

AUSTIN Medical Times

Bringing Healthcare News to the Forefront

October Issue 2018

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Why Knowing Your Stroke Risk is Important – World Stroke Day

By Joel Rice, Executive Director
American Heart Association

October 29th is World Stroke Day and the American Heart Association reserves the day to help educate the public about stroke – the No. 5 cause of death in the United States and the No. 2 cause of death world wide.

Did you know that someone has a stroke every two seconds? In the U.S., about as many people have a stroke each year (795,00) as a heart attack (790,000).

- An estimated 7.2 million U.S. adults 20 and older have had a stroke. Projections show that by 2030, an additional 3.4 million U.S. adults 18 and older will have had a stroke – a 20.5% increase from 2012.
- Though stroke death rates have declined for decades among all race/ethnicities, Hispanic populations have seen an increase in death rates since 2013.¹

The good news is that awareness of the F.A.S.T. acronym for spotting stroke and calling 9-1-1 almost doubled since 2012. The AHA's major stroke guideline releases provide the latest evidence-based treatment recommendations to health professionals. Our Get With The Guidelines®-Stroke program, launched in 2003 with 24 hospitals, is helping 2,000+ hospitals promote guidelines-based care. The number of hospitals providing surgical clot removal doubled from 2003 to 2012. And, the AHA has granted nearly



2,400 stroke-related research awards (worth a total of \$366.4 million) since 1998.

“An estimated 7.2 million U.S. adults 20 and older have had a stroke. Projections show that by 2030, an additional 3.4 million U.S. adults 18 and older will have had a stroke – a 20.5% increase from 2012.”

The AHA is dedicated to helping reduce stroke risk and empowering recovery after stroke. Stroke is largely beatable through high-quality rehabilitation and patient support and implementation of the Association's

Rehabilitation Guidelines. The ASA provides tools and hope for the best possible recovery, and also helps connect stroke survivors and caregivers. Stroke rehabilitation can help patients build their strength, capabilities and confidence, as well as potentially regain skills and return to independent living.

The American Heart Association/American Stroke Association's Together to End Stroke™ initiative, nationally sponsored by Kindred Rehabilitation Services, raises awareness that stroke is largely beatable through high-quality rehabilitation, patient support and implementation of the AHA/ASA's Stroke Rehabilitation and Recovery Guidelines. Learn more at

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Financial Forecast

The ABCs of Building a Financially Healthy Medical Practice

By Reed Tinsley
CPA,CVA,CFP,CHBC

As changes continue to occur in the healthcare industry, physicians are taking a hard look at the numbers of a medical practice and gauging whether the year at hand will be economically successful. To analyze the productivity of the practice, physicians depend on accurate and timely information. However, with the focus of every practice on delivering quality health care, the financial side often becomes neglected or ignored.

Frequent signs that a practice may not be paying enough attention to its financial side include: a lack of documented billing procedures; lack of internal controls involving accounting and cash; lack of timeliness; no accountability for staff; missing or outdated records; and the lack of targeted benchmarks.

In order to run a practice profitably, a physician should review weekly financial and cash flow updates to calculate overhead and determine how much to collect and how many patients

are needed to cover those costs. These updates also allow physicians to determine the level of patient visits, frequency of procedures, trends in expenses and changes in activities.

Develop a simple accounting system. Creating a dependable and user-friendly accounting system is the key to successful financial reporting. By engaging an accounting professional, practices can create a system that works for them. The system needs to be able to generate weekly and monthly reports on the status of the office and must be kept up-to-date.

Buying easy-to-use accounting software is the first step. Staff also must be properly trained so data input is timely and correct.

It's also important that a professional accountant frequently review the activity in a practice's accounting records, especially if the practice is growing, adding doctors, expanding or is new. This review will allow a practice to properly report financial conditions and timely tax planning. The last thing a physician wants to find after months of recording



the books are surprises in regards to gains, losses or tax liability.

Implementing and documenting medical billing procedures is critical in today's environment. Accurate medical billing (especially CPT coding) is extremely important to the success of any practice. Creating processes that ensure data is captured properly and timely should become a top priority. Staff should be aware of what is expected of them and how to get it done effectively.

