

# HOUSTON Medical Times

Bringing Healthcare News to the Forefront

March Issue 2015

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## WALK, DON'T RUN, YOUR WAY TO A HEALTHY HEART

By The American Heart Association Team

Summer is just around the corner and you are probably wondering where the first half of the year has gone. Now is a great time to make sure you fulfill that New Year's resolution you made to yourself to take better care of your health. With it These days, we're spending more time at work and sitting in front of a computer more screen than ever before. We're becoming less active, which can increase our risk of heart disease, stroke and other diseases.

Take the first step to a healthier life by taking part in the American Heart Association's National Walking Day on the first Wednesday in April. On this day, Americans are encouraged to lace up their sneakers and take 30 minutes out of their day to get up and walk. Every step you take is part of your journey to good heart health!

Did you know walking briskly can lower your risk of high blood pressure, high cholesterol and diabetes as much as running? According to a study conducted at Lawrence Berkeley National Laboratory, Life Science Division in Berkley, Calif, all three conditions are risk factors for heart disease and stroke — but you can do something about them.

Researchers analyzed 33,060 runners in the National Runners' Health Study and 15,045 walkers in the National Walkers' Health Study.



They found that the same energy used for moderate- intensity walking and vigorous-intensity running resulted in similar reductions in risk for high blood pressure, high cholesterol, diabetes, and possibly coronary heart disease over the study's six years. The more people walked or ran each week, the more their health benefits increased.

Research has shown that walking at least 30 minutes a day can help you:

- Reduce your risk of coronary heart disease and stroke
- Improve your blood pressure, blood sugar levels and blood lipid profile
- Maintain your body weight and lower the risk of obesity
- Enhance your mental well-being
- Reduce your risk of osteoporosis
- Reduce your risk of breast and colon cancer
- Reduce your risk of non-insulin dependent (type 2) diabetes

There really are so many benefits for such a simple activity!

Walking is a great way to add physical activity into your lifestyle, it's easy to do and it's free! Before you head

outside to start walking remember to keep the basics in mind, make sure you stretch before exercising, and that you are dressed appropriately for the weather. We all know that weather can sometimes mean the difference between heading outside and getting exercise. Don't let the weather derail your commitment to regular exercise.

Here are some strategies to help you be prepared no matter what the weather is like:

### Cold clothing strategies

On cold days, dress in layers to stay warm and remove layers as it warm ups.

- The innermost layer should be made of a material that wicks moisture away from your skin, e.g., Coolmaxfi, Capileneffi or Thermaxfi. Cotton t-shirts are fine until you start to sweat; then they hold moisture next to your skin and can chill your body.
- In colder weather, you may need a middle layer for added insulation. Look for microfiber fleece and remember that wool stays warm even when wet.
- The outermost layer should see Healthy Heart page 18

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## Legal Health

### LEGAL RISKS OF CO-PAYMENT ASSISTANCE PROGRAMS



By Constance Wilkinson,  
J.D.  
EPSTEIN  
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Drug prices continue to increase, particularly for new specialty drugs. To improve the affordability of these drugs, pharmaceutical manufacturers have initiated consumer coupon and copayment (copay) assistance programs. Arguably, these programs are motivated by a dual aim: to improve patient access to products with beneficial outcomes, by lowering the price barrier, and to counter the erosion of the market for products that is produced by formulary restrictions, enhanced copays and other drug utilization management controls adopted by third party payors (i.e., insurers or health plans). As health care costs increase, insurers and health plans struggle to find ways to control costs and expensive drugs are an easy target (in the last few years, drug costs typically have accounted for more

than 10% of overall health care costs). According to the Pharmaceutical Care Management Association (PCMA), an industry association that represents pharmaceutical benefit managers, at the current trends, copayment (copay) coupons will increase 10-year prescription drug costs for employers, unions and other plans sponsors by \$32 billion.

Beyond the policy questions raised by the competing financial interests of the pharmaceutical industry and the third party payors, and the public interest in patient access, there are legal considerations and risks for pharmaceutical manufacturers that participate in these programs. The most critical risk is that the assistance could be characterized as a kickback or a beneficiary inducement under two key federal statutes, unless the program is structured in such a manner that it minimizes that risk. A violation of either of these laws might lead to allegations of false claims.

The federal Anti-kickback

statute (AKS) makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a Federal health care program. See Section 1128B(b) of the Social Security Act [42 U.S.C. §1320a-7b(b)]. The definition of a Federal health care program includes Medicare, Medicaid, and Tricare but does not include the Federal Employees Health Benefits program or, under current interpretations, qualified health plans (QHPs) and other programs related to the Federally-facilitated marketplace implemented under the Affordable Care Act.

Where remuneration (defined broadly to include a wide range of payments) is paid purposefully to induce or reward referrals of items or services payable under a Federal health care program, the AKS is violated, even if that is only one purpose of the remuneration. Conceptually, the AKS could apply to coupons for copay assistance if the coupon is intended to induce the provider to prescribe a particular drug to a federal health care program beneficiary. A second law, the Beneficiary Inducement Prohibition, may be implicated by a subsidy for cost-sharing obligations provided



by a pharmaceutical manufacturer through a patient assistance program, if the subsidy is likely to influence a Medicare or State health care program beneficiary's selection of a particular provider, practitioner, or supplier, such as by making eligibility dependent on the patient's use of certain prescribing physicians or certain pharmacies to dispense the drugs.

The Department of Health and Human Services Office of the Inspector General ("OIG") has issued numerous advisory opinions related to patient assistance programs that assist patients (usually with chronic illnesses) with their cost-sharing obligations for outpatient prescription drugs (or other therapy management services) that are not covered (either in whole or in part) by an insurance program. In these advisory opinions, the OIG has consistently determined that industry stakeholders

see Legal Health page 18

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Jaquel Andrews in Jardi Tancat. Photo: Amitava Sarkar.



## National Geographic Photographer— Karen Kasmauski—To Speak at PARTNERS Spring Luncheon for UTHealth School of Nursing

Karen Kasmauski, world renowned photographer and speaker on global health issues, will speak at the annual PARTNERS Spring Luncheon benefitting UTHealth School of Nursing on April 22 at River Oaks Country Club. This year's luncheon chairs, Susan Cooley and Soraya McClelland, are excited to bring the works and experience of Kasmauski to Houston.

Kasmauski, a recognized photographer for National Geographic Magazine, has completed 25 major stories for the magazine, most of which were based on ideas she originated and developed. Her photos are

known for revealing sentiment and emotion through nurses who help fight the worldwide struggle against illness, often in third world countries where people are facing disease, poverty and poor health.

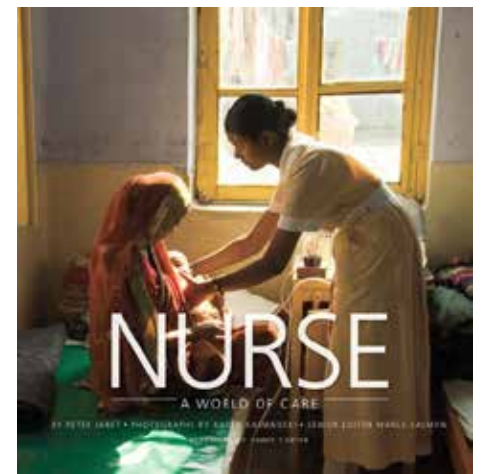
Kasmauski is passionate about global health issues—she's become a noted speaker on global health and cultural themes. This year, Kasmauski will speak directly to the nurses at UTHealth School of Nursing. She will engage the nurses with her own experiences through her new book: "Nurse: A World of Care, in which Kasmauski focuses her lens on the inspiring and compelling story of nurses around the globe, from

midwives working on the Texas/Mexico border to nurses fighting AIDS in Kenyan slums. In this presentation, she illustrates why nurses hold the power to make a difference and are the true leaders in many communities, serving on the front lines of social, economic and environmental crises."(Source: NationalGeographic.com).

Kasmauski will hold a book signing on April 21, 5-7p.m. at River Oaks Bookstore, 3270 Westheimer.

PARTNERS is a group of volunteers dedicated to the mission of UTHealth School of Nursing. Each year, the PARTNERS Luncheon garners community support, which provides nursing scholarships, research grants, professorships and other academic resources—all essential to the success of students.

UTHealth School of Nursing



ranks in the top five percent of graduate nursing programs in the nation, with an average of 320 nurses with undergraduate degrees and 170 nurses with graduate degrees each year. UTHealth School of Nursing is part of the University Of Texas Health Science Center at Houston.

For more information about the PARTNERS Spring Luncheon benefitting UTHealth School of Nursing, visit <https://nursing.uth.edu/>. ▼

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## Mental Health EMOTIONAL SOBRIETY



By Jason Powers  
MD, MAPP  
Chief Medical  
Officer  
Right Step & Spirit  
Lodge

There are actually two types of sobriety: physical and emotional. Physical sobriety is the easy part. Anyone can quit a thousand times, but only the fortunate can stay quit. I have been treating addicts in detox, residential and outpatient levels of care for a decade and I have experience as an interventionist for nearly that long as well. One thing I know to be true: emotional sobriety is not automatically rendered with physical sobriety. Emotional sobriety can be defined as resiliency, wisdom and balance. It is a metaphor of sorts for addicts who develop emotional intelligence over the course of their journeys in recovery.

Addiction is a chronic, relapsing disease that involves dysfunctional

motivation, reward, impulse-control and stress response systems. The addict's changed brain is said to be high jacked. We use this term because the ancient Limbic System commandeers

the more recently acquired neocortex to use drugs like alcohol, cocaine or pain pills and avoid withdrawal to the exclusion of water, food, or even procreation. In animal models, drugs are

preferentially used despite having food, water or mates in heat; and for drug dependent animals, drug are chosen until death in many studies. Truly, