

January 12, 2018

## Education

### REGISTER TODAY for Regional MOC Sessions!

*Earn up to 10 ABIM MOC points and 10 CME Credits™ per topic!*



NYACP is hosting MOC sessions at four locations throughout New York in early 2018.

#### **Fishkill, NY (Hudson Valley Central District) - Saturday, January 20, 2018 - LAST CHANCE TO REGISTER**

*Ramada Conference Center, Kristopher Room, 542 Route 9, Fishkill NY 12524*

2017 Update in Hospice and Palliative Medicine: *Daniel Pomerantz, MD, FACP* (8:00am-10:00am)

2017 Update in Geriatrics: *T.S. Dharmarajan, MD, MACP* (10:30am-12:30pm)

[Fax Flyer](#) • [Online Registration](#)

#### **Bronx/Manhattan District - Saturday, February 3, 2018**

*St. Barnabas Hospital Auditorium, 4422 Third Ave, Bronx, NY 10457*

2017 Update in Hospital Medicine: *Jitendra Barmecha, MD, FACP* (8:00am-10:00am)

2017 Update in Hospice and Palliative Medicine: *Daniel Pomerantz, MD, FACP* (10:30am-12:30pm)

[Fax Flyer](#) • [Online Registration](#)

#### **Staten Island District - Wednesday, March 7, 2018**

*Regina McGinn Medical Center, 475 Seaview Ave, Staten Island, NY 10305*

2017 Update in Geriatric Medicine: *Donna Seminara, MD, FACP and Anita Szerszen, MD, FACP* (6:00pm-8:00pm)

[Fax Flyer](#) • [Online Registration](#)

#### **Buffalo District - Saturday, March 31, 2018**

*Buffalo Garden Hilton, 4201 Genesee Street, Buffalo, NY 14225*

2017 Update in Internal Medicine: *Ed Stehlik, MD, FACP* (8:00am-10:00am)

2017 Update in Geriatric Medicine: *Leslie Algase, MD, FACP* (10:30am-12:30pm)

[Fax Flyer](#) • [Online Registration](#)

[FULL EVENT FLYER / Fax Registration](#)

## Practice Management

### ADA Releases Updated Standards of Diabetes Care Recommendations



The American Diabetes Association (ADA)'s 2018 update to its [Standards of Medical Care in Diabetes makes several notable new recommendations](#), including a target

blood pressure below 140/90 mm Hg for most patients with hypertension, integration of continuous glucose monitoring into care, and routine screening for type 2 diabetes in high-risk youth.

The standards of care were published online Dec. 8 and are available as a supplement to the January 2018 Diabetes Care.

Important changes and updates for patients with diabetes and cardiovascular disease include the following:

- A new recommendation for adults with type 2 diabetes and heart disease that after lifestyle management and metformin, a medication proven to improve heart health should be added.
- Most adults with diabetes and hypertension should have a target blood pressure below 140/90 mm Hg, and risk-based individualization to lower targets, such as 130/80 mm Hg, may be appropriate for some patients, as summarized and outlined in a new table of four major, randomized controlled trials.
- A new algorithm illustrates the recommended antihypertensive treatment approach for adults with diabetes and confirmed hypertension, defined as blood pressure of 140/90 mm Hg or greater. The algorithm suggests selecting specific classes in certain clinical situations.
- All hypertensive patients with diabetes should monitor their blood pressure at home to help identify potential discrepancies between office and home blood pressure and to improve their medication-taking behavior.

[To read the rest of the report, please click here.](#)

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## New NY Department of Health Flu Surveillance Shows That Flu Season In Full Swing

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza and produces this weekly report during the influenza season (October through the following May).



This is the fourth surveillance report to categorize influenza as geographically widespread.

During the week ending December 30, 2017:

- There were 2,887 laboratory-confirmed influenza reports, an 68% increase over last week.
- Of the 1,971 specimens submitted to NYS WHO/NREVSS laboratories, 280 (14.21%) were positive for influenza.
- Of the 64 specimens submitted to the Wadsworth Center, 27 were positive for influenza. 1 was influenza A (H1), and 25 were influenza A (H3), and 1 was influenza B (Yamagata).
- Reports of percent of patient visits or influenza-like illness (ILI3) from ILINet providers was 3.86%, which is above the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was 870, an 86% increase over last week.
- There were no influenza-associated pediatric deaths reported this week, and none yet this season.