The best way to establish these procedures is to place productive but reasonable practice goals with each staff member. Goals could include daily charges input, daily payments input,

acceptable lag time days, number of claims that have received follow-up, number of patient calls to make, zero lag time on correcting claims transmitted, compliance with credit balances and compliance with coding and documentation.

Several areas that should be closely monitored in the billing process include regular follow-up on claims and appropriate attention to denials, zero EOBs and transmission rejections.

Next, make sure to create a continuous communication cycle. Because of the pace of a physician's

see **Financial Forecast...page 12**



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Legal Matters

OIG Approves Warranty Program for Bundled Products used in Joint Replacement Surgery



Mark S. Armstrong, JD and
Maily H. Hoang, JD
Polsinelli, PC

The U.S. Department of Health and Human Services, Office of Inspector General (“OIG”) recently released Advisory Opinion 18-10, which approved a proposed arrangement involving a manufacturer of medical devices and wound care products to offer its hospital customers a refund for the aggregate purchase of three of the Requestor’s products (the “Warranty Program”).

In order to qualify for a refund under the Warranty Program, the following conditions had to be met:

- A patient must have had joint replacement surgery, as an

inpatient, at the hospital and must have received each of the following three products: (i) a total knee or total hip implant, (ii) a wound therapy system, and (iii) an antimicrobial dressing (collectively, the “Product Suite”).

- A patient who received the Product Suite must have been readmitted to the same hospital where the joint replacement surgery was performed, as an inpatient, within 90 days following the joint replacement surgery due to a surgical site infection or for a revision of the implanted knee or hip system.

- Each product must have been used in a manner consistent with its labeling, and the patient’s readmission must have resulted from the failure of one or more of the products to perform as expected.

When the requirements are met, the Requestor would refund the hospital its aggregate purchase for all



three Products in the Product Suite, regardless of which or how many products actually failed to perform as expected. The refund would be provided without regard to the patient’s insurance status and without regard to the third-party payor that covered the patient’s joint replacement surgery.

The Requestor certified that the three products in the Product Suite are not separately reimbursable but rather covered by one Medicare payment to the hospital. An agreement would be executed between the manufacturer and the hospital requiring the hospital to, among other things, certify that physicians performing surgeries at the

hospital would, at all times, remain responsible for determining whether a specific medical device, including each of the three products in the Product Suite, is medically necessary and clinically appropriate for a particular patient. It would not require the hospital to purchase any subsequent products after discharge.

The OIG analyzed the Warranty Program and determined that it implicates the anti-kickback statute because it offers the hospital customers something of value in exchange for the purchase of the Product Suite.

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Mental Health

How Physicians Can Impact America's Depression Epidemic

By Debra Wood

Depression in the United States remains a serious problem, affecting millions of people. What can physicians do to address this common mood disorder?

For starters, don't assume that the responsibility rests with psychiatrists alone; more and more, healthcare leaders are realizing that the battlefield in the fight against depression actually begins in primary care.

"Physicians are often the first-line responders to depression," said Asha Shajahan, MD, director of community health and family physician at Beaumont Health in Detroit, and assistant professor with the Oakland University William Beaumont School of Medicine.

"We definitely should and can be influencing this, especially with the recent prominent suicides," said Ruth M. Brocato, MD, a primary care provider specializing in family

medicine at Mercy Personal Physicians at Lutherville, Maryland, one of Mercy Medical Center's several community physician sites.

A growing problem

The National Institute of Mental Health reports that about 6.7 percent of adults in the United States have had a least one major depressive episode, with prevalence higher among women, people age 18 to 25 years, and people reporting being of two or more races.

Suicide rates are up, according to the Center for Disease Control and Prevention.

Physicians may detect depression through patient conversations and observation of physical symptoms. Shajahan said, "Patients may not always connect what manifests physically in the body could be attributed to depression and many are in denial."

A recent study of claims data from the Blue Cross Blue Shield Association showed a surge in major



depression diagnoses, which were up 33 percent from 2013 through 2016.

