MEDICAL NEWS
The business of healthcare

February 2013

People in Brief page 5 | News in Brief page 6 | Healthcare Innovation page 19 | Commentary page 22

$2.50

OIG 2013 Work Plan
New focus puts providers on notice.

By Cindy Sanders

We warned you.

That could easily be the motto for the U.S. Department of Health and Human Services’ (HHS) Office of Inspector General (OIG). Each fall, the OIG rolls out its Work Plan for the fiscal year, and each year the document outlines the OIG’s plans and enforcement priorities for HHS programs, particularly Medicare and Medicaid—and each year a number of providers, suppliers and insurers ignore the nuances of that plan to their own detriment.

Gloria Jarmon, deputy inspector general for audit services, oversees a stable of more than 600 auditors. She noted, “Just in FY 2011, the estimated improper payments to the federal government were $115.3 billion dollars.” She went on to say HHS programs made up over half of those improper payments—about $65 billion—and that the majority of those were from Medicare fee-for-service and Medicaid programming.

As a result of FY 2011 audits and investigations, 2,662 individuals and entities were banned from participation in federal healthcare programs, 723 criminal actions were brought, and 382 civil actions were taken, including suits for false claims, civil monetary penalty settlements and administrative recoveries related to provider self-disclosure matters.

2013 Work Plan

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Frankfort decisions will have a major impact on healthcare in Kentucky

February is always a fun time in Kentucky and Southern Indiana. Not only does it bring the hope of quality basketball (I will leave my team allegiance out of this) and a strong run into March, it ushers in my favorite full contact sport, the legislative session. Who needs TV when we have great drama and comedy that pours out of Frankfort?

In all seriousness, among the many health-related bills that will be filed (77 at last count), there are two issues that I feel are going to have a significant impact on our healthcare system.

The issue that must be addressed is pension reform. As you may have read last month in a terrific article penned by Dean Johnson from Seven Counties Services and one of our editorial board members, the pension crisis will have a large financial impact on healthcare companies. Not only does this risk Kentucky’s financial affairs, it threatens to take valuable dollars away from patient care. That is not good for the providers or consumers.

The second issue that I think needs more discussion is the expansion of Medicaid. While this may or may not be a legislative decision, ultimately it is important that we take a close look at what expansion means for Kentucky. A recent report released by Kentucky Voices for Health highlights many benefits of expansion, including better access to health and a strong financial return on investment. The report points to expansion improving the overall health of Kentuckians, which will help reduce our long term financial responsibilities. I am supportive of expansion, but recognize that we need to have a comprehensive conversation.

I know that you may have a different opinion than me on these issues and I welcome your feedback. If you support or oppose these or any other issues, please let us know. We would like to share your voice with the community.

I am looking forward to February. See you on the court.

Sincerely yours,

Letter from the Publisher

Thoughts from the healthcare community

heraldleader @heraldleader
New free medical clinic to open in Benton http://bit.ly/TyKU3y

WKYT @WKYT
Northern Ky. sees spike in Hepatitis C rate http://dier.it/2trq2b

Mark B. Carter @markbcarter
Why the stigma? Successful and Schizophrenic http://royti.me/10LkOUm

St. Elizabeth @StElizabethNYK
Thanks to NKY Magazine for a great story on Terry Foster, emergency room nurse at St Elizabeth Edgewood. Terry is...http://fb.me/1QcnXaIS

Health E. Network @HealthENetwork
KY received top honors in Washington, D.C. for exemplary work in health IT implementation - more http://ow.ly/7gRBAj #healthIT

PhianTopic @pndblog
Foundation for a Healthy Kentucky Announces 2012 Grants Totaling $1.9 Million http://owl.li/gxubg
OIG 2013 Work Plan

Continued from cover

Initiatives toward HHA

There appears to be an increasing scrutiny of post-acute care providers, as well. In addition to new and continuing programs impacting long-term care hospitals and inpatient rehab units, the OIG has outlined a number of initiatives geared toward home health agencies (HHA).

Two new areas of interest are ensuring HHAs are complying with the face-to-face requirement and that appropriate background checks are conducted to forestall hiring home health aides with exclusionary criminal convictions. An earlier OIG review found that 92 percent of nursing homes employed at least one individual with one or more criminal convictions.

Continuing programs include the timeliness, outcomes and follow-up of HHA recertification and complaints and scrutiny of improper billing and payments.

Medical Equipment and Supplies

There are six new initiatives pertaining to medical equipment and supplies including an emphasis on supplier compliance with payment requirements for lower limb prosthesis and power mobility devices.

Competitive bidding also continues to be an area of focus. High utilization or appropriateness of services is also tagged for Medicare beneficiaries in the areas of outpatient rehab, sleep disorder clinics and testing, and orthopaedic implant devices used in spinal fusion procedures.

Prescription Drugs on the Radar

Prescription drugs are also on the radar for both the Medicare and Medicaid programs. Safety and quality initiatives in the Medicare program include off-label use of drugs and supply shortages of certain drugs.

A new program on the Medicare side looks at the potential savings that could be gained from using manufacturer rebates for Part B drug coverage.

In 2010, federal and state governments recouped approximately $11 billion of the $29 billion Medicaid spent on prescription drugs because of statutorily-mandated rebates. That same year, more than $16 billion was spent on covered prescriptions under Part B, but a comparable program doesn’t currently exist for Medicare.

Price and rebates will also come under scrutiny on the Medicaid side looking at states’ collection of physician-administered drug rebates and on supplemental rebates (both new), as well as ongoing efforts focused on the calculation of average manufacturer prices, use of generics, the federal share of collected rebates and states’ efforts with resolving rebate disputes.

New Areas of Interest

A few other areas of new focus that might take some by surprise include the OIG’s scrutiny of hospitals acquiring ambulatory surgery centers and then converting them into hospital outpatient departments, payments for personally performed anesthesia and payments to providers based on debt collection activities.

The last item is a review of providers and suppliers that received Medicare payments after CMS referred them to the Department of the Treasury for failing to refund overpayments. OIG officials will look to determine the extent to which a supplier or provider ceased billing under one Medicare provider number and instead billed under a different number.

With healthcare expenditures accounting for almost a quarter of the federal budget, Roberta Baskin, OIG director of media communications, pointed out maintaining effective oversight of HHS programs is crucial.

“Any one investigation can result in millions—even billions—of dollars returned to taxpayers,” she said.

For more information visit https://oig.hhs.gov.

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We were here for you yesterday.
We are here for you today.
We will be here for you tomorrow.*
Moving up

Salary survey paints promising outlook for 2013.

By Lynne Jeter

Salary changes in clinical and clerical positions, staff turnover rates, and changes in benefits were notable trends in the 2012 HORNE LLP Medical Office Staff Salary Survey.

“Overall compensation levels have grown over the past year, the turnover rate at the general and administrative levels are lower than in prior years, with an overall reduction in turnover levels by 2 percent from 2011 to 2012,” said Sharon Walden, CPC, director of the annual HORNE Salary Survey. “Additionally, our participation levels were up from last year.”

