

MEDICAL STAFF NEWS

SAVE THESE DATES:

- ➔ **Active Staff Meeting**
Thursday, January 10
12:00-1:30 pm, Cheney Conference Room
- ➔ **Cocktails and Conversation with Physicians, Administration and the Board**
Thursday, January 12
6:00-8:00 pm, Nashawtuc Country Club
- ➔ **Annual Meeting of the Emerson Health System**
Tuesday, January 24
6:00-9:00 pm, Westford Regency Inn & Conference Center
- ➔ **Medical Education Conferences**
Fridays at 8:00 am, Cheney Conference Room
 - **Hand Surgery in 2012**
January 6
Stephen Alter, MD, Department of Surgery
Emerson and Lowell General hospitals
 - **Competency and Ethical Issues in Managing Older Drivers***
January 13
Michael D. Cantor, MD, JD
New England Quality Care Alliance
 - **Chronic Sinusitis: The New Paradigm of Inflammation**
January 20
Ayesha Khalid, MD, Department of Surgery
Emerson Hospital
 - **Diagnosis and Treatment of Intracranial Aneurysms**
January 27
Christopher Ogilvy, MD
Department of Endovascular and Operative Neurovascular Surgery, Mass General
 - **Delirium**
February 3
Tamara G. Fong, MD, PhD
Department of Neurology
Beth Israel Deaconess Medical Center
 - **Controversies in the Management of the Small Renal Mass**
February 10
Adam S. Feldman, MD, MPH
Department of Urology, Mass General
 - **Update: Vaccine and Autism Controversy**
February 17
Edward Chung, MD, Department of Pediatrics
Emerson Hospital

* Qualifies for risk management credits

PATIENT PORTAL REPRESENTS “EMAIL WITHIN THE EHR”

EmersonConnect offers efficiency and more



Paula Jo Carbone, MD, an internist in Sudbury, reviews the practice's customized patient portal with Andrea Orzech, RN.

To some physicians, the patient portal that debuted in December is, in a word, practical. Anything that helps decrease unnecessary phone calls – and the amount of time patients spend on hold – is welcome. Other physicians hope that patients will be motivated by the information, such as cardiac risk factors, they can access on the portal. Still others see EmersonConnect as “email within the EHR” and, therefore, a useful step in establishing a patient-centered medical home.

“The portal is another avenue for patients to communicate with a practice, but through secure messaging,” says Tim Griesmer, EHR manager, who oversees the project with Rashmi Shah, senior EHR analyst. “Physicians are determining how they want to use the portal, which means managing patient expectations. It won’t replace the phone, but we expect the number of phone calls to the practice will decrease. Some physicians intend to use it as a follow-up mechanism after testing or a new diagnosis.”

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OB-GYN DEPARTMENT HONORED AT PHYSICIAN RECOGNITION DINNER

Greg Martin, MD, Chief Medical Officer and Senior Vice President for Clinical Affairs



At this year’s Physician Recognition Dinner in October, Christine Schuster, president and CEO of Emerson Hospital, presented the second annual Quality Champion Award to the entire OB-GYN department. Under the leadership of Jeffrey Riley, MD, chair of OB-GYN, members of the department have worked together to achieve a marked decrease in the incidence of transient tachypnea of the newborn (TTN) following elective cesarean delivery.

At birth, newborns must empty their lungs of the amniotic fluid present there during pregnancy. Retention of this fluid can result in rapid breathing and respiratory distress. Although usually a temporary condition that resolves in a few hours to days with no lasting effects, it often results in the newborn being admitted to the special care nursery for treatment and observation.

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EmersonConnect is an initiative of the Emerson Physician-Hospital Organization. Acton Medical Associates and Concord-Hillside Medical Associates have already launched patient portals.

Mr. Griesmer and Ms. Shah have provided demonstrations and training to 19 primary care and specialty practices, including physicians and office staff. The portal, which is a community-based application, requires that patients sign up to participate. After receiving a personal identification number (PIN), they register on the portal. Practices are being encouraged to promote its use, notes Mr. Griesmer. “We are providing literature that can be distributed to patients,” he says.

