NEWSBriefs

Where Do Doctors Love to Practice Medicine? Idaho!

Gem state tops list of "Best States" of doctors; low costs and low malpractice risks major factors

Physicians love Idaho for many of the same reasons that most Idahoans do. But there are some extra reasons that make Idaho extra-special to doctors.

Physician Practice ranked Idaho number one on its annual list of "Best States to Practice Medicine" for the second year in a row, based on malpractice frequency, cost of living, reimbursement, and other criteria important to physicians.

Each state was assessed on several metrics considered important to doctors, but not covering climate, cultural activities, or recreational pursuits. (Since we're great in those areas, too, the survey's publisher probably refrained from mentioning them… no need to pile on with the non-Idaho docs by rubbing in the obvious.)

Idaho came out on top over the next three runners-up:

- **Idaho**
- Mississippi
- Tennessee
- Texas

More reasons doctors love Idaho:

Cost of Living Index (100):	91.41
Disciplinary Actions per 1,000 Physicians:	2.43
State & Local Tax Burden per capita:	$3,276
Medicare Geographic Practice Cost Index:	1
Medicare Geographic Adjustment Factor:	0.959
Physician Density (per 100,000):	168.8
Malpractice Award Payouts (amount per capita):	2.93

Medical Liability Insurance Average Premiums

Internal Medicine:	$7,000
General Surgery:	$20,000 - $29,000
OB/GYN:	$33,000 - $48,000

True Blue and Secure Blue? We Got 'Em!

New Blue Cross of Idaho Managed Medicare products added to EIRMC's contracted plans

Blue Cross Medicare Advantage

- True Blue (HMO)
- Secure Blue (PPO)

Effective now, EIRMC is contracted with Blue Cross of Idaho managed Medicare for the Medicare Advantage plans called True Blue (HMO) and Secure Blue (PPO). So, no worries for your Medicare patients on these plans!

Before, seniors with these plans couldn't get full benefits if they received their care here at EIRMC, but now more than 1,000 local patients who are covered by care plans are "in-network" at EIRMC.

So if your patients have True Blue or Secure Blue, billing for their services will be smooth sailing on our end.

Another Year, Another Successful Community Cancer Screening

Thanks to providers who helped

The 12th Annual FREE Community Cancer Screenings were held Saturday, Oct 27th to provide the community with important services they could not otherwise afford.

We would like to thank the physicians, PAs, NPs, nursing staff, and support staff who so willingly gave up their Saturday to support this annual event. EIRMC and the community appreciate you. **In particular, we'd like to thank:**

Mark Rencher, MD
Orie Browne, MD
Paul Hendrix, MD
Esther Machen, DDS
Peter Cannon, MD
James Willis, MD
Lindsay Sewell, MD
Mark Hinkson, DO
Terry Thompson, RN, NP-C
Stacy Cooper, PA-C
Scott Ulrich, PA-C
Libby Cameron, CNP
Glenna Marshall, RN
Joseph Anderson, PA-C

THANK YOU!

Nov. 2012

Physician LINK

EIRMC Newsletter for physicians and their staff

FEATUREstory

The Value of ECMO - Extracorporeal Membrane Oxygenation

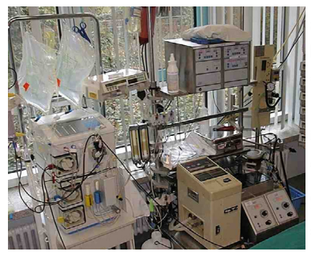
Rare capability at EIRMC saved man in prime of his life when his heart and lungs gave out.

When he was brought to the ER in October, this 38-year-old EIRMC patient was technically dead. A previously undiagnosed, but total, blockage of his proximal LAD caused sudden cardiac death.

Rushed immediately to the Cath Lab, EIRMC cardiologist Dr. Andrew Carter placed a stent to clear the blockage, but cardiogenic shock prevented the man's heart from supporting him. After resuscitation efforts, the patient was moved to the ICU. But his heart continued to flounder, complicated by aspiration into the lungs, preventing adequate oxygenation and ventilation. With only minutes remaining in his survival, Dr. Carter called in cardio-thoracic surgeon Dr. Brian Rundall to consult, and Dr. Rundall immediately hurried to join Dr. Carter.

> "It's great to see people work together to help someone who may not have made it otherwise."
>
> – Dr. Brian Rundall, MD
> Cardiothoracic surgeon

The two heart specialists put their heads together to consider their limited options at this 11th hour to save the patient, and after weighing the possibilities, they chose ECMO.



Extra-corporeal membrane oxygenation, or ECMO, is an invasive treatment that actually oxygenates the blood outside of the body, supporting the heart and lungs when they cannot function normally on their own.

Sometimes, drug therapies are deemed too risky, because they *Continued inside*

EIRMC Physicians' Education Conference

Nov 9	Vascular Emergencies Brian Rundall, D.O.
Nov 16	Hot Topics in Physical Medicine & Rehab General Health and Fitness Sarah Vlach, M.D.
Nov 23	No Conference - Happy Thanksgiving
Nov 30	No Conference

Eastern Idaho Medical Education Consortium is accredited by the Idaho Medical Association to sponsor category one continuing medical education for physicians.

