

Quest #109 - Health Care

(Christine Young, Program Host) Coming up on Quest. With all of that rain outdoors, you would think Maine would be a healthy place to live. So why do we have some of the most troubling cancer rates in the country? Health professionals say it is time to take a closer look at all the marvels of modern medicine of the last 30 years and figure out which ones work best. We will see how crunching computer data is the new way to grade our health care and how rural Maine copes with never having enough health care. What is working best in our small communities -- that is what this Quest is all about.

(Narrator) Maine public television's production of Quest, Investigating the world we call Maine is funded through a television demonstration grant from rural, economic and community development, part of the USDA.

(Christine Young, Program Host) Hi, I'm Christine Young. Most of us live in Maine because we love the outdoors, the scent of pine trees and the brisk air coming off the ocean and the mountains. Maine looks like it would be a much healthier place to live than in large cities or industrial areas, but we are learning that our environment has little to do with the health of most of us. We are finding that the science of staying healthy is much more complicated than that. Some of it is easy to control, some we have little control over. Dana Hutchins explains.

Walk around any Maine town, especially a small one and you'll hear many comments about the weather:

(Comments in restaurant)

But often you will often get the low down on How people are doing, who is healthy and who has taken ill. Unfortunately, the word cancer will inevitably be mentioned, and there is a reason for that. According to National Cancer Institute Data, if you are white and live in Maine or another north eastern state, you are much more likely to die of cancer than you would if you lived in most other parts of the country. Maine has the seventh highest rate among states for cancer mortality.

(Trish Riley, National Academy of State Health Policy) I think there are a variety of reasons. One is lifestyle. We have high rates of smoking, high rates of obesity, of alcohol abuse and some of those lifestyle issues affect one's health.

(Dana Hutchins, Segment Host) Cancer kills one in five people nationally. In Maine one in four people die of cancer. Part of the reason is we have a slightly older population here, which is typical of New England states, but cigarette smoking is the single biggest cause of cancer mortality. Nearly 2000 Mainers die of smoking-related deaths each year which is equal to the number of people who live in the community of Blue Hill. Rob McCall is pastor of the Blue Hill Congregational Church.

(Rob McCall, Minister, Blue Hill Congregational Church) It's almost as though there were a soft of silent or invisible sniper out there, and you know somebody is hit. So, I think that same kind of fear there is a kind of fear that builds up in people about --are they going to be next? Or are they going to lose somebody they love.

(Dana Hutchins, Segment Host) If Maine were to come out with a report card on the health of its residents, it would have two grades. One good one for the more affluent, who generally enjoy good health and healthy lifestyles, and another not so good grade for the poor who are so used to chronic ailments, bad habits, and social ills that they see their health problems as a normal condition.

(Lani Graham, Former Director, Maine Bureau of Health) Maine in that sense is no different than any other state.

There is always a health disparity between the more affluent and the poor, and part of that is the result of lack of education, lack of knowledge about how to take care of yourself appropriately.

(Dana Hutchins, Segment Host) Despite all the extraordinary scientific advances made in medicine in the last century, it has become apparent that there is more to health care than just medicine. The focus has been on treating us once we get sick, but medical care is usually just a small component of our health.

Exercise studio

(Dana Hutchins, Segment Host) Diet, lifestyle, stress, and environmental factors play large roles in our health, as does heredity. What we want science to show us now is how to keep from getting sick in the first place.

(Trish Riley, National Academy of State Policy) Increasingly, people have come to appreciate that medicine and health are two different words. Medicine is the intervention to get people better when they are sick. Health has a much broader understanding. It is a sense of well being and really the prevention activity to keep somebody from getting sick.

(Dana Hutchins, Segment Host) As we know, eating better, getting more sleep and exercise will improve our health, but being able to quit smoking if we smoke is even more critical, and Maine's smoking rates are high. They are up there with those for the tobacco-growing states. One out of four of us smokes. We have the second highest rate of women smokers in the country, and no one is sure why.

(Don Magioncalda, Oncologist) Smoking is an addiction. Nicotine is addictive. Kids start smoking because they're tempted to smoke by peer pressure, by advertising. Once they start, they can't stop. I know this from personal experience. I know this from just day to day, speaking to hundreds of patients and friends.

(Dana Hutchins, Segment Host) One in five smokers will die from their addiction in 20 to 40 years' time. Second-hand smoke has been proven to harm our health too. Spouses of smokers are at a greater risk for developing lung cancer, and children exposed to second hand smoke are much more likely to be asthmatic and have other upper respiratory problems.

(Don Magioncalda, Oncologist) Second hand smoke is without a doubt a class A carcinogen. It is not surprising. Tobacco is the single biggest killer in the United States. It is the most common cause of cancer. It should be no surprise that the smoking that you do second hand is just as dangerous.

(Dana Hutchins, Segment Host) Our jobs also have been dangerous to our health. For years Maine has had the very worst ranking in the country for occupational accidents, illnesses, and fatalities. All too frequently, the lives of Maine workers and their families have been disrupted by our hazardous mix of industries, machinery, chemicals and animals.

(Lani Graham, Former Director, Maine Bureau of Health) 99% of the dollars that we spend for health in this country go to treatment rather than to public health measures or to prevention. Only about 1% of health expenditures are preventably directed.

