

The Scope

A Newsletter for Medical Professionals

March 1, 2017

" Maturity begins to grow when you can sense your concern for others outweighing your concern for yourself"

- John MacNaughton

The Scope appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Mark Zajkowski, D.D.S. Please submit a favorite you'd like to share with others by emailing [The Scope](mailto:thescope@mmc.org).

[A Compact Between Maine Medical Center and Its Medical Staff](#)

Peer Support

for the MMC Medical Staff

PeertoPeer@mmc.org

Physician leader: Christine Irish, MD

Confidential * One-on-One * Peer Support

Dear Members of the Maine Medical Center Medical Staff,

It's already March! As we all get ready for spring, melts, mud, madness and maple syrup, please read this info-packed issue.

We start with Maine Health's formal statement on the Affordable Care Act and encourage you to advocate about this foundational issue. On the safety front, Dr. Hayman details a new alert regarding IV incompatibility. She and Nick Haar chair the Medication Safety committee. They use real time trends in reported errors to identify and design ways to prevent errors and mitigate harm. On the practical front, Dr Haydar outlines why and how to select the most specific diagnostic terms in Epic, and Dr. Jorgensen shares details about the Vascular Center's outstanding recognition by the Vascular Quality Initiative.

But wait, there's more: Have you asked yourself what is the most important thing members

of the medical staff can do for each other? And did you smile and think “support each other”? Dr. Hein, Director of Well-being and Peer Support, shares a short piece encouraging any and all who need it to ask for support. Watch for more materials about the Peer Program during the month of March, including details about the first of the brown bag lunch series on “Protecting the Joy in Clinical Practice.” Take a break and connect with colleagues in the medical staff lounge. Speaking of joy, do you find joy in teaching? Explore great opportunity and apply to the MITE program – details and deadlines below.

Thank you to everyone who completed the survey about MaineHealth governance unification. See how medical staffs across the system responded. Stay tuned for more updates and forums for discussion. Finally, we wrap up with congratulations to Dr. Chan and a long list of publications this month — find out what your prolific colleagues are writing about.

Sincerely,



A handwritten signature in black ink that reads "Joel Botler MD".

Joel Botler, M.D.
Chief Medical Officer



A handwritten signature in black ink that reads "Lisa Almeder".

Lisa Almeder, M.D.
Medical Staff President

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MaineHealth's Position on the Affordable Care Act

By Rich Petersen, MMC President and CEO

The leadership of MaineHealth has been following the debate over the federal Affordable Care Act (ACA) closely given the impact the law has on the entire healthcare industry, including MaineHealth and Maine Medical Center.

Along the way, our government relations team has been communicating with our representatives in Washington, making our concerns known.

To help guide our approach to this issue and to better inform colleagues across the system of how our organization views the ACA and the debate over its future, MaineHealth has developed a “white paper” that outlines our concerns and aspirations for the debate now taking shape.

Our position is built on our core Values of Patient Centered, Respect, Integrity, Excellence, Ownership and Innovation. [You can see the full text of the white paper here.](#)

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Medication Practice Alert

By Jennifer Hayman, M.D.

[Click here to read the latest Medication Practice Alert.](#) This Alert is in response to ongoing reports filed highlighting errors in IV incompatibility which occur when the wrong diluent is chosen with which to hang an IV medication. This can lead to direct patient harm through ineffective medication delivery, phlebitis and central-line complications.

The MMC Medication Committee releases Medication Practice Alerts based on trends noted from medication error reports filed by all staff in the online error reporting system RL Solutions. We hope this mode of communication allows "lessons learned" in one unit to translate into improved medication safety awareness in every unit of the hospital. Print out these alerts and post in medication rooms, break rooms or anywhere else that clinical staff can read them.

Questions? [Nick Haar, PharmD](#), or [Jennifer Hayman, M.D.](#), co-chairs, MMC Medication Safety Committee

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Documentation that Matters: Which Diagnosis Is a CC, MCC or HCC?

By Samir Haydar

New Epic Functionality is going live February 28 to help providers navigate the often subtle variations in risk adjustments and relative weights assigned to specific diagnoses by our governmental and third-party payers.

Most providers now have a general understanding of the impact on quality metrics, expected length of stay and reimbursement when more specific diagnoses (ex. Acute Systolic Heart failure, Metabolic Encephalopathy) are used in place of unspecified diagnoses (ex. CHF, Confusion).

