Making the marriage work
Alignment, integration strategies strengthen physician, hospital unions.

By Cindy Sanders

...And they all lived happily ever after.
In fairytales, the two protagonists manage to overcome many barriers to ultimately ride off into the sunset—presumably for a lifetime filled with sunshine and roses. In the real world, we only have to look to divorce statistics to know that “wedded bliss” frequently dissolves into angry recriminations, mistrust and broken vows.

As it turns out, marriage makes for an interesting analogy to the wave of physicians, practices and hospitals rushing to the altar under the new world order of healthcare reform. Thanks to economic strain, the market has seen quite a few shotgun weddings lately. In other cases, such as some ACO affiliate agreements, the parties have opted to cohabitate rather than legally wed. And in some instances, the belief is that the union completes and complements each party to the ultimate benefit of both.

After the Honeymoon

No matter how the parties entered the relationship, once the honeymoon phase wears off, both are left to figure out how to navigate this new partnership and work as a team. Of course if that was easy, there wouldn’t be such a high divorce rate. You only have to look back to the rash of mergers and buyouts in the ‘90s to know that many of these marriages between practices and hospitals don’t end harmoniously.

So what can you do to beat the odds? Medical News had the opportunity to chat with Ken Hertz, FACMPE, principal with MGMA Health Care Consulting Group, about the keys to creating a lasting union. Hertz, who has nearly 40 years of management experience, has held leadership positions with primary care and multispecialty care organizations, as well as large integrated systems. He works with practices and hospitals on strategic planning, integration, operational improvements, compensation, conflict resolution and governance issues.

Marry in Haste, Repent at Leisure

In the current transformational landscape, Hertz has seen a lot of hasty mergers and alignment contracts executed without taking the time for proper due diligence. Call it the “chicken little” syndrome. “I tell people I’m not necessarily sure the sky is falling or that the world is ending. What we’re dealing with is this funny word called ‘change,’ and some of us can barely say it without stroking out,” he noted.

Hertz was quick to add that change is scary, but that’s all the more reason to take the time to prepare properly on the front end to ensure each partner stays committed when the relationship hits an inevitable rough patch down the road. He noted the rush to “do something” happens on both sides with physicians worried about the changing regulatory and reimbursement landscape and hospitals snapping up practices before a competitor has the opportunity to grab them.

It’s probably wise to note, however, that few couples married at a Las Vegas drive-thru chapel at 3 a.m. make it to their golden anniversary celebration. Instead, many of them wake up the next morning, gas drive-thru chapel at 3 a.m. make it to their golden anniversary celebration.

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When a concussion is just a concussion

No RTP (return to play) on the same day, regardless of circumstances. An earlier return to light exercise, recommended. And the differential between pediatric and adult patients, clarified.

Read more on page 4

A reason to smile

Tooth decay, gum disease and oral-pharyngeal cancers are no strangers to the commonwealth. One local doctor plans to change that.

Read more on page 16

Invasion of the body snatchers

After a 20-hour encounter beginning at 9:30 p.m. in the emergency room at my health plan's hospital, I honestly don’t know what it means to be a doctor any more.

Read more on page 21

Why an everyday player is never the designated hitter

With the introduction of the Affordable Care Act, the feeding frenzy for talented individuals, especially in healthcare IT, began in 2009 and has yet to slow down.

Read more on page 22

Healthcare Specialties

This month Medical News gives readers a glimpse into healthcare specialties that they may not be familiar with, but will certainly see more of in the years to come. Patient navigators, for example, are gaining attention as an emerging profession, as many local hospitals are providing nurse navigators as a resource for patients.

Acupuncture is used by millions of Americans for relief from chronic pain. However, if you ask ten different people their opinions on acupuncture; you are likely to get ten different answers. We hope to set the record straight. Misconceptions regarding nurse midwives, another often misunderstood profession, will also be explored.

We also introduce the inaugural graduate of the UK Interdisciplinary Fellowship in Advanced Cardiac Imaging.

Articles begin on page 11
Letter from the editor

Chronic disease prevention

The old saying goes, “an ounce of prevention is worth a pound of cure.” That could not be truer for healthcare, especially in a state like Kentucky.

Kentucky is one of the nation’s leaders in chronic disease. Unhealthy lifestyle choices and limited access to healthcare has led to growing and systemic health issues that are plaguing the communities of the commonwealth.

In an effort to make an impact on chronic disease, a Chronic Disease Prevention Plan has been developed as a collaborative framework to promote healthy lifestyle choices, expand access to preventive care and management programs, and foster strong linkages between community networks and data and resources to improve health information dissemination.

Medical News is pleased to help support the efforts of the Cabinet for Health and Family Services in raising awareness about this issue among key groups. By engaging key stakeholders such as health departments, hospitals and other providers such as schools, community coalitions, employers, advocates, we can work to improve the state of chronic disease and build a healthier Kentucky.

As this month’s issue explores, healthcare specialties are an integral part of a successful healthcare system. We will continue our work to raise awareness about the healthcare specialists that make a difference, especially among those with chronic diseases.

For more information, and to stay up to date, visit www.medicalnews.md/unbridled-health

Sincerely yours,

Chronic disease prevention

Thoughts from the healthcare community

Health E. Network @HealthENetwork
@Humana plans to acquire American Eldercare Inc., Florida’s largest provider of nursing-home-diversion services http://bit.ly/1t6hRud

LexKy Health Dept. @LFCHD
What is The Big Latch On, and how does it show support for breastfeeding moms? Find out here: http://ow.ly/i/2CTZ9

WFPL News @WFPLNews
High-Deductible Health Plans, Gamble For Some, On The Rise http://geo.gl/jfb/BoCSd

KY Youth Advocates @KYYouth
Privacy of Kentucky child abuse investigations heads to court http://ckjy.it/1cz5f2

Steve Beshear @GovSteveBeshear
Joined state & local officials for grand opening of new #Glasgow State Nursing Home today. More @ http://1.usa.gov/1bNO8IK

Indianapolis Star @indystar
A Kentucky doctor has pleaded guilty to falsely reporting patients’ conditions to collect Medicaid and Medicare money http://indy.1st/19IM8yQ
Making the marriage work

Continued from page 1

day with the question of “Now what?” hanging heavily in the air.

Premarital Counseling

“It’s like the Yogi Berra line, ‘If you don’t know where you’re going, there’s a good chance you won’t get there,’” Hertz said. “When we work with physician practices and they say, ‘We need to get aligned with the hospital or need to merge with another practice,’ the first thing we ask is why?”

It’s important, he said, to really explore what each partner hopes to accomplish through the alignment or merger. How does each of you define success?

Once the “why” has been sufficiently vetted, the attention shifts to the “whom.”

Hertz said it is essential to honestly evaluate your core values and deal-breakers and then see how those align with your potential partner.

“The key to any relationship is you’ve got to understand what makes you tick and what’s important to you—and you’ve got to understand what makes your partner tick and what’s important to them,” Hertz said.

Ultimately, Hertz noted, each party is aligning themselves to a vision. “It’s really critical, that there be a shared vision, and the shared vision can’t be just about money.”

Pre-nup

Chances are not everyone is going to get everything they want in any relationship, but both parties should address the “must haves” and “won’t do’s” and write those into the contract.

The reimbursement plan, governance structure, conflict resolution protocol, and practice pattern expectations should all be thoroughly discussed on the front end and clearly outlined in the final agreement. Equally, the repercussions for both parties of not living up to the agreement should be spelled out.

Thanks to economic strain, the market has seen quite a few shotgun weddings lately.

Once the Honeymoon is Over

Although it might seem like the heavy lifting happens in the planning stage, anyone who has been married long knows that once the honeymoon is over, the real work begins. “Each party has to put in one hundred percent. It is the only way this works,” Hertz said.