(Dana Hutchins, Segment Host) Maine's rates of work-related injuries, illnesses and deaths have improved in recent years, but they're still among the highest in the nation.

Music

(Dana Hutchins, Segment Host) There are some health risks we choose to take, like starting to smoke or drink-

ing in excess, and there are some things that affect our health that we have no sway over. A genetic disposition to certain diseases is one.

(Don Magioncalda, Oncologist) Open your mouth and take some deep breaths.

(Dana Hutchins, Segment Host) Just plain bad luck is another. Popular culture comes up with many ways of scaring us. Some are more scientifically valid than others. We may not be able to recreate dinosaurs from frozen DNA, but viruses running amuck like the Ebola outbreak are something scientists take very seriously. The Ebola virus has plagued several African cities. It kills 90% of the people infected with it. A pandemic strain of influenza that spreads around the globe is possible in today's world. It's not just science fiction or concoction of active imaginations in our media.

(Kathleen Gensheimer, State Epidemiologist) Listen, remember that school outbreak I told you about, Yeah, well it has come to life.

(Dana Hutchins, Segment Host) Kathleen Gensheimer is Maine's state epidemiologist.

(Kathleen Gensheimer, State Epidemiologist) Epidemiology is if you take the literal Greek translation is the study on or about people, but if you apply it in public health lingo it is the study of the distribution and determinants of disease in populations of man.

(Dana Hutchins, Segment Host) Buried in the data are some scary trends. A few cases of tuberculosis and meningitis have resurfaced in Maine. And some vaccines and antibiotics that once easily fought off viruses are now worthless.

(Kathleen Gensheimer, State Epidemiologist) When you use antibiotics by the number of tons that we use them in this country, you're bound to have the organism probably get smarter than we are and actually develop ways to deal with the onslaught of antibiotics that have been directed at the microbes.

(Dana Hutchins, Segment Host) And it is hard for state health officials to get excited about real epidemics, like rabies which is raging in the northeastern states. Last year, rabies were found in raccoons, foxes, skunks, and a horse and dog in Maine. The two strains have spread through Cumberland, Oxford, York, Kennebec, Androscoggin, and Sagadahoc Counties. With this much wildlife infected, the potential for danger to domestic animals and people is high.

(Kathleen Coriell, Veterinarian) It means because of the increase in the number of rabies patients in Maine that we do need to be aware of it. We need to especially vaccinate our domestic animals against rabies, because they provide the contact zone, in a sense, between humans and wild animals that are carrying it. If we vaccinate them, we not only protect them, but we protect ourselves and our families from coming into contact with it and being exposed.

(Dana Hutchins, Segment Host) Some animals pass the disease to offspring genetically. It also can be spread by bites that break through the surface of skin. In some rare cases, people who haven't been bitten have still contracted rabies by exposing broken skin, like a cut on the finger, to rabid animal saliva or infected brain tissue.

(Kathleen Coriell, Veterinarian) Rabies is a pretty awful disease to catch, in humans or animals. Rabies is primarily a disease of the brain. The virus attacks the brain, so it can cause a wide range of symptoms.

(Dana Hutchins, Segment Host) Rabies is considered to be one of nature's ways of controlling certain wildlife populations. It is never totally eliminated and under certain conditions will flare up like Ebola virus in Africa.

(Kathleen Gensheimer, State Epidemiologist) Worldwide, rabies accounts for a death about every ten minutes. So, in the developing parts of the world, rabies is quite a significant public health threat, but again we have access to health care. Developing nations may not.

(Dana Hutchins, Segment Host) As ironic as it sounds, some of Maine's most troubling health trends involve our youth, those that should be the healthiest. Our suicide numbers are startling. Maine's young people are taking their own lives at a rate far above the national average. The number of youth suicides in Washington County is twice the national rate, and the ages of suicide victims keeps going down. Children as young as 10 years old have taken their own lives.

(DeEtte Hall, Maine Bureau of Health) The teen suicide rate is certainly above the national average. It is something we are very concerned about. It's the second leading cause of death in adolescents.

(Dana Hutchins, Segment Host) Many of the youth suicides occur in Maine's rural areas. Washington County as well as Hancock, Oxford, Somerset, Piscataquis, York, Waldo, and Franklin Counties. Social worker, Loren Coleman, has researched suicide among young people across the nation. He has found several reasons why Maine has one of the highest rates. Rural youth usually choose more lethal ways to kill themselves, guns instead of overdoses of prescription pills, and they talk a lot about dead end futures.

(Loren Coleman, Muskie Institute) Well, suicide is the ultimate form of communication, and teenagers, adolescents, young students in and out of school, dropouts -- they need to be able to talk to people about their feelings. Often times, teenagers are the years in which people do not really have a good rapport with their parents. They are falling out of old groups that they used to be with. They are stirred up by hormones. They do not know that to do with all of this, but when they want to talk to somebody, they feel like there's no future, and all of a sudden they feel very isolated.

(Dana Hutchins, Segment Host) Maine now has a state-wide toll free crisis hotline for teens. It is 1-800-870-9991.