[Read the entire report here.](#)

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## ACP Patient Resources for the New Year



ACP's ["Take Control of Your Health" guide](#) helps to facilitate effective patient-physician communication about maintaining healthy blood sugar and blood pressure levels, needed vaccines, screenings and medicines, and choosing a healthy lifestyle. Help your patients with their health management goals this year!

Browse [ACP's Patient Education Center](#) for hundreds of other patient-centered education materials. The Center contains free guidebooks, fact sheets, videos, and other materials that promote understanding and self-management of common health conditions. All resources are written at or below a 6th grade reading level, and most are available in both English and Spanish.

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## Health Information Technology: ONC Releases Trusted Health Data Exchange Framework Draft

The Office of the National Coordinator (ONC) recently announced the release of its Trusted Exchange Framework and Common Agreement draft intended to advance health data exchange and interoperability. The proposed framework is designed to streamline patient health data access and exchange per provisions of the 21st Century Cures Act. ONC has been working to develop the framework and common agreement since the [summer of 2017](#) through a series of stakeholder meetings

The framework draft will be open for public comment for 45 days, with February 18 set as the final day for stakeholders to submit feedback. The framework consists of two main parts.

Part A is principles for trusted exchange, which is a set of guardrails and general principles that are things health information networks should do to support interoperability. Part B is a set of minimum required terms and conditions that explains the legal language of how the participation agreement should be constructed to ensure health information networks can work with each other and talk to each other.

[To read more please click here.](#)

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## CMS Launches Data Submission System for Clinicians in the Quality Payment Program

On January 2, CMS announced that physicians participating in the Quality Payment Program (QPP) can begin submitting their 2017 performance data using an efficient and simple system on the [QPP](#) website. The 2017 submission period runs from January 2 to March 31, 2018, except for groups using the CMS Web Interface whose submission period is January 22 to March 16, 2018.



There are multiple data submission options. As data is entered into the system, eligible physicians will see real-time initial scoring within each of the Merit-based Incentive Payment System performance categories based on their submissions. Eligible physicians are encouraged to log-in early and often to familiarize themselves with the system. Data can be updated at any time during the submission period. Once the submission period closes, your payment adjustment will be calculated based on your last submission or submission update. For assistance with the data submission system, contact [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or 866-288-8292.

For More Information:

- [Fact Sheet](#)
- [QPP](#) website

See the full text of this excerpted [CMS Press Release](#) (issued January 2).

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## *Education*

**NYACP Scientific Meeting: Saturday, June 2, 2018**

**Westchester Hilton Hotel  
Rye Brook, New York**

**5 Breakout Sessions • 3 MOC Sessions  
2 Plenary Sessions • 1 Poster Competition**

- [Brochure](#)
- [Find out More Information and Register Here](#)
- [Submit an Abstract to the Poster Competition](#)



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## **Call for Papers: 2018 Poster Competition - Deadline to Submit Approaching!**

The next Chapter poster competition takes place at the Annual Scientific Meeting on Saturday, June 2, 2018 at the Westchester Hilton Hotel in Rye Brook, New York. If you have worked on a research project or have an interesting clinical case, submit your abstract!

Separate poster competitions for residents and medical students will be held for entries in the following categories:

- Research
- Clinical Vignette

Residents/Fellows and Medical Students will be combined in the following category:

- Quality, Advocacy and Public Policy

If your abstract is chosen during the preliminary judging phase, you will be invited to present your poster at the NYACP Scientific Meeting on Saturday, June 2, 2018 at the Hilton Westchester Hotel. Deadline to submit abstracts is Friday, March 2, 2018.

[To find out more please click here.](#)

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## Chapter Highlights Winning Abstracts from the Chapter's October 28th Poster Competition

*(This is the final in a series of four poster competition highlights)*

Winner: Quality, Advocacy and Public Policy Category



### **MONEY DOWN THE DRAIN: OPPORTUNITY TO REDUCE UNNECESSARY URINE CULTURES**

Author: Don Bambino Geno Tai, MD, Montefiore New Rochelle

Additional Authors: Amrah Hasan, MD; Sanchit Panda, MD; Robert Goldstein, MD, FACP

#### **Background**

Rising healthcare cost is one of the biggest problems facing the United States today. This includes wasteful spending. Urine cultures are often done without indications or without looking into urinalysis results first before being ordered. Additionally, treating asymptomatic bacteriuria is a prime example of inappropriate antibiotic use and expenditure.