EmersonConnect will offer additional features in the future. “Next, we will provide physicians with the ability to share all or part of the patient’s chart with them,” he adds. “We also intend to provide a family management application that will allow family members access to a patient’s chart where appropriate.”

Customization is key

Medical staff are being encouraged to customize the appearance of their practice’s portal by tailoring its home page, such as setting expectations for its use. The following services are available to patients on EmersonConnect:

- send a referral request
- send a message to provider
- request an appointment
- request test results
- request a prescription refill
- update personal information.

Physicians select the features they wish to use. For example, Paula Jo Carbone, MD, an internist in Sudbury, doesn’t plan to

post test results on the portal. “I prefer to have test results mailed out; patients can follow up if they have questions,” she explains. “I think the patient portal will cut down on the most frequent calls to the office: requests for prescription refills and appointments. We might also handle some discussion of symptoms that way.”

Office staff are essential to the successful use of EmersonConnect. Dr. Carbone’s practice, which she shares with Irina Bogorad, MD, and Sid Pani, MD, includes two front desk staff and two medical assistants; they share responsibility for checking the portal regularly and triaging any pertinent notes.

“I hope the portal will make life easier for our patients, such as lead to more efficient scheduling,” says Thomas LaMattina, MD, a cardiologist. “Also, we plan to post test results, such as ‘your ECHO was normal.’ Beyond that, I want patients to be able to look up their last cholesterol level and hopefully take the initiative to improve their health.”

The handling of emergencies is an important issue. “I worry that some patients won’t understand how to use the portal and will send a message saying that they are having chest pain instead of getting to the Emergency Department,” says Dr. Carbone.

“Patients need to understand that the portal is not about instant access,” Dr. LaMattina adds. “We’re not monitoring it around the clock.”

Still, physicians are optimistic about the role it can play. “We’re definitely encouraging patients to register for the portal,” says Dr. LaMattina. “In terms of our younger patients, I think it will be right up their alley.”

“Our practice runs very well without use of a patient portal,” says Dr. Carbone. “But we realize it is important for the future, which will include practicing as part of a medical home and more extensive outreach to patients.”

Babies born by scheduled repeat cesarean section are particularly susceptible to TTN due to the absence of the physiologic changes that normally occur during labor. A key factor in preventing TTN in newborns is to schedule repeat cesarean deliveries near the due date, which allows the maximal time for the baby’s lungs to mature.

Emerson obstetricians, with support from their anesthesia and labor and delivery nurse colleagues, have focused on decreasing the incidence of TTN by establishing accurate due dates and then scheduling cesarean sections at the optimal time. The impact of these efforts has been dramatic. In 2006, approximately 10 percent of newborns delivered by scheduled repeat cesarean section were diagnosed with TTN. In 2011, the incidence of TTN decreased to 0.8 percent. This has resulted in far fewer babies being admitted to the special care nursery.

In addition to their success in reducing the incidence of TTN, the department has achieved a significant reduction in third-

and fourth-degree perineal lacerations during vaginal delivery. Patient satisfaction with the obstetrics service has been very high, with no patient complaints recorded during the past year.

The Quality Champion Award was inaugurated in 2010 to recognize physicians for outstanding achievement in improving quality and patient safety. The first recipient was Scott Paparello, DO, who was recognized for his leadership in reducing hospital-acquired infections.

- Jeffrey Riley, MD, chair of the OB/GYN department
- Rachel Kramer, MD
- Ingrid Balcomb, MD
- Sherriann Perivolotis, CNM
- Jamie Bond, MD
- Richard Rubin, MD
- Timothy Hale, MD
- Michele Sinopoli, MD
- Avra Jordano-Alter, MD
- Vlassis Travias, MD

GET TO KNOW: JAMES COHEN, MD



James Cohen, MD, shown with one of the jigsaw puzzles displayed at Westford Internal Medicine, says that workflow will change as the practice becomes a patient-centered medical home.

