

Maine Quality Forum

A service of Dirigo Health Agency

AUNT INA

Aunt Ina Jordan turned 70 in 2016. She was pleased that she was able to remain as active as she was in spite of her diabetes. Her weight was down to 140 and she had achieved the blood pressure, cholesterol and hgb A1c goals that she and her primary care doctor, Dr. Haynes had set together.

She had been in Dr. Haynes's office the week before on a routine visit. She missed her prior pattern of more frequent visits now that she and Dr. Haynes had reached her goals. At her last visit, as she waited a few minutes for the doctor, she reviewed her Goal Summary Sheet that presented her weight, blood pressure, LDL, and hgb A1c all in easy to understand graphs. The same sheet showed that other than the mammogram she forgot about, she had met all the preventive goals for the past year (1).

She still became upset when she thought about her visit to the emergency room in Portland when she had become ill from something she ate. She actually had fainted and become confused. She had been traveling with her travel club and unfortunately no one, including poor old confused Ina, could tell the ER nurse what medications she was on. Fortunately, her doctor's office had an EMR and was connected into that wonderful HealthInfoNet system (2). The card she carried allowed the Portland ER doctor to access the most important parts of her clinical record and not only was he able to find out her medications and allergies but also her most recent laboratory data so that he knew her diabetes was under good control. The information allowed the ER doctor to give her some fluids and Lomotil and send her back to her hotel instead of admitting her to the huge hospital that she always wanted to avoid.

She was at home waiting for the results of the mammogram that she had that morning. She certainly appreciated the new system that provided her with test results on the same day or the next day. She was such a worrier (3).

The next day Aunt Ina found herself at the Eastern Maine Medical Center's Breast and Osteoporosis Center. Unfortunately, for the first time her mammogram was not read as normal. Yesterday, when Dr. Haynes called her personally with the results, she knew something was up. Fortunately he was able to arrange for follow up care the very next day thanks to the Center's open scheduling policy. At the Center she underwent repeat mammogram and then soon after they put that awful needle in her breast while her breast was in that strange machine. Fortunately it did not hurt nearly as much as she thought. Again bad news. The biopsy did show cancer and when she saw the general surgeon and the clinic coordinator that afternoon, they explained the diagnosis and explained her options. They even provided her with a written explanation that seemed understandable. She had an appointment the next day with Dr. Haynes again to review the entire situation before she was to make a decision. She remembered what her sister went through when she had her breast removed and it was a terrible change for her sister to deal with. After that upset, her sister joined the Bar Harbor Community Health Forum that was focused on health issues. Subsequently, with the support of the Forum, her sister became a patient coach for breast disease issues.

When Aunt Ina and her sister sat down with Dr Haynes the next day, they discussed the options. Aunt Ina understood that a lumpectomy followed by radiation and chemo was the best option for her kind of tumor particularly given her young age. She and Dr. Haynes discussed her choice of surgeon and ambulatory surgery center. They then jointly reviewed the quality information on the Maine Quality Forum website. She was relieved that her local surgeon and local surgery center rated very highly on patient satisfaction and infection prevention, in fact a little better than most others (4). She also was reassured to see that her planned surgery was frequently done at Mount Desert Island Hospital. She chose to have her lumpectomy at Mt. Desert Island Hospital and it was to be done early the next week.

She knew that it was going to be tiring to travel to Bangor so many times for her radiation but she was pleased that the chemo could be given in Bar Harbor. When they explained that her medical record for the care of her cancer would be available to all of her physicians with her permission, she knew that it was far less likely that things might get confused or go wrong. Dr Hayne's office care manager nurse scheduled weekly calls with Ina to make sure that things were going smoothly (3).

1.	Planned Care of Chronic Conditions Supported by team care, electronic medical record, patient registry, patient centered collaborative goal setting	Best Practice of chronic conditions Assessment – Practice Assessment Program , Effectiveness Measures, Outcome Measures Implementation – Quality Counts Learning Network, MCD Practice Improvement Network, PHOs Practice support
2.	State wide exchange of clinical health information , <i>HealthInfoNet (MHINT)</i>	MQF member initial development team, continuing state government involvement with Commissioner HHS, Director Maine CDC, Director GOHPF
3.	Patient Centered Care Timely Care	Measurement – HCAPS, CTM, Geographical Variation, Clinical Indicators Implementation – Mainer education for collaborative activated patients
4.	Patient Safety	Healthcare Associated Infection indicators