

PRESIDENT'S LETTER

The magnitude of the devastation and human tragedy that was wrecked on the Gulf States by hurricanes Katrina and Rita is almost incomprehensible. The response by our colleagues who have volunteered to go and help, our neighbors who have opened their homes, and all who have donated in whatever way they can is yet again the living example of what we do when tragedy strikes anywhere in the world or at home. At our level, there is no finger pointing as to who failed, but rather what can we do to help.

Throughout our history, we have risen to take on the challenge of any open assault on our nation. In health care there have been many: polio, childhood diseases, AIDS, to name a few. We have committed resources to find cures and ways to prevent them. Unfortunately, it is human nature to react when provoked or threatened, but we often leave less dramatic illnesses to take their own course. Many times these are the chronic illnesses that can't always be treated with a pill or better yet, cured. There are organizations committed to finding those cures and treatments, but they don't make the evening news. They are accepted; yet their impact can be almost as incomprehensible as Katrina and Rita - except that it is spread over time, geography, and demographics. Worse yet, they are often preventable or at least the impact can be mitigated. The obese patient who is at risk for diabetes is in denial, until the disease is upon him and it is too late. We don't respond until it becomes a reality. Even then, the patient may not accept responsibility for managing his or her disease and own health.

The programs initiated by the PHOs to develop and implement chronic illness registries, to provide care management nurses, and to provide incentives, have all come about because of the realization that without early and/or effective interventions, the quality of life for the patients with chronic diseases will continue to deteriorate. There is no national mobilization to stamp out diabetes or get patients to eat right and check their insulin levels. It is a one patient at a time process with the potential to demonstrate the impact on the population of like patients. But without the support of the tools and nurses, we have no way of knowing what progress we are achieving.

We recognize that changing long established practice patterns is not easy. We also have no doubt that you are providing quality support for your patients with

chronic illnesses. You can cite successes and shortfalls. But what about that large number in the middle that need reminding and maybe a little extra help outside the office? Do you know who they are? Do you have the tools to identify them and help them manage their illness? Are you using these tools?

This may have read like I'm advocating for the PHOs' chronic illness programs, registries, care managers, etc. Well, I am in a way. But, I am really advocating for our patients who need our best efforts and resources to help them live the best quality lives that they can achieve. Pursuit of best practice processes and tools gives them the best chance, even if it means a change from how we have practiced in the past.

Terrance Sheehan, MD, President

Asthma Skills Training for Office Staff

MaineHealth, the Maine PHO and Maine Med have teamed up to schedule monthly training sessions at the Scarborough Learning Resource Center. Sessions will be held monthly on either Asthma Skills Competencies (recommended yearly for staff) and Intro to Asthma (Recommended at least once, great for new staff or anyone who has not attended an asthma presentation before).

The scheduling allows you the chance to send your staff at different times while maintaining staffing at the office. And if people are absent or away, they can choose to come on a different month. We hope you find this to be helpful. We will evaluate this new program as we go along, so please provide us with feedback. There will be no cost for the program and new attendees will get teaching toolboxes as in the past.

You may view the schedule and a full description of the sessions and register online at http://www.mainehealth.org/mh_professional/asthma_learning.htm

The first session was held on September 28, 2005 from 7:30-9:00am at the Scarborough Learning Resource Center, 100 US Route 1, Scarborough (Directions are also online). Sessions will be held monthly thereafter.

If any questions or concerns, please contact Julie Osgood at MaineHealth at osgooj1@mmc.org or tel. 541-7515.

MaineHealth Works on Wellness – W.O.W!

Working together to improve the health, quality of life and wellbeing of our employees and their families.

W.O.W! will address the continuum of health - from prevention and risk reduction to chronic disease management. The W.O.W! staff is working to develop easy-to-access, best practice, evidenced-based tools, interventions, and programs to address the leading risk factors and health conditions experienced by our employees and their families. Such programs include the 12-week physical activity program, *Maine in Motion* that is currently underway and the Take Charge! screening program to help identify those employees at risk for cardiovascular disease. In addition, MaineHealth's Clinical Integration programs, such as TARGET Diabetes, are also being adapted to meet the needs our employee population.

