

Western Pennsylvania Hospital News

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Artists Among Us—Dr. Robert Kormos' Photography for the Heart, Mind, and Eye

by Christopher Cussat

Dr. Robert Kormos might tell you that he's done a lot of crazy things in his life—even racecar driving. But throughout his life and career, he has always kept his eyes (and lens) focused on his professional and artistic passions.

As a heart transplant specialist, professor of surgery, and the director of the artificial heart program at the University of Pittsburgh Medical Center (UPMC), it is no surprise that Kormos' time is a limited commodity. But despite this, he always has been able to find a balance of dedication to his work, his family, and his artistic interest—photography.



Dr. Robert Kormos

Kormos is interested in both black and white as well as color photographs—and he also has a website where he displays his artistic work. “I really do enjoy photography a lot! I take photographs of dancers and I also do quite a bit of architecture, nature, and other such subject matters,” he adds.

He traces his interest and enjoyment of working in this medium to his early academic studies that were prior to medical school. Kormos explains, “My background in college before I got into medicine was perceptual psychology and sensory psychology—so a lot of what I did was related to trying to understand the perception of the senses. Much of the classic psychology of learning has to do with visual cues, and

even as a kid, I think I've always enjoyed photography because it's a way of interpreting the world a little differently than what we see.”

See **ARTIST** On **Page 15**

Dollar Bank Private Banking Offers Expertise to Medical Clients

By David Kenneth Jr

Dollar Bank's Private Banking division has years of experience fulfilling the banking needs of individual physicians and medical practices. Client relationships at Dollar Bank are unique in today's banking world because the Private Banking Officer helps the physician and practice properly structure debt, underwrites and closes the loans and actively manages the relationship.



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See **DOLLAR BANK** On **Page 17**



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Publisher's Note

Who's Thinking About the Consumers?



Earlier this month, the stock market dropped 265 points in one day and nearly 500 points a few days later, as mounting concerns about the U.S. Economy continues to worry Wall Street. This was the 8th straight day the stock market has tumbled since October 2008.

One reason experts often cite for the declining markets is the fact that we do very little manufacturing in the U.S.—probably about 10% of businesses focus on manufacturing. That means if you are in manufacturing or exporting business, you're probably having a good year. If you are in the banking environment, you're also having a great year. If you're an attorney in a big law firm, you're having an over-the-top year.

Apparently, not everyone is having a great year.

A press release came across my desk about how it's also a tough time to be a physician. According to the release, "Not only are they facing the coming effects of health-care reform, which is placing considerable challenges on their ability to effectively practice medicine and maintain a viable medical practice. The economy has severely impacted their ability to save and retire." I also read that superstar athletes are having a "tough time." Peyton Manning and Ben Roethlisberger are renegotiating their salaries to help with their teams' salary caps.

Let's get real for a moment. It's the small businesses that continue to struggle. Whether they manufacture a product or are in the service industry, a majority of small businesses have already gone through the past year by cutting costs and trying to figure out how to generate more business. I've always felt that it's the small businesses that truly drive the economy. When they can bounce back and bring the consumers out from hiding, only then will Main Street bounce back.

Like other business people, I had been watching a lot of the news fairly intently leading up to the debt ceiling vote. Now that's it over, I'm listening to experts debate who won and lost. I hear both sides also talk about how horrible the agreement is. But no one is talking about the general public, and I find it frustrating.

No one wants to talk about spending cuts will affect them. Small business employees are maybe making \$12-\$15 per hour and they probably haven't had a raise in a couple years. Many of these employees are also recent graduates who have over \$100,000 in student loans. And they have to turn on the TV and see politicians argue about everything except for job creation. They have to hear how Peyton renegotiated for \$90 million. Where are our priorities? Along with decreased consumer spending, we still have a struggling housing market and local governments cutting essential services for the public.

How does this all make sense? We need to bring back focus on the American people. We need to figure out ways to create more manufacturing jobs and generate more business for small companies. We need to figure out how to bring consumers out from hiding.

It all comes back to Washington and the choices they are making. I'm not pointing blame towards anyone or any party. Too much of that is happening already, further distracting us. I'm not looking for all the rich people to give the poor all of their money. But I wish all of these rich, wealthy, and well-educated business leaders and politicians would at least be dealing with the problem of job creation and helping small companies generate more business. You have all of these smart people in Washington who are voted into office to solve the problems this country. Yet all we see is them spending all of their time distracted from dealing with everything but the critical issues.

I really do hope something changes soon. All we can do right now is wait and hopefully cooler heads will ultimately prevail.

Would love to hear your thoughts!

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Art That Heals



By Carol Siegel

Being involved as an art consultant for over thirty years has given me the perspective to see the changes that have occurred in the selection of artwork for the health care community. Rodger Ulrichs 1980's study is instructive*: it compared patients who were able to see landscape views

through the window to those only able to see a brick wall. Not surprisingly, the patients with the window view recovered more quickly and required less pain medication.



It has been well established by clinical psychologists that reducing stress will ensure more positive patient outcomes. Additionally, it has been demonstrated that videotapes and dvd's of sandy beaches, forests, waterfalls and sunsets reduced anxiety and pain intensity significantly. These types of landscapes, seascapes, florals, and nature scenes are referred to as "healing art." It has been shown to actually decrease blood pressure, heart rate and pain, while calming the families of patients and treatment staff as well. Because of our long association with the healthcare industry for over thirty years, we have

become very confident in our ability to identify images that reduce stress and restore health.

We are always careful to consider the specific audience: e.g., age of the patients, gender, departments, use of space, etc. For example, if we are asked to design a plan of artwork for a same day surgery suite, we know the patients and their families will be anxious and they will be administered an anesthetic for their procedure so our suggestion would be lower energy, softer colors, quiet type landscapes and images of sunny beaches and quiet walks in the woods.

Recently, for example we designed an installation of artwork for a pediatric office suite. We suggested a series of mother animals with their babies. They are both decorative and educational and provide conversations between the mother and child "what animal is that?" and "do you know what the monkey says?" They are appreciated by very young children all the way up to teens and their parents and grandparents.

For an oncology/chemo space in a hospital, we recommended and provided artwork showing blue skies, gorgeous flowers and fountains to encourage feelings of safety and comfort in the patients. We have found it helpful in some instances to select artwork that patients can get lost in. Since chemotherapy, dialysis and other infusion therapies take a long time patients may be there for several hours. Knowing the language of the hospital has proved to be very beneficial. What exactly is a hematology lab, a crash cart and a triage room? What will happen in a same day surgery suite? We want patients to feel immersed in that thoughtful, calm, space with its promise of sunlight, blue skies and cool calm water.



Back room staff areas like break rooms and lounges are also important. The staff is constantly under pressure, understaffed and need to feel the positive effects of calming artwork as well. In areas like a main reception room we have the opportunity to make recommendations for more contemporary, abstract artwork and sculpture, perhaps complimenting the exterior architecture of the building or interior contemporary design. It is most important to see the art through the eyes of the patient and focus on providing art that becomes a part of the healing experience: restorative and healing.

For additional information, visit www.carolsiegelartservices.com.

Carol Siegel is an art consultant based in Oakmont, PA who collaborates with interior designers and architects to provide artwork for healthcare, corporate, educational and residential spaces. Her company, Carol Siegel Art Services, is able to participate in any or all phases of the project working with the architects and interior designers to collaborate in the design of a plan of artwork, delivering, installing and security locking it to the wall for safety.

References

* Roger Ulrich "The Role of the Physical Environment in the Hospital of the 21st Century," 1984

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What's New in Twitter



By Daniel Casciato

With all of the attention Google+ and Facebook has been getting recently, many people have asked me if this means the end of Twitter. Certainly not. Twitter is still a valuable social networking tool and should be part of your entire social media strategy. In fact, the San Francisco-based organization has made some minor tweaks over the past several months to improve user experience.

PRIMER ON TWITTER

But first, let's do a quick primer on Twitter. As we discussed in this column about a year ago, Twitter is a real-time information network connecting you to the latest information about what you find interesting. This could be sports, entertainment, world news, healthcare issues, etc. All you do is find the public streams you find most compelling and follow those conversations. @wpahospitalnews, for example, will report on the latest news and trends around the healthcare and hospital industries across the Western PA region as well as the world. Sometimes, we'll post about local (non-health related) news that our followers may find interesting.



According to the Twitter site, "at the heart of Twitter are small bursts of information called 'tweets.' Each Tweet is 140 characters in length." When written strategically, you can share a lot with that small amount of space. Think of a tweet as your headline to broadcast some information. With each tweet, post a picture, video, your

blog post, or website's URL to direct people for further details.



Activity Tab

Another new feature is the Activity tab. This provides a rich new source of discovery by highlighting the latest Favorites, Retweets, and Follows from the people you follow on Twitter – all in one place. If it sounds like your Facebook feed, you're right. Very similar to how Facebook organizes its information. It's a very clean interface and just gives you more information at a glance.

Sharing Photos

Like other social media channels, Twitter has now made it easier for you to share photos and videos on your account. When you click inside the Tweet box on your Twitter landing page or on the New Tweet button, you'll see two small icons in the lower left hand corner, one for adding your location (a compass), and one for uploading an image (a camera). You can upload photos that are 3MB or smaller.

Finally, you know that Twitter bird icon you see when you log into Twitter—located on the right side of your screen? You've seen him everywhere... well, now he finally has a name. Larry. Yes, like the other Larry Bird. So welcome, Larry! 🐦

WHAT'S NEW ON TWITTER

Favorites and Retweets

Earlier this month, Twitter introduced two new features that help you discover more on Twitter. You can now see in real-time when someone "Favorites" or "Retweets" one of your tweets. All you need to do is click on the new tab with your @username, and you can immediately see which of your tweets were listed as Favorites, plus the latest Retweets, Tweets directed to you, and your new Followers. Favorites is similar to bookmarking a website in your browser. If you liked a particular tweet, or wanted to review the information mentioned in the tweet, just select it as a Favorite. What's cool is that now you can see which one of your tweets have been bookmarked by other people.



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Opportunity Thrives in Allegheny Biotechnology Workforce Collaborative

By Autumn Edmiston



A need for skilled workers, a physician's fortitude and vision, and women hoping for a better life has resulted in The Allegheny Women's Biotechnology Workforce Collaborative (AWBWC). Dr. Christopher Post, Director, Pediatric Otolaryngology, Medical Director, Center for Genomic Sciences at Allegheny General Hospital conceived the idea for this program. He spent much time garnering support from area charitable foundations; and, with collaboration from the Community College of Allegheny County (CCAC) and was able to launch the pilot group in 2007.