There are a variety of reasons why Maine health officials also see higher drinking, drugging and smoking numbers among youth than they would like to. They feel Maine's young people are using these dangerous substances in what could be called massive quantities.

(Music)

(Dana Hutchins, Segment Host) Cigarette ads that seem geared to young people apparently have helped coaxed them to smoke. For a while, there were camel cash coupons with cigarettes to trade in for jackets and sport bottles. There appears to be more lighting up going on in popular culture. You can even see women doctors puff away on popular network television shows.

(Music)

(Dana Hutchins, Segment Host) Health professionals worry that young people start smoking, never thinking that they will get hooked

(Music)

(Diane Lynnkivwin, Smoker) I guess probably thought I was cool and I started and, you know, my friends did and

(Sean Saindon, Smoker) When I moved out of my parents' house for the first time and, you know, was kind of just doing a thing, you know, rebelling now.

(Don Magioncalda, Oncologist) I think you are deliberately targeted to start smoking in your youth. There is no question in the advertising campaigns of some of that big tobacco companies are aiming at children.

(Sean Saindon, Smoker) And I've just tried quitting cold turkey, and physically it is painful. It is the withdrawal, and it makes you sick to your stomach, and you get these headaches, and you can't sleep.

(Dana Hutchins, Segment Host) So if Mainers are starting to smoke younger and getting addicted earlier, does that mean that the harms that come from smoking will show up at an earlier age? And that the teenage smokers of today will be dying of lung cancer and heart disease in their 30's and 40's.

(Don Magioncalda, Oncologist) Well, these are the chest x-ray of a 17-year-old fellow who smoked, actually, he stopped smoking last week who had a pretty normal chest x-ray back in 1993. He came in with some back pain of a few months' origin, and we got another chest x-ray, and lo and behold we see he has now got some masses, here the lymph nodes would be, at the base of both lungs. He has a fuzzy area here because that lung has collapsed because of this mass pinching the airway, and his rib has been eaten away. You see the rib is quite normal there, but here it is just missing, and that is a typical kind of presentation of a lung cancer who, when he first showed up, already had cancer that spread to the bones.

(Dana Hutchins, Segment Host) Like most states, Maine has a bad reputation for how many teenagers get pregnant, but the number of young women getting pregnant, seeking abortions, or delivering babies has been going down for the last three years and is now lower than the national average.

(Zsolt Koppanyi, Maine Bureau of Health) We know through our school behavior surveys that sexual activity have not decreased. I feel very strongly therefore that our efforts at birth control and family life education have shown some results and these teenagers are acting more responsibly at this point.

(Dana Hutchins, Segment Host) A more serious problem now may be what is called drive-through deliveries. Many hospitals now discharge mother and child the day after the birth. That may be leading to some complications.

(Sidney Sewall, Pediatrician) I know one example of the profit motive perhaps running amuck and impairing outcomes is the policy in other parts of the country to kick mothers and babies out of the hospital before they have even spent 24 hours being observed. That has not been an issue in Maine yet.

(Dana Hutchins, Segment Host) Despite all the attention on bringing down the cost of health care, Maine is resistant, at least when it comes to our poor. Maine spends a lot of public money on the indigent. We are among the top ten most generous states.

(Kevin Concannon, Commissioner, Department of Human Services) You know, the New England states in general are more generous in terms of their Medicaid programs, that is the state and federal health care program. In Maine, we are not the most generous amount the New England States, but we are certainly in the middle of the pack, and the New England area and the mid-western states tend to be more attentive to the health issues than let's say the south or much of the west.

(Dana Hutchins, Segment Host) But Maine also can point to several other trends in health care that look promising. Even though Maine has a reputation for inferior prenatal care, that's a myth. In recent years, Maine has either been number one or two in the country in keeping newborns alive. We also have a high success rate for moth-

ers surviving childbirth.

(Zsolt Koppanyi, Maine Bureau of Health) We have, for example, about 82% of the women initiate prenatal care in the first trimester and another 12 or 13% initiate it in the second trimester; so we have, nationally, a rather enviable situation.

Can you say "Ah" please?

Ah.

(Dana Hutchins, Segment Host) Most Maine women go to their private health care professional when they get pregnant. In many places in Maine, there are only one or two medical professionals for the entire town. One reason for the success of our prenatal care is that we have a well-established tradition of sending nurses out to prospective mothers to make home visits.

(Sonia Tyler, Androscoggin Home Health Services) When you are doing a lot of preventative health, you are actually decreasing the cost of health in the long run. Nipping problems in the bud of preventing them, say with nutrition teaching, is a lot more cost effective than having babies that are two pounds and on ventilators because of poor growth in utero.

(Dana Hutchins, Segment Host) Maine is one of the few states that never stopped home visits by nurses. It is in Maine's rural areas that these convenient checkups count the most.

(Sonia Tyler, Androscoggin Home Health Services) I get a lot of pleasure from knowing that patients like Judy who would not otherwise have home care would fall through the cracks. There is not a good system, I do not think anywhere, especially in the state of Maine, for these people to get the care that they need without home care.

(Christine Young, Program Host) If we thought keeping ourselves healthy was a complicated enough undertaking, try understanding modern medicine. There have been so many advances made over the past several years that it is hard for anyone to keep up even those trained in health care. We have been brought up to expect the best health care money can buy, but how savvy are we as consumers when it comes to getting the most appropriate and safest health care. As Kate Arno tells us, consumers now have some choices.

