CCS Overview

Community based healthcare organizations are vital in meeting the increased demand for care and are instrumental in taking healthcare delivery to the doorsteps of the individuals. CCS Healthcare continues to expand and provide focused, coordinated, evidence based and continuously improving state-of-the-art care. We are driven by the single thrust to provide the best standards in patient care through human resources, infrastructure and technology. Continued addition of new specialties, expanding primary care, introducing clinical research in a community based set up, academic affiliations have successfully placed CCS Healthcare as the frontline organization in Western New York.

Working towards removing the disparities in health needs and access to care for needy is our primary focus. Our very experienced and talented physicians and highly motivated employees provide the much needed strength to the organization. CCS Healthcare continues to be an attractive platform for local talent. We strive to further develop this platform into an attractive destination for the young physicians and other healthcare experts where they may find the expression of their thoughts.

CCS has emerged as a trusted name for patients across the Western New York. We have set up high standards and high goals to achieve. We continue to pursue our goals with dedication to fulfil our mission to be the best amongst best.

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Dear CCS Healthcare staff,

We would like to provide you with information regarding Independent Health’s decision to not renew our contract as an in network provider relating to oncology care.

- This only affects oncology services, all others services remain covered.
- For patients in a treatment plan by December 31st, IHA will continue to reimburse CCS as “In Network” until March 31, 2017. Thus our cancer patients will continue to be covered into early 2017.
- All value-based payment arrangements are based on quality and cost. IHA’s decision is solely based on cost.
- IHA’s decision to limit cancer patients’ choice for oncology care is based on flawed data analysis regarding the cost of CCS’s care. On more than one occasion, early in this process we have proved IHA’s cost analysis was wrong, to which they agreed.
- IHA has not negotiated with CCS, instead they have threatened to reduce or withhold reimbursements on “new” analysis they will not let us validate.
- It is our intention to challenge IHA for their incorrect decision to limit access to oncology care for patients of WNY especially in areas such as Dunkirk, Niagara Falls, and Lockport.
- It is our goal is to continue to provide cancer patients with the highest quality services in WNY.

We appreciate your concern and support. We will continue to work toward an amicable resolution with IHA and will do our best to update you on progress.

Sincerely,

Dr. Sam Yi, M.D.
CEO & Executive Medical Director

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CCS’s Newest location at 3041 Orchard Park Road in Orchard Park recently opened their primary care suite on May 16th! Primary care physicians Satish Arora, MD and Peter McQuiller, MD will be on staff and are accepting new and existing patients at the new southtowns location.
ANNOUNCEMENTS

CCS is Pleased to WELCOME

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CCS INITIATIVES

Patient Safety Organization (PSOs) are external entities that collect and analyze patient safety-related information for the purposes of identifying underlying causes of adverse events in healthcare. PSOs were created by the Patient Safety and Quality Improvement Act of 2005 in response to the number of preventable medical errors that were occurring in the United States healthcare system. This Act enables the confidential reporting of patient safety events. Data is collected and analyzed in standardized manner (common definitions and reporting formats, known as Common Formats) to provide uniformity in reporting of patient safety events improve health care providers’ efforts to eliminate harm. CCS Oncology is working with UB’s Empire State Patient Safety Assurance Network to provide enhanced patient safety programs. Some highlights of the program are as follows.

- The MMRN PSO provides individualized site reports and communicates any significant findings using accession numbers
- Aggregate data analysis is conducted locally, and regionally to identify trends
- Utilization review of web-based communications to sites
- Dissemination of evidence-based best practices and online educational tutorials
**SPOTLIGHT**

Obstructive Sleep Apnea (OSA) is a chronic disorder of sleep, which requires life-long therapy. OSA is characterized by apnea and hypopneas caused by repeated collapse of the upper airway during sleep. Obstructive sleep apnea/hypopnea is cessation of breathing or very shallow breathing for more than 10 seconds in sleep. In an adult 5 or more these events in an hour is considered to be abnormal. Due to repeated arousals and/or low oxygen during sleep overtime, patients are at increased risk of poor neurocognitive performance and adverse medical outcomes.

The estimated prevalence in America is approximately 20 to 30 percent in males and 10 to 15 percent in females. The prevalence of OSA increases with age and is more common in African American than whites, independent of the body weights.

Most patients with OSA present with daytime symptoms of sleepiness, snoring, gasping/choking, frequent urination at night (nocturia), morning headache and some cases with insomnia. It has been estimated more than 50% patients with insomnia may have OSA, especially females. Other associated symptoms are memory impairment, lack of concentration and decreased libido. Common findings on physical examinations are narrow airway, large neck/waist and high blood pressure.

Obesity, craniofacial abnormalities, enlarged adenoids and tonsils in children increases the risk of OSA. Certain medical conditions such as, pregnancy, patients on dialysis, stroke, heart failure, asthma, COPD, underactive thyroid or low thyroid levels also increases the risk of sleep apnea.

In-laboratory sleep study is considered the first line therapy. However home sleep testing may be an acceptable alternative for some patients, who have strong clinical suspicion for sleep apnea and who do not have medical co-morbidities (e.g. heart failure). I would recommend considering a home sleep study only after evaluation by a sleep specialist. Patients with critical jobs like operators of heavy equipment, truck and public transport driver, airline pilots due to possible element of fraud should not be referred for home studies.

Weight loss and positive pressure devices (e.g. CPAP) are the cornerstone of therapy. This I hope will decrease driving/work place accidents, decrease risk for cardiovascular conditions like high blood pressure, heart failure, stroke, irregular heart-beat and also decrease risk of dying due to severe obstructive sleep apnea.

*Article Submission by, Mohammad Khan, MD, FCCP, DABSM, Sleep Specialist*
Scholastic Activities in Private-Practice Radiation Oncology ... All in a Day's Work. Oncology care is one of the most evidence-based clinical specialties. Practitioners in both the academic and private sectors strive to provide the best patient care by keeping their knowledge bases up to date, and by applying didactic findings to patient treatment. In academic institutions, practitioners often have an edge in resources to engage in additional clinical studies or pursue scholastic interests. Our mindset can still be focused in the realm of academia. As radiation oncology specialists, we can continue to investigate the methodology in which radiation therapy of the highest quality can be delivered to our patients. In general, radiation oncologists work with treatment planning team members to translate didactic knowledge and materialize it as actual radiation treatment. Our team members include physicians, medical physicists, and dosimetrists. It is a privilege to have these full-time, and in-house, team members that facilitate a supportive and collaborative environment for patient care. This team is also an important radiation oncology resource that allows for unique opportunities in the pursuit of scholastic activities in our clinical practice setting.

CCS offers premier Gynecologic Surgical Oncology services to our patients. As the former director of Gynecological Radiation Oncology at Roswell Park, I take a personal interest in the quality improvement and treatment of all our patients. Very often, patients need post-hysterectomy radiation treatment in the form of an outpatient intravaginal implantation (i.e. brachytherapy) to optimize local control at the proximal vaginal mucosa and vaginal cuff. At CCS we not only provide such a service, but we recently formulated an in-house dosimetric study, and review, of established data that optimizes our radiation treatment methodology.

In a collaborative team effort, our findings were accepted for abstract presentation at the prestigious AAPM annual meeting in 2015 (American Association of Physicists in Medicine, Anaheim, CA). This work was spearheaded by T. Stanley, et al, from our medical physics team. The presented work focused on the optimization of channel configurations for intravaginal brachytherapy applicators. This work demonstrated our ability at CCS to consistently deliver appropriate dose to the clinical target while simultaneously providing optimal protection of normal organs (vaginal mucosa, adjacent bladder, and adjacent rectum).

Additionally, treatment delivery was calibrated and performed in accordance with NCCN guideline methodologies that dictate the use of 3 to 5 fractions. This study has been well received, and we are proud of the effort our team demonstrated in putting it together.