As biotechnology continues as a major competitor in the Pittsburgh region, the CCAC Biotechnology Workforce Collaborative (BWC) is playing an important role. Advancing discovery and understanding while promoting teaching, training and learning between the academic and industry partners, the BWC enhances the infrastructure for research and education as a feeder to meet employment needs and as a critical link to industry.

Through a \$597,920 National Science Foundation S-STEM grant and additional funding from Eden Hall, the BWC has recruited three cohorts of 52 students. Four students have finished internships at Allegheny-Singer Research Institute (ASRI), The University of Pittsburgh, and in private industry. Three of them have graduated with their Associate degree in Biotechnology and have already gained employment in the field.

This summer the NSF S-STEM grant supported seven BWC students in completing their PTEI summer internship program at The McGowan Institute, the University of Pittsburgh, UPMC, and ASRI's Center for Genomic Science. These students are expected to graduate in December with their Associate Degree in Biotechnology. The success of this program is attributed to the dedicated faculty and administrators at CCAC and the student support staff from ASRI, all of whom work closely with the BWC students. CCAC's strong community partnerships with ASRI, Pittsburgh Tissue Engineering Initiative (PTEI) and the McGowan

Education Update

Institute for Regenerative Medicine have made the BWC a model-training program that contributes to a strong, viable workforce in southwestern Pennsylvania.

The program was designed to provide free tuition, books and supplies, but also intense support to increase chances for student success. A full time social worker provided close personal support to each student as the students bonded over shared struggles. The faculty at the college functioned as a learning community with students grouped together in classes and on-going communication among the team. This unique program has made a life-changing impact on the students it has served.

PTEI works with CCAC on internship placement for the students. Joan Schanck, Director of Education at PTEI, states, "The 10 week experience for the students to work with mentors from a variety of experiences provides a solid understanding of what it means to perform research. Students are required to write abstracts, and present their findings at the conclusion of the internship. They interact and collaborate with other interns from Ivy League schools, scientists and the fellow peers".

Cohorts of 17 students provide support for each other in the challenges they face. Many are single mothers, economically challenged, or have found themselves displaced with little hope for a better future. Part of the program's success rests on the shoulders of Chris Compliment, LCSW, Student Support Coordinator for the Biotechnology Workforce Collaborative. She works with the students in providing intensive support and assistance with various issues faced by individual students. Chris is a lifeline for students allowing them to reach their potential.

Compliment states, "Each student is unique in their needs and as a social worker my job is to work closely with them, help to find resources and identify stumbling blocks that can derail a student's progress. This is a very rigorous program and not everyone can make it. But, we want to provide students with all the supports possible to ensure success." Students in the program reported the positive impact that their academic pursuits had on their own children, increasing the children's interest in science careers, desire for a college education, and attention to their studies.

Students Tracy Spirk and Tenisha Blackwell had high praises for Compliment who worked with them on a variety of personal issues. From counseling, assisting with securing a spot for childcare to finding resources for economic support, Chris takes a personal ownership of the students and their success. When each student was faced with overwhelming odds they reached to Chris's for help.

Tracy was a prior CCAC nursing student, quit school, was a single mother, struggled with childcare, and didn't have a direction. She attended the New Choices New Options program through CCAC and met Chris Compliment.

Always a people person, Tracy couldn't imagine the isolation of research in a lab. A visit to ASRI changed that perception. What Tracy saw was a team of people working together to solve a problem to help others. She obtained her Associate Degree and is continuing her schooling to receive her Bachelors Degree in Marketing from Slippery Rock University.

Tenisha, the youngest in the cohort had her own set of obstacles to overcome. She had attended Clarion University but lacked confidence, direction and ultimately left school. She met Chris Compliment and was accepted into the cohort. She graduated with her Associate Degree, was hired at ASRI and plans to continue schooling for a Bachelors Degree in Biology.

Schanck states, "Biotechnology Science is a very broad field and this partnership has created a civic intermediary model fostering a network of diverse populations that could be replicated elsewhere".

A third cohort will begin in the fall of 2012. Contact 412-237-2774 for information. The success of the program has lead to expansion of accepting males as well as females. A telephone screen, followed by a meeting with Chris Compliment, and Dr. Sandra Bobick, director of the program, will help to determine if this program is the right fit.

From little hope for a better future to sustainable jobs, this program is a viable resource for job training to support the medical community in the Pittsburgh Region. †

Autumn Edmiston, Principal at Rev-Up Marketing and Co-founder of AMO Alliance, is a marketing consultant and freelance writer. For more information visit www.rev-upmarketing.com, follow her on Twitter @revupmarketing or join her on Facebook (www.facebook.com/pages/Rev-Up-Marketing).

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CCAC Ranks First Nationally for Nursing Graduates

The Community College of Allegheny County (CCAC) graduates the largest number of registered nurses among the nation's two-year institutions, according to a report by Community College Week. CCAC also awards the second-largest number of associate's degrees in health careers.

In the annual rankings, CCAC is first among two-year institutions awarding associate's degrees in the category of Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing. CCAC presented degrees to 412 nursing graduates in the 2009–2010 academic year, the period included in the current study. In the current rankings, nursing has been split into two categories; CCAC ranked second among two-year institutions in the combined category last year. CCAC remains the only Pennsylvania institution in the top 10.

Community College Week also ranks CCAC second among two-year institutions in the number of degrees awarded in the Health Professions and Related Programs, the same position as last year. In 2009–2010, the college awarded 633 degrees in the category. Again, the college is the only Pennsylvania institution in the top 10.

Additionally, CCAC is ranked in the top 50 institutions nationally in the two categories of Business, Management, Marketing and Related Support Services as well as Family and Consumer Sciences/Human Services.

Overall, CCAC is 69th in the number of associate's degrees awarded by all institutions in 2009–2010, with 1,683 graduates. CCAC annually enrolls about 33,000 credit students who choose among certificates and associate's degrees in 170 programs.

Visit www.ccac.edu to learn more. †



An instructor assists students in a phlebotomy course at the Community College of Allegheny County's Braddock Hills Center.

CCAC Wins \$1.2 Million Grant to Promote Diversity in Nursing

The Community College of Allegheny County (CCAC) has been awarded a \$1.21 million Nursing Diversity Grant by the Health Resources and Services Administration (HRSA). The three-year grant will expand CCAC's RN Achievement program, which is designed to prepare diverse and disadvantaged students for careers in nursing. The grant will provide educational services, scholarships and stipends for qualifying students to increase participation and retention in CCAC's Nursing Program.

CCAC is first nationally among two-year colleges for the number of associate's degrees awarded each year in Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing according to annual rankings by Community College Week. CCAC presented degrees to 412 nursing graduates in the 2009–2010 academic year, the period included in the current study. The magazine also ranks CCAC second nationally among two-year institutions for the number of degrees awarded in Health Professions and Related Programs.

The grant will continue four key initiatives—generating early interest in nursing among high school students, reaching out to disadvantaged students through preparatory work as well as financial assistance, working to improve retention and incorporating cultural diversity sensitivity training into the program.

This is CCAC's second HRSA Nursing Workforce Diversity grant. This project is supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

Visit www.ccac.edu to learn more. †

Education Update

RMU Nurses Get a Dramatic Education

It sounds like something from an episode of "Seinfeld" – actors portraying patients to help student nurses learn how to diagnose illness.

But it's serious work, so much so that The Hearst Foundations designated part of a \$100,000 grant to the medical simulation center at Robert Morris University to fund the so-called standardized patient program. That's the name of an increasingly popular method of health care education in which trained actors take on the role of patients.

The grant will allow RMU Colonial Theatre director Ken Gargaro to train actors in the university's theater program to present symptoms to student nurses, who will gain experience diagnosing disease as well as interacting with patients and their family members. This summer, actors portrayed adolescent patients for the pediatric assessment course in RMU's doctor of nursing practice program.

Gargaro previously worked in the standardized patient program at the University of Pittsburgh School of Medicine.

"What we proved is that the actors were adept at creating a real situation that allows the medical professionals to suspend their disbelief. Only actors can do this sort of thing, being truthful within the case history that they are given, and allowing medical professionals to practice on them in a heightened situation that prepares them for the real world," said Gargaro.

The bulk of The Hearst Foundations grant, \$75,000, will allow the Regional Research and Innovations in Simulation Education (RISE) Center at Robert Morris purchase another mannequin for its simulation laboratory. The center uses highly realistic, computer-controlled mannequins to allow students and health care workers to train safely before they gain experience with living patients.

Currently, the laboratory is housed in RMU's John Jay Center, but the university plans to construct a 19,000 square-foot facility for the Regional RISE Center. That project has already qualified for \$5 million under the Pennsylvania Redevelopment Assistance Capital Program.

"We will have better trained health care providers in the Pittsburgh region and provide better care to our patients. That's the bottom line," said Valerie Howard, associate professor of nursing at RMU and director of the Regional RISE Center.

The Regional RISE Center is developing partnerships with local health care facilities, including St. Clair Hospital in Mt. Lebanon, to allow medical workers to advance their training.

"St. Clair Hospital is very excited to enter into a relationship with Robert Morris University and the Rise Center to enhance the care process for the patients we serve through simulation activities particularly focused on inter and intradepartmental communication during rapid response teams," said Holly M. Hampe, vice president and chief quality officer of St. Clair Hospital.

For more information, visit www.rmu.edu. †

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Duquesne University Nursing School and UPMC Mercy Collaborate on Nursing Education

A July 27 luncheon at UPMC Mercy celebrated the deepening educational relationship between the Duquesne University School of Nursing and the hospital, a collaboration that enables the school's clinical instructors to work with hospital nursing staff to the benefit of both Duquesne nursing students and patients. Marking the occasion are, from left, UPMC Mercy nursing administrators Margaret DiCuccio and Heather Dixon, UPMC Mercy School of Nursing administrator Alexis Weber and Nursing School Dean Eileen Zungolo. Dixon holds a plaque presented to her and the nurses of hospital unit 11E in appreciation of their collaboration with the nursing school faculty and students. †



Education Update

Pitt Researchers Find New Way to Classify Post-Cardiac Arrest Patients, Improving Ability to Predict Outcomes

A new method for scoring the severity of illness for patients after cardiac arrest may help to predict their outcomes, according to researchers at the University of Pittsburgh School of Medicine. Most importantly, their findings, published in the early online version of *Resuscitation*, also show that none of the severity categories rules out the potential for a patient's recovery.