For physicians used to making snap decisions and having their orders carried out, following the maze of corporate protocols that are inherent in most health systems and large practices can be frustrating. For hospitals shifting from a volume-based to an outcomes-based reimbursement model, it can be equally difficult to understand how less truly can mean more.

The best antidote for frustrations that build up and fester over time is open communication. Hertz pointed out, “Communication is broadcasting, but it’s also receiving. The notion of two-way communication is critical.”

Not only does there have to be communication, but it must also be meaningful. “Most of the physicians I know were absent the day they taught mind-reading in their training programs,” he said.

It does no one any good to have an administrator walk into a physician’s office at the end of the month, tersely tell the doctor the numbers aren’t where they ought to be, and walk out, which Hertz has witnessed. Instead, he said, the two need to work together to figure out where the problem lies and what steps could be taken to fix it.

Continued on page 4
When a concussion is just a concussion
New statement clarifies issues, muddles others.

By Lynne Jeter

No RTP (return to play) on the same day, regardless of circumstances. An earlier return to light exercise, recommended. And the differential between pediatric and adult patients, clarified.

Those are among the highlights of the 2012 Concussion Consensus Statement derived from the 4th International Consensus Conference on Concussion in Sport, held last November in Zurich.

Every four years, the International Ice Hockey Federation, International Olympic Committee, International Rugby Board, International Federation for Equestrian Sports, and FIFA (Federation Internationale de Football Association) host the conference, which results in an updated concussion consensus statement.

“The new statement shows that we basically still don’t understand concussions, and there are many opinions on how to diagnose and treat them,” said William Feldner, DO, a sports medicine specialist at South County Family & Sports Medicine and St. Anthony’s Medical Center in St. Louis, Mo. “And, while it’s not in the (consensus) statement, there’s some interesting genetic research going on. We may eventually be able to predetermine if someone is more susceptible to concussion based on their genetic makeup.”

SCAT3

Bill Hefley, MD, an orthopaedic surgeon and partner at OrthoSurgeons based in Little Rock, Ark., said the latest consensus statement showed “great development in the CRT (concussion recognition tool) for lay use.”

The 2008 conference resulted in the development of the Sport Concussion Assessment Tool (SCAT2), a standardized method of evaluating athletes ages 10 years and older for concussions.

“This tool takes out the ‘guesswork’ and interpretation for laymen,” said Hefley. “The SCAT3 has a background section, which is a great addition to the SCAT2. Also, the SCAT3 is much more streamlined with clinician instructions on its own page, rather than after each section. The Child-SCAT3 is a great new tool for younger athletes who may sustain concussions.”

Todd Ross, MS, an athletic trainer for Pulaski Academy with OrthoSurgeons,
KentuckyOne improves health, costs with sustainability practices

According to Healthier Hospitals Initiative, a partnership coordinated by Practice Greenhealth, the average hospital generates 26 pounds of waste per bed every day. With this in mind, Sts. Mary & Elizabeth Hospital, part of KentuckyOne Health, introduced a recycling initiative that serves as a model for KentuckyOne facilities across the state. It encompasses three parts: composting, single-stream recycling and specialty-waste recycling.

Composting began at Sts. Mary & Elizabeth in May, with 1.5 tons of food waste diverted from the landfill in just the first four weeks. Single-stream recycling begins in August, with specialty-waste recycling not far behind. Specialty waste recycles many items—like disposable surgical drapes and IV bags—that have never before been recovered.

Preliminary estimates indicate that nearly $500,000 in savings could be realized if KentuckyOne Health’s Louisville facilities divert 35 percent of landfill waste.

Frankfort Regional Medical Center verified as Level III trauma center

Frankfort Regional Medical Center’s trauma center has been verified as a Level III Trauma Center by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS).

As a Level III Trauma Center, Frankfort Regional Medical Center meets the essential criteria as a trauma center capable of 24-hour emergency, operative and critical care.

The hospital provides prompt assessment, resuscitation, emergency surgery and stabilization of trauma victims. This heightened level of care is provided by having trauma surgeons on call and trauma trained staff available all the time to diagnose and treat patients.

Seven Counties offers same sex domestic partner benefit

Seven Counties Services, Inc. began offering medical, dental and vision insurance to same sex domestic partners of its benefit-eligible employees, effective July 1, 2013.

Seven Counties’ employees working at least 32 hours per week in a full-time position are eligible for medical insurance coverage under current benefits. Employees pay a portion of the plan cost, with amounts varying based on the cost of the plan selected. With the new offer, same sex partners can be eligible for coverage currently available only to employee spouses.

No pain relief for drug-makers in Supreme Court ruling

The U.S. Supreme Court has given the Federal Trade Commission (FTC) the authority to challenge deals between drugmakers to keep generic drugs off the market for certain time periods. Those deals allow brand-name manufacturers to make more money as their patents expire, but the FTC has said these pay-for-delay arrangements cost people who use the drugs $3.5 billion a year.

AARP filed a brief in the Supreme Court case supporting the FTC’s position. The high court ruling doesn’t mean pay-for-delay deals are illegal—only that they’ll now be subject to more scrutiny.

Nursing school comparison worksheet available

American Sentinel University developed a Nursing School Comparison Worksheet available for download at www.americansentinel.edu/blog/wp-content/uploads/2013/04/Nursing-School-Comparison-Worksheet.pdf.

The worksheet is tailor-made to help nurses compare nursing programs and amenities of different schools side-by-side to find not only a program, but also a university whose culture and resources are a perfect fit for a nurse who’s returning to school later in life.

Kindred Healthcare to sell eight nursing centers for $49 million

Louisville-based Kindred Healthcare, Inc. signed a definitive agreement to sell eight non-strategic nursing centers for approximately $49 million to affiliates of Signature Healthcare, LLC, which is also based in Louisville.

Each of the facilities is located outside of Kindred’s 21 designated Integrated Care Markets.

Kindred also signed definitive agreements to acquire the assets of home health and hospice companies in its Phoenix, Ariz., Integrated Care Market and in Virginia Beach-Norfolk-Newport News, Va. In addition, Kindred acquired the real estate of a previously leased hospital in Tampa, Fla.

Pharmacy benefit manager chooses Jeffersonville

One Southern Indiana announced that Catamaran Corp., a provider of pharmacy benefit management and technology services, will build a facility to employ pharmacists, technicians and call-center personnel in Jeffersonville, Ind.

Catamaran, an Illinois-based company, has already begun site work to construct the facility to support BriovaRx™, its national specialty brand that delivers personalized, holistic care to patients with complex, chronic conditions. The build-to-suit facility is scheduled to open for business in November.

Baptist Health Paducah partners with Life Line Screening

Baptist Health Paducah and Life Line Screening are partnering to find vascular disease and other conditions before they become life-threatening.

The screenings use non-invasive ultrasound to detect an enlargement of the abdominal aorta. Screenings also include non-invasive ultrasound to detect plaque in the neck’s carotid arteries, which can lead to stroke by obstructing blood flow to the brain or breaking off and flowing to the brain.

Telehealth expands in Kentucky

Changes in Kentucky’s telehealth regulations make it easier for providers to deliver more healthcare services to Medicaid patients by video link. Now the list of providers who can see Medicaid patients has expanded to include people like social workers, speech language pathologists, physical therapists, and occupational therapists. New regulations also lift strict limits on the types and number of services that can be provided through telehealth.
St. Claire Regional celebrates 50 years of medicine

St. Claire Regional (SCR) kicked off its 50th anniversary celebration with a public mass presided by the Most Reverend Bishop Ronald W. Gainer of the Diocese of Lexington at the Jesus Our Savior Church in Morehead, Ky. It was followed by a special “Thank You” celebration at the Center for Health, Education and Research to honor SCR's founders, community and SCR staff members.