Terms that carry the highest weight, predict increased hospital resource utilization, illness

severity and risk of mortality. These diagnostic terms are known as Major Comorbidities/Complications (MCCs) or Comorbidities/Complications (CCs). MCCs typically carry the highest weights and predict increased illness severity.

Also, now that MACRA is on everyone’s radar, a fairly new term used to classify “high value” ambulatory conditions, Hierarchical Condition Categories (HCCs), is being used to evaluate physician cost effectiveness by adding weights for the expected costs and outcomes associated with coded diagnostic terms.

In general, the use of terms classified as HCCs, MCCs and CCs predict higher illness severities and poorer outcomes, thus supporting the use of additional healthcare resources. Providing the same level of care to manage the conditions that fall into one of these categories but using diagnostic terms which fall outside these lists, will often lead to publically reported quality and cost efficiency metrics that poorly represent the expected outcomes in our patient population.

Shown below, when using the diagnosis calculator in EPIC, diagnostic terms classified as either MCCs, CC and/or HCCs will now be so labeled. Providers are encouraged to use the term that best represents conditions being managed. The more specific the diagnosis, the better, acknowledging illness severity and expected outcomes, also important.

We do not however, encourage the use of terms solely based off their severity and relative weight classifications. The ultimate goal is to accurately represent the patient’s illness and the resources required to manage their stay.

Name	ICD-10-CM	MCC Flag (ICD-10-CM)	CC Flag (ICD-10-CM)	HCC Model Category
Acute combined systolic and diastolic congestive heart failure (CHF)	I50.41	Yes	No	85
Acute diastolic congestive heart failure (CHF)	I50.31	Yes	No	85
Acute on chronic diastolic congestive heart failure (CHF)	I50.33	Yes	No	85
Acute on chronic systolic congestive heart failure (CHF)	I50.23	Yes	No	85
Acute systolic congestive heart failure (CHF)	I50.21	Yes	No	85
CHF (congestive heart failure)	I50.9	No	No	85
Chronic diastolic CHF (congestive heart failure)	I50.32	No	Yes	85
Chronic systolic CHF (congestive heart failure)	I50.22	No	Yes	85
Chronic combined systolic and diastolic CHF (congestive heart failure)	I50.42	No	Yes	85
Acute on chronic combined systolic and diastolic CHF (congestive heart failure)	I50.43	Yes	No	85

Diagnosis Entry activities will display informational columns about MCC, CC and HCC weights.

CMS categorizes diagnoses based on their complexity and acuity:

- **HCCs** - Hierarchical Condition Categories for Outpatients
- **CCs** - Comorbidities and/or Complications for Inpatients
- **MCCs** - Major Co-morbidities and/or Complications for Inpatients

*Note: Lengthy diagnoses in preference lists may display truncated. Click on the column **Name** header to expand the columns and view the full diagnosis description.*

Selecting the most descriptive diagnoses that clarify the acuity and complexity of a patient's

condition is important for patient safety and accurate measurements of acuity and levels of service.

Please contact your Clinical Documentation Improvement (CDI) and coding teams with questions.

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MMC Receives Vascular Quality Initiative (VQI) Recognition

*By Jens Eldrup-Jorgensen, M.D., FACS, Division of Vascular and Endovascular Surgery, Maine Medical Center, Professor of Surgery, Tufts University School of Medicine
Director, Vascular Center at Maine Medical Center, Director, MMP Vascular Laboratory*

MMC has again achieved the highest award -- three stars -- from the VQI for our commitment to advancing quality care for patients with vascular diseases.

In 2016, there were 324 centers eligible for VQI Participation Awards. 40 received three stars, 71 received two stars and 83 received one star. MMC's results in the Award Program for 2016 are listed below, along with the detailed point scoring system used to calculate the number of Stars awarded.

We would not have received this distinction (top 12 percent of all centers) without the support of MMC, the Vascular Center at MMC, and the time and effort that it takes to do the work, fill out the forms and provide the high quality care. Over the years, the physicians have received a lot of emails from Sue, Gina and I requesting that forms be filled out, patients be seen and data entered. It takes time and effort usually at the end of a long day. It is a bit of a thankless task so I wanted to say thank you.

Finally, it is not the three stars that are important. What is important is that the three stars are a representation of our commitment and the high quality care that we deliver to our patients.

