

Premier Pulse

News for Premier Health Physicians

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New Ohio Opioid Prescribing Rules Unveiled

By Tammy Lundstrom, MD, JD, interim chief clinical officer and interim president, Premier Physician Network, Premier Health



The Ohio Board of Medicine has released the long-awaited rules on opioid prescribing that track the Centers for Disease Control and Prevention guidelines. These

rules took effect on August 31. They include the following basics that apply to the first opioid analgesic prescription for the treatment of an episode of acute pain:

- No more than seven days of opioids can be prescribed for adults.
- No more than five days of opioids can be prescribed for minors and only after the written consent of the parent or guardian is obtained.
- Except as provided for in the rules, the total morphine equivalent dose (MED)

of a prescription for acute pain cannot exceed an average of 30 MED per day.

- Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason documented in the medical record.

The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction. Prescribers should be aware that MED will be calculated on the maximum use potential on PRN prescriptions. Those allowing for more than four Vicodin tablets or the equivalent will be in violation of the limits. More details can be found in the following documents posted on the physician portal:

State of Ohio Board of Pharmacy
Ohio State Medical Board
Ohio State Medical Association

An additional rule requiring the inclusion of the first four digits of the ICD-10 diagnosis

or CPT code to the prescription when prescribing opioids for acute pain becomes effective in December 2017. On June 1, 2018, this will be a requirement for all controlled substance prescriptions. Our IT team is working with the EPIC developers on strategies to assist providers in meeting these requirements. The OSBM has also announced that it intends to audit providers who exceed the guidelines and promised strict enforcement per Gov. John Kasich's direction.

The MED limit is one that will likely trip up some doctors. Four 5mg vicodin in a 24-hour period will max out the limit. Many of the surgeons write for one to two every six hours, and that will require supporting documentation in the record.

More information can be found on the Ohio Automated RX Reporting System (OARRS) MED calculator at ohiopmp.gov/MED_Calculator.aspx.



Delivering Difficult News to Be Focus of Cancer CME

Miami Valley Hospital South will host an upcoming CME program intended for primary care physicians, and physician specialists, including oncologists, cardiologists, dermatologists, gastroenterologists, general surgeons, radiologists, internal medicine, nephrologists, neurologist, OB/GYNs, pathologist, pulmonologists, urologists, and others who care for cancer patients. The program, "Connecting Cancer," takes place in the cancer center's conference rooms A and B on Thursday, Nov. 9. The evening gets under way at 5:30 p.m. with registration, networking and heavy hors d'oeuvres. A short presentation regarding the role of the advance practice nurse will be given before the formal program. Innovative Care Solutions will present the formal program, "Delivering Difficult News."

There is no charge to attend this event, but space is limited. Registration is required by November 2. Call (866) 608-FIND (3463) to register.

This activity has been planned and implemented with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Wright State University (WSU) and Premier Health. WSU is accredited by the ACCME to provide continuing medical education for physicians.

WSU designated this live activity for a maximum of 1.0 AMA PRA Category 1 Credits TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Midwest Health Collaborative Update

Clinical teams from health systems participating in the Midwest Health Collaborative have been meeting regularly with the goal of identifying evidence-based best practices which can be shared across the systems. In addition, the collaborative is developing cost advantageous 'big data' tools to assist systems in risk stratification of their populations – with both Milliman and OptumInsight products.

The collaborative includes six of the largest health systems in Ohio: Premier Health, TriHealth, OhioHealth, ProMedica, Aultman, and Cleveland Clinic. The collaborative aspires to disrupt the Ohio health care market and compete in the shift from volume to volume plus value.

The collaborative has created a statewide network of more than 17,000 providers,

including Premier Health Group's (PHG) network of more than 6,000 employed and independent providers. This network can cover 90 percent of Ohio's population.

By working together to identify best practices, the collaborative will be able to offer a 'playbook' for care management and population health.

We believe that this work will result in a highly performing statewide network of physician and advanced practice providers and hospitals. The collaborative is working to become a network whose guiding principle is a commitment to improve the health of the communities we serve through evidence-based population health strategies. We intend to offer patients a consistent experience across the system with best-in-class outcomes and efficiency.