Lilly’s Legacy donates bags to NICU

Lilly’s Legacy recently donated 50 tote bags for parents with newborns in the Baptist Health Paducah Neonatal Intensive Care Unit. Bags were packed with items including non-perishable snacks, bottled water, tissues, playing cards and a restaurant gift card.

Lilly’s Legacy is a local program designed to help families during the illness or death of a child.

CMKI fellows graduate

Congratulations to the 2012-2013 class of fellows that recently completed the Christine M. Kleinert Institute for Hand & Micro Surgery (CMKI) AC-GME accredited Fellowship Program in Louisville.

New camera for NICU

Baptist Health Paducah Auxiliary president Anne Prince (right) presents nursery coordinator Debbie Cornwell, RN, with a new camera for the neonatal intensive care unit (NICU). The auxiliary recently purchased the camera for NICU staff so they can take photos of babies to share with their families.

HeartSafe Community

Baptist Health Paducah nurse practitioner Deborah Welsh, (right), Kaylene Cornell of the Purchase District Health Department and Mercy Emergency paramedic Jeremy Jeffries accept McCracken County’s designation as a HeartSafe Community for its quick response to cardiac arrests. McCracken County is the fifth Kentucky county named a HeartSafe Community by the Cabinet for Health and Family Services and the Kentucky Department for Public Health.
“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.
Markey earns national cancer institute designation

The University of Kentucky Markey Cancer Center became the 68th medical center in the country to receive designation as a National Cancer Institute (NCI) cancer center. It is the only NCI-designated cancer center in Kentucky.

As a result of the designation, patients will have access to new drugs, treatment options and clinical trials offered only at NCI centers. The UK Markey Cancer Center will be able to apply for federal research grants available only to NCI-designated cancer centers, with the potential to bring millions in additional funding to the area.

Additionally, the NCI designation allows Markey to communicate and collaborate on new advances in cancer care with other NCI-designated cancer centers across the country. Locally, Markey will be able to increase community engagement, including volunteers, patient advisory groups and education and intervention programs.

Research looks for links between AMD, atherosclerosis

Bradley Gelfand, assistant professor in the Department of Ophthalmology and Visual Sciences at the University of Kentucky College of Medicine, was awarded a research grant from the American Heart Association to study age-related macular degeneration and human atherosclerosis. The grant provides funding for Gelfand’s project for four years.

Highlands Health hosts elder abuse awareness luncheon

Highlands Health System hosted an elder abuse awareness luncheon to recognize Elder Abuse Awareness Day this past June. The lunch and learn program was presented by Leslie Caudill, RN, a nurse consultant/inspector for the Big Sandy Council on Elder Mistreatment.

Caudill presented information regarding the types of abuse, signs and symptoms of elder abuse, and the process for reporting abuse. She stressed that elder abuse is considered a crime of the 21st century, and gives a criminal opportunity to steal not just money, but also property and identity. In addition, Caudill presented information on KRS 209, a Kentucky state law that mandates that all potential abuse cases must be reported.

UK HealthCare accommodates growing cardiovascular program

UK HealthCare plans to open 64 more beds in Pavilion A of the University of Kentucky Albert B. Chandler Hospital subject to approval by the Board of Trustees. The eighth floor of the 12-story pavilion is targeted for completion in the fall 2014.

The $30 million project includes 24 intensive care unit beds that will meet the needs of UK HealthCare’s comprehensive cardiovascular program that includes patients with complex advanced subspecialty needs such as transplantation, artificial hearts, and ventricular assist devices. Construction and expansion of the new Pavilion A at UK Chandler Hospital is expected to support patient care for the next 100 years.

Event calendar

Lourdes Foundation Charity Golf Open
Date: August 26
Time: 7:30 a.m. to 1:30 p.m.
Where: Country Club of Paducah, 6 Meadow Links Dr., Paducah, Ky., 42001
Info: Golfers will have a chance to win $50,000 cash at the Ray Black & Son Hole-In-One Challenge. A trip for two to the 2014 Masters Practice Round in Augusta, Ga., will also be awarded to the winner of the Credit Bureau Systems Masters Shoot-Out Challenge. In addition, golfers will have the chance to win a brand new Harley-Davidson motorcycle. Additional prizes will be awarded for longest putt, longest drive, closest to the pin, and first, second and third place teams in each flight.
To register: Call (270) 444-2205 by August 10.

Ephraim McDowell Health receives marketing award

Ephraim McDowell Health’s marketing and public relations department received a Gold Aster Award, which ranked them in the top five percent in the nation. The winning entry was for an “Occupational Health and Wellness” information folder.

The 2013 Aster Awards received nearly 3,000 entries from across the United States as well as Canada and South America. Awards were issued for entries that received top marks from judges placing them in the top 16 percent of the nation for advertising excellence. The Aster Awards is hosted by Marketing Healthcare Today magazine and Creative Images, Inc.

Hall Render second in AHLA top honors

Hall Render Killian Heath & Lyman was ranked second in the American Healthcare Lawyers Association (AHLA) “Top Ten” firms list for 2013. The law firm has 167 American Healthcare Lawyers Association members.

St. Claire Regional establishes DO program

In an effort to meet the national demand for primary care physicians and expand access to primary care services in underserved communities, the new doctor of osteopathic (DO) family medicine residency program in conjunction with the University of Pikeville was created.

The program is supported by the Affordable Care Act - Teaching Health Center Graduate Medical Education (THCGME) Program grant.

Under the leadership of Twana Hatton, DO, program director, this new residency program began in July with two resident physicians who will train at the St. Claire Regional Family Medicine location in Sandy Hook, Ky.

ICD-10 deadline holds steady

The cutoff for switching from the ICD-9 medical coding system to ICD-10 will remain October 1, 2014, according to Farzad Mostashari, MD, the national coordinator for healthcare IT, who delivered the keynote address June 17 at the HIMSS Media ICD-10 Forum in National Harbor, Md.
American Academy of Chairs of Departments of Psychiatry
The American Academy of Chairs of Departments of Psychiatry appointed Dr. Lon Hays, chair of the University of Kentucky College of Medicine’s Department of Psychiatry, to its executive council.

Baptist Medical Associates
Ramana Chennubhotla, MD, joined Baptist Health Endocrinology Associates.
Maha Mikhail Wassf, MD, joined Kentucky Heart Specialists, part of Baptist Medical Associates.
Angelino Yson, MD, joined Baptist Medical Associates.

Baptist Health
Baptist Health Madisonville named Brian W. Chaney, MD, medical director of its hospice program.

Christian Care Communities
Christian Care Communities named Beverly Edwards as administrator of the Christian Health Center West in Louisville.
Christian Care Communities named Mark E. Witt as associate executive director of its Louisville senior living community, which includes Chapel and Friendship House.

Eastern Kentucky University
Dr. Sheila Pressley, associate professor in Eastern Kentucky University’s department of environmental health science and chair of the university’s faculty senate, was appointed to the Environmental Health Committee of the National Association of County and City Health Officials (NACCHO).

Hospice of the Bluegrass
Hospice of the Bluegrass appointed DenEllen Coldiron, RN, site director for the clinical office that serves patients in Lexington and Jessamine County.

Lourdes
Lourdes welcomed Dr. Gregory C. Farino, a licensed orthopaedic surgeon.

Masonic Home of Louisville
Suzanne Rinne has been selected as executive director and administrator of Sam Swope Care Center and The Pillars Assisted Care Center at Masonic Home of Louisville.

Murray-Calloway County Hospital
Kristie Friedrich, ARNP, joined the Occupational Medicine Clinic at Murray-Calloway County Hospital.

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. 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.

LEGAL HORSEPOWER

For more than half a century, DBL Law has quietly built a reputation for excellence throughout the Commonwealth. We represent a broad range of health care institutions, manufacturers, service companies, and individuals.

