GRIPA welcomes Joseph S. Vasile, MD, MBA as our new President/CEO

Dr. Vasile is a practicing physician who is Board Certified in Psychiatry with a subspecialty in Geriatric Psychiatry. He has held several hospital and administrative appointments in Rochester, including Chief of the Behavioral Health Network for the Rochester General Health System, Director of Psychiatry and Mental Health Services at the Rochester Rehabilitation Center, Chief Psychiatrist for Geriatric Psychiatry, Intermediate Care and Neuropsychiatry Units at Rochester Psychiatric Center and Director of Acute Psychiatric Services at Strong Memorial Hospital.

Vasile has served on a number of hospital committees dedicated to quality, education, and organizational planning. He has been a member of GRIPA's Finance Committee since 2003. Dr. Vasile is active in several professional and scientific societies and has published articles in the Journal of Clinical Psychiatry and Schizophrenia Research. He is a member of the American College of Physician Executives and is a Distinguished Fellow of the American Psychiatric Association.

He completed his undergraduate studies at Yale University, received his Doctorate of Medicine degree from the State University of New York at Buffalo and a Masters Degree in Business Administration from the University of Pittsburgh. Following a residency in Psychiatry at the University Health Center of Pittsburgh, Vasile completed a Fellowship in Geriatric Psychiatry at Johns Hopkins Hospital.

Vasile is also a Clinical Assistant Professor of Psychiatry at the University of Rochester School of Medicine and Dentistry.

"I am very happy and excited to join the GRIPA team. In partnership with its owners, the physicians and healthcare system, GRIPA is in a unique position to address the health care reform challenges ahead." Joseph S. Vasile, MD, MBA.

Appropriate Screening Tests for Diabetic Nephropathy

Diabetic nephropathy occurs in 20-40% of patients with diabetes and is the leading cause of end-stage renal disease. Persistent albuminuria in the range of 30-299 mg/24 hour is the earliest stage of diabetic nephropathy in type 1 diabetes and a marker for the development of nephropathy in type 2 diabetes. Microalbuminuria is also a well established indicator of increased risk for cardiovascular and chronic kidney disease.

The American Diabetes Association (ADA), the National Kidney Disease Education Program (NKDEP), and the GRIPA Connect Clinical Care Guideline for Management of Adult Diabetes recommend an annual test to assess urine albumin excretion in patients with at least 5 years of type 1 diabetes and in all type 2 diabetic patients. Due to variability in urinary albumin excretion, 2 of 3 specimens within a 3 to 6 month period should fall within the microalbuminuric or macroalbuminuric range to confirm classification.

Definitions of abnormalities in albumin excretion

Category	Spot collection (ug/mg creatinine)
Normal	<30
Microalbuminuria	30-299
Macroalbuminuria	≥300

Optimal Labs to Order

The preferred method of screening for albuminuria is the measurement of the albumin-to-creatinine ratio in a random spot collection. This ratio corrects for variations in urinary concentration due to hydration and provides a more convenient method of assessing protein and albumin excretion. Twenty-four hour collection and timed specimens are not necessary.

Labs That Are Not Optimal

Measurement of a spot urine for albumin by immunoassay or dipstick test specific for microalbumin (i.e. spot protein) without simultaneously measuring urine creatinine is less expensive, but susceptible to both false negative and positive results due to variations in urine concentration. The ADA does not endorse screening for nephropathy using a urine dipstick test.

GRIPA's Clinical Integration Network Performance on obtaining an annual nephropathy screening in type 1 and 2 diabetics, as of 8/31/2010, is 55.2% (individual physician rates range from 2.7%-87.4%). Many of these low rates are due to non-optimal labs being performed. If you would like to see how your individual performance contributes to the performance of the network, you can access your Physician Achievement Report (PAR) on the GRIPA Connect Portal (under My Reports). This report can also provide you a list of patients that have not had an annual nephropathy screening that your practice can reach out to or proactively incorporate into their care plan.

If you would like access to the GRIPA Connect Portal please contact GRIPA Provider Relations at 585-922-1525.

References:

1. American Diabetes Association Standards of Medical Care in Diabetes. Diabetes Care, 33(1):S11-S61;January 2010.
2. National Kidney Foundation. K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification. National Kidney Foundation. 2002.

GRIPA connect™
Clinical Integration
Physicians coming together for all the right reasons