"Traditionally, we have used historical or event-related information, such as initial cardiac rhythm or whether someone witnessed the collapse, to categorize these patients upon arrival at the hospital," said Jon C. Rittenberger, M.D., lead author and assistant professor of emergency medicine. "Unfortunately, more than 10 percent of the time, such information is unavailable, which limits our ability to tailor therapies, counsel families about prognosis or select patients for clinical trials."

Cardiac arrest is the most common cause of death in North America, resulting in approximately 350,000 deaths each year.

The researchers looked at retrospective data for more than 450 post-cardiac arrest patients treated at UPMC Presbyterian between January 2005 and December 2009. Both in-hospital and out-of-hospital cardiac arrests were included. In 2007, the hospital implemented a multi-disciplinary post-cardiac arrest care plan, including therapeutic hypothermia, or cooling of patients to minimize brain damage.

Four distinct categories of illness severity were identified based on a combination of neurological and cardiopulmonary dysfunction during the first few hours after restoration of a patient's spontaneous circulation. The researchers looked at rates of survival, neurologic outcomes and development of multiple organ failure for patients in each category, and found wide variations among the groups.

"Now, objective data available to the clinician at the bedside during initial evaluation may provide a better way of predicting outcomes and guiding the decisions of families and clinicians. We found that the category of illness severity had a stronger association with survival and good outcomes than did such historically used factors as initial rhythm of arrest or where it happened," said Dr. Rittenberger. "Our results indicate that illness severity should be carefully measured and accounted for in future studies of therapies for these patients."

Co-authors of the study include Samuel A. Tisherman, M.D., Margo B. Holm, Ph.D., Francis X. Guyette, M.D., M.P.H., and Clifton W. Callaway, M.D., Ph.D., all of the University of Pittsburgh.

The research was supported by a grant from the National Center for Research Resources. Dr. Rittenberger is also supported by an unrestricted grant from the National Association of EMS Physicians/Zoll EMS Resuscitation Research Fellowship.

For more information, visit www.upmc.com. †



Jon C. Rittenberger

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Ayurvedic Physician Brings Ancient Healing Science of India to the Region

By Daniel Casciato

Ayurveda is one of the fastest growing complementary healing systems in the United States and offers a unique preventive approach for restoration of health. Ayurveda is made up of two Sanskrit words: Ayu which means life and Veda which means the knowledge of. This 5,000-year-old natural healing science is experiencing a major resurgence not only in its native land of India, but throughout the world.

Ayurveda takes holistic medicine a step further, treating people not as isolated individuals but as an inextricable part of the whole universe. In India's ancient Vedic tradition, there is an underlying intelligence that flows through and connects everyone and everything in the universe. Ayurveda sees life as the exchange of energy and information between individuals and their extended body—the environment. If your environment is nourishing, you thrive; if your environment is toxic; you may become sick. Therefore, according to Ayurveda, learning how to eliminate toxicity and surround yourselves with a healing environment is the key to health.

Thanks to Dr. Lina Thakar, an Ayurvedic physician from India with over 15 years of experience, this ancient healing science has now come to Western Pennsylvania. Ayurveda Wellness Center & Holistic Spa is the first and only authentic Ayurveda center in the Pittsburgh region and the tri-state area offering traditional Ayurvedic treatments.

Ayurveda applies various natural methods to complement the treatment of specific illnesses so that the recovery is fast and prevents recurrence. Through this healing science, Dr. Lina says you can reconnect and uncover genuine wellness and ultimate rejuvenation.

“We know that health is not a transitory feel good that takes place on an occasional spa visit. It is about feeling right and looking good, always,” says Dr. Lina, who is also affiliated with Allegheny General Hospital's Integrated Medicine Program which offers an integrated approach to conventional and natural healing practices.

Dr. Lina explains that Ayurveda takes into account all aspects of life to create harmony among your mind, spirit, and body.

“It addresses the root causes of imbalance—not just the symptoms—and promotes natural healing process without adverse side effects,” she says, adding that

once you're balanced, you'll possess a stronger well-being which leads to an overall longer and healthier life.

Since managing stress is a lifelong process, their spa services are aimed at longer lasting benefits. Dr. Lina and her staff try to remove the root causes of stress and not just the symptoms.

“We'll give you the power and the tools to feel right, light, and beautiful inside,” she adds. “Whether you're seeking a wellness consultation, spa therapy, nutrition and cooking session, natural beauty treatment, or a detoxification program, we'll help you restore balance and reawaken your body's natural healing mechanisms.”

Managing a physician's stress is particularly important for their own health as well as for their patients, explains Dr. Lina.

“If it's one thing doctors know about firsthand, it's that stress that they are under,” she says. “They have a high stress zone due to their hectic schedule. The money issue is also really big. They need to see more patients in a shorter period of time to pay their overhead.



Dr. Lina Thakar with a patient.

The fear of being sued is really big. Plus they are often up all night on-call. As a result, they have poor nutrition and as we are seeing an increased number of chronic medical conditions.

For those physicians and other healthcare professionals who are often combating stress, Ayurveda Wellness Center & Holistic Spa offers discounts to their wellness packages.

Dr. Lina and her staff offers private, personal wellness consultations and instruction, designing individualized programs that include dietary recommendations and lifestyle changes, Indian Ayurvedic massage treatments, spa therapies, and Panchakarma detoxification therapies, as well as stress management techniques based on Ayurvedic principles, to achieve optimal body-mind wellness. Additionally they offer special programs for Infertility, Holistic Pregnancy, Menopause for women's health and a children's program, as well as special corporate wellness programs for management and employees.

“At the Ayurveda Center, we are committed to community healing which is why we offer deep healing for veterans, physicians, government employees, teachers on discounted rates,” says Dr. Lina.

To support your Ayurvedic lifestyle, Ayurveda Wellness Center & Holistic Spa also features a retail shop which carries an array of Ayurvedic herbal oils, dietary supplements, natural beauty and skin care products, as well as Dr. Lina's own product line.

To learn more, visit www.ayupgh.com or like them on Facebook at www.facebook.com/AyurvedainPittsburgh.

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Facing Conflict with Mediation Skills in Health Care

By: Sarah Sudar, Rosa Lynn Pinkus, and Ellen DeBenedetti

In 2008, researchers published results of a study in *Conflict Resolution Quarterly* that found that a two-day introductory conflict resolution workshop given to physicians and medical residents allowed them to develop positive attitudes towards confronting conflict situations in the workplace.* Interviewed more than a year later, participants in the workshops noted that they used the information from the short training workshops to apply conflict resolution skills to different situations in the workplace.



Ellen DeBenedetti

Though this study is an isolated example of the results of conflict management techniques, these skills are important for all health care professionals. Whether a conflict arises in the care of a patient in the ICU, ER or waiting room, having constructive conflict management techniques can aid the health care professional in facilitating communication between disagreeing individuals, ensuring that all parties feel heard. Acting as an informal mediator, the health care professional uses skills to clarify communication, de-escalate

tense situations, facilitate decision making between parties and summarize decisions that have been made. In addition, health care professionals can use conflict resolution skills in their day to day practice with other health care professionals. Having an understanding of conflict dynamics can aid them in proactively making sure that communication is clear and constructive.

In keeping with the mission of the Consortium Ethics Program (CEP), the ethics education network of Western Pennsylvania, CEP Director, Rosa Lynn Pinkus, PhD, sought to bring this training to the core ethics curriculum in 2001 and contracted with Ellen DeBenedetti, MEd, a local mediator, trainer and conflict coach. When providing conflict resolution and mediation skills training to health care professionals, DeBenedetti often describes the role of a mediator as a “human highlighter,” pointing out the important elements in conversations of conflicting parties so that they can actually hear what is being said. She says that situations which can benefit from mediation are so wrought with emotion that it helps the

conflicted parties to have an outsider keeping track of what is actually being said. Her informal, interactive teaching style and expert knowledge made her a perfect fit for the mid-level professionals enrolled in the CEP.

DeBenedetti got a start in her career as a professional mediator in 1989 when she worked with The Pittsburgh Mediation Center (PMC) to write a curriculum to teach conflict resolution skills to elementary students at her son’s school. Ellen was then asked to teach part of the curriculum at the school since she was a special education teacher and was eventually hired by PMC as a consultant to work with teachers in other school districts. In 1997, Ellen left teaching and became a full-time mediation training coordinator at PMC and in 2010, she set out on her own as an independent consultant.

With experience working with the US Postal Service, Equal Employment Opportunity Commission, UPMC Intermediation Program, and the Key Bridge Foundations (Department of Justice ADA complaints), among others, DeBenedetti was able to offer CEP representatives a series of three, three-hour interactive workshops. In these workshops, CEP participants are able to experience, understand and practice conflict management skills through experiential exercises and role-playing.

“I want people to have an experience in an activity in the workshops so they can draw some conclusions about the way conflict affects them and others,” says DeBenedetti.

DeBenedetti offers mediation, conflict coaching and large group facilitation, as well as training in conflict resolution, mediation and topics such as communication, negotiation, third-party intervention, and team building, and she tailors her training and practice to meet the needs of her clients.

To learn more about DeBenedetti and for contact information, visit her website at: www.ellenmediation.com. The CEP is the regional, health care ethics education network in Western Pennsylvania with a mission to cost effectively assist health care professionals, their institutions and the local health care community in developing and sustaining awareness and expertise in clinical health care ethics through education. To learn more about the CEP, go to www.pitt.edu/~CEP. †

*Zweibel, E.B., Goldstein, R., Manwaring, J.A., Marks, M.B. (2008). What sticks: How medical residents and academic health care faculty transfer conflict resolution training from the workshop to the workplace. *Conflict Resolution Quarterly*, 25(3): 321-350.



