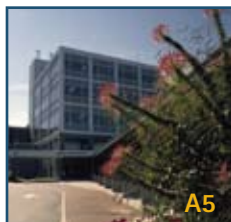
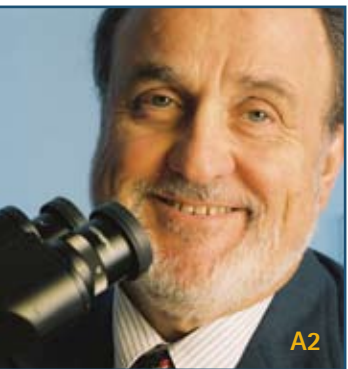


Central Maine Medical Center

Physician Update



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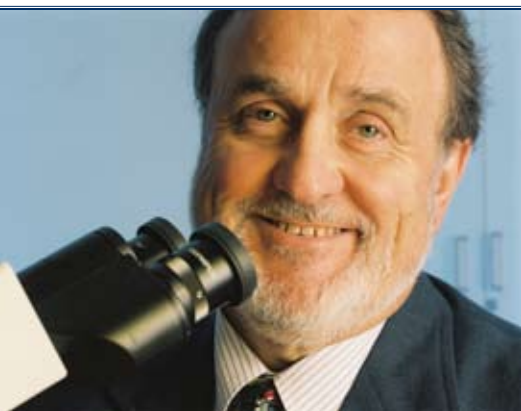
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CLINICAL RISK MANAGEMENT:
HEALTHCARE RESPONSE "ABILITY"

WOMEN'S SPECIALTY CENTER AND BOSTON IVF EXTEND CLINICAL RELATIONSHIP

The Women's Specialty Center, a healthcare practice and infertility center supported by Central Maine Medical Center, is extending its clinical affiliation with Boston IVF, a world-renowned infertility center.

Michael Drouin, M.D., a gynecologist and infertility specialist who practices at the Women's Specialty Center, says an evolving relationship with Boston IVF will result in a more streamlined



Michael T. Drouin, M.D.

process for Maine patients seeking IVF treatments. The new process will require patients to make only one trip to Waltham, Mass., for technical services, while medical management will be provided in Lewiston.

As part of the new service model, the Women's Specialty Center will offer patients a "concierge style" service that will include setting appointments, and arranging travel and overnight accommodations, and assisting with other details.

"We're enhancing what we're already doing," Dr. Drouin says. "We're taking advantage of the technology that's available in Boston while minimizing inconvenience for patients. The Women's Specialty Center is becoming a full-service intermediary, which will make the IVF process much simpler for patients."

A LONG-TERM RELATIONSHIP

The Women's Specialty Center has had an official association with Boston IVF since 1999, although the two facilities have worked together "informally" for much longer. Dr. Drouin's association with Boston IVF goes back to 1982, when he met members of the organization's physician staff at the first international IVF symposium.

During the 1980s, as infertility science gradually advanced, Dr. Drouin's practice incorporated new technologies and practices. In the mid-80s, he began doing rapid-turnaround estrogen assay testing as a baseline for tracking ovulation – ovulation problems account for up to 50 percent of fertility problems. The innovation of new fertility drugs added another dimension to treatment options. But Dr. Drouin says one of the biggest advances in his

practice was the addition of an on-site laboratory and a fertility coordinator.

"Ovulation induction requires close monitoring because we've got to know how the woman's body is responding to better assure success and safety. The lab allows us to provide checks and balances in the process," he explains. The lab also processes semen samples for intrauterine insemination, which may increase chances for conception.

As Boston IVF remained on the leading edge of infertility science, Dr. Drouin continued his close relationship with the organization. When he identified Maine patients as prospective IVF clients, he referred them to the Boston center.

Several years ago, Alan S. Penzias, M.D., surgical director of the Surgery Center of Waltham, Mass., a division of Boston IVF, began visiting the Women's Specialty Center to interview potential IVF patients. This relationship continues.

