
The Scope

A Newsletter for Medical Professionals

March 3, 2015

“Self-love, my liege, is not so vile a sin as self-neglect.”

—Henry V, Act 2, scene 4

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

—Maya Angelou

The Scope appreciates the enthusiastic response of readers contributing quotes and in this issue celebrates two submissions: the first from Dr. George K. Dreher and the second by Dr. Garreth DeBiegun. Please submit a favorite you'd like to share with others by emailing to: thescope@mmc.org

Dear Members of the Maine Medical Center Medical Staff,

Maine Medical Center will be providing opportunities in the next couple of months for physicians and providers to have a voice in helping to set the strategic direction of the organization through involvement in the planning process for the Annual Implementation Plan for Fiscal Year 2016.

We understand the importance of your involvement in this priority setting process, as you expressed in the most recent Provider Engagement Survey that included input from all Medical Staff categories (Attending, Consulting and Courtesy) as well as Advance Practice Providers, Residents and Fellows.

We hope that you will contribute your ideas to the planning process through your involvement in one or all of the following ways:

We have created a survey to get a better understanding of your ideas for priorities for MMC in the coming year. [Please complete the survey](#) by March 16.

- Survey results will be shared in upcoming forums as a way to initiate discussions.
- We will be hosting several focus group sessions with key provider leaders to solicit

input for the AIP including, the Medical & Academic Affairs Leadership Meeting on March 18; Medical Executive Committee on March 20; and in town hall format meetings to be announced.

- Fifteen at-large medical staff members who volunteer or are nominated by their peers will be invited to the AIP retreat on April 30 to ensure significant medical staff participation in the process.

We all share a high opinion of the care delivered at MMC and a commitment to improve that care for the benefit of our patients—we appreciate the work you do every day. We look forward to learning how we can better support you in the future.



Peter W Bates

Peter Bates, M.D.
Chief Medical Officer



C Boyack

Cindy Boyack, M.D.
Medical Staff President

In This Issue

[March is National Kidney Month](#)
[Cystic Fibrosis Adult Clinic Now at Bramhall Campus](#)
[MMC Partnership to Improve Clinical Documentation](#)

March is National Kidney Month

By Mark G. Parker, M.D.
Director, Division of Nephrology and Transplantation

There are few disease states that can claim the substantial health and economic burden of chronic kidney disease (CKD). The numbers are staggering:

- One in nine Americans, representing a total of more than 26 million U.S. adults, are estimated to have chronic kidney disease; even with this level of prevalence, CKD is yet to be recognized with the public awareness accorded to heart disease,

diabetes, and cancer.

- Kidney disease is the ninth leading cause of death in the U.S.
- End Stage Renal Disease (ESRD) in the U.S. population has more than tripled since 1990 and is expected to grow due to aging of the population, and an increasing number of people with factors placing them at high risk such as diabetes, hypertension, and prior episodes of acute kidney injury.
- Total Medicare spending for patients with kidney failure (excluding prescription drug costs) reached nearly \$29 billion in 2012, about six percent of all Medicare costs. For those in ESRD, the total public and private cost is in excess of \$40 billion.

Tragically, many people with kidney disease have no idea that there is anything wrong with them. Approximately 60 percent of patients with late stage kidney disease are unaware that their kidneys are failing.

That's the bad news. The good news is that all physicians, primary and specialty alike, can have a dramatic impact on the progression and outcome of kidney disease by proactively educating patients and themselves about risk factors, early identification, and treatment options. Providers can take four critical steps: screen for and talk to patients about their risk for CKD; communicate the importance of testing and how CKD is diagnosed, explain the nature of CKD and treatment options; and educate early about dialysis and transplantation.

Maine Health/Maine Medical Center is fortunate to have a highly regarded and successful kidney transplant program, robust dialysis and dialysis vascular access services, and a flourishing new kidney stone prevention program.

Please join me in commemorating March as National Kidney Month by responding to this call to action.

[Back to Top](#)

Cystic Fibrosis Adult Clinic Now at Bramhall Campus

By Jonathan Zuckerman, M.D
Director, Adult Cystic Fibrosis Program

Edmund Sears, M.D.
Assistant Director, Adult Cystic Fibrosis Program

We are delighted to announce that the Maine Medical Center Cystic Fibrosis (CF) Adult Clinic will open on March 16 in a new location – on R2 on the MMC campus. Previously located at Chest Medicine Associates in South Portland, the Adult CF Program has realized significant growth over the past decade. The program now cares for a wide spectrum of patients – from mild cases of CF related metabolic syndrome to those with advanced disease requiring organ transplantation. The new location will provide our patients with a

better experience and improved access to care including the following:

- More convenient access to testing – all routine and diagnostic testing can be done during one visit.
- Better access to a multidisciplinary care team – the adult team at MMC will include respiratory therapists, dietitians, physical therapists, social workers and palliative care specialists.
- More personalized care – patient records will now be part of MMC’s electronic shared health record system (SeHR) making it easier for other providers, including transplant centers, to access patient health history and coordinate care.
- Easier scheduling and access to health information through MyChart – MyChart will provide a secure, online connection between patients and providers. Patients will be able to manage personal health information, review test results, schedule appointments and request prescription refills.
- Transition from pediatric to adult care – integration of records and programs within the medical center should drive fresh advancements in the transition of patients from pediatric to adult care at our CF Center.