We work in Louisville and Lexington, as well as Liberty and Lakeside Park – and lots of places in between.

We make Kentucky our home and headquarters, and we want to be your law firm.

DBL Law. The Practice of Excellence.
Meet Bill Smock, MD

Place of Employment:
Medical director, WaterStep; police surgeon with Louisville Metro St. Matthews and Jeffersontown police department; detective, special operations, Floyd County (Ind.) Sheriff’s Department; and clinical professor of emergency medicine, University of Louisville.

Why did you decide to become a doctor?
Although perhaps disingenuously for some, 100 percent of medical school applicants would respond to that question by saying “I want to help people,” and I responded the same.

At 16 I joined the Harrods Creek Fire Department as a volunteer. During my senior year in high school I became an emergency medical technician (EMT). I took a “gap year” before college to serve as an EMT in West Louisville, working the graveyard shift from midnight until 8 a.m. These experiences hugely influenced my decision to become a doctor and ultimately to practice emergency and forensic medicine in Louisville’s trauma center and public hospital.

Is it different than you thought? How?
Residency training followed by the practice of emergency medicine in an urban trauma center came with no illusions. The same victims of interpersonal and gun violence, abuse, neglect, tobacco and alcohol that I had seen in the projects and the alleys of our city and transported to Louisville General Hospital 15 years before I now saw in University’s ER.

Unexpectedly though I found the problems of abuse, neglect, interpersonal violence and chemical addiction were not limited to one area. These problems also plagued my patients from the areas of the Highlands, St. Matthews and Prospect.

How did you get involved with WaterStep?
Ever since medical school I have wanted to take my skills to the developing world. In 2011, I recognized the basic human need for safe and potable water during my first medical mission. In Tanzania, my team treated hundreds of patients and passed out thousands of doses of medication. However, at the end of the day, most of the diseases we treated returned soon after the American doctors and nurses went home to the comforts of indoor plumbing and safe drinking water.

Why would the diseases return? Because the majority of illnesses we treated were waterborne and without safe water our patients would continue to contract the diseases. Most would suffer and some would die.

When I returned to Louisville, I asked myself “was there a better way to treat diseases than passing pills?” I found the answer at a local nonprofit then called EDGE, now WaterStep that trained lay and professional persons how to provide a community with safe water.

Since then I have taken several groups of medical students and nurses to Kenya and the provision of water treatment systems, either for hospitals or communities, has been a part of every mission.

What is the one thing you wish patients knew and/or understood about doctors?
How fortunate we are to live in the United States with access to healthcare, especially now with the Affordable Care Act. In developing countries you must have cash in hand to be seen by the provider. You need cash to pay for lab work, cash to pay for the X-ray and cash to pay for surgery, before you will receive any care.

A mother carrying a nine-year-old child with an open tibia fracture was turned away from a public hospital because she had no money. Sixteen months later the same child, now with a gangrenous leg and protruding bone, was carried into my exam room. Fortunately we had a plastic surgeon on the team that performed an amputation and saved the child’s life. Some doctors still work for free.

What’s the best advice you ever received? Who gave it to you?
University of Louisville professor of neurology Bill Olson would ask each new group of junior medical students on his rotation, “Why did you become a doctor?” The patent answer “to help people” was the response. To which he would say, “If you really want to help people, be a doctor in Africa.” I have finally taken his advice, and I am now taking groups of U of L medical students to Kenya each summer. Thank you, Dr. Olson!
Navigator, defined

Patients receive help through medical mazes.

By Sally McMahon & Melanie Waldoff Wachsmann

Look in the dictionary and “navigator” is defined broadly as a person who navigates a ship or aircraft, or as a person who explores by sea. However, when viewed through a healthcare lens, the definition becomes more specific.

Patient navigators, in various forms, help patients and their families navigate the healthcare system. Patient navigation is gaining attention as an emerging profession, as many local hospitals are now providing nurse navigators as a resource for patients.

“I get a lot of feedback from patients that it is a great comfort to see a familiar face after their procedure, and I can encourage them along through their recovery.”

—Laura Crump, RN, an orthopaedic and spine nurse navigator, Floyd Memorial Hospital

The names for this work may vary (patient advocate, navigator, healthcare advocate or consultant, medical advocate), but the basic idea is the same: to help healthcare consumers navigate the healthcare maze. Navigators may be nurses, social workers or other staff members. Often, they have access to patient medical records, physicians and even insurers. Navigator programs typically are no cost to the patient.

No Two Programs Alike

Navigator programs come in all shapes and sizes, and may range to helping patients coordinate transportation to shapes and sizes, and may range to helping patients coordinate transportation to follow up on prescriptions. Whenever a hospital sees a need for enhancing the patient experience, a navigator program can be born.

Recently, Baptist Health Paducah introduced oncology-certified nurse Terri Walters, RN, as a breast nurse navigator. Walters has worked 18 of her 30 years at Baptist Health in the oncology department. In her new role she works with the medical team to guide the patient when plans for care and treatment are developed and initiated. Walter’s goals are to help patients understand their diagnosis and available treatment options, while also providing a compassionate and supportive listening ear to the patients and their family. She’s available to discuss questions or symptoms that may arrive over the course of treatment and recovery and serves as a community resource for families over the course of treatment and recovery.

Jewish Hospital & St. Mary’s Healthcare, a part of KentuckyOne Health, has a community care navigator—intervention program, which sends navigators to visit patients prior to discharge. These navigators follow-up with weekly phone calls and visits to patients with the hopes of reducing 30-day patient re-admissions.

Jewish Hospital also employs pharmacy navigators as part of the Pharmacy Plus program. Once patients receive their prescribed medications, pharmacy navigators serve as health coaches. They regularly check-in with patients to be sure all medications are taken correctly and that there is no break in the patient’s medication therapy.

For example, for transplant patients a pharmacy navigator works with transplant coordinators to educate patients on the medications that they will be prescribed, how they plan to get their medications, what insurance coverage they have and what out-of-pocket costs they may incur and how they will manage their medications. Following transplantation, the pharmacy navigator continues to follow up with the patient periodically to be sure all medications are being taken as prescribed.

KentuckyOne Health Inc. has a cancer prevention and navigation services team, composed of nurse navigators. Breast cancer navigators help patients develop a treatment plan. This may include scheduling conferences for patients with oncologists and surgeons to connecting patients to patient-support groups.

Whenever a hospital sees a need for enhancing the patient experience, a navigator program can be born.

Helping People Stay Healthy

Louisville-based Norton Healthcare Centers for Prevention and Wellness has a senior bilingual lay health navigator. A primary function of this navigator is organizing health fairs around the metro Louisville area, as well as serving as an advocate for those who have limited proficiency with the English language.

Further, Norton Healthcare Centers for Prevention & Wellness senior lay health navigators coordinate all of Norton Healthcare’s screening, prevention and wellness services with the goal of helping people get healthy and stay healthy.

“Because we work out of the office so much and interact with community partners to schedule and host health screenings, there really is no typical day. Every day is unique, which is what I love about this job,” she said. “On a day when we are offering preventative cancer screenings [mammograms and pap smears] on our mobile unit at a community site, I am at the host site where I help patients register and educate them on the cancer screening process and answer any questions they may have. If a patient identifies as not having a primary
Patients receive help through medical mazes.

Continued from page 11

care doctor, I make sure to link them with resources.”

Another part of Lyons' job responsibility is assessing community needs and allocating resources to provide health screenings in underserved areas. “In 2012 we screened 2,537 individuals and approximately 50 percent of our screenings were in underserved areas of town,” she said.

The ultimate goal of her position, Lyons’ explained, is connecting people to wellness. “Lay health navigation helps to bridge the gap of being able to access healthcare services and overcoming barriers like transportation and cost.

