

Thursday Memo – April 3, 2014

Well, Spring has sprung and just as I was worried about not having a Memo to celebrate the turn of the seasons - old faithful - Warren Ferguson sent me a piece in the nick of time. Warren, Vice Chair for the Department and faculty member at Family Health Center of Worcester, has written an inspiring piece that I think we all need right about now. (His commitment to reflective practice is a solid example unto itself.) I can certainly relate to needing inspiration as I try weekly to lift the weight of the paperwork in correctional health from my weary shoulders in order to embrace the hand of a patient with real needs who wants only the compassion of a sincere physician. Warren writes about the power of the patient connection and the energy of "good days" that keeps us going for another day, week or year to continue to provide patient-centered care that matters to those who need it the most.

You can respond to Warren at <u>warren.ferguson@umassmemorial.org</u> or to the list serve directly. Enjoy!

A Good Day

Spring has finally arrived and it was a good day of doctoring. I have been trying very hard to walk the walk of care transformation. However, on many days it seems like our seemingly endless bureaucracy in health care makes good patient care very hard to accomplish. Has anyone else had a recent deluge of prior authorization forms on medications that are neither expensive nor brand name? Has anyone else been averaging a high census of patients in the hospital? I had a few weeks recently with an average of 4-5 patients in the hospital on any given day and my panel as a part time physician is fewer than 500 patients. Some people were and still are very, very sick. I was constantly feeling bad about not seeing them, spread over two campuses, and also wondering what I was doing wrong. Reflections of an aging practice as a physician in his 60th year also emerged; would this continue forever? Perhaps the ten-year span since I delivered babies had finally caught up with me.

But today was different. I had a 35 year old Type I diabetic in the office with presumed influenza (despite the flu vaccine). I have cared for her for 20 years. She was dehydrated. I worried about ketoacidosis as she looked ill. We got labs, hydrated her up in the office, ruled out acidosis and

started Tamiflu. She had come by bus and still looked sick; we were actually able to get her a cab voucher. Most of the work was done by the nurses while I saw other patients. Thus, a trip to the hospital via the "ED Express" was averted.

I dealt with a wheelchair bound patient who has had a run on recurrent UTIs, now growing out resistant Pseudomonas which will require IV antibiotics. I emailed ID colleagues about the best path to a PICC line and getting her started on home therapy. They happily helped to coordinate an outpatient consult and will coordinate this needed care.

I then saw a man in his 60s who had the largest axillary abscess I think that I have ever seen and it came on over 24 hours. No joke, it was the size of a grapefruit. There was no way that I could handle this one. I called the general surgery clinic and they agreed to see him as an acute care visit. He had a car and was able to drive himself to the University campus. Another ED visit averted.

I was not looking forward to a full day of patient care today after getting home from work at 9pm on Monday, on the heels of a marathon two weeks of running a national conference and writing two grants. On arrival at the health center though, I turned on the caregiver switch and I really enjoy seeing patients. The gratification can be so positive: efficient rapport building during an acute care visit with someone new to me; the sincere gratitude that came my way; and the comfortable hugs and laughs with people I've known now for 25 years. On many days, the charting, the forms, the inbox and the ineffective systems can easily extinguish this warmth like a wet blanket. But today was different.

Happy Spring!