>>> "Nazarian, Jeanette" <jnazarian@mdmercy.com> 3/2/2011 2:28 AM >>>

Thanks for giving me an opportunity to listen in on your conference call last week on 9/23. It was very informative and interesting. Right now I am a full-time intensivist at Mercy but am growing tired of feeling like I spend more time lighting fire to Medicare and Medicaid dollars than to helping patients. So I have started to look for opportunities where I can help shape policies that will amount to giving people better care, and ended up tagging along on your call on Wendy Kronmiller's advice.

The idea of "low-hanging fruit" make perfect sense to me and clearly the blood wastage program and the hand hygiene programs are great places to start. I have thought also a lot about the dialysis population, which I encounter often. Their care is often redundant and fractured and there have to be ways to make their care better and less expensive. The biggest expenditure I see in the ICU is patients who "miss" dialysis and end up needing it emergently in the ICU, to the tune of thousands of dollars. They might be a good group to target for medical homes, or at least interventions to impriove compliance. I don't know for sure but I would bet they are some of the largest consumers of ER visits and inpatient care, much of which might be avoidable. Fractured and disjointed care occurs in all patient populations, obviously, and it is one of the areas I find really compelling as an obvious place to start reducing unnecessary expenduitures borne out of bad communication and pooorly coordinated care.

At any rate, if I can help please let me know. I have worked closely with our hand hygiene group here. I have no idea what our role in the blood wastage Craig's list is (if any) but I would love to find out and facilitate that in any way I could. I hope you will keep me in mind if I can help there or in other areas as well.

Thanks very much.
Sincerely,
Jeanette Nazarian, MD