Wellness Committee Works to Combat Burnout

By Tarek Sabagh, MD

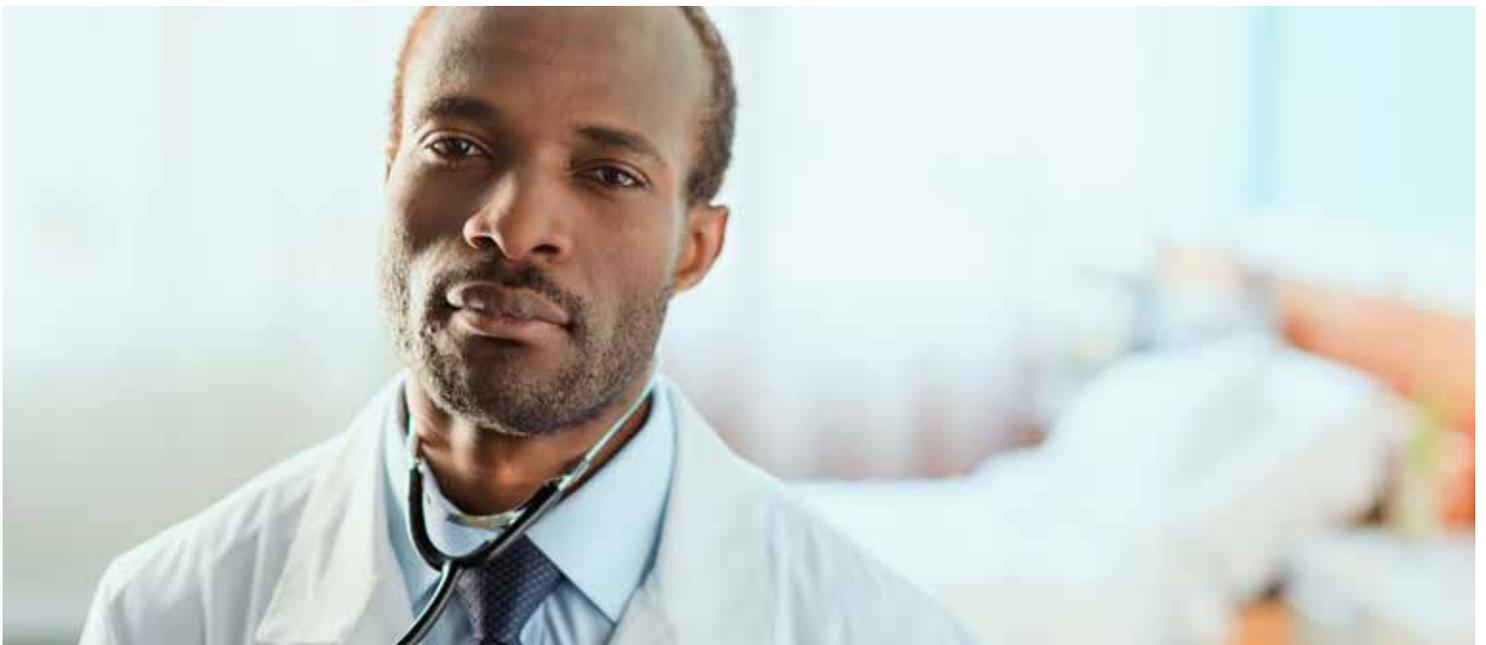
In a study published in the Archives of Internal Medicine, October 2012, physician burnout was found to be prevalent among U.S. physicians at a rate of almost one in two physicians. The main symptoms are emotional exhaustion, detachment from patient care, and lack of career satisfaction. Burnout results in problematic alcohol use, broken relationships and early retirement. Patient care is also affected in terms of safety, diagnosis and treatment. In the study, higher education with master's degree or Ph.D. was associated with less burnout in contrast to MD/DO degree, which was associated with much higher burnout. This observation indicates that it's not an individual problem but rather a system or work-related issue. Physicians on the front line of patient care in specialties like emergency medicine, family medicine and internal medicine are most affected.

Despite the magnitude of the problem, there is not yet an authority on how to best remedy it once it is identified. Fortunately, many attempts are under way to address the problem in a structured manner. Miami Valley Hospital restructured its wellness committee to try to create a more collegial and friendly working environment for our

staff. The wellness committee is a medical staff committee chaired by the president-elect of the medical staff and includes about 20 members of the medical staff. The Physician Wellness Fund is established through the Miami Valley Hospital Foundation to directly fund our functions. The committee serves both physicians and APPs on staff at the hospital. We recently had an evening out attending a Dragons game. More than 100 staff and their families attended. It was a success. We've a long way to go, but we are determined to stay the course.

For information about the wellness committee's social activities, please see Kelsey A. Pio, internal physician relations manager in the hospital physician's lounge.

For questions or information about the wellness fund, vision or committee's functions, please contact: Keith Bricking, MD, president of medical staff, MVH at: KDBricking@PremierHealth.com; or Tarek Sabagh, MD, president elect of medical staff, MVH at: tmsabagh@PremierHealth.com.



