

Fall 2021

# Lompoc Healthcare District Medical Staff Newsletter

LOMPOC VALLEY  
MEDICAL CENTER  
Lompoc Healthcare District

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**Steve Popkin**  
Chief Executive  
Officer

Greetings, Medical Staff Members:

I am pleased to report that despite the many incremental expenses that came along with the pandemic (which still remain today), LVMC had a very strong year financially for Fiscal Year 2021, which ended June 30. So far,

for the first two months of the current fiscal year, we are performing better than budget. Not only is our income better than projections, our patient volumes are, as well. For example, hospital inpatient census, Comprehensive Care Center census, and Lompoc Health patient visits are all better than budget. All that said, this means we are in a good financial position, not necessarily great, but I will take good for now.

There are two primary reasons I am focusing on the rather mundane topic of financial performance:

There are many looming challenges facing the hospital and healthcare industry. Perhaps chief among them is staffing shortages and staffing expense. SWB (salaries, wages and benefits) currently represents 57.6% of total operating expenses for all of LVMC. This is a fairly typical percentage within the industry. So, even relatively small unbudgeted increases in SWB has significant impact on the organization's finances and operations. The upward pressure on employee wages, recruitment and retention expense,

and traveler staff expense requires a strong balance sheet and income statement.

A strong financial position allows LVMC to better serve the patient care needs of the community. This includes the recruitment of primary care, specialist, and hospital-based providers. In addition, it means that we can acquire new medical and diagnostic capital equipment when needed. It is mentioned elsewhere in this newsletter that LVMC recently acquired a robotic surgery system (fully implemented and working well), and a new PET-CT and new MRI (both awaiting delivery and installation). If LVMC had the balance sheet of three years ago, it is unlikely that these capital acquisitions would have been made at this time. Fortunately, due to our stronger financial position now, we were able to make those acquisitions.

Financial improvement doesn't happen by chance, it happens when medical staff, management, and employees are all working toward the same goals, and are collectively applying sound judgment and making prudent decisions. I, and our Administrative Team, are very grateful for the support and partner relationship we have with the medical staff. We look forward to great things to come!

Best regards,  
Steve Popkin  
CEO





**Randall Michel, MD, FACS**  
**Chief Medical Officer**

I know the summer was not as we had initially hoped, from a COVID-19 perspective. Physicians, nurses and all of our staff have become increasingly proficient in caring for patients infected with the virus. It appears that there will be increasing pressure from private industry and public agencies to mandate their employees be vaccinated. This hopefully will translate to decreasing caseloads. The Delta variant has certainly taken its toll on hospitals this summer and hopefully the Mu variant will not produce another wave of COVID infections. We have not had to limit elective surgeries this summer as other hospitals in our area have had to do.

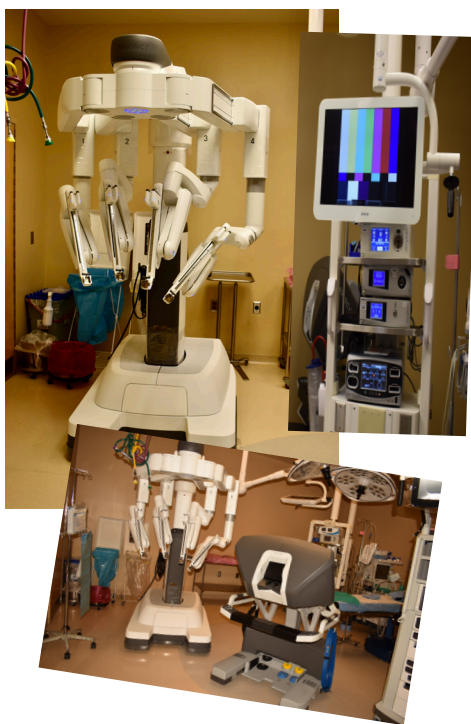
Despite all the concerns surrounding COVID-19, we have been able to focus on other areas as well. Lompoc Health has been quite busy, and we have recruited Dr. Jennifer Vineyard, internal medicine specialist, who is now practicing at the North Third Street clinic and Dr. Hafez Nasr, family medicine specialist, working in Urgent Care at the North H Street clinic.

The LVMC Hospital Board approved the purchase of new PET-

## CMO Perspective

CT and MRI scanners, both to hopefully be operational by early next year. The upgraded scanners have a larger bore able to accommodate larger patients. The newer scanners will also offer faster scanning and the ability to perform additional testing such as CT cardiac calcium scoring and prostate MRI scanning.