Nurse Practitioners

Even though HORNE’s Salary Survey doesn’t include medical doctors, it reflects intriguing statistics on non-physician providers such as nurse practitioners (NPs) and physician’s assistants (PAs).

For example, an analysis of turnover percentages for nurse practitioners (NPs) was 8.7 percent in 2011; in 2012, it rose to 12.7 percent. For physician assistants (PAs), the turnover rate was 11.5 percent in 2011 and dropped to 8 percent in 2012.

More specifically, NPs specializing in orthopedics enjoyed the highest annual compensation packages (75th percentile), specifically in physician practices with 11 to 20 providers ($114,500). The median annual compensation packages for NPs were highest for cardiology specialties ($97,321), followed by orthopedics ($93,667). Regionally, NPs were better compensated in the Midwest ($91,427), compared to the Southeast ($84,351). In the Southeast, NPs found more money in Louisiana ($86,150), followed by Mississippi, Virginia and Tennessee.

Physician Assistants

The trend for PA pay was similar to that of NPs with notable differences. For example, PAs specializing in orthopedics commanded the highest annual compensation (75th percentile) in physician practices with one to five providers ($110,475). The median annual compensation packages for PAs were highest in orthopedics ($93,835), followed by internal medicine ($87,580), multi-specialty ($87,153) and family practice ($82,000).

Total annual compensation differences between the Midwest and Southeast weren’t as sharp, with PAs in the Midwest garnering a median rate of $87,922, compared to $85,808 in the Southeast.

NPs and PAs found similar salaries with hospital-only positions, with a median income of $90,000, and $85,369, respectively.

NPs and PAs reported 2012 bonuses based on incentives: personal production (70 percent), overall practice profits (12 percent), and quality (11 percent). Non-monetary benefits reflected continuing education (85 percent), professional association dues (79 percent), communications equipment (43 percent), additional insurance benefits (27 percent), and retirement contributions (15 percent).

Other Clinical Positions

Experienced pharmacists enjoyed increased clout last year. In 2011, pharmacists with more than five years’ experience reported a median hourly income of $42. In 2012, the rate jumped to $51.06. Coincidentally, pharmacy technicians’ median income dropped from $15.50 in 2011, to $14 in 2012.

Other clinical positions changed slightly, with technicians gaining the most ground salary-wise in the specialties of bone density, cardiovascular/EKG, mammography, MRI, nuclear medicine, orthopedic, surgery, ultrasound and x-ray. Audiologists, physical therapy assistants and registered nurses in supervisory and research roles saw their median income increase. Certified athletic trainers saw the biggest median income drop in clinical posts, from $26.92 in 2011, to $20.81 in 2012.

A quick look at general and administrative position salary changes includes slightly increased pay for entry- and mid-level accountants, and decreased pay for CPAs. Billing services supervisors saw a median bump from $18.60 to $21 per hour, and systems analysts’ pay increased from $24.46 to $29.81, while HIPAA officers’ median hourly pay dropped from $31 to $21.41, operations managers’ pay dropped from $35 to $24.23, and practice managers’ pay dropped from $28.50 to $25.99.

Upper management bonuses were based on overall practice profits (30 percent), personal production incentives (28 percent), and quality incentives (16 percent). Non-monetary benefits included professional association dues (82 percent), continuing education (54 percent), communications equipment (52 percent), and additional insurance benefits (28 percent) and retirement contributions (14 percent).
The American College of Psychiatry
The American College of Psychiatry elected Dr. Lon Hays, director of the University of Kentucky Department of Psychiatry, as a fellow of the national organization.

Baptist Health
Baptist Health (formerly Baptist Healthcare System) named Stephen C. Hanson president and chief executive officer.

Baptist Medical Associates
Arlene Kraut, MD, has joined Baptist OB/GYN Associates, part of Baptist Medical Associates.

Henry Byrum, MD, has joined Baptist Medical Associates.

Reem Hamad, MD, has joined Baptist Medical Associates Prospect.

Cardiology Center of Southern Indiana
The Cardiology Center of Southern Indiana, Jeffersonville, Ind., welcomes Dr. Juan Ortiz.

CareSource
Jon Copely was named executive director, CareSource, Humana’s strategic partner in Kentucky’s Region 3.

Frost Brown Todd
Frost Brown Todd announced the addition of a new associate, Amy E. Cooper. Cooper will be a part of the firm’s health law service team in its regulated business practice group.

Galen College of Nursing
Galen College of Nursing’s vice president of online Steve Hyndman, EdD, has been appointed as the public commissioner of the Certified Nurse Educator Commission by the National League for Nursing.

Hosparus
Karen Habenstein, MD, joined Hosparus as an associate medical director.

John Sanders, MD, joined Hosparus as an associate medical director.

Indiana University Health
Roderich Schwartz, MD, leads IU Health Goshen Center for Cancer Care as its medical director.

Jennie Stuart Medical Center
The Jennie Stuart Medical Center board of trustees has re-elected Theresa Nichol to a second one-year term as board chair.

Also elected to one-year terms as board officers were Albert Wilson Sisk, Jr., vice chair; Earl Calhoun, re-elected as secretary/treasurer; Kelley Workman as member at large; and Michael Clark, MD, as president of the medical staff.

Passport Health Plan
Venkat Sharma, president and CEO of iMedX, joined Passport Health Plan’s board of directors.

Howard F. Bracco, PhD, former president and CEO of Seven Counties Services, has been elected chairman of the partnership council.

Elizabeth W. McKune, EdD was named Passport Health Plan’s director of behavioral health.

To Submit to People In Brief
Each month, Medical News recognizes newly hired or promoted professionals who work in the business of healthcare in Kentucky or Southern Indiana. To be considered, the employee must work in or directly support a healthcare business. Listings will be published in order of receipt as space allows and not all photos will be published.

Please submit a brief description and high resolution color photo saved as jpeg, tif or eps (pdfs will not be accepted) via email to Melanie@igemedia.com.
Medical center, hospitals awarded for obstetrics care

Pikeville Medical Center, St. Elizabeth Healthcare and St. Elizabeth Edgewood are among the 300-plus facilities earning the Women’s Choice Award from WomenCertified® distinguishing them as 2013 Best Hospitals for Patient Experience in Obstetrics.

The award is based on criteria that include female patient satisfaction measurements as well as clinical excellence considerations.

QuestCare donates ambulances, equipment to Highlands Health System

Highlands Health System has been offered a donation from QuestCare EMS, of Prestonsburg. QuestCare, who has operated an ambulance service in the Big Sandy region for many years, contacted Highlands earlier this fall and suggested a donation of the physical assets. Officials at Highlands agreed to accept the donation of the company’s assets along with some medical equipment and four ambulance service licenses. Highlands’s attorneys filed a “Letter of Intent” with the Kentucky Cabinet for Health Services as a requirement to legally accept the ambulance service licenses if they were donated. Highlands does not intend to operate the ambulance and will begin to liquidate the assets after an assessment of the value.

