

## Emerging Healthcare Trend: Telemedicine

*The Direct Impact of Telemedicine on Businesses & Individuals*



**By Jeff Marks**

The New Year will mark the beginning of the biggest changes in healthcare with the onset of the Affordable Care Act. Twenty - 30 million people will soon have the option of obtaining health insurance, leading to longer wait times at doctors' offices and an increase in doctor demand.

The rules have changed, and so will the design of health plans and the number of those purchasing them. While employers continue to seek healthcare solutions that comply with new regulations, many have either dropped medical

insurance completely or altered benefits' packages, often resulting in plans with higher deductibles and/or co-payments. While they may believe they are saving on

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costs, they may not have considered how the new healthcare program will impact employees. Higher deductibles and/or co-payments and the inconvenience of getting the desired healthcare will result in increased time out of the office. More sick days means less productivity, ultimately resulting in higher business costs. This already costs the U.S. economy an estimated \$84 billion each year.

A smart healthcare program that addresses these important business concerns and provides a strong benefits plan for a healthy and more productive workplace is crucial. Telemedicine is an emerging healthcare solution that addresses these issues and directly impacts both businesses and employees.

Telemedicine offers 24/7 access via phone and online to board-certified doctors

See **TELEMEDICINE** On **Page 13**

## Prescription Drug Abuse Reaching Epidemic Proportions in the U.S.

**By Kathleen Ganster**

Drugs are OK to take as long as the doctor has prescribed them, right? And if a bit more are needed to ease the pain, as long as they are the same ones the doctor prescribed, it can't hurt, right? And if drugs are left after the pain is gone, it is OK to give them to my son, daughter, friend or spouse, right?

Unfortunately, these are the kinds of thoughts that have helped the misuse of prescription drugs become a problem of epidemic proportions in our society.

According to Jeff Lewis, Pharm. D. and Associate Dean of the School Of Pharmacy at Cedarville University in Cedarville, Ohio, in 2007, overdoses of prescription drugs became the number one cause of accidental deaths – the first year to reach this level, passing the former number one cause, car accidents.

“Nationally there were over 12,500 unintentional overdose deaths involving opioids in 2009 - compared to 4,000 for cocaine and 3,000 for heroin. Ohio has experienced a nearly 400% increase in such deaths from 1999-2010,” he said.

Making the trend even more alarming – the rapid growth.

“Ten years prior to this, it wasn't even on the radar screen,” he said.

See **EPIDEMIC** On **Page 14**



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# Saying Sorry: When is a Poor Apology Better Than No Apology At All?

By Sarah L. Carlins

In his famous last lecture, terminally ill CMU professor Randy Pausch offered his thoughts on the really important things in life. One of the points he spoke about was knowing how to apologize.

Supposedly a good apology has three parts: (i) Saying you were wrong, (ii) Saying you feel badly, and (iii) Asking how you can make it better. He added that one of the worst kinds of apologies was the “I’m sorry you felt hurt by me” kind, which seems a sort of throw away gesture because it lacks acceptance of responsibility for the hurt caused.<sup>1</sup> Yet a new Pennsylvania law encourages just that.

The Benevolent Gesture Medical Professional Liability Act (the “Act”), signed into law on October 25, 2013, makes apologies by physicians to patients and their families inadmissible in medical malpractice cases. However, the Act excepts from its protection admissions of wrongdoing. Specifically, the Act makes any benevolent gesture by a health care provider, made prior to the commencement of a medical professional liability action, inadmissible as evidence of liability, so long as such gesture does not include an admission of negligence or fault.<sup>2</sup> So, the physician can apologize, as long as that apology doesn’t contain an acknowledgement of responsibility – exactly the “I’m sorry you felt hurt by me” expression that Professor Pausch criticized.

Still, this new law appears to have the support of both physicians and attorneys alike. In a Press Release issued the day the Governor signed the bill, The Hospital and Healthsystem Association of Pennsylvania “hailed” the Act’s passage. HAP President and CEO Andy Carter was quoted as saying, “This is a significant win for Pennsylvanians and the hospitals that serve them...The bill does not prevent any patient from filing a medical liability lawsuit when there is an unanticipated medical outcome. Instead, it allows for the kind of open discussion that can lead to resolution without the excessive costs that result when matters are decided in the courtroom.”<sup>3</sup> Similarly, commenters from the legal side have indicated that the law may help to mitigate potential lawsuits, in part because patients and families often sue in an attempt to get answers regarding what really happened, or because the physician has come across as arrogant and uncaring.<sup>4</sup> In a recent interview with National Public Radio, Art Caplan, a bioethicist and the Director of the Division of Medical Ethics at New York University’s Langone Medical Center, expressed his support for so-called “apology laws.” He said that physicians have an ethical duty to offer benevolent gestures when errors or mistakes happen, and that most sincerely want to, but may not because they are concerned about being sued.<sup>5</sup> It seems then that Pennsylvania’s new law is a good thing.

Still, how much can this Act really do? First, there appears to be a troubling

gray area regarding what the physician can say. A provider making an apology would have to be aware not to say anything about cause and effect, or to give an explanation as to why something went wrong. Yet these seem like natural extensions of a sincere apology and frank discussion. It may be hard for providers to say just enough, but not too much.

Second, if what the physician says is necessarily so limited, would it even make the patient feel better? More troubling, might it simply further frustrate matters? Is half a gesture worse than no gesture at all? A patient perspective may help. When I had my first child, several hours of labor resulted in a frantic emergency C-section. I remember the Ob-Gyn yelling. I remember nurses scurrying. I also remember that I was not yet numb when they started cutting. A few days after I got home from the hospital, the telephone rang in the middle of the afternoon. It was the attending anesthesiologist, who had called, out of the blue, to apologize. She said that she was sorry for what I went through and that it should not have happened the way it did. She asked me how I was doing and seemed sincere. As an attorney, I was amazed that she would voluntarily reach out to a patient to apologize and follow-up. I wondered why she would make herself and the other providers vulnerable like that, and if the hospital knew of her actions. As a patient, however, I appreciated her gesture immensely. Although she never acknowledged fault, it made me feel better.

If my own patient experience is any guide, an expression of compassion can mean a great deal. Perhaps as the stakes rise, and as errors become more serious, apologies, especially those that lack an acceptance of responsibility, become less satisfying. Still, it seems that offering providers a sense of protection that encourages honest dialogue with their patients, as this Act aims to do, may help to heal hurt. As long as providers are careful in what they say, open communication seems a positive step for both sides. And thus in this particular world, an imperfect apology may indeed be better than none at all. †

*Sarah L. Carlins is an senior attorney with Houston Harbaugh’s health care law practice. For more information, visit [www.hh-law.com](http://www.hh-law.com).*

#### (Endnotes)

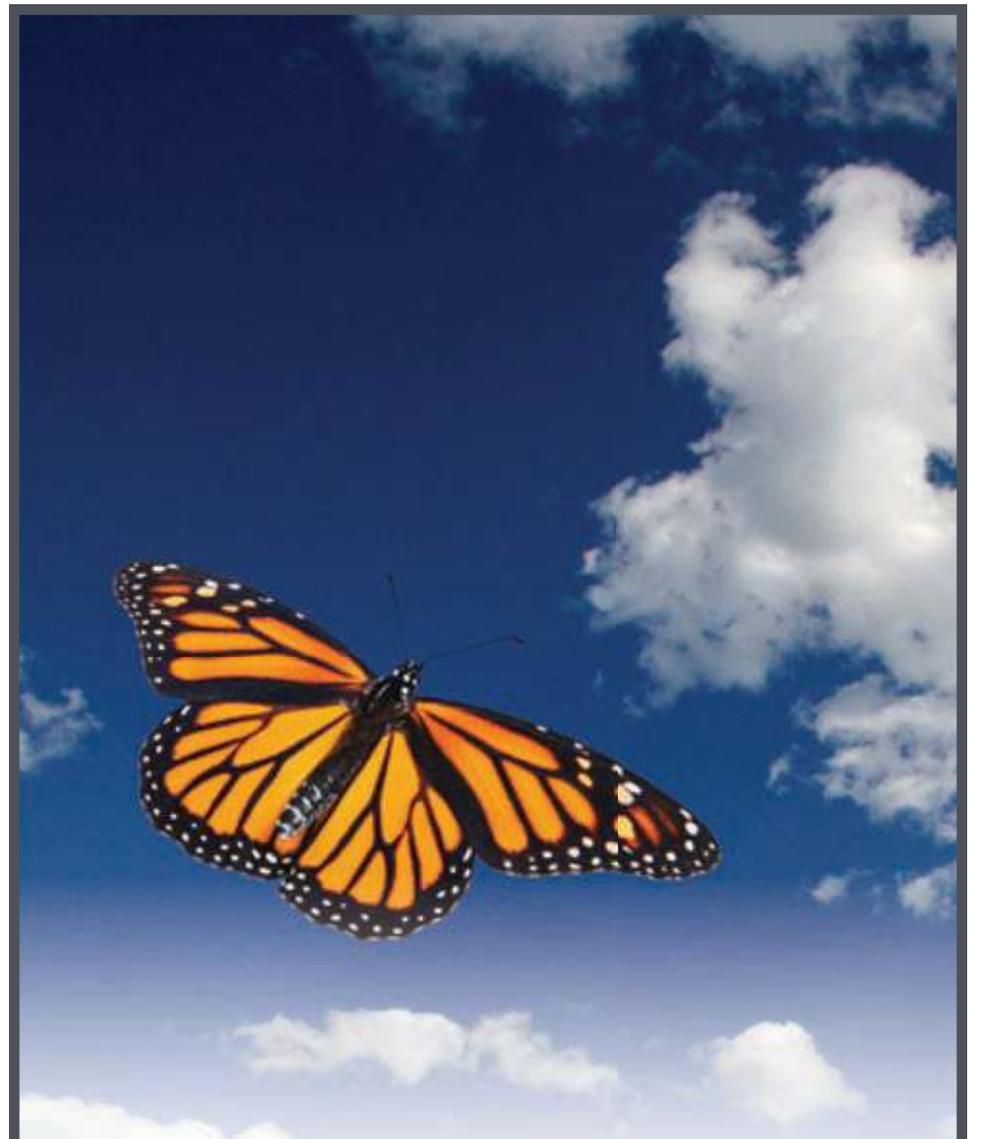
1 Pausch, Randy with Zaslow, Jeffrey. *The Last Lecture*. New York: Hyperion, 2008, pp. 161-163.

2 See: <http://www.legis.state.pa.us/CF-DOCS/Legis/PN/Public/btCheck.cfm?txtType=HTM&sessYr=2013&sessInd=0&billBody=S&billTyp=B&billNbr=0379&pn=1279>

3 <http://www.haponline.org/communications/news/releases/details/C6EAhThhPHbCUQfhde3H?type=release>

4 See “In Pennsylvania, New Legislation Allows Doctors to Apologize,” <http://www.insurancejournal.com/news/east/2013/10/25/309293.htm> and “Corbett Signs Benevolent Gesture Bill Into Law,” <http://www.law.com/jsp/pa/PubArticlePA.jsp?id=1202624825134&thePage=1>

5 <http://hereandnow.wbur.org/2013/10/25/im-sorry-law>



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## Give Now or Give Later? Taxes Make it Complicated



By John W. Powell

Just how much taxes will take from what you leave your family depends upon how you structure your last will and testament. Thus for most physicians, the time to think about estate planning is when they start to think about taxes, which means when they start to make a good living after years of

school and low-paid residency.

In other words, the time to start estate planning is as soon as a doctor goes into practice.

Estate planning usually comes down to a careful balance of how much someone should give to beneficiaries during his or her lifetime and how much he or she should save to bequeath in a will.

But how to strike that balance relies on a set of complicated calculations that are unique to each individual situation and the current set of laws.

Historically, there have often been wild fluctuations in federal estate and gift tax levels from year to year that have made estate planning a difficult guessing game. For example, many people faced a dilemma at the end of 2012 as many estate tax breaks were set to expire. If Congress had not acted by the end of the year, the amount of tax-free gifts that one person could give was set to drop from \$5.12 million to \$1 million. Further-more, the top tax rate on amounts more than \$1 million was set to rise from 35% to 55%.

Thus, many people scrambled to give away portions of their wealth before the end of the year.

Congress finally stepped in to make a new law – but not until nearly midnight on January 1, 2013 – after many people had already made their gifts.

Congress passed the American Tax Relief Act (ATRA) that, among other tax provisions, permanently set the top estate tax rate at 40% and defined the tax-free exemption as \$5 million, tied to inflation in the future. In 2013, the exemption stands at \$5.25 million.

ATRA also increased the top marginal income tax rate from 35% to 39.6% and increased top marginal taxes on income from dividends and capital gains from 15% to 20%.

Unfortunately, ATRA does little to simplify the question of give now or give later. Even though some of the provisions are described as “permanent,” it only means that they have no set expiration date. Congress can still change the law in the future as it deems necessary.

At this time, the best way to determine an appropriate estate planning strategy is to calculate the taxes owed in a variety of scenarios with an experienced advisor who is an expert in the provisions of ATRA and other federal and state tax laws. The advisor will have to take the following factors into account:

- The donor's current and projected net worth
- The donor's life expectancy
- The income tax level of both the donor and recipient
- The types of assets intended for transfer, and



their current and projected value

- The future likelihood of the sale of any assets
- The anticipated total federal income and transfer tax rates
- The anticipated total state income and transfer tax rates of both the donor's and recipient's state of residence.

Complicated tax laws may deter some people from taking the time to plan their estates, no matter the size. But without a tax strategy, health care professionals who have worked hard to build wealth for their families may find their substantial legacies significantly diminished by taxes. An experienced consultant who knows the details of tax laws can ensure that all appropriate taxes are paid while preserving the highest amount of an estate for a person's loved ones. †

*John W. Powell is an estate and business planning attorney for the Pittsburgh-based law firm Meyer, Unkovic & Scott. He can be reached at [jwp@muslaw.com](mailto:jwp@muslaw.com).*

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# Choosing a Website Design Company; More to it Than Meets the Eye



**By Kevin McNally**

A great many skilled website design companies exist, but choosing one that's right for your facility or practice is not a "one size fits all" endeavor.

So, how do you select the right one for your organization? The most important consideration is the design company's work and how it correlates to your vision for the web site. Whittle your choices down to a few and then examine sites they have built for others. A perfunctory look at one home page is not enough to base a decision on; take the time to click through several sites, and observe how professional it appears, if it offers easy navigation and useful features.

If you can give the thumbs up to several of the scrutinized sites, chances are the custom website design companies on your short list will be able to create one that meets your standards.

Those in the healthcare industry have specific website needs. For example, having a "physician search" is critical to practices with multiple locations, as is a clearly defined search method to get directions to locations.

Another fundamental feature is the ability to download forms that need to be filled out, thereby allowing patients the opportunity to complete them in advance of a visit. This is not only a time-saving device at the time of the actual appointment, but also gives patients the chance to locate all requested information and not leave important questions blank.

Medical centers are also increasingly incorporating a "wait time" display on their sites. Moreover, many facilities now offer online payment features for patients.

In addition to static websites, mobile accessible sites have taken a prominent place on the "wish" list of many healthcare facilities. Having quick access to physician information, directions, contact numbers, forms, etc. via a mobile device, such as a smart phone or iPad can be a literal lifesaver.

Recognize that the range of expertise is wide among website design companies, so be sure the one you choose can handle all your needs. Some might excel at graphical design, while others are better with more technical aspects. The key is to work with a firm that has a well-balanced skill set.

Then, determine which price range meets your comfort zone. Depending on the size of your practice and specific design needs, you could be looking at price tiers from as little as under \$2500 to as much as \$50,000. So if you have a budget of say, \$5000, don't even bother to evaluate custom website design companies that typically design to the tune of \$20,000 and upwards.

Take scheduling into consideration, as well. Many design firms are booked weeks and months ahead, while others may be able to get moving with you right away. The key is to get a realistic timeframe of when your site will be worked on and how long it will approximately take to complete.

A good working relationship is a large part of the equation when choosing a website design company. The ideal is one with a team that is accessible, friendly, and professional and offers sound advice and guidance. But don't take things at



face value – ask for and then take the time to contact references for added input.

Dependability is another priority. Make sure your chosen custom website design company is well established and reliable. You need to be able to count on its ability to get the job done, on time and within your budget. Here is another area where a few well spaced calls to references can help you make a decision.

Choosing a website design company may seem like a major project, but by conducting a little due diligence you will be in a much better position to select the one that's right for your facility or practice. Remember, the field is wide, so it's wise to work with a company that has the expertise, reputation and staff required to make sure your website provides the comprehensive information existing and potential patients need and desire...and at a price point that fits within your budget. †

*Kevin McNally is founder and President of Interactive Palette, www.interactivepalette.com, a Massachusetts-based web design firm with a specialty in medical/healthcare web design.*



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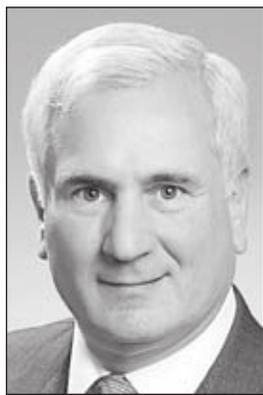


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## Better Sleep Quality: The Key to Managing Fibromyalgia and PTSD?



By Seth Lederman, M.D.

The symptoms of fibromyalgia (FM) can include chronic diffuse musculoskeletal pain, increased pain sensitivity at multiple tender points, fatigue, abnormal pain processing, disturbed sleep and often, psychological stress. The symptoms of post-traumatic stress disorder (PTSD) can include widespread pain and sleep disturbances such as nightmares, nighttime anxiety attacks, and difficulty falling or staying asleep.

With its many symptoms, FM has been hard to treat. Patients have reported dissatisfaction with the current standard of care, which encompasses three FDA-approved daytime medications: the analgesic LYRICA® and the antidepressants CYMBALTA® and SAVELLA®. As for opiates and prescription sleep drugs, they have proven largely unsatisfactory. For PTSD, ZOLOFT® and PAXIL® are the only FDA-approved products, but their efficacy is often modest and their use can be limited by side effects. Other anti-anxiety and sleep medicines have not been shown to improve either condition and have substantial safety concerns, particularly when used chronically.

Poor sleep quality—which has consistently been shown to be associated with FM and PTSD—is not the target of any FDA-approved treatment for these conditions. Disturbed, unrefreshing sleep is a frequent complaint of patients with both FM and PTSD; at least three-quarters of FM patients report it. Whenever sleep is perceived as restful, patients often report substantial improvement in their daytime symptoms. So the key to truly effective treatment for FM and PTSD could lie in improving sleep quality. Ample evidence exists in the literature suggesting the potential of this approach.

TONIX Pharmaceuticals is seeking to fill an unmet need for a non-habit forming, relatively safe, pharmaceutical treatment for FM and PTSD, and is working on a drug candidate that focuses on improving sleep quality as the key to treating these conditions. The company believes it could prove helpful where existing treatments



fall short. This novel treatment is based on cyclobenzaprine (CBP), a compound that has been FDA-approved as a muscle relaxant (Flexeril®) since 1977 for short-term use over a range of doses but has off-label use as a slow-acting sleep aid in FM. TONIX is testing its proprietary formulation of cyclobenzaprine, known as TNX-102 SL, administered as a sublingual tablet at bedtime, to determine whether it will decrease pain and improve other symptoms of FM and PTSD.

CBP works in the brain, and TONIX believes its principal action in FM is via its interaction with receptors that are known to affect sleep quality. TONIX's TNX-102 SL tablet is placed under the tongue where it quickly dissolves and releases CBP. The CBP is absorbed directly across the mucous membrane in the mouth into the patient's bloodstream. TNX-102 SL is designed to be taken at bedtime, so as to begin to work as the patient falls asleep. The low dosage is tailored to be sufficient for efficacy yet minimize next-morning grogginess. TONIX believes TNX-102 SL taken at bedtime will provide benefit to the quality of these patients' sleep, and in turn improve their pain and other symptoms. TONIX demonstrated these effects in a Phase 2 study, yet with a primitive, un-optimized oral form of CBP.