A SMALL PERCENTAGE SEEKING AN IMPORTANT SERVICE

Only a small percentage of couples seeking help with infertility problems will turn to in vitro fertilization in order to conceive. But for that relatively small number of couples who may be desperately hoping to start a family – the procedure can be invaluable.



When a couple visits Dr. Drouin with an infertility problem, he first completes a diagnostic work-up that may include a hormonal assay, semen analysis, x-ray and ultrasound exams, and sometimes a minimally invasive surgical exam. The vast majority of infertility problems can be treated without IVF intervention at a relatively modest cost.

However, if the diagnostic review leads to a conclusion that in vitro fertilization is the likely answer, the Women's Specialty Center offers couples a place where they can begin the process.

Working in partnership with Boston IVF, Dr. Drouin initiates the process of inducing ovulation. This requires close monitoring of the patient so that when the egg is ready to be harvested, fertilized by the father's sperm in the lab, and the embryo transferred to the womb, the process can be accomplished quickly and effectively. Research indicates that the average IVF process can be up to 48 percent successful on the first try. For women under the age of 35, it jumps to between 61 percent and 64 percent. Natural fertilization is about 20 percent effective in any given monthly cycle.

Once the time of a patient's ovulation is established by testing, she travels to the IVF Center in Waltham, Mass., where her eggs are retrieved, fertilized, and incubated for 52 to 56 hours. The woman then returns and the embryo is transferred to her womb.

A GROWING NEED, SOME INSURANCE CONCERNS

On average, between a dozen and 20 couples per year seek in vitro treatment at the Women's Specialty Center. Statewide about 200 Maine couples travel to Boston IVF Center annually for the procedure.

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Research indicates that the average IVF process can be up to 48 percent successful on the first try. For women under the age of 35, it jumps to between 61 percent and 64 percent.

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Dr. Drouin believes that more of these Maine people will seek to begin treatment in Lewiston once they understand the advantages the service offers. "We're a local point of service for IVF couples," he says. "If they come to us for care, they'll only have to visit Boston for the harvesting and transfer, everything else can be done here, close to home."

One obstacle for Maine couples seeking IVF treatment is that insurance companies in Maine aren't required to cover the service. But that may change eventually, as evidenced by events in Massachusetts, Rhode Island and Connecticut, where state lawmakers have passed legislation that prohibits insurance providers from withholding coverage for medical causes of infertility. Such a change in Maine would only be logical, Dr. Drouin notes.

Those who raise the issue of the procedure's cost are often misinformed, Dr. Drouin explains. If the process was covered by insurance, he says, its impact on health insurance premiums would be barely noticeable. In fact, he says there is evidence that in some cases the more cost-effective fertilization solution may be to go with in vitro first rather than attempt other fertilization procedures.

Dr. Drouin says a growing number of IVF patients will come from what he calls "age-related infertility," essentially women who have delayed childbearing.

For more information about infertility services, or any of the other services offered at the Women's Specialty Center, call 795-7180.

FOUR PHYSICIANS JOIN CENTRAL MAINE MEDICAL CENTER PRACTICES

Four physicians recently joined the Central Maine Medical Center Medical Staff, including two cardiologists who are practicing at the Central Maine Heart and Vascular Institute, a bariatric surgeon, and a recent graduate of the CMMC Family Medicine Residency Program.

Cardiologists Robert Bender, D.O., and Patrick J. Lawrence, M.D., have begun work with Central Maine Heart Associates. Jamie Loggins, M.D., has assumed the medical directorship of Central Maine Bariatric Surgery. Family practitioner Nathan C. Raby, D.O., is practicing at the Poland Community Health Center in Poland Spring.

ROBERT BENDER, D.O.



Prior to beginning his practice with Central Maine Heart Associates (CMHA) at the Central Maine Heart and Vascular

Institute (CMHVI), Dr. Bender was the director of the Medical Intensive Care Unit and the Osteopathic Cardiology Fellowship Training Program at the Deborah Heart and Lung Center in Browns Mills, N.J. He was also the section chief of clinical cardiology at Deborah. Before joining Deborah, he maintained a private cardiology practice in Lancaster, Pa.

A graduate of Washington and Lee University in Lexington, Va., he earned his medical degree at Oklahoma State University College of Osteopathic Medicine in Tulsa, Okla. He served a general internship at Tulsa Regional Medical Center and a residency in internal medicine at Kennedy Memorial Hospitals – University Medical Center in Stratford, N.J. He completed a critical care fellowship at Cooper Hospital-University Medical Center in Camden, N.J., and a cardiology fellowship at the Deborah Heart and Lung Center.

Dr. Bender is certified in internal medicine and cardiology by the American Osteopathic Board of Internal Medicine. He is a fellow of the American College of Cardiology and the American College of Osteopathic Internists.

He is a speaker at various physician continuing medical education programs and has been a principal investigator in cardiac clinical trials.

He and his wife live in Auburn.

PATRICK J. LAWRENCE, M.D.

Dr. Lawrence was a cofounder of the New England Heart Institute (NEHI) in Manchester, N.H. Dur-

ing his 27 years at NEHI, he also served as an instructor in medicine at Tufts University College of Medicine in Boston. He has some 25 years experience managing cardiac catheteriza-



tion laboratories, first at Walter Reed Army Medical Center in Washington, D.C., and then at Catholic Medical Center in Manchester, N.H.

He served on the medical staffs at Catholic Medical Center, Elliot Hospital, and the Veteran's Administration Hospital, all in Manchester, N.H., Parkland Medical Center in Derry, N.H., Monadnock Community Hospital in Peterborough, N.H., Huggins Hospital in Wolfeboro, N.H., and Speare Memorial Hospital, in Plymouth, N.H.

After being awarded a degree in mathematics from the University of Florida in Gainesville, Fla., he earned his medical degree at the University of Florida College of Medicine, also in Gainesville, Fla. He served an internship through Georgetown Medical Service at D.C. General Hospital in Washington, D.C., and completed medical residency training at the University of California at San Diego in La Jolla, Calif. A former lieutenant colonel in the U.S. Army Medical Corps, he served a fellowship with the Fitzsimmons Army Medical Center Cardiology Service in Denver.



Dr. Lawrence also holds a master's degree in engineering sciences from the University of California at San Diego's Jacobs School of Engineering, also in La Jolla, Calif.

He is a fellow of the American College of Cardiology, and is certified in cardiovascular disease by the American Board of Internal Medicine.

In addition to Dr. Bender and Dr. Lawrence, the CMHVI physician staff is also comprised of: cardiologists William Phillips, M.D., Alan Langburd, M.D., Mark Lanzieri, M.D., and Daniel Soroff, M.D.; cardiothoracic surgeons Richard Cochran, M.D., and Carmine Frumiento, M.D.; general and vascular surgeons Allan Ingraham, M.D., and Pamela Rietschel, M.D.; and cardiac anesthesiologists David A. Heimbinder, M.D., and Paul Hoehner, M.D.

The Central Maine Heart and Vascular Institute is located at 300 Main Street, Lewiston. The office can be reached at 753-3900.

JAMIE LOGGINS, M.D.



Prior to assuming the medical directorship of Central Maine Bariatric Surgery, a CMMC surgical practice, Dr. Loggins completed a fellowship in minimally inva-

sive and robotic surgery at the University of California Davis Medical Center in Sacramento, Calif., which supports an American Society for Bariatric Surgeons accredited "Center of Excellence" in Bariatric Surgery.

A graduate of Illinois Wesleyan University in Bloomington, Ill., he earned his medical degree at Northwestern University Medical School in Chicago.

After his graduation from medical school, Dr. Loggins served in the U.S. Army, first as a surgical intern at Tripler Army Medical Center in Honolulu, and later as troop medical clinic officer in charge at Fort Carson, Colo. He completed surgical residency training at The Marshfield Clinic-St. Joseph's Hospital in Marshfield, Wisc.

He has considerable experience as a medical lecturer and is a published medical researcher.

He is certified as an Advanced Trauma Life Support and Advanced Cardiac Life Support instructor.

He lives in the Lewiston-Auburn area with his wife, Karen.

Central Maine Bariatric Surgery, presently located at 12 High Street, Suite 401, in Lewiston, can be reached at 795-5710.

NATHAN C. RABY, D.O.

NATHAN C. RABY, D.O.

Nathan C. Raby, D.O., a recent graduate of the Central Maine Medical Center Family Medicine Residency Program in Lewiston,

has joined Dana W. Little, M.D., at the Poland Community Health Center in Poland Spring.



A graduate of the State University of New York, College at Geneseo, in

Geneseo, N.Y., Dr. Raby earned his doctor of osteopathic medicine degree at the University of New England College of Osteopathic Medicine in Biddeford. He served as co-chief resident during his final year of residency training.

He is certified in Advanced Trauma Life Support, Advanced Cardiac Life Support, Neonatal Advanced Life Support and Basic Life Support. He is a member of the American Osteopathic Association, American Academy of Osteopathic Family Physicians, Maine Osteopathic Association, and the American Academy of Family Physicians.

The Poland Community Health Center, located at 364 Maine Street in Poland Spring, is a Central Maine Medical Center physician practice. The practice can be reached at 998-2100.

CLINICAL RISK MANAGEMENT: HEALTHCARE RESPONSE “ABILITY”



By Lynda D. Benak, M.S.N., R.N.

“STANDARD OF CARE” HAS BECOME CENTRAL ISSUE IN MEDICO-LEGAL ARENA

Risk management, a process that seeks to decrease liability exposure and potential for loss, has become an integral part of healthcare practice management. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved risk management-related accreditation standards in 1988. As a result, more and more hospitals created in-house departments to implement and manage risk control systems.

Clinical risk management responsibilities include; risk management education; serving as a legal resource for staff; medical record review and preparation; complaint and claims investigation; coordination of risk and claims management committee; staff preparation for, and support during both deposition and/or trial; and serving as a legal liaison for the organization.

One topic of frequent discussion in the risk management arena is “standard of care.” This concept has become a central component not only in establishing risk management systems, but also in the always-evolving medico-legal environment.

WHAT IS “STANDARD OF CARE”?

“Standard of care” is defined by the guidelines for medical con-

duct, patient diagnosis, care, and treatment as established by legal considerations, benchmarks set by accrediting organizations, and evidence-based research. Standard of care is usually a central issue in medical malpractice claims that most often arise as the direct result of a supposed substandard level of patient care.

Where the standard of care has somehow been breached, the residue of this alleged professional negligence or malpractice is considered a “loss.” Plaintiff’s attorneys who pursue malpractice claims have the burden of proving four specific elements: duty; breach of said duty; causation; and damages. A new element is being woven into these determinations and is identified as patient responsibility.

The following definitions apply to analyses of medical malpractice claims:

- Duty is a particular standard of care, reasonable and prudent, owed to a patient and based on the relationship between the patient and provider.
- Breach of duty results when a provider does not meet the standard of care with regard to patient services, by not adhering to a given standard identified and defined by professional organizations, facility policy and procedure, and regulatory agencies.
- Causation refers to the patient injury being a direct result of the breach of duty. This can be a difficult element to prove and

legal counsel will rely on expert testimony to establish associated facts and standards.

- Damages are multifaceted and include loss of employment, lost income, medical bills, and actual physical injury. Those damages less visible may include emotional pain and suffering, lack of consortium, etc.
- Patient Responsibility – What role may the patient have had in contributing to negative circumstance? i.e. noncompliance with the recommended treatment plan, etc.

It is important to include patients in their plan of care, make every effort to ensure that confident and competent staff provides quality care, and assure that intervention and treatment occur in a timely manner.

If there are incidents involving patients, employees must understand the importance of timely incident reporting and follow-up. Even if healthcare providers do all the right things, patient complaints still occur. Providers should respond to such complaints as quickly and professionally as possible in order to defuse the situation and possibly avoid additional exposure and potential litigation.

Part three of this series will explore policy formulation, sentinel events, and other risk management issues.

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