An image of a tree hangs on the wall at Westford Internal Medicine. James Cohen, MD, the practice's co-founder, is proud of the inscription, which reads: "rooted in the community since 1990 and still growing!" He and Lynn Early Rushton, NP, who have cared for area residents since then, represent the tree's roots. Dr. Cohen's interest in geriatrics led to a longstanding role as medical director of the former Westford Nursing Home. These days, Dr. Cohen, one of just two male providers among seven, has a practice panel largely comprised of men. He gives his patients a men's health maintenance schedule – not unlike car maintenance, he says.

How did you get started in internal medicine?

During my training, I liked surgery, but I was drawn to internal medicine, I think because your patients present you with a number of problems that you need to analyze and fix. I worked for a

"You get one chance to start something, I think, where you can sow the seeds for that long – 20 years." – James Cohen, MD

newspaper during college and enjoyed interviewing people and writing stories. In a way, it's what we do all the time as primary care physicians. I think journalism was one of the best preparations I could have had for practicing internal medicine. I learned the joys of primary care in a small community when I signed up for the National Health Service. I had a two-year assignment at Tri-River Family Health Center in Uxbridge. I did my residency at UMass Medical Center and was living in Worcester, which I thought was a great location – near Boston but also close to the ocean and mountains.

What was Westford like when you began practicing there in 1990?

It was a pretty quiet town. There was one chain drugstore and one traffic light on Route 110. Westford has changed a lot; it's much more congested. After Lynn Ruston and I affiliated with Emerson in 1992, everything started to grow. Prior to when the Westford Health Center opened in 1997, there was no x-ray in town; people had to go to Concord. Then we added a blood-drawing station and physical therapy, followed by CT and MRI. Patients like it; it's one-stop shopping, but not too big.

What does the future hold for independent primary care practices?

It's going to be a challenge. In the next two years, we're expected to be part of a patient-centered medical home. We may have to hire a nurse whose role is to contact patients – making sure they go to their appointments, gathering information and following up. In making the transition to serving as a medical home, the important thing is planning. For example, we have already changed our workflow so that we order blood work for a physical before the appointment. Our workflow will continue to change, and we'll need to develop better ways of managing chronic care.

You organized a health care forum in your town, Stow, last year. How did that go?

It was well attended. I'm an officer on the Stow Democratic Town Committee, and we hold these events every so often. I thought it would be good to invite local physicians to provide a view from the trenches. A lot of people are confused about the Affordable Care Act. They don't realize that, without some kind of reform, things were going to get worse, not better. The whole point is to get more people insured. Here in Massachusetts, where almost everyone has health insurance, we take it for granted. I tell my patient that national health reform has provided clear-cut benefits, including that Medicare patients now get an annual physical.

Do you have patients who you've seen for a long time?

Yes, for 20 years or so. Now their kids come in, and sometimes they bring in their parents. There's a nice continuity to the practice. As a result, it's hard to picture going somewhere else. You get one chance to start something, I think, where you can sow the seeds for that long – 20 years. It's like that artwork of the tree that shows Lynn and I as the roots. We're still growing.

What do you enjoy during your leisure time?

I'm a long-distance runner; I did a half-marathon this year. I also enjoy cross-country skiing, tennis and biking. I do jigsaw puzzles, which I glue together to create artwork.

SNAPSHOT

| | |
|-----------------|--------------------------------|
| Age: | 55 |
| Grew up in: | Ohio and Illinois |
| Resident of: | Stow (20 years) |
| Personal: | Married with son, age 20 |
| Reading habits: | History, politics and baseball |

TWO EMERSON PROGRAMS ARE COLLABORATING WITH MASS GENERAL

Emerson and Massachusetts General Hospital have started the new year by forging two new clinical collaborations – in medical oncology and bariatric surgery.

