

**NEWS & NOTES  
FROM NPO**



**October 16, 2015**



**DR. SNEED'S BLOG  
ADT NOTIFICATION SERVICE  
ZZZZZ...ZOLPIDEM - NOT SO MUCH...  
M-CEITA WEBINAR  
MEMBER CONNECTIONS**

**NPO is committed to providing great resources to our members!**



## DR.SNEED'S BLOG

Below is a link to an article concerning the revision of the Physician Fee Schedule as it relates to the replacement of the SGR. This appears to focus all on what and how physicians are paid. The reality is that a very small percentage of the COST of healthcare expenditures fall under the "Physician Payment" category. Where is the discussion about cutting the cost generated by Hospitals, Health Systems, Pharma, and Insurance companies? And where in this is the incentive for patients to pursue a healthy, active lifestyle? There should be beneficial financial implications for those who "chase health" instead of "waiting till I get sick then treat the disease" people. This very complicated matter needs physician leadership in the decision making. Ideally, this money should be distributed to all involved parties under physician leadership looking at appropriate metrics which are consistent with transparent, effective, sustainable, scalable healthcare.

[Please click here for the article.](#)

Thanks for reading.



Peter Sneed MD  
President Northern Michigan Health Network  
NPO Board Member

## **ADT NOTIFICATION SERVICE**



NPO has been working with some practices for a while on our ADT (Admit, Discharge, and Transfer) notification service. The service uses information that practices typically already store in their EMR or PM system such as name, date of birth, and the last four digits of the Social Security Number to match hospital admits and discharges (more than ninety hospitals are currently sending their information) to a given practice's patients. NPO then sends a secure e-mail to the practice with the pertinent information from the hospital message (a sample message is

## **M-CEITA WEBINAR: "Modified Stage 2" - Meaningful Use**

**Tuesday, October 20, 2015**

Time: **12-noon**

**Thursday, October 22, 2015**

Time: **12-noon**

**Tuesday, October 27, 2015**

Time: **12-noon**

**Thursday, October 29, 2015**

Time: **12-noon**

**Wednesday, November 4, 2015**

Time: **3:00 p.m.**

**Thursday, November 12, 2015**

Time: **3:00 p.m.**

Duration: **45-minute  
presentation and 15-minute  
Q&A session**

[\*\*REGISTER NOW!\*\*](#)

(They're FREE!)

## **MEMBER CONNECTIONS**



For job postings, office space,  
equipment for sale, etc, please

[\*\*CLICK HERE\*\*](#)

## **QUICK LINKS**

[\*\*NPO Website\*\*](#)

[\*\*NMHN Website\*\*](#)

[\*\*NPO Calendar\*\*](#)

provided below). The notifications also provide you with the total number of ER and inpatient visits that the patient has had over the course of six months and a year.

This is an automatically generated ADT notification from NPO-HIE for one of your patients. An alert was sent by HOSPITAL NAME for:

Notification Type: Discharge

Patient: FIRST MIDDLE LAST  
Date of Birth: 01/01/1900  
Last four of SSN: 0000  
Gender: Female

Patient Class: Inpatient  
Hospital Service Type: MED / MED (I/P MEDICAL)  
Admit Date/Time: 01/01/2015 20:04  
Discharge Date/Time: 01/02/2015 17:59

Diagnosis Code(s)/Description:  
/MENTAL STATUS CHANGES  
/MENTAL STATUS CHANGES

ADT Quick Analytics™ (6 months/1 year - based on our data and patient class/category):  
Total Inpatient Visits: 1 - Six Months / 1 One Year  
Total Emergency Visits: 2 - Six Months / 2 One Year

If you have any questions or comments, please e-mail [helpdesk@npo.npo-hie.org](mailto:helpdesk@npo.npo-hie.org) using this web portal or call 231-421-8505.

Thank you,  
NPO-HIE

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If your practice is currently not receiving notifications and would like to (or you just would like some additional information), please contact us by phone (231-421-8505) or via e-mail ([ehxsupport@npoinc.org](mailto:ehxsupport@npoinc.org)).

Thank you.

Ed Worthington and Kelly Saxton





## **ZZZZZ...Zolpidem - not so much...**

*"Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation, or delirium." - Choosing Wisely*

***Kathleen Brown, RPh, NPO Pharmacist, shares the following:***

"Large-scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium."

One out of five emergency room visits made by adults aged 65 years or older for psychiatric medication adverse events was linked to the use of zolpidem (Ambien), reports a 2010 study published by the Substance Abuse and Mental Health Services Administration.

Eszopiclone (Lunesta), zaleplon (Sonata) and zolpidem (Ambien) are all included in the revised 2015 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults for chronic use due to adverse events of delirium, falls and fractures. These medications showed minimal improvement in sleep latency and duration.

It is possible that up to a half million excess deaths per year in the U.S. could be associated with the use of sleeping pills.

### **Before prescribing:**

- Please point out that sleeping pills are only modestly effective...increasing sleep time by only 30 minutes on average.
- Treat any underlying causes of insomnia- sleep apnea, pain, depression, anxiety, restless legs, etc.
- Ask about evening intake of caffeine, stimulants, SSRIs, diuretics, or other drugs that can interfere with sleep.



*Always feel free to contact us with any questions, or suggestions.*

*The NPO Newsletters are for you. We would love your feedback.*

*Thanks!*

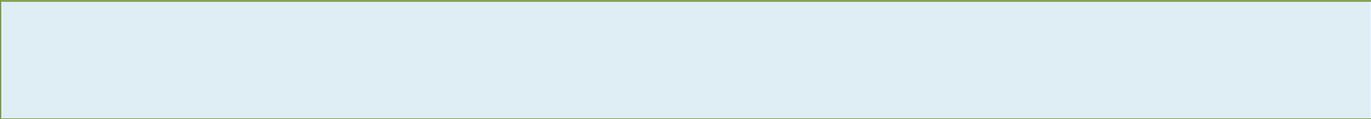
[lsalvatore@npoinc.org](mailto:lsalvatore@npoinc.org)

**NPO  
300 E. Front Street  
Suite 240, Traverse City,  
MI 49684**

- Recommend cognitive and behavioral therapy to teach how to improve sleep. Explain this therapy works better than pills, especially long-term.

**[Click here for a Choosing Wisely Patient Handout, "Sleeping pills for insomnia - They may not be the best treatment option"](#)**

**If you have any questions, please contact Kathleen**  
[kbrown@npoinc.org](mailto:kbrown@npoinc.org)



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