TONIX believes the market for FDA-approved FM and PTSD treatments is underserved and that there is a need for new treatment options, since many prescription drugs provide relief only to some of the affected patients, only to some of some patients' symptoms, or provide relief only for limited periods of time. TONIX believes that if TNX-102 SL won FDA approval, it would be an appealing option because it has an entirely different mechanism of action from the currently approved products and the company expects TNX-102 SL will be unique with regard to its use at bedtime. Data support the view that CBP, the active ingredient in TNX-102 SL, improves sleep quality. FM is an expensive condition, as patients suffer disability and absenteeism, apart from taking a variety of medications which may not be providing much benefit. TONIX believes managed care is motivated to support a product that can decrease large expenses elsewhere in the system.

In September, TONIX announced the start of the first of two anticipated pivotal trials of TNX-102 SL in FM; topline results from this randomized, double-blind, placebo controlled trial (the "BESTFIT" trial) are expected in the second half of 2014. A proof of concept trial of TNX-102 SL in PTSD is expected to begin in 2014. †

*Seth Lederman, M.D. is co-founder, CEO and chairman of TONIX Pharmaceuticals Holding Corp., a specialty pharmaceutical company developing novel treatments for challenging disorders of the central nervous system including fibromyalgia and post-traumatic stress disorder. He can be reached at (212) 980-9155. Dr. Lederman was a founder of Validus Pharmaceuticals which markets Equetro. He was a founder of Targent Pharmaceuticals which sold Fusilev to Spectrum Pharmaceuticals.*

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# VivaScope® Offers Noninvasive, Painless Approach to Biopsies

By L. Michael Hone

Clinical diagnosis of melanoma and other skin cancers is still performed primarily by sight. Since even the most sophisticated eye is fallible, there is a chance that skin cancer may be visually diagnosed as benign, while conversely a benign mole might be unnecessarily biopsied. As reported in the *Journal of the American Academy of Dermatology*, nearly 80 percent of all skin biopsies performed in primary care are benign.

The consequence of these circumstances is that patients must tolerate not only the chance of being misdiagnosed with skin cancer, but also endure the pain and potential subsequent scarring if a biopsy is deemed necessary by the physician. Further, patients may experience anxiety between the time a biopsy is performed and the time results are obtained, which can take up to two weeks.

Patients are often afraid to get suspicious lesions checked because they know the chances of being urged to undergo a biopsy are high. Additionally, many lesions occur on cosmetically sensitive parts of the body, such as the face, so apprehensive patients may decline to undergo the procedure at all.



Caliber Imaging & Diagnostics, Inc., a company based in Boston and Rochester, has developed a technology that could transform the scenario described above. Caliber I.D.'s VivaScope® 3000

and VivaScope 1500 reflectance confocal systems, which are FDA 510(k) cleared, offer patients an "optical biopsy" that is both painless and noninvasive—meaning no cutting, no injury and no scarring takes place.

The VivaScope imaging procedure is designed to allow physicians to diagnose melanoma and other skin cancers at its earliest stage when it is most curable. The procedure captures high-resolution images of the skin, providing doctors with a cellular view at varying depths under the skin surface. These images make it possible for doctors to determine if a spot on the skin is "nothing to worry about" or if it is a cancer such as melanoma or basal cell carcinoma. The entire procedure takes just a few minutes and collects all the images needed to make an accurate, reliable real-time diagnosis at the point of care.

Caliber I.D. has incorporated its technology into a line of products, including VivaScope 3000, a handheld version convenient for imaging lesions around the eyes, nose and ears, and VivaCam®, a handheld dermatoscope whose high-resolution images let dermatologists plan subsequent imaging with VivaScope. VivaScope devices are already in use in private medical practices, hospitals, clinics and research laboratories throughout the U.S. and in Europe, China, Japan, Australia, Canada and Brazil.

VivaScope is one of the most fruitful applications of confocal microscopy, a noninvasive method for high-resolution diagnostics of tissue. While conventional



microscopes work by using transmitted light technology, with thin tissue layers being illuminated from below, confocal microscopes designed for dermatology operate with incident light technology. The skin is illuminated from above, in the horizontal plane, with a focused laser. The light is reflected at interfaces where the refractive index changes. Highly reflective structures of the skin are keratin, melanin and collagen. The reflected light is directed through a pinhole onto a detector so that only signals from a defined horizontal plane are used for high-resolution imaging. The technique limits the penetration depth into skin, but typically provides physicians with enough information to determine if a biopsy is required or if the lesion can be monitored at future visits.

Examinations are possible noninvasively, in vivo and in real time. Confocal microscopy allows in vivo microscopic imaging of skin layers close to the surface, and opens up new possibilities for doctors to diagnose and monitor changes in the skin, in particular for monitoring benign moles for changes over time and for monitoring the response to noninvasive therapies at the cellular level. It also can be used ex vivo with freshly excised tissue, resembling a frozen section analysis, which is interesting especially for the field of microscopically controlled surgery of skin tumors.

In 2011, the Association of the Scientific Medical Societies in Germany published guidelines stating that confocal laser scanning microscopy is suitable for dermatological, noninvasive diagnostics of near-surface skin changes. The guidelines also note that in the area of skin tumors, it is especially of interest to assess melanocytic lesions with respect to their benign or malign character in order to enable the early detection of melanoma and to avoid unnecessary excisions.

As the only noninvasive skin imaging technology that offers the ability to accurately identify and diagnose all types of skin cancers through the direct visualization of cells, VivaScope holds promise for skin cancer patients and their doctors alike.

L. Michael Hone is CEO of Caliber Imaging & Diagnostics, Inc. developer of the VivaScope system, offering clinicians and researchers the possibility of a real-time, noninvasive optical biopsy of the skin. He can be reached at [mhone@caliberid.com](mailto:mhone@caliberid.com).



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## Tips for Lowering Ambulatory-Care Risks



By Karen K. Davis, MA, CPHRM

Among the factors that influence the safety of ambulatory care and the liability risk levels of office-based physicians, three of the main ones are:

- the level of communication with other healthcare providers about patients' care;
- the effectiveness of office follow-up processes; and
- the attention given to documentation of telephone calls.

The following tips may help physicians and office staff members increase patient safety and lower liability exposure related to these factors.

### COMMUNICATION WITH OTHER HEALTHCARE PROVIDERS

- When you refer a patient to another physician, have some mechanism in place to determine whether your referral recommendation has been carried out and the patient has been seen by the recommended consultant (or another physician of the patient's choice).

- Communicate in writing with the consultant about the requested consultation. An effective way to convey significant details to another physician is to prepare a "fact sheet" with the patient's clinical information and your impression.

- After your patient is seen by a consultant, you and the consultant should establish who is responsible for which aspects of the patient's care and who will order further testing and consultations if necessary. If there is a question about what you or the consultant will do, you should take the time to communicate physician-to-physician and to document the understanding you reach in your discussion.

### EFFECTIVENESS OF FOLLOW-UP PROCESSES

- Systematically monitor compliance with appointments. Establish a process whereby a designated staff member reviews all no-show appointments to determine which patients must be called and rescheduled. Document no-shows, along with the steps taken to contact the patient and reschedule the visit.

- When a patient is advised to undergo a test, three areas of concern require follow-up: Has the patient complied with the recommendation? Have test results been received and reviewed by the ordering physician? Has the patient been notified about the results? An appropriate follow-up system provides answers to these questions.

- Patients should not be solely responsible for making appointments for tests, to see consultants or for calling the office to obtain results. You should assist patients in making appointments in order to be assured that the appointment has been made. It is also prudent to notify *all* patients of *all* test results (rather than just reporting abnormal results). Such a policy helps close each testing loop and reduces the possibility of patient information "falling through the cracks."

- Your follow-up system for tests should not only confirm receipt of test results but also ensure that you *review* the results. The review should be timely. A test result should never be filed until you (as the ordering physician) have personally reviewed, dated, and initialed it. Without such a method, a positive result can be accidentally misplaced or filed away before you review it or the patient is notified. If the patient later alleges that harm occurred as a result of a delay in diagnosis and



treatment, the mishandled test result may well be viewed as concrete evidence of negligence.

### DOCUMENTATION OF TELEPHONE CALLS

- Generally, the types of telephone calls *from* patients that should be documented include: clinical questions and what advice was given, calls for prescriptions or renewals, after-hours calls, and calls to an on-call physician. Calls *to* patients that should be documented include: calls to share test results, calls to contact no-show patients, calls to give patients instructions or to advise about further access to care, and unsuccessful attempts to contact patients.

- Telephone contacts should be documented in the appropriate medical record. If your office simply keeps a call log, information about a specific call can be difficult to retrieve. The facts surrounding a call are not readily available if they are recorded in a call log; thus, using a log can be detrimental if a malpractice claim is filed and your office must produce information about the patient's interactions with the practice.

- You should have a system for documenting all after-hours phone calls. You can use telephone call forms or a tape recorder or dictation machine to record patient name, time of and reason for the call, and your advice or action. When the call is from a patient, the information should be added to the patient's chart as soon as possible.

- Giving clinical or medical advice over the telephone without timely, face-to-face follow-up increases your liability exposure. Prescribing over the phone is also risky, as it requires you to assess the patient sight unseen. You should not prescribe for a patient unknown to you without seeing the patient. It is also prudent to have established parameters as to when prescriptions will be renewed by phone.

Consider developing the preceding suggestions as policy and including them in a policy manual. Make sure all employees review your policy and consider asking them to sign off yearly that they have been advised of the policy and understand it. †

*Karen K. Davis, is a project manager with Risk Management, PMSLIC Insurance Company and the NORCAL Group.*

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## Integrating Cost Saving Strategies into Service Line Co-Management Agreements



**By Kristin Truesdell**

Healthcare reform is fully upon us, and unfortunately the time has come where hospitals must provide care to increasing numbers of patients with fewer resources. Corazon has witnessed the money ‘pinch’ that healthcare providers are in; as a result, cost cutting has become a common, almost essential,

strategy for today.

When focusing on cost savings initiatives, the most common areas service line administrators evaluate include managing supply costs, reducing length-of-stay,

and optimizing resources. However, even the most well-planned strategies are frequently ineffective due to a lack of physician participation.

Thus, improving or creating hospital-physician alignment strategies, particularly service line co-management arrangements, should not be overlooked as a viable means to achieve cost savings. Although co-management agreements are often multi-faceted, there are typically two main components related to this goal: administrative functions and incentive metrics.

### HOW TO ACHIEVE COST SAVINGS WITH ADMINISTRATIVE FUNCTIONS

As part of a co-management agreement, physician administrative functions are often based on a list of duties (similar to a job description) and the estimated



number of hours necessary to complete them. When outlining this administrative role, the hospital and physicians must identify which responsibilities can be either directly or indirectly impacted in order to achieve proper management and direction of the service line...and ultimately, cost savings as a result.

Unbiased third-party advice is often invaluable to understand which responsibilities are typically

See **STRATEGIES** On **Page 11**

## PayrollSmarts: Making Payroll Processing Easy for Your Business

**By Kathleen Ganster**

When every minute counts, time spent doing payroll is a task that doesn't generate revenue.

Located in Cranberry Township, PayrollSmarts is a customer service oriented payroll processing company. They work with business owners to provide a personalized solution which allows business owners to focus on what they do best. They take pride in seamless and accurate onboarding of new clients and they have an experienced team to address all your set-up needs.

Cami DelPrince, sales manager at PayrollSmarts, and her partner, Karen Einloth, operations manager, each bring a wealth of experience to the table.

“I have over 16 years of payroll experience and Karen has over 21 years. We are local and we are the payroll experts,” DelPrince said.

DelPrince and Einloth started this endeavor a year ago. DelPrince was solicited to open PayrollSmarts and run it the way she thought fit -- with experience and

knowledge and customer service being the most important considerations.

Often, payroll tasks are assigned to a staff member who has a variety of other duties. By outsourcing a company's payroll, PayrollSmarts brings their expertise and experience to companies ensuring that the payroll is managed and processed accurately and in compliance with all laws and regulations. They ensure outstanding customer service by providing a dedicated payroll specialist to an account.

“We can take care of all of the issues that might be overwhelming for someone who isn't familiar with payroll – handling unemployment, pre-tax and post-tax deductions or remitting child support. We ensure that current tax requirements are met, and our tax department is audited every year to guarantee compliance,” said DelPrince.

PayrollSmarts is able to handle federal, state and local taxes for all 50 states. In addition, they provide on-line access to customized reports, tax returns and pay stubs. They also offer a variety of customizable services unique to each business' needs, such as time keeping solutions, accrual reporting, etc.

When PayrollSmarts partners with a company, the first step is to meet with DelPrince to determine what services the company needs.

“I ask, ‘How are you doing your payroll now?’ ‘What do you like?’ ‘What don't you like?’ Then we determine what will work best for them,” she said. “Nothing is cookie-cutter; our services are tailored for each client.”

DePrince and Einloth also make themselves very accessible to their clients. Both are local points of contact who provide their cell phone numbers to every client, allowing them direct contact at any time.

PayrollSmarts partners with experts in other business related service industries to provide additional resources that may benefit your company, including human resources, 401K administrators, bookkeeping services and insurance providers, just to name a few.

“I would welcome the opportunity to show western Pennsylvania business owners the value of partnering with PayrollSmarts,” DelPrince said.

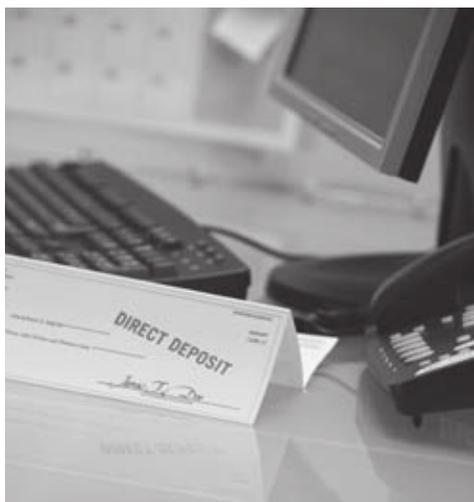
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**STRATEGIES** From **Page 10**

involved, evaluate what can have the greatest impact on operations and finances, and ensure compliance with legal regulations and restrictions.

Administrative duties with cost-savings potential: [call-out]

- Patient flow management
- Budget development
- Work flow/throughput streamlining
- Dashboard deployment

Each of these duties requires the participating physician(s) to dedicate and document their time spent in activities that will implement the most efficient and cost effective way of providing care while maintaining quality standards. And on that note, we believe development of dashboards for service line metrics and individual physician metrics are vital. They allow for transparency and ongoing involvement of critical performance indicators, which, in tandem with industry benchmarks, can reveal a clear picture of the operational impact on service line financial performance.

Case mix index, mortality/complication rates, contribution margin, and length-of-stay are just some of the metrics that should be regularly reported and reviewed. These dashboards should be accompanied with a plan of action to correct any areas with lower than the target outcomes.

### How to Achieve Cost Savings with Incentive Metrics

Incentive metrics are a second important component of co-management agreements. They are based on defined measures that typically range from 8-10 indicators with a strong focus on clinical quality, operational efficiency, patient/staff satisfaction, and new program development and their relationship to cost-savings for the service line. Metrics are then benchmarked against industry best-practice standards and incentive payments are applied to each metric.

The entire process will need to be deliberated and agreed upon by all parties in the co-management arrangement. If the physicians share in a financial risk based on the performance of each metric, this often translates into a sense of ownership and accountability for achieving better outcomes.

Incentive metrics with cost savings potential: [call-out]

- Length-of-Stay
- Cost per case
- Overtime costs
- Readmission rates

As previously mentioned, all proposed metrics should undergo an independent legal review to ensure that adherence to Stark Laws and anti-kickback statutes is not in question.

By reviewing costs and modeling “best practice,” physicians become more involved with any issues and are able to take actions for improvement. For instance, if cost-per-case for the cardiac cath lab is an incentive metric, and the data is a compilation of all physicians who perform the procedures, it becomes the responsibility of the physicians in the co-management to address this issue since it has a direct financial impact on their incentive bonus.

### CONCLUSION – TYING IT TOGETHER

Through Corazon’s national experience, the co-management agreement has proven itself to be a highly effective alignment strategy for hospitals and physicians to achieve cost-savings.

Since the co-management agreement is based on physician administrative participation and metric outcomes, it is natural that performance improvements and increases in financial incentives occur in direct relation to each other.

Although other duties and metrics tied to clinical quality are required and perhaps the most important, the combination of cost savings and achievement of positive quality care and patient satisfaction measures can have a lasting impact for the individual physicians, the service line and the hospital as a whole! As care improves, all parties are positively impacted, most especially the patient. †

*Kristin Truesdell is a Decision Support Specialist with Corazon, Inc. For more information, visit [www.corazon.com](http://www.corazon.com).*

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## Social Media Tips for Your Organization



By Daniel Casciato

Social media can be a particularly powerful way to build trust prior to forming a real life patient relationship and to build an online reputation of your organization. It has become a tremendous engagement tool for many healthcare organizations but how you use it depends greatly on your goals: are you trying to grow your organization or are you trying to increase loyalty with your patients?

Developing goals and key metrics at the outset is crucial, along with understanding baseline data. Then, developing an editorial calendar that guides your efforts is a vital step. Once the calendar is in place, a consistent, creative approach to social updates will help bring people in, grow your audience and enhance your organization's exposure.

### WHERE TO START

Facebook and Twitter are excellent places to engage in a somewhat informal, yet informative way with your audience to share information and create a community. Your Facebook page can be a place for sharing the latest news in your field, scheduling appointments, fielding very high-level, basic patient questions, and sharing related resources. You can post pictures of your staff with a brief intro to each employee to help patients feel comfortable and to personalize your practice. Facebook now offers affordable advertising opportunities that are very targeted to your specific audience—yet another tool you can use to grow your business.

Twitter is a way to share and gain information in your field and showcase thought leadership, as well. Your patients can follow your tweets and as a result, get a better sense of what you and your colleagues think about certain health-related topics.

### DO'S AND DON'TS OF SOCIAL MEDIA

Managing a social media campaign doesn't have to be a huge time commitment, but it does require discipline in sustaining the campaign over time. Measuring the effectiveness on a real time basis is difficult and many metrics won't capture the value of the campaign. In this context, social media should be viewed similarly to



building the reputation or brand of the practice.

### SOME WAYS YOU SHOULD USE SOCIAL MEDIA:

- Engage your clients, and start conversations
- Hold monthly contests offering prizes (because it is social, this introduces your client's friends to your healthcare business)
- Let everyone know "what's going on" at your facility. Is someone getting married? Did someone have a new baby? Someone's birthday? Snap a quick photo and put up a quick message—believe it or not, people love that kind of stuff

### NOW FOR THE THINGS TO AVOID:

- Don't use social media to send out ads, unless you are offering one great deal (or a clients only special)
- In terms of YouTube, Vimeo, and other video channels, don't shoot videos that are like commercials. Have someone interview you on several topics and break them up into numerous videos. This will do wonders for your Google ranking

### START SLOW

Many organizations are still apprehensive about embarking into the social media waters because they believe it requires a great deal of time. Just remember to start with baby steps. Choose the social media outlet where most of your target audience already is engaging with others. Then, choose someone within your organization to manage your social media functions.

That person can reach out to a social media consultant for guidance with strategy and, if necessary, implementation. Finally, it's important that you develop social media guidelines and insist that whoever is tasked with posting comments/photos on behalf of the practice is trained on those guidelines. †

*Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Healthcare News and Pittsburgh Healthcare Report, he's also a social media coach. For more information, visit [www.danielcasciato.com](http://www.danielcasciato.com), follow him on Twitter @danielcasciato, or friend him on Facebook ([facebook.com/danielcasciato](https://www.facebook.com/danielcasciato)).*

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**TELEMEDICINE** From **Page 1**

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More than eight million consumers in America are currently receiving a telemedicine benefit through their employers, including many

Fortune 100 companies. Towers Watson indicated that 17 percent of all businesses will use telemedicine by 2013 and another 27 percent by 2014 and 2015. As more businesses utilize the program, the quicker it will be seen as a “best practice” healthcare solution.

Employers are particularly attracted to telemedicine because it reduces absenteeism, overall healthcare costs, and shows significant ROI quickly – far quicker than their wellness programs.