Introducing the HealthQuotient™ (HQ) Risk Assessment

In November during annual benefits enrollment, one of the first system-wide initiatives will be rolled out to employees- the HealthQuotient™ (HQ) Risk Assessment. All employees of the MaineHealth system will receive a \$25 incentive when they take the HQ during the month of November.

Health risk assessments are a cornerstone of health improvement programs and provide information that is not reflected in claims data such as BMI, lifestyle habits, family history, and readiness for making health changes. Most importantly, the HQ creates awareness among individual users of their own risk status and can be a “cue to action” and a powerful way to target program interventions to employees.

Upon completion of the questionnaire, employees will immediately receive a confidential, customized report that provides an overall assessment of their current health status, recommendations for health enhancements and health management tools relevant to their specific needs. Additionally, there is a one-page “Doctor Summary” that employees can print to bring to their next doctor’s appointment.

For health care providers this summary may be a useful tool for patient visits. When you complete your own HealthQuotient™ Risk Assessment,

examine the potential value this summary report may have in your practice. Go to www.mmc.org and click on the “For Employees” tab at the bottom of the left-hand navigation bar. You will find directions for completing HealthQuotient™ on the employee landing page.

“These are some of the first steps towards creating a culture of good health across the organizations that comprise the MaineHealth system,” says W.O.W! Director Laurie Jones, RD. Stay tuned for more information about future W.O.W! initiatives.

For more information about MaineHealth Works on Wellness W.O.W! or the HealthQuotient™ Risk Assessment, contact Laurie Jones, RD Director at 662-3075 or jonesl@mmc.org OR Naomi Anderson, MPH Program Manager at 541-1991 x238 or andern@mmc.org.

Raising Readers Graduates Take to the Classroom

Kindergarten classrooms across Maine saw the first of a new breed this September: Raising Readers Graduates. Children in this inaugural group were eligible to receive a Raising Readers book beginning at birth, and at every subsequent well child visit. Since its inception five years ago, Raising Readers has distributed more than half a million books to young children through hospitals and pediatric providers. Thanks to the financial support of the philanthropic Libra Foundation, Raising Readers has reached more than 100,000 children in 369 medical practices from York to Fort Kent.

In celebration of its statewide success, Raising Readers, a joint venture of MaineHealth and Eastern Maine Healthcare, feted its newly minted graduates in grand style last May at the Blaine House. It was a resounding success. The children wore miniature caps and gowns, received their ‘diplomas’ from Maine’s first lady Karen Baldacci, and enjoyed a presentation by illustrator Scott Nash. They left with special memories and a beautiful book created for them by Maine authors and illustrators. When asked what she liked best about the party, Sophie from Yarmouth responded, “the cake...and presents.” This Raising Reader graduate clearly has her priorities in order. Look out kindergarten!

Lisa Belisle, MD
Medical Advisor

Maine HeartSafe Communities

This fall, Maine Emergency Medical Services and the Maine Cardiovascular Health Program are teaming up to introduce *Maine HeartSafe Communities*, an initiative to improve early recognition and treatment of individuals with heart attack and stroke.

The focus of the *Maine HeartSafe Communities* initiative is to encourage local communities and Emergency Medical Service (EMS) providers to assess their community's capacity to recognize and act around cardiovascular events, make necessary improvements or enhancements to improve care, and then be recognized for their achievements.

The *HeartSafe Communities* initiative is based largely on the "Chain of Survival" established by the American Heart Association (AHA), in collaboration with the International Liaison Committee on Resuscitation, for response to sudden cardiac arrest. Accepted worldwide, the Chain of Survival includes the following components:

- **Early Access to Care:**
 - Recognition of the early warning signs of cardiovascular events
 - Dialing 9-1-1 at the first sign of symptoms
- **Early CPR:** Trained community members or emergency response personnel perform CPR to help maintain blood flow to the brain
- **Early Defibrillation:** Performed by trained community members or emergency response personnel
- **Early Advanced Care:** Your team of staff and volunteers, providing vital, pre-hospital care

The following components are required for a local community to be recognized as a *HeartSafe Community*:

- Community CPR trainings
- Community educational presentations and outreach activities by EMS personnel about early symptom recognition of heart attack and stroke
- First response-designated vehicles that include an Automatic External Defibrillator (AED)
- AED-trained personnel
- Placement of AED's in public areas where people congregate or where cardiac arrest is more likely to occur, AND

- Dispatch of Advanced Cardiac Life Support (paramedics) to all priority medical emergencies, either as primary responders, or as backup

A community or local EMS unit will submit their application to their local Regional EMS office. When a community's application is approved, a certificate and a template for road signage will be presented by the state to the community at a recognition presentation, allowing communities to display their *HeartSafe Community* status to citizens and visitors.