(Joel Frank, Neurosurgeon) This is the screw we just placed which is perfectly placed, and its trajectory will just make it go deeper probably by about 5 to 10 mm, less than half an inch. This confirmed to me that the system is working extremely accurately, and we can now go on without frequent x-rays and put in the remainder of the screws, five more screws.

(Kate Arno, Segment Host) There has been an awesome explosion of new technologies and procedures in health care during the last 30 years. Consider what has come along just to help keep our hearts ticking or our backs straight. You are looking at the latest in neurosurgery at St. Mary's Hospital in Lewiston, the only place in New England where such surgeries are performed. This is called stereotactic stealth, which is a fancy way of describing a means to guide surgeons through virtual reality or three-dimensional video. In this case, it is being used for a spinal cord injury. It also can be used on the brain.

(Man) Okay, Brian, I want you to give me a nice deep breath and hold it. (Drilling noise)

(Kate Arno, Segment Host) For diagnosis of heart disease, there is the cardiac catheter at Central Maine Medical Center which gives us moving pictures of the heart and its arteries enhanced by dye. Whether it is due to these

new treatments, more cardiologists, less heart disease.

For more than a generation fewer of us are dying from heart attacks. We have grown accustomed to marveling at what modern medicine has come up with, but we have also gotten used to being bewildered at times by all the choices we have when we are faced with making a medical decision for ourselves or loved ones. Most of us find it is easiest to follow our doctor's advice when it comes to making medical decisions.

(David Wennberg, Internist) I think in general that physicians are very trusted and that patients come to their clinician basically to ask their advice and to take that advice. I think that has changed somewhat in the last 10-15 years.

(Kate Arno, Segment Host) But a growing number of physicians, like David Wennberg, are admitting that they do not always know what works best with which patients because medicine is changing so much. This realization is one of the more subtle changes going on in health care.

(David Wennberg, Internist) The more knowledge we have, the better we are guesstimating for that individual, but we'll never ever be able to say you should not have it because I've looked in my crystal ball and this is what is going to happen to you.

(Kate Arno, Segment Host) It seems many health care professionals are saying medicine is still more of a craft than a science. That is because not all these procedures and equipment have been thoroughly tested, so many physicians are not sure how effective they really are. Sid Sewall is a pediatrician in Augusta.

(Sydney Sewall, Pediatrician) I think that we would like to think that more of what we do is based on good hard science, but there is a really far cry between knowing the biochemical pathway for various metabolic processes and what you do when you have a kid come in with a fever and a runny nose. It doesn't help me that much to study thermodynamics and biochemistry and physiology, etc., etc.

(Kate Arno, Segment Host) Heart bypass procedures are a prime example of health care trial and error. Since 1970 the number of bypasses performed in the United States has increased by nearly 3000%. Bypasses are one of the biggest ticket items in medicine today. Yet there are a number of respected and statistically compelling scientific studies showing that, for a large percentage of patients who undergo the surgical procedure, the results are marginal at best.

(David Wennberg, Internist) I think you'll find that some clinicians stick with the tried and true, maybe longer than they should, and other clinicians just like everybody else jump on the latest technology and, you know, the new computer comes out, and they have to throw that away and get the new one, but I think by and large physicians tends to stay with what they and their peers have found to work.

(Man) So now, where is this pain you are having now? Are you having any discomfort now?

(Kate Arno, Segment Host) We have the health care system that reportedly is the envy of the world, but is science letting us down? Consider this. It seems there is a lack of formal review for new technologies and procedures before they are included in a doctor's routine. This contrasts sharply with how new pharmaceuticals are handled. Before drugs can be widely prescribed by doctors, they must first be deemed safe and effective by the Federal Food and Drug Administration. No similar requirements exist for the use of new medical procedures.

(Sydney Sewall, Pediatrician) Well, there are some limits that our society has decided to impose on our flexibility in accepting new interventions in medicine, i.e., the FDA really has to approve things before we are allowed to use them, okay? Now that is less true of children. Often things were approved for adults that got used by chil-

dren before they were so-called approved by the FDA. But still, the fact that the intervention has to go through this extensive review process by the FDA gives most physicians some confidence that it is a legitimate approach and not just bogus.

(Kate Arno, Segment Host) Many physicians practice defensive medicine and prescribe multiple tests and procedures to avoid liability lawsuits, and most doctors just want to offer as many options as possible to their patients even if they do not know the outcomes.

There is no system in place requiring the same kind of testing that's done on drugs. The number of options have multiplied so rapidly that many physicians say there's chaos out there in terms of information.

Computers are helping to sort out the proven and unproven in medical science. A whole new kind of health care research is in vogue to determine the medical effectiveness or outcomes of procedures and technology. Outcomes research is based on extensive computer database analysis of patients and how they respond to treatments.

(David Wennberg, Internist) You often start with open sessions. You just have patients who are about to face that decision sitting around and saying, you know, what are you worried about? What are you hoping for? What is your goal when you undergo bypass surgery? Are you looking to go back to golf? Do you want to add a year to your life? I mean, what are the expectations you have? And you try to get in a relatively open way just what is going on. What are patient's concerns?