There are approximately 17 vehicles, in various conditions, and basic medical equipment included in the donation. Office equipment, computers, and other items will be included as well.

Highlands Health System, as a non-profit organization accepts donations of many kinds as a way to support the ongoing healthcare needs of the region.

Hope Clinic and Pharmacy showcased in video

The Danville, Ky.-based Hope Clinic and Pharmacy was recently showcased at the state and national level for their use of electronic health records. Terry Casey, A.P.R.N., and the Hope Clinic were selected to represent Kentucky in a video created for the Office of the National Coordinator for Health Information Technology.

The video details how strong partnerships between federally sponsored programs, local organizations and state agencies working together can provide centralized electronic access to patient records.

Kentucky was selected as one of three states in the nation to receive awards from the Office of the National Coordinator for Health Information Technology.

OMHS awarded for fifth consecutive year

Owensboro Medical Health System received the Distinguished Hospital Award for Clinical Excellence™ for the fifth consecutive year, retaining its ranking among the top five percent of more than 4,500 hospitals nationwide for clinical performance. The award comes from Healthgrades, a leading provider of information about physicians and hospitals.

OMHS is one of 262 hospitals receiving the clinical excellence award. While many hospitals cite specific areas of expertise and high-quality outcomes in individual specialties, hospitals receiving the clinical excellence award have demonstrated excellence and high-quality care across multiple service lines.

New patient safety initiative

The new year started with a new look at the Mt. Vernon, Ky.-based Rockcastle Regional Hospital and Respiratory Care Center. Since January 2, healthcare providers and other hospital staff now wear color-coded uniforms to identify their role in the spectrum of patient care. The colors can help patients and visitors better know who’s-who at a glance.

At Rockcastle Regional Hospital, RNs and LPNs wear royal blue, SRNs wear gray and nursing unit clerks wear turquoise in the nursing department. Other departments include: environmental services (green), respiratory therapy (light or dark brown), diagnostic imaging (maroon) and rehabilitation therapy (black) uniforms.

The Medical Arts building staff wears red or black.

Rockcastle Regional Hospital chief nursing officer Cynthia Burton, RN, said the basic idea is to improve the patient experience. The organization began planning the transition in April 2012, after researching the success of other facilities and then seeking approval from hospital administration. Burton also said the initial response has been positive and looks forward to measuring the response from the community via patient satisfaction scores.

Organization, society team up to help Nicaraguans

Hand in Hand Ministries and the Greater Louisville Medical Society Foundation partnered to send a group of physicians and medical workers to Nicaragua in January to work with residents for one week.

While in Nicaragua, the doctors helped at local hospitals and the San Francisco Clinic. The team of 17 professionals included physicians, biomedical technicians, nurses and medical assistants.

The families in the Hand in Hand Ministries’ Pathway to Change Program benefitted from the opportunity to see the doctors and dentists. This year’s trip is the seventh trip made in collaboration with the Foundation.

The goal of these annual trips is to address the medical needs of the families served by the Hand in Hand Pathway to Change Program. Hand in Hand also wants to develop an ongoing relationship with the local medical community in Nicaragua to offer needed medical care and supplies.

Baptist Medical Associates recognized for diabetes care

Nineteen Baptist Medical Associates physicians, physician assistants and nurse practitioners received recognition from the Diabetes Recognition Program of the National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA) for providing quality care to their patients with diabetes.

The physicians, physician assistants and nurse practitioners, located in Louisville and La Grange, recognized are: Michael Davis, MD; Charles Gaba, MD; Albert Hoskins, MD; Keith Krawiec, MD; Douglas Marquess, MD; Sarah Merrick, MD; Tami Secor, MD; Brenda Terrick, MD; Stacey Waring, MD; and Jill Watson, MD; all internal medicine; Tonya Perkins, MD, internal medicine and pediatrics; Donna Gatewood, MD; Ray Johnson, MD; Gerlinda Lowrey, MD; and Jeffrey Reynolds, MD; all family medicine; physician assistant Amy Davis, PA-C; and nurse practitioners Terri Clifford, APRN; Abby Heffner, APRN; and Cheryl Thurman.

The Diabetes Recognition Program was designed to improve the quality of care patients with diabetes receive by recognizing clinicians who deliver quality diabetes care, and by motivating other clinicians to document and improve their delivery of diabetes care.
KentuckyOne Health Louisville market fit-friendly worksite

KentuckyOne Health Louisville and Shelbyville facilities have been recognized as a Platinum-Level Fit-Friendly Worksite by the American Heart Association for helping employees eat better and move more.

**Platinum-level employers:**
- Offer employees physical activity options in the workplace.
- Increase healthy eating options at the worksite.
- Promote a wellness culture in the workplace.
- Implement at least nine criteria outlined by the American Heart Association in the areas of physical activity, nutrition and culture.
- Demonstrate measurable outcomes related to workplace wellness.

The KentuckyOne Health Louisville Market implemented multiple programs to improve employee health and wellness, including hosting a Cooper Clayton Smoking Cessation class for employees and the community, implementing “Free Fruit Fridays” where employees received a free piece of fruit with lunch and launching a Pre-Diabetes/Metabolic Syndrome program for employees, to name a few.

Norton Neuroscience Institute offers new brain tumor treatment

Norton Neuroscience Institute is the only clinical provider in Louisville to offer a new treatment for recurrent glioblastoma brain tumors using the NovoTTF-100A system. This noninvasive device produces alternating electrical fields that target tumor sites and disrupt the rapid cell division exhibited by cancer cells. As glioblastomas remain the most common and destructive primary brain tumors, the NovoTTF-100A technology at Norton Neuroscience Institute will provide patients in Kentucky and Indiana with an alternative therapy after surgical and radiation options have been exhausted.

The NovoTTF-100A system was approved by the U.S. Food and Drug Administration in April 2011 and Norton Healthcare acquired the device in August 2012. Certified physicians such as LaRocca, MD, and David A. Sun, MD, PhD, neurosurgeon with Norton Neuroscience Institute, are currently using this technology on brain tumor patients in Louisville and hope to extend treatment to glioblastoma patients throughout the region.

ResCare opens location, gives demonstration

ResCare HomeCare, the nation’s leading provider of in-home supports and services to seniors, moved to a new location in La Grange, Ky. The branch provides personal support, homemaking, respite, companion care and other home care services to seniors.

ResCare HomeCare also provides a telehealth solution proven to reduce rehospitalization and in-office visits and save time and resources. From the comfort of their own home, patients can automatically and dependably transmit accurate and timely health readings (pulse, oxygen levels, glucose, blood pressure, weight and other monitors) to their care provider for monitoring and review. This small, simple-to-operate and portable telehealth system has been proven to help stabilize patient conditions and reduce the need for more costly treatment.