Carl Olden, MD, FAAFP, a member of the board of directors of the American Academy of Family Physicians (AAFP) in Yakima, Washington, suggested this surge may be due to additional screening or could be related to additional cases of depression.

"We are asking the question more," Olden said.

Additionally, patients are more open about discussing depression with their physicians, said Beth Salcedo, MD, medical director of the Anxiety

and Depression Association of America.

Screening for depression

The U.S. Preventive Services Task Force (USPSTF), National Committee for Quality Assurance (NCQA) and AAFP recommend screening all adults in a primary care setting for depression.

"We think this is an important public health and personal health measure," Olden said. "We try to align with all of the quality measures important to individuals and families."

see Mental Health...page 12

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Oncology Research

Surgery After Cancer: Breast Reconstruction Considerations



By Heather King,
 M.D., FACS
 Texas Breasts
 Specialists-Austin

Advances in breast cancer treatment have resulted in impressive survival rates – for example, to nearly 100 percent for stage 1 breast cancer, according to the American Cancer Society. But even that significant progress does not mask the understandable uncertainty newly diagnosed women face. The top immediate concerns for many of my patients are: fear of chemotherapy and potentially losing their breasts with mastectomy.

All forms of breast cancer

combination with chemotherapy and/or radiation, is all about making the patient cancer free.

Decisions about follow-up reconstructive surgery blend medical with deeply personal concerns. For some women, the desire to look and feel as “normal” as possible – as they define normal for themselves – post-cancer is vitally important. The range of options includes saline and silicone implants, a variety of forms of flap surgeries which use back, buttock, or abdomen tissue to reconstruct breasts, with nipple reconstruction and/or tattooing available to complete the process in some cases.

Some women opt for proactive surgery on the opposite, non-cancerous breast for symmetry, while others choose a form of reconstructive surgery, but postpone it. The need for follow up



treatment – chemotherapy, surgical techniques, and radiation – continue to improve as experience and research reveal new breakthroughs and innovations. That in turn can present patients with more options that can more closely align with what matters to them during and especially after treatment.

Ridding our patients of cancer is priority one. Obviously. But it's not the only priority. With breast cancer, physical scars intersect with emotional and psychological wounds. Surgery to remove cancer is more straightforward. Clinical considerations lead the way, but breast preservation and physical appearance are taken into account. Advanced techniques like hidden scar or nipple sparing surgery are possible options for some patients.

Ultimately, whether a patient undergoes a mastectomy, lumpectomy, or lymph node surgery, and whether in

radiation treatment can impact the recommended timing.

In contrast to the array of proactive options is the choice of declining reconstructive surgery altogether. Some women do not want to endure still more medical procedures following the ordeal of cancer treatment. Others choose to “go flat” for many reasons such as concerns about possible complications from surgery, or lifestyle priorities, like having to miss more time with young children or family, or being able to exercise and maintain an active lifestyle.

For every breast cancer patient confronting these decisions, it is important to get complete information from your medical teams about all options. We encourage patients

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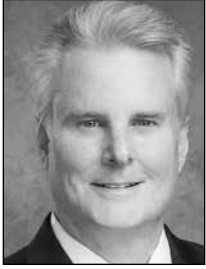


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New Technology

Healthcare Digital Transformation



By Mark Johnson
President, Xtrii

Having worked in the healthcare industry for more than 30 years, I've seen many technology initiatives, including Y2K, Meaningful Use, ICD-10 and EMR implementations. Most of them were mandated, and therefore eventually most healthcare organizations acted on them. Now, Digital Transformation, which is one of the most influential opportunities, is facing healthcare organizations, and many of them will miss out. It's not currently mandated by regulatory bodies, and so some healthcare organization will mistakenly ignore it. To improve operations, deliver more value to customers, and stay competitive in today's rapidly changing market, businesses must effectively integrate the right technologies and

fully leverage digital transformation. All too often, company leaders are lulled into thinking they can maintain the status quo and continue to perform well. But recent history is full of examples of companies that fell into this mindset; by the time they finally responded, it was too late.

Times have changed. The age of digital transformation rewards early adopters (and a few super-fast followers), leaving others to play catch-up and struggle to survive.