(Kate Arno, Segment Host) Wennberg and other physicians in Maine have helped put the state out in the forefront of outcomes research. It is hard, time consuming, and costly. But for advocates it is one of the few win/wins going on in health care.

(David Wennberg, Internist) One that is going on right now is the Maine lumbar spine study which is a study to look at the impact of surgery or medical therapy on patients with back pain, with a goal of really trying to understand what is the short-term, middle-term, and long-term outcomes for these patients, and we are not just asking quality of life. We are also asking return to work, satisfaction with their pain, all sorts of dimensions.

(Kate Arno, Segment Host) Critics of outcomes research argue that the studies are better than we had before, but they're not perfect. It is a new science, and it has got its weaknesses.

Outcomes study should be a nice fit with managed care, by pointing the way to the most judicious use of high cost procedures and equipment.

(Kevin Concannon, Human Services Commissioner) We are going to propose some things we haven't had in the past in Maine, visitation

(Kate Arno, Segment Host) To Human Services Commissioner Kevin Concannon, managed care is the future. He believes it saves money, promotes preventative care and results in healthier people. That's why he's going to put all of Maine's Medicaid recipients, 10,000 people, in managed care health programs later this year.

(Kevin Concannon) Again, it is also a way to assure that limited health care dollars are used in ways that produce outcomes. For example, it's a lot harder to use the Emergency Room to access health care. A managed care says "No, that's forbidden, unless you've have good reasons to go there."

(Kate Arno, Segment Host) To Concannon, there is an impression in the public's mind that we waste money on health care. He is convinced the state of Maine needs to prove how well it spends its health care dollars, which

in the past have been very generous.

(Kevin Concannon, Human Services Commissioner) It shows us the relationship between expenditures and outcomes or expenditures and efficacy, what most of us would agree is a good outcome. For example, is it desirable to have children immunized against all childhood diseases and have those immunizations updated as need be? I think the research is pretty powerful across the country now that immunizing children, for example, against childhood illnesses pays many dividends, both in terms of cost as well as in terms of protected health.

(Health care advisor) Well, if it gets worse before your husband comes home, and you can't stand the pain anymore, why don't you just call 911 and they will bring you in. Okay?

(Kate Arno, Segment Host) As part of the same effort to get more for our health care dollars, Concannon is pushing for long-distance personal health care advisors for Medicaid recipients.

To save on doctors' office visits and Emergency Room visits, recipients can call an 800 number in Oregon and get medical advice over the phone.

(Kevin Concannon, Human Services Commissioner) That is different from a function known as a gatekeeper. Managed care entities usually have something called a gatekeeper function or person who says "Yes, you may go forward to see a dermatologist," or another specialist. The 800 lines that you refer to are different from that, in the sense they are simply there 24 hours a day with physicians or, typically, nurse practitioners to whom you can make a phone call about any health-related question that may be of concern to you.

(Kate Arno, Segment Host) But there is so much debate over the validity of some outcome studies and whether patients will benefit.

(Sydney Sewall, Pediatrician) The verdict for managed care in the 90s is it's the wave of the future. We are going to have to live with it, okay? We're probably going to be redefining it over the next decade and my hope is that the families will have a greater voice in managing their own care along with their primary care physician or some other kind of manager of their health care.

(Woman) What a nice looking ear. Can we see your other ear? Did you bring it? Oh good.

(Kate Arno, Segment Host) Sometimes even the valid health outcome studies don't always find their way to the people who need them. Computers are now being used to help disseminate health care information.

Doctors use computers more now to get a hold of new medical information and to get rid of the outdated stuff. And patients, sometimes frustrated by physicians who may not be explaining all their options to them, now have alternatives.

There are now a number of computer services and software for consumers to use, themselves or jointly with their doctors. These are not free doctors nor are they do-it-yourself diagnostic kits.

(Richard Rockefeller, Family Physician) What they do is help us manage the enormous amount of information that is out there. Long ago, the literature, the knowledge base, surpassed what we could keep in our heads, either, let alone as patients who don't study it all the time but even as doctors we can't remember it all and we need instruments like this to extend our minds the way we use ophthalmoscopes for our eyes or a stethoscope to extend our ears.

(Judy Tupper, Martin's Point Patient Education) Well, the advice that has been written on this has all been

reviewed by the appropriate medical groups, and it is updated annually to ensure that it includes the latest information.

(Kate Arno, Segment Host) One example of this new kind of lay medicine is the medical resource program at Martin's Point Health Education Center in Portland.

(Judy Tupper) Say, for instance you are interested in hypertension. We could just go click onto that and what shows on the screen is a question and answer format of what you could take home with you, and all the patient would need to do is hit the print key, and the computer starts the printing, and it is all ready to go.

(Kate Arno, Segment Host) They also offer a wide range of video health programs with everything from prostate cancer; breast cancer to low back pain.

Music

(Kate Arno, Segment Host) These interactive laser video disks at Maine Medical Center help patients make medical decisions, by showing them specific information about their conditions.

(TV) Here are examples showing the range of results from using implants.