This summer saw the arrival of our new Da Vinci Xi robot for use by general surgery, gynecology, and urology. A Robotic Surgery Steering Committee was formed with Dr. Christopher Taglia and Chief Nursing Officer Yvette Cope serving as co-chairs. The intent is to build a robotic



program of excellence with good data collection and processes in place for improvements as required.

Doctors Taglia, Pierce, and Davis received robotic training and the first robotic general surgery procedure was carried out by Dr. Taglia on September 20.

In mid-August LVMC's Bariatric surgery program was surveyed by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. The survey was to assess LVMC for the joint Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, known as MBSAQIP. The survey resulted in LVMC being granted the organization's highest level of accreditation. LVMC is now designated as a 'Center of Excellence' as a Comprehensive Center for bariatric surgery. We wish to extend our thanks for all their hard work to Drs. Farida Bounoua and Chris Taglia; RN and Bariatric Program Coordinator Cristina Ortega; Lead MA for the Bariatric Program Caressa Reyes; RN and Clinical Reviewer Eileen Geraci; Registered Dietitian Hayley Esdaile and LCSW Christine McReynolds.

More recently Dr. Nooristani has been exploring ways to try and bring inpatient dialysis to our hospital facility and hopefully this will become available by the time of our next newsletter.

Although COVID has had a large impact on the medical community, LVMC and the medical staff continue to look to the future to anticipate the communities' evolving health care needs.

# LVMC HOSPITALISTS



**William J. Pierce, MD**  
Chief of Staff

*As many of you know, there was a change in the Hospitalist Service provider in July of 2020. Since that time, there has been an appreciable increase in the quantity and complexity of patients cared for at LVMC. The service had an average daily census of 8-10 patients per day and the current average is 34 patients, according to Dr. Ahmad Nooristani, who heads the Lompoc Hospitalists Group. There are four primary doctors that provide care. Doctors Nooristani and Kareem Yostos, provide the primary coverage assisted by Doctors Alex Ecarma and David Zander, who provide daily coverage to help carry the load. What follows is a brief profile of each of them with the intent that you might know a bit more about those taking care of your patients.*

Dr. Ahmad Nooristani, who heads the group, was born in Kabul, Afghanistan. He attended Ross University School of Medicine and completed his Internal Medicine residency at Atlantic City Medical Center. He is



married with a 4-year-old daughter, whom he describes as a "Princess." Within medicine, his primary area of interest is Critical Care, which is certainly an asset given the complex nature of the patients that come through our CCU. He likes to be active, travel, and loves flying in small planes owned by some of his friends. I asked each of the doctors to give me a quote and Dr. Nooristani's was "Obstacles are Opportunities."

Dr. Kareem Yostos is the other half of the primary coverage team taking shifts for 12-hour shifts, a week at a time. He was born in New York City and attended Medical School at the New England School of Osteopathic Medicine and did his residency in Internal Medicine at the University of Connecticut at Farmington. His primary focus within medicine is Inpatient Critical Care, again, a great benefit for us. When not working, he enjoys running, golf and reading. He mostly enjoys reading books on Physics, which is humbling when I consider my own reading list. Not surprisingly, his quote is related: "Anything in motion stays in motion."



Dr. David Zander is the most recent addition to the group. Born in Chicago, he attended the University of Illinois at Chicago Medical School.



His Internal Medicine Residency was done at Kaiser Hospital in Los Angeles. He travels to Lompoc from San Clemente for his week-long shifts, staying locally during those weeks. He has been married for 25 years. He has a stepson who is a Smoke Jumper. His daughter, 23, is a recent college graduate and is entering a PhD program in Physical Therapy. Apropos his chosen career, his interest is in General Medicine as a whole. His interests outside medicine are hiking, snow skiing, traveling and biking. His quote is "Always look on the Bright Side of Life."

Dr. Alex Ecarma is a well-known face around LVMC. His tenure as a hospitalist at the acute pre-dates the current medical group. He was born in the Philippines and like Dr. Nooristani, he attended Ross University School of Medicine. He did his Internal Medicine training at Mercer University School of Medicine in Macon, Georgia. He served in the Army as a Combat Medical Specialist in an Airborne unit. It is an accomplishment



of which he is understandably very proud. He has two boys aged 13 and 11. He used to head his own Hospitalist group in San Luis Obispo County and has been a hospitalist on the central coast for 18 years. When not working, he enjoys snowboarding and fishing. The quote he chose was "Healthcare is a Team Effort."