A recent cautionary tale

For an example of how digital transformation affects businesses, let's look at the retail industry. Years ago, local family-owned retail stores dominated most of the market. Then Walmart came along; their "just in time" inventory system facilitated lower prices and an ever-growing network of stores. They looked unstoppable... but along came Amazon. Though at first it seemed like just an online bookstore, Amazon had ambitions of expansion and a well-thought-out digital transformation plan.



As a result, the once-dominant Walmart has been significantly impacted, and has closed stores across the country. In this instance, Walmart has been relegated to the role of "superfast follower." In an effort to compete, Walmart purchased online retail startup Jet.com and revamped their leadership team to fast-track their plans to catch up to Amazon.

Amazon's digital transformation has changed the way the retail industry works, and they've left big-box retail stores struggling to stay above water. All it takes is a look around the empty shopping malls and shuttered outlet malls to see the impact of digital transformation on the retail

industry as a whole.

This same tale or market disruption and transformation will eventually also play out in the healthcare industry.

How to stay ahead and be a healthcare leader

Which role will your business play: the digital transformation early adopter, or the straggler? What should you do now to make sure you are in the right market position?

The following recommendations should help you get

see New Technology...page 12

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St. David's North Austin Medical Center Recognized for Exceptional Nursing

St. David's North Austin Medical Center recently became one of only two hospitals in the nation to have three medical-surgical (med-surg) units receive the prestigious PRISM Award® from the Academy of Medical-Surgical Nurses (AMSN). The honor recognizes exceptional nursing practice, leadership and patient outcomes in hospital med-surg units.

The PRISM Award, which stands for Premier Recognition in the Specialty of Med-Surg, launched in 2012 and is the first-of-its-kind honor for med-surg nursing units. Award criteria include effective leadership, staff recruitment and retention, evidence-based practice, positive patient outcomes, a healthy work environment and lifelong learning of unit staff members.

The orthopedic and bariatric med-surg unit at St. David's North

Austin Medical Center is the latest unit to be honored. The hospital's renal transplant and endocrinology unit received this award in 2015, and its cardio-pulmonary unit received the award in 2016.

"We are pleased to be recognized by AMSN for our efforts to provide high-quality patient care in a wide range of specialties, including orthopedics, bariatrics, renal transplant, endocrinology and cardio-pulmonary services," Cindy Nicholas, chief nursing officer at St. David's North Austin Medical Center, said. "These awards reflect the commitment and compassion from our med-surg nurses."

The award is co-sponsored by AMSN and the Medical-Surgical Nursing Certification Board (MSNCB). AMSN and MSNCB created it to inspire nurses to strive for the highest levels of patient safety and quality.



Chase Pedersen, Associate Chief Nursing Officer at St. David's North Austin Medical Center; Dr. Linda Yoder, President of the Academy of Medical Surgical Nurses; Kay Bobbitt, Marcia Francis, Angela Tawil; Cindy Nicholas, Chief Nursing Officer at St. David's North Austin Medical Center; Fritz Marthol

According to AMSN, there are more than 600,000 med-surg nurses practicing in the U.S. today, making them the single largest group of specialty nurses working in hospital settings. Med-surg nurses oversee a broad spectrum of patient care responsibilities, which award creators say is a reason the acronym "PRISM" was chosen for its name.◆



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Dell Medical School Launches Data Hub to Accelerate Biomedical Research, Advance Health

Dell Medical School at The University of Texas at Austin is accelerating innovation and research by creating a Biomedical Data Science Hub to help solve complex research and clinical problems.

Imagine having a complicated scientific question: How do we predict who will be diagnosed with Type 2 diabetes based not only on clinical and family history, but also on lifestyle, community factors, work life and medical history?

The answer could improve the lives of millions because it could lead to early, simple, preventive interventions. That's the power of big data analytics in health care: It uses huge amounts of a population's data and state-of-the-art analysis methods to boil it down to a small core of information to potentially help prevent individual illnesses and large-scale epidemics, cure disease, personalize medical care, reduce

expenses and more.