(Richard Rockefeller, Family Physician) The first one is: Did your diabetes begin before you were age 30 or after you were age 30?

(Patient) After:

(Kate Arno, Segment Host) Some Maine doctors also are using computers to better identify patient ailments and refine diagnostic strategies.

(Richard Rockefeller, Family Physicians) Let me know if the light is too bright for you. Very good. The backs of your eyes look excellent. I don't see any effect of the diabetes on them at all.

(Kate Arno, Segment Host) Doctor Richard Rockefeller of Portland began Health Comments Institute to make computer-assisted health care more available to his colleagues and their patients.

(Richard Rockefeller, Family Physicians) It is supposed to help both the patients and the doctors understand the diagnoses and the treatment options better, and it's supposed to provide them with information so that they can really collaborate and act as partners in making decisions together.

(Kate Arno, Segment Host) CompuServe has a handful of health-related bulletin boards including a health and fitness forum where medical advice in a whole range of subjects are discussed. These computerized aids do much more than the traditional home health book can. In just a few minutes' time consumers can look up their symptoms and a possible diagnosis in as detailed form as they prefer, as well as information on thousands of drugs, tests, and procedures. Consumers also can store personal medical data for quick retrieval.

(Richard Rockefeller, Family Physician) It is a cultural change in medicine. Most of us have been raised in an environment, whether we wanted to call it this or not, which is parental where we physicians are kind of behaving as parents to patients who are in a position of children. Really they do not understand enough, and they are told to take our orders, to comply with doctors' orders. The culture change is a shift to more equality, where patients have more knowledge, and they're expected to participate in their care, not just behave more responsibly but to really understand what their options are and to be part of the choice process among different options.

(Kate Arno, Segment Host) Preliminary studies suggest these new health care computer programs can cut health costs and improve the quality of care at the same time.

(Richard Rockefeller, Family Physician) I believe, from my own experience, that it results in better health care in a number of ways but experiments like what we are doing here and elsewhere are really setting about to find that out with hard numbers.

(Kate Arno, Segment Host) Managed care. On-line computers. Outcomes research. They all are part of the rapidly changing face of medicine in Maine and what they all mean for the consumer is more control over our own health care.

(Christine Young, Program Host) Health care is often equated with being able to get prescriptions or medical attention when we need it. Some of our most vulnerable residents live in towns where there is little of the advanced equipment or, in some cases, without a doctor. Even though Maine has some of the country's most generous health benefits for our poor, it is not easy getting medical care to them, but it's not for lack of trying. Barbara Noyes Pulling has more on which ideas are working best for serving rural Maine.

(Emily Bray, Rumford Family Practitioner) I'm going to look at your good ear first, okay Kate? Katie or Kate?

(Katie) Katie

Katie, all right, I have a Katie too, but she sometimes likes to be called Kate.

(Barbara Noyes Pulling, Segment Host) Doctor Emily Bray feels lucky that she is not practicing medicine alone in this rural Maine town. She is one of six family practitioners in Rumford. Being part of a group practice allows Bray and the town's other physicians to cover for one another so they do not always have to be on call, but solo practitioners are the norm in most of rural Maine.

(Emily Bray, Rumford Family Practitioner) Was she given some medication for that before?

(Mother) Yes she was.

(Emily Bray, Rumford Family Practitioner) What was that?

(Mother) Amoxicillin.

(Emily Bray, Rumford Family Practitioner) Okay. Does she have any allergies?

(Mother) Not that I know of.

(Emily Bray, Rumford Family Practitioner) Okay. All right. This one is not quite as convenient, because you have to give it four times a day.

(Mother) Oh, that's okay. We will have to send it to school.

(Barbara Noyes Pulling, Segment Host) Even as one of six doctors in town, Bray thinks many rural residents think health care access is being able to quiz their doctor with medical questions wherever they run into her. Bray says she can rarely get away from her patients. They will come to her with medical problems even in the grocery store.

(Emily Bray, MD, Rumford Family Practitioner) I sometimes go shopping, and I just want to make sure I remember all the things in my grocery list and meanwhile you get interrupted with patients, and you know, some of that's good and some of that's bad. But they never let you forget you are a doctor. I only leave when I leave town, and that is tough.

(Barbara Noyes Pulling, Segment Host) Bray has been a family practitioner in Rumford for 11 years. She now wonders how much longer she will stay in rural primary care which was so intriguing initially but which became a bit overwhelming.

(Emily Bray, Rumford Family Practitioner) We'll decide what to do from there.

I started going through my mail. This was the note of an 85 year old. He claims he had a heart attack this morning. I suggested he go to the Emergency Room, but he said he wouldn't go. He would not come to see a doctor unless it was you. He wants to wait to speak to you. It can wait until Thursday." There is a part of that that is delightful and on the other hand it makes you feel real guilty when you leave, that's really what the community wants. They want their own family doctor who is available all the time, and that's not feasible with a sustainable life of your own.

Did I make you hurt some more by looking at it?

(Girl) A little bit.

(Emily Bray, Rumford Family Practitioner) Okay. I am sorry.

(Barbara Noyes Pulling, Segment Host) Being a generalist can be a challenge even for the best trained doctor because they see everything from the snowmobile accident victim to neglected children.