“Our goal is to connect people to wellness – we do this by increasing awareness, advocacy, promotion of healthy lifestyles, provision and support of evidence-based screenings and programs,” she continued.

And it’s working. The facts show the success of prevention and early detection of cancer (and other chronic diseases) helps save lives.

“Since the beginning of our mobile prevention center in 2007, we have identified 82 cancers, which may not have been detected were it not for our services. All patients are navigated to follow-up care,” Lyon’s said.

Providing Emotional Support, Education

Floyd Memorial Hospital in New Albany, Ind., has several types of navigators—for staff and patients. The associate nurse navigator provides personalized plans of information, education and resources to help employees and family members manage their health and wellness.

While the breast cancer nurse navigator at Floyd Memorial meets patients at the time of diagnosis with the surgeon to provide emotional support and education.

Due to an increased number of joint replacements and spine surgeries, Floyd created the orthopedic and spine nurse navigator to help streamline the process and allow patients to have one contact person.

Laura Crump, RN, an orthopedic and spine nurse navigator meets with patients prior to surgery and presents educational classes. “I visit patients daily after surgery and follow up after discharge to see how a patient is progressing through recovery,” she said. She also works closely with physical therapist and assists with discharge planning.

Crump has worked on the surgical inpatient unit for 14 years. She holds a bachelor of science in nursing and is currently studying to obtain her certification in orthopedic nursing, which is not a specific requirement to become a navigator.

“I truly feel I am helping people,” Crump said. “I get a lot of feedback from patients that it is a great comfort to see a familiar face after their procedure, and I can encourage them along through their recovery."

Bottom-line: nurse navigators advocate for the patient. Be it through helping patients overcoming their fears to understanding their diagnosis and treatment options, navigators offer a wealth of resources and support.

“They see so many different faces while they are here, that it is comforting for them to see a familiar face,” she continued. "Patients have surgery because their health issue is keeping them from living their lives. We discuss goals for patients. "I love to hear when people meet their goal, whether it is playing with grandchildren, walking around, even doing their own shopping, these are big accomplishments for patients.”

Certified and Approved

Because of this growing need, there are many places to receive certification to become a navigator, such as the Harold P. Freeman Patient Navigation Institute, which was created in 1990 to eliminate barriers to timely cancer screening, diagnosis, treatment and supportive care.

This New York-based patient navigation program is an intensive two-day training program or self-paced online training program that includes 10 modules, plus practicum (patient interaction) and case studies that prepares individuals and organizations for successful implementation.

The Breast Patient Navigator Certification Program is a certification that has been developed by the National Consortium of Breast Centers (NCBC)

According to the NCBC’s web site, “The purpose of this certification is to set standards of achievement and the professionals role; enhance patient safety, quality of care and delivery of services; and recognize professionals who advance beyond basic knowledge in a field of specialty.”
Acupuncture’s acceptance

Acupuncture works as a stand-alone therapy or as a complementary therapy to other Western medicine.

By Sally McMahon

Acupuncture is used by millions of Americans for relief from chronic pain. However, if you ask ten different people their opinions on acupuncture; you are likely to get ten different answers.

The National Center for Complementary and Alternative Medicine (NCCAM) states that there has been “considerable controversy surrounding its value as a therapy. Research exploring a number of possible mechanisms for acupuncture’s pain-relieving effects is ongoing.”

Not true according to Martha Graziano, who is with Classical Acupuncture & Herbs in Louisville. Graziano is the president of the Kentucky State Acupuncture Association (KSAA). It was through KSAA’s efforts that acupuncture became certified by the Kentucky Board of Medical Licensure and legally available to the public.

Graziano has been in business since 2008, but her interest in acupuncture began in 1972. “Acupuncture is an amazing system that has been around for thousands of years, and it really works to help people with a wide variety of issues,” she said. “Ever since my graduate school days, I have read about the scientific research on acupuncture, showing measurable changes in circulation, blood pressure and levels of neurotransmitters and hormones.”

Acupuncture is also well-regarded for treating both chronic and acute conditions including back pain, sciatica, neck pain as well as headaches, migraines, allergies, asthma, digestive disorders, insomnia, fertility, arthritis, anxiety, stress, depression, joint pain, fibromyalgia and sports injuries.

Graziano treats many patients for back pain. “Sometimes I go through periods where back pain seems to be the ‘backbone’ of my clinic,” she said. “I also treat a range of women’s health issues and gynecological disorders such as PMS, hot flashes and related menopausal problems.”

Gaining an Audience

Despite the many ailments acupuncture treats, is the public still skeptical about the effectiveness of acupuncture? Graziano doesn’t think so.

“People in Louisville are becoming more receptive to using acupuncture,” she said. “Additionally there have been many more positive reports in the national and local news. More and more doctors are recognizing that acupuncture is a complementary practice that can help a lot of their clients.”

Acupuncture can be a very helpful stand-alone therapy, or it can also work as a complementary therapy to other Western medicine. It is now recognized that acupuncture can improve the odds for success in fertility, as seen by many women using acupuncture in conjunction with in-vitro fertilization or other high-tech fertility regimes. Also in regards to certain conditions, such as frozen shoulder, some people may choose to work with acupuncture in conjunction with a chiropractor, physical therapist or other modality.

Fear of Needles

Patients, said Graziano, aren’t skeptical about the effectiveness of acupuncture, but rather the needles used during treatment. That needles used during treatment are painful is the number one myth surrounding acupuncture, said Graziano.

“People tend to have fear of needles or pain,” she said. “Our needles are sterile and only used once. Typically you can fit 25 to 30 of our needles inside a doctor’s syringe. Some people feel the needles go in, but once in, they don’t notice pain. Most people find acupuncture extremely relaxing – so much so that people wake themselves snoring.”
Midwives provide women options, grows in popularity.

By Carla Layne

Many people are intrigued with midwives. Midwives are also misunderstood. Yes, midwives help an expectant mother throughout her labor and delivery. Certified nurse midwives (CNMs) also provide healthcare and education to women of all ages.

CNMs are licensed healthcare providers who are educated in nursing and midwifery. CNMs have graduated from college, most in fact, have a master’s degree in nursing. They have passed a national examination and have acquired a state license to practice midwifery. CNMs help more than 300,000 women give birth each year in the United States. Most of these births are in hospitals. (Midwifery is not legal in Kentucky hospitals but is legal in home births.) CNMs also provide healthcare to women from adolescence through the post-menopausal years, including prenatal care, labor and delivery, postpartum, annual exams, birth control planning, menopause and health counseling.

A Day in the Life

With the growing popularity of midwives, OB/GYN Associates of Southern Indiana, a group of providers who practice at Floyd Memorial Hospital in New Albany, Ind., saw the importance of expanding their practice and hired a certified nurse midwife. I joined the practice in January 2013. Now expectant moms have another option to make their birth experience exactly what they desire.

CNMs, such as myself, typically work in partnership with OB/GYN’s and have a written collaboration agreement. OB/GYN’s provide second opinions, offer surgical support and intervention when needed and are there to back up CNMs if emergencies occur.

We also offer support to physicians by seeing patients in the office if the OB/GYN is called out to do a delivery or an emergency, help in surgeries as a first assist and do rounds on patients. This frees up the OB/GYN to tend to more complicated issues.

I work closely with healthcare providers such as nurses, social workers, nutritionists, doulas, childbirth educators, physical therapists and other specialists to help pregnant women get the care they need.

As a CNM, I am able to prescribe medication and order treatments for common illnesses that occur during pregnancy. I help expectant mothers with natural birth, or with traditional intervention using pain medications and epidurals.

In addition, I present classes at Floyd Memorial Hospital on new family fundamentals. This is where I explain the services I provide, introduce a doula to give expectant moms another option and offer basics for new dads so that they can better prepare for pregnancy, labor, delivery and taking care of the newborn addition to the family. I also offer a free class on hormone replacement therapy.