[Click here to see the full report.](#)

Your Center's VQI Participation Award

Registry-Subscription Score	Long-Term Follow-Up Score	Meeting-Participation Score
Registries in which your center participates = 9	Your center's long-term follow-up rate* = 86%	Score for spring 2016 meeting = 3
Points earned for registry subscription = 6	Points earned for LTFU = 4	Score for fall 2016 meeting = 3
	<small>**"N/A" indicates your center entered no procedures for 2014 or 2015.</small>	Points earned for meeting participation = 6

Total Points and Participation Award

Total points earned = 16
**YOUR CENTER'S 2016 PARTICIPATION AWARD:
3 STARS**
(Your center's 2015 Participation Award was 3 STARS)

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Peer Support Awareness

By Christine Hein, M.D.

We've all experienced the highs and lows of practicing medicine. Fortunately, our profession has become more open to talking about stress and burnout, acknowledging that we all need support now and again.

Dealing constructively with the stress of the job can improve our personal lives, our professional satisfaction and even the quality of care we provide to our patients.

All of our Medical Staff will be seeing communications about the Peer Support Program throughout March. Here's what we'd like you to do:

1. Please talk with your colleagues about this program and the benefits of reaching out for support when needed.
2. Share the new information cards that we'll be providing to clinical leaders throughout March.

Questions? [Christine Hein, M.D.](#), Program Director, Provider Well-Being & Peer Support.

Thank you all for the Respect and Integrity that you bring as leaders to this important area.

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Save the Date: Protecting the Joy in Clinical Practice

Speaker: Virginia Eddy, M.D.

Thursday, March 16, Noon – 1 p.m.

Medical Staff Lounge (across from the Boutique at 22 Bramhall)

The Provider Well-being and Peer Support Program is excited to introduce a new offering for members of the Medical Staff and House Staff, which we have coined the “Brown Bag Lunch Series.” The mission of this series is to provide an opportunity to hear from and connect with peers by taking a pause, sitting down for an hour and participating in a discussion of interest. We have volunteers from the Peer Support Program who will facilitate a focused but informal noon discussion, with new topics presented each month. Coffee and tea, as well as healthy light refreshments, will be offered but for those wanting a more filling lunch, please bring yours along and join us in the medical staff lounge.

The practice of medicine can be rewarding, enormous, challenging and overwhelming all at the same time. Time and again we hear from our peers how satisfying it can be to connect with one another professionally and personally, to have an opportunity to hear from others who have “been there” or who are “going through the same thing”. We hope that this lunch series will help enhance existing relationships, forge new bonds and promote a culture of support for the MMC community.

We are collecting RSVPs from *all* interested residents, fellows and Medical Staff. To RSVP, please respond to MedStaff@mmc.org or 662-2828. We would like to have your name, email address, and preferred phone number.

We need your feedback! If you would have attended this Brown Bag if not for obstacles, please identify those obstacles? We plan to alter the timing and campus location as the series matures.

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MITE Academy Educational innovations Grants and Scholars Program – Call for Applications

[MITE Academy](#) Educational Innovations Grants

The Department of Medical Education invites applications for Educational Innovations Grants - a competitive pilot grant program designed to improve community health and the

delivery of healthcare through educational innovation. Eligibility: Members of the Maine Medical Center community and its affiliates and/or affiliated with its educational programs; Funding for Educational Innovation Projects up to \$20,000.

Important Dates:

- Letters of Intent are due Friday, March 31, 2017
- Full Proposals are due Wednesday, June 7, 2017
- Decisions will be communicated by Friday, July 21, 2017

[MITE Academy](#) Scholars Program

The Academy at the MMC Institute for Teaching Excellence (MITE) is now accepting applications to the Academy (formerly META) Scholars Program. Please submit your application by March 15, 2017 for consideration. This is a two year program featuring: Completion and publication of a mentored education scholarly project; Bi-monthly Seminars and workshops covering aspects of education research; clinical and didactic teaching; education program administration and leadership; Observed teaching sessions and coaching; Education Journal club; Teaching opportunities for TUSM-Maine track medical students; Funding is provided for clinical release time.

Questions? Bob Bing-You or Denham Ward, Department of Medical Education, 662-7060