Finding physicians to practice in rural areas of Maine seems to be a never-ending struggle but in recent years most rural towns are finding it easier to recruit doctors. Five years ago, many medical students chose specialties like cardiology and orthopedic surgery. Now, students are encouraged to be generalists. It is becoming much more commonplace for medical students to spend part of their training in rural areas. About a dozen Maine communities are sites for medical students to learn about family practice medicine. Skowhegan physician Roger Renfrew runs the Maine Practice Network. The students learn what it is like to treat whatever problem comes through the door.

(Roger Renfrew, MD, Skowhegan physician) We are seeing patients not only here in the office but in the hospital, and so we are seeing patients who walk in with colds. We are seeing patients who come in with heart attacks who need to be placed on thrombolytics. We are seeing patients with strokes, and so it really is a broad spectrum, and we may see the same patient over the student's rotation with one or two very different problems, so there is a lot of variety.

Hi, how are you feeling today?

(Barbara Noyes Pulling, Segment Host) The students come to Maine from medical schools throughout New England such as Dartmouth and Boston University. The University of Vermont Medical School requires all third year students to spend a month in rural Maine, and it is a requirement of all Maine Medical Center interns.

(Roger Renfrew, Skowhegan Physician) Often times, students, when they are receiving their training in large medical centers really don't get an opportunity to see sort of the full breadth of medicine. Medicine has changed

even since I have been in training in the university settings, simply because hospitalizations are so short and people just do not really get a chance to develop a feeling for the patient as an individual and this kind of experience really gives them that opportunity.

(Barbara Noyes Pulling, Segment Host) Every year about 50 medical students branch out across Maine for this special training.

(Roger Renfrew, Skowhegan Physician) We clearly have a problem in terms of attracting students and physicians into rural areas, and there clearly is a need for more doctors in rural areas. There have been a number of programs over time that have demonstrated that students who rotate out on rural rotations, number one, tend to do a little better on their boards and, number two, have more of a tendency to move into a rural area. They get a sense that "yeah I can live there and I can practice there, and the practice will be fun and interesting."

(Barbara Noyes Pulling, Segment Host) Despite the progress made in attracting physicians to rural Maine, some fear that because of the growth of managed care, rural areas may not be able to hang onto their doctors. Managed care which relies heavily on preventive health care at the expense of medical specialties requires lots of general practitioners. Working for a managed care company in a more urban area with a large guaranteed patient load may be tempting to rural doctors.

(Roger Renfrew, Skowhegan Physician) Managed care has clearly attracted a lot of students or people out of residency training in the primary care area, mostly because it does provide a defined job. I come to work every day, and I don't really know what my workload will be. I know what the minimum is, but I do not know that the maximum will be. Whereas in a structured managed-care system you often know that. I think the downsides of that are that you have a little less control. Certainly a company can just decide your patient is going with another managed care company next week. I think in Maine that is less of a problem, but it clearly has some attraction to students and to people going out.

(Barbara Noyes Pulling, Segment Host) But many rural hospitals across Maine are on thin ice, with some of them with as many as three quarters of their beds empty. In some communities, it is the hospitals more than patients that are at risk. The C. A. Dean Hospital in Greenville that is a rural hospital that has had to be creative to survive. Andy Finnegan was one of the first small hospital administrators to merge with a larger medical facility. In the early 1980's Dean Hospital became affiliated with the Mid Maine Medical Center in Waterville. It was one of the first such mergers in Maine.

(Andrew Finnegan, Administrator, C. A. Dean Hospital) I am convinced that there would not be a hospital in Greenville, Maine if the Mid Maine Medical Center had not entered into the partnership it did with the Charles Dean Hospital.

(Barbara Noyes Pulling, Segment Host) Surgeons and specialists from Waterville see Greenville patients a couple times a month. Dean Hospital, like many others in Maine, made itself stronger by providing a spectrum of health care. Dean has satellite physician offices in Guilford and Monson, and a nursing home and an assisted living center for those older residents who can still care for themselves but like having a hospital next door.

For most of rural Maine, the latest high tech equipment and procedures are several hours away by car. They are not in the local clinic, not even a couple days out of the month. Several of the urban medical centers in the state have rural outreach clinics so that patients don't have to travel as far. Eastern Maine Medical Center in Bangor has nine outreach clinics in pediatrics and oncology to better care for children and those with cancer. Specialists from Eastern Maine Medical do the traveling. They go to clinics like this one in Blue Hill to help the family practitioner there. Eric Hartz is an oncologist from Bangor.

(Eric Hartz, Oncologist) Hi, Mrs. Haskell, how are you today?

(Mrs. Haskell) Fine.

(Barbara Noyes Pulling, Segment Host) Today, he is in Blue Hill helping family practitioner, Richard Hines, with patients who have cancer.

(Richard Hines, Family Practitioner) What we have here allows our patients to have access to really state-of-the-art oncology information and care right here in a small community in rural Maine. I think the patients are much more comfortable with seeing the consultant here in their own town.

(Barbara Noyes Pulling, Segment Host) Eastern Maine Medical is hooked up by computer with Blue Hill so that physicians can send medical records back and forth.