Medical residents and pulmonary fellows are encouraged to schedule outpatient rotations in the Adult CF Clinic to learn more about the exciting new diagnostic and therapeutic approaches now in practice, or go to mmc.org/cysticfibrosis.

[Back to Top](#)

MMC Partnership to Improve Clinical Documentation

Maine Medical Center has partnered with the J.A. Thomas Agency (JATA) with the goal of increasing clinical documentation quality. Admitted patients with traditional Medicare are in scope. The project will enhance the current Clinical Documentation Management Program (CDMP), which is doubling its nursing staff to better support physicians. Deployment will begin at the end of March, with wrap up activities in early May.

Physician engagement and peer-to-peer education is critical to the program’s success, and JATA is bringing trained physicians onsite to provide face-to-face education and support during a four-week period. The CDMP Steering Committee will oversee and support the initial deployment and monitoring of key performance indicators. Clinical documentation that accurately reflects resources used and severity of illness is vital to the success of ICD-10.

You are invited to hear National Medical Director Dr. Anthony Oliva of JATA’s Healthcare Division speak at the March 20 Medical Executive Committee meeting.

If you have questions about this project, please contact Kristy Lugert, MMC’s Senior Director of Health Information Management at 662-4442 or email klugert@mmc.org.

[Back to Top](#)

Publications

Kessler HL, Vine J, Rogers VW. Let's Go! School Nutrition Workgroups: Regional Partnerships for Improving School Meals. J Nutr Educ Behav. 2015 Feb 2. pii: S1499-4046(14)00822-7.

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Endrizzi DP, Shubert DJ, White RR. Scapulothoracic fusion for low-energy intrathoracic scapula dislocation: a report of two cases. J Shoulder Elbow Surg. 2015 Jan 31.
Lindström NO, Lawrence ML, Burn SF, Johansson JA, Bakker ER, Ridgway RA, Chang CH, **Karolak MJ, Oxburgh L,** Headon DJ, Sansom OJ, Smits R, Davies JA, Hohenstein P. Integrated β -catenin, BMP, PTEN, and Notch signalling patterns the nephron. Elife. 2015 Feb 3; 4.

Bioc JJ, Magee C, Cucchi J, **Fraser GL,** Dasta JF, Edwards RA, Devlin JW. Cost effectiveness of a benzodiazepine vs a nonbenzodiazepine-based sedation regimen for mechanically ventilated, critically ill adults. J Crit Care. 2014 Oct;29(5):753-7.

Miller JD, Higgins GL 3rd. Infant with rash. Ann Emerg Med. 2014 Nov;64(5):559-74.
Baker JJ, Meyers MO, Deal AM, Frank JF, Stitzenberg KB, Ollila DW. Prognostic significance of tumor mitotic rate in T2 melanoma staged with sentinel lymphadenectomy. J Surg Oncol. 2015 Feb 8.

Doucette CR, Horowitz MC, Berry R, MacDougald OA, **Anunciado-Koza R, Koza RA, Rosen CJ.** A High Fat Diet Increases Bone Marrow Adipose Tissue (MAT) But Does Not Alter Trabecular or Cortical Bone Mass in C57BL/6J Mice. J Cell Physiol. 2015 Feb 7.

Gagnon DJ, Nielsen N, Fraser GL, Riker RR, Dziodzio J, Sunde K, Hovdenes J, Stammet P, Friberg H, Rubertsson S, Wanscher M, Seder DB. Prophylactic antibiotics are associated with a lower incidence of pneumonia in cardiac arrest survivors treated with targeted temperature management. Resuscitation. 2015 Feb 10.

Air contamination with bacteria in cystic fibrosis clinics: implications for prevention strategies. **Zuckerman JB,** Clock SA, Prato BS, McDevitt JJ, Zhou JJ, Leclair LW, Lucas FL, Saiman L. Am J Respir Crit Care Med. 2015 Mar 1;191(5):598-601.

Calendar

MMC Medical Executive Committee Meeting Schedule for 2015

All meetings are held from 12-2 p.m. in the Dana Center Boardroom, and lunch will be served:

- Friday, March 20
- Friday, April 17
- Friday, May 15
- Friday, June 19
- Friday, July 17
- Friday, August 21
- Friday, September 18
- Friday, October 16
- Friday, November 20
- Friday, December 18

2015 Medical Staff Dinners

Please mark your calendar for the 2015 Medical Staff Dinners:

- Wednesday, April 29 at 5:30 p.m. in the Dana Center Lobby
- Wednesday, September 16 at 5:30 p.m. on the East Tower Patio.

[Back to Top](#)

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.

To view past issues, visit www.mmc.org/TheScope.

[Back to Top](#)

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.

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

[Back to Top](#)