Byrd receives Sunrise Award

Willie Byrd, executive director of Options Unlimited has been selected to receive the 2012 Sunrise Award, presented by the Seven Counties Services, Inc. board of directors. Options Unlimited is a Shepherdsville, Ky., nonprofit dedicated to assisting people with disabilities to become as independent as possible by obtaining opportunities to participate in and contribute to their community through employment and educational programs.

**Event calendar**

**Baptist Regional Medical Center invites you to an open house for Baptist Oncology Associates**

Date: February 27, 2013
Time: 1 to 3 p.m.
Where: Baptist Regional Medical Center, 1 Trillium Way, Corbin Ky.
Info: Call (606) 528-1212 or visit www.baptistregional.com.

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Western Baptist welcomes first babies of 2013

For the second consecutive year, Paducah, Ky.-based Western Baptist Hospital welcomed twin brothers as the first babies born in the region in the new year.

The babies were born at 3:13 and 3:14 a.m. Tuesday, Jan. 1, to Erika and Derrick Damron of Barlow. Brady Gene weighed 3 pounds, 9 ounces, while Brock Westley weighed 2 pounds, 8 ounces. The proud parents were presented with a gift basket from the hospital. The Damrons weren’t expecting to meet their boys until March 2, but the boys needed to be delivered nine weeks early because of a blood circulation concern.

The babies are in Western Baptist’s Neonatal Intensive Care Unit, the only one in western Kentucky.

Hall Render launches pharmacy practice

Hall, Render, Killian, Heath and Lyman, the largest healthcare focused law firm in the nation, recently formed a pharmacy practice area.

Although this formal practice area is new, several attorneys in the firm have utilized their pharmacy-related knowledge and experience in serving clients for years.

Attorneys who practice in Hall Render’s pharmacy practice area counsel clients, including retail pharmacies, mail-order pharmacies, hospitals and long-term care providers, regarding the full spectrum of pharmacy and drug-related matters. Services address provider and professional issues, including regulatory compliance and enforcement support, development and maintenance of compliance programs, Medicare and Medicaid reimbursement, private/payer reimbursement, and fraud and abuse advice and litigation defense.

Galen College prepares students to become a RN in two years

Galen College of Nursing now offers an associate degree in nursing (ADN) program for students interested in becoming a registered nurse. Currently, the campus in Louisville offers a bridge program for those students who are already a Licensed Practical Nurse (LPN). The ADN program is designed to be completed in two years and provides students an additional option to consider in pursuit of a professional career as a registered nurse.

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Attorneys who practice in Hall Render’s pharmacy practice area counsel clients, including retail pharmacies, mail-order pharmacies, hospitals and long-term care providers, regarding the full spectrum of pharmacy and drug-related matters. Services address provider and professional issues, including regulatory compliance and enforcement support, development and maintenance of compliance programs, Medicare and Medicaid reimbursement, private/payer reimbursement, and fraud and abuse advice and litigation defense.

Galen College prepares students to become a RN in two years

Galen College of Nursing now offers an associate degree in nursing (ADN) program for students interested in becoming a registered nurse. Currently, the campus in Louisville offers a bridge program for those students who are already a Licensed Practical Nurse (LPN). The ADN program is designed to be completed in two years and provides students an additional option to consider in pursuit of a professional career as a registered nurse.
Meet Brittany Beard

Place of Employment: Baptist Hospital East

Why did you decide to become a nurse? I really enjoyed zoology growing up and wanted to do something within that field. As I grew older I discerned that my interests extended into biological sciences, particularly the study of epidemiology and various disease processes experienced in the human population.

Along with this new found interest I began to understand that I would enjoy a career that allowed me to help others in a very direct manner. I realized that nursing would be a perfect marriage of these interests and career desires.

Nursing is also a very stable career choice and allows for much personal growth and development. There are so many avenues for a nurse to pursue; if one particular area is not for you, there are so many other possibilities out there.

Is it different than what you thought? It is definitely different than the perceptions I had while I was in nursing school. With my first introductions to nursing I feel like I was presented with different medical diagnoses and taught how to read labs and administer medications. But it wasn’t until I became a nurse that I was able to assess the situation as a whole. Now I understand the various physical, psychological and emotional needs of patients and to gain the ability to think critically in order to meet these needs. This allows me to deliver exceptional care to my patients.

What is the biggest misconception about your field? Not everyone has an appreciation of the skills that nurses possess. Over the years the role of the nurse has changed in many ways, and I often feel there is a disconnect between the modern role of the nurse and what is expected from nurses compared to the times when a nurse was considered very much an assistant to the physician rather than an integral part of the healthcare team. There are so many team members that comprise the “healthcare team” and without all of these members (nurses, PCAs, physicians, secretaries, lab staff, radiography workers, therapists, etc.) healthcare could not be what it is today.

What is the one thing you wish patients knew and/or understood about nurses? That we like when you ask questions. Self-advocacy and knowledge is crucial. One example is nurse to patient ratio; the nurse to patient ratio has a huge impact on the patient care that is provided. This varies from hospital-to-hospital so when choosing to have an elective procedure it is important to do some background research into what that hospital averages. Along with this, other information is available about infection risks and other quality data that is measured and provided on a comparative analysis web site.

It is very important to have this background knowledge, and it is imperative that patients and families ask questions because no one can be a better advocate for your health than you. Also, it is important to communicate your expectations because this allows us to provide care that is even more tailored to your individual needs and allows you to feel in control of your own plan of care.

What’s the best advice you ever received? Who gave it to you? To constantly ask myself “Will this matter a year from now?” It is very easy to get caught up in life and think that every situation is dire. When I ask myself this question I realize that the problem is not as big as I’ve made it out to be 95 percent of the time. I received this advice from my husband.

What’s the last good book you read? The Sugar Queen by Sarah Addison Allen (Bantam, 2009)

Favorite daytime beverage? Water.

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Art and healing

A glance at Kentucky’s art therapy initiatives.

By Chelsea Nichols

Though a relatively new concept—birthed mid-20th century—art therapy has proven itself useful in healthcare. Whether visual, musical or performance-based, art therapy reduces patients’ stress levels and lessens the need for pain medication. Factor in shorter hospital stays and improved outcomes, and it’s no surprise why healthcare facilities are adding art rehabilitation to their many services.

Arts in Healthcare

Thanks to the UK Arts in Healthcare program the UK Albert B. Chandler Hospital, multiple forms of art highlighting local, national and international artists adorn the hospitals and clinics.

The performing arts are organized under the Lucille Caudill Little Performing Arts in Healthcare Program and bring performances by renowned artists and UK School of Music faculty and students to the hospital’s auditorium. The Teresa Garbulinska Annual Premier Concert Series brings an internationally renowned artist to the hospital auditorium on an annual basis.

Visually, the program consciously displays Kentucky folk art, since many patients reside in rural and eastern parts of Kentucky. When patients come to the hospital, they may recognize art from their childhood.

“As they walk past our ‘Celebrate Kentucky Wall,’ made of 108 separate video screens and still photos, they may catch a glimpse of home. Virtually every county is represented in the changing seasonal display,” said Jackie Hamilton, Arts in Healthcare program director.