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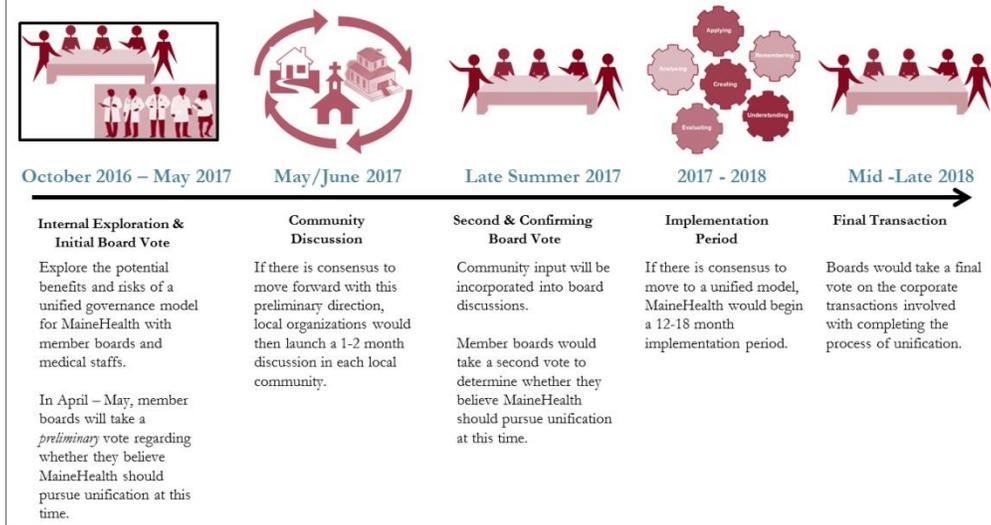
MaineHealth Governance Unification Med Staff Survey Results

By John Bancroft, M.D., and Brian Nolan, M.D.

Last month the Physician Advisory Subcommittee on Unification conducted a survey of Medical Staffs in the MaineHealth system to gauge their perceived understanding of MaineHealth's current governance model, perceptions of its adequacy to meet healthcare challenges of the future, and general awareness regarding current discussions on system unification. Across all member organizations, over 550 providers responded to the survey, with strong representation from each MaineHealth member organization.

[Click here to see the results of this survey.](#) The Physician Advisory Subcommittee will be discussing next steps for medical staff communication at its March 9th meeting. In the meantime, please let us or Andy Patstone know if you have questions or concerns.

Timeline & Process: Unification Discussions



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People News

James C Chan, M.D., Chair, Search Committee for Director, Maine Medical Center Research Institute: 2008-2009. Member, Scientific Review Committee, MMC: 2009-present. Tufts University School of Medicine, Scientific Affairs Committee: 2011-2014; Academic Research Awards Committee (2014-2017) will be honored by a Doctor of Science degree from the University of Oviedo, for achievements in clinical and basic science research. The *Doctor Honoris Causa* will be presented at an investiture ceremony in Oviedo, Spain, on May 11, 2017.



Doctor Chan is Tufts University professor of pediatrics and director of research, The Barbara Bush Children’s Hospital, Portland, Maine. After earning the MD degree from McGill University and training at Mayo Clinic, Oregon, and Columbia University, he served on the USC faculty, before spearheading pediatric nephrology at GW and VCU. He led scientific breakthroughs in acid-base, mineral and electrolyte balance. The NIH funded his research and training programs.

Dr. Chan joined Maine Medical Center in 2002, and continues to serve on research committees at MMC, Tufts and NIH. Separately, he has been awarded named professorships in Hong Kong and Changsha, China. Aside from teaching in North and South America, he has been invited to give lectures in Europe and many other parts of the world.

In 2012, he received the Barnett award, the top nephrology prize from the American Academy of Pediatrics.

His family lives in mid-coast Maine. They are kayaking, gardening, and food enthusiasts.

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Publications

Reagan MR, Lian J, **Rosen CJ**, Stein G. [A Perspective on Malignancy in the Marrow](#). J Cell Physiol. 2017 Feb 16.

Mallory LA, Osorio SN, **Prato BS**, DiPace J, Schmutter L, Soung P, Rogers A, Woodall WJ, Burley K, Gage S, Cooperberg D; IMPACT Pilot Study Group. [Project IMPACT Pilot Report: Feasibility of Implementing a Hospital-to-Home Transition Bundle](#). Pediatrics. 2017 Feb 15.

Dewdney SB, **Lachance J**. [Electronic Records, Registries, and the Development of "Big Data": Crowd-Sourcing Quality toward Knowledge](#). Front Oncol. 2017 Jan 30;6:268.

Mai PL, Piedmonte M, **Han PK**, Moser RP, Walker JL, Rodriguez G, Boggess J, Rutherford TJ, Zivanovic O, Cohn DE, Thigpen JT, Wenham RM, Friedlander ML, Hamilton CA, Bakkum-Gamez J, Olawaiye AB, Hensley ML, Greene MH, Huang HQ, Wenzel L. [Factors associated with deciding between risk-reducing salpingo-oophorectomy and ovarian cancer screening among high-risk women enrolled in GOG-0199: An NRG Oncology/Gynecologic Oncology Group study](#). Gynecol Oncol. 2017 Feb 10.