*So, there they are.*

*We are glad to have these four very hard-working physicians in Lompoc and greatly appreciate their efforts on behalf of our patients.*

**Sample of inhaler medications pricing to guide selection process for uninsured or underinsured patients.**

<b>Class</b>	<b>Generic</b>	<b>Brand</b>	<b>Strength</b>	<b>Avg. Retail Price</b>
<b>ICS</b>	Mometasone	Asmanex	110/220mcg	\$213.00 - \$373.83
	Mometasone	Asmanex HFA	50/100/220mcg	\$214.00 - \$262.00
	Fluticasone	Arnuity Ellipta	50/100/200mcg	\$219.00 - \$228.33
	Fluticasone	Flovent Diskus	50/100/250mcg	\$226.00 - \$320.00
	Budesonide	Pulmicort Flexhaler	90/180mcg	\$230.00 - \$311.00
	Beclomethasone	Qvar Redihaler	40/80mcg	\$236.00 - \$308.00
	Fluticasone	Flovent HFA	44/110/220mcg	\$240.00 - \$496.00
<b>ICS/LABA</b>	Fluticasone-Salmeterol	Generic (AirDuo)	55-113-232/14mcg	\$112.00
	Budesonide-Formoterol	Generic (Symbicort)	80-160/4.5mcg	\$245.00 - \$281.00
	Fluticasone-Salmeterol	Generic (Advair)	50-100-200/5mcg	\$254.00 - \$414.00
	Fluticasone-Salmeterol	Wixela Inhub	100-250-500/50mcg	\$254.00 - \$414.00
	Mometasone-Formoterol	Dulera	50-100-200/5mcg	\$370.00
	Fluticasone-Vilanterol	Breo Ellipta	100-200/25mcg	\$443.00 - \$449.00
<b>LAMA</b>	Acidinium	Tudorza Pressair	400mcg	\$341.00
	Glycopyrrolate	Seebri Neohaler	15.6mcg	\$423.00
	Tiotropium	Spiriva Respimat	1.25/2.4mcg	\$499.35
<b>ICS/ LABA/ LAMA</b>	Budesonide/Glycopyrrolate /Formoterol	Breztri Aerosphere	160/9/4.8mcg	\$698.00
	Fluticasone/Umeclidinium /Formoterol	Trelegy Ellipta	100-200/62.5/25mcg	\$712.00
<b>LABA</b>	Olodaterol	Striverdi Respimat	2.5mcg	\$279.00
	Salmeterol	Serevent Diskus	50mcg	\$487.00
<b>LAMA/ LABA</b>	Glycopyrrolate/Formoterol	Brevespi Aerosphere	9/4.8mcg	\$469.00
	Umeclidinium/Vilanterol	Anoro Ellipta	62.5/25mcg	\$517.00
	Tiotropium/Olodaterol	Stiolto Respimat	2.5/2.5mcg	\$521.00
	Acidinium/Formoterol	Duaklir Pressair	400/12mcg	\$1190.00
<b>SABA</b>	Albuterol	Generic (Ventolin)	90mcg	\$45.00
	Levalbuterol	Generic (Xopenex)	45mcg	\$54.00
<b>SAMA</b>	Ipratropium	Atrovent HFA	17mcg	\$496.00
<b>SAMA/ SABA</b>	Ipratropium/Albuterol	Combivent Respimat	200/100mcg	\$535.00



## PHARMACY VOUCHER PROGRAM UPDATES

Thank you for being a part of the provider network for Lompoc Valley residents. In 2008, the LVCHO began a voucher program for prescription pharmacy needs of indigent and low-income patients. The focus of the program is for acute or short-term needs, not for ongoing chronic medications. The patient's physician determines eligibility for the program.

Vouchers, which are numbered for tracking purposes and include the corporate seal of the LVCHO for verification purposes, can be provided to your office by calling **805-736-4580** or e-mail [whiteb@lvcho.org](mailto:whiteb@lvcho.org).

The voucher is redeemable at Albertyson's pharmacy in Lompoc. For any prescription(s) valued at more than \$200, the prescription(s) are filled by the Lompoc Valley Medical Center (LVMC) pharmacy.

**The voucher program now covers diabetic insulin, test strips and lancets with a valid RX.**

Please complete all areas on the RX voucher related to these items.