Last year, more than 91 percent of all calls or online video consultations resulted in a diagnosis and a treatment. Of those, nearly 53 percent would have left work to see a doctor resulting in tens of thousands of dollars saved and a 100 percent ROI with as little as 15 - 20 percent employee utilization.

Employees like telemedicine because it can save them hundreds, if not thousands of dollars a year in out of pocket expenses, and it is extremely convenient for not only themselves but for their entire family.

When the family can benefit from telemedicine, those “weekends with the grandparents” or “vacations across the U.S.” offer the assurance of knowing they have a board certified doctor who can treat illnesses and write prescriptions any time of the day, wherever they are.

In either case, telemedicine is expected to be part of every company’s health care cost containment strategy in the next five years. T

hey all know costs will continue to rise, as will deductibles.

Telemedicine is the right solution at the right time and in our age of instant gratification, access to doctors “when needed” is just a natural progression of what we will experience in the near future.

For more information visit [www.hperx.com](http://www.hperx.com) or follow on Twitter @health\_PERX. †

*Jeff Marks is the founder and CEO of healthPERX, an innovative health savings program that offers telemedicine (with 24/7 access to board-certified doctors) as well as a variety of other non-insurance health benefits to companies, municipalities, financial and educational institutions and organizations of all sizes. Marks has extensive knowledge in health and wellness industries with 30 years of experience developing new healthcare strategies to reduce healthcare costs.*

*While many telemedicine providers charge a monthly access fee and a fee to consult a doctor, healthPERX offers 24/7 access to licensed, board certified doctors with no medical consult fee and a low cost monthly fee which leads to greater utilization and a healthier workplace. healthPERX offers many other benefits including dental, vision, health advocacy, telephonic counseling, travel assistance, fitness and others in affordable packages for employers, individuals and families.*



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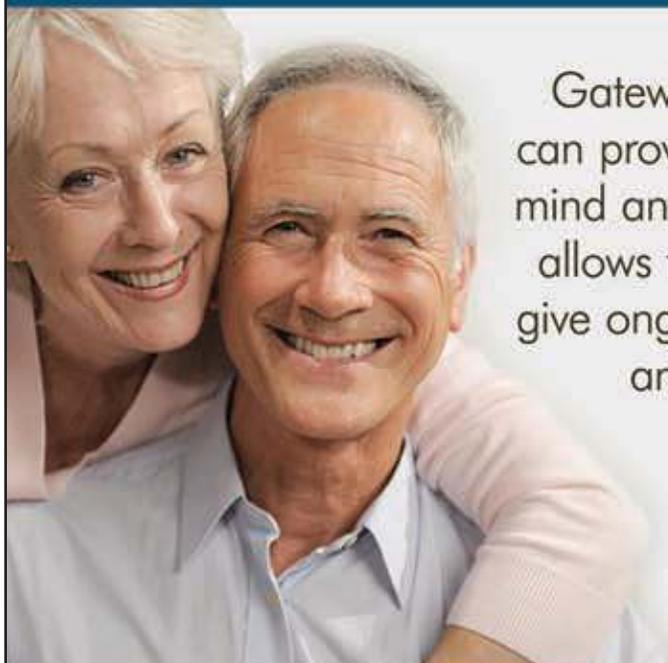
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**EPIDEMIC** From Page 1

In a recent study by the University of Michigan that Lewis shared, 1 in 10 older teens treated in emergency rooms – for any reason - admitted that in the last year, they have used a prescription painkiller or sedative at least once. Also concerning, according to the study:

“The vast majority of those who admitted this use had no prescriptions for these drugs on their medical records.”

The fact that the misuse of prescription drugs became such an overwhelming problem so quickly “caught the nation by surprise,” Lewis said.

“This epidemic grew three to four times faster than those that we had experienced in the past. The fact that it was so sneaky, made it even worse,” he said.

A major factor in the prescription drug misuse problem was the fact that the drugs were ordered through the legitimate healthcare system by doctors with good intentions, Lewis explained.

After years of doctors being concerned about over treating pain and using great caution in using medicine to assist patients with chronic pain, doctors started using pain relieving drugs more frequently.

“It was thought that poorly treated pain can lead to all sorts of health problems, and if you relieve the pain, the rest of life falls into place,” Lewis said.

And of course, the fact that the drugs are prescribed by doctors, legitimizes them.

“There is the common thought that prescriptions are a lot safer because your doctor recommends them, they are approved by the FDA and you know what you were getting,” he said.

Unfortunately, the uses of the medication to treat pain, often chronic pain, soon lead to overuse and misuse in our society. And the drugs moved to the streets.

These disturbing figures have changed the face of healthcare and the education of healthcare providers, said Lewis.

“It is a huge problem and when it became apparent, the healthcare industry had to address it,” Lewis said.

Medical and pharmacological schools began to concentrate on issues to help students learn how to effectively use medication to control pain, but to also tackle addiction issues in regards to these medications.

“It is unlike when I was educated. They have to learn the fine balance between pain management and overuse,” he said.

The educational efforts have extended into the community. Healthcare providers, educators such as Cedarville University and public schools, law enforcement

officials, and community leaders are working together to address this healthcare epidemic.

“We are going into the communities and talking to the schools and the high school kids about medications in the cabinets at home and how dangerous they are – they aren’t party drugs. We are talking to parents. We are telling them, you locked up your guns, now lock up your drugs,” Lewis said.

Law enforcement officials are working to close illegal pain management clinics and teaching the community on how to properly dispose of unused drugs.

“There are a number of approaches to address this issue and we are working together to solve it,” said Lewis, “We have a long way to go.”

For more information on Cedarville University, visit [www.cedarville.edu](http://www.cedarville.edu).



Dr. Jeff Lewis

## Prescription Drug Abuse Epidemic: Some Statistics

### SCOPE

**Accidental death from drug overdose (primarily prescription drugs – namely opioids) is now the leading cause of accidental death in the nation...having surpassed the long-standing leader, automobile accidents**

- Nationally – over 12,500 unintentional overdose deaths involving opioids in 2009 (compared to 4,000 for cocaine and 3,000 for heroin)
- Ohio has experienced a nearly 400% increase in such deaths from 1999-2010 (13.4 deaths/100,000 population in 2010)
- Montgomery Co, in southern Ohio (close proximity to Cedarville) has one of the state’s highest death rate/capita (>20/100,000)
- Treatment options are limited (eg, only 1 methadone clinic in Montgomery Co)...need to increase use of/access to buprenorphine, and develop additional addiction treatment strategies)

### SOURCES OF DRUGS

**The primary (> 50%) sources of the abused/misused prescriptions drugs are family/friends (both offered and stolen)**

**One particularly challenging source of inappropriate use of prescription drugs (especially pain medicines) are illegitimate “pain clinics” (often referred to “pill mills”)**

### STRATEGIES

#### Nationally...Prescription Drug Abuse Prevention Plan 2011

- Focuses on education, prescription drug monitoring programs (PMP), proper medication disposal, enforcement - Ohio...HB 93 passed in 2011
- Focuses on controlling “pain clinics”, educating the public, requiring greater use of PMP (OARRS) by prescribers and pharmacists and proper disposal of medications

#### Montgomery Co...Opiate Task Force

- Comprised of health care, law enforcement, policy development and academia...focuses on identifying and implementing collaborative opportunities for having a positive impact on this crisis

#### CU School of Pharmacy

- Developing an educational initiative targeting middle/high school students – helping them understand the dangers of prescription drug misuse/abuse. The impact of the initiative will be studied under a research protocol led by Dr. Aleda Chen (School of Pharmacy)

#### Supported by a \$10K grant from the Cardinal Foundation

- Summer Pharmacy Camp programming (high school students learn about, and consider a future in, the profession of pharmacy) trains campers to deliver similar programming back home
- Privilege of meeting with Director Gil Kerlikowske, Director of the White House Office of National Drug Control Policy, on May 8, 2012 in Columbus, OH to discuss this topic...in particular, the role of health education institutions (eg, pharmacy and medical schools) in preparing future professionals equipped to deal with these issues

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# Behavior Management in School after Brain Injury



**By Katherine A. Kimes,  
Ed.D., CBIS**

Behavior is ultimately social in nature.

Behaviors are a form of communication.

A secondary effect of brain injury (or TBI) relates to the behavioral, emotional, psychological and psychosocial effects of injury.

There are three reasons why behavioral issues are prevalent after injury: 1. neurological damage, 2. environmental or reactionary disturbances, and 3. pre-existing conditions.

Behavior can be divided into three categories: aggressive, explosive, and passive. These behaviors reduce the opportunities of a student to productively learn in the classroom and can manifest as: frustration, anger, disorganization, mood swings, withdrawing, avoidance, shutting down, non-compliance, disruptiveness, and impulsivity.

## BEHAVIOR MANAGEMENT STRATEGIES

Management of behavioral issues after TBI is typically determined by the stage of recovery the student has reached. It is important to reduce/eliminate the behavior in order to allow the student to reach his/her highest level of functional independence. It is im-

portant for teachers and school professionals to know how to implement effective management techniques to help improve the overall quality of the child's education and life.

Brain injury combined with environment precipitants often trigger behavior issues within the classroom setting.

The best strategy to manage these behaviors is a person-centered approach or behavior change programs. Focusing on a person-centered approach will help to reduce the frequency and/or eliminate these disruptive behaviors.

## POSITIVE BEHAVIORAL SUPPORTS

Behavior management depends of the interplay of three factors: Antecedent, Behavior, and Consequence (A-B-C Model). Behavior is best managed by eliminating environmental antecedents or triggers.

As the student progresses, behavior management techniques provide the student with strategies to independently function within the classroom and continue to work independently in the presence of these triggers.

Behavioral changes typically occur when goals are relevant and there is a strong motivation for change. A-B-C behavior management paradigms focus on the principle of learning.

Each technique uses different learning principles and different methods of implementation.

## IN-SCHOOL BEHAVIOR MANAGEMENT TOOLS

Behavior change programs promote individual learning and are similar to a

student's IBP (Individual Behavior Plan), which is implemented within a student's IEP (Individual Education Plan). When problem behaviors impede a student's learning process, developing an IBP is a first, if not essential step. A Behavioral Support Plan (BSP) can also be used when the student needs a moderate level of support. The IBP and BSP, are most effective when they interlinked with effective instruction and an appropriate curriculum.

When an IBP or BSP is being developed, target behaviors are identified and clearly defined as well as the frequency of those behaviors. A checklist can be developed to help understand and identify a student's target behavior(s).

Components of a behavioral checklist include: 1. identifying the changes in behavior; 2. identification of target behavior (what are the specific behavior patterns? Duration and frequency of target behavior?); 3. assessment of behavior (determining the antecedents; identifying strategies to manage behavior and consistency in strategy implementation); 4. evaluation of behavior management plan (What adaptive skills and compensatory strategies successfully manage the student's behavior?)

Identifying any barriers that hinder implementation of behavior plan, and reviewing the effectiveness of strategies used).

It is important that the student and family help develop the behavior plan and each is pro-active in its implementation. The plan should compliment the student's learning style, so the environment effectively promotes learning and focus on a student's strengths, needs, and preferences.

In addition to developing an IBP or BSP, it is also important to teach replacement behaviors. Students should learn pro-active strategies to reinforce learned behaviors. Reinforcements should be positive and can include positive rewards for work completed (token economy), and praise for a job well done (positive reinforcement).

Environment modifications can be provided in the classroom to help reduce behavior issues. These include: a highly structured setting, limited unstructured time, a clearly stated agenda, a planner to help organize homework assignments, and preferential classroom seating.

## CONCLUSION

TBI can wreck havoc on students' education, life, and emotional state.

It is important schools are equipped to provide appropriate services, those services guaranteed under the federal law. Training needs to be provided to school professionals on the unique emotional and behavioral needs of students with brain injury. Effective behavior management strategies should be developed to help elevate students' quality of life and hope for the future. †

*Dr. Katherine Kimes is the President of ABI Education Services, LLC, a business focused on providing consultation, training, in-school support, and transition services to children, adolescents, and young adults with acquired brain injury.*

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# Addressing HPV-related Cancers in HIV/HPV Co-infected Population

By Eyal Talor Ph.D.



According to the Centers for Disease Control and Prevention (CDC), about 90 percent of genital warts begin with infection by the human papilloma virus (HPV) (CDC). HPV is a sexually transmitted infection (STI.) Transmission of HPV may occur even if the warts are not visible. It usually spreads by direct contact with the anus, mouth, penis, or vagina of an infected person. Intercourse is not necessary to spread the infection. It can also be transmitted by skin-to-skin contact. In general, genital warts are known to spread relatively easily among partners.

The National Institute of Allergy and Infectious Diseases (NIAID) warns that as many as two thirds of those who have had intimate contact with an infected sexual partner could develop warts within about three months of the initial contact (NIAID). Men and women with a history of anogenital warts have approximately a 30-fold increased risk of developing anal cancer, and persistent HPV infection in the anal region is thought to be responsible for up to 80% of anal cancers. HPV is now recognized as a significant health problem in the HIV (Human Immunodeficiency Virus) infected population because, although today HIV infected individuals live longer as a result of greatly improved HIV treatments, their immune systems still remains compromised.

Usually, HPV infection can be eliminated in a healthy individual by their immune system within about two years of infection, without treatment. However, certain high risk human papilloma virus strains may cause persistent infection that can lead to local abnormal changes in the infected and surrounding tissues, which if untreated can develop into a cancerous lesion, particularly in immunocompromised individuals. Men and women who have HIV are therefore at a higher risk of developing cancer, which may include cancers of the cervix, vulva, vagina penis and anus. It is now accepted by the scientific community that some head and neck cancers are also associated with HPV infection.

Much attention has been focused on diagnosing and following the development of cervical intraepithelial neoplasia (CIN) following HPV infection. Efforts have been made by the scientific and medical community to better understand and treat CIN with the aim of curbing its progression to cervical cancer. With the advent of

cervical Pap smear and HPV testing and screening in various regions in the world, the incidence of cervical cancer has declined.

In the same way that persistent HPV infection is understood to be linked to development of CIN, the precursor of cervical cancer, persistent HPV infection has also been implicated in the development of anal intraepithelial neoplasia (AIN), the precursor to anal cancer. HPV infection is thought to be responsible for up to 80% of anal cancers.

In general, there are marked similarities in the biological and pathological profiles of cervical cancer and anal cancer, which suggests that the incidence of anal cancer may be reduced – by developing strategies which can curb the progression of AIN to cancer.

## ESTIMATING THE PREVALENCE OF HIGH-GRADE AIN IN THE HIV/HPV INFECTED POPULATION IN THE USA:

It should be noted that there is a scarcity of literature with which to try to accurately estimate the prevalence of HPV in HIV infected individuals and by extension to accurately estimate the prevalence of high-grade AIN in both men and women who are HIV/HPV co-infected in the USA.

It is estimated that there are currently approximately 1, 148,200 HIV infected adults (men and women) in the USA (CDC; <http://www.cdc.gov/hiv/resources/factsheets/us.htm>). To try to estimate the range of individuals with high-grade AIN in the HIV/HPV infected adult population (in the USA) the following methodology was employed:

- The target patient population began with the total number of HIV infected men and women in the United States.
- Next, the HIV-infected population was split into three groups: MSM, women and all others.
- Then each group was broken down into the percentage that are co-infected with HPV.
- Finally, each group that was determined to be co-infected was broken down into the percentage who were diagnosed with AIN.

Of the total HIV infected population about 597,064 are ‘MSM’ (men

See **HIV/HPV** On **Page 18**



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**HIV/HPV From Page 1**

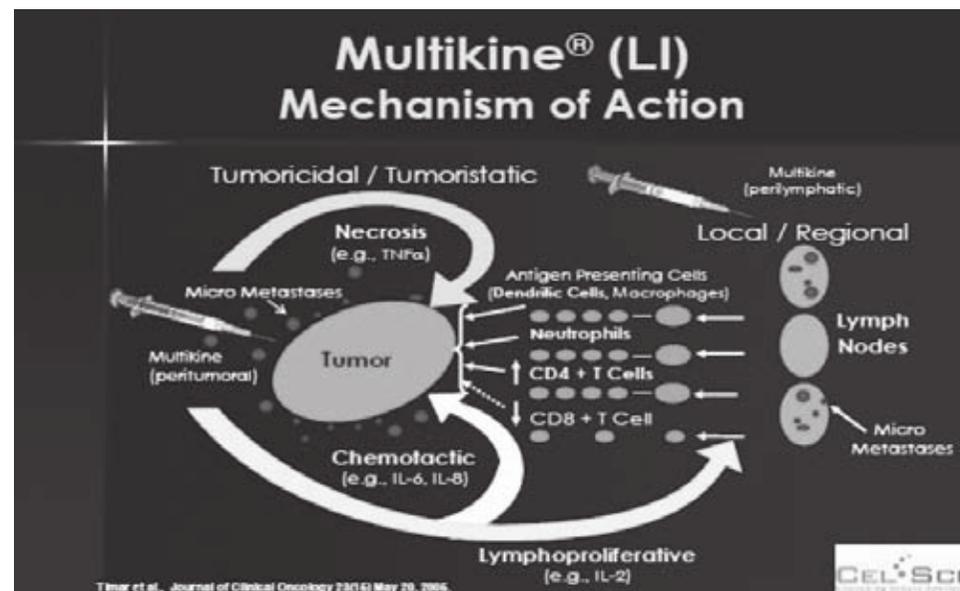
sleeping with men) and about 287,050 are women. About 23% or 264,086 represent all others. Taking into consideration the variable estimations of different infected populations and using the methodology above, this leads to a calculated range of 94,594 to 372,086 individuals (both men and women) in the USA that are likely to have high-grade AIN in the co-infected HIV/HPV population.

HIV treatment has now progressed to the point that it could be considered a “manageable” disease in most patients (i.e. patients can “live” with the disease for a long period of time with relatively good quality of life). As a result, HPV infection is surfacing as a rapidly growing problem in the HIV infected population. The prevalence of AIN can only be estimated from surveying the available scientific literature (see above) since there seemingly is no comprehensive source(s) of information for estimating the prevalence of HIV/HPV co-infected individuals. The incidence of anal warts in HIV/HPV co-infected patients is likely to be larger than the estimated incidence of high-grade AIN, but apparently there is insufficient literature to accurately document this estimate.

**ENTER IMMUNOTHERAPY**

The Naval Medical Center San Diego, a referral center of excellence for HIV/AIDS care of active duty, family members, and retired individuals since the start of the HIV epidemic in the 1980s, is investigating the use of an immunotherapy against AIN in HIV/HPV co-infected individuals, specifically, Leukocyte Interleukin, Injection (LI) [Multikine®], an investigational new drug product that is produced by CEL-SCI Corporation.

A Cooperative Research and Development Agreement (CRADA) between the US Naval Medical Center, San Diego and CEL-SCI will involve a Human Subjects Institutional Review Board approved Phase I dose escalation study of Multikine in HIV/HPV co-infected men and women with peri-anal warts. Multikine is currently being investigated for the neoadjuvant/adjuvant treatment of previously untreated (Treatment Naïve) cancer patients with Locally Advanced Squamous Cell Carcinoma of the Head and Neck. Phase I clinical trials have also been performed with Multikine in male and female HIV infected subject volunteers and in women volunteers with cervical dysplasia who were infected with both HIV and HPV. The results of the Phase I Study of females who were HIV/HPV co-infected led by Dr. Edmund Tramont, currently an Associate Director for Special Projects for DCR/NIAID/NIH, suggest that the Multikine treatment regimen might be useful in clearing HPV and HPV infected tissue and lesions of the cervix, which if not treated could lead to cancer of the cervix.

**HOW DOES IT WORK?**

Multikine (LI), is a complex biologic product that contains a mixture of naturally derived and naturally occurring human pro-inflammatory cytokines (including IL-2, IL-1, GM-CSF, TNF and IFN , and other small biological molecules) with immunomodulatory activity. Each cytokine in this mixture has a distinct effect on the host and the tumor, and the sum of all these is thought to affect solid tumor destruction in cancer patients.

The pro-inflammatory cytokines in Multikine also have the potential to activate an array of anti-infective responses in treated individuals, which are thought to be required in order to be able to clear infections. The therapy is administered locally, percutaneously (peritumorally and perilymphatically to cancer patients) and aims to elicit a maximal immune response. In the studies of peri-anal warts that are currently being considered Multikine would be injected perilesionally at the base of the anal-wart.

