Bob Moorman was starting to act “goofy.” He was confused, forgetful and exhibiting significant personality changes.

His family began to suspect he was in the beginning stages of dementia. Concerned, they set up an appointment for him at his medical home with his primary care physician, Jason W. Booth, MD, at MercyCare Vernon Village, in November 2013.

Dr. Booth ordered several tests, including a complete blood work-up. The results would not be back for a few days, so Bob and his wife, Tara, went ahead with their annual trip to Florida. As soon as they walked through the door of their Florida home, the phone was ringing with a call from Dr. Booth’s office. The message was clear: Bob needed to go to the hospital right away.

With the results of Bob’s blood test in hand, the emergency physician in the Florida hospital told Bob he was in the final stages of renal (kidney) failure. Because his kidneys were not filtering out toxins, they were building up in his body and creating a serious health risk. The doctor reported that Bob’s blood urea nitrogen (BUN) test revealed his urea nitrogen level was at a dangerous 150 milligrams per deciliter (a normal reading is between seven and 20).

Bob was put on dialysis and told he would need three four-hour treatments a week for the rest of his life. He was grateful he didn’t have dementia, but he was unhappy about the amount of time he’d spend on dialysis.

His daughter, Mic Lanning (a nurse in Mercy’s Intensive Care Center), flew to his side from Cedar Rapids and brought him home five weeks later, placing him in the care of Fadi Yacoub, MD, internist and nephrologist with Internist Associates of Iowa and Medical Director of Mercy Dialysis and Mercy Intensive Care Center. Bob continued to receive dialysis at Mercy Dialysis, located at Mercy Health Plaza.

“After a year on dialysis, I began to ponder a kidney transplant,” says Bob. “But, I quickly realized that taking one from the pool of kidneys available for transplant at my age wasn’t fair to a younger person who needed one.

“My daughter, Mic, must have been reading my mind because she offered me one of her kidneys. So did my other two daughters (Deb and Judi), my granddaughter (Megan) and my nephew (Scott) in Boston. Their offers were mind-blowing,” says Bob. Mic ended up being a perfect match. Now, they just had to convince the doctors that Bob – age 79 – was up to having the surgery.

Mercy’s Dialysis has a collaborative relationship with the University of Iowa (UI) Organ Transplant Center. Dr. Yacoub arranged to send Bob down for the extensive testing required to determine whether he was a viable candidate for a transplant. Dr. Yacoub communicated his overwhelming support to the UI Organ Transplant Committee, a decision-making body of multidisciplinary medical professionals.

At first, a few roadblocks — like an aneurysm that required minor surgery — prevented Bob from receiving an approval for the transplant. He decided to give it one more try and headed to Iowa City with his wife and daughter to meet with the Transplant Committee.

“I put on my best suit and tie. I wanted them to see I wasn’t feeble,” says Bob. “Dr. Yacoub was very active on my behalf.” Several days later, Bob received the news he’d been hoping for. And, he would become the oldest kidney transplant surgery patient to come through the University of Iowa’s Organ Transplant Center.

Mic and her father have an especially close relationship. Bob raised Mic and her two younger sisters alone after losing their mother to cancer when Mic was just 11 years old.

“He is a wonderful father and I could not have asked for a better parent to raise me,” says Mic. “He instilled values in me that make me a caring and compassionate nurse. For this wonderful and giving man, this was the least I could do for him.”

As a nurse, I wanted him to be healthy and happy. As his daughter, I wanted him to regain quality of life and not be...
BOB MOORMAN IS BACK TO FEELING GOOD FOLLOWING HIS KIDNEY TRANSPLANT. HE OFTEN HELPS OUT DAUGHTER MIC LANNING WITH HANDYMAN PROJECTS AT HER HOME.

“...the real hero here (other than you, in my opinion) is Dr. Yacoub who, as your strong advocate, asked the question, ‘Why not?’ Your compelling conversations and his compelling answer were the real driving factors.”

Bob’s story really is about a team of heroes: a tenacious senior, his loving daughter, the nephrologist who became his physician champion for the transplant and the entire transplant team at the UI Organ Transplant Center.

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Mic Lanning, RN
Bob Moorman’s daughter

CONSUMER AWARENESS

What having your surgery done outside a hospital could really cost you

As consumers absorb more of the financial burden of their healthcare due to higher out-of-pocket insurance plans, many are “shopping around” for the best value when they need surgery. While one aspect of value is pricing, it’s important to take into account other considerations that you can’t place a price on — like high quality and patient safety. After all, it’s your health.

Where and when you have surgery is your choice. Your surgeon should offer options so you can select the location that is the best for you. Making a decision based solely on an organization’s pricing can be misleading, since the only real way to know what your out-of-pocket costs will be is to check with your insurance company for information about deductibles, copayments and coinsurance.

Based on publicly available pricing information, there are many instances where the patient’s out-of-pocket expenses at Mercy are less than or comparable to the cost of an outpatient surgical center. This is because Mercy performs more surgeries in Cedar Rapids than anyone else, patients have added peace of mind.

Here are some things you should consider when deciding where to have surgery:

1) Safety and quality. Hospitals regularly report and share quality information around patient outcomes, complications and other safety-related information. You can see how Mercy stacks up at Medicare’s HospitalCompare.medicare.gov or mercycare.org/quality.

2) Surgery is serious and complications can arise. Picking a facility that has lower complications is a good start. But also make sure you understand how equipped the facility is to handle an emergency. In the event of certain complications, surgical facilities not connected to a hospital may need to take patients by ambulance to a hospital for advanced intervention and follow-up care.

3) Choose you. A patient’s out-of-pocket costs are not based on flat fees. They are largely based on the patient’s insurance plan and what selections they made within that plan, including the deductible, copayment and coinsurance.


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