Students Get Up Close; Organ Donation Campaign; and Community Benefit Grants



Atrium Medical Center

Cincinnati TAP MD students from throughout the Cincinnati area visited Atrium Medical Center in August and their tours followed the case of a stroke patient. They learned about recognizing signs and symptoms of stroke, and visited and heard from staff with emergency, medical imaging, rehabilitation and more departments. Cincinnati TAP MD is a year-long educational program of The Health Collaborative, and students interested in medical careers apply for a chance to get up close to area hospitals and medical practitioners.

Cincinnati Eye Institute, which opened a newly constructed building on our campus within the last year, is planning to partner with Premier Health and Atrium Medical Center to bring more service offerings to our Middletown medical campus. Cincinnati Eye plans to lease Bidwell Surgery Center, where its staff will perform a higher level of eye surgeries previously not offered in the past in Middletown. Pending regulatory approvals, Bidwell will become a surgery center for Cincinnati Eye.

As a result of this agreement, we were able to consolidate Atrium's services to one outpatient surgery site at Southwest Ohio Surgery Center on Breiel Boulevard. This will make our outpatient surgery scheduling and operations process more efficient and reduce costs.

For any questions about this change, please contact Tammy Laine, vice president of market development, at tllaine@premierhealth.com

Good Samaritan Hospital

To equip new employees with the tools and tactics for success, Good Samaritan Hospital launched a new program entitled Essential Partners Boot Camp. Class content includes information on the importance of patient experience, implementation of the 10/5 Rule, what it means to manage up, and how to use AIDET, with the opportunity to conduct role play exercises. All non-nursing new employees are required to attend the class, which takes place on the second day of new employee orientation. RNs and PCTs receive this same information during their formal orientation programs so are not required to attend this class. The goal is to establish patient experience expectations immediately with new employees.

Miami Valley Hospital

Miami Valley Hospital has earned the Platinum Award in the 2017 Hospital Organ Donation Campaign, sponsored by the US Department of Health and Human Services. More than 1,000 hospitals across the country participated, working with donation organizations and state hospital associations to promote organ, eye, and tissue donation by conducting awareness and registry activities in their facilities and communities. Together, MVH and other participating hospitals added 26,975 donor registrations to state registries over a seven-month period, bringing the total donor registrations added through the hospital campaign to 419,102. The Platinum Award is the highest level given.

Dr. April Anderson from the MVHS emergency department participated on a panel discussing the impact of heroin in our community. The Community Engagement Conference is hosted by the Miami Valley Crime Prevention Association. Attendees were invited to attend up to three classes. This was the seventh year for this annual community event.



The announcement of our new Infant Cuddler Program generated an overwhelming response from people in the community, and the announcement was heard in Washington D.C., most notably by U.S. Congressman Mike Turner (*above*). He recently visited the Berry Women's Center to speak with staff and volunteers about their work and training and to personally thank everyone for their contributions.