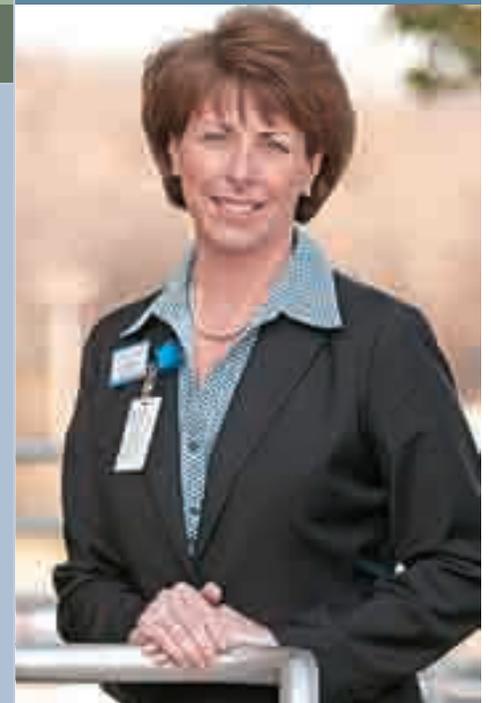
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Is Good "CARE" Still Good Business?

By John D. Laslavic



Leading a business, organization or employees is not easy these days. Health care executives and their boards of directors have a continuous challenge to keep a balanced approach. And if we agree that organizations and their employees follow their leaders thinking and behaviors, we can observe the importance of an organization's leadership and how their actions can have an immediate impact on customer service.

If we agree that patients are customers. In today's health care environment, leadership is critical. Is the leadership putting up barriers for the primary care physicians or are they breaking down the barriers to achieve excellent health care at all levels.

Here is one real-life recent situation to consider:

A colleague of mine recently became ill and called their primary care physician group for an appointment. As background, this physician group practice has been caring for this family for over 20 years. My colleague is not typically sick, so seeking immediate help from a primary care physician was not normal. Upon calling the PCP for an appointment, this colleague was rudely treated by the receptionist, told that they were booked and would not be seen. The receptionist after prodding asked if a note to the doctor and if the PCP called in a prescription for an antibiotic would that be satisfactory? My colleague complied and picked up the prescription the same day.

Following that event, my colleague booked an appointment for a physical, with the same PCP, because of some health concerns and need help with some overall health issues.

Upon arrival at the on the day of the scheduled appointment at 7:45 AM for the 8 AM appointment, my colleague was greeted at 8:05, paid the co-payment, was weighed, a vitals conducted and was taken back to exam room at 8:05. While sitting in the exam room for 25 minutes, my colleague could overhear the ranting of the PCP about the frustrations of their treatment by the leadership of the large health system that had purchased their practice. Initially, my colleague thought that the PCP was speaking to another patient, but found after waiting in the exam room for 25 minutes, the PCP was actually ranting to the other staff members in the practice.

Having reached the limit of the patience threshold, my colleague got dressed, went to the reception desk and asked for the co-payment to be returned and complained about the overall poor customer service. The doctor then emerged from the back to the reception area to confront my colleague stating, "I'm here now!" My colleague declined being very upset by the treatment by the practice and left.

This colleague was not called by the practice following the unsettling events at the practice. No care for the person was extended. This colleague biggest question is, "If I am treated this way at 8 AM, how will the other patients be treated at 4:30 PM?"

My colleague will find another PCP and will more than likely direct others away from that practice. This was not how the practice operated for the previous 20 years. What is happening? Are we losing the "CARE" in health care because the new leadership stopped lis-

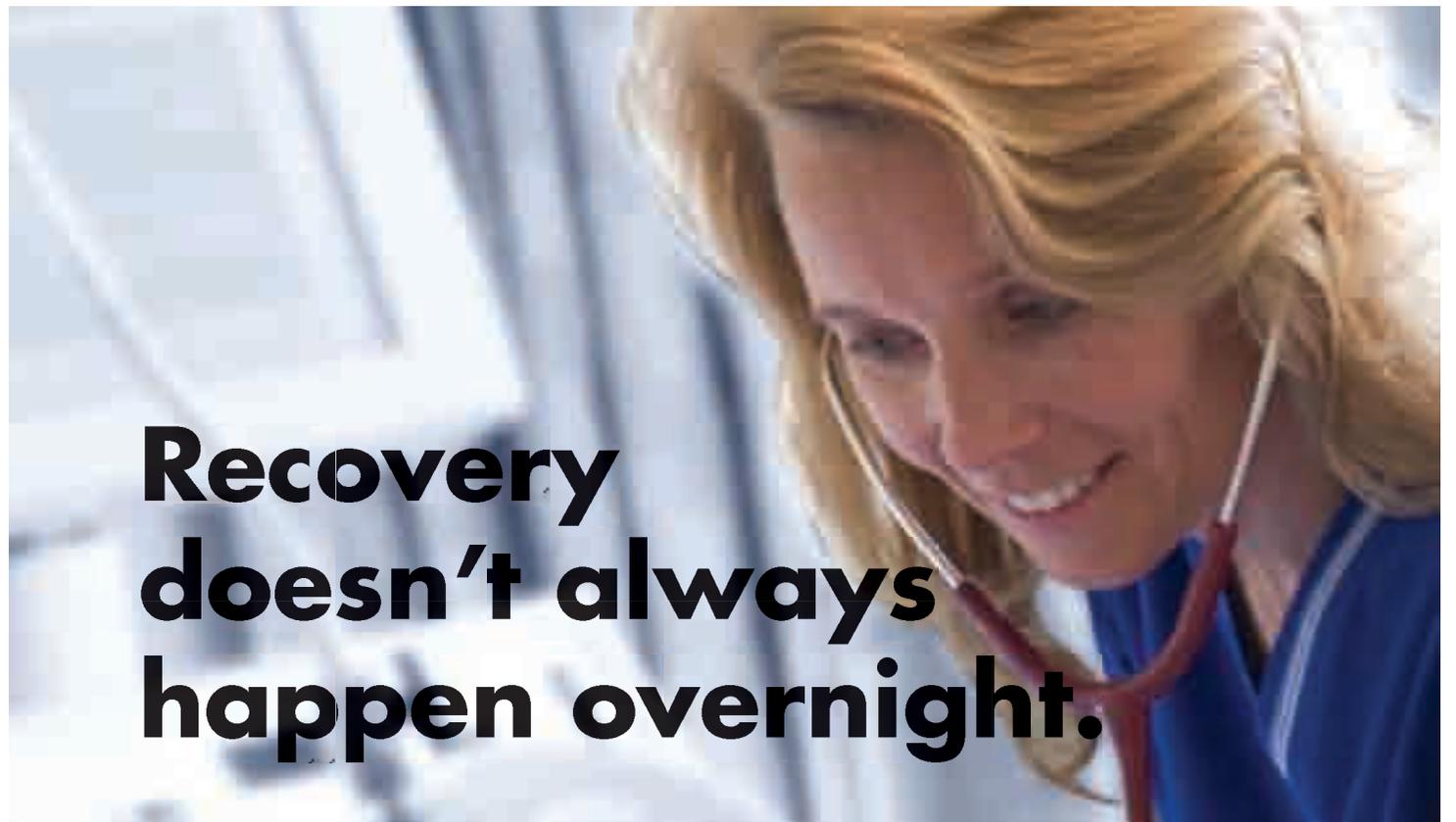


Business Professionals in Healthcare

tening to the PCP's and the patients? Could it be the structural change has had unanticipated consequences for the PCP? Was the agreement properly structured for a win-win relationship? Is the behavior of the leadership outside and inside showing the other employees that the "new" business of health excludes true caring and good customer service for the patient?

We should ask ourselves: As leaders in the business of health care, are our business decisions considerate of a balanced approach? How do we impact our employees at all levels? Is good "CARE" still good business? †

John D. Laslavic, LPBC, is president of ThistleSea Business Development, LLC. For more information, visit <http://thistlesea.com>.



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Improving Healthcare Outcomes and Economics

As you may be aware, Western Pennsylvania Hospital News is celebrating its 25th year. Rather than reflect on the past, we want to move forward and look ahead. Based on your own skillset and insights, what does the future hold for the healthcare industry and how will your practice or organization contribute? We'd love to hear your thoughts. Please email Harvey Kart at hdkart@aol.com and we'll share your thoughts with our readers between now and the end of the year.



By Ron Kocent

Twenty five years and counting! I recall starting in rural Punxsutawney just after the Nixon Administration promoted the new concept of HMO's. The PC was a dream, but we soon had green screens with a DOS prompt. Then the 5 pound "bag phone" emerged for portability—the time has gone by quickly and as we all know, the pace of technology has been astronomical.

I recall the early days of Hospital News, and a brief article published as we developed a provider owned HMO in Beaver County. Since that time the healthcare administrative field has advanced from basic cost saving

measures to efforts to evaluate true clinical and economic benefits.

As we approach the next decade I believe healthcare will transition in many facets, improving outcomes and economics.

A wise local administrator used to open many meetings asking, "What's the object of the exercise?" This question is an important foundation for any management decision, process or program development.

In the case of the future, I see short and long term objectives and evolution as healthcare leaders continue to focus resources on specific objectives. On a large scale, over the next decade, I believe several major elements will continue to incrementally improve healthcare outcomes and economics:

- There will be even more physician/hospital collaboration.
- Business technologies will advance for more precise measurement capability through a combination of advanced accounting programs and EHR based clinical data.



- Measurement of clinical and economic benefits will become more exact as variation in technologies is reduced and clinical pathways are more prevalent within facilities.

- Nano technologies, biologics, stem cells, pharmaceuticals and minimally invasive techniques will evolve to replace our current state-of-the-art care.

- Patients will have choices based on transparency with actual measured results.

In the short run I believe it's imperative that revenue is captured as near to 100% as possible. Without the proper resources to operate, a practice of facility simply can not survive. A recent AMA publication once again noted that in 2010 the average rate of inaccurate claim payments by commercial insurers is 19.3%. After witnessing this in actual reviews I conducted over the past eight years, I intend to start my orthopedic and neurosurgical practice revenue review business in August. Healthcare Management Results will be launched, and I am confident that the average practice bottom line can be improved from between 10 to 20%. Using a combination of benchmarking, certified coding review and a proprietary software, new earned revenue will be captured.

As the eternal optimist, my belief is that our healthcare system will improve dramatically as the business tools improve and clinical professionals continue to strive for the best patient care possible. †

Ron Kocent of Healthcare Economic Solutions can be reached at consultkocent@msn.com.