The collaboration in medical oncology represents an expanded role for Mass General in oncology. Since 1997, area residents have benefited from Emerson's joint program with Mass General in radiation oncology. Effective January 1, Emerson's four medical oncologists – Jon DuBois, MD, Ewa Niemierko, MD, Humberto Rossi, MD, and Susan Sajer, MD – became members of the Mass General Physician Organization. The program now operates as part of the Mass General Cancer Center.

The nursing, clinical and administrative staff of Commonwealth Hematology-Onco-logy also are now Mass General employees. Surgical care, diagnostic services and support services will continue to be performed at Emerson.

"We are very pleased and proud of this development," says Christine Schuster, president and CEO. "It ensures that our cancer patients are able to remain in their community and receive more coordinated care in one convenient location at community rates."

Emerson and Massachusetts General Hospital have two new clinical collaborations – in medical oncology and bariatric surgery.

Emerson's successful Surgical Weight Loss Program recently welcomed Ozanan Meireles, MD, a Mass General bariatric surgeon, who now sees patients for surgical evaluations and post-operative care. Emerson and Mass General are jointly recruiting a Mass General bariatric surgeon to be based at Emerson and perform surgery here.

Emerson's Surgical Weight Loss Program, established more than six years ago, provides laparoscopic bariatric surgery and gastric banding. It has received the highest level of accreditation by the American College of Surgeons and has positively changed the lives of hundreds of area residents. "The Mass General collaboration promises to take our program to the next level," adds Ms. Schuster.

The dedicated staff of Emerson's Surgical Weight Loss Program are continuing to provide care at the 54 Baker Avenue office.

clinical pearls

PRACTICE SUGGESTIONS
FROM THE MEDICAL STAFF

Submitted by Ayesha Khalid, MD
Otolaryngologist (ENT)

- Sinusitis is now known to be a disease of inflammation that leads to missed work days, decreased quality of life and, at times, asthma exacerbations. The American Academy of Otolaryngology-Head and Neck Surgery now recognizes recurrent acute sinusitis as a condition where a patient has three episodes of sinusitis per year. Unlike chronic sinusitis, the sinus CT may be clear following a course of antibiotics or in between episodes. This may be misleading and cause a delay in referral to an ENT physician. The medical treatment of recurrent, acute rhino-sinusitis is two weeks of an antibiotic, possibly with a topical steroid spray. In cases where there is severe inflammation due to exacerbation of asthma, patients may require a short course of prednisone. After two or three episodes in a year, the risks of medication begin to outweigh those of having a CT scan, and further evaluation is recommended.

What have you learned in your practice?

Share your "pearl" with your Medical Staff News colleagues by sending it to Jennifer Hart, 978-287-3600 (fax) or jhart@emersonhosp.org. If it is published, you will receive a \$100 gift certificate to Legal Sea Foods.



CENTENNIAL BALL MARKS THE ACTUAL DATE – NOVEMBER 12 – WHEN EMERSON WAS DEDICATED

Emerson's Centennial Ball, held at the Renaissance Boston Waterfront Hotel, was attended by 500, including many members of the medical staff. The event, held on November 12 – the actual anniversary of the hospital's dedication – raised more than \$400,000 for the upgrade of the pediatric unit on Wheeler 4. Shown enjoying themselves are: (seated, left to right) Marcia Bergen, MD; Mary Lareau; Thomas Lareau, MD; Deborah Greene, MD; and James Nairus, MD. (Standing, left to right) Joseph Bergen, DO; Chris Doyle; Michael Doyle, MD; Tina Cantu, who served on the Centennial Ball Committee; and Robert Cantu, MD.



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If you have comments on *Medical Staff News* or would like to suggest a topic for a future issue, please contact Jennifer Hart, Director of Physician Recruitment and Relations, at 978-287-3002 (jhart@emersonhosp.org) or a member of the editorial committee: Drs. Stephen Hoenig, Greg Martin, David Rose, Stephen Schloss, James Street or Henry Vaillant.