At CCS we strive to provide the best care for our patients. The extra effort we put in to engage in scholastic pursuits is well worth it, because at the end of the day we really love what we do.

Article Submission by, Johnny Yap, MD, Radiation Oncology
MEDICAL HEADLINES

AHRQ Patient Safety Kits helps Hospital reduce Catheter Associated Urinary Tract Infections
As part of its ongoing efforts to make health care safer, the Agency for Healthcare Research and Quality (AHRQ) today released a new toolkit to help hospitals prevent catheter associated urinary tract infections (CAUTI’s). CAUTI’s are healthcare related infections that cause suffering for approximately 250,000 hospital patients each year at a cost of about $250 million. CAUTI’S are largely preventable and stopping them can reduce the chance that hospital superbugs will develop resistance to overused antibiotics. The new toolkit for reducing CAUTI in hospitals was developed as part of a 4 year AHRQ project launched in 2011 to promote the use of Comprehensive Unit Based Safety Program (CUSP). Preliminary results indicate that CAUTI rates were reduced by approximately 15 percent. CUSP has been proven to reduce other HAFS such as central line associated bloodstream infections. The new toolkit helps hospitals apply the CUSP principles to prevent CAUTI in patients and improve safety culture at the unit level. The toolkit is the latest in a series of AHRQ tools and training materials that help frontline providers go beyond the “what” of improving care to actually show them “how” to make changes in workflow process to keep patients safer...Read more - [http://www.ahrq.gov/news/newsroom/press-releases/2015/cauti-toolkit.html](http://www.ahrq.gov/news/newsroom/press-releases/2015/cauti-toolkit.html)

Severe Obesity May Boost Infection Risk after Heart Surgery
Severely obese people may have a higher risk of certain complications after heart bypass surgery than normal-weight patients, a new study suggests. The researchers found that severe obesity was linked to much higher odds of developing an infection soon after heart bypass surgery. Also severely obese patients were also more likely to have longer hospital stays than normal-weight patients. For the study, the investigators reviewed data from more than 7,500 Canadians who had coronary artery bypass surgery between 2003 and 2014. This surgery redirects blood flow to the heart around clogged arteries. People with a body mass index (BMI) of 40 or more were considered severely obese. BMI is a rough estimate of a person’s body fat based on height and weight. A BMI between 35 and 39.9 is considered severe obesity, while 30 to 34.9 is obesity. A normal BMI is 18.5 to 24.9, the study authors said...[https://www.nlm.nih.gov/medlineplus/news/fullstory_159143.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159143.html)

U.S. Officials Confirm Superbug Resistant to All Antibiotics
U.S. researchers have identified the nation’s first patient with an infection resistant to all existing antibiotics. Scientists have warned for years the day could come when “superbugs” resisted all last-resort antibiotics. This new case, involving a 49-year-old Pennsylvania woman, suggests that day may soon be here. “It is the end of the road for antibiotics unless we act urgently,” Dr. Tom Frieden, director of the U.S. Centers for Disease Control and Prevention, said at a National Press Club event in Washington, D.C., on Thursday. Although the patient survived, it’s feared the resistance could spread to other bacteria, according to media reports...Health Day News... Read more - [https://www.nlm.nih.gov/medlineplus/news/fullstory_159074.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159074.html)

CCS VISION SUBMISSIONS

All CCS staff members are encouraged to submit newsworthy articles and photos for upcoming quarterly newsletter publications. Articles and photos should be relevant to CCS and the respective audience. Submissions can be articles written by providers and staff members, upcoming events and community outreach, staff acknowledgements and more!

Please submit your CCS related topics to Mai Shaker at mai.shaker@ccshealthcare.com

Note that all submissions will be reviewed by the newsletter team to determine whether or not they are appropriate for print.

CCS HEALTHCARE

A TEAM APPROACH TO PERSONALIZED CARE

Buffalo | Cheektowaga | Dunkirk | Kenmore | Lockport | Niagara Falls | Orchard Park | Williamsville

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