All classes are Friday at 7:00 a.m. at EIRMC, Classrooms A & B.

For more information, contact:
Shanna Hardman, Medical Staff Asst.
(208) 529-6260
shanna.hardman@hcahealthcare.com

Meet Susan Jones, MD

the SPECIALIST

Name of practice: EIRMC Hospitalist Services

Specialty: Internal Medicine

Years in practice: 15

Board Certification: Internal Medicine, ABIM Hospitalist program

Services: Hospitalist Services at EIRMC

Interests: Committed to hospital medicine and working with a great team; previous career in biochemistry instilled a focus on quality and evidence-based practices.

Contact: Cell phone 208.699.3950; or via EIRMC Access Center

Meet Jeffrey Hancock, MD

the SPECIALIST

Name of practice: Teton Oncology

Specialty: Oncology

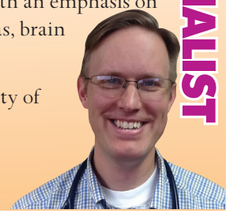
Years in practice: 5

Board Certification: Pediatrics, Hematology / Oncology

Services: Benign hematology (bleeding/clotting disorders, anemias, cytopenias, etc.), all cancers with an emphasis on pediatric cancers (leukemias, lymphomas, brain tumors, sarcomas, etc.)

Leadership: Adjunct faculty at University of Utah School of Medicine

Contact: Teton Oncology – Rexburg: 208.356.9559, Idaho Falls: 208.542.7130



ECMO Cont.

can actually make the body work harder generating additional metabolic fatigue. ECMO, by contrast, works to take the strain off the body and allow organ function to physiologically "catch up." Essentially, ECMO is heart/lung bypass done right at a patient's bedside, letting the heart and lungs rest, and allowing the body to recover.

But using ECMO is not easy. It requires pairing difficult cardio-thoracic surgical intervention with very aggressive ongoing team effort in the ICU to make a save. The portable equipment is highly-specialized, and it takes a very specially-trained staff to use and monitor it correctly. In short, choosing ECMO means an extraordinary amount of resource-intense care will be required, with the outcome never guaranteed.

From the initial lightning-fast response in the ER, then hustling the patient up to the Cath Lab, then the collaboration in the ICU between the cardiologist, CT surgeon and intensivists, to the highly-trained full-time staff of perfusionists that hovered over man and machines, to the ICU nurses and respiratory therapists, this patient was able to be treated immediately, and continuously, to prevent anoxic brain injury, and death.

Forty-five hours of fully-monitored progress later, the patient's heart and lung function returned to life-supporting levels. Equally celebratory, his brain was neurologically intact.

The incredibly grateful patient knows how lucky he was to be in the right place at the right time. ECMO is not offered at any other hospital in Idaho, and only at a very few hospitals nationwide. It is used in cases of trauma, pulmonary embolism, and cardiac and pulmonary failure. And although it is incredibly costly, EIRMC keeps the necessary equipment and experts ready, for moments like this, when it was absolutely needed.

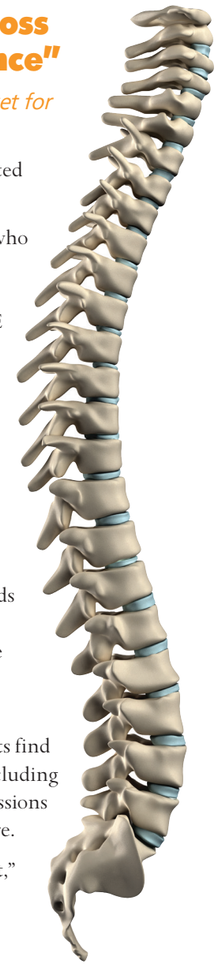
At 38, life still holds much in store for this father, husband and son. EIRMC was privileged to again use the rare ECMO capabilities of the Medical Staff and facility to give this patient the chance to fully enjoy his life, and so many future experiences that have yet to unfold.

NEWSBriefs

Blue Cross of Idaho

EIRMC Named a Blue Cross "Spine Center of Excellence"

Spine care at EIRMC means less out-of-pocket for patients



Blue Cross, the biggest payer in Idaho, just designated EIRMC as a BCI Spine Center of Excellence.

That means that beginning November 1, patients who get their spine care here will get the full benefits available under their plans, leaving them less exposed to higher out of pocket costs. In non-COE hospitals, they will have to pay more.

Back pain is a quality of life-compromising condition afflicting large numbers of people. In fact, it's reported that 8 out of 10 Americans suffer from back pain.

Blue Cross, in an effort to reduce costs by trying conservative methods before surgical ones while also ensuring patients get the care they need, has developed a benefits design that steers their insureds to the best places to receive high-quality specialty care. They are looking for care that is cost effective because it is proven, efficient and appropriate.

The designation is based on rigorous, clinically meaningful measures, and is meant to help patients find facilities with expected better overall outcomes including having fewer medical complications, fewer readmissions and higher success rates in the delivery of spine care.