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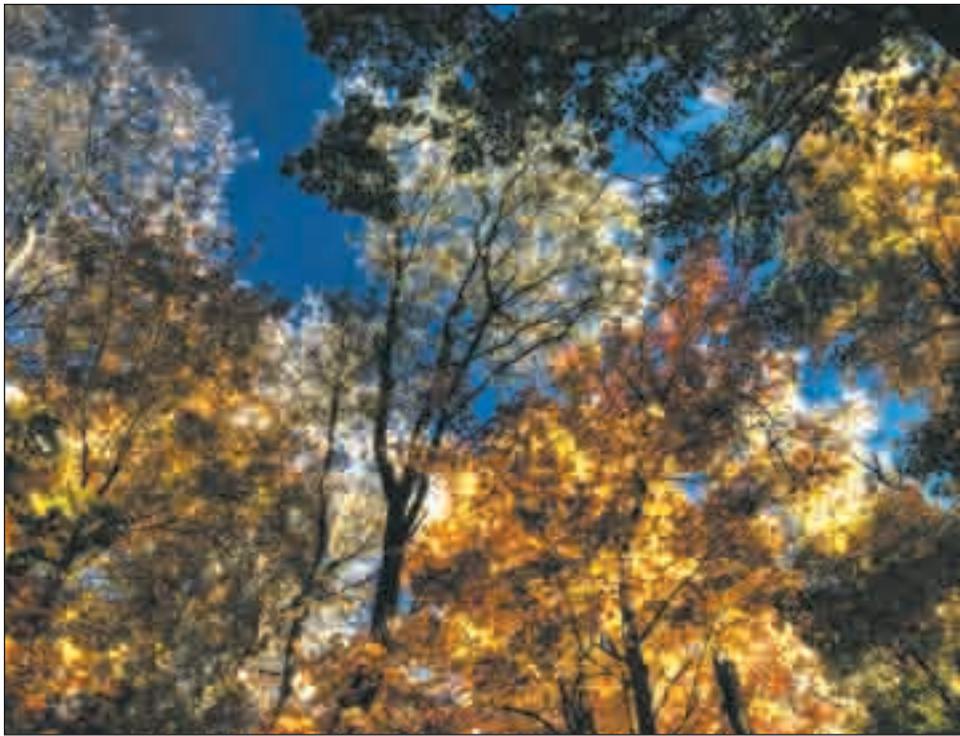
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ARTIST From **Page 1**

Another reason Kormos chose photography may be because not everyone is born a painter! He jokes, “For me, it was about the only thing that I could do artistically. I can’t paint or draw worth a damn! So this came easy for me.” The digital revolution also helped to facilitate Kormos’ fluency with the medium. He explains, “When they became available, I think I probably had one of the first digital cameras ever made—and as a result I learned more about photography in that unconstrained way because I didn’t have to worry about developing film and its related costs.” In addition, Kormos enjoys doing his own photography processing and editing on the computer.



Dr. Robert Kormos



Dr. Robert Kormos

Photography has also become a relaxing break from Kormos’ very demanding professional specialty. “In the healthcare area that I work in, there’s a lot of emotional energy that’s spent looking after patients. In other words, it’s a very personal thing—you don’t just do surgery on somebody and walk away. So photography gives me a way of disconnecting from that and relaxing—that’s kind of another reason why I do it.”

Although his medical work is so time demanding, Kormos has been able to successfully combine his professional opportunities with his artistic interests. “I do a great deal of traveling for academic medicine-related meetings and lectures all over the country and the world—and this also gives me many artistic opportunities. So whenever I go somewhere, I always make sure that I have time built into my schedule which will allow me to get free and do some of my photography.”

Even though Kormos cannot imagine being a full-time photographer professionally, he believes he will eventually spend more and more time pursuing his art form. “I’ve often joked with my wife that when it does come to retirement, that’s probably what we’ll do—you know, go out to the Outer Banks, take photographs, and sell postcards!”

To see some more of Kormos’ photographic works and to learn more about his artistic philosophy and expression, you can visit his website at www.heartmind-eye.com.



Dr. Robert Kormos

Faith is daring the soul to go beyond what the eyes can see.
 ~ Author unknown

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What to Ask About the Next New Product to Enhance Hospital Cash Flow

By Robert Sommer

Hospitals and other healthcare institutions, like most businesses, routinely have large amounts of money on hand that they will soon have to disperse.

The typical cash flow cycle results in having funds to cover payroll in the bank at the beginning of the month. A hospital system with 1,000 employees may have \$6 million or more a month to invest short term. Occasionally, a hospital may also have the funds on hand that it has committed to spend on a construction project lasting more than a year.

Whether it is the routine cash flow cycle or funds for a special project, the financial management issues are the same: Can the hospital safely increase the yield on its short term investments by some tens of basis points over Treasuries while remaining certain of its ability to meet its obligations on a timely basis? When it comes to short-term investing of funds, a higher rate of return is measured in basis points, which are one hundredth of one percent. An increase in return of 10 or 20 basis points does not sound like much, but it can be meaningful when applied to millions of dollars.

The desire for higher yields for short-term investments spurred the financial industry to create special, structured products, which were designed to enable businesses, including hospitals and healthcare institutions, to increase the yield on their short-term investments in a safe manner.

The key word is safe. It's an axiom of prudent investing that the rate of return should be commensurate with the risk taken.

One thing the Auction Rate Securities (ARS) meltdown of 2008 should have taught CFOs of healthcare institutions is that they must understand what liquidity and default risks they are taking for the extra return. Based on reported cases, many healthcare institutions, like other businesses that were pitched ARS's, received verbal assurances such as "we will continue to support the auction rate market." Those assurances were negated in the boilerplate of the prospectus. When the ARS market froze up, some were unable to access their money to pay their bills and were told by sellers and courts that they had assumed the risk of a frozen market.

Auction rate securities essentially are now a thing of the past. But CFOs can



depend on one more thing besides death and taxes: the financial industry will develop new structured products that promise to improve the yield on short-term investments without increasing the risk.

When the inevitable flow of new products begins, the cautious business will look three or four times before leaping. Here are some specific questions to ask about any financial product that promises a few more basis points:

- How exactly does this product work?
- What exactly are the liquidity risks? What assures me that I can access my money when I need to?
- What exactly are the default risks?
- Has the issuer of the financial product assessed the additional level of risk over short-term Treasuries? Will it certify that assessment?
- Has any agency rated the investment?
- Is the additional risk worth the extra basis points of return?

The CFO should make sure he/she gets the answers in writing. Never accept oral general assurances of safety from a financial advisor. Rather, demand a specific, plain English listing of risk factors. Further, recognize that your seller may well be a market maker for the investment. Insist on periodic updates of the risk and certification that the seller is not aware of any changes in the marketplace and has not changed its assessment of the risk factors.

Finally, the CFO should get written certification of the risk and identification of the risk factors in plain English. The certification should contain an assurance that the level of additional risk is commensurate with the very limited additional reward.

Structured products vary considerably in terms of risk for loss. Take, for example, variable rate demand obligations (VRDO), which are securities that entities of all sorts issue with interest rates reset on a periodic basis in auctions. Holders of VRDOs have the explicit right in the event of an auction failure to put the VRDO back to the issuer at par. That right is backed up by a letter of credit. The VRDO does not yield as much as the auction rate security did in its heyday, but it's a much safer investment.

The lesson then is not to avoid the structured product, but to understand it and, more importantly, to understand the real functional risk the healthcare institution as a purchaser would assume. Understanding that risk will enable you to make an informed decision as to whether or not the investment is acceptable in light of the very modest additional return. †

Robert B. Sommer is an attorney at Meyer, Unkovic & Scott. He may be reached at rbs@muslaw.com.

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DOLLAR BANK From Page 1



Daniel Gozzard

goals. Nor are we in the business of generating fees for selling mutual funds, trusts or insurances. Our goal is to provide deposit and loan products and banking services that enhance the physician's strategies developed by his or her trusted advisors," stated Daniel Gozzard, Private Banking Vice President.

When meeting with clients, officers will meet with them at a time and place convenient to their schedule or at one of the five Private Banking Offices in Western Pennsylvania. Carol Neyland, Private Banking Vice President, especially likes working with female physicians to achieve their financial goals.

Neyland is cognizant of

the fact that not only are they accomplished professionals, but they are also wives, mothers and daughters. These women juggle the demands of family life while taking care of their patients and running demanding practices.

"With their hectic schedules, I make myself available whenever it's convenient for them," Neyland said. "I've met some doctors on their break outside of the ER, on weekends, evenings or even at their child's soccer game."



Carol Neyland

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**Source: fdic.gov mutual institutions as of 6/30/11.*

Meet a Team of Private Bankers that Understand the Needs of Medical Professionals

ROBERT COLLINS, PRIVATE BANKING VICE PRESIDENT

Bob began his career with Dollar Bank in 1986 and has been working with medical professionals for the past 20 years. His clientele specialties extend to all lending and deposit areas for professional business entities and individuals. His focus includes an emphasis in the planning and structuring of debt and quality relationship management. He received his BS from Clarion University in 1980 and passed the CPA examination in 1989.

To contact Bob with any questions or for more information about Private Banking, call 412-261-8258 or e-mail rcollins699@dollarbank.com.

CAROL NEYLAND, PRIVATE BANKING VICE PRESIDENT

Carol Neyland has worked in the financial services sector for over 30 years. For the past 15 years, she has enjoyed working with physicians providing expert personal and professional financial strategies. Prior to joining Dollar Bank, Carol was responsible for wealth management services at TIAA-CREF and at Mellon Financial Corporation, now BNY Mellon, where she held a number of positions in increasing scope and responsibilities. Some of these positions included Commercial Lending Division Head, Senior Credit Officer for the Private Bank and Business Development Officer for Private Wealth Management.

Carol graduated from Carlow University with a major in Latin and Greek and received her MA and MBA from the University of Pittsburgh. Carol currently serves on the Board of the Greater Pittsburgh YMCA and FISA Foundation.

To contact Carol with any questions or for more information about Private Banking, call 412-261-7619 or e-mail cneyland063@dollarbank.com.