(C. Eric Hartz, Oncologist) As many physicians primary care givers, being internists and family practitioners, who are interested in this will have the ability to be part of this Eastern Maine Medical Center information system so they don't get this feeling that the patient has now been lost to the physicians in Bangor, and they no longer are controlling any of their care. They no longer really have a part in that patient's care. They would have a part in that patient's care every day.

(Barbara Noyes Pulling, Segment Host) This record sharing is the advent of telemedicine in Maine.

(Eric Hartz, Family Practitioner) Okay, this is a patient that was actually referred from the Deer Isle/Stonington area who has acute leukemia and was admitted late on a Thursday afternoon and has been receiving chemotherapy. Well, the physician can follow the patient's blood counts from Blue Hill and can share in the excitement at this patient is entering a complete remission with acute leukemia.

(Barbara Noyes Pulling, Segment Host) The hope is to have doctors sharing diagnostic information such as MRI or x-rays by computer. They could even consult with one another about treatments on line.

(Richard Hines, Oncologist.) At this point, all the x-ray reports are entered in this computer, the same with a CAT scan and MRI. That is very simply done. What I see in the future is that we will actually be able to look at the images on computer, so we will be able to see the MRI picture and, maybe even better, be able to show it to our patient.

(Barbara Noyes Pulling, Segment Host) In some rural areas in Maine, better health care literally rolls into town. Farmington's Health Community Coalition reaches out to remote West Central Maine with a mobile health unit. Inside the converted 28' recreational vehicle is an area for health education, counseling, and screening.

A VCR plays educational videos. There is room for consultation with a health professional and there is also an examination room on board.

(Tracy Harty, Healthy Community Coalition) The region that we cover is about 8000 square miles, 40,000 residents. Some folks live over an hour away from Farmington, so their ability to access services is really limited. Their ability to connect with prevention and education is almost nonexistent.

"Take a nice deep breath in."

(Barbara Noyes Pulling, Segment Host) In Farmington and other towns the Healthy Community Coalition sponsors clinics for low cost checks up and immunizations for all preschool children.

(Tracy Harty, Healthy Community Coalition) "Good, you sound great."

(Barbara Noyes Pulling, Segment Host) There also are an anonymous HIV testing clinic and programs to help cope with stress and to stop smoking.

(Tracy Harty, Healthy Community Coalition) I think it is extremely important for communities to come together around issues of health and well being and, as the health care systems continue to change, they have more limited dollars than before. It is really up to the community, each individual community, to take care of each other.

(Barbara Noyes Pulling, Segment Host) Staffed mostly by volunteers, the mobile unit does health screenings for blood pressure and cholesterol, and every Tuesday morning at 8:30 Tracy Harty hosts a health talk show on WKTJ FM. This talk show clearly doesn't have the sophistication of a syndicated one from Boston, but it is supposed to be down to earth.

Okay, we are ready.

(Tracy Harty, Healthy Community Coalition) Good morning and welcome to Focus on Franklin County. This is Tracy Harty, Executive Director of the Healthy Community Coalition and my guest this morning is Jill Gray. We will be talking about Community Wellness Week. Good morning, Jill.

(Jill Gray) Good morning Tracy.

(Barbara Noyes Pulling, Segment Host) Tracy Harty is Executive Director of this coalition of businesses, schools, churches and individual volunteers.

(Tracy Harty, Healthy Community Coalition) We are dealing with families that don't have tooth brushes and sometimes dealing with kids, at six and seven, who for the very first time in their life have tooth brushes and tooth paste. So, a tooth brush for some of us might seem like a very small thing, something we take for granted, but for a lot of kids and a lot of families, this is something brand new and something that is very valuable to them.

(Barbara Noyes Pulling, Segment Host) The Healthy Community Coalition runs mostly on federal funding now. Directors hope to make the program self-sufficient in a few more years.

Are we ready to go?

Absolutely

Okay. Now what I am going to do is pull up your sleeve a little bit here so we can put this blood pressure cuff on you.

(Barbara Noyes Pulling, Segment Host) The Farmington project is particularly concerned about getting to the regions youngest and oldest residents. They just might succeed because they're finding rural Mainers are becoming increasingly more interested in their own good health.

(Tracy Harty, Healthy Community Coalition) I was shocked at what some of the people that came in to see us are dealing with in terms of their own poverty and their lack of education.

When we were doing the Flu Shot Clinic a couple of teenagers came in, and they looked very much like they

needed care and a bath. They came in for their flu shots and initially I told them we normally do not give flu shots to healthy teenagers, but they saw it as a way of keeping healthy for the winter. They had their hearing checked, and they wanted a flu shot, and they took every piece of information I gave them. They took recipes for good health, and I gave them flu shots. They left feeling as though they had a handle on their winter, and they sent back their dad, their mom, and two other teenagers. Anything that we can do collectively and collaboratively with other members of the community to improve the quality of life is really our goal.

(Christine Young, Program Host) Maine is a wonderful place to live. That's why we're here, but it is surprising that our overall health isn't better than it is. We've seen how many factors determine how healthy we are going to be and although it's always been important to find ways to make us better when we are sick, we're still working on how to stay healthy in the first place.

Next time on Quest, The Internet and the information super highway. How connected does Maine need to be? Until then, thanks for watching. I am Christine Young.

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