One-on-One Time

Through my experiences, I’ve found that many women see the biggest benefit of having a midwife is the time we are able to dedicate to them during their labor and delivery. Every new expectant mom I see knows that I will be the one who delivers her baby and that I will be with her throughout the entire process to provide support, help her relax with the use of aromatherapy and hydrotherapy. The Floyd Memorial Birthing Center’s birthing suites include garden tubs so that hydrotherapy can be utilized throughout labor and birthing balls are available.

While expectant moms can count on me, I ensure my patients are prepared to see one of the other providers in my office if I am attending to another woman in labor or delivery.

Many women also see their CNM for annual checkups, family planning and to get care for common ailments such as urinary tract infections. We can offer alternative ways to treat infections as well as with medications. Another service that I can provide is bio-identical hormone replacement therapy (BHRT).

Bottom-line: CNMs believe women need time and special attention so that they can be healthy and able to make educated decisions about the care they receive during pregnancy and childbirth. We provide support to birthing families, giving them one-on-one attention. Midwives are experts in knowing the difference between normal changes that occur during pregnancy and symptoms that require extra attention.

Sometimes a little extra TLC is just what the doctor—and midwife—order.

Carla Layne, ARNP, is a certified nurse midwife with OB/GYN Associates of Southern Indiana in New Albany, Ind.
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A reason to smile

Local dentist goes face-to-face with Kentucky’s oral health challenges.

By Melanie Wolkoff Wachsman

Tooth decay, gum disease and oral-pharyngeal cancers are no strangers to the Commonwealth. According to the Kentucky KIDS SMILE program, there are about 4,500 three-year-old children who have experienced toothache.

A simple toothache can lead to a downward spiral of health issues. For example, cavities and gum disease lead to serious infections, such as respiratory disease or a loss of tooth/teeth. Toothlessness affects speech and the ability to chew food properly, which then leads to poor nutrition and poor overall health. Poor overall health leads to a poor quality of life. Even poor oral health during pregnancy may lead to preterm and low birth weight babies or cause complications such as preclampsia, gestational diabetes and fetal loss. Further, emergency room visits continue to increase for adults seeking relief from dental pain.

Root of the Problem

Poor oral health stems from multiple factors including lack of access to care, lack of importance placed on oral health, lack of oral health knowledge and lack of money to pay for care, to name a few.

While there are federal and state assistance programs for dental care, they are limited. The Children’s Health Insurance Program (CHIP) requires states to provide limited dental coverage for enrolled children up to age 19. The Medicaid program requires states to provide limited dental services for most Medicaid-eligible individuals under the age of 21, but there is no assistance to provide dental services to individuals aged 21 and over.

Dental benefits sold in stand-alone policies are not subject to most Affordable Care Act provisions. Only pediatric benefits are required to be offered to individuals and small employers.

“Statistically speaking, more than 60 percent of Americans don’t have dental insurance,” said Dr. Michael Austin Brown, dentist/owner of Hurstbourne Dental Care, PLLC, in Louisville. “This means that a large majority of people here locally delay dental procedures, which is not good for dental health or overall healthcare.”

Brown decided to do something tangible to help these individuals and families afford quality dental care.

“Even here in Louisville we see kids in our practice who are in chronic pain because a simple cavity was not caught in time,” Brown said. “That cavity was not caught because the parents perceived that they could not afford dental care. By the time the pain for the child is unbearable the cost of solving the problem escalated two or three times over what it would have been if caught a year earlier.

“This bothered me a great deal and I decided to be part of finding a solution.”

Numbers Don’t Lie

The solution that Brown helped develop with other dentists across the country is both simple and ingenious—and may prove to be a model for healthcare reform.

“We found that we could create a system where families could get earlier preventative and less expensive dental care,” he said. “I sat down with my front office team and saw how much money was going to insurance companies, claim forms, administration and collections costs. We also calculated how many hundreds of extra dollars families were spending by not catching potential problems that we could have found during a simple annual dental exam.

“When I began to run these numbers with other dentists around America we discovered that we could offer our patients free initial exams, free exam x-rays, free teeth cleanings, and as much as 20 percent off our usual fee structure simply by creating our own in-house dental savings plan.”

The program, launched in 2009, is called QDP (Quality Dental Plan). QDP is currently rolling out nationally.

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— Dr. Michael Austin Brown, dentist/owner of Hurstbourne Dental Care, PLLC

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Coscto for Teeth

QDP works very much like a membership at Costco or Sam’s Club, explained Dr. Dan Marut, president/founder of QDP, based in Portland. “When a patient becomes a member they access savings and benefits,” she continued.

These benefits include necessary preventative services like free teeth cleanings, free exams, free x-rays, and free whitening. If a patient needs restorative treatment to treat dental disease, patients access savings off of regular fees. In fact, patients can receive as much as 20 percent off of regular fees, said Marut.

Dentists Benefit, Too

Dentists benefit, too. Some of the biggest challenges in being a dentist are the influence dental insurance has over patient decisions and providing access to care for those without insurance.

“Now dentists are able to increase access to care for those in the community who would normally put off dental care due to the high cost of traditional dental insurance,” said Marut.

“We strive to educate patients on their different treatment options, but unfortunately, ‘I’ll do whatever insurance covers’ or ‘I can’t afford it because I don’t have insurance’ often drives their decisions,” added Brown.

“This one simple step has allowed us to eliminate the insurance company middle man and those savings go right back into the pockets of folks here locally.”

Currently dentists in 44 states offer QDP to their communities. Marut only sees those numbers growing. “Ten years from now QDP will continue to grow offering dentists and patients well thought out, affordable solutions to increase access to care in communities across North America,” he said.

Brown couldn’t be happier. “I’m really proud to be part of this forward looking cost-savings movement,” he said. “This is a great system for dental care everywhere.”

FAQs

Who is eligible for QDP?
Everyone is eligible: singles, families and children.

Are dentists involved in deciding what benefits are covered?
Yes. Each Quality Dental Plan dentist has the flexibility to craft the best plan possible for the local community.

What free services are included?
Patients receive a free dental exam, free teeth cleanings, free teeth whitening, free exam x-rays and discounts on all dental services.

Is QDP an insurance plan?
No.

Is QDP run by an insurance company?
No. Dentists run QDP.

How does QDP benefit dentists?
QDP eliminates the high administrative costs associated with insurance company paperwork and claim forms.

Is QDP available to businesses?
Yes.
Heart of the matter

Inaugural graduate of the UK Interdisciplinary Fellowship in Advanced Cardiac Imaging speaks out.

By Jodi Whitaker

When Dr. Kunal Bodiwala began his internal medicine residency at the University of Kentucky in 2003, his plan for the future was to be a general cardiologist.

Forward to the present, Bodiwala, now a board certified cardiologist, is the inaugural graduate of the University of Kentucky Interdisciplinary Fellowship in Advanced Cardiac Imaging, and a leader in the field of cardiovascular imaging, who has already started lecturing in national forums.

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DR. KUNAL BODIWALA, A LEADER IN THE FIELD OF CARDIOVASCULAR IMAGING.

“Institutions are now asking for cardiologists with specialized cardiac imaging training. I always liked diagnostic imaging, so I thought learning more about these advanced cardiac scans like MRI and CT would be an excellent opportunity for me.”

— Dr. Kunal Bodiwala

“Advanced imaging has the ability to provide physicians with information previously only available through invasive techniques.”

Advanced Imaging Techniques

Advanced imaging, Bodiwala said, has the ability to provide physicians with information previously only available through invasive techniques.