“The Center for Women and Families, which provides services for victims of domestic abuse or sexual assault and offers family therapy throughout Kentucky offers Healing Mosaics workshops. Facilitated by The Center’s art therapist, Fran Englander, and held in multiple sessions over several months, the project was meant to engage The Center’s clients, staff and volunteers in the creation of mosaics through the design process to creation and completion.

The mosaics were reflective of an abused person, in that the tile is broken. Though a person can heal, the pieces will never fit the same, but rather become a new creation all together.

Healing Therapies

Louisville-based Kosair Children’s Hospital utilizes expressive therapy. Available to patients, parents and siblings, this therapy incorporates play, art, music, writing and drama and serves as “therapeutic interventions.” When children are able to express feelings and fears, they let off an energy that helps their bodies heal.

The Center for Women and Families, which provides services for victims of domestic abuse or sexual assault and offers family therapy throughout Kentucky offers Healing Mosaics workshops. Facilitated by The Center’s art therapist, Fran Englander, and held in multiple sessions over several months, the project was meant to engage The Center’s clients, staff and volunteers in the creation of mosaics through the design process to creation and completion.

Dr. Michael Karpf, executive vice president for health affairs, UK Healthcare, said the goal was to build a positive relationship between the public and the Lexington-based hospital. “One of our goals was to bring people into the hospital to view art or enjoy a musical performance while they are well,” he explained. “Thus if they have to come in as a patient, they have some familiarity and positive association with the hospital.”

Continued on page 11
Art and healing

Continued from page 10

Open Doors

About five years ago, Louisville-based GuardiaCare started to research funding for art therapy. The Louisville Visual Arts Association (LVAA) shared a similar vision and the two partnered up. The Open Doors program was born. The Open Doors program is an umbrella program of classes and enrichment experiences that gives underserved populations, including seniors, a voice. LVAA paired art therapist Laura Malbas, with GuardiaCare, to start an art therapy class for seniors with vascular dementia and Alzheimer’s.

“GuardiaCare incorporated art therapy into healthcare because it is good for clients to be involved both cognitively and physically. It helps this age group to be able to express their thoughts and feelings through the use of art. It gives them the opportunity to see their talents, even though they may be limited due to impairments.”

— Tracy Steinberg, chief program officer, GuardiaCare

“GuardiaCare incorporated art therapy into healthcare because it is good for clients to be involved both cognitively and physically. It helps this age group to be able to express their thoughts and feelings through the use of art. It gives them the opportunity to see their talents, even though they may be limited due to impairments.”

— Tracy Steinberg, chief program officer, GuardiaCare

Continued on page 12
Art and healing

Continued from page 11

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Participants produced individual and group projects. Past projects included paintings, silhouettes, ceramics and tile art. Together, the group made a mixed-media mural.

The program has proven itself beneficial, and GuardiaCare would like to continue the program. However, said Steinberg, the big hurdle is finding program funding.

“SHADY GROVE,” MOSAIC, BY GUY KEMPER FROM VERSAILLES, KY. KEMPER CREATED WATERCOLORS THAT REFERENCED THE COLORS AND MOVEMENT OF THE KENTUCKY LANDSCAPE.

University of Louisville claims the first art therapy university-based educational program. As part of the M.Ed in counseling and personnel services, students can add a concentration in art therapy. The University of Kentucky School of Music offers the state’s only degree program in music therapy.

“SULTRY HEALING GLANCER, LASCIVIOUS DAWNING MANIA,” BLOWN GLASS BY STEPHEN POWELL. PART OF POWELL’S SCREAMER SERIES, THE PIECES STRAIN THEIR LONG CURVED NECKS TO THE SKY IN THE ACT OF SCREAMING.

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A quick fix

Treating injuries in the short-term requires vision for the long-term.

By Simon Hoehn, DPT

Our society has fallen captive to the false advertisement of quick fix solutions, and it’s polluting the minds of patients and medical professionals alike. It is a well-known fact to the medical community that quick fixes only provide temporary relief and deliver limited long-term benefits. As medical service providers, it is our duty to help our patients and cohorts understand the truths of rehabilitation. A quick fix option would address the patient’s underlying cause of pain and not the source of their current symptoms.

Treating Soft Tissue Injuries

While treating soft tissue injuries, the best prognoses were found when addressing patients’ movement faults and movement dysfunction of associated joints producing the patient’s symptoms. Physical modalities and agents can be used to decrease patients’ symptoms; however, a true recovery is achieved when the cause of the patients’ symptoms is eliminated or diminished.

For instance, if a baseball player reports pain in his shoulder while pitching, one may treat the injured tissue, providing momentary relief, and then send the pitcher back to the mound. It is likely that no sooner than he returns to pitching, he will still find himself in pain, repeating the cycle.

A skilled therapist will not only treat the injured tissue in the shoulder, but will also address the pitcher’s throwing mechanics and any other related agonist/antagonist muscles and associated strength deficits before returning to the mound. Herein, the pitcher will now be less likely to report increased symptoms while pitching.

Three Different Approaches

Here is a quick look at three different approaches for treating a person injured in a car accident, all of which would be correct, with the third being the most effective. If the person injured in the car accident was diagnosed with whiplash of the cervical spine, they might report neck pain, at minimum.

1) The first approach would be to locate the muscles reported to be sore or painful and then perform modalities (ultrasound, electric stimulation, moist heat, etc.) to decrease the patient’s subjective complaints. This would be an example of treating the source of the symptoms.

2) The second approach would be to teach the patient how to perform exercises to improve postural alignment and decrease stress and tension of the involved muscles and ligaments. This treatment approach would focus on fixing the cause of the symptoms.

3) And finally, the third approach (likely the most effective) would be a combination of the first two approaches (treating cause and source), as well as educating the patient on how to prevent prolonged posturing/positioning that might lead to increased stress, pressure, or tension of the involved tissue.

From a clinical standpoint (short-term), all of these treatments would likely be rendered effective, meaning the patient reported subjective relief during their time in physical therapy. Patients who are educated on how to avoid positions and movements that increase stress to the injured tissue (second and third examples) will continue to report decreased subjective complaints for an extended period of time. They will also have higher satisfaction levels with their therapy, and report fewer recurring symptoms (long-term).

Improving Patients’ Quality of Life

The goal is not to solely have the patient report decreased subjective complaints while in the clinic, but also to report decreased symptoms after leaving the clinic. It’s important for patients to possess the necessary tools so that once they leave they continue their daily routine with fewer subjective complaints for a much longer period of time. This approach supports our main premise as medical service providers; improving our patients’ quality of life, not just getting paid for services rendered.

One might question why I would be so keen on focusing my rehabilitation on correcting faulty movement patterns for someone who was not reporting symptoms prior to their insult or injury; valid question. I did not devise this theory out of thin air. It has been validated and supported by much research and many years of hands-on experience.

