

The Scope

A Newsletter for Medical Professionals

May 6, 2015

“Twenty years from now you will be more disappointed by the things you didn’t do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.”

—Mark Twain

The Scope appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Kate Stoddard of the Medical Staff Office. 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,

Thank you to all who turned out for our Spring Medical Staff meeting. It was wonderful to see a stronger-than-usual turnout, and to enjoy mingling and catching up with each other during the social hour.

The business portion of the meeting was entirely devoted to presenting a summary of the Provider Engagement Report, and discussion thereof. The comments during this meeting were very thoughtful, and constructive, and ultimately the group unanimously voted on a resolution to adopt the report and recommendations as written. There was general agreement with the findings of the report, and many of the comments were focused on the important “What next?”

We kept notes from the meeting so all ideas would be captured. Some themes from the discussion include:

- There is a sense of urgency in needing to act decisively to improve engagement.
- Changes and initiatives need to be communicated regularly to the Medical Staff.
- This effort will require investment of time and resources, and needs to be supported by leaders.
- There is a desire to connect with colleagues outside of one’s own practice, with the acknowledgement that this is difficult in a large, complex organization.
- Increasing “ownership” and authority in the hands of providers at the front lines

will facilitate engagement – currently providers are a resource that are not being tapped to full potential.

- Non-physician providers such as NPs and PAs appreciate being included in this initial effort and see this as progress in being recognized as vital members of the Medical Staff.
- Keeping the academic mission in focus is important.

MMC CEO Rich Petersen was in attendance and praised the Medical Staff and the committee for their efforts and candor in the generation of the report. He noted that provider engagement is a top priority for leaders at MMC. He observed that there are more physicians in leadership positions than ever before, but this alone has not fostered provider engagement. He is eager to collaborate to improve the situation.

As to next steps, the report will be presented to the MMC Board of Trustees this week, where a full hour will be devoted to provider engagement. The report recommends a task force be formed to coordinate efforts to improve engagement. This task force would be co-chaired by Rich Petersen and the President of the Medical Staff. We are looking for input as to who should comprise the group, and how the group might proceed.

We have received several emails from those who were unable to attend the meeting, and invite everyone to read the report (attached, along with appendix), and contact medstaff@mmc.org with your thoughts and suggestions.



A handwritten signature in black ink that reads "Peter W. Bates".

Peter Bates, M.D.
Chief Medical Officer



A handwritten signature in black ink that reads "C. Boyack".

Cindy Boyack, M.D.
Medical Staff President

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Education and Tools Available for Asthma Health

By Jeffrey J. Aalberg, M.D.

Maine has among the highest asthma rates in the country.

The MaineHealth AH! Asthma Health Program focuses on creating self-management tools and guides for patients, along with condensed, easy-to-use provider tools based on the latest evidence-based national guidelines. Available for ambulatory staff upon request are: education on guidelines and best practice as well as hands-on demonstrations, teach-back on peak flow, and inhaler devices.

In today's value-driven health care environment, physicians are often overwhelmed because they are asked to deliver consistently high-quality care more efficiently while implementing new information technology and improving care coordination and patient communication.

The Patient-Centered Medical Home (PCMH) has emerged as a promising alternative to the nation's costly and fragmented health care delivery system. Some MMP and SMHC ambulatory practices are fortunate to have an asthma educator embedded within their practices to support the PCMH principle and complement the education provided by the doctor or nurse.

The asthma educator provides one-on-one educational visits for patients and families – emphasizing the family's role in supporting asthma self-management skills – empowering them to be active participants in managing their health with a shared goal of staying as healthy as possible.

If one of your practice goals is to achieve PTE recognition, the educator can assist with asthma quality metric documentation in your EMR, and can work with the most challenging patients to achieve improved adherence to their asthma plan.

Working closely with the MaineHealth Chronic Disease Program, the specialists at MMP Pediatric Specialty Care - Division of Pediatric Pulmonology are also available as a resource to providers. They are committed to working with primary care providers to implement best practice guidelines within Epic EMR, and to standardize asthma care across the MaineHealth system.

For more information, contact Martine Eon at MaineHealth at 661-7155 or eonm@mmc.org

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Regulatory Update

By Christopher Wellins, M.D.

In the ever-shifting regulatory world here are a few important reminders:

Admission Attestation: As of January 1, 2015, this is no longer required by CMS as an individual item. It is still very important that the H&P has language that supports how sick the patient is and what the intended treatment plan is. When admitting inpatients it is okay to put language in your formulation that it is highly likely that the described treatment plan will require more than two midnights in the hospital but **do not** put that language in the formulation for observation or bedded outpatients.

20 day Attestation: CMS still requires an attestation as to the necessity of ongoing hospital care for long-stay patients. Epic will begin to fire a Best Practice Advisory (BPA) to do this Attestation beginning on hospital day 18. Please acknowledge the BPA and be sure that your progress note is documenting the need for continued hospital stay versus care at a different level. The Attestation is required every 20 days.

Inpatient Discharges in less than two midnights: Remember that for the two midnight rule the clock starts at the time that care starts, so if care starts in the Emergency Department at 2300 on 5/1/15 and an admission order is not written until 0200 5/2/15, the patient has already had one midnight on 5/2/15. Recent CMS audits have penalized MMC and other institutions for discharging inpatients in less than two midnights – Surgical Inpatient Only Procedures, deaths, AMA discharges, and transfers to other acute care hospitals are excluded from this penalty. Although it seems insanely obvious, CMS auditors are looking for the following or similar language in the progress note or discharge summary:

Because this inpatient has responded more rapidly than expected to the care that he/she has received, we consider them stable to discharge today with follow-up plans as noted.

If they do not find this language, they can refuse to pay MMC for the entire patient stay. Please address questions to me, or to the Care Managers on your unit.

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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, 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 Dinner

Please mark your calendar for the next 2015 Medical Staff Dinner:

- Wednesday, September 16 at 5:30 p.m. on the East Tower Patio.

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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.

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

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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.

[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

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