The hope is that a strong local specific immune response would develop which will result in the elimination of the anal-wart and impact the underlying cause of disease, the HPV persistent viral infection, while at the same time it may also have an impact on the AIN status of the subject volunteers.

The purported mechanism of action of Multikine has been published by Timar J *et al*, in the Journal of Clinical Oncology (JCO), (Timar J *et al*, 2005). It describes how the local/regional injection percutaneously (peritumorally and perilymphatically injection) of “mixed interleukins” overcomes local immune-suppression (induced by the tumor), is thought to break- tumor-tolerance to tumor antigens, changes tumor cellular immune infiltrate and affects the tumor microenvironment allowing for an effective and sustainable local anti-tumor immune response.

**HOW MULTIKINE TREATMENT MIGHT LEAD TO THE “KILLING” OF HPV INFECTED CELLS? (A HYPOTHESIS):**

The pro-inflammatory cytokines such as TNF (in Multikine) may also activate transcriptional factors (such as NF-κB). A critical downstream target of NF-κB gene encoding for IL-6 (a cytokine also known to be present in Multikine), which stimulates an array of anti-infection processes, including the synthesis of acute phase protein (CRP), proliferation of B cells, neutrophil production, and differentiation of Th17 helper T cells, all of which are thought to be necessary to bring about an anti-infective response. In addition, IFN (also present in Multikine) has specific anti-viral activity (including anti-HPV activity), where studies conducted (by others) with the administration of purified or recombinant IFN directly to or in the vicinity of HPV-warts have shown lesion regression accompanied by activation of T-cell mediated immune response, with influx of activated T lymphocytes. This same/similar clinical and histological manifestation has already been shown, previously, with the administration of Multikine in the HIV/HPV CIN population.

**CONCLUSION**

Many agree that the goal of HIV care is empowering people to live well (long and productive lives) with the virus. When it comes to the risk of developing HPV-related cancers, HIV positive individuals need expanded arsenals that will be able to address their specific needs. The various clinical trials conducted aim to provide answers for those needs. †

*Eyal Talor joined CEL-SCI in October 1993 as Senior Vice President for Research and Manufacturing. In October 2009, Dr. Talor was promoted to Chief Scientific Officer. He is a clinical immunologist with over 19 years of hands-on management of clinical research and drug development for immunotherapy application; pre-clinical to Phase III, in the biopharmaceutical industry. His expertise includes; biopharmaceutical R&D and Biologics product development, GMP (Good Manufacturing Practices) manufacture, Quality Control testing, and the design and building of GMP manufacturing and testing facilities.*

## New for the December 2013 Issue Healthcare Construction and Facilities Management Products & Services Resource Directory

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# Stantec *It's a Matter of Perspective.*

## It Has Been An Interesting Year



It has been an interesting year for healthcare. As December draws to a close I would like to take a moment, look back, and see just what on Earth happened!

We have a new form of healthcare payment; remember Medicare and Medicaid have been around for some time so taxpayer-funded healthcare is not new.

We have a hard push for hospitals to follow the essence of the Hippocratic Oath, "First do no harm," and be accountable (pay for) problems that arise on their account.

We have rankings and ratings and patient opinions that indicate how well hospitals are performing. We are dropping medical service lines that are no longer financially viable.

The community hospital is most often affiliated or owned by someone other than the community.

I think it is official . . . Healthcare is now a business.

I have seen many changes over my 35 years in this profession. The current market changes offer a chance to improve OUR healthcare. Never forget we will all someday be the patient!

We are deep in the information age. I can easily access rankings, ratings and even costs. I can find fantastic information about my health. It is only a matter of time until an outfit like Angie's List has this information. We will personally, for the first time, be required to be serious about the cost. The out-of-pocket cost for the average consumer is escalating and is now a significant item in every family's budget. We as a society have more or less followed our physicians' instructions and facility choice. This new cost awareness will change that model and we will, more than ever before, follow the dollar.

The hospital of the future will have significantly fewer acute care beds and have a predominance of critical care beds. The cost model is a push to limit inpatient acute care as much as possible. We have seen this with the CMS observation status changes. My mother believes she was an inpatient because she stayed overnight; that is no longer the case, is it? Technology and homecare nursing will allow many of us to go home early or not be admitted at all. Maybe the house call is back?

I have recently heard that we should bring back the three-bed ward. Before you jump off the roof, think about the travel time for the nurses between two rooms vs. six or the cost to build six rooms vs. two. With the nurse in your room more, would your perceived care improve? With cost being a driver and margins being so tight, this might be something to

consider. It is a tradeoff between privacy and cost – it might just be our future to join the rest of the world- placing a premium cost on the private room while staying in a ward is a part of your basic insurance plan.

Large employers are striking deals with healthcare providers to entice employees. These deals create re-duced costs for the employer and often the copays are eliminated for the employee.

We need to seriously improve the efficiency of our hospitals and clinics, meaning we have to provide the care for fewer dollars. NASA has adopted the "Faster Better Cheaper" mantra with some success. It might be the catch phrase for Healthcare 2014. I think by now every hospital is embracing some form of the Lean Process and many have had success. If not, this is the year to do so!

Will our new providers be Walgreens and Wal-Mart?

I believe in 2014 we not only need to think outside the box, but we need to throw the box out and find in-novative solutions to providing the finest healthcare in the world - at an affordable cost. Some sugges-tions:

- Retail healthcare locations – Ross Park Mall Medical Associates, anyone?
- Internet medicine (telemedicine, but at home). Can we use technology to keep us healthy?
- Bring back the patient ward (did I really say this again?).
- Eliminate the insurance barriers to a free market for everyone. Remove the employer from the mix and purchase the plan as you do car insurance.
- Enable PAs and LPNs to do more.
- Educate the public that they are responsible for their own health (put down the biggie fries and go for a walk!).
- Provide transparency of cost and quality metrics to the public.
- We will finally learn to wash our hands. Thanks mom!

Being the best will include; quality and cost somehow balanced with the patient experience. Transparency will be the buzz word.

I am sure that 2014 will prove to be a defining year and just as interesting as 2013. †

*Bruce Knepper is a registered architect and Vice President of Healthcare East at Stantec. Bruce works out of the Butler, Pennsylvania Office and can be reached at [bruce.knepper@stantec.com](mailto:bruce.knepper@stantec.com).*

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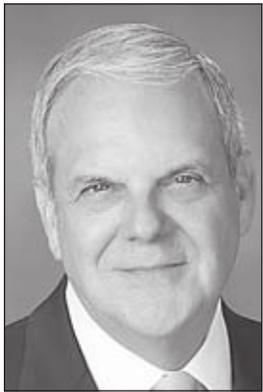
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## Choosing Wisely



By Nick Jacobs

In the 1980's it was not unusual for hospitals to send teams of employees to local community centers to participate in dozens of public health fairs for marketing purposes. We might not have been choosing wisely in terms of resource allocations, but it was perceived to be great marketing in an era where health care advertising had not yet taken hold. We offered everything from, at the time, unreliable finger stick tests for cholesterol, to the always favorite blood pressure and multiphasic blood screens. Usually local service clubs combined their assets to do vision or hearing testing while rehabs and surgery centers handed out hypodermic needle imitation pens and first aid kits.

Ironically, our hospital was placed beside an unusual participant in such an event, a cemetery. One of the large local cemeteries had purchased a booth and was promoting grave plots. After getting over the initial shock of this paradoxical placement, I walked over to the exhibitor and began a light conversation about world news after which she handed me a tee shirt, smiled and said, "You might as well get something out of this health fair." As I unrolled the garment, these words appeared: "Eat right, exercise, manage your stress," and on the back it said, "But you're still going to die."

That tee shirt continues to tell an extremely candid tale of life on our planet. The challenge for us is to attempt to lead a fulfilling, wonderful life that is not squandered due to our own lack of attention to our personal health. On the other hand, we must face the fact that no one gets out of this ultimate inevitability.

We are the world's greatest country when it comes to acute and emergency care, but we need to now understand and embrace that fact that we truly must teach our population to become the CEO's of their own care. We can't be the last person on our nurturing list when it comes to health. It is all about balance in our lives and that balance includes the very personal mind, body, spirit as well as medical

balance.

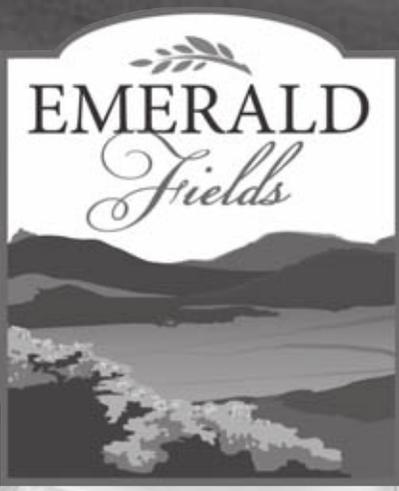
Recently, the American Board of Internal Medicine Foundation pulled its resources and those of dozens of other professional medical academies to assist us in our life journey and to help us determine what we do or do not need to do to be prudent in our medical testing and intervention choices. The ABIM campaign is called Choosing Wisely and it provides the necessary risk vs. reward information to help us all make informed decisions regarding our personal health choices.

Often times we are faced with decisions regarding procedures and tests that are available to us for the purpose of extending life and preventing the advancement of disease. By exploring the website pages available on Choosing Wisely we will be able to sort through the various available tests in order to determine what is or is not worth the risk. Of course, not unlike vaccination of the masses, there is always a percentage of us that suffer unexpected outcomes, and, unfortunately, that is a reality.

Prudent becomes the operative word in any medical decisions, and the fact that suggested norms change on a regular basis requires us to remain vigilant as we weigh our options. But at least there are literally dozens of accredited medical organizations contributing to this campaign, and multiple decisions will become easier as we read the fine print of their recommendations.

With 30 or 40 million newly insured coming onto the healthcare rolls and nearly 10,000 Baby Boomers moving on to Medicare, the concept of intelligent resource allocation becomes an even more pressing issue. We must understand that risk vs. reward ratio as we select the tests and procedures available to us. Making informed decisions becomes a key as we attempt to choose wisely in screening, treating, and living on a regular basis. †

*Nick Jacobs, FACHE, International Director of SunStone Management Resources and an officer on the American Board of Integrative Holistic Physicians, is currently consulting in Integrative Medicine and Pharmacogenomics and writes the blog, [healinghospitals.com](http://healinghospitals.com).*



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## Pittsburgh Ballet Theatre to Premiere First-Ever Autism-Friendly Performance of “The Nutcracker”



by Christopher Cussat

This December, the Pittsburgh Ballet Theatre (PBT) will premiere its first-ever, autism-friendly production of “The Nutcracker.” The performance will be the first of its kind in the country to make the magic of this holiday classic accessible to children on the autism spectrum and their families. The autism-friendly ballet will take place at 2:00 p.m. Friday, December 27, 2013 at the Benedum Center in Downtown Pittsburgh.

“‘The Nutcracker’ is a holiday staple in ballet companies across the country and an annual tradition for many families here in Pittsburgh, so we are particularly excited

to pilot this program with a timeless story that reaches so many people year after year,” said PBT Artistic Director, Terrence S. Orr. “With this special performance, we want families to know that we are performing with them in mind and welcome them to experience this production in a comfortable and inclusive atmosphere.”

To be autism-friendly, the entire theater will be reserved for families with individuals on the autism spectrum to create a fully supportive audience environment. Autism-friendly accommodations will include designated quiet areas and activity stations in the lobby, adjustments to potentially startling light, sound, and special effects, as well as opportunities for families and children to familiarize themselves with the production in advance.

Throughout the performance, the house lights will remain dimly lit and audience members will be free to come and go from their seats as needed. In advance of the performance, the PBT will distribute online, an illustrated guide (or social story) to walk audience members through the theater experience from the layout of the Benedum Center to the characters, scenery, and music of “The Nutcracker” production.

“This is a performance where families can come as they are and be who they are—whether they are looking for a new artistic experience, bonding time with their family, or simply an escape into a magical world—we can offer all of that through this performance,” said PBT Education Director, Alyssa Herzog Melby, who heads Accessibility Initiatives at the PBT. “We hope that we can become a model for other ballet companies across the country to open their doors to people on the autism spectrum, sharing the beauty of what we do with all people in our community.”

Autism Spectrum Disorders (ASD) affect 1 in 88 children in the United States, according to the Centers for Disease Control and Prevention. The effects of autism are unique to every individual, though ASD characterizations usually include difficulties with social interaction and communication. Many children with autism have sensory sensitivities in response to sounds or sights, which is one of the focused areas of adaptation for autism-friendly productions.

Although autism-friendly productions have begun to establish a foothold in the



theater world, autism-friendly performances are relatively new to ballet. This year, for example, New Jersey Ballet presented an autism-friendly version of “Pinocchio”—but, to date, no other U.S. ballet company has presented an autism-friendly version of “The Nutcracker” (according to PBT research).

“Very few times in our careers as dancers will we get the chance to do something this important—the autism-friendly performance will join Light/The Holocaust and Humanity Project as one of those defining moments for me,” said PBT Dancer, Stephen Hadala, who has performed in all 11 seasons of Terrence S. Orr’s “The Nutcracker.” He continues, “This performance gives us an opportunity to use our art form to do something for the community, and it’s exciting to be able to share ballet with children who might not ordinarily experience a production.”

In order to adapt the ballet, the PBT worked with a focus group represented by local autism advocacy groups, including Autism Speaks of Greater Pittsburgh and ABOARD’s Autism Connection of Pennsylvania—parents of children with autism and individuals on the autism spectrum. After watching the production and learning about characters, music, and scenery, the groups submitted recommendations to adapt the production to viewers on the autism spectrum or with other sensory sensitivities.

The PBT also looked to other organizations as models, including the Theatre Development Fund’s (TDF) Autism Theatre Initiative, which presented the first autism-friendly performance of a Broadway show in October 2011 with Disney’s musical, “The Lion King.” The PBT thanks TDF’s Autism Theatre Initiative for serving as an advisor during the planning process. Locally, PBT acknowledges The Pittsburgh Cultural Trust for its leadership in establishing best practices and providing Benedum Center staff-training for autism-friendly performances. Lead funding support for the PBT’s autism-friendly production of “The Nutcracker” comes from the Edith L. Trees Foundation.

According to Melby, ballet is an art form that has embedded in its history the philosophy of being able to transcend the earth and transcend the human body. “It’s part of the reason why ballet dancers always ‘lift up’ their body—very rarely do we slouch in ballet! It’s part of the reason why we wear pointe shoes and stand on our toes—to get higher off of the ground. It’s part of the reason why the male partner

so often lifts his female partner high into the air—making her suspend gravity and time as she floats in space.” She concludes that there is something about watching ballet that does the same thing because it lifts the spirits and shows human potential reaching ever greater heights. “And no matter who you are—special health needs or not—that is an empowering and inspiring message!”

The autism-friendly performance fits into the PBT’s overarching Accessibility Initiative, which made several significant strides during the 2012-2013 Season. 2012-2013 accessibility accomplishments included the introduction of the PBT’s Audio Description for Dance program, large-print and Braille programs, and other accommodations for people with visual impairments and special needs. For more information about Accessibility at PBT, please visit [www.pbt.org/plan-your-visit/accessibility](http://www.pbt.org/plan-your-visit/accessibility).

*Tickets for the autism-friendly performance will be available at a discounted rate to families with members on the autism spectrum. Information to purchase the tickets will be distributed through PBT’s partners within the autism community. For more information about tickets, please call 412-454-9107. ♣*



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## Controlling Fall Pest Activity with IPM

By Hope Bowman



With the change in seasons, also comes a change in the type of pest threats to your facility. Pests that may have been content in the warm summer months, are now seeking food, water and shelter to survive through the winter – and healthcare facilities provide pests all three of these necessities.

As temperatures continue to drop, hospitals and other healthcare facilities can expect to see pests such as rodents, ants, cockroaches and stink bugs, looking for a way inside.

Pests in the healthcare environment can do more than harm your reputation; pests can actually pose health threats to your staff and patients. The most effective way to combat these fall intruders is to take preventive measures. Work with a pest management professional to implement an Integrated Pest Management (IPM) program for your facility. IPM uses a combination of proactive management methods such as facility maintenance and sanitation to help prevent problems before they occur.

Here is an overview of the type of pests found in healthcare facilities during fall and IPM tips to help keep them away.

### RODENTS

Rodents, like mice and rats, become an active threat in the fall, so rodent control and exclusion should be a top priority. Rodents seeking shelter can enter your facility through small holes – rats can squeeze through holes the size of a quarter, and mice can slip through holes as small as a dime. Once inside, their presence can lead to serious health threats.

According to the Centers for Disease Control and Prevention, rats and mice are known to spread more than 35 diseases worldwide, including Salmonella, Hantavirus and even *E. coli*. Rodents are also capable of causing serious structural damage with their constant gnawing.

To keep rodents away, conduct a thorough inspection of your building's exterior and seal all gaps and holes where rodents may enter. Be on the lookout for droppings and gnaw marks, which can indicate an infestation.

### OCCASIONAL INVADERS

This time of year can include a bevy of unique insects, commonly referred to as occasional invaders. These pests include stink bugs, box elders and lady bugs. While they do not typically cause structural damage or harm to humans, they can be a major nuisance. Install door sweeps, well-fitting window screens and weather stripping to prevent these pests from crawling inside.

### ANTS

Ants can be one of the most difficult pests to manage in the healthcare setting. Cool temperatures this time of year can bring ant trails indoors. Work with a pest management professional to locate the nest and devise a plan to prevent ants from getting inside. In food preparation areas, such as kitchens and employee break rooms, keep areas clear of any spilled food or drink. These areas can be a hot spot for ants.

### COCKROACHES

Evidence of a few cockroaches in your facility could indicate the presence of many more. Cockroaches are known to carry an average of 33 different bacteria that can lead to life-threatening diseases such as Salmonella and *E. coli*.

Additionally, allergens found in cockroach feces, saliva and cast-skins can cause allergic reactions or trigger asthma symptoms, especially in children.

Cockroaches live and breed in unsanitary conditions, so implementing a stringent sanitation routine is key. Remove trash on a regular basis and keep dumpsters as far from the facility as possible.

Inspect incoming packages in the kitchen, but also be aware that your patients may accidentally transport them from home.

Additionally, vacuum, sweep and mop on a regular basis.

Knowing what pests to be on the lookout for during fall can help your facility save time, money and even prevent larger pest issues down the road. Take action now and work with your pest management professional to implement these IPM tactics to keep pests away this fall. †

*Hope Bowman is a Technical Specialist and board-certified entomologist with Western Pest Services, a New-Jersey based pest management company serving residential and commercial customers throughout the Northeast and Mid-Atlantic. Learn more about Western by visiting [www.westernpest.com](http://www.westernpest.com).*

# Celtic Healthcare: Educating Communities About Palliative Care Services

By Kathleen Ganster

Healthcare may mean medicine and nurses, but it may also mean a 160- pound furry creature.

Life expectancy has increased and increased over the years, but is it quantity versus quality that matters most?

It is an interesting question and one posed by Jodi McKinney, Director of Corporate Communications for Celtic Healthcare.

McKinney cited important facts in the healthcare world of today’s society:

- 75 percent of American die in a hospital or skilled nursing facility when most would have preferred to die at home;
- Medicare physician visits per enrollee for the last six months of life average 40 visits;
- 46 percent of these enrollees saw 10 or more different physicians during that time, and
- These same enrollees average 6 physician visits per month during the last 26 weeks of their life.

And perhaps most concerning of all, \$60 billion is spend in Medicare funds for doctor and hospital bills in the last two months of life, but it is estimated that 20 to 30 percent of those costs have no meaningful impact, according to McKinney’s research and Dartmouth Atlas statistics.



With shrinking Medicare fund availability, changes to reimbursement models, and penalties to hospitals for avoidable readmissions, Celtic is looking for ways to support hospitals and physicians in developing ways to work together to provide the best patient-centered care.

Patients and families often don’t know what to do or where to run, so one of Celtic’s critical goals is educating our communities about palliative care services and working with hospitals and physicians to provide this service to their patients.