As part of EIRMC's commitment to being "the best," we are developing a new Spine Center component to our services that focuses on the front end. Integrating wellness, exercise, education and preparation for surgery with those who need it, the Spine Center will be one component of the new, improved "Wellness Center at EIRMC," opening in 2013.

For now, The Wellness Center's spine component meets needs for primary care doctors, physical medicine & rehabilitation specialists, and neurosurgeons and ortho-spine specialists, by providing support and collaboration in treatment options for back pain, depending on cause and severity.

It's a nice feather in the facility's cap to gain the prestigious Center of Excellence designation, and EIRMC applauds the extremely talented PM&R, neurosurgeons, ortho-spine specialists and family docs on the Medical Staff who made it possible.

The real winner is the patient: better care, better outcomes, and now, bigger, better benefits.

What's the new Wellness Center at EIRMC?

The name Wellness Center isn't new at EIRMC, but what we provide under that moniker is about to grow exponentially. Diabetes Education, the historical backbone of the Center, will remain. But throughout 2013, we will roll out other planned components of the Center, and you will see its capabilities in the care continuum grow. We'll be incorporating the Spines, Joints, Congestive Heart Failure, COPD, weight loss, and other wellness-based healthcare.

In short, The Wellness Center is poised to become a much more prominent "public storefront" for pre-acute care and management of chronic disease. Stay tuned… More to come soon on other planned components of the new Wellness Center at EIRMC!

MRSA on the Ropes; and Going Down in the Counts

New Research Study Shows "Universal Decolonization" of ICU Patients Reduces Infections by 44 Percent

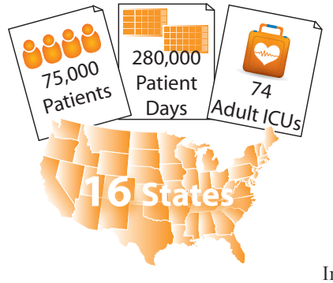
A new study conducted at 43 HCA-affiliated hospitals concluded that bathing with antimicrobial soap and nares swabbing with antibiotic ointment on all intensive care unit patients reduces bloodstream infections, including MRSA, by 44 percent.

Universal decolonization refers to the use of antimicrobial agents on an entire patient population. The study, known as "Randomized Evaluation of Decolonization Versus Universal Clearance to Eliminate (REDUCE) MRSA," was conducted with investigators at Harvard and several other academic institutions, and research programs at two U.S. Department of Health and Human Services agencies: the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC).

The findings of REDUCE MRSA point to changing healthcare practice in a way that can save lives.

"The REDUCE MRSA study proved convincingly that universal decolonization is the best practice to prevent infection from MRSA and other antibiotic-resistant bacteria in high-risk ICU patients," said Jonathan B. Perlin, MD, Chief Medical Officer of HCA. "By bathing patients with chlorhexidine antiseptic soap and swabbing their noses with mupirocin antibiotic ointment, central line bloodstream infections caused by MRSA and other antibiotic-resistant bacteria can be reduced. These compelling results convinced us to begin implementing this protocol in HCA hospital ICUs."

The study, which involved nearly 75,000 patients and more than 280,000 patient days in 74 adult ICUs located in 16 states, compared the results of three different approaches in ICUs:



Three different approaches

1. Screen all patients and isolate MRSA carriers
2. Targeted decolonization after screening
3. Universal decolonization

Investigators found that using universal decolonization reduced the number of patients harboring MRSA by 37 percent. Patients colonized with MRSA are not sick because of it, but they are at risk for later illness and for spreading it to others.

Although MRSA was organism targeted by the research, the practice of universal decolonization was effective for other bugs. Where that approach was utilized, overall bloodstream infections decreased by 44 percent.

The research was carried out in real hospitals by real hospital staff – not by trained researchers in more closely-controlled academic settings. This implies the results are likely to be replicable and achievable in nearly all hospitals.

EIRMC Infectious Disease Specialists Drs. Richard Nathan and Martha Buitrago, and Medical Director of Quality Improvement Dr. Ken Krell, will soon be reviewing the study, and assessing its implications for the care delivered here at EIRMC in our adult ICU. Watch for more news, coming soon, about the Medical Staff's direction.

As for the research study itself, it's not over. Moving into its next phase, participants will be investigating a hospital-wide approach to MRSA control.

Current EIRMC ICU practice

- Screen all admissions for MRSA & VRE
- Isolate positives
- Occasionally decolonize with Mupirocin and Hibiclens (decision is left up to the physician)
- Rescreen for MRSA after decolonization and if negative, discontinue isolation

Current EIRMC House-wide practice

- Screen high risk groups for MRSA & VRE
- "High risk" means:
  - Admitted from another acute care setting
  - Admitted from a skilled nursing facility, assisted living center, group home, or jail
  - Previous history of MRSA
  - Dialysis patients
  - NICU admission from another facility, or back-transfer
  - Selected surgical admissions pre-op (total hips, total knees, open spinal procedures, CABG, or open mediastinal procedures)
- Isolate positive (contact or modified contact precautions)
  - Request decolonization for MRSA if appropriate
  - Discontinue MRSA isolation after decolonization if follow-up cultures are negative