DANIEL GOZZARD, PRIVATE BANKING VICE PRESIDENT

Daniel Gozzard has been with Dollar Bank since 2002 and has 20 years of banking experience within the Pittsburgh banking market. Ten of those years has been spent working with medical professionals in the area. Dan's background includes commercial lending and he also has managed the Bank's five Private Banking offices located in Pittsburgh. Dan is a 1989 graduate of The Pennsylvania State University and earned his BS in Business Management. He is a life-long Pittsburgher and currently resides in West Deer Township with his wife Jodi, daughter Katie and son Tyler.

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A Mother's Determination, Next-Generation Sequencing and the Art of Medicine Provide Solutions for Twins

By Christy Brunton

When Noah and Alexis Beery were diagnosed with cerebral palsy at age 2, their parents thought they at last had an answer to the problems that had plagued their twin infants from birth. However, that proved only a way station on a journey to find an answer to the children's problems that combined their mother's determination, the high tech world of next-generation sequencing in the Baylor Human Genome Sequencing Center (HGSC) and the efforts of talented physicians from across the country.



The Beery family at the Human Genome Sequencing Center at Baylor College of Medicine

In a report in the current issue of *Science Translational Medicine*, researchers from Baylor College of Medicine, experts in San Diego and at the University of Michigan in Ann Arbor describe how the sequencing of the children's whole genome along with that of their older brother and their parents zeroed in on the gene that caused the children's genetic disorder, which enabled physicians to fine-tune the treatment of their disorder.

More than that, it also took human genome sequencing to a new level – that of improving treatment for an individual. The Baylor Genome Sequencing Center has pioneered whole genome sequencing of individuals, beginning when they presented Nobel Laureate Dr. James Watson, with his full genome sequence on May 31, 2007. It was followed up in 2010, when Dr. Richard Gibbs, director of the Baylor Human Genome Sequencing Center, and Dr. James Lupski, vice chair of molecular and human genetics at BCM, published information on Lupski's whole genome sequence, identifying the gene mutation that caused his form of Charcot-Marie-Tooth (CMT) Syndrome, an inherited disorder.

"When the Baylor HGSC sequenced Watson's genome, it showed we could do a whole genome sequence," said Lupski. "When we sequenced my genome, it showed that whole genome sequencing was robust enough to find a disease gene among the millions of genetic variations. Now, not only have we found the variation that caused the disease, it enabled us to change therapy to improve their outcome."

"This is a giant step forward in our ability to use whole genome sequencing to benefit patients," said Gibbs.

"This work is a pivotal example of how genomics will revolutionize medicine by improving diagnostics and ultimately helping physicians optimize care for their patients", said Dr. Matthew Bainbridge, the first author on the report who was a graduate student during much of the work.

Lupski was one of the physicians who consulted on the case of the Beery children at Texas Children's

Hospital, and he credits their mother Retta Beery with fighting for her children's future and her absolute determination to find an answer.

"Because of this mother, the children have a diagnosis and whole genome sequence that changed their diagnosis. Now they have additional therapy that works," he said.

When the twins reached age 4, it became apparent to their parents that the diagnosis of cerebral palsy did not match the problems their children were facing. Their mother did Internet research and found a description of a disease that fit her daughter's diagnosis better – dopa-responsive dystonia. The muscles of people with dystonia contract and spasm involuntarily. In this case, the disease was responsive to a drug called L-dopa, which substituted for the neurotransmitter dopamine that they lacked. Neurotransmitters are critical to proper functioning of nerves that, in this case, control muscle fibers.

Dr. John Fink, professor of neurology at the University of Michigan, diagnosed first Alexis and then Noah with the disorder and started them on small doses of the drug, which alleviated many of their symptoms, at age 6. They went to school and began to function as normal children.

"It's completely changed their lives," said Retta Beery. Then, about 18 months ago, Alexis Beery began to have breathing problems so severe that eventually they forced her to stop the athletics she loved. Twice, paramedics came to the Beery house because her breathing problem became acute. Her ability to breathe was decreasing and her mother began another desperate search for an answer.

That is when their mother brought up the issue of whole genome sequencing to her husband Joe, who is the chief information officer of Life Technologies, Inc., a company pioneering new methods and manufacturing the research equipment for next-generation sequencing. That brought them to Baylor College of Medicine and Gibbs at the Baylor Human Genome Sequencing Center.

There, a team began the search for the mutated gene that was causing the twins' problems. Existing single-gene tests for the two genes known to cause the dopa-responsive dystonia were negative. When the Baylor team sequenced the whole genome of each twin (and studied their parents and brother for comparison), they found the twins had three genes with mutations that might be causative.

Two of the genes had no known purpose, but one – sepiapterin reductase (SPR) – had also been associated previously with dopa-responsive dystonia. The twins each inherited two mutated copies of that gene. One of the copies came from their mother and the other from their father. The mother had a nonsense mutation and the father had a missense mutation. (A nonsense mutation stops the reading of messenger RNA, resulting in a truncated protein that does not work. A missense mutation is a change that results in the production of a different amino acid that causes an alteration in the protein associated with the gene.)

When SPR is mutated, it disrupts a cellular pathway that is responsible for not only the production of dopamine but also two other neurotransmitters – serotonin and noradrenalin. Both dopamine and serotonin act at the synapse, the junction at which one neuron passes electrical or chemical signals to the next.

The result meant that the twins were not only deficient in dopamine, they were also deficient in serotonin. In consultation with the twins' California pediatric neurologist, Dr. Jennifer Friedman of Rady Chil-

dren's Hospital in San Diego, the Baylor doctors at Texas Children's Hospital advised adding a small dose of a supplement called 5-HTP to their medications. Friedman, a neurologist, had actually treated another child with the disorder.

"A month after adding the new therapy, Alexis's breathing improved dramatically," said Retta Beery. "She's been running track again."

Noah has also benefited, she said. His handwriting has improved and he was able to focus more in school.

The Beery case also has important general implications for studying human genetics as the genome sequencing resulted in a better understanding of what happens when a person has only one copy of the mutated gene. Each of the Beery parents has one of the gene mutations that affected their children. While the two mutated genes caused profound disease in the children, at least one mutation appeared to be potentially associated with Retta Beery's susceptibility to fibromyalgia, which also affected other members of her family.

In other words, two mutated copies of the gene (even when the mutations are different) cause the profound disease. A single mutated copy of the gene may confer susceptibility to a more common ailment.

The additional information in the Beery family is like the story in the Lupski family, where some people on one side of his family who had just one copy of the mutated genes had carpal tunnel syndrome and some on the other side of the family who had another mutated gene copy had axonal neuropathy (a disorder that affects the axon, the part of the neuron that extends away from the main body and carries messages to peripheral parts of the body). Only family members, like Lupski himself, who inherited both mutated copies were affected by the full Charcot-Marie-Tooth disease

"I think we may find more examples of genes with mutations that cause disease, and when you look at family members who have only one of the mutated alleles, you may find other variations that result in milder common disease," said Gibbs.

"This is an important finding," said Lupski. "We found evidence that sometimes, when you have a heterozygous state (only one of the mutated genes), you might be more susceptible to more common diseases."

"The key is that the children were correctly diagnosed clinically, but the molecular diagnosis offered a refinement that enabled better medical management which could further alleviate symptoms and improve quality of life for these terrific twins," said Lupski. "It answers the question of why do the genome sequence. I believe it also shows what we can all learn from a mother's persistence!"

Others who took part in this research include: Wojciech Wiszniewski, David R. Murdock, Claudia Gonzaga-Jauregui, Irene Newsham, Jeffrey G. Reid, Margaret B. Morgan, Marie-Claude Gingras and Donna M. Muzny, all of BCM, and Drs. Linh D. Hoang and Shahed Yousaf of Life Technologies in Carlsbad, California.

Funding for this work came from the U.S. Department of Veterans Affairs, the National Institutes of Health, the National Human Genome Research Institute, the National Institute of Neurological Disorders and Stroke, the Natural Sciences and Engineering Research Council of Canada and Life Technologies.

For more information on basic science research at Baylor College of Medicine, please visit www.bcm.edu/fromthelab. †

"County: Life, Death and Politics at Chicago's Public Hospital" by David A. Ansell, M.D., MPH; introduction by Quentin Young, M.D.

c.2001, Academy Chicago Publishers \$29.95 U.S. and Canada
256 pages



Exercise. Eat right. Quit smoking. See your doctor. Your stay-well regiment is pretty easy. You've made those four steps into habits, you pay attention to your body, and you've managed to stay (mostly) well.

You want to live a long, healthy life. But what if you get sick – really sick – and need serious medical care? Will your insurance cover you?

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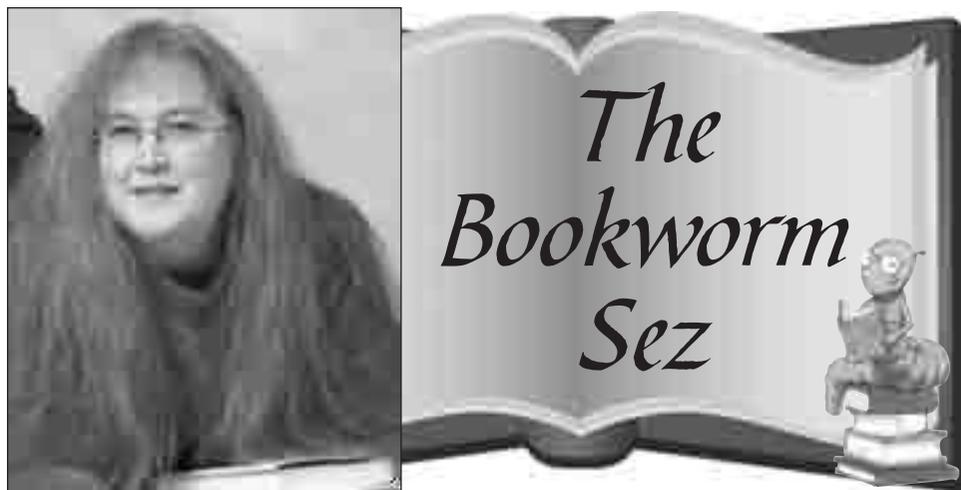
Throughout much of his career, **David A. Ansell** has cared for people who don't. In the new book "**County: Life, Death and Politics at Chicago's Public Hospital**" he writes about frustration, changes, triumphs, and patients he remembers.

For as far back as he can remember, David Ansell had a "soft spot" for the underdog, the downtrodden and the overwhelmed. He recalls being a young man, elated to find people that shared his beliefs on civil rights, the Vietnam War, and the environment. He became an activist.