#### **Purpose**

To determine the criteria for reflex cancellation of unnecessary urine cultures using urinalysis results.

#### **Methods**

The design was a retrospective study of patients in a community-based teaching hospital. All patients ages 12 years and older who had a urinalysis and urine culture done at the same time from January 1, 2016 to March 31, 2017 were included in the study.

Positive urine culture was defined as cultures with growth of more than 10,000 colony-forming units/mL of any bacteria. Multiple bacterial growths deemed as contamination by microbiology laboratory were considered as negative results. The cut-offs for variables in urinalysis considered as positive were white blood cell count of more than 10 per high-power field, any leukocyte esterase and nitrite other than negative, and any bacteria on microscopy. A urinalysis was considered high-risk if at least one of the variables was positive. A low-risk urinalysis was defined as a urinalysis which was negative on all the variables mentioned.

#### **Results**

There were 2,995 patients included in the study. Majority were female (60%, n=1789) and the average age was 65 years old (range 12-105). Majority of tests were ordered by medicine (74%, n=2210), followed by emergency medicine (16%, n=490). 74% (n=2203) of cultures were positive while 26% (n=792) were negative.

Among the four variables, presence of bacteria was the most sensitive in predicting a positive urine culture (88%). Nitrite had the highest specificity of 97%. Leukocyte esterase and bacteria had the highest negative predictive value (90%). All four had dismal positive predictive value, highest was nitrite (69%).

There were 2,203 high-risk urinalyses (74%) and 792 low-risk urinalyses (26%). The sensitivity of a high-risk urinalysis was 94% while the negative predictive value of a low-risk urinalysis was 94%.

There were 46 cases of false negative urinalysis. Only two cases had indication for treatment. Two other cases were treated with antibiotics but without indication. The rest were not treated.

#### **Conclusions**

Using the variables noted, urine cultures can be automatically cancelled if the urinalysis is deemed low-risk. In our study, this would have resulted in a 27%

reduction in urine cultures with an estimated savings of \$8,000. False omission rate was low (6%). By removing cases of asymptomatic bacteriuria, only 0.25% (n=2) would have been falsely omitted. We suggest that specimens for urinalysis and culture be collected at the same time but cultures only be processed if urinalysis identifies high-risk features.

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## Membership

### It's Never Too Early (or Late!) To Pay Chapter Dues



Internal Medicine is facing tremendous challenges from a multitude of rapidly evolving, wide-ranging changes occurring across the social, political, clinical, and regulatory landscapes in our country. Many of these changes have the potential to profoundly alter the way healthcare is delivered and how we are able to provide care to the patients we are dedicated to serve. During these uncertain times, ACP is maintaining an unwavering commitment to the core values and principles of Internal Medicine by focusing on key issues of greatest importance to internists and our patients. But this cannot be done alone. Your active engagement is the only way to ensure that the College truly reflects the many different perspectives within our member community and is able to present a unified voice that may serve as the enduring "conscience" of medicine in the midst of these many challenges.

If you haven't visited recently, please explore ACP's website at <http://www.acponline.org> to see all of the things the College is doing on your behalf and what additional resources may be available to help you do your job better, including further opportunities for engagement with ACP nationally and through your local chapter.

Please make sure you have your 2018-2019 Dues renewed before the dues delinquent date. [To renew your dues, please click here.](#) (username and password required)

The annual drop of Dues Delinquent members will be on Friday, February 16, 2018.

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## Member Benefits

### Auto Insurance Reduction Course

*Do you have points on your driving record or would you like a 10% reduction on your personal automobile insurance?*

If so, you will want to take the online Auto Insurance Reduction Course that is available as an exclusive NYACP member benefit.

[NYACP continues to offer a 6-hour Insurance and Point Reduction Course](#) that is approved by the NYS Department of Motor Vehicles and available to NYACP members, their families, office staff and friends. This convenient online member benefit allows registered "students" the ability to start and finish the course within 30 days for only \$42.00. The benefit includes a 10% reduction on your automobile insurance (liability, no-fault and collision) and up to 4 points off of your driving record (if applicable).