Currently, Dell Med's data core scientists are carefully extracting and curating health data from myriad sources to provide a fuller, more detailed picture of all the factors — clinical and nonclinical — that affect our community. But the data are scattered and can be difficult and time-consuming to work with and understand.

The Biomedical Data Science Hub will tap into that data and figure out the best way to use that data effectively and efficiently to answer important, timely local questions, such as how to prevent and best treat diabetes. It will help analyze the data to fully represent the target population, advise whether to use classical analyses versus the latest machine learning technique, and assist in identifying other resources at UT Austin that could help optimize the study's potential so the results



could quickly and efficiently inform clinical and public health practice.

"To increase the pace of innovation in health, high-quality data needs to be ubiquitous and analysis much richer, and that's what we're trying to achieve with the data hub," said Clay Johnston, M.D., Ph.D., dean of the medical school.

"UT already has so much strength in this area, and now it's about directing that toward the key questions in health including addressing health inequities in our community," Johnston

said.

"The Biomedical Data Science Hub is the next natural component to complement Dell Med's data core, because that's how we will be able to target the right problems with the right approaches and know whether the improvements made are actually working for individuals and the community as a whole," said Bill Tierney, M.D., chair of Dell Med's Department of Population Health.◆

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Baylor Scott & White Health, Memorial Hermann Health System Sign Letter of Intent to Create New Combined Health System

Furthering century-long missions to transform the future of healthcare to benefit millions of Texans



The boards of Baylor Scott & White Health and Memorial Hermann Health System have signed a letter of intent to merge into a combined system to further strengthen communities, advance the health of Texans and transform the delivery of healthcare.

As two of the most comprehensive not-for-profit health systems in Texas, Baylor Scott & White Health and Memorial Hermann, both founded as faith-based organizations, share similar missions and values. Equally important, they share like-minded, forward-thinking visions for the future. This proposed combined health system is positioned to become a national model for integrated, consumer-centric,

cost-effective care.

“This is about two mission-driven organizations – both committed to making safe, high-quality healthcare more convenient and affordable – building something transformative together,” said Jim Hinton, CEO, Baylor Scott & White Health. “We must lead the change in our industry, while insisting we continue to fulfill our unwavering commitments to meeting the needs of all Texans.”

The health systems, both nationally recognized and dedicated to improving access and continuity of care, serve as vibrant, economic engines in more than 30 Texas counties, employing more than 73,000

across the state. Both have strong ties to the academic medical community, and together will be positioned to expand those affiliations to advance medical training and research programs, while continuing to attract and retain the very best talent.

“Together, we believe we will be able to accelerate our commitments to make care more consumer centric; grow our capabilities to manage the health of populations; and bend the unsustainable healthcare cost curve in the state,” said Chuck Stokes, president and CEO, Memorial Hermann. “Through this combined system, we have a unique opportunity to reinvent healthcare and make a profound

difference in the lives of millions of Texans.”

The details of the letter of intent include:

- **Unified Board:** A unified board will be comprised of an equal number of appointees from both organizations. Ross McKnight, the current chair of the Baylor Scott & White Holdings Board of Trustees, will serve as the first chair of the proposed combined system’s board. A vice chair, selected by the Memorial Hermann Health System Board of Directors, will be named prior to closing and will become chair at the

see Baylor Scott & White...page 14



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Stroke Risk

Continued from page 1

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millions around the world in spreading the word about secondary stroke prevention and treatment and heart

disease. One day together helps us all fight stroke 365 days a year. We are also grateful to our Healthy For Good

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Financial Forecast

Continued from page 3

office, formal communication between doctors, management and staff often is fragmented, neglected or postponed. Animosity can develop between management and staff because of inaccurate assumptions.

Management must take ownership of this responsibility and strive to communicate with staff. Key issues such as turnover of personnel,

additional hiring of personnel to support practice functions and new processes needing implementation should be communicated timely. Staff meetings with specific agenda items and formal memos documenting new policies and decisions seem to work well for physician offices.

Finally, establish your benchmarks – this I have preached to you in the

past. Benchmark all practice statistics and most importantly, see how you are doing this year compared to last year. If the year is flat or declining, investigate immediately and develop an associated action plan of attack.

Through planned and integrated accounting, medical billing, communication and benchmarking, a physician's office can run smoothly

and continue to care for patients while being up-to-date on the economics of the practice.◆

Mental Health

Continued from page 5

And it has good evidence behind it.”

The Public Health Questionnaire 2 offers an initial screen, asking about feeling down or hopeless or loss of interest or pleasure in doing things. Those answering affirmatively can be further screened with the Public Health Questionnaire 9.

However, some physicians shy away from mental-health issues.

“The challenge is, once you ask the question, what do you do with the results?” Olden said. “That is the struggle. You only screen for things you can do something about.”

Joe Parks, MD, medical director of the National Council for Behavioral Health in Washington, D.C., added that physicians work on a tight schedule and worry about how they will handle a patient who is suicidal or becomes

distraught during the visit.

“Some of them are worried they are opening a can of worms,” Parks said.

Brocato recommended asking patients about their mood and taking the time to know patients, so the physician can notice changes in behavior.

Asking about loneliness and supports in the patient's life, and inquiring about quality of life, are ways to start a discussion about depression, suggested Shajahan.

Treating depression in primary care

USPSTF reported that treating depression with psychotherapy, antidepressant medication or both can lead to improvement in symptoms.

“We are well trained to treat depression,” Olden said. “We are the

first line and often the only line. Many of us are comfortable with the treatment and looking for opportunities to work with colleagues.”

Olden added that patients often resist referrals to mental health professionals and insist the family medicine physician provide treatment. He also has used telepsychiatry to obtain specialty care and complex medication management for his patients, and investigated the use of avatars in counseling, a new approach recently discussed in *Frontiers in Psychiatry*.

Additionally, Salcedo said, people with depression often do not have the energy resources to sort through treatment options and make good decisions. Physicians can help

explain options and insurance issues.

Embedding mental health counseling professionals in a practice, such as the patient-centered medical home, offers another way primary care physicians can be effective in treating depression.

“Not everyone needs medication,” Olden said. “A lot of depression is well treated by counseling.”

Parks has long maintained that primary care physicians should invite a psychiatrist into their practice to provide immediate access to an expert. Parks, himself, practices with several primary care physicians.

“It's more efficient,” Parks said. ◆

New Technology

Continued from page 8

on the right track:

Identify and acquire the required resources

To win the digital transformation game, you need to have the right tools and team for success. Assess your ability to execute your digital plan with the resources you currently have. Typically, the technological solutions that brought you to this point won't be the same ones that will drive your future success.

You also need to determine whether your current internal resources can continue to run the day-to-day aspects of the business while effectively driving your digital transformation. Engage a seasoned advisor who can provide an unbiased review of your current systems, identify opportunities, and drive timely execution. Digital transformation is a new concept for most people, and many companies struggle to figure it out on their own. The right advisor can help your company avoid missteps on the road to a timely and successful outcome.

The Right Plan

Some organizations mistakenly think that implementing a new EHR,

ERP, CRM, or financial system is the extent of digital transformation. While those tools may be a piece of the overall plan, they're far from the full potential a digital transformation can offer. True transformation involves internal processes, customer experience, delivery of services and products—essentially the full healthcare continuum. Make sure your digital transformation leaders understand the difference and are prepared to serve as change catalysts. That means challenging traditional thinking and identifying needs, gaps, and opportunities.

Execute

Act and execute like your future is counting on it... because it is.

Amazon didn't gain their advantage in the retail industry by merely crafting a great plan; they also executed the plan in a more timely and more effective manner than their competitors. Innovation and business opportunities have a window of opportunity. Take action now, start fast, and execute to win this race.

Mark Johnson is a global technology leader that has advised and led the top healthcare organizations. He currently serves as President of Xtrii, www.Xtrii.com. For additional information on Digital Transformation, and to see more of Mark's technology tips and insights, visit www.Xtrii.com. ◆

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Legal Matters

Continued from page 4

The OIG then concluded that the Warranty Program did not qualify for protection under the warranties safe harbor because the warranties safe harbor only applies to one item, not bundled items. Although the OIG expressed concern that a “warranty arrangement involving a bundle of items that were separately reimbursable could result in overutilization . . . and could unnecessarily increase costs”, it concluded that the Warranty Program at issue would not generate prohibited remuneration under the anti-kickback statute.