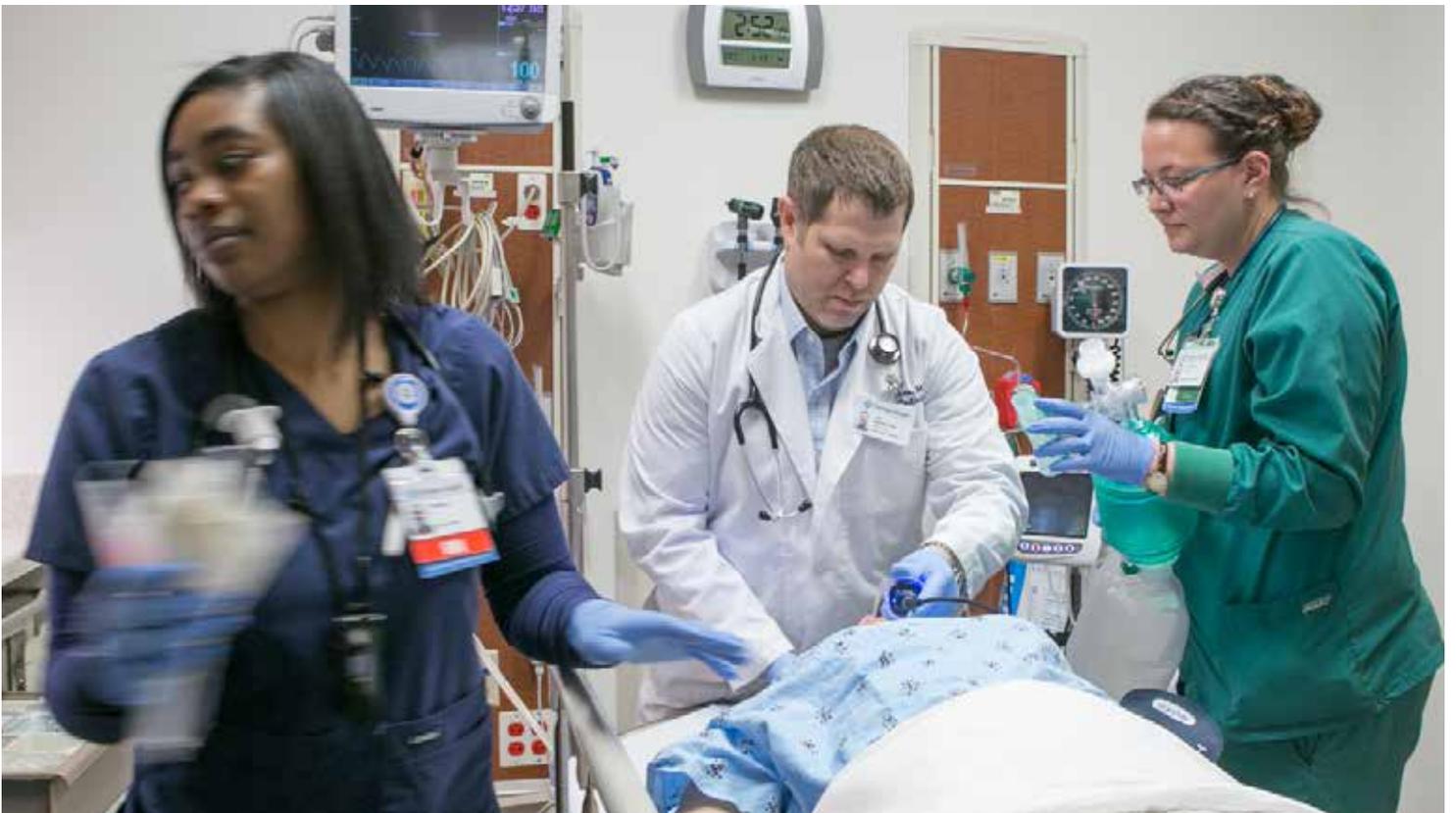
Upper Valley Medical Center

In August Upper Valley Medical Center awarded \$462,073 in Community Benefit Grants to Health Partners Free Clinic, Hospice of Miami County, Miami County Dental Clinic, Miami County Recovery Council (MCRC), and Samaritan Behavioral Health. Part of the funding to MCRC, in conjunction with the Miami County Heroin Coalition, will support programs designed to help in the local battle against the opioid epidemic. The grants are made by the UVMC Board of Directors through the UVMC Community Benefit Fund established as part of our mission to support local programs that serve community health needs.

The annual Evening of Appreciation to welcome new medical staff and honor UVMC supporters was hosted Aug. 24 at the Piqua Country Club. The event was attended by more than 260 physicians, board members, executive team and community leaders/friends of UVMC.

UVMC Cancer Care has received a giant inflatable colon model for use in community education regarding colon cancer and related conditions. The 12x12' unit is a tunnel that replicates healthy tissue, polyps, malignant polyps, inflammatory bowel, and a cancerous mass. A gift from the UVMC Foundation John J. Dugan Memorial Fund, the eye-catching model will be used at community events to help engage people in meaningful education about cancer of the colon.

UVMC has initiated a new policy to differentiate between ACT (Acute Changes Team) and on-campus response, with ACT to be used for acute changes in an inpatient's status, and on-campus response to be used for non-inpatient (outpatients, visitors, employees, etc.) on UVMC properties. The change came out of a review of practices for responding to emergency situations to proactively ensure consistency in scope of care and practice.



Women's Health Institute Delivers on Initiatives, Sets Sights on 2020

By Lori Scalise, system vice president, service integration, women's services, Premier Health



The Women's Health Institute (WHI) service line continues to make progress system-wide with growth initiatives, patient experience, research, clinical quality, safety, and

program development. William Rettig, MD, Women's Health Institute chair, says of the effort, "The collaboration continues to be strong as we are beginning to move into the next phase of initiatives toward 2020, but I would like to recognize physicians and staff for their efforts over this last year and on future initiatives." Here is a sample of the many projects, recent distinctions and recognitions for the Women's Service Line:

- Anthem Blue Distinction Centers + for Maternity Care – for all Premier Health maternity centers (AMC, GSH, MVH, MVHS and UVMC) for the second time; the recognition period begins in January 2018. The BDC+ recognizes facilities for their expertise and cost efficiency in delivering maternity care.
- All Premier Health maternity centers were among the hospitals recognized for promoting, protecting and supporting breastfeeding through the First Steps for Healthy Babies program administered by the Ohio Department of Health and Ohio Hospital Association. All Premier Health hospitals are on track to reach the highest achievement of five stars in 2017.
- OB navigator Epic platform for all ambulatory practices and clinics - a system-wide provider committee worked together to standardize this new platform. The go-live plan began in September and the Epic support team will continue to launch offices through January 2018.
- Physician recruitment for obstetrician-gynecologists continues to backfill many

recent retirements. Several candidates are visiting between September and October.