Please join MaineHealth and the state in supporting local EMS efforts to achieve recognition as a *HeartSafe Community*!

For more information or to request an application, please contact Amy Grant, MaineHealth Program Manager for the AMI/PCI Program, at tel. 541-1991 x242, or Danielle Louder with the Maine Cardiovascular Health Program at tel. 622-7566 x226.

Maine Heart Center "Take Charge" Program

The Maine Heart Center is pleased to announce the launch of the Maine Heart Center "Take Charge!" program, a worksite-based cardiovascular risk screening and risk reduction program being developed by the Maine Heart Center, in collaboration with MaineHealth. This program is being patterned after the St. Mary's Regional Medical Center's "Take Charge" program. A multidisciplinary workgroup, the MaineHealth Cardiovascular Health Workgroup, was convened to provide input and advise on the development of this program.

The primary goals of the Maine Heart Center "Take Charge!" program are to identify individuals at risk for cardiovascular disease and to encourage them to connect with their primary care physician for preventive care and appropriate risk factor management.

The Maine Heart Center "Take Charge!" program will offer worksite-based cardiovascular risk screening that will include both a written cardiovascular health risk assessment reviewing physical activity, healthy eating, and smoking status, as well as biometric testing of total cholesterol, HDL, LDL and triglycerides and glucose screening. The screening will also include measurement of waist circumference and body mass index. Following these

assessments, participants will review their results with a trained health counselor (nurse or health educator) who will assess the identified risks, provide suggestions for improvement, and encourage participants to follow-up with their primary care physician as appropriate. Participants will also be provided with a written report summarizing the results of their screen. Experience with other successful risk screening programs has shown that individuals are more likely to take action and see their primary care physician if they have specific results upon which they are advised to follow-up.

Each individual screened will also be asked to identify his or her primary care physician, and with the individual's consent, we will make every attempt to provide a report of their results to their primary care physician within five business days of the screening (a sample of the PCP report is attached). If screening results are identified that require immediate follow-up, Maine Heart Center "Take Charge!" program staff will make every attempt to contact the primary care physician to notify them of these results at the time of the screening, and the individual being screened will be urged to contact their PCP's office that day.

The first pilot screening, held recently with the Boothbay Harbor Fire Department in collaboration with St. Andrew's Hospital and Healthcare, was very successful. Future screenings are scheduled with Maine Health and Maine Medical Center in collaboration with the MaineHealth Employee Health

Improvement Department. It is anticipated that over 900 screenings will be done during October and November at a number of MaineHealth locations.

Please contact:

Deborah Silberstein (silbed@mmc.org; 541-7520), Program Manager, Maine Heart Center or Lisa Letourneau, MD, Director of Clinical Integration, MaineHealth (letoul@mmc.org; 541-7521) if you have questions or would like more information.

Anthem update

National Provider Identifier (NPI) is a 10 digit provider number that will be assigned to physicians as a requirement of HIPAA. It will be one number used by all health plans and all providers that use HIPAA electronic transactions will need to use it starting May 23, 2007. Providers may apply for their numbers through the National Plan and Provider Enumeration System (NPPES) which is administered by CMS.

(<https://nppes.cms.hhs.gov> or call (800) 465-3203)

www.MPHO.org

Do you have your user name and password yet?
Don't miss out – call 771-22004 ext 249

DON'T MISS OUT

Institute for Healthcare Improvement (IHI)
17th Annual National Forum on Quality Improvement
in Health Care
MaineHealth IHI Satellite Broadcast
December 13-14, 2005
Contact Barbara Prime 775-7029 or
primeb@mmc.org to register