Seder DB, Bösel J. [Airway management and mechanical ventilation in acute brain injury](#). Handb Clin Neurol. 2017;140:15-32.

Galiatsatos P, Win TT, **Monti J**, Johnston PV, Herzog W, Trost JC, Hwang CW, Fridman GY, Wang NY, Silber HA. [Usefulness of a Noninvasive Device to Identify Elevated Left Ventricular Filling Pressure Using Finger Photoplethysmography During a Valsalva Maneuver](#). Am J Cardiol. 2017 Jan 5.

Maridas DE, DeMambro VE, Le PT, Mohan S, **Rosen C**. [IGFBP-4 regulates adult skeletal growth in a sex-specific manner](#). J Endocrinol. 2017 Feb 9.

Connors CW, Nguyen JD. [Management of a Patient Requiring Intrathecal Drain Insertion and Removal in the Setting of Concomitant Dual Antiplatelet Therapy With Clopidogrel and Aspirin: A Case Report](#). A A Case Rep. 2017 Feb 8.

Bing-You R, Hayes V, Varaklis K, Trowbridge R, Kemp H, McKelvy D. [Feedback for Learners in Medical Education: What Is Known? A Scoping Review](#). Acad Med. 2017 Feb 7.

Riker RR, Gagnon DJ, Hatton C, May T, Seder DB, Stokem K, Fraser GL. [Valproate Protein Binding is Highly Variable in ICU Patients and Not Predicted by Total Serum Concentrations: A Case Series and Literature Review.](#) Pharmacotherapy. 2017 Feb 7.

Bing-You RG, Varaklis K. [Organizing graduate medical education programs into communities of practice.](#)

Med Educ Online. 2016 Jan;21(1):31864.

Fan Y, Hanai JJ, Le PT, Bi R, Maridas D, DeMambro V, Figueroa CA, Kir S, Zhou X, Mannstadt M, Baron R, Bronson RT, Horowitz MC, Wu JY, Bilezikian JP, Dempster DW, Rosen CJ, Lanske B. [Parathyroid Hormone Directs Bone Marrow Mesenchymal Cell Fate.](#) Cell Metab. 2017 Jan 25.

Dimitri P, Rosen C. [Fat and Bone: Where are We Now?](#) Calcif Tissue Int. 2017 Feb 2.

Healey CT, Neilson M, Clark D, Schanzer A, Robinson W; Vascular Study Group of New England None. [Predicting Mortality of Ruptured Abdominal Aortic Aneurysms in the Era of Endovascular Repair.](#) Ann Vasc Surg. 2017 Jan;38:59-63.

Duarte CW, Black AW, Lucas FL, Vary CP. [Cancer incidence in patients with hereditary hemorrhagic telangiectasia.](#) J Cancer Res Clin Oncol. 2017 Feb;143(2):209-214.

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Calendar

2017 Med Staff Dinners – Save the Date

- April 5, Dana Center Lobby
- September 20, East Tower Patio

Dinners begin at 5:30 and run until about 7 p.m.

Maine Medical Center Medical Executive Committee Meeting Schedule 2017

- January 20
- February 17
- March 17
- April 21
- May 19
- June 16
- July 21
- August 18

- September 15
- October 20
- November 17
- December 15

All meetings are held from Noon - 2 p.m. in the Dana Center Boardroom. Lunch is served.

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Story Ideas?

Your participation is essential to making The Scope a dynamic and sustainable publication. Please submit articles of 250-300 words to thescope@mmc.org. Include practitioner's byline with title and appropriate contact for further information. We publish two times each month.

For past copies of The Scope go to: <http://www.mmc.org/newsletter-for-medical-professionals>

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Medical Staff Value, Mission, and Vision Statements

Value Statement

The Medical Staff of Maine Medical Center values both individuality and collaboration. We will continually pursue higher value health care. We embrace a culture of curiosity and life-long learning. We are partners with Maine Medical Center, and we mirror its values of compassion, service, integrity, respect, and stewardship.

Mission Statement

The Mission of the Medical Staff of Maine Medical Center is to provide affordable, high-quality health care to our community. We teach future health care providers and develop innovative ways to improve the health of our community. In partnership with the Medical Center, we proudly accept our responsibility as one of Maine's leaders in patient care, education, and research.

Vision Statement

The Medical Staff of Maine Medical Center will be the driving force within Maine Medical Center leading the way to making Maine the healthiest state in the nation.

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