“With advanced CT imaging techniques we can visualize the coronary arteries in the heart and assess for blockage without having to have the patient undergo invasive catheterization tests. With advanced MRI imaging techniques, we can also non-invasively see the heart muscle and valves and their function and impact on the heart,” Bodiwala said. “There are various heart diseases that can involve heart muscle and cause heart failure or abnormal heart rhythms. Now with the advanced imaging we can also characterize heart muscle tissue without having to undergo invasive tissue biopsy and be able to make an accurate diagnosis.”

As he embarks on his new role in a large academic-oriented private practice group in southern Illinois, Bodiwala has no doubt he will return to UK on occasion. Someday, he hopes he can help medical students and residents in the same way his fellowship faculty helped him.

“It’s fascinating how far we have come over the last 10 years with advanced imaging techniques,” Bodiwala added. “As he embarks on his new role in a large academic-oriented private practice group in southern Illinois, Bodiwala has no doubt he will return to UK on occasion. Someday, he hopes he can help medical students and residents in the same way his fellowship faculty helped him.”

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Only time will tell how much more advanced imaging techniques will become. No doubt, Bodiwala will be there to find out.
Skin cancer treatment advancement

Non-surgical alternative for treatment of NMSC eliminates scarring, better choice for older patients.

By Lynne Jeter

Dr. Terri Hayes Henson was aware of the underutilization of superficial radiation therapy (SRT), a non-invasive alternative treatment for non-melanoma skin cancer (NMSC) approved by the FDA in 2007. After thoroughly discussing the new modality with Mohs surgeons across the country, the dermatologist from Southaven, Miss., invested roughly $230,000 for the mobile device and room preparation expenses and began offering the modality on June 7.

“Lack of awareness is the only reason why it hasn’t been widely introduced,” said Henson, the first dermatologist to offer SRT in a tri-state area. “Dermatologists in general have a knee-jerk reaction to surgery. But SRT is making a resurgence because there’s a need for this optional treatment.”

Less Expensive Alternative

Nationwide, targeted photon therapy is a favorable NMSC treatment option, thanks to improved technology and treatment protocols that allow treatment to be done on an outpatient basis for patients who are considered suboptimal candidates for surgical procedures.

“The improved therapeutic modality gives us a lot of flexibility and versatility in the treatment and management of non-melanoma skin cancers,” dermatologist Dr. David Kent told members of the American Academy of Dermatology (AAD) at its recent annual meeting.

“Until recently, all the radiation therapy treatment was 30 to 40 years old, without the production of newer machines or any new research and development performed. The quality of the older machines became somewhat dated and devices became temperamental, requiring effort to perform radiation treatments.”

Older SRT systems once used for treating various types of cancer conditions require long set-up procedures and larger space, and are challenged with costly maintenance and lack of parts availability.

With the development of newer, safer...
Skin cancer treatment advancement

Continued from page 19

and more efficient radiation machines that undergo rigorous annual inspections by state departments of health, along with dosimetry of the doses made much simpler with total fraction tables, targeted photon therapy is much easier to administer. An important note: The equipment emits less radiation than a dental x-ray.

“One of the benefits of radiation therapy is that we can concurrently treat multiple lesions in one setting,” said Kent, an instructor in the Department of Internal Medicine at Mercer University School of Medicine in Macon, Ga.

Henson, founder of The Dermatology Clinic of North Mississippi PLLC, said the investment represents “a good ROI” because “if I brought a Mohs surgeon into my practice, it would cost a lot more.”

The SRT process, a less expensive alternative to Mohs micrographic surgery, takes about two minutes per treatment in a series of 5-12 sessions on an outpatient basis in Henson’s office. It’s adaptable to non-ambulatory patients in wheelchairs; their head may be immobilized with foam blocks. It’s also a good option for patients taking blood-thinning medication.

Isn’t for Everyone

Henson was quick to caution that SRT, made by a Boca Raton, Fla.-based company that sold 60 units in 24 months worldwide, “isn’t for everybody.”

“The ideal patient is 65 or older,” she explained. “There’s a risk down the line – a delayed reaction 25 to 30 years later – of dyschromia, a disorder of pigmentation in the irradiated field.”

Every case must be individualized.

“In certain situations, for example a 60-year-old who doesn’t want to face surgery, as long as they’re aware of the risks, I’d do it,” she said.

Insurance Approved

Most insurance providers – and Medicare – approve the procedure.

“Some insurers might require prior authorization,” she said. “But it’ll be less costly than the alternative, which is Mohs micrographic surgery. It’s simply another modality to treat these common malignancies.”

In cases where patients have tumors with aggressive histologic growth features, such as often seen in morpheaform basal cell carcinoma, Mohs surgery may be a better treatment option.

“For select patients and tumors, targeted photon therapy is an excellent option to consider,” said Kent. “In my experience, the new and improved radiation therapy technology offers us a viable, cost effective and cosmetically attractive treatment option for nonmelanoma skin cancers, and is a wonderful addition in our armamentarium.”

Henson’s interest in dermatology was sparked after 1995 AAD president Rex Amonette, MD, founder of the Memphis Dermatology Clinic and the tri-state area’s inaugural Mohs surgeon, talked to pre-med honors students at the University of Memphis. By the time she completed a rotation in dermatology during her elective fourth year at the University of Tennessee Health Science Center (UTHSC) College of Medicine in 1993, Henson was hooked.

However, to get into the very competitive field, Henson worked hard to graduate third in her class. She completed her dermatology residency at UTHSC.

“I liked the lifestyle opportunity that comes with dermatology, though I’m on call often since we’re the only dermatology clinic to do hospital consults with Baptist (Memorial Hospital) DeSoto,” said Henson, who has a nurse practitioner and physician assistant on staff.

With research showing one in five people will develop skin cancer, and the massive baby boomer generation morphing into senior status, Henson runs a very busy practice.

“I’m thrilled to offer SRT,” she said. “It won’t replace surgery by any means, but it’s a good non-invasive option for my patients who don’t want surgery. It’s a painless, wonderful treatment with excellent cure rates (98 percent effective) and cosmetic outcomes.”

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Invasion of the body snatchers
Where have all the doctors gone?

By Dr. Marilyn M. Singleton

After a 20-hour encounter beginning at 9:30 p.m. in the emergency room at my health plan’s hospital, I honestly don’t know what it means to be a doctor any more. When my husband, who had a history of bilateral pulmonary emboli, developed chest pain, I thought it prudent to go to the emergency room.

We were triaged to the hallway, as there were no rooms. There was an empty room a few feet away, but it had dirty dressings on the floor from the last patient.

After seeing our admitting physician in our hallway “room,” I had high hopes.

He gave the impression that he was content to do his shift and go off to Pilates class.

She had a smile and a white coat over her scrubs and had a note pad and pen. She listened to us. When my husband offered that I was a physician, she asked what kind and asked what my concerns were. (The next day, she sent my husband an email thanking him for being a good patient, my input, and that she appreciated that we were doing our best to stay healthy.)

The Visit Goes Down Hill

Then we were left to the nursing staff and two shifts of physicians who seemed to think they were very special, like stars on a television show called “ER.”

In the charting room, people in scrub attire or T-shirts entered data at more than 20 computer screens. This scene reminded me of a telemarketing sales boiler room. And this fit the level of care from most of the staff.

I told the evening shift nurse that the pulse oximeter was not working. As an anesthesiologist, I am familiar with the machine. She said that it had been broken all day. My husband, an engineer, asked smiling, “Then why did you put it on my finger?” She said they were supposed to put it on—and left it there.

Another nurse wanted to put my husband in the dirty room since it was “just for an x-ray.” I advised that there were dirty dressings on the floor and that the last patient could have had an infection. He acquiesced and let us into the cast room for the x-ray.

One of our day nurses kept his back to the bed during his questioning; he focused more on the computer than the patient. He wore a red T-shirt that said “emergency room” on it – the kind you get at a trade show. He spoke in jargon and abbreviations, and my husband constantly had to ask what he meant.