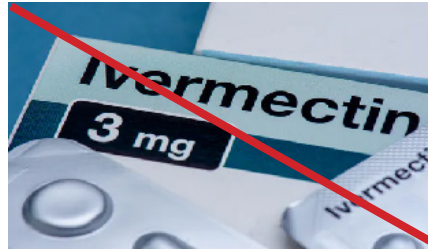
**We also want to ask you to consider the cost of inhalers when using an RX voucher.** Please use the generic options where possible, specifically albuterol or levalbuterol inhalers and generic Advair when a LABA/ICS combination is needed. On page 4 is a price sheet of all available inhaler options for your information.

Thank you,

*Ashley Costa*  
Executive Director  
Lompoc Valley Community  
Healthcare Organization

## COVID-19 MEDICATIONS

Following the recommendation from the AMA, APhA, and ASHP, the Quality of Care Committee moved to not allow the use of ivermectin to prevent or treat COVID-19 at Lompoc Valley Medical Center.



Additionally, Pharmacy Services has Regen-COV (casirivimab-imevumab) available for post-exposure prophylaxis or treatment of mild to moderate COVID-19. This is available for outpatient use only. See the Pharmacy Services ordering form for specific requirements and dosing guidelines.



## OUTPATIENT PRESCRIPTION DISPENSING

Pharmacy Services would like to remind providers that we are able to provide outpatient prescription services for patients discharged from the hospital but only during specific time periods that allow us to dedicate appropriate attention and review to the discharge prescriptions without sacrificing service to the inpatients of the hospital. Outpatient prescription dispensing services are available Monday-Friday, 0900-1600.

## UPDATES TO THE FORMULARY

### Additions:

Ethyl Alcohol 62% Nasal Swabs have been added to the formulary for the targeted nasal decolonization of Staphylococcus aureus. Infection Control is developing a policy to decolonize patients with positive MRSA nasal swabs to help reduce the need for patients to be on isolation.



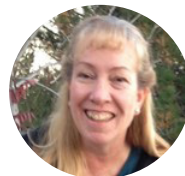
Clinimix-E 8/14 (Total Parenteral Nutrition solution with dextrose, amino acids, and electrolytes) has been added to the formulary to provide an option with higher protein content for critically ill or critically ill obese patients. Before this product became available, the only option was to either increase the dextrose infusion or total fluids, which is not always ideal. This new formulation provides

more flexibility and the ability to meet increased protein requirements.

By Marla Zippay, PharmD & Chad Signorelli, PharmD

# HIM Hints

by *Barbara Frink*  
 Director Health Information Management  
 Privacy Officer



## October 1st is the Start of the Coding New Year

Every October 1st, the newest set of ICD-10 codes and ICD-10 PCS codes are released, so it is a “new year” for the coders. In January, the additions and deletions to the CPT Code set will take place. When bills are submitted for any discharges taking place after the start date of a new code set, we are bound by the new coding guidelines and codes. I thought I would touch on some of the code changes that have been announced for diagnosis codes for 2022. Since there are 619 new diagnosis codes released this year, 52 description revisions and 66 codes that were deleted, I won’t be able to describe each change in detail.

Why worry about the changes? If you have your own practice, your payment depends on using billable, current codes that are supported by your documentation. For those physicians that are part of an organization or group that does your billing for you, this will define what you need to document in the chart to support the newest coding requirements. So, although some of you don’t do your own coding and billing, these updates will affect you. Some physicians say that adding the information does not change the care of the patient. It may not change the care for that patient, but it could for future patients. Documenting and coding appropriately helps the hospital submit appropriate bills for reimbursement. Reimbursement for the hospital means that they can buy new equipment to help you in the practice of medicine. The hospital has funds to be able to pay salaries to retain medical staff and other employees to take care of patients and keep the hospital running. It helps fund some of the specialized programs LVMC offers to benefit the community. All of

these possibilities are dependent on good, specific documentation for coding and billing purposes.

So what happens to all of the deleted codes? Some are still in the coding book, but listed as unbillable. Here is an example of what you might encounter from the coder if your documentation only supports the unbillable code. Recently a coder queried a physician asking him/her to specify what had been found in the pathology report post-surgery on a patient who had only osteomyelitis listed in the record. The physician refused to document what was found in the pathology report saying that osteomyelitis was documented throughout the chart. True, it was documented throughout the chart, but the code for just osteomyelitis is an unbillable code. To be able to code osteomyelitis, the physician/AHP has to document if it is acute, subacute, chronic, if it has a draining sinus, or is hematogenous. In addition, if that same physician were to come later and want to know all of the cases of osteomyelitis, he/she has treated, that case would not populate any report run because it couldn’t be coded, so the data does not exist.