Recognizing that living longer has little value if the quality of life isn’t desirable, Celtic has created their Journey Program, an acknowledgement of the fact that life is a journey.

“At Celtic, we recognize that every one of us is individual and unique, and so are our illnesses and our responses to treatment,” she said.

The Journey Program allows Celtic’s patients and their families to choose the type and location of treatment for the end-of-life aspect of their lives’ journey.

“Some may chose every advance medical treatment available – which is completely their right - while others may simply seek comfort and quality – but it is an individual choice and one that we must be willing to discuss,” she said.

It is because of these statistics that the Journey Program is even more important to today’s seniors.

“We embrace the knowledge, the ability, and the great privilege to change these situations and improve these end-of-life experiences,” McKinney said.

Celtic Healthcare provides the medical care and pain management for their pa-

tients, but also takes an extra step to provide emotional and psychological support.

“By doing this, we’re also improving and appropriate reallocating and reducing excessive Medicare and other healthcare spending,” she said.

Celtic’s Journey Program includes the concept of “Ministry of Presence,” an added element to healthcare. While the medical aspects of the healthcare are essential, so are other aspects of care.

“Ministry of Presence may mean something as simple as showing up to listen, not preach to; watch with and not look at; enter into a patient’s pain and listen to their anguish; show love and mercy; and bring joy and peace. Sometimes it is just being present with a patient right where they are at that point of time that matters the most,” McKinney said.

And that care may mean thinking outside of the box on the more traditional forms of medical care.

An important member of the Celtic Healthcare team is that 160-pound critter mentioned earlier – a Great Pyrenees/Akbash rescue dog who is also a certified hospice therapy dog.

“Jackson” visits with hospice patients, giving them love and attention, or just a friend to sit with.

“He is one of Celtic’s most popular volunteers,” said McKinney.

Those same “out-of-box” guidelines have also parlayed into other patient care including extraordinary team members who don’t think twice about going the extra mile to care for a patient seven days in a row to ensure continuity of care, music therapy, and fulfilling last wishes such as fishing trips, attending weddings and feeling raindrops – things that have nothing to do with traditional health practices.

Excellence in Patient Care isn’t just a saying at Celtic Healthcare, it is a philosophy.

“Our Celtic team makes it our goal to consider patient-centered, value-based care. We are simply good people with caring hearts that have commitments to our communities and seek to be advocates for the cause,” she said.

She continued, “We don’t want put our delivery healthcare in a neat little box. We strive to make it as unique as each individual patient we serve.”

For more information about Celtic Healthcare services, visit [www.celtichealthcare.com](http://www.celtichealthcare.com).

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## Extending Our Hands in Thanks



By Barbara Ivanko

By all accounts, it was just a typical Saturday. Paul did some work around the house, ran some errands with the kids, and made a trip to the grocery store.

Sometimes though, it's the little things – just a brief moment in time – that make the day extraordinary and leave lasting impressions.

Paul was in the checkout line at the store, loading groceries onto the conveyor belt when he happened to notice the man in the adjacent checkout line. The man wore a hat that read "Vietnam Veteran."

Paul reached over, extended his hand, and said "Sir, thank you for your service. God bless you."

"Thanks," the proud veteran replied, "I really appreciate that."

The veteran went on his way. Minutes later, Paul walked out of the store to his car with a smile on his face. He was grateful for the opportunity to show respect and bring some happiness to someone's day.

At Family Hospice and Palliative Care, our organization is privileged to serve veterans among the thousands of patients for which we care every year. It's notable to point out that Pennsylvania has one of the highest populations of Veterans in the United States, with more than 1.1 million having served, 25% who reside right here in Western Pennsylvania.

As we celebrate Veterans' Day in November, we are reminded of the selfless and valuable sacrifices these men and women have made for each and every one of us.

Family Hospice's Operation Respect program is open to veterans of all ages and service branches eligible for hospice and palliative care.

Our staff and volunteers are trained to recognize and respond to the needs of veterans enrolled in Operation Respect.

In fact, caring for these special men and women has taught us that many factors impact the veteran's end-of-life journey: including age, whether enlisted or drafted, branch of service, rank and combat or POW experience.

Consequences for the veteran can range from limited social and financial re-

## Making the Most of Life



Family Hospice veteran patient Ned, along with his wife and grandkids, received a special visit from Congressman Tim Murphy.

sources, to a reluctance to admit pain, to the possibility of complications with medications.

As these symptoms and situations are addressed, comfort and improved quality of life are achieved, which are the ultimate goals.

About a year and a half ago, Family Hospice was caring for a veteran patient named Ned.

Ned was a proud Merchant Marine veteran who had served during World War II. A member of the Family Hospice care team, Ned's social worker, recognized his staunch patriotism – and after brainstorming with Ned's wife Joanne, arranged to have Ned receive an American flag that had flown over the U.S. Capitol.

Not only that, but the flag was delivered to Ned via a surprise visit by Congressman Tim Murphy, who personally thanked Ned for his service.

Needless to say, Ned was touched, thrilled and honored.

This is just one example of how the Operation Respect program works. Just as is done for any patient, our Family Hospice staff loves to seize opportunities to make special things happen for our veterans.

Please join us this month in recognizing our heroes. Don't pass up on a chance to extend a hand in thanks and make them feel appreciated. 🙏

*Barbara Ivanko is President and CEO of Family Hospice and Palliative Care. She has more than 20 years experience in the health care and hospice and is an active member of the National Hospice and Palliative Care Organization. She may be reached at [bivanko@familyhospice.com](mailto:bivanko@familyhospice.com) or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at [www.FamilyHospice.com](http://www.FamilyHospice.com) and [www.facebook.com/FamilyHospicePA](http://www.facebook.com/FamilyHospicePA).*

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# Five TIPS for Ensuring Accurate Coding Practices



By Marsha Knapik, RN, MSN

Change in healthcare is continual, and many of the ongoing changes result in corresponding modifications to coding and billing practices. Hospitals and physician offices cannot afford to relinquish any appropriate payments, nor can they afford the penalties and potential risk associated with inappropriate coding and billing. We believe hospitals that dedicate the necessary time, energy, and resources to ensure accurate and appropriate coding will be well positioned to make the best of the uncertain healthcare financial environment.

When considering strategies to ensure accurate coding and billing practices, we recommend the following:

## INVEST IN STAFF EDUCATION AND TRAINING

Procedure coding can only be as accurate as the knowledge and understanding that the staff possesses. The time and cost associated with adequate education and training for the coding staff is no doubt well spent! Codes are continually added, deleted, bundled, unbundled, or modified in other ways... Education for the staff must be ongoing with, at minimum, annual update sessions related to the intricacies of what has changed. For key hospital service lines, a subset of "dedicated" coders who are adept at the nuances in that particular specialty may be worthwhile.

## PROVIDE UP-TO-DATE CODING REFERENCES AND RESOURCES, ALONG WITH REGULARLY-SCHEDULED INTERNAL CHARGEMASTER REVIEWS

Hospitals should have the most current references related to DRG, CPT, and HCPCS coding readily accessible via online versions or in bound hard copy. We often recommend retaining past versions as well (a year or two) in order to have a reference of "old codes" should an issue arise from charts previously coded. Beyond the annual published references, codes will, at times, be altered throughout the year, so it is essential to receive quarterly updates from CMS and review and disseminate as appropriate to areas where codes are affected. Quarterly updates can be obtained from several websites such as [http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS\\_Quarterly\\_Update.html](http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS_Quarterly_Update.html)

## PERFORM REGULAR INTERNAL DOCUMENTATION AUDITS

In order to ensure accuracy, especially in procedural areas, regular internal coding and billing audits can assist in identifying any degradation in coding accuracy. This is critical if changes have occurred to either the codes or to the staff. In many organizations, clinical personnel may code procedures and the associated supplies, thus the responsibility for coding is spread across a large, diverse group of personnel, which may lead to inconsistencies. Regularly-scheduled or impromptu audits can identify areas where additional education or support is needed.

## UNDERSTAND THE INDUSTRY TRENDS

Keeping abreast of current coding trends will help identify areas requiring additional resource materials or staff education. For example, RAC audits are closely scrutinizing implantable cardiac defibrillators (ICDs); thus, hospital leaders are



wise to implement strategies that ensure physicians are aware of the appropriate documentation required to justify implantation. Further, the coders need to know the correct procedure *and* device codes to assure accurate payment for the care delivered.

## USE SOLID DOCUMENTATION TO VALIDATE BILLING

The value of detailed documentation cannot be underestimated as a means to corroborate billing codes. When revisions to codes occur, providing education or printed materials to physicians can help ensure that they are aware of what they need to provide relative to accuracy with documentation. Templates or examples can be distributed so they are aware of changes, and also clearly understand any new actions necessary on their part to support correct coding.

Corazon believes accurate coding and billing practices are critical to the organization at large and likewise to specific service lines, especially cardiovascular, neuroscience, and orthopedics, where the coding complexities can be difficult and multifaceted. Our experience across the country proves that constant monitoring of procedure and device codes for changes or additions—and providing education related to those changes—will only become increasingly important as the industry moves towards not only an ICD-10 system, but a bundled payment structure as well. †

*Marsha Knapik RN, MSN is an Account Manager with Corazon. Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. Find Corazon on facebook at [www.facebook.com/corazoninc](http://www.facebook.com/corazoninc) or on LinkedIn at [www.linkedin.com/company/corazon-inc](http://www.linkedin.com/company/corazon-inc). To learn more, call 412-364-8200 or visit [www.corazoninc.com](http://www.corazoninc.com).*

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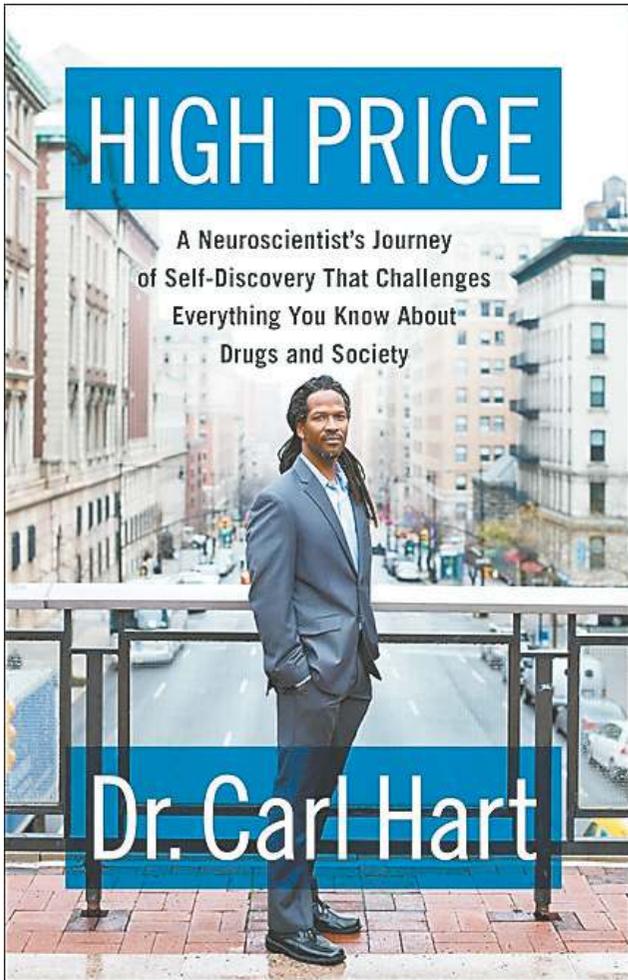
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# “High Price: A Neuroscientist’s Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society” by Dr. Carl Hart



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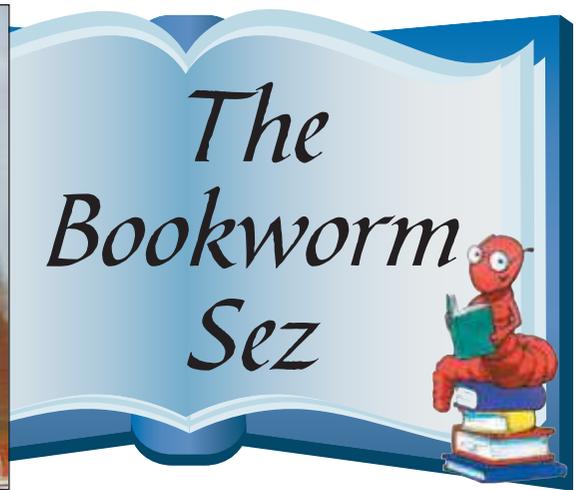
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There are, for instance, no alligators living in the sewers of New York. Elvis is not alive and living near a burger joint in Michigan. Head colds are not caused by walking in the snow, and the Tooth Fairy?

Sorry.

So what do you know about drugs, and the causes of addiction? In the new book “High Price” by Dr. Carl Hart, you’ll be surprised at recent revelations.



Growing up on “one of the roughest neighborhoods of Miami,” Carl Hart had all kinds of temptations at his fingertips. Still, he managed to resist many of them. That doesn’t mean, however, that Hart was a complete angel.

Guns were easy to get where he lived, and there was once a time when he wanted one for revenge-making.

He and his friends shoplifted, dine-and-dashed, and once held a gun on a white man for fun.

And he experimented with drugs – marijuana, cocaine, tobacco, and alcohol – even though he knew that those substances would poorly affect the basketball career he badly wanted.

When he didn’t get a basketball scholarship, Hart knew that his best option was to join the military, so he entered the Air Force and discovered that basic training was easy for an athlete from Miami who was used to hot-weather activity.

He used that ease to challenge his fellow airmen, and he found his leadership abilities.

And because he was trying to stay out of trouble – which meant avoiding the brothers who wanted to smoke marijuana – he took his first college class.

Today, Hart’s career lies in the study of the effects of drugs on behavior, and because of his research, he has learned some surprising things about addiction; for instance, the vast majority of cocaine use is outside the black community, and 80-90 percent of cocaine users “do not develop problems with the drug.”

Furthermore, Hart believes that the solution to the drug problem – and, by extension, many of the other societal ills that befall inner cities – isn’t through a

racially-motivated “war on drugs.” What’s needed, he says, is for people – especially young adults - to have a “stake in our society.”

Though it tends to take awhile to get to the point, “High Price” isn’t bad.

Author and neuropsychopharmacologist Dr. Carl Hart uses his own life experiences and plenty of up-front truth to show how general perceptions of drug use and abuse is wrong, particularly when it comes to drugs and the Black community.

This mixing of personal story and hard research is interesting and appealing, in part because Hart isn’t preachy and partly due to his unique history as someone who actually lived that which he’s trying to help others avoid.

It took some effort for me to stay with this book at first, but I was ultimately glad I stuck around.

And if you’re a reader who questions assumptions, is tired of “experts” who don’t walk the walk, and you love a good biography, then “High Price” is a book I believe you’ll like, too. †

*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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## The Gift of Ambivalence



**By Rev. Leonard Sponaugle, M.Div.  
Spiritual Care Specialist, Family Hospice  
and Palliative Care**

The upcoming major holidays and the events that go with them stir up many and varied emotions in our patients, and call upon us to respond to their increased emotional needs. I have learned that the trappings of the holidays easily obscure intense and varied emotions that those we care for are experiencing.

I began coming to this realization in an unexpected place. As a Christian pastor leading worship on Christmas Eve, the Sanctuary was always filled with well-dressed and smiling people. It was almost Christmas after all!

Toward the end of the service I would see each one of them very closely for a few seconds as I served them communion.

Now I have a confession to make: often as I was serving them communion I was not meditating on the divine mysteries. Rather, as I looked at them and exchanged the well-learned words, I usually found myself thinking about what kind of year they had experienced.

What had happened to them since last Christmas Eve? And oh how that answer varied! For some it had been an uneventful year, while for others little had happened. Of course for some so much good had happened, while for others it had been a year of tragedy. For a small percentage of them, they, in that very moment were in the midst of a whirlwind.

I was always so impressed that no matter what had occurred they put on their best outfit and face and participated. My admiration was based on my knowledge that for many of them terrible and hard things had occurred in their lives in the last year. Still they were participating in the holidays. No matter what they were feeling, they were participating and making a good show of it.

Right now my patients, and some of yours, are experiencing the holidays as very ill people. For some of them they are grateful that they are making it to this New Year's or Christmas. And for others they are suffering so much that they really would rather not be here now.

There are other emotions as well. Imagine a grandmother, who is also a hospice patient, looking at her eight year-old granddaughter opening a present and being filled with delight as her granddaughter shrieks with excitement.

But what if the present is the itinerary for the Disney Cruise that is scheduled for the coming June just after the school years ends, and the grandmother has every expectation that she will be long gone by June? That grandmother is experiencing the intense loss of knowing she will not participate in her granddaughter's future even as she dances around the tree in gleeful anticipation. Our patients will spend the holidays having moments just like that.

As caregivers we can help them by letting them tell us their truth. That truth being that, they are filled with such a mix of good and painful emotions that at times they can barely hold themselves together. They need someone to tell them that what they are experiencing is normal and expected.

Imagine a hospice patient who just shared a Thanksgiving meal with his large family. Of course he was grateful to be there, and as he was pouring the gravy on his mashed potatoes the thought flickered by that he would not be at the table next year.

Our patients are spending the holidays having those moments and instead of being filled with only joy they are filled with the full range of all the emotions that we humans can fill. If you will, they are filled with ambivalence.

I am convinced that we can be helpful to them if we can help them to embrace all the emotions - to live into the ambivalence, because that is the appropriate response to what they are experiencing right now.

I urge each one of us to be caring enough to ask our patients if they are having any trouble coping with the holidays and family events as they are managing their illnesses. If they sense in us a willingness to listen and acknowledge their full-range of emotions they will say things to us that will be helpful to them. Our holiday gift to them will be fully acknowledging all they are feeling and experiencing. †

*Rev. Leonard Sponaugle, M.Div. is a Spiritual Care Specialist with Family Hospice and Palliative Care. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at [www.FamilyHospice.com](http://www.FamilyHospice.com) and [www.facebook.com/FamilyHospicePA](http://www.facebook.com/FamilyHospicePA).*

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## Forbes Hospital Celebrates 35 Years of Service to Pittsburgh's Eastern Suburbs

Forbes Hospital this month is celebrating its 35th anniversary as a vital healthcare resource for the people of Monroeville and its adjacent communities in the eastern suburbs of Pittsburgh.

Since opening its doors in 1978, Forbes has grown steadily in both the scope and sophistication of its services to meet the evolving and expanding needs of the community.

Over the past few years alone, the hospital has opened state-of-the-art, one-stop-shop centers for wound care and breast care, added advanced robotic surgery capabilities and opened a comprehensive cardiovascular surgery program that has been lauded by national ratings groups for its high quality outcomes.

This past August, Forbes received state accreditation to become Pittsburgh's only trauma center located outside of the city and one of just 31 such centers in the entire state.

"Some of the changes that are coming to fruition now have been in the works for over 10 years, and with the help of Highmark and the leadership of Allegheny Health Network, we have built an incredibly strong and invaluable asset for this community," said Mark Rubino, MD, Forbes Hospital's Chief Medical Officer.

Currently a 350 bed facility, Forbes and its team of 500 affiliated physicians treats 15,000 inpatients, performs 12,000 surgeries and cares for nearly 50,000 emergency department patients annually.

As the eastern suburbs only maternity hospital, more than a thousand babies are born at Forbes each year and approximately 70 special care babies are cared for in the hospital's Level 2 Neonatal Intensive Care Unit.

"We are and always will be the only full-service hospital in Monroeville. We offer high quality, comprehensive healthcare services so that our patients can be treated in the comfort and convenience of their home community rather than being transported to a downtown hospital," said Forbes President and CEO Reese Jackson. "The future of Forbes has never been brighter."

The hospital now provides a complete array of surgical, medical, rehabilitative and emergency care. In addition, it offers a complete spectrum of specialty services such as cardiology, orthopedics, neurosurgery, oncology, stroke care, endocrinology, behavioral health, and obstetrics.

