



# Hai Mo'olelo

Volume 1 : Issue 1



## DR. NAVIN JOINS DIAGNOSTIC LABORATORY SERVICES, INC

Just one of the things that James Navin, MD, is known for is ensuring that women in Hawaii and the rest of the country get regular Pap tests. In Hawaii, insurance payments became grossly unrealistic. Medicare was even worse. After fixing the local problem, Navin went to Washington, DC. It took him 22 months and the help of Congressman Neil Abercrombie, but he got the Medicare payments in line with costs, and women got their care.

Getting things done might be the perfect description for Navin. He's been doing that since 1962 when he arrived in Hawaii as an intern at Tripler Army Medical Center. A cytopathologist, he has worked

with almost all the hospital labs in Hawaii, primarily Straub Clinic and Hospital, where he also served on the board of directors from 1975 to 1989, including a term as treasurer from 1987 to 1989.

He opened the laboratory at Pali Momi, was a director of the lab at Kapiolani Medical Center for Women & Children and is still an associate professor at the John A. Burns School of Medicine at the University of Hawaii. He was also the medical director of the SmithKline Beecham Clinical Laboratories (Accupath).

Looking much like the quintessential family doctor in movies and television, Navin has much the same manner as well. His wisdom, humor, intelligence and compassion begets trust.

A passionate lobbyist for health care, primarily women's health care, he has logged some 120,000 miles a year traveling to the nation's capital. He is currently the Hawaii delegate to the College of American Pathologists and past president of the American Pathology Foundation.

"In short, this award-winning physician, has earned the respect and admiration of our community," says Richard Okazaki, DLS president. "He brings so much to the table with his experience, energy and continual curiosity. We are very happy to have him join us."



## Indications for Ordering

Considered a clinically useful test in pregnancy for BV that is more sensitive than routine culture.

### Limitations

This test is intended for use with vaginal specimens.

### Methodology

A modified, quantitative gram stain, Nugent scoring, and a vaginal culture for yeast (e.g. *Candida* spp.) provides additional sensitivity over the gram stain alone.

### Ordering Information

**Test Name:** Bacterial Vaginosis (BV) Screen

**Test Code:** 5670

### Specimen

**Requirements:** Vaginal swab or discharge

**Turn-Around Time:**  
2 days

### Specimen Stability:

24-48 hours in bacterial transport media (e.g. BBL CultureSwab Plus or Copan ESwab).

**CPT Code:** 87205 and 87081

### References:

1. [www.cdc.gov/std/treatment/2006/vaginaldischarge.htm#vagdis2](http://www.cdc.gov/std/treatment/2006/vaginaldischarge.htm#vagdis2)
2. Hillier SL "Diagnostic microbiology of bacterial vaginosis." American Journal of Obstetrics and Gynecology, Aug 1993.
3. Katz. Comprehensive Gynecology. 5th ed. 2007.

# BACTERIAL VAGINOSIS (BV) SCREEN

## Test Highlights

- This is a rapid, sensitive and specific test for the support of bacterial vaginosis.
- The method consists of a modified gram stain and includes a culture for *Candida* species.

## Clinical Background

Bacterial vaginosis (BV) is a syndrome resulting from a disruption of normal vagina flora (i.e. mostly *Lactobacillus* spp.) with subsequent changes in the relative concentrations of other bacteria. The result is a depletion of *Lactobacillus* spp. and a proliferation of other potentially harmful bacteria (e.g. *Gardnerella vaginalis*, *Mobiluncus* spp., *Mycoplasma hominis*, yeast and anaerobes). BV is associated with an increased risk of upper genital tract infections, pelvic inflammation disease (PID), or premature delivery.

The gram stain is the gold standard used to determine the

relative bacterial concentrations according to microscopic bacterial types. Amsel criteria (3 out of 4) relies upon finding a thin, white, homogenous discharge, "clue cells", lower vaginal pH, and/or a fishy odor using 10% KOH. Culture is sensitive for the recovery of *Gardnerella vaginalis*, but is not recommended because it is highly nonspecific (i.e. *G. vaginalis* can be recovered in 58% of women without BV).

The BV screen uses the gram stain and Nugent criteria where a predominance of *Gardnerella vaginalis* and/or *Mobiluncus* spp. with a reduction or absence of *Lactobacillus* spp. is easily seen microscopically. This vaginal BV screen using Nugent scoring is objective and reproducible. The test sensitivity is 62% to 100% and the positive predictive value is 76% to 100%. The BV screen offers a quantitative gram stain using Nugent criteria that is both highly sensitive and specific for the rapid support of a BV diagnosis.