- The obstetrics quality/safety team of physicians and obstetrics nursing directors from across the system developed and implemented several policies and standardized processes. The focus continues to be on safety bundles, reducing preterm birth, and lowering the risk of maternal and infant mortality.
- Obstetrics nursing directors will be working on a template in Epic IP to standardize triage documentation.
- AMC's Natural Beginnings Birthing Center launched May 1 as the first natural birthing center in the Cincinnati market.
- Physicians and staff worked for many months on providing clinical content, videos, articles and news releases for the new Women, Wisdom and Wellness consumer centric portal and participating in educational speaking engagements within our communities.
- WHI member Diane Anderson, DO has been reporting out monthly to WHI on the progress made through the Innovate breast imaging team on standardizing across the system.

- Miami Valley Hospital unveiled its renovated maternity center on Sunday, October 1. The renovations include a space dedicated for families with infants staying in the NICU. It will be named the Ronald McDonald Family Room in Emmett's Place.
- Women's Health Institute will be evaluating and developing new initiatives to support the new strategic plan for the next three years. This will include a focus on developing women's programs and services to better serve our aging population.
- Perinatal Partners Maternal Fetal Medicine physicians will be expanding the co-management prenatal/gestational diabetes program in the AMC Mason market later this fall.

Preeclampsia (PE) screening and preventive treatment with low dose aspirin (ASA) have been shown to be effective in reducing the incidence of early and severe PE and is now recommended by USPSTF and ACOG in high-risk women. See on the next page the article written by Jiri Sonek, M.D., medical director, maternal fetal medicine specialist, Maternal Fetal Medicine, Miami Valley Hospital.



Preeclampsia: Screening and Prevention Help Mothers and Babies

From: Maternal Fetal Medicine Center, Miami Valley Hospital

By Jiri Sonek, M.D., medical director, maternal fetal medicine specialist, Maternal Fetal Medicine, Miami Valley Hospital



Preeclampsia (PE) is a common disorder that affects approximately 2 to 8 percent of pregnancies world-wide. It is a major cause of maternal, fetal,

and neonatal morbidity and mortality with potentially long-term consequences for both the offspring and the mother.¹⁻³ Though PE develops in the latter half of the second trimester or in the third trimester, it is clear that events that contribute to the development of PE occur much earlier in pregnancy. Management of PE, once it develops, is well described; however, the only definitive cure is delivery.^{2,3}

A number of maternal characteristics are known to be associated with an increased risk for PE. The U.S. Preventative Services Task Force (USPSTF) and American Congress of Obstetrics and Gynecology (ACOG) have recommended various combinations of these markers as a primary screening tool based on general risk categories.^{4,5} Preventive treatment with low dose aspirin (ASA) has been shown to be effective in reducing the incidence of early and severe PE and is now recommended by USPSTF and ACOG in high-risk women. There is now evidence that a higher dose of ASA (150 mg) is significantly more effective in preventing PE than the dose of 82 mg that was initially used for this purpose (approximately 30 percent of pregnant women are resistant to lower doses).⁶ For this treatment to be effective, it must be started prior to 16 weeks gestation; therefore, development of screening tests that perform well prior to this point is imperative.⁷⁻⁹

Over the past few years, studies demonstrated that this may be possible. A protocol developed by the Fetal Medicine Foundation (FMF) appears to produce the best screening performance. This protocol is based on a combination of first trimester markers that include

maternal characteristics (demographic, anthropometric, and medical history) in combination with biomarkers (mean arterial pressure, uterine artery pulsatility index, and placental growth factor).¹⁰⁻¹³ In a recently completed study, we tested the performance of a modified FMF protocol in screening for preeclampsia at the Maternal Fetal medicine, Ultrasound, and Genetics Center (MFMUG) at Miami Valley Hospital in Dayton. We found that at a 5 percent screen positive rate (FP), we identified 85 percent of women who developed preeclampsia prior to 34 weeks gestation. We also identified 68 percent of women who developed preeclampsia prior to 37 weeks gestation and 43 percent of term preeclampsia at a 10 percent FP. The high detection rate of preeclampsia prior to 34 weeks gestation is especially encouraging as this group has the highest maternal, fetal, and neonatal morbidity and mortality. Additionally, births prior to 34 weeks have the highest impact on health care costs: a recent study estimated that the combined cost per birth prior to 28 weeks gestation is \$311,701 and for births at 28 to 33 weeks, it is \$83,866.¹⁴