### ABOUT THE ALLEGHENY HEALTH NETWORK

Allegheny Health Network is an integrated healthcare delivery system serving the Western Pennsylvania region. The Network is comprised of eight hospitals, including its flagship academic medical center Allegheny General Hospital, Allegheny Valley Hospital, Canonsburg Hospital, Forbes Hospital, Jefferson Hospital, Saint Vincent Hospital, Westfield Memorial Hospital and West Penn Hospital; the Allegheny-Singer Research Institute; a soon-to open medical mall; and a healthcare group purchasing organization. The Network employs approximately 17,000 people, including more than 2,100 physicians on its medical staff. The Network also serves as a clinical campus for both Temple University School of Medicine and Drexel University College of Medicine.

## Conemaugh Memorial Offers New Screening for Critical Congenital Heart Disease (CCHD) in Newborns

An additional free Newborn Screening has been added at Conemaugh Memorial Medical Center to help detect Critical Congenital Heart Disease (CCHD) in infants.

Screening for CCHD began at Memorial earlier this month at no cost to parents. The test is a pulse oximetry screening, which is a simple, non-invasive test to determine the amount of oxygen in the blood and pulse rate. "A small sensor is placed on the baby's hand or foot and a beam of red light is used to measure the baby's oxygen," says Dr. John Chan, Conemaugh Physician Group Neonatologist with Conemaugh Memorial's Regional Intensive Care Nursery. "It is quick and painless and provides very important information."

In the United States about one in every 100 babies born has a congenital heart defect; about 25% are CCHD which typically require surgery to fix.

"We are proud to offer another Newborn Screening to our patients," says Dr. Adib Khouzami, perinatologist with Conemaugh Physician Group – OB/GYN. "Screenings help identify certain genetic, endocrine, metabolic, and functional disorders that are not apparent at birth. Early identification helps with treatment. Babies with a potential CCHD can be seen by cardiologists and can receive specialized care and treatment that could prevent death or disability early in life."

Pennsylvania law requires that all babies be tested for six medical conditions, but at Conemaugh Memorial physicians now test for more than 29 disorders.

Conemaugh Memorial's Maternity services have been recognized with the Health-Grades Maternity Care Excellence Award for five years in a row for clinical outcomes among the best in the nation.

For more information, visit [www.conemaugh.org](http://www.conemaugh.org).

## Around the Region

### Family Hospice and Palliative Care Announces Thirteenth Annual "Holiday Dove Tree" Campaign

For more than a dozen years, Western Pennsylvania residents have remembered their loved ones at the holidays in a unique way, all while supporting the region's leading non-profit hospice provider.

Family Hospice and Palliative Care is launching its 13th annual Holiday Dove Tree campaign, which honors the memories of loved ones who have died, on seasonal trees at nine area locations.

For a donation of \$25, a loved one's name is inscribed on a tag placed around the neck of white doves that adorn the trees. Pets' names are welcome as well. No less than 15 trees will be on display between Nov. 8 – Dec. 26, at the following locations: Century III Mall; The Galleria of Mt. Lebanon; The Mall at Robinson; Monroeville Mall; Two PPG Place in Downtown Pittsburgh; Ross Park Mall; and Shenango Valley Mall. Holiday Dove Trees will also be displayed in each of Family Hospice's inpatient centers, in Mt. Lebanon and Lawrenceville.

Doves are considered a symbol of those who are deeply missed.

"We welcome newcomers, along with those that have participated for a number of years," said Lynn Helbling Sirinek, Vice President of Development and Communications at Family Hospice and Palliative Care. "Family Hospice loves hearing from families who make this memorial part of their holiday traditions. We are truly grateful for their support."

Proceeds from the Holiday Dove Tree campaign benefit thousands of families here in Western Pennsylvania who annually receive compassionate care, regardless of their ability to pay.

To participate, contact Family Hospice and Palliative Care's Development office at 412-572-8812.

More information and order forms may be found at [www.FamilyHospice.com](http://www.FamilyHospice.com) (click on Make a Gift / Holiday Dove Trees). Donors are able to choose the location at which their doves will be displayed. †

### ABOUT FAMILY HOSPICE

A winner of the American Hospital Association's *Circle of Life* award for innovative care programming, Family Hospice and Palliative Care has been providing compassionate care to our area since 1980. As Pennsylvania's largest hospice provider, Family Hospice serves nine counties in Western Pennsylvania, helping patients make choices about their care, supporting family and friends who are grieving and educating both professionals and the community about end-of-life issues.

Family Hospice is an independent, non-profit, community-based organization accredited by The Joint Commission for meeting specific high-level performance standards and recognized nationally as a pioneer in programs such as Caregiver Training. Through a commitment to quality services, Family Hospice provides a complete continuum of care to patients and families. For more information, visit [www.FamilyHospice.com](http://www.FamilyHospice.com) and [www.Facebook.com/FamilyHospicePA](http://www.Facebook.com/FamilyHospicePA).



Family Hospice and Palliative Care President and CEO Barbara Ivanko, along with her talking parrot Tico, visited the Galleria mall recently to set up and decorate the nonprofit organization's holiday dove trees. The Galleria in Mt. Lebanon is one of several local sites hosting this annual tradition, which honors the memories of those who have died all while benefiting Family Hospice patient and family services.

## Honduras Medical Mission Receives Award from Honduras Vice President

For the past seven years, a team of Heritage Valley Health System physicians and other clinicians have completed medical mission trips to Honduras. During their most recent trip from September 7 – 14, the group was awarded a scroll of recognition from First Vice



First Vice President of Honduras María Antonieta Guillén de Bográn presents a special recognition scroll to Dr. Bob Madder.

## Around the Region

President of Honduras María Antonieta Guillén de Bográn for their “constant work of service to poor communities in Honduras.”

The group of mostly Heritage Valley clinicians arranges and performs quality health care for the very poor of Honduras, usually for people residing in rural communities located in the mountains of Honduras. The medical missions usually take place during early September and are one week in duration. A variety of general health care services are delivered during the mission trips; however specialized care in the fields of pediatrics, dental medicine, ophthalmology, gynecology, and cardiology is also offered. Since the beginning, the group has been led by Robert Madder, D.O., an Internal Medicine physician with Heritage Valley Medical Group. Over these years, the group has provided care for over 12,000 patients.

The majority of the health care providers – physicians, nurses and dentists – providing services on the mission trips have been from Beaver County; however, some care givers are from Canada, Honduras and Miami. In addition to Dr. Madder, the following Heritage Valley physicians and clinicians participated in this year’s mission: Kenneth House, DO, Jay Zdunek, DO, James Tatum, MD, Alexander Kalenak, MD, Carey Gagnon, PA, Gerald Hartle, CRNP, Cathy Reese, RN, Patricia Feyka, pharmacy technician. In addition, the following care givers joined this year’s mission trip: Drs. Cynthia Fiorini, John Michel, William Gardner, and Richard Whittington, as well as Jennifer Jesko, RN.

“We were honored to receive this recognition from the First Vice President of the Republic of Honduras,” said Dr. Madder. “Since we started coming here in 2006, we’ve met so many wonderful people and worked with so many selfless individuals. It’s truly our privilege to work alongside Honduran clinicians and help the wonderful people of Honduras as best as we can.”

Assistance for the medical mission trips has been provided through donations to Brother’s Brother Foundation from individuals in Beaver County and from the physicians and health care providers who have offered their services to the missions. Additional assistance has been provided by Heritage Valley Health System.

To make a gift to support the mission trip to Honduras, please make the contribution to: Brother’s Brother Foundation-Honduras, 1200 Galveston Avenue, Pittsburgh, PA 15233.

You may also contact BBF at 412-321-3160 or donate online at [www.brothersbrother.org](http://www.brothersbrother.org).

For more information, visit [www.heritagevalley.org](http://www.heritagevalley.org). †



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## Kennedy Catholic Students Donate to Sharon Regional Angel Fund

The Kennedy Catholic High School student council recently made a \$325 donation to the Angel Fund at Sharon Regional Health System to be used for breast cancer patients. The proceeds came from a "Pink Out" day on October 17 at both Kennedy Catholic High School and the middle school in recognition of Breast Cancer Awareness Month. The Kennedy Catholic student council organizes a different activity each month to benefit a local organization or charity.

Sharon Regional's Angel Fund uses 100% of monies donated to assist area residents undergoing cancer treatment with the costs of medications, household utilities, or other expenses.

For more information, visit [www.sharonregional.com](http://www.sharonregional.com). †



Pictured (left to right) are Karen Piccirilli, director of Sharon Regional's Diagnostic and Imaging Center/Breast Care Center; Jessi McCloskey, director of the SRHS Cancer Care Center; KCHS student council president Khala Santiago; KCHS principal Heidi Patterson; along with student council officers Maureen Walsh, secretary; Courtney Cianci, vice president; Maria Messina, treasurer; and Katelyn Chill, correspondent.

## Around the Region

### Landau Building Company Announces New and Completed Projects

Landau Building Company has been awarded several projects at Heritage Valley Beaver. One of which is the relocation of the existing Bereavement Room into the E.R. waiting room to make way for a new CT scanner for the Emergency Department. A new management office will also be created next to the new Bereavement Room.

The other is a multi-phased project, part of HVHS's larger plan to renovate the entire Radiology Department. Work includes temporary Ultrasounds, New Interventional Suite for new Siemens equipment, expanded work staff areas, new locker and dressing rooms, temporary patient holdings and a new EKG/Echo/Stress Suite.

Landau Building Company has also started renovations for Mitsubishi Electric Power Products Inc. at Buildings 510 and 520. Work includes minor interior renovations for the relocation of departments and addition of cranes (done direct by MEPP). Upgrades are also being performed to the Training Room, Test Lab, Shipping & Receiving, Employee Break and Locker Room. New areas include a Customer Break Room and Restrooms.

Robert Morris University is in the process of converting the Holiday Inn Pittsburgh Airport into student housing. The renovated building is known as Yorktown. Landau Building Company has been performing the conversion and also has completed the new RMU Yorktown Café student dining facility.

The company recently completed the WVUH Entrance Canopy and Patient Drop-Off at Ruby Memorial Hospital. The new Drop-Off area is a stand-alone structure approximately 25 feet from the front of the existing hospital. This structure will eventually become the new main entrance of Ruby Memorial Hospital.

Finally, Landau Building Company has completed the WVUH Fairmont LINAC. This project included interior renovations for the Fairmont Cancer Center to receive a new Varian Clinac iX linear accelerator. The project was a fast-track project and was completed in 3 months.

The Cancer Treatment Center Alterations for UPMC Cancer Center at Heritage Valley Beaver are now complete. This 7,500 square foot project was done in 2 phases. The first phase included the renovation of clinical space. The second phase encompassed the removal of the existing imaging equipment and renovations to accommodate the new linear accelerator. The Landau's crews worked during the night to maintain daily operations at the facility.

For more information, visit [www.landau-bldg.com](http://www.landau-bldg.com). †



Health care providers know that for medically fragile and technology dependent children and their families, challenges continue after the child stabilizes.

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Our 24-bed **Pediatric Specialty Hospital** offers a therapeutic environment providing sub-acute care to patients, ages birth to 21. Our continuum of care is enhanced through our physician and therapy collaborations with Children's Hospital of Pittsburgh of UPMC, discharge planning, and team meetings all emphasizing parent teaching.

We also fill the need for specialized medical day care services with **Child's Way®**, offering skilled nursing and therapeutic care in a fun, educational atmosphere for children ages birth to 21.

Our facility also features a dedicated Lemieux family living area to encourage families to be a key part of their child's care and an Austin's Playroom for siblings.

THE CHILDREN'S  
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## VA Pittsburgh Dedicates New Research Facility

Local VA Leadership and Research Staff conducted a formal dedication ceremony for VA Pittsburgh's new Research Office Building last month in the lobby of the University Drive's Consolidation Building.

"This is truly a banner day many of us have looked forward to for years," said VA Pittsburgh Director and CEO Terry Gerigk Wolf. "This building is the capstone of our CARES project, a multimillion multi building initiative to truly transform VA Pittsburgh Healthcare System."

The opening of our state-of-the-art Research Office Building will allow VAPHS to offer Veterans expanded programs and innovative therapies. Co-locating most of VAPHS's research functions will provide a rich, collaborative environment leading to enhanced research aimed at increasing Veterans' health and quality of life.

"VA research has often been called the jewel in the crown of VA healthcare," said VISN 4 Regional Director Michael Moreland. "As part of what we do, we are able to return parents, spouses, siblings and children to their families. By moving research forward, we do our best for patients and their families and continue to meet challenges in health care, both old and new."

The \$32 million building is located on the University Drive campus in Oakland, which

## Around the Region

will increase the ease of collaboration with the University of Pittsburgh. This new building, coming in at nearly 100,000 square feet, is a testament to VA's commitment to support the vital role that researchers play and the important work they perform.

The Research Office Building was designed and built to qualify for silver certification from the Leadership in Energy and Environmental Design green building rating system.

"Research helps define what VAPHS is," said Dr. Ali Sonel, VAPHS Chief of Staff. "This facility will improve the efficiency of our research operations and will provide state-of-the-art space to make our investigators even more productive."

The Research Office Building is part of a revolutionary multi-million dollar major construction project to enhance both behavioral health and ambulatory care services and to achieve efficiency through consolidation of a three-division healthcare system into two campuses.

"What I always say when a Veteran asks me why he should come to our facility for treatment I say to him, 'because we know what you need and what you are going through,'" said Moreland.

For more information, visit [www.pittsburgh.va.gov](http://www.pittsburgh.va.gov).



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## The Early Learning Institute Offers Conference on Trauma and Its Toxic Effects on the Family

The Early Learning Institute (teli) has been awarded a grant from Highmark Blue Cross Blue Shield to support a Continuing Medical Education conference for pediatricians, neonatologists and extenders from the region's healthcare community. The conference: Treatment Options & Interventions for At-Risk Families – was held on Oct. 9, 2013 at the LeMont. Thanks to the funding, The Early Learning Institute (teli) will provide the healthcare community with an overview of the impact of chronic and toxic stress on families and treatment options available to assist families.

"We are excited to partner with Highmark Blue Cross Blue Shield to offer this event to the community," said Kara Rutowski, teli's Executive Director. "Dr. Robert Cicco, Dr. Voorhees and Jilan Hawk are an esteemed group of pre-senters whose knowledge and experience in this field will make for an enlightening evening." Dr. Cicco is the Associate Director of the Neonatal Intensive Care Unit at West Penn Hospital and Dr. Voorhees is a consultant for the Allegheny County Health Department

In addition to Highmark Blue Cross Blue Shield, Ed and Anna Dunlap offered the beautiful LeMont venue as host to the event, with Grant Street Asset Management providing underwriting to make the event financially accessible to the community.

Doctors Cicco and Voorhees shared recent research regarding the impact of chronic and toxic stress on families, as well as an overview of treatment options and interventions, and strategies for guiding families through these complex treatment systems. Jilan Hawk, Clinical Advisor at the Alliance for Infants and toddlers, discussed recent research and work in the area of maternal depression.

Among the research shared with the attendees were results from a study of Adverse Childhood Experiences and their correlation to increased risk of various factors, such as suicide attempts, depression, domestic violence, sexual assault, alcoholism and drug use. For example, 58% of suicide attempts were attributable to Adverse Childhood Experiences, while 78% of injectable drug use was attributable to such experiences.

"At Highmark Blue Cross Blue Shield, we understand that stress, whether it's job-related or personal, is unavoidable," said Mary Anne Papale, Highmark Blue Cross Blue Shield's director of community affairs. "We are pleased to have the opportunity to help educate local healthcare professionals about the effects of stress through our support of what is sure to be a beneficial and enlightening event."

The Early Learning Institute | teli provides early intervention services, early childhood education and outpatient rehabilitation services for children with developmental delays from Allegheny and Washington counties. teli is also a certified training provider for early education providers. Founded in 1958, teli is a leader and innovator in the field of child development.

For more information, visit [www.telipa.org](http://www.telipa.org).



(left to right): Robert C. Cicco, M.D.; Aurora M. Miranda, M.D., FACOG; (both of West Penn Hospital) Ronald E. Voorhees, M.D., M.P.H.; (Allegheny County Health Department) and Jilan Hawk (The Alliance for Infants and Toddlers)

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## Around the Region

### Autopsy Video Brings Penn State Nursing Forensics Course 'to Life'

When an abuse victim dies, a forensic nurse is often involved in collecting evidence for the legal case. To help prepare these nurse specialists, Penn State's Forensic Evidence Collection and Preservation course will now include a first-of-its-kind video of an autopsy. The course is part of the Nursing Forensics certificate offered by the College of Nursing and delivered online by the World Campus.

"The course provides anyone working in the forensics field with the skills to identify, collect and preserve evidence that will help to decide whether a crime has been committed and to provide it to law enforcement," said Maureen C. Jones, Penn State forensic nursing instructor, who led the development of the video project. "The video of an autopsy is a vital component of the course."

Partners in the project include Penn State Public Media, College of Nursing, World Campus and Mount Nittany Medical Center, where the autopsy was performed.

During filming, student Noelle Roman witnessed the autopsy firsthand. "It is the most interesting class I've taken in nursing," said Roman, a registered nurse and certified school nurse at Schick Elementary School in Montoursville. "The autopsy pulled together everything we were learning in class."

That's the goal, said Mindy McMahon, lead producer of creative services in Penn State Public Media. "This is a groundbreaking project. We used five cameras to bring the autopsy 'to life' for online students and give them the best educational experience possible."

In the course, students explore the scenario of a woman in an abusive marriage and follow her to the hospital, through her abusive relationship, to her untimely death. Before watching the autopsy, students will participate in a pre-video preparation program. A debrief session will follow the autopsy video.

"It's sad to have this need, but exciting to be able to give students an opportunity to be knowledgeable about what's involved in an autopsy," said Alicia Swaggerty, instructional designer, World Campus Learning Design. "The video is the final piece of the course where all of the forensics roles are tied together."

For information about the Nursing Forensics certificate, visit [www.worldcampus.psu.edu/degrees-and-certificates/forensic-nursing-certificate](http://www.worldcampus.psu.edu/degrees-and-certificates/forensic-nursing-certificate).



Penn State

Maureen C. Jones (right), forensic nursing instructor, conducts a patient interview with volunteer patient Jeanne Halpin to demonstrate for students the role of a forensic nurse. A Penn State Public Media video crew filmed the scene for a course in the Nursing Forensics certificate offered by the College of Nursing and delivered online by the World Campus.

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## Family Hospice and Palliative Care Announces Personnel Moves



Meghan Anderson

Family Hospice and Palliative Care has promoted **Meghan Anderson, MSW, LCSW**, to Manager of Community Relations. Anderson joined Family Hospice in July of 2012 as a Community Liaison. In her new role, she will lead the Family Hospice Community Liaison and Nurse Liaison teams and work to build and enhance relationships with Family Hospice's professional health care partners.

Her professional experience includes working as a community liaison for another Pittsburgh-area hospice, oncology social work, and as a support group facilitator/mental health practitioner.

Anderson earned her undergraduate degree from Miami University of Ohio and her master's degree at the University of Washington. She resides in the South Hills with her husband and children.

**Monica Diacopoulos** has joined Family Hospice and Palliative Care as Vice President of Human Resources. Diacopoulos most recently was President & Principal Consultant at HR Help4You, LLC, providing human resource consulting expertise to the medical device, energy, and service industries, including the last eight months at Family Hospice. Her professional experience also in-



Monica Diacopoulos

## People and Awards



Mary Anne Planey

Her professional experience includes being the Regional Mobile Director of Nursing for Manor Care, and executive leadership roles for two other Pittsburgh-area hospice organizations.

Planey earned her RN degree from Mercy Hospital School of Nursing.

Learn more at [www.FamilyHospice.com](http://www.FamilyHospice.com).

cludes positions of increasing responsibility in Human Resource leadership roles at Respironics/Philips Medical and Alcoa Technical Center in suburban Pittsburgh, and Abbott Staffing Companies in Orange County, California.

She earned her Bachelor's degree in Communications from the University of Pittsburgh, a Master's in Industrial and Labor Relations from Indiana University of Pennsylvania, and a Certificate in Human Resources Management from the University of California at Irvine.

Family Hospice and Palliative Care has promoted **Mary Anne Planey, RN**, to Admissions Supervisor. Planey joined Family Hospice in February, 2013 as a Nurse Liaison. In her new role, she will oversee Family Hospice's team of admission nurses, along with the office that handles all new patient registrations.