I will provide a very brief rundown of the changes in the diagnosis code set:

The section for diseases of the blood and blood forming organs will require greater specificity in documentation. This includes certain disorders involving the immune system. These codes start with letter “D.”

The codes found in the chapter titled “Mental,

*Continued from page 6*

Behavioral and Neurodevelopmental disorders” have expanded. There are now codes to describe alcohol/cannabis/sedative/cocaine abuse more specifically with a description of delirium or perceptual disturbance. These codes start with the letter “F.”

The chapter for diseases of the nervous system will require more specific documentation to be able to choose a code for cerebrospinal fluid leak as well as many other conditions that have to do with the nervous system. These codes start with the letter “G.”

Eye surgeons and physicians need to be aware numerous additions have been made to the chapter on eye diseases. These will require more specific documentation to be able to support the more specific codes that have been added. These codes start with the letter “H.”

The chapter for diseases of the musculoskeletal system and connective tissue system had many additions that more specifically describe arthritis, arthropathy, osteoporosis and osteochondrosis. These codes start with the letter “M.”

The chapter for symptoms, signs and abnormal clinical laboratory findings had additions as a result of the COVID-19 pandemic. The code for the symptom Cough

(R05) is no longer a billable code. Now you must describe if the cough is acute (R05.1), subacute (R05.2), or chronic (R05.3). They have added cough syncope (R05.4), and other specified cough (R05.8). Remember when you are ordering a diagnostic study for a patient with a cough, you will need to add one of the new codes or descriptions to get the claim paid and not add simply R05.

The codes that start with the letter “S” and letter “T” are designated for “Injury, Poisoning and Certain Other Consequences of External Causes.” In looking through the list of additions, which are numerous, many additions address injuries to the thorax. For example: S20.363D is for an insect bite (nonvenomous) of bilateral front wall of thorax or T40.496A Underdosing of other synthetic narcotics, initial encounter.

Looking at the list of added codes to the chapter of codes for “External Causes of Morbidity,” it makes me think that pedestrians had a tough year last year, as many of the new codes describe injuries to pedestrians. Here’s just one of the additions: V01.131A- Pe-

destrian on standing electric scooter injured in collision with pedal cycle in traffic accident, initial encounter.

There are three Z codes that were officially added during this past year that you will continue to use. Those are Z codes relating to COVID-19. Z11.52 – Encounter for screening for COVID -19 is a permanent addition. Z20.822- Contact with and suspected exposure to COVID-19 and Z86.16- Personal history of COVID-19. By the way, most of the coding advice on using the Z11.52 versus Z20.822 says that at this point in the pandemic, and during a surge, the code that should be used is Z20.822 as more than likely almost everyone has probably had some exposure to someone of concern for COVID-19. I predict that there will be codes added eventually for COVID exposure vaccinated and COVID exposure unvaccinated. With all of the reporting and studies currently being done, having a specific code for vaccinated versus unvaccinated would be an easier way to identify patients in each group to study positivity rates and outcomes.

**For more information, or if you have any questions, please contact  
Christy Moegelin, Coder  
moegelin@lompocvmc.com**



There are many resources out there to use to see the expanded list. The issuing source reference with all codes listed is the website at <https://www.cms.gov/medicare/icd-10/2022-icd-10-cm> Purchasing a coding book each year is a beneficial resource as well, so you are using the current billable codes.



## Celebrating Milestones

The following physicians hit a service milestone in the last three months. We would like to recognize the following physicians for their **service and dedication** to Lompoc Valley Medical Center.

### **30 Years on Staff**

Farooq J. Husayn, MD  
Pediatric Medicine

### **20 Years on Staff**

Cedric S. Kwon, MD  
Anesthesiology

### **10 Years on Staff**

Mark D. Sherman, MD  
Ophthalmology

Peter W. Davis, MD  
General Surgery

Rahim A. Raoufi, MD  
Gastroenterology

### **5 Years on Staff**

John D. McCaffery, MD  
Otolaryngology

Ann M. Lee, MD  
Sleep Medicine

Srinivas Vuthoori, MD  
Internal Medicine

## *Recent Medical Staff Appointments*



**Gurjit Marwah, MD**  
Pediatric Medicine  
Community Health Centers (CHC) Lompoc

**Save the date for our yearly  
Sissy's Christmas Party:  
Thursday, December 2 2021  
6pm - 8pm**

**REMINDER**

Regular Medical Staff Business Meetings & CMEs

**Tuesday, October 26 - Tuesday, November 30 - 7am - Ocean's Seven Cafe**



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