Simon Hoehn, DPT, works at Synergy Rehab in Louisville.
The continuing saga of Medicare therapy caps

Understanding exceptions, services and reimbursements.

By Rene R. Savarise, Esq.

In 1972 Congress expanded the scope of Medicare outpatient physical therapy coverage to include the services of physical therapists in independent practices who furnished services in the office or patient home. Shortly thereafter, the long history of Medicare therapy caps began. It was at that time Congress enacted payment limits as a mechanism to control therapy costs. From 1979 forward Congress frequently adjusted or applied limitations to the therapy caps – in an effort to balance growing costs with the demand for medically necessary therapy services.

In what appeared to be light at the end of the tunnel for providers, certain aspects of the therapy caps were set to expire in December 2012. This was not to be, however, and with the passage of the American Taxpayer Relief Act of 2012 (ATRA) some limitations and caps that would have otherwise expired were extended through the end of 2013. In addition, ATRA expanded the application of the caps to outpatient therapy services furnished at critical access hospitals (CAH) and further reduced payments for multiple therapy services provided on the same date.

Not only were hospital setting therapy caps extended but in a somewhat unexpected twist, Congress decided to apply the therapy caps to outpatient therapy services provided in CAHs.

Therapy Caps

Medicare has two therapy caps: a combined cap for outpatient physical therapy and speech-language pathology services and a separate cap for outpatient occupational therapy services. These caps are applied on a per beneficiary, per calendar year basis.

For calendar year 2013 the caps were increased by $20 to $1,900 from $1,880. Services are applied to the caps in the order of the dates that the claims are received and tracked using the Common Working File. The amount applied is the lesser of the Medicare physician fee schedule amount or the actual charges for the services. Importantly, deductible and coinsurance amounts count toward the therapy caps.

Acknowledging that certain patients legitimately require therapy services that exceed the therapy cap, in 2005 Congress adopted automatic and manual review exception processes to allow for medically necessary therapy service claims beyond the therapy caps. These processes were set to expire on December 31, 2012, but to the relief of providers and beneficiaries alike, the processes were extended by ATRA for another year.

During 2013 the automatic exception process will apply to claims that are between the therapy cap limit of $1,900 and $3,700. Therapists can request an automatic exception if continued therapy is justified based on the beneficiary’s condition as demonstrated by appropriate documentation.

Claims exceeding $3,700 will be subject to manual review by the Medicare Administrative Contractors (MAC). The MACs are required to make a decision whether to approve therapy services, which claims may exceed $3,700 within 10 days. Unless otherwise extended, the exception processes now expires on December 31, 2013 which could be problematic

Continued on page 15
The continuing saga of Medicare therapy caps

Continued on page 14

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Rene R. Savarise, Esq., is shareholder at Hall Render Killian Heath & Lyman.
Dog provides stress relief for patients

Pet therapy gains popularity in hospitals.

By Allison Perry

It’s a sound that might seem out of place in a hospital setting, but when UK Markey Cancer Center patient Carla Tufts hears two sharp barks from the other side of her wall, she smiles. Clyde, one of two pet therapy dogs who regularly visit inpatients at Markey, is on his way.

“It just brightens your day,” she said.

Clyde’s owner, UK HealthCare volunteer Ellen Karpf, brings him into the room. Wearing a royal blue UK sweater, Clyde counts for Carla (by barking), “says his prayers,” and eagerly approaches her for some petting and a treat.

This has been the routine every Thursday for Karpf, who for the past two years has brought either Clyde or his sister Bonnie, both golden retrievers, to Markey for the pet therapy visits. She also brings one of the dogs to Kentucky Children’s Hospital on Tuesdays to visit pediatric patients.

“The dogs love it,” Karpf said. “They get excited; they fight over who’s coming that day when I take out the fanny pack with the treats and the credentials. We’ve had some really neat experiences with patients.”

Helping Patients Cope

Pet therapy can help people recover from or better cope with health problems, and the goal is to improve a patient’s social, emotional or cognitive functioning. For many patients, a visit with one of the therapy dogs provides much-needed stress relief during their stay. For others, the dogs provide just what they need to cope.

“One time there was a little girl getting chemo — and they said, ‘You’ll never get this child to smile,’” Karpf said. “Clyde walked in and she threw her arms around him and just hugged him. I couldn’t get him out of the room! We went in to see somebody else, and he just pulled me right back to her.”

For Markey patient Lucy Williams, the visit with Clyde reminded her of her own furry therapist waiting to dote on her when she goes home to recover.

“It’s nice, I think it’s a great idea,” Williams said. “I have a two-year-old English lab at home, and jokingly we said what a great companion dog he’s going to be for me, because I’ve got kind of a long journey ahead of me.”

Love on a Leash

Ellen Karpf, Clyde and Bonnie provide their services through the UK HealthCare volunteer office. To become certified pet therapy dogs, both Clyde and Bonnie completed the Love on a Leash program in Lexington. For more information on that program, visit www.loalcky.com.
Your knee bone connected to your thigh bone

Clark Memorial finds its place in orthopedic care.

By Chelsea Nichols

Every hospital has its niche. Baptist East is synonymous with breast cancer. KentuckyOne Health’s Jewish Hospital continues to develop its transplant center. If Norton Healthcare is mentioned, we often think of Kosair Children’s Hospital or the new women’s center.

Across the river, Clark Memorial found its place in orthopedic care. A few years ago, the Jeffersonville, Ind.-based hospital did some market research on areas of healthcare that would skyrocket. The results: oncology and orthopedic care. The hospital could have enhanced its cancer services, but chose to run with bones and joints instead.

Today the Clark Memorial’s Center for Orthopedics and Spine’s group consists of five surgeons.

**Engaging the Community**

Members of the orthopedics group don’t limit themselves to the operating room. They also interact with their community. For example, arthritis is a huge ailment, not only with the aging population, but even now with the mid-life years arthritis is becoming a problem. To address this, surgeons hold community seminars where they educate members of the community about arthritis and conservative treatments all the way up to joint replacement.

A pre-op teaching class is offered to patients who are going to receive a total joint replacement surgery. “They can find out about pain management, anesthesia choices,” said Lori Sheffield, nurse navigator.

The pre-op teaching room has been renovated to include an orthopedic gym for group physical therapy. Patients seem pleased. “They love the camaraderie,” said Sheffield. “They love being able to see and talk to [other] patients who they know, maybe someone they’ve been in class with and met them.”

Overall the orthopedic center makes leaving the hospital easier on the patient and family. “We really cater to our families as far as a team approach,” said Sheffield.

“The patients won’t get physical therapy just in their rooms, but they will also go down to the group therapy gym and participate in therapy with others who have had joint replacement.”