Results of a prospective multicenter double blind study (the ASPRE trial) were recently published in the *New England Journal of Medicine*. The purpose of the study was to use the FMF algorithm to screen for PE and evaluate whether ASA prophylaxis (150 mg of ASA at bedtime) in high-risk patients was effective. The study showed that in the ASA group, the incidence of PE prior to 34 weeks gestation was reduced by 82 percent and PE prior to 37 weeks gestation was reduced by 62 percent.¹⁵

It is becoming increasingly apparent that the risk of PE can be reduced by low-dose ASA administration if started early in pregnancy. It is also apparent that screening for PE in the first trimester yields high detection rates for low screen positive rates. It is for this reason that we at MFMUG have made the decision to begin this screening this year. Information regarding the screening is available at our office and can be ordered by calling **(937) 208-2516**.

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An Aspiring Concert Pianist Chose Medicine



Mary Feldman, D.O., sees patients in the Clinical Neuroscience Institute at Miami Valley Hospital South

What is your specialty?

I am a neurologist with special

fellowship training in the field of movement disorders, which deals with any abnormality of movement (problems with walking, problems with muscle tightness, tremors, Parkinson's disease, etc).

What brought you to Premier Health?

I was presented with the opportunity to help build and develop a Movement Disorders Center in the Dayton area to offer services for which patients previously had to travel to Cincinnati or Columbus. Additionally, we have family in the Dayton area. On top of all of that, I joined a fabulous group of neurologists! What could be better than that?!

Why did you choose medicine as a career?

I wanted to make an impact and a difference in people's lives in a very integral and important way. I have always loved science, particularly neuroscience, which I also majored in as an undergraduate!

Who are the people who influenced and/or mentored you?

My parents; my dear friend and mentor, neurosurgeon Dr. William Black, who unfortunately died of complications due to Parkinson's disease; Dr. Tim Cannon; and Dr. Anwar Ahmed and Dr. Patrick Sweeney from the Cleveland Clinic who continue to be friends and inspirations to me.

How do you describe your bedside manner?

Warm, caring, and I've been told that I'm an excellent listener and that I explain things very well to my patients.

What is one thing most people don't know about you?

That I almost became a concert pianist instead of a doctor. Medicine won.

How do you want to be remembered?

I consider my life a success if I am remembered as being an upstanding

physician, a great mother, and a good person.

What is the last book you read?

Outlander by Diana Gabaldon

What is your favorite song in your playlist?

"Ballade no. 1 in g minor opus 23," by Frédéric Chopin

iPhone or Android?

Android

Early bird or night owl?

Early bird

Beach bum or mountain hiker?

Mountain hiker



Scheduling Process to Align More with Pre-Cert Requirements

Premier Health will be modifying its scheduling process for certain imaging exams to better align the scheduled test date with the amount of time needed to complete the pre-certification process with insurance carriers.

As you are aware, to manage costs and to ensure appropriate use of testing, health insurance organizations have been increasing the frequency in which pre-certification is required. In addition, changes to payer policies have made it more difficult for health care providers to appeal denied services when pre-certification is not

obtained. The result is that Premier Health has seen an increase in denials, resulting in frustration for patients, ordering physician offices, and radiologists, while limiting Premier Health's ability to collect payment on these services.

The changes will initially apply to MRI's, CT's and Nuclear Medicine (including PET) exams. In most instances, these tests will be scheduled three to five business days out unless a more urgent need is indicated. It is estimated that fewer than 20 percent of tests will be affected by this change. We recognize that certain tests require more

timely scheduling. We will continue our current process for scheduling these tests based on physician orders.

In the event a test has been denied or is under review with insurance, Premier Health's pre-certification department will contact the patient and the ordering physician's office and apprise them of the situation.

We appreciate your support of these changes to better align the scheduling of tests with the anticipated time needed to complete the pre-certification process.

A Fib Treatment Comes to Atrium Medical Center

Atrium Medical Center now offers an advanced surgical procedure that can be an important alternative for patients affected by atrial fibrillation, or A Fib.

The procedure is the left atrial appendage closure with the WATCHMAN™ device. The procedure targets blood clots that develop in the heart, elevating the risk of stroke. A Fib can cause blood to pool and form clots in an area of the heart called the left atrial appendage (LAA). The LAA is believed to be the source of most stroke-causing blood clots in patients with non-valvular A Fib. Clots that form in the LAA sometimes break loose, travel in the bloodstream, and potentially damage the brain, lungs, or other parts of the body.