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Shortcuts hinder search for talent.

By Jeff Urban

With the introduction of the Affordable Care Act, the feeding frenzy for talent has accelerated to levels unseen. Many hospitals and staff augmentation firms feel they found a solution. The belief that a pure Information Technology individual, once trained, can fill the role of a healthcare IT Subject Matter Expert (SME) is becoming more widely accepted, and if perpetuated, has the chance to create more issues than it solves.

I tend to think of a hospital’s IT individuals as a baseball team. The everyday players have an understanding of the entire game. The professionals as a baseball team. The everyday players have an understanding of the entire game, the differences between a home run and a lazy fly ball. Thus, the attention to detail needed is extremely high. SMEs, unlike the designated hitter, have more specific issues than typical IT individuals. None of which are more prevalent than trust. The users (physicians and clinicians) must have trust that the SME has an understanding of how one clinical workflow intertwines with another. Without this experience, the non-specialist can unknowingly prioritize certain goals without the needed correlation to user adoption. With no clinical background the ability to deliver customizable products with ease-of-use, as to not weaken patient safety and timeliness, is diminished rapidly.

If you have ever listened to the play-by-play analysts of a baseball game, you can become lost in the lingo. With terms like RBI, ERA, OBP, WHIP, etc. it can seem like they are speaking a foreign language. One may get pieces, but disseminating that information can be very difficult. Healthcare is no different. Thus, the other glaring weakness of the transitioning pure IT individual is terminology. Communication is a key component to a successful implementation. If the learning curve of terminology is drastically high, the project can screech to a crawl. More importantly if communication is misunderstood, it can dramatically influence the final outcome’s success or failure. Thus, in a sense, SMEs have developed more art than science in language and processes.

Cost-effective Alternatives

What can a hospital do to alleviate the costs? One thought becoming more common is the training of tech-savvy clinicians, often called super-users. Another practice rapidly becoming popular is teaming a super user with a SME. The knowledge transfer can be relatively seamless, and will perpetuate trust. Once the super user is fully trained, the hospital gains another specialist, making the entire team stronger.

While both thought processes hold merit, they do come with drawbacks. Most importantly taking clinicians from an already understaffed area can have far-reaching effects. Also, as a hospital organically grows, it opens itself up to competition. The specialists are valuable, and with other hospitals willing and able to take talent, the primordial revolving door can take hold quickly. There is nothing more frustrating for a hospital executive than to train an employee just to lose them to a competitor.

While an everyday player can substitute for the DH on some things, the possible downside makes the transition a tricky one at best. I’d rather have my specialist at the plate, as he gives my team the best chance at a homerun.

Jeff Urban is the area vice president of MedSys Group, a healthcare IT services firm in Plano, Texas.

Invasion of the body snatchers

Continued from page 21

Is This Healthcare Reform’s Future?

Are these the people to whom the authors of the Affordable Care Act want us to cede our profession?

My husband was to have a treadmill test at 9:45 a.m. By 6 a.m., after nine hours without an IV or eating or drinking, I asked if he could have anything to eat or drink—even water. The doctor said “no” without thinking. I said it seemed counterintuitive to have a low blood sugar and dehydration while doing an exercise stress test. He handed us the treadmill instructions. I read aloud the instruction stating that the patient is to have a light meal up to three hours before the test. Instead of owning that he misspoke, he tried to equate a treadmill test to a general anesthetic where patients should have an empty stomach. At the test my husband was offered water.

When discharge time mercifully arrived, my husband asked our discharging physician about co-pays and whether we needed to pay on our way out. He dismissively said he didn’t know—and didn’t need to say that he didn’t care. He gave the impression that he was content to do his shift and go off to Pilates class.

All but three of the 18 “health professionals” with whom we were in contact with at the emergency room were unprofessional and resentful of questions. This appears to be the future of “healthcare reform.”

That is why physicians who still believe that medicine is a calling must resist. They must assert leadership and not simply follow the flock of sheep.

Dr. Marilyn M. Singleton is a board-certified anesthesiologist and a member of the American Physicians and Surgeons (AAPS).
When a concussion is just a concussion

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highlighted the 2012 consensus statement’s importance “because it continues the worldwide awareness of concussions (and) shows the dedication the medical society has for learning more about concussions, how to recognize concussions, how to properly manage athletes with concussions, and how to properly and safely return an athlete to play after a concussion has subsided.”

Major Blip

The only major blip noted repeatedly: the altered position on CTE (chronic traumatic encephalopathy).

- The 2008 section on chronic traumatic brain injury (TBI) notes: “Epidemiological studies have suggested an association between repeated sports concussions during a career and late life cognitive impairment. Similarly, case reports have noted anecdotal cases where neuropathological evidence of CTE was observed in retired football players. Panel discussion was held, and no consensus was reached on the significance of such observations at this stage. Clinicians need to be mindful of the potential for long-term problems in the management of all athletes.”

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Among high-profile, self-inflicted deaths in recent years are professional athletes Junior Seau, Derek Boogard and Dave Duerson, who may have been the only one to commit suicide and leave instructions donating his brain for the study of CTE. Former NFL Chicago Bears quarterback Jim McMahon has agreed to donate his brain to science after his death.

Concussion Determination

Another point of controversy: concussion determination. A neuropsychologist in the field of treating concussions pointed out the 2004 consensus statement was driven largely on a grading scale (1-3) for concussion with loss of consciousness serving as a means of grading the severity of concussion, from which the 2008 consensus statement began to deviate.

“My take is that a concussion is more black and white,” Ross said. “Either you have a concussion or you don’t. When you get into grading scales and severity ratings, you oftentimes relay misinformation to patients and the other providers involved in the case.

“Calling it a yes-or-no decision takes that away,” Ross continued. “Oftentimes, athletes get caught up in whether their concussion was mild or severe, which leads to poorly-based expectations about recovery. A concussion is a concussion and everybody recovers differently.”

“The new statement shows that we basically still don’t understand concussions, and there are many opinions on how to diagnose and treat them.”

— said William Feldner, DO

It was also recognized that it’s important to address the fears of parents and athletes from media pressure related to the possibility of CTE.

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LEXINGTON, Ky. (Jan. 24, 2013) — Chang-Guo Zhan, professor in the University of Kentucky College of Pharmacy’s Department of Pharmaceutical Sciences, received a three-year, $1.8 million National Institutes of Health (NIH) grant to develop a therapeutic treatment for cocaine overdose.

The development of an anti-cocaine medication for the treatment of cocaine overdose has challenged the scientific community for years. In fact, there is no current FDA-approved anti-cocaine overdose medication on the market.

“According to federal data, cocaine is the No. 1 illicit drug responsible for drug overdose related emergency department visits,” Zhan said. “More than half a million people visit emergency rooms across the country each year due to cocaine overdose.”

This new grant is the fourth in a series of investigator-initiated research project (R01) awards that Zhan has received from the NIH to continue to discover and develop a cocaine abuse therapy. In previous work, Zhan has developed unique computational design approaches to generate of high activity variants of butyrylcholinesterase (BChE), a naturally occurring human enzyme that rapidly transforms cocaine into biologically inactive metabolites.

Zhan and his collaborators have improved BChE catalytic activity specifically against cocaine by 4,000 times. The focus of this new grant is to optimize and stabilize these high-activity BChE variants. The hope is that at the end of this grant, this therapy will be ready for clinical development.

“Dr. Zhan’s lab is at the leading-edge of cocaine overdose therapy,” said Linda Dwoskin, associate dean for research at the UK College of Pharmacy. “This grant is the culmination of the pre-clinical, innovative and groundbreaking work that has been taking place in Dr. Zhan’s laboratory for many years. The next step will be to move this potential therapy into clinical use and make it available to those who need it.”

Handstand
Bronze

By Tuska, Lexi NgToN, ky.

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