In reaching its decision, the OIG determined that the bundled rebates posed a significantly low risk of fraud and abuse under the anti-kickback statute because:

1. The three products in the Product Suite would not be separately reimbursable and would be covered by one Medicare payment to the hospital,

2. The Requestor would report the existence of the Warranty Program fully and accurately on the hospital’s invoice, including the hospital’s requirement to report any refund it obtained to Federal health care programs, and would provide the hospital with documentation of the refund calculation,

3. Physicians performing joint replacement surgeries at the hospital would remain responsible for determining

whether a specific medical device is medically necessary and clinically appropriate for a particular patient,

4. Patients, and the Federal health care program, could benefit from reduced incidence of readmissions following joint replacement surgery, if the proposed Warranty Program works as intended, and

5. The Warranty Program would not contain an exclusivity provision and would not include any quotas, minimums or other eligibility criteria tied to the volume or value of referrals.◆

Oncology

Continued from page 6

to weigh their decision carefully. That means asking yourself difficult questions about what matters regarding your physical appearance – when you are dressed or undressed.

Every survivor wants to live their best life after cancer. But the way every survivor does that will not be the same. My colleagues once treated an 81-year-old patient who insisted on breast reconstruction surgery – a

controversial choice perhaps, but it was her choice. We also see much younger patients who say no to more surgery following mastectomies.

The swirl of clinical, emotional, and lifestyle circumstances comprises an inherently unique and individual decision-making opportunity for women who have had breast cancer surgery. Our pledge is to fully inform our patients about the risks and

benefits, and to support them in whatever choice they make.

Heather King, M.D., FACS, is a breast surgical oncologist at Texas Breast Specialists – Austin, a part of Texas Oncology, located at 901 W. 38th Street, Suite 300, in Austin, Texas. For more information, visit TexasOncology.com or call 512-421-4111.◆

Baylor Scott & White

Continued from page 11

end of McKnight’s two-year term.

- **Leadership:** Jim Hinton, CEO of Baylor Scott & White Health, will be the CEO of the proposed combined system and will be joined in the proposed Office of the CEO by Chuck Stokes, president and CEO of Memorial Hermann and Pete McCanna, president of Baylor Scott & White Health. Other members of the executive leadership team will be comprised of leaders from both Baylor Scott & White Health and Memorial Hermann.

- **Operations:** The proposed combined system will have executive and support staff based in Austin, Dallas, Houston and Temple.

- **Name:** The proposed combined system will have a new name to be determined before closing; however, Baylor Scott & White Health and

Memorial Hermann will continue to operate under their strong, highly regarded brands in their respective service areas.

“Baylor Scott & White was founded as a Christian Ministry more than 100 years ago; ever since, it has advanced health and driven change in North and Central Texas,” said Ross McKnight, chair of the Baylor Scott & White Holdings Board of Trustees. “This proposed combination starts the next chapter in the legacies of service and innovation for both systems. It will not only make a positive difference in the lives of millions here, it will become a national model.”

Together, the two systems include 68 hospital campuses, more than 1,100 care delivery sites, nearly 14,000 employed, independent and academic physicians and two health

plans; and they currently record nearly 10 million patient encounters annually.

“Memorial Hermann has proudly served the Greater Houston area for more than 110 years with nationally recognized, high-quality patient care,” said Deborah Cannon, chair of the Memorial Hermann Health System Board of Directors. “Our mutual history of providing accessible and leading-edge healthcare for all people has laid a strong foundation for our shared vision to build a future together for the benefit of all Texans.”

With approval of the letter of intent, the two organizations have entered into a period of exclusive negotiations, due diligence and the standard regulatory review processes. The next stage in the transaction – a definitive agreement – is anticipated to be complete in 2019.◆

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AustinHeartWalk.org

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