— Lori Sheffield, nurse navigator

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ORTOPEDIC SURGEONS OF SOUTHERN INDIANA PROVIDES DIAGNOSIS, TREATMENT, PREVENTION AND REHABILITATION FOR ALL TYPES OF BONE AND MUSCLE PROBLEMS TO PATIENTS OF ALL AGES. FROM LEFT, WILLIAM SLIGAR, MD, THOMAS E. SEHLINGER, MD, PATRICK BAUER, MD, BRENT M. WALZ, MD, AND JOHN LINDNER, MD, ALL BOARD CERTIFIED ORTHOPEDIC SURGEONS WITH OFFICES IN JEFFERSONVILLE AND NEW ALBANY.
“I’D LIKE TO STAY IN MY OWN HOME.”

In Kentucky alone, 13.3% of the population is over the age of 65. Support AARP and our campaign to help people live independently, which improves everyone’s quality of life and saves taxpayer dollars. Funding programs to help people stay in their homes strengthens the community and the state of Kentucky.

See more of what AARP is doing to help Kentuckians at aarp.org/ky
AHA’s top 10 advances in 2012 research

Promising basic science, new devices, improved protocols and prevention hold the potential to upgrade outcomes.

By Cindy Sanders

The science, basic understanding and treatment protocols of cardiovascular disease and stroke have come light years in a matter of decades. Yet, heart disease remains the number one killer of both men and women in America and stroke, a leading cause of disability.

The 2013 statistical update from the Centers for Disease Control and Prevention (CDC), American Heart Association (AHA) and National Institutes of Health (NIH) notes that approximately 600,000 people die from heart disease in the United States each year—that is one of every four deaths. Additionally, more than 795,000 Americans suffer a stroke annually. While mortality rates have improved, nearly one in every 18 deaths is still attributable to stroke.

Researchers have much to celebrate when it comes to improved treatments, earlier detection and better options for primary and secondary prevention.

While turning the tide on America's top killer remains a daunting task, researchers have much to celebrate when it comes to improved treatments, earlier detection and better options for primary and secondary prevention.

Each December since 1996, the AHA has compiled a list of top 10 advances from the year. For 2012, resuscitation, cell regeneration, a new high blood pressure treatment and developments in stroke devices were listed among the year’s key scientific findings.

No. 1 Extended CPR Saves Lives

A study of hospitals using the Get With The Guidelines resuscitation quality improvement program found higher survival rates among cardiac arrest patients who received CPR for longer times compared to those hospitals with shorter duration rates.

Patients at hospitals with the longest median duration of 25 minutes for resuscitation efforts had a 12 percent higher likelihood of being revived than those at hospitals with the shortest median time of 16 minutes. While more research is needed, the study raises interesting questions that could change standard medical practice.

No. 2 Converting “Non-Beating” Heart Cells into “Beating” Ones

The emerging frontier of myogenesis holds great promise that damaged or lost heart muscle due to congenital defects, heart attack or other disease might one day be replaced. Two studies in mouse models published in 2012 demonstrated methods to reprogram readily available cardiac fibroblasts into beating heart muscle cells in vivo. The authors concluded their findings suggest a potential regenerative strategy in the human heart.

No. 3 Biopsied Heart Cells

Two separate human trials showed that cells from heart biopsies could be purified and replaced in the patient’s heart with improved heart function and reduced scarring.

One phase 1 trial used an infusion of autologous cardiac stem cells resulting in patients typically having improved LV systolic function and reduced infarct size. The second phase 1 trial used cardiosphere-derived stem cells on patients following a heart attack. In comparison with the control group at six months, those receiving infused CDCs showed reduction in scar mass, increases in viable heart mass and regional contractility, and regional systolic wall thickening. However, there were not notable differences in end-diastolic volume, end-systolic volume and LVEF between the two groups at six months, and the experimental group had more serious adverse events than the control group.

No. 4 “Disconnecting” the Kidneys to Treat Hypertension

A hyperactive sympathetic nervous system is believed to be a major contributor to hypertension. Four recent studies have concluded that renal denervation is a safe and effective means of lowering high blood pressure that has proven to be resistant to other treatments.

No. 5 Pediatric Progress in Transplant Bridging, Kawasaki Disease

A U.S. study highlighted a new procedure to dramatically extend the life of children under the age of 16 awaiting a heart transplant. Traditionally, the children would have been placed on an ECMO device, but the study showed the smaller ventricular assist device (VAD) might buy significantly more time for these children. The longest duration on the Excor pediatric VAD (Berlin Heart) was 192 days as compared with 28 days on ECMO (using data from previous heart failure patients with similar disease and severity).

A Japanese study found a new, highly effective treatment to prevent coronary abnormalities in children suffering from the rare but fatal autoimmune disorder Kawasaki disease, which causes inflammation and long-term damage to blood vessels. In the randomized study, the experimental group received prednisone in addition to the standard intravenous immunoglobulin given to the control group. Incidence of coronary artery abnormalities was 3 percent in the

Continued on page 20
AHA’s top 10 advances in 2012 research

Continued from page 19

prednisone group vs. 23 percent in the control group.

No. 6 Say “No” to Sugary Drinks
Two clinical trials in 2012 provided definitive evidence of what was intuitively known— consuming sugar-sweetened beverages is linked to overweight and obesity. Randomized controlled studies out of the Netherlands and United States both found reducing the consumption of sugar-sweetened beverages reduced or slowed weight gain and fat accumulation in children and adolescents.

No. 7 Global Health Impact of ECHO Screening
Rheumatic heart disease is a global health issue affecting more than 15 million. Using ECHO screening in a clinical trial in Uganda caught three times as many children with rheumatic heart disease than the traditional use of a stethoscope only.

No. 8 New Stroke Devices
Recent clinical trials found SOLITAIRE and TREVO devices to be more effective at clearing blocked blood vessels in the brain than the MERCI device.

However, the randomized, multicenter CLOSURE trial found that percutaneous devices used to close small holes between the upper chambers of the heart in certain stroke populations didn’t prevent subsequent strokes any better than less invasive standard medical therapy.

Continued on page 21
No. 9 Benefits of Ideal Cardiovascular Health

Two studies in 2012 highlighted the huge impact of modifying behaviors to decrease the risk of heart disease and stroke. Ideal cardiovascular health is determined by seven components — not smoking, getting regular exercise, consuming a healthy diet and achieving normal ranges for body mass index, cholesterol, blood pressure and blood glucose.

In a meta analysis using data from 18 cohort studies, researchers found marked lifetime risk differences for those with an optimal risk-factor profile that held true across gender and race. For 55-year-old men who achieved ideal cardiovascular health, the risk of death from cardiovascular disease through age 80 compared to those who had two or more of the major risk factors was 4.7 percent vs. 29.6 percent. For women, the risk was 6.4 percent vs. 20.5 percent.

In a second study from the CDC, researchers found “the number of ideal metrics was significantly and inversely related to mortality from all causes and diseases of the circulatory system.” Compared to those who met none of the seven ideal metrics, those who met five or more had a 78 percent reduction in risk for all-cause mortality and an 88 percent reduction in risk of death from circulatory diseases.

No. 10 Bypass vs. Drug-Coated Stents for Diabetics

A large clinical trial found diabetic patients with multiple clogged arteries fared significantly better when treated with bypass surgery than with drug-coated stents.