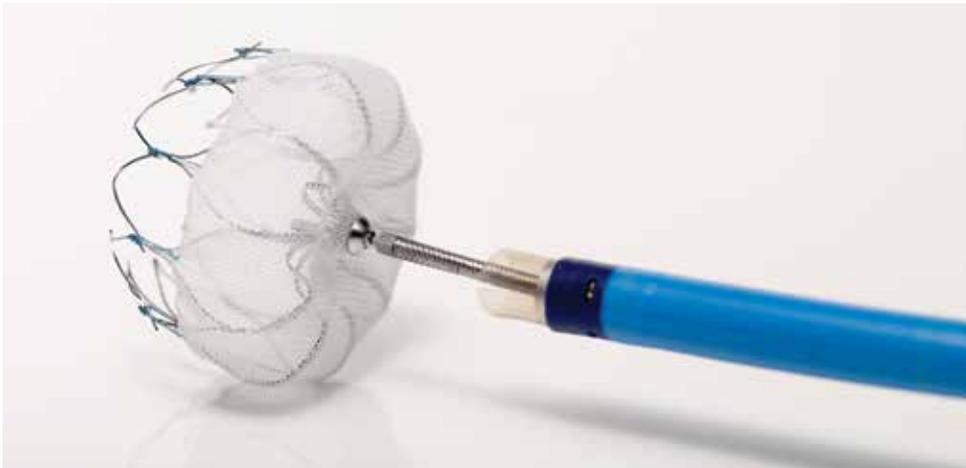
Closing the left atrial appendage is designed to keep harmful blood clots from the LAA from entering the bloodstream and potentially causing a stroke. The most common treatment to reduce stroke risk in patients with A Fib is blood-thinning warfarin medication.

By closing off the LAA, the risk of stroke might be reduced and, over time, patients might be able to stop taking warfarin. That's important because, in addition to bleeding

complications, 40 percent of A Fib patients eligible for warfarin currently go untreated due to trouble tolerating the medicine or taking it appropriately. Depending on the drug, side effects can include nausea, weight loss, abdominal pain, fatigue or weakness, and bleeding.

The permanent device is placed through a catheter-based intervention. Implanting the LAA closure device is a one-time procedure that usually takes about an hour. Afterward, patients typically stay in the hospital for 24 hours. However, not all patients may be candidates for the procedure; it is important to follow up with a physician to discuss eligibility and treatment options.

Atrium Medical Center offers a range of cardiology services, including standard and cryoablation for A Fib, cardiac catheterization procedures and open heart surgery procedures. In addition, Atrium recently became an accredited Chest Pain Center. Accredited Chest Pain Centers take an evidence-based, systematic approach to cardiac patient care, allowing medical staff to reduce time to treatment during the critical early stages of a heart attack.



A Simple Act of Kindness

By Patrick Larreategui, D.O., FACOS, president, medical staff, Upper Valley Medical Center



The patient was critically ill in the intensive care unit. After reviewing his labs and X-rays I entered his room. His wife was sitting by his bedside, as she had been since his admission five days earlier. I assessed all of his lines, tubes, and examined him. After completing my exam, I updated her regarding his condition. The prognosis was not good. She thanked me for taking care of him. As I turned to leave, she said to thank the other doctor, too. To whom was

she referring, I asked. She said that a doctor in scrubs bought her breakfast this morning in the cafeteria. She did not remember his name but was moved by the gesture.

After some investigation, I found out that this doctor is an anesthesiologist who routinely buys meals for patient families several times per month. He does not seek recognition or accolades. He is not trying to improve his patient satisfaction scores. He does it because he is a kind and caring person. Simple acts of kindness such as this occur at Upper Valley Medical Center and throughout our system every day. They are not measured by metrics but make a huge impact on everyone they touch.

Premier Health Physicians Publish Articles

Through some of our own research in PubMed, we found the following physicians have published recently:

Dr. Sarah-Ashley Ferencz, a surgery resident at Miami Valley Hospital, was a collaborator in the published article “The effect of resuscitative endovascular balloon occlusion of the aorta, partial aortic occlusion and aggressive blood transfusion on traumatic brain injury in a swine multiple injuries model” in the *Journal of Trauma Acute Care Surgery*; July 2017. Summary: Despite clinical reports of poor outcomes, the degree to which resuscitative endovascular balloon occlusion of the aorta (REBOA) exacerbates traumatic brain injury (TBI) is not known. The group hypothesized that combined effects of increased proximal mean arterial pressure (pMAP), carotid blood flow (Qcarotid), and intracranial pressure (ICP) from REBOA would lead to TBI progression compared with partial aortic occlusion (PAO) or no intervention.