# REVAMPED WEBSITE RELEASED

Clients will be able to read the latest technical bulletins, search an online test directory for test information, access their patients' results securely over the Internet, access technical data and much more on our redesigned website at [www.dlslab.com](http://www.dlslab.com)

Patients and the public will be able to search for testing information, employment opportunities, read the latest news about DLS and much more.

We continue to add online functionality on the site to take advantage of the power of the web.



## More info on Dr. Navin

### Military Service:

- 1953 – US Army (USA)  
Infantry
- 1955-1961 – US Army  
Reserves (USAR)  
(inactive)
- 1961-1963 – USAR  
Medical Corps,  
Second Lt. to Captain
- 1963-1971 – USA  
Medical Corps,  
Captain to Lt. Col.
- 1973-1994 – USA, Marine Corps,  
Colonel, Brigade Surgeon of  
HARNG, 29th Infantry Brigade

### Memberships:

- ACOG – Hawaii Branch
- Alpha Omega Alpha – Honor  
Medical Society
- American Medical Association
- American Pathology Foundation
- American Society of  
Cytopathologists
- College of American  
Pathologists
- Hawaii Medical Association
- Hawaii Society of  
Pathologists – Past President  
and President 2001 – Present
- Honolulu County  
Medical Society –  
Investigative Committee
- International Society of  
Gynecological Pathologists
- Papanicolaou Society

AMA – Alternate Delegate  
for ASC

- Medicare – CAC Representative
- HMA – HAMPAC Committee
- HMA – Legislative Committee
- PathPAC Board 2005-2008
- CAP House of Delegates
- Pap Society Advocacy  
Committee
- ASC Advocacy Committee

### Personal:

- Two daughters, three sons;  
married to Angela "Angie"  
for 30 years
- Born in Mitchell, South Dakota
- Earned M.D. from The Creighton  
University, Omaha, Nebraska



# GOING ONLINE IMPROVES HEALTHCARE OUTCOMES AND BOTTOM LINE

With current attention focused on a better U.S. health care system, the push for electronic record keeping is picking up pace. The federal government is pushing providers to adopt electronic medical records (EMR)\* through the economic stimulus bill, which sets aside \$19 billion in incentive payments for physicians and hospitals who switch, and includes a disincentive for those who don't with a schedule for decreased Medicare and Medicaid payments.

Not only does the system streamline administrative processes, say officials, but it lets doctors and nurses spend more time working with patients and less time hunting for paperwork.

The stimulus bill emphasizes use. To get the government bonus, physicians and hospitals have to meet three criteria:

1. Use of a certified EHR product with ePrescribing capability that meets current Department of Health and Human Services (HHS) standards.

2. Connectivity to other providers to improve access to the full view of a patient's health history.
3. Ability to report on clinical quality measures to HHS.

The \$19 billion is divided between \$2 billion for HHS, and \$17 billion for two programs – one through Medicare, the other through Medicaid. Individual physicians may participate in only one.

In Hawaii, HMSA is pushing its Hi IQ Program, with up to a \$20,000 subsidy per physician for 1000 physicians for integrated PM and EMR systems. An article in **Business Week**, "W.Va. saves money on electronic medical records," by Tom Breen, May 8, 2009, issue, discusses the use of open source software as a way to save costs and achieve the same healthcare improvements.

Code changes alone make the move to online systems a smart way to go. Human error in coding today costs everyone in the healthcare system money, and those errors are bound to

## HOW MUCH WILL IT COST TO GO PAPERLESS?

Costs will vary depending on existing infrastructure, desired extras and layout, but a good estimate for software license, installation, implementation, training and hardware is about \$30,000. Subsidies considerably ease the cost pressure.

### Federal Subsidies

Federal payment incentives to eligible physicians will be capped at a maximum of \$44,000 over five years.

- For the first payment year, \$15,000. If the first year for an eligible physician is 2011 or 2012, the payment is \$18,000.
- Second payment year, \$12,000
- Third payment year, \$8,000
- Fourth payment year, \$4,000
- Fifth payment year, \$2,000
- \$0 for succeeding years

increase as the ICD9 codes change in 2011. Those code issues disappear with EMR.

If you have any questions about our experience with EMR vendors, please contact your marketing representative or call 589-5100, ext. 5294.

\* also referred to as electronic health records (EHR)

## LET US HELP YOU WITH TECHNICAL SOLUTIONS

If you need assistance with technical solutions for results reporting and order entry, we can help. From our web-based online results reporting system to building electronic interfaces with external EMRs and EHRs, we can meet your needs. We have successfully worked with more than 20 vendors/providers to implement electronic interfaces for over 500 DLS client accounts. If you are interested in any of these services please contact us at 589-5100, ext. 5294.