However, other researchers have pointed out the statistics for this trial were mainly gathered from diabetics with triple vessel disease and that additional research needs to be conducted on diabetic patients with single or double vessel disease.
First, do no harm

Environmental laws affect healthcare providers, too.

By William T. Gorton III

A long standing adage in the healthcare industry is “first, do no harm.” When it comes to protecting the environment, this industry must take this challenge to heart. As a group, the healthcare industry generates more than two million tons of waste annually. This amount of waste gives the industry a very large environmental footprint, which attracts heavy environmental regulatory, accreditation and ethics scrutiny.

Healthcare facilities are a microcosm of almost every aspect of environmental law affecting air, water, waste, nuclear material and toxic substances — all regulated mediums.

History of Environmental Standards

The history of general environmental standards in the healthcare industry hit the headlines in the late eighties when medical waste began washing up on east coast shorelines. This spawned the 1990 Federal Pollution Prevention Act. In 1998, when public officials realized the healthcare industry was the fourth largest source of mercury in waste streams, the EPA and American Hospital Association entered into a Memorandum of Understanding (MOU) that set the framework for the “Hospitals for a Healthy Environment” program. This program addressed a number of issues including elimination of mercury waste, minimization of other chemical waste and a focus on pollution prevention.

The MOU jump-started serious discussions about a number of far reaching implications in hopes of decreasing the industry’s environmental footprint. The concept of “Practice Green Health” resulted.

JCAHO

Many states recognizing this concept formed the Joint Commission on Accredited Hospital Organizations (JCAHO) that certifies institutions demonstrate compliance in a number of areas including environmental controls. JCAHO also manages safety risks, promotes safe working environments, inspections of facilities, hazardous materials and waste management plans, permits and licensing. The Joint Commission does not preclude inspections by state or federal agencies.

Healthcare facilities are a microcosm of almost every aspect of environmental law affecting air, water, waste, nuclear material and toxic substances — all regulated mediums. Healthcare facilities, particularly hospitals and research facilities are some of the largest waste generators in the U.S. All types of waste – solid, hazardous, pharmaceutical, medical and low-level radioactive waste are generated by healthcare facilities daily.

Exacerbating this situation even more is the use of “disposable” medical products. It is estimated by the EPA that one per cent of all solid waste in the U.S. originates at healthcare facilities.

One of the most common violations cited by the EPA is the commingling of various types of medical waste with common garbage, which does not have a special regulatory program related to disposal and handling. These two types of waste must be separated.

C&D Waste

A unique category of solid waste encountered frequently by healthcare facilities is “construction/demolition” (C&D) waste. C&D wastes, such as asbestos, lead-based paint and lead shielding, often require special handling and disposal. Any facility considering refitting or demolition must be sensitive to properly disposing of materials used decades before, but now considered hazardous.

At first glance, discarding old medical records would seem to be a simple matter. If you treat it as simple waste you are in violation of the Health Information Portability and Accountability Act (HIPAA). You are now required that any Protected Health Information, including electronic and paper medical records, be handled, disposed and/or recycled in such a way that protects patient confidentiality.

Hazardous Materials

Biohazardous materials, which washed up on the east coast beaches in the 1980s, include blood and blood products, body fluids, tissues and organs, used bandages, used surgical instruments, discarded “sharp,” cultures, and surgical gloves and gowns. These are often referred to as “Red Bag Wastes.” Though not regulated as a “hazardous waste” in most jurisdictions, this category must now be handled separately and may be incinerated at facilities specifically permitted under the Clean Air Act.

When it comes to Occupational Safety and Health programs, half of the states have their own federally approved programs. These are administered by state labor regulators. You are encouraged to check your local regulations and see what is required.

Did you know some waste from healthcare facilities is regulated under the Atomic Energy Act? The Nuclear Regulatory Commission (NRC) licenses and regulated nuclear devices and radioactive waste including solids, liquids and gases contaminated by radioactive substances used in the diagnosis and treatment of patients. This waste may be incinerated at facilities specifically permitted under the Clean Air Act.
First, do no harm

Continued from page 22

treatment of diseases. The NRC does
differentiate between low levels and
high levels of radioactivity in waste. As
a rule, healthcare facilities produce low
level waste. However, check the regula-
tions closely. Violation of the NRC reg-
ulations can result in violations being
deemed criminal.

The highest percentage of health-
care industry violations relates to the
improper handling of hazardous waste.
The waste is generated throughout
the facilities in any number of ways.
Maintenance materials, cleaning fluid,
solvents, laboratory chemicals and
pharmaceuticals fall into this category.
These materials are highly regulated
under federal rules and mandate a cra-
dle to grave framework for their han-
dling and disposal.

Unused pharmaceuticals are gain-
ing increasing attention from federal
regulators since scientists have identi-
fied numerous pharmaceutical com-
pounds which have found their way
into the nation’s waterways in discern-
ible levels.

In the past, facilities have disposed
of large quantities of unused drugs by
flushing them down the drain. There is
evidence of endocrine disruptors in the
nation’s waterways forcing healthcare
facilities to address this waste disposal
in a controlled manner.

Clean Air Act Violations

The second most common citation
for healthcare facilities is violations of
the Clean Air Act. Boilers, inciner-
ators, sterilizers and generators are sta-
tionary sources requiring permits under
the Clean Air Act. Permitting is very
complicated and depends on the locality
and technology proposed.

Indoor air quality can also be an is-
ssue. There must be proper air handling
systems in place. Failure to do so can
result in problems that exacerbate ex-
posure and possible allergic reactions to
dust and airborne vapors. Water intru-
sion, from any number of possible sour-
ces, may foster the growth of microorgan-
isms, including mold. These could be
dangerous to individuals with immature
or compromised immune systems.

Most facilities simply discharge
their waste water into a sewage system
operated by local government. These
public facilities must comply with the
federal Clean Air Act and will estab-
lish water quality standards for the
facility. An Industrial User permit is
required. Substances from the health-
care facility wastewater can complicate
the discharge system. These particular
substances, such as detergents, mainte-
nance chemicals, lab waste and pharma-
caceutical flushing must be pre-treated.

When addressing environmental
issues, healthcare facility administra-
tors must work with the environmental,
health and safety professional and envi-
ronmental counsel to conduct detailed
environmental audits of their facilities.
The EPA and states have protocols sup-
porting the concept of “internal com-
pliance audits.” When followed and vio-
lations are corrected and self-reported,
the facility will mitigate the possibility
of those violations causing harm and/or
being found in an inspection and being
subject to civil penalties or worse.

The healthcare industry must meet
its environmental obligations, duties and
the oath that sets the standards of the
medical community: “First, do no harm.”

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Qualified personnel are available in these fields:
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• Health Unit Coordinator*
• Healthcare Reimbursement Specialist
• Invasive Cardiovascular Technology*
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• Massage Therapy
• Medical Administrative Assistant*
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• Medical Clinical Specialties
• Medical Coding Specialist
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