So when he went to med school, it was with an eye to helping people who needed it. Upon graduation and in preparation of Match Day, he and a group of like-minded housemates deliberately chose Cook County Hospital in Chicago for their residency because the hospital accepted the uninsured and the underinsured, and because they believed that health care was a right, not a privilege. At County, he knew, he could make a difference.

When he got there, he found "third-world medicine."

For years, Chicago's movers and shakers tried to close County because it was underfunded, "decrepit... and depressing." Patients waited for care - in long lines outside or on a gurney inside - in pain and without privacy, sometimes for 12 hours



or more. The very sick, men and women alike, were treated in large open wards with little thought to modesty. Medicines were hard to get and patients often did without, and diseases that were curable often went untreated because appointments weren't accepted.

Hundreds of thousands of Chicago's poor – most of them, Black and Hispanic – came to County... or were dumped there. Loose supervision allowed young doctors to "sink or swim", to improvise, to buck the system, to counteract city politics. The hospital was often overwhelmed.

It was the best job Ansell could ever hope for.

You could be forgiven if, upon seeing this book, you're reminded of your favorite doctor dramas. Indeed, there's a touch of Doug Ross and Hawkeye Pierce here, but remember - they are fictional. "County" is not.

Starting with frightening statistics, this isn't just a memoir for a hospital. Author David A. Ansell also includes a good shot of his own life story, a few dishy work tales, some shockers, and kudos for colleagues who saw problems and founded programs to eliminate them. He ties it all up with a sense of outrage: that the system is unequal and laden with racism and that, despite political wrangling in the past few decades, very little has changed.

If you've been watching the health care debate lately or if you're concerned about your own insurance (or lack thereof), you'll find this memoir to be perfect. For you, "County" is worth a shot. †

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.

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History of Landau Building Company

By Jennifer P. Landau

For over a century, Landau has been a name synonymous with western Pennsylvania construction. Since its inception in the early 1890s, Landau has become one of the region's premier construction firms. They have grown considerably in resources and experience in that time, but the focus on personal commitment remains the same. But Landau wasn't always what it is today. Thomas A. Landau, the current president, is the fifth generation of Landau men to run the company.

In 1858, Heinrich Landau came to Cincinnati, Ohio from Prussia with three brothers, Karl, Gottfried and Daniel. Henry, as he came to be known in the states, was a carpenter for hire. According to the city register, his advertisements got bigger and bigger each year. He continued to be a reputable carpenter in the area until 1885, when he relocated to the area just south of the Liberty Tunnels in Pittsburgh, known as West Liberty. His carpentry specialty was wooden stairs. It is also said that after Henry arrived in Pittsburgh, he also built some of the homes on the Hill, around what is now Duquesne University. Henry had four sons: Jacob, Albert, Fred and William.

In 1890, the four sons started Landau Brothers, a small construction company in the Pittsburgh area that flourished in that time period. William only worked for the company for a short time period, but Jacob, Albert and Fred kept the company going until the next generation could take over.

Jacob Landau had three sons, Calvin, Walter and Tom. Calvin and Walter, the older brothers, worked with their father at Landau Brothers through the 1920s and did well for the company. They helped grow the company by basing their work on satisfying clientele.

The Roosevelt Hotel was one of their biggest projects in 1927. It was located in downtown Pittsburgh on the corner of Sixth Street and Penn Avenue. It promised luxury accommodations for travelers and was a highly anticipated project in Pittsburgh at the time.

Then the Great Depression hit shortly after the Roosevelt Hotel project was complete, causing trouble for most companies of that time period. Landau Brothers had one big development in St. Petersburg, Florida called Norwood Shores, which went broke during this time and caused the company to lose a considerable amount of money.

Cal and Walter took over the business from their father in 1930, along with help from their Uncle Fred. At this point, Landau Brothers had either a minimum or negative net worth. In the meantime, Cal and Walter's brother Tom was getting his Civil Engineering degree from Carnegie Tech. It should be noted that he was the first of the Landau men to go to college. He joined the company after graduating in the late 1930s. The company did not grow very much in the 1930s. The only significant work in the 1930s came due to the Pittsburgh Flood of 1936. Landau Brothers, being located downtown, were able to provide immediate help to local businesses. The banks located downtown took advantage of this, and at one point Landau Brothers was doing work for more than a half dozen downtown banks.

The Second World War (WWII) also led to some good work in the 1940s. One example is the Duquesne Brewing Company's new brew house project. After WWII, the Duquesne Brewing Company of Pittsburgh saw an increase in sales, so they decided to build a new brewery in the South Side of Pittsburgh. Once complete, this new brewery would not only increase the production capacity to two million barrels, but it also would make the Duquesne Brewing Company one of the top ten breweries in the United States. The new brewery was widely advertised as 'the most modern brewery in the world'. The new building had a curved profile that was designed to accommodate the Pennsylvania Railroad (PRR) Whitehall Branch line that ran through the South Side. Landau Brothers were able to complete the project on time and had the brewery opened for business in 1950.

Calvin Landau had a son, Calvin Jr. (Buck). An entire generation after the first Landau received a college degree, Buck received his BSCE (Bachelor's of Science in Civil Engineering) from the University of Pittsburgh. He joined his father, Tom and Walter in the company in the mid-1940s. At that time, Landau Brothers were building the Whitehall Terrace Shopping Center located off of Route 51. The project started out small, but as it continued to grow, the owner of the project needed help in funding. Landau Brothers loaned capital to the owner of the project, and eventually had more interest in the Center than the owner. The Landau Brothers principals finally bought the entire center and held it for 30 years. It opened for business in 1952.

Walter Landau had a son, Roy, who after receiving his BSCE from Carnegie Tech in 1953, joined the family business. During that time period, South Hills Village shopping mall became the next big project for Landau Brothers. The first stage of this project occurred when Cal and Walter bought a golf driving range, a restaurant and all the parcels surrounding in an area in the South Hills section of the city. It eventually became a piece of property that the Joseph Horne Company desired. All of the big retailers of the time considered creating a large shopping center in this location. Landau sat on the project for 10 years, until Joseph Horne finally decided it was time to build. Once Horne's was signed on, everyone wanted to get involved. With three major anchors, The Joseph Horne Company, Gimbels, and Sears signed on, the project began. The South Hills Village Mall became a job so big that Landau Brothers could not handle it themselves. The project totaled 1,137,000 SF of retail space. Landau Brothers sold the property and ended up



Walter Landau, far right, approximately 8 years old

building the Horne's and Gimbels stores as part of the deal. The mall opened on July 28, 1965 with over 80 stores and services operating.

Roy left the company in 1960 to start his own venture. When Walter got sick in 1972, he was forced to retire. Roy bought out the rest of Walter's shares and returned to work at Landau Brothers. Eventually Calvin retired, leaving the next generation, Buck and Roy, along with their Uncle Tom, to run the company. Roy and Buck eventually parted ways, and later Uncle Tom retired. In 1974, Roy incorporated the company and changed the name from Landau Brothers to Landau Building Company. In 1979 he sold the company office building at 125 1st Avenue and moved to the North Hills. The Landau family had owned that building on 1st Avenue for 58 years.

Roy's son Thomas A. (Tom) joined the company in 1978 after getting his BSCE from Penn State University. He left the company for a while to start his own ventures, but eventually came back and is the current president and fifth generation working for the company. Tom's brother Jeff, a classically trained carpenter, also joined the company. Roy retired from day-to-day operations in 1996. Tom and Jeff eventually bought out Roy in 2010 and turned the company into the company it has become today.

Landau Building Company is currently a mid-sized General Contractor located in the North Hills of Pittsburgh. Landau Building Company's field employees are signed with either the United Brotherhood of Carpenters or Laborer's International Union. They currently perform approximately \$40 million of work per year and employ an office staff of 17 personnel, 15 Field Superintendents and various numbers of field workers, depending on the workload. Their work includes commercial construction, mainly in the private sector. They hard-bid some work, but the majority of the work is negotiated, focusing on repeat work from satisfied clientele. This is something the Landau family has been doing for over a decade now.

In 2006, Landau Building Company and Marks Construction, a general contractor in the WV region, created a subsidiary called Marks-Landau Construction headquartered in Bridgeport, WV. Marks Construction had enjoyed a successful history of 35 years with a maintained favorable reputation. The union of Marks and Landau combined Marks' knowledge with Landau's experience. Marks-Landau Construction is licensed and operates only in the West Virginia market.

Landau Building Company also has a long history with the Master Builders' Association of Western PA (MBA). The MBA was created in 1886 by a group of contractors to fulfill a need for unified contractor representation in organized labor dealings. In 1922, the MBA became recognized as one of the founding chapters of the Associated General Contractors of America (AGC). The AGC is now a national organization consisting of over 33,000 construction contractors organized into 100 chapters throughout the 50 states and Puerto Rico. Calvin Landau was the MBA president from 1939-1943. Thomas J. Landau was MBA President from 1965-1967. Cal (Buck) Landau was on the board of directors and a trustee of CAP (Construction Advancement Program of Western Pennsylvania). Thomas A. Landau is currently the MBA President and will hold his post until 2014.

Every year since 1994, the MBA highlights the prominent projects of the year with its Building Excellence Awards. They are the highest and most sought-after commercial construction industry awards in Western Pennsylvania. Past Landau projects that have been recognized include the Pittsburgh Children's Zoo (1996), Sewickley Public Library Addition (2000), W&J College Howard J. Burnett Center (2001), Mitsubishi Electrical Power Products Headquarters (finalist 2004) and Regional Learning Alliance (finalist 2005).

Throughout the decades, construction companies come and go. With the reputation stigmata that surrounds commercial construction companies, sometimes it is hard to distinguish the good companies. Landau Building Company has built its reputation on excellence, integrity and reliability literally from the ground up. For five generations and over 100 years of hard work, Landau has built its business on a foundation of trust and service to their clients, subcontractors and employees. History shows, Landau Building Company is one of those good companies.

For more information, visit www.landau-bldg.com. †

Hospitals Benefit from CMS Privileging by Proxy Rule for Telemedicine Providers

By Gerald L. Johnson

In May 2011 the Centers for Medicare & Medicaid Services (CMS) published a Final Rule revising the credentialing rules of telemedicine and teleradiology providers. These are activities where medical information is transferred through interactive audiovisual media for the purpose of providing a consultation, to conduct an examination or perform a remote medical procedure. An example would include services provided by a distant-site radiologist who interprets a patient's x-ray or CT scan and then communicates his or her assessment to the patient's attending physician.