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## Family House Celebrates 30th Year of Service and Dedication Throughout 2013

Hundreds of thousands of medical patients from Pittsburgh and all over the country and the world have stayed at Family House over the past 30 years. Patients and their families who may have otherwise been forced to stay in expensive hotels and even their cars have found a safe haven at Family House, one of the largest hospital hospitality houses in the country.

Family House's four houses provide affordable, convenient, attractive and comfortable places for patients and their families to stay while awaiting treatment. Family House offers a supportive and nurturing environment for patients and their families and even provides financial assistance to those who do not have the means to access the already affordable accommodations.

This year, Family House will celebrate its 30th anniversary of providing their extraordinary service. What began as just one house with minimal vacancies has grown to four, housing 14,000 families a year, thus solidifying Family House as a critical component of Pittsburgh's medical community.

The three decades will be celebrated this year as Family House marks its 30th anniversary and recognizes important milestones and supporters that have shaped the nonprofit into one of today's largest hospital hospitality houses.

"The medical field is at the core of Pittsburgh's history and Family House has been a crucial part of its growth for the past thirty years. It's our mission to be a resource to the hospitals and our guests and we look forward to continuing our medical hospitality for the next thirty years and beyond," says Bob Howard, Executive Director of Family House.

Each year Family House hosts two premiere fundraising events; the Gifting Gala is an elegant dinner and dancing event and Family House Polo Match at Hartwood Acres. Board members, staff, volunteers and supporters have turned these occasions into significant, premiere events in Pittsburgh which has aided the charity to continue in their mission and cause.

Family House, Inc., is a private 501 (c)(3) organization, established in 1983 to serve patients and their families seeking medical treatment for acute or life-threatening illnesses in Pittsburgh.

For more information, to buy tickets, or to make a secure donation, please visit [www.familyhouse.org](http://www.familyhouse.org).

## People and Awards

### Excelsa Health Home Care Nurse Recipient of Gessner Scholarship

Brenda Toth, RN, BSN, a nurse with Excelsa Health Home Care and Hospice, is the latest recipient of the Thomas P. Gessner, MD Healthcare Scholarship. The award, administered by the Latrobe Area Hospital Charitable Foundation where Dr. Gessner is president, was established in 2005 by the Latrobe Hospital medical staff to honor the physician for his 28 years of service.

A 1995 graduate of Mercy Hospital School of Nursing, Toth received her bachelor's degree in nursing from Waynesburg University in 2011. She will complete the family nurse practitioner program at Wheeling Jesuit University in May 2014. Her long-term goal is to care for women and children through practice in an office setting.

Toth started her career as a medical surgical nurse first at Mercy Hospital then Westmoreland Hospital. She moved to pediatrics and worked at another facility before returning to Excelsa Health as a weekend home care nurse. In this role, Toth experiences "the one-on-one time in which I can educate and develop personal relationships with my patients."

Toth is a 2010 honoree in the Cameos of Caring sponsored by the University of Pittsburgh School of Nursing. She volunteers with the American Red Cross, mentors newly employed nurses, and participates in the evidence based practice council at Excelsa Health.

The Gessner scholarship is awarded annually to an Excelsa Health employee for continuing education at the master's level or beyond.

A longtime pediatrician, Dr. Gessner served as Latrobe Hospital medical director, and later as Senior Physician Advisor of Excelsa Health until his retirement in July 2006. Following his retirement from private practice, he moved to emeritus status on the Excelsa Health medical staff. A participant in Excelsa Health's tuition assistance program, Toth had never applied for scholarships until learning of the Gessner award. "When I read that Dr. Gessner was a pediatrician I felt as though this suited my interests and experience. I love nursing and know this will help to advance my career in a profession that has been so rewarding."

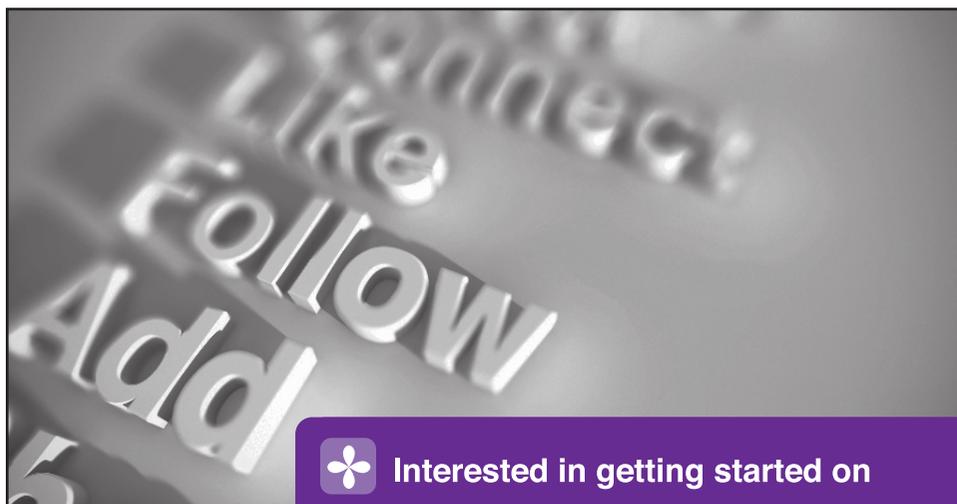
To contribute to the scholarship fund, contact the foundation office, 724-537-1925.



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COMMUNICATIONS

## Presbyterian SeniorCare Expands Leadership Team — Seasoned Industry Pros with Strong Pittsburgh Connections Returning

Presbyterian SeniorCare President & CEO Paul Winkler recently announced a newly created officer position for its Aging Services Network, which serves more than 6,500 older adults at 56 communities at 44 locations across 10 western Pennsylvania counties. Winkler also named a new Senior Director for the organization's premier continuing care retirement community, Longwood at Oakmont.



Tama M. Carey

Moving from eastern to western Pennsylvania, senior living veteran **Tama M. Carey** has been appointed to the new role of Executive Vice President for Service Integration, a position that expands the Presbyterian SeniorCare officer team to six members. Carey had been tapped in January to serve as the interim Senior Director at Longwood at Oakmont while a national search process was underway to fill that vacancy. Carey previously worked as a vice president for a faith-based organization where she supported 10 senior living communities throughout eastern Pennsylvania and Maryland. Throughout her career she has also served as a campus executive director, nursing home administrator and director of nursing.

"Tama Carey is a strong leader and passionate champion for older adults," said Winkler. "I have known her for years through our advocacy work together at the state level and am excited about the great experience, relationships and creativity she will continue to bring to our leadership team in this new role."

Carey will oversee the Presbyterian SeniorCare portfolio of home and community-based programs as well as lead the integration of service across all lines of business and care management strategies. A native of New Kensington, Carey noted, "I have great respect and admiration for the history of innovation and collaboration at Presbyterian SeniorCare, and am honored to drive efforts that will accelerate our ability to meet both the changing needs of older adults and to help to develop new programs that may be necessary because of healthcare reform."

Pleased about the outcome of a 9-month national search for a Senior Director at Longwood at Oakmont, Winkler also announced the selection of **Paul D. Peterson**,



Paul D. Peterson

who will move from the west to east coast to begin his senior management role at the continuing care retirement community by early December.

Peterson will oversee strategic planning as well as direct all aspects of the operations of the Longwood at Oakmont campus. He will work to establish a culture of excellence in customer service which embraces communication with residents, employees, board members and the community.

"Paul has a proven track record of establishing strong hospitality cultures with high resident and employee satisfaction, something that we really value at all of our Presbyterian SeniorCare communities. We are fortunate to have found such a seasoned industry professional who also is excited about moving to Pittsburgh," said Winkler.

"Thinking about the Pittsburgh area brings back fond memories of my childhood when I went to Pirates baseball games with my father. My wife, Kirsten, also spent some time in Pittsburgh when she was earning her teaching degree at Grove City College. We are looking forward to moving to the Pittsburgh area and being closer to family and friends in our hometown, Jamestown, NY," remarked Peterson.

Presbyterian SeniorCare is an esteemed, not-for-profit network committed to excellence in providing a continuum of living and care options for older adults of all faiths across 56 communities at 44 locations in 10 western Pennsylvania counties. This includes personal care and skilled nursing communities, specialized Alzheimer's and dementia care, over 35 senior housing communities, our premier continuing care retirement community Longwood at Oakmont, as well as in-home and community-based programs.

Presbyterian SeniorCare and its affiliates are accredited as an Aging Services Network by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Continuing Care Accreditation Commission (CCAC), the international authority that evaluates senior living communities.

To learn more, please visit [www.SrCare.org](http://www.SrCare.org). †

## Landau Building Company Expands Leadership Team to Drive Growth



Thomas A. Landau

Landau Building Company, a premier provider of construction management and contracting services based in Wexford, Pennsylvania, has named Thomas A. Landau as Chief Executive Officer and Jeffrey C. Landau as President. The realignment is intended to promote new business development and to encourage organic growth among existing clients.

**Tom Landau**, with 37 years of management experience in the construction industry, will spearhead new business development for the company.

"Landau has grown this business historically by focusing on building lasting relationships of trust, based on our solid reputation and mutually successful results, with clients, architects and subcontractors alike," says Mr. Landau. "That is our formula for future success."

**Jeff Landau**, most recently Project Manager and Vice President of the firm, will be responsible for strategically leading the company into the future. Jeff's extensive portfolio in the industry spans 35 years and includes hands-on experience as a carpenter, estimating, cost control, quality control and total project management of complex construction projects.

In business for more than a century, Landau Building Company offers a full range of design/build, construction management and contracting services.

For more information, visit [www.landau-bldg.com](http://www.landau-bldg.com). †



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## Monongahela Valley Hospital Appoints New Senior Vice President



Louis Goodman

Monongahela Valley Hospital (MVH) appointed Louis Goodman to the position of senior vice president of Human Resources. Mr. Goodman is transitioning into his new role working beside David E. Clark, who is retiring Oct. 5, after a 13-year career at MVH as the senior vice president of Human Resources and a 40-year career in human resources management.

Goodman brings 30 years of human resources management experience in the fields of health care and education to MVH. Most recently, he was the vice president of Human Resources for UPMC Presbyterian Shadyside Hospital. During his career, he held similar positions with Robert Morris University, Weirton Medical Center and UPMC Montefiore (formerly Montefiore Hospital).

Goodman earned a Master of Public Health degree in Health Administration from the University of Pittsburgh and a Bachelor of Science degree from the Pennsylvania State University in Health Planning.

For more information, visit [www.monvalleyhospital.com](http://www.monvalleyhospital.com).

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## People and Awards

### Henderson Brothers Retirement Plan Services Adds Two Professionals



Kevin Bove

Kevin Bove and Evan Hirsh have joined the professional staff of Henderson Brothers Retirement Plan Services, an independent retirement plan consulting and wealth management firm based downtown.

Bove joined as financial advisor, providing retirement plan participants with a holistic approach to planning for their financial future. Prior to joining Henderson Brothers Retirement Plan Services, Bove worked as a financial advisor at Merrill Lynch and before that as a relationship manager at Dollar Bank. Bove is experienced in retirement and individual financial planning. He earned a bachelor of science in

business administration from John Carroll University.

Hirsh, as a Client Services Associate, joined as a member of the Client Service Center at HB Retirement Plan Services. He serves as a resource to retirement plan participants who need assistance with transition counseling, questions about their account and managing their retirement plan toward retirement readiness. Prior to joining HB Retirement Plan Services, Hirsh worked at Merrill Lynch and PNC. He is a graduate of the University of Pittsburgh, with a bachelor's degree in finance.

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Evan Hirsh

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## Nine American Red Cross Blood Services Employees Recognized for Excellence in the Workplace

American Red Cross, Greater Alleghenies Blood Services Region and Johnstown Manufacturing, have announced their 2013 Employee Excellence and Spirit of Excellence Awardees.

This year, nine Greater Alleghenies Region employees – eight based in Johnstown, one in Parkersburg, W. Va. – were recognized.

Each year, the Red Cross seeks nominations from its employees to recognize co-workers respected for their superior job performance, dedication and commitment. The local region's volunteer board of directors reviews nominations and recommends local recognition given.

### THREE EMPLOYEES RECEIVED THE GREATER ALLEGHENIES REGION'S LOCAL (LEVEL I) EMPLOYEE EXCELLENCE AWARDS:



Mark Dowdell

**Mark Dowdell**, General Maintenance Tech II, Johnstown, Pa. A 10-year employee, Mark Dowdell was responsible for setting up training rooms for the region's recent training on new blood manufacturing procedures and software. His suggestions, creativity and solid judgment supported instructors and the training environment. During his Red Cross career he has proven himself in various roles as a Certified Instructor and as a Lead Technician in the Component Lab and is his departments representative on the local Safety Committee.

**Jodi Ellis, Manager**, Mobile Collections, Johnstown, Pa. Ellis, who joined

the Red Cross in 2004, is her department's lead for procedural and regulatory questions and supervises staff who process departmental problems, customer concerns and produce staff performance reports. She is a certified instructor and in this role has supported training on new procedures and software in several Red Cross regions. She effectively manages departmental problems, corrective action plans and effectiveness checks. Ellis has also recently assumed responsibility for the region's double red cell collection program, reviewing the blood drive schedule for deployment opportunities, analyzing results and mentoring staff.



Jodi Ellis

**Megan Manges**, Technologist II and Lead Technician, Manufacturing, Johnstown, Pa. During the past year, this nine-year employee has voluntarily assumed additional responsibilities, including serving as her department's representative on the local Safety Committee. Manges was also selected Quality Control Monitoring Coordinator for the local manufacturing zone, which requires her to monitor platelet apheresis sampling and testing for four Red Cross blood regions, regions based in Baltimore, Philadelphia, Roanoke and Johnstown.



Megan Manges

Nominations for these honorees were review by the management team of the Great Lakes Division, which comprises eight Red Cross blood regions, in-

cluding Greater Alleghenies.

Jodi Ellis was selected a Level II Employee Excellence Awardee.

### SIX EMPLOYEES RECEIVED THE REGION'S SPIRIT OF EXCELLENCE AWARD:

**Wendy Baxter**, Immunohematology Reference Laboratory (IRL) Technologist III, Johnstown, Pa. A 23-year employee, Baxter is responsible for testing patient samples for serological evaluation, testing donor samples and also is a trainer in the IRL. During the past year, Baxter volunteered to serve as interim IRL supervisor during a vacancy, until the new supervisor was appointed, then assisted in the supervisory transition. She continuously goes above and beyond in her performance.

**Evelyn Hart**, Donor Resources Manager, Johnstown, Pa. Hart, employed by the Red Cross since 2005, has excelled in several managerial positions within Donor Recruitment, including telerecruit-



Wendy Baxter

## People and Awards



Evelyn Hart

ment and training. She has assisted in covering vacant recruitment territories. During the Great Lake Division's annual Rep Rally this summer, Hart also received the region's GEM Award in recognition of additional responsibilities she assumed during the year.

**Martha Jacobson**, Team Supervisor, Mobile Collections, Parkersburg, W. Va. A 22-year employee, Jacobson also oversees operations at the region's Parkersburg, W. Va., staffing and dispatch location, which requires additional training and responsibilities, including facilities management, warehousing and donor recruitment. She is the first to volunteer to fill in for staff call-offs. She also makes numerous

presentations to civic groups.

**Autumn Moore**, Donor Resources Manager, Johnstown, Pa. Moore joined the Red Cross in February 2012 as a donor recruitment field representative and was appointed manager in October 2012. As field representative, Moore assumed responsibility for an under-performing territory and recruited several new sponsors and increased blood drive productivity. As manager, she has spearheaded creative



Martha Jacobson

promotions and community partnerships. She also serves on the region's Cultural Diversity Committee.

**Denise Petrosky**, Team Supervisor, Apheresis Collections, Johnstown, Pa. A 26-year employee, Petrosky supervises apheresis collections staff in Johnstown and also routinely travels to Harrisburg to support stage IV prostate cancer patients receiving Provenge, a potentially life-extending treatment. Her compassion toward patients and their families has been recognized by physicians' office staff and external auditors.

**Nancy Rigel**, Executive Assistant, Manufacturing, John-

stown, Pa. Rigel, who joined the Red Cross in 1998, was responsible for managing all of the training materials supporting staff training in new manufacturing procedures and software, in addition to her ongoing responsibilities. Instructors from other Red Cross blood regions complimented Rigel on how



Nancy Rigel

well she organized training materials, which supported both instructors and students.

The Greater Alleghenies Region directly serves hospitals, patients and donors in a 100-county area in Kentucky, Maryland, Ohio, Pennsylvania, Virginia and West Virginia, with more than five dozen blood products and related services, and also supports blood needs experienced by patients elsewhere in hospitals served through Red Cross Blood Services.

For additional information, visit [www.redcrossblood.org](http://www.redcrossblood.org) or follow us on Twitter @RedCrossGAR. †



Autumn Moore



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## Clinical Psychologist Joins Conemaugh Physician Group



Ryan Dunne

Conemaugh Physician Group is pleased to welcome psychologist **Ryan Dunne**.

Dr. Dunne is a graduate of the Clinical Psychology Doctoral (Psy.D.) program at Indiana University of Pennsylvania where he also obtained his Master of Arts (M.A.) in Clinical Psychology. He completed a Bachelor of Arts in Psychology and Biological Sciences at Rutgers University in New Brunswick, New Jersey.

As a full time psychologist with Conemaugh Physician Group, Dr. Dunne will conduct individual outpatient therapy for patients of all ages. He also performs Psychological and neuropsychological assessments, assists in the Adult/Child intensive outpatient partial program and will co-supervise Conemaugh Memorial's predoctoral internship program.

One of the new programs Dr. Dunne is helping develop deals with diagnosing Autism. Prior to coming to Conemaugh Memorial, Dr. Dunne worked as a full-time psychologist at the Alternative Community Resource Program (ACRP) in Johnstown and Bedford, and at the Community Guidance Center in Indiana, PA.

Dr. Dunne and his wife are currently relocating to the Johnstown region and are the proud parents of two small children.

For more information, visit [www.conemaugh.org](http://www.conemaugh.org).

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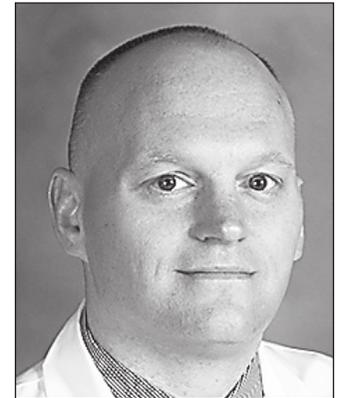
## People and Awards

### Lake Erie College of Osteopathic Medicine Announces Faculty News



Jonathan Kalmey

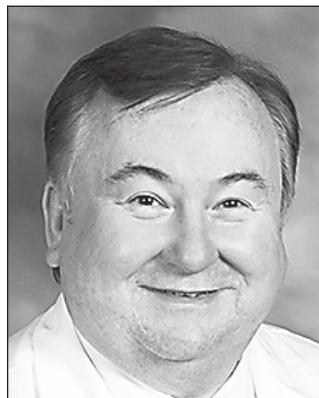
**Jonathan Kalmey, Ph.D.**, Assistant Dean of Preclinical Education and Professor of Anatomy, and **Randy Kulesza, Ph.D.**, Assistant Dean of the Post Baccalaureate and Master's in Biomedical Science programs and Associate Professor of Anatomy, recently co-authored an article in Medical Education. In the article, "Medical School Success Strategies: Proactive Intervention Examination," Kalmey and Kulesza examined the challenges some students encounter in making the transition from



Randy Kulesza

undergraduate study to medical school.

In order to help medical students perform better in clinical anatomy, the authors introduced an "interventional examination" (IE) after the first two weeks of classes that allowed students to assess their progress and identify success strategies. In addition, the lowest-performing students on the IE were assigned to work with anatomy faculty. The exam and subsequent tutoring and advising sessions proved successful in helping more students pass the course.



Richard A. Ortoski

**Richard A. Ortoski, D.O.**, Regional Dean, Professor and Chair of Primary Care Education, and Co-Director of the Primary Care Scholars Pathway, served as vice chair of the recent convention of the Pennsylvania Osteopathic Family Physicians Society (POFPS), held in Hershey, Pa. Ortoski helped organize the conference, including coordinating guest speakers and exhibitors. In addition, he recently was named Regional Dean at LECOM and will supervise the clinical activities of students on rotations at local and area hospitals. In this position, he also will serve as Director of Human Sexuality and Adolescent Medicine Studies.