Dr. Ferencz also collaborated on “Incremental balloon deflation following complete resuscitative endovascular balloon occlusion of the aorta results in steep inflection of flow and rapid reperfusion in a large animal model of hemorrhagic shock.” Published in the *Journal of Trauma Acute Care Surgery*, July 2017. Introduction: To avoid potential cardiovascular collapse after resuscitative endovascular balloon occlusion of the aorta (REBOA), current guidelines recommend methodically deflating the balloon for five minutes to gradually

reperfuse distal tissue beds. However, anecdotal evidence suggests that this approach may still result in unpredictable aortic flow rates and hemodynamic instability. We sought to characterize aortic flow dynamics following REBOA as the balloon is deflated in accordance with current practice guidelines.

Dr. Peter Ekeh was a collaborator in the published article “Paying it forward: Four-year analysis of the Eastern Association for the Surgery of Trauma Mentoring Program” in the *Journal of Trauma Acute Care Surgery*, July 2017. Summary: Mentorship programs in surgery are used to overcome barriers to clinical and academic productivity, research success, and work-life balance. The team sought to determine if the Eastern Association for the Surgery of Trauma (EAST) Mentoring Program has met its goals of fostering academic and personal growth in young acute care surgeons.

Dr. T. Tun Aung was a collaborator on the published article “A classic case of arrhythmogenic right ventricular cardiomyopathy (ARVC) and literature review” in the *Journal of Community Hospital Internal Medicine Perspective*. June 6, 2017. Abstract: Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) is a relatively under-recognized hereditary cardiomyopathy. It is characterized pathologically by fibro-fatty infiltration of right ventricular (RV) myocardium and clinically by consequences of RV electrical instability. Timely intervention with device

therapy and pharmacotherapy may help reduce the risk of arrhythmic events or sudden cardiac death.

Drs. Kevin Kravitz, T. Tun Aung, and E. Roberto collaborated on the published article “Cardiogenic Shock, Acute Severe Mitral Regurgitation and Complete Heart Block After Cavo-Tricuspid Isthmus Atrial Flutter Ablation” in *Cardiology Research*, April 8, 2017. Abstract: Radiofrequency (RF) ablation is the first-line management of cavo-tricuspid isthmus dependent atrial flutter. It has been performed with 95 percent success rate. Adverse events are very rare. We report the first case of acute severe mitral regurgitation (MR) and complete heart block developed after successful atrial flutter ablation.

Dr. Gary Fishbein was a collaborator on the article “Lower Extremity Revascularization Using Optical Coherence Tomography-Guided Directional Atherectomy: Final Results of the Evaluation of the Pantheris Optical Coherence Tomography Imaging Atherectomy System for Use in the Peripheral Vasculature (VISION) Study” in the *Journal of Endovascular Therapy*, June 24, 2017. Abstract Purpose: To evaluate the safety and efficacy of a novel optical coherence tomography (OCT)-guided atherectomy catheter in treating patients with symptomatic femoropopliteal disease.

If you have published articles you would like to share, please email Ben Sutherly at: bwsutherly@premierhealth.com.

GI Symposium Accepts Registration

Registration is open for the 27th annual William Wilson, MD Gastroenterology Symposium on Wednesday, November 1, at Sinclair Ponitz Center.

This event is scheduled from 11:30 a.m. to 5 p.m. and is designed especially for physicians who care for patients with GI diseases, to include the specialties and sub-specialties of gastroenterology; hospital and office-based primary care physicians, advanced practice and registered nurses, other allied health care professionals, as well as residents, fellows and students.

Featured speakers this year include Stuart Sherman, M.D., Indiana University; Khurram Bari, M.D. and Nadeem Anwar, M.D., University of Cincinnati; and local physicians Jeff Weinstein, M.D., Chris Barde, M.D., Ben Wheeler, M.D., and K. Mohan Bhoopa, M.D.

At least 11 exhibitors are scheduled to participate. Lunch and refreshments at break are included in your registration fee. To register and view complete agenda, please visit the registration page at <https://medicine.wright.edu/continuing-medical-education/william-wilson-md-gastroenterology-symposium>

For additional information, feel free to contact Theresa Cory, CME Coordinator, at (937) 208-2144.

Continuing Education

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Wright State University (WSU) and Premier Health. WSU is accredited by the ACCME to provide continuing medical education for physicians.

WSU designated this Live activity for 4.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 4.0 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to the ACCME for the purpose of granting ABIM MOC credit.



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