The final rule effective July 5, 2011 now states that hospitals contracting with these providers are able assume the credentialing of the off-site providers subject to certain safeguard requirements. The Joint Commission refers to this as "privileging by proxy" and occurs when one Joint Commission-accredited facility accepts the privileging decisions of another accredited facility for "distant-site" physicians and practitioners — those who provide telemedicine services.

Now that this ruling is approved, the Joint Commission will be required to enforce CMS requirements concerning the privileging of physicians and practitioners in accredited hospitals providing and receiving telemedicine services. CMS states in its explanation, Joint Commission-accredited hospitals are concerned about being able to meet the upcoming CMS privileging requirements, particularly small hospitals and critical access hospitals. CMS is now recognizing the problems for these facilities in the task of privileging perhaps hundreds of practitioners and physicians, and feels its current requirements are duplicative and burdensome in costs and time.

Therefore, the CMS policy changes reduce the burden of traditional credentialing and privileging processes for Medicare-participating hospitals, so that patients may continue to receive the benefits that telemedicine provides. The primary requirement would allow the governing body of a hospital, where patients receive telemedicine services, to grant privileges based on medical staff recommendations that rely on information provided by the distant-site hospital. This in effect allows privileging by proxy. However, the hospital would not be prevented from using its own appraisals or traditional means of privileging.

Within the final rule CMS is adding requirements for accountability. Here are

the basics:

- A hospital choosing the less-burdensome option for privileging must ensure that the distant-site hospital is actually a Medicare-participating hospital.
- The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services and that the distant-site hospital provides a current list of the particular physician or practitioner's privileges.
- The individual distant-site physician or practitioner holds a license issued or recognized by the state in which the receiving hospital is located.
- The receiving hospital must send the distant-site hospital internal review of the distant-site physician's or practitioner's performance of these privileges.
- Reviews would include all adverse events that may result from the distant-site physician or practitioner's telemedicine services and all complaints the hospital has received concerning the distant-site physician or practitioner.

Ultimately the benefits of this for small, rural and critical access hospitals are numerous. CMS states that the removal of unnecessary barriers to the use of telemedicine may enable patients to receive medically necessary interventions in a timelier manner. It may enhance patient follow-up in the management of chronic disease conditions. These revisions will provide more flexibility to small hospitals with a limited supply of primary care and specialized providers. In certain instances, telemedicine may be a cost-effective alternative to traditional service delivery approaches and, most importantly, may improve patient outcomes and satisfaction.

For more information about Foundation Radiology Group visit our website www.foundationradiologygroup.com or call us at (412) 223-2272. †

Gerald L. Johnson, Ph.D., FACHE, FAHRA and FACCA is the Senior Vice President of Compliance and Recruiting for Foundation Radiology Group. He was instrumental in Foundation's becoming the first multi-institutional, Joint Commission-accredited radiology group. Philip Feldstein is the Director of Marketing with Foundation Radiology Group and has experience working with over 100 hospitals and physician groups. He has also helped several facilities through the process of attaining and then promoting their Joint Commission Disease Specific Certification.

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Mobile Advancements Aim to Streamline Medical Process



By Alex Kutsishin

A recent study by Pew Trust revealed that 59 percent of adults in the United States access wireless internet using a laptop or mobile device. Sixty-one percent of those users are searching for health related information. And yet, a study conducted by MedTouch in February of this year revealed that 41% of healthcare related companies remained inaccessible through mobile devices.

To be clear, not all websites have this capability. If certain web pages are accessible through mobile technology, users may still face a myriad of problems. Creating a mobile site allows for easy access to the most frequently

sought out information, helps family members keep track of loved ones being treated, and in certain cases can aide EMS care to help save lives.

The Children's Memorial Hospital in Chicago, Illinois is one company that has already created a streamlined, patient minded, mobile site. Pull it up and you will immediately be taken to a homepage offering three search options: Find a doctor, Locations and Directions, or learn More about Children's Hospital. When you think about it, there isn't much else patients need when visiting a site like this.

The leading provider of mobile site creation, Web2Mobile, is helping companies make a fluid switch through the implementation of FiddleFly software. After clients make the call, they are partnered with an expert affiliate who will walk them through the creative process, then design and build their mobile site within 1-2 business days. No knowledge or background in web technology is required to obtain and maintain the site on a daily basis. This uber-simple interface is what pulls users and providers alike to vie for this low fuss, highly productive site.

Smaller, independent practices are now able to compete with larger hospitals and reach an entirely new audience. Because going mobile links companies to location technology like Google Maps, patients are able to find the closest healthcare provider – whether that be a locally run practice, or the city's top oncologist.

Creating a mobile friendly site encourages users to build a solid community. In order to build trusting relationships within the medical industry, it is key to create an environment where doctors and co-workers are as updated as their patients.

Going mobile allows for quick photos and bios of all employees so patients are able to learn who they will be dealing with prior to their appointment.

The Children's Hospital of Colorado even offers an app through their mobile site where patients are able to scroll through a variety of symptoms ranging from "Fever: Myth or Fact" to "When to call your Doctor". Although mobile apps are different from mobile websites, it is important to understand how going mobile allows these facilities to expand on their social media communication. Building a brand for any hospital can only be effective through the community that is keeping it alive. Mobile sites allow for easy access to all social media contacts and greatly increase group interest.

Many hospitals are also using these mobile sites as a way of updating policies, bulletins, and patient records between doctors and staff with password protected sections. They are able to view updates on current conditions of their patients as well as their medical history without even glancing at a chart.

Companies like FinishSafe, Mhealth, and My Life Record are all pushing their version of easy access medical records via your mobile device. All of the apps allow either you, or your doctor, to upload medical history, a recent photo, current prescription and non-prescription drugs, records of past procedures, some apps even allow you access to photos of X-rays. In a new study by HeathGrades, completed in March of 2010, the number of patient safety incidents that occurred during 2006 – 2008, was a whopping 98,180 people. These apps are predicted to help relieve a large amount of patient safety issues and reduce the amount of severe cases and preventable deaths.

With the ease and availability of technological advancements in today's mobile web, it would be a bogus move for any company not to take advantage of the variety of tools available and build a mobile site to create more trusting relationships within their community.

For more information on how healthcare and other industries are going mobile please visit <http://www.moscreative.com/>.

Alex Kutsishin, a young entrepreneur, is currently a partner and VP of a Creative Marketing Agency, and a web design company, MOS Inc. His goal is to help individuals and businesses compete and reach their full growth potentials.



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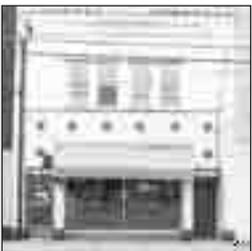
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What if There's More?

By Maria Hester



According to a recent article in an online issue of the American Medical News, the impending physician shortage in America is substantially greater than previously expected. This article, *Shortage of physicians, APNs and PAs could double by 2025*, paints an alarming picture of the future of health care in America. In the best case scenario, America is facing a shortage of well over 100,000 physicians in the coming years, and in the worst case scenario, this shortage could reach over 200,000 physicians.

The Association of American Medical Colleges (the AAMC), an organization which represents all 134 accredited U.S. and 17 accredited Canadian medical schools estimates that approximately one-third of practicing physicians will retire between 2010 and 2020, but over the same period of time, the Dept of Health and Human Services estimates that the supply of U.S. physicians will only increase by 7%.

This could result in literally millions of Americans scrambling to find a physician in the near future. Physicians will be called upon to see an ever increasing number of patients, and with greater demands on their time they will have to make some very tough decisions. Many will be forced to shut their doors to new patients simply to survive. Wait times for appointments may skyrocket, while the time spent for non-emergent encounters will plummet.

Delegating more tasks to mid-levels is one way to offload some of this increased demand. However, even mid-level providers are facing a shortage of providers.

Nonclinical issues, such as rolling out electronic health records, will have to take a backseat to patient care, so the very measures being enacted to try to curtail inefficiencies in the U.S. health system may be unavoidably delayed in many settings.

But what if there's more? What if we are missing a huge, untapped resource to help the U.S. health system get back on track. Who has the greatest stake in health care? Patients! America needs a paradigm shift in how medical care is delivered and appropriate time and resources should go into developing new strategies to empower patients to partner in their care like never seen in the history of this country, or any other. American citizens need, and deserve, to be equipped with the tools to expedite their own medical care and slash their costs, and health care costs as a whole.

Every American could play an active role in saving our health care system if they had the appropriate skills. With a little ingenuity, health care providers could amass a veritable army of citizens who can help their doctors diagnose and treat them more quickly, efficiently, and safely.

For instance, creating a mini-medical record consisting of an updated list of medications, diagnoses, doctor and pharmacy contact information, and drug allergies, keeping it updated, and carrying it in one's wallet at all times can go a tremendous way in saving time, helping to expedite diagnoses, and improving safety. It only takes a single sheet of paper and less than an hour investment per year, but can pay enormous dividends in the quality of health care one receives, especially in an emergency.

In addition, teaching patients how to think through their symptoms before they step foot in their doctor's office would enable them to provide a concise, yet thorough history of their presenting illness which would streamline the medical decision making process and minimize unnecessary testing and the need for frequent office visits. These steps only scratch the surface of the tremendous potential ordinary citizens have to help turn around our health care system.

The Executive Summary of the State of Medicine in Pennsylvania, 2011 Edition, noted that Pennsylvania may soon face a crisis due to an overwhelming demand for medical services and an inability to meet those demands.

As we prepare for the challenges of tomorrow, perhaps we would do our patients, and ourselves, a tremendous service by exchanging some of the power and paternalism of the past for true partnership with our patients.

There is more that can be done to preserve and prosper the U.S. health care system. We just have to be willing to leave yesterday behind and create a brighter future for our patients and country. †

Maria Hester, M.D. is a practicing hospitalist in Glen Burnie, Maryland, author of *Your Family Medical Record: An Interactive Guide to Getting the Best Care*, and creator of *Patient Whiz Talking Personal Health Records and Health Expediter*. Her web site is <http://PatientWhiz.com> and she can be reached at Hester@PatientWhiz.com.



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