**Michael Madden, Ph.D.**, Assistant Professor, School of Pharmacy at the Lake Erie College of Osteopathic Medicine (LECOM), recently co-authored an article, "Dietary Supplementation in Children and Adolescents," in JAMA Pediatrics, a peer-reviewed journal. In the article, Madden and his co-author, G. Elliott Cook, Pharm.D., a 2006 graduate of the LECOM School of Pharmacy, noted that many consumers are unaware that dietary supplements are not subject to the same premarket review and approval process, by the U.S. Food and Drug Administration, as are pharmaceuticals. In addition, Madden and Cook noted that dietary supplement companies are not always in compliance with current good manufacturing practices. As a result, the authors concluded that some supplements may not provide the amount of dietary supplement listed on their labels.

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Michael Madden

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## Mary Phan-Gruber Selected to Lead Jefferson Regional Foundation — Executive Director Dedicated to Improving Health and Welfare of Local Communities



Mary Phan-Gruber

John R. Echement, President and CEO of Jefferson Regional Foundation, and the Board of Directors of Jefferson Regional Foundation, announce that **Mary Phan-Gruber** has been selected as the Foundation’s Executive Director.

Phan-Gruber has more than 25 years of experience as an accomplished nonprofit leader with expertise in guiding and growing community-based organizations, programs and foundations. She has served in several community health-related capacities as executive, consultant, program director, teacher and therapist.

She comes to Jefferson Regional Foundation from Allegheny County Area Agency on Aging in Pittsburgh, where she led the creation and implementation of the agency’s first strategic plan, guided the creation of its learning center and initiated and led quality improvement projects.

She previously worked as an independent consultant to nonprofits in the Pittsburgh region and she was a senior nonprofit consultant with a Pittsburgh-based leading regional management consulting firm focused on nonprofit excellence and serving community-based organizations, public agencies and foundations.

From 1997 to 2007, Phan-Gruber served as executive director of the Birmingham Foundation in Pittsburgh, where she created and managed a grant program focused on strength-

## People and Awards

ening community health and human services resources. She also served as associate director for Allegheny County Center for Victims of Crime and Violence, where she developed, secured funding and managed several programs. She is an adjunct faculty member for the University of Pittsburgh School of Social Work and has lectured at Duquesne University, Carlow University, California University and Case Western Reserve University.

Phan-Gruber received her BA Summa Cum Laude from Muskingum College in psychology and communications and her Master of Social Work degree from Western Michigan University. Her professional affiliations include Pennsylvania Coalition Against Rape board vice president, Community College of Allegheny County social work advisory council member and National Association of Social Workers.

She was attracted to her new role with Jefferson Regional Foundation “for the opportunity to help build a valuable community resource,” she said. In addition to startup activities, she will focus early efforts on more fully understanding the strengths and needs in target communities whose residents are struggling with issues such as access to transportation, convenient and affordable health care and limited essential services.

“Our Board has made a strong commitment to continue to address the needs of our residents in the Jefferson Hospital service area, now and into the future,” Echement said. “Mary has the vision, experience and enthusiasm to lead us forward in our mission to serve that purpose.”

The mission of Jefferson Regional Foundation is “to improve the health and welfare of the community of Jefferson Hospital through grantmaking, education and outreach. The Foundation will serve the community with integrity and transparency.”

Learn more at [www.jeffersonregional.com](http://www.jeffersonregional.com). †

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## St. Joseph Health Center Names Kathy Cook New President



Kathy Cook

Humility of Mary Health Partners (HMHP) has named **Kathy Cook** to the position of president, St. Joseph Health Center in Warren, Ohio.

“Kathy is a great asset to HMHP,” commented Bob Shroder, president and CEO, HMHP. “She has been in the role of president on an interim basis since June and has done an excellent job during this time. We look forward to her future at St. Joseph.”

Cook was most recently chief nursing officer at St. Elizabeth Health Center. She has been part of the HMHP system since she started as a nursing student at St. Elizabeth’s School of Nursing. She has progressed through the management ranks starting as an assistant head nurse, moving to a head nurse, then a director, senior director and executive director of nursing.

In addition to her nursing diploma, Cook holds a Bachelor of Science in nursing from Youngstown State University and a Master’s in Nursing Administration from Gannon University. She is also a graduate of the Catholic Health Partners Leadership Academy.

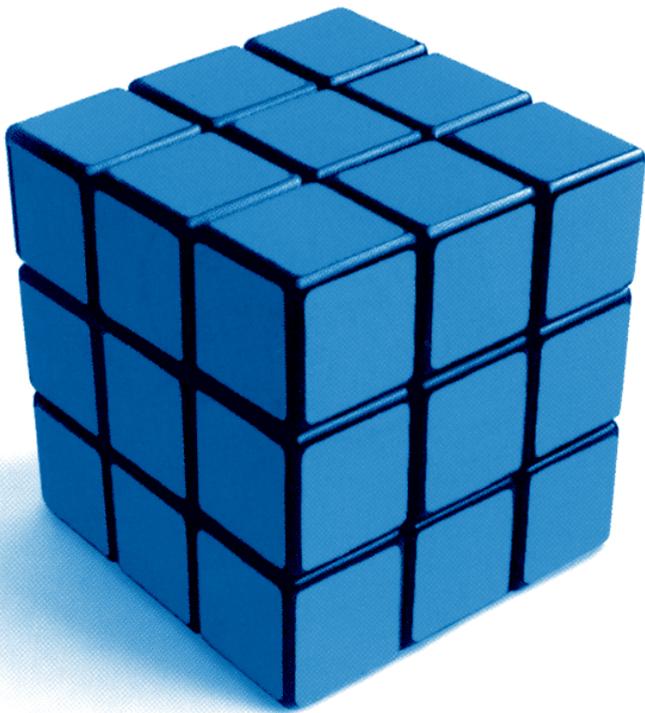
She resides in Kinsman with her husband Gary. They have three adult children, Tatiana of Kinsman; Anna, a student at The Ohio State University; and Alex, a member of the United States Air Force.

St. Joseph Health Center, a 219 bed inpatient facility located in Warren, Ohio, offers a full range of inpatient and outpatient services, including the area’s most innovative emergency department and most comprehensive cancer center. The first verified Level III trauma center in Trumbull

County, St. Joseph houses the county’s most advanced surgical suites and an AOA-accredited internship and residency medical education program through the Ohio University. St. Elizabeth and St. Joseph health centers were the first hospitals in Ohio, and among the first 100 hospitals in the nation, to achieve Magnet Recognition for Excellence in Nursing from the American Nurses Credentialing Center (ANCC).

Humility of Mary Health Partners is an integrated health system located in the Youngstown/Warren area. It is a market of Catholic Health Partners (CHP) in Cincinnati, the largest health system in Ohio and one of the largest Catholic health systems in the United States. HMHP provides a full spectrum of health care services, including inpatient, outpatient, emergency, urgent care, home care and long-term care. Members are St. Elizabeth Health Center, St. Joseph Health Center, St. Elizabeth Boardman Health Center, HM Home Health Services, The Assumption Village, Humility House, Hospice of the Valley and Laurel Lake. Learn more about HMHP online at [www.HMpartners.org](http://www.HMpartners.org). †

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## People and Awards

### Ryanne Clarke Joins the Internal Medicine Team at Cole Memorial

The internal medicine team at Cole Memorial Hospital welcomes **Ryanne Clarke, RN, BSN, MSN**. She joins the practice of three physicians and six physician assistants which provide primary care to patients with a specialty in internal medicine.

Clarke comes to Cole Memorial with over five years of experience, most recently as a primary care provider from Johns Hopkins University where she served in a variety of public settings such as schools, hospitals and health departments in the Baltimore, Maryland vicinity.

In addition, Clarke continues to volunteer as an organizational coordinator and registered nurse with the Mayo Clinic Medical School’s clinical care program in La Descubierta, Dominican Republic. Since 2008, she has been a part of the group of 40 healthcare providers and medical students that make an annual trip to the Dominican Republic/Haitian border to provide medical aid to the underserved.

She is a graduate of the Johns Hopkins University’s accelerated Bachelors of Science in Nursing (BSN) program where she also completed a Master’s of Science (MSN) degree, specializing in Family Nurse Practitioner curriculum. Miss Clarke also holds a Bachelors of Art degree in Spanish and Political Science from Tulane University in New Orleans, Louisiana plus she completed a clinical practicum and language intensive program to provide community assessments and education on Dengue fever and other public health issues in rural and urban settings at Pontifica Universidad Madre y Maestra, Santiago, Dominican Republic.

Clarke will also work with Cole Memorial’s network anti-coag clinic that assists patients who take Coumadin and anticoagulant medications.

For further information, visit [www.colememorial.org](http://www.colememorial.org). †



Ryanne Clarke

### Monongahela Valley Hospital Appoints Director of Fund Development



Melissa Marion

**Melissa Marion** recently joined Monongahela Valley Hospital’s (MVH) Office of Fund Development as the Director of Fund Development. In this new position, Mrs. Marion will plan and coordinate the annual campaign, organize special events and manage donor communications.

For the past seven years, she served as the Youth and Family Director for the Rose E. Schneider Family YMCA in Cranberry Township, Pa. where she was responsible for planning programming, special events and fundraising.

Marion graduated from the University of Pittsburgh — Greensburg with a degree in history and received her teaching certificate from St. Vincent College. She earned a master’s degree in Community Leadership from Duquesne University.

A native of Mars, Pa., Mrs. Marion lives in New Brighton with her husband, Brett, and 1-year-old daughter, Mila.

For more information, visit [www.monvalleyhospital.com](http://www.monvalleyhospital.com). †

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## Cura Hospitality Invests In Talent Management

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Deb Santoro,  
Cura Hospitality Director  
of Talent Management

With over 20 years of human resource and training experience, **Deb Santoro**, director of talent management, is leading the charge. Ms. Santoro is enhancing the talent management review structure for existing individuals, and a succession planning process to help food service operators identify those who can advance, while creating opportunities for external candidates. According to Santoro, “My role helps to prepare Cura for future growth.”

Cura’s unique ability to provide cross-divisional opportunities is also an area that Ms. Santoro coaches and encourages employees to apply for. Cura’s recipe for success retains, trains and develops promotable individuals who understand the culture of Eat’n Park Hospitality Group, while providing mobility strategies to lead across our family of brands.

“Our people want to grow. And, our job is to help them achieve their full potential by following their career progress and measuring their success. Helping our business deliver outstanding opportunities right in front of us is an advantage. It fulfills our operational goals and better serves our clients with a pool of talented and motivated people who already have a broad skill set, a passion for food, and extensive knowledge to operate multiple lines of business from the ground running,” said Santoro.

Several employees have benefited from the process and have made successful transitions both within Cura and cross-divisionally.

**Dea Tomsic** was recently promoted to district manager for senior living. Tomsic began her career with Cura in 2002 as a clinical nutrition manager. “Throughout my career, I have been able to work under managers and district managers who have mentored me and prepared me for the next level. The district manager development plan is a clear, defined set of competencies that put structure around what types of skills and experiences are needed to move to that level. It served as a set of goals for me.” Among her many accomplishments, Tomsic was instrumental in the transition of all the Presbyterian Senior Living Homes (formally PHI) in Central, PA; opening Cura’s first country kitchens in Western Pennsylvania; along with the design, management, and successful opening of Stoneridge at Grandview on the Longwood of Oakmont campus in Verona, PA, where she was recently the general manager of dining.



Dea Tomsic,  
Cura Hospitality  
District Manager

From dietitian to manager, **Elizabeth Clinger, RD, LDN**, assistant director of dining at Laurelbrooke Landing in Brookville, PA, was awarded “Best” cake for her six-tier LeadingAge 50th Anniversary 2013 commemorative cake. Clinger, who joined Cura in 2006, says “Throughout my years with this company, I have had the opportunity to work with other managers and gain valuable insights that I have shared and utilized at Laurelbrooke. I have experienced firsthand the priceless informal mentoring that comes from forming relationships with our managers and feel grateful to work with others that are so willing to share their knowledge, expertise, talent and skills to help fellow team members reach their goals.” In addition to managing Laurelbrooke, Clinger shares her passion for the creative side, dreaming up specialty cakes for the clients she serves!

A member of Eat’n Park Hospitality Group, Cura Hospitality is a highly respon-

## People and Awards

sive and innovative dining services and hospitality provider dedicated to a mission of Enhancing Life Around Great Food. Cura serves over 50 senior living communities and hospitals in the mid-Atlantic region. Cura’s culinary, guest service, and clinical professionals provide hospitality and clinical care to more than 20,000 residents, patients and guests each day.

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Elizabeth Clinger, Cura Hospitality Assistant Director of Dining,  
with her award-winning cakes

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KFMR is a full service accounting and business consulting firm headquartered in Pittsburgh, PA. Services we provide to the healthcare industry include: accounting and tax services; compensation structuring and fair market value analysis; outsourcing financial strategies (on-premise laundry); physician and healthcare entity valuations; and merger & acquisitions advisory services.

For more information on how KFMR can help your business, please visit [www.kfmr.com/healthcare](http://www.kfmr.com/healthcare) or call 412.471.0200 – David J. Pieton, CPA, ASA | John R. McMurry, CPA.

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### ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides. St. Barnabas Health System frequently has job openings at its three retirement communities, three living assistance facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; [mhorton@st-barnabashealthsystem.com](mailto:mhorton@st-barnabashealthsystem.com), [www.stbarnabashealthsystem.com](http://www.stbarnabashealthsystem.com).

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Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2013), serving approximately 6,500 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities in 44 locations across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit [www.SrCare.org](http://www.SrCare.org).

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The Children's Home of Pittsburgh & Lemieux Family Center  
5324 Penn Avenue  
Pittsburgh, PA 15224.  
[www.childrenshomepgh.org](http://www.childrenshomepgh.org)  
email: [info@chomepgh.org](mailto:info@chomepgh.org)

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For more information, please call 412-420-2400

The Children's Institute  
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# Health Care Event & Meeting Guide

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To purchase tickets, visit [www.pmhs.org/events](http://www.pmhs.org/events).

### UPMC Children's Ball

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Carnegie Science Center

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Heinz Field East Club Lounge, Allegheny Country Club  
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## Health Care Event & Meeting Guide

Visit [www.wphealthcarenews.com](http://www.wphealthcarenews.com) for a listing of upcoming conferences, networking events, workshops, and seminars. If you want to add yours to our list, please email Daniel Casciato at [writer@danielcasciato.com](mailto:writer@danielcasciato.com).



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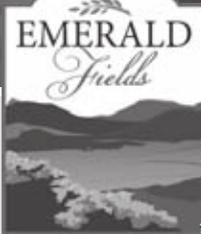
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# These are the 'Good Old Days' for Maximizing Practice Equipment Purchases



**By Keith Drayer**

The year 2013 is fast coming to a close, and with the continued fiscal uncertainty in Washington, no one can say for sure what changes are in store for 2014.

The federal government's need to generate more tax revenue and close what some perceive as "loopholes" may spell the end of a highly favorable capital-purchasing environment with accelerated equipment depreciation. In other words, "these are the good old days" when it comes to advantageous tax treatment and depreciation, and extremely favorable equipment financing options. Indeed,

this may be the time to upgrade equipment.

Under Section 179 of the IRS tax code, which has been modified several times since 9/11 and the recession, practices are allowed to deduct all or part of the purchase price of certain qualifying business purchases including equipment, technology and off-the-shelf software. The 2013 Section 179 deduction is \$500,000, which begins to phase out at \$2 million. In addition, there is a bonus depreciation deduction. The equipment must be in use by December 31, 2013.

However, this opportunity will be reduced when the ball drops on New Year's Eve if Congress decides to reduce this favored business equipment incentive for small businesses, such as medical practices or laboratories. If that's the case, on January 1, 2014, Section 179 deduction amount will go from the \$500,000 limit this

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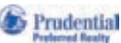
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Stunning contemporary ranch, 4BR 3/1 Baths, 3 car gar, 2 stone fireplaces. Completely Remodeled HOME - Kitchen, Baths, Flooring, Florida Room, Painting, Deck, Landscaping. Walk to North Park (983601) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	Greenbriar, Beautiful solid brick custom home, 5BR 4/1baths, 2 story FR, open flr plan, paneled den, full of custom upgrades, walk-out GR with fireplace, custom bar, theater room. Shows like a model home. (974340) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	Avonworth Heights! 5BR 4/1baths Stunning custom home, Viking, Sub-Zero, HW flrs. Cherry Kit. Best views, incredible yard, stamped patio, Putting green and sand trap! (963199) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	Avonworth Heights! 5BR 4/1baths Stunning custom home, Viking, Sub-Zero, HW flrs. Cherry Kit. Best views, incredible yard, stamped patio, Putting green and sand trap! (963199) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>
<b>PINE TWP.</b>	<b>\$750,000</b>	<b>PINE TWP.</b>	<b>\$1,050,000</b>
			
Spacious Custom Victorian! 6BR 4/1baths, 2 level acres, Cuvee kitchen, Rutt cabinetry, Gaggenau ovens, Viking cooktop, 2 Bosch DW, granite countertops & more! Two Master BR suites! Custom detail thur-out. (959212) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	Heights of North Park, 3.5 acres! 7 BR 5/3 baths 4 car gar, pool w/pool house/ bar, finish lower level, full governors drive! Large patio overlooks wooded privacy! Stunning craftsmanship, Incredible price per square ft value! (985668) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	North Park Manor, 2 Acre sports field, 4BR 4/1baths, judges paneled den, cherry & granite kitchen w/ new SS appliances, HW floors, master w/lounge, super walkout gameroom with bar & fireplace. Full of custom features. (954154) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>	North Park Manor, 2 Acre sports field, 4BR 4/1baths, judges paneled den, cherry & granite kitchen w/ new SS appliances, HW floors, master w/lounge, super walkout gameroom with bar & fireplace. Full of custom features. (954154) <b>Virtual Tours at <a href="http://www.HoneywillTeam.com">www.HoneywillTeam.com</a></b>

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year back to the original cap of \$25,000, with a phase out beginning at \$200,000. Additionally, there will be no bonus depreciation utilization in 2014. So if practices wait to make an equipment, technology, or software purchase, they will lose a big tax deduction.

**CONSIDER THE EXAMPLE IN THE CHART BELOW**

Equipment Price	\$50,000
Tax savings (if in 38% tax bracket) as a result of Section 179 benefit	\$19,000
New Equipment Net Cost (after tax Savings)	\$31,000
Amount Paid to the IRS for 2013 taxes Without new equipment purchase	\$19,000

Source: Henry Schein Financial Services

In addition to depreciation and tax benefits, there are other reasons to move quickly on equipment purchases.

Faster ROI on New Equipment and Technology - Any equipment or technology purchases that enhance profitability are easier to justify in this year's favorable

financial climate.

Bringing equipment online sooner will also increase practice efficiency and effectiveness, which may result in incremental profitability, a higher level of quality care and greater patient satisfaction.

More Favorable Deferred Financing - The interest rate environment is still historically low which makes financing large purchases attractive. Specialty lenders are offering 100% financing as well as long-term deferrals for equipment or technology with favorable deferred payment options of six to nine months at 0% interest if paid within the deferred period.

Eliminate downtime from faulty or outdated equipment – Still on the fence? Consider the loss of revenue, equipment downtime and unhappy patients you may experience the next time an outdated piece of equipment breaks down...again. If it needs to be replaced, the general rule is "sooner is better than later".

Before taking any action that may affect your business, you should consult a qualified professional advisor as these are individual circumstances, and, by means of this article, Henry Schein is not offering accounting, financial, legal, tax or other professional advice or services. †

Keith Drayer is Vice President, Henry Schein Financial Services. Henry Schein Financial Services provides equipment, technology, practice start-up and acquisition financing services nationwide. Henry Schein Financial Services can be reached at 800-853-9493 or [hsfs@henryschein.com](mailto:hsfs@henryschein.com). Please consult your professional advisor regarding your individual circumstances.



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