed inpatient prospective payment system (IPPS) regulation unveiled April 13, gives hospitals an additional descriptor so they can distinguish sick patients from very sick patients and get paid accordingly. Instead of modifying DRGs by only the absence or presence of complications and comorbidities (CCs), Medicare will offer three choices: no CCs, CCs or major CCs (MCCs).

The 745 MS-DRGs, which will replace the existing 538 DRGs, are designed to better capture complications and illnesses. That means, CMS says, it's expected that Medicare payments to hospitals that treat sicker patients will increase, and Medicare payments to hospitals that treat less-ill patients will drop. MS-DRGs have both CCs and MCCs so that hospitals can convey to Medicare when they are treating patients with secondary diagnoses that drive up the cost of care. MCCs are reserved for the more severely ill patients. It's much easier to get a CC than an MCC. To get the higher payment, patients have to be really sick. Moreover, CMS has decreased the number of diagnoses that qualify as a reimbursable CC and there are predictions that hospitals' CC capture rate will move from an average of 77.6% to 41.2%.

For example, a common diagnosis of our inpatient population is congestive heart failure (CHF). But with MS-DRGs, physicians need to indicate the type of CHF — right-sided or left, systolic or diastolic, etc. Documentation of "CHF" (ICD-9 code 428.0) is not a reimbursable CC. And when documenting chronic renal failure, CMS has placed only ICD-9 codes 585.4 and 585.5 (chronic kidney disease stage IV and V) on the list. Chronic kidney disease unspecified (code 585.9) is not on the list.

This proposed rule will take effect October 1, 2007 so it is imperative that we start now to educate Physicians on these changes. Please look for upcoming articles and additional information on this proposed rule change. I look forward to working with you in the future, and if you have any questions please contact me at extension 8300.

LECOM RESEARCH DAY

We anticipate the annual **LECOM Research Day** will be held in November. Please begin preparing your articles, abstracts, and posters. Stay tuned for upcoming newsletters for confirmation of deadlines and the LECOM Research Day Event.

RESIDENCY PROGRAM HIGHLIGHT

Internal Medicine Residency continued from page 1



From Chief Resident Danielle Hansen, D.O.

I am honored to have been selected Chief Resident for the Academic Year 2007-2008. It is a privilege to lead and to serve as advocate for such a great group of interns and residents. We are continuously making improvements to our program. Not only do we have a revised curriculum for the residents, but we also have a new curriculum for medical students who rotate on our service that provides residents with an opportunity to utilize the knowledge and skills acquired in the Masters of Science in Medical Education Program. I anticipate a great learning experience in medicine, administration, and leadership. I look forward to working with all other members of the health care team to provide the best possible care for our patients.



From Recent Graduate James Y. Lin, D.O.:

The Internal Medicine Program at Millcreek Community Hospital really prepared me to face the challenges of practicing Medicine in our ever changing environment. From day one, I was taught the importance of practicing cost effective Medicine. The program not only provided a wide variety of clinical experiences, it also provided me the opportunity to obtain a Masters Degree in Medical Education. With the additional degree, I am much better prepared to teach the next generation of Physicians. Dr. Lin is a Geriatric Fellow at UMDNJ.

LECOM Student's Evaluate 3rd and 4th Year Rotations

On a satisfaction index of 0-100, LECOM Students ranked their MCH experiences consistently from 80-100.

To our Preceptors, we are grateful for your dedication and commitment to the education of our Students and thank you for your continued service. We will be sending individualized reports and student comments to each Preceptor. The Student comments were overwhelmingly favorable and clearly reflect the fruits of your labor.

Thank you!!

Graduate Medical Education/Library Committee Members

John M. Ferretti, D.O.
Mary L. Eckert
Deborah Lee-Sanko
Frank M. Tursi, D.O.
John J. Kalata, D.O.
Dennis Agostini, D.O.
Dennis Borczon, M.D.
Carlo DiMarco, D.O.
Douglas Grisier, D.O.
Steven Habusta, D.O.
Harry Haus, D.O.
Goffredo Ianiro, D.P.M.
Kirk Steehler, D.O.
Danielle Hansen, D.O.
Garrett Clark, D.O.
Pam Mayberry
Julia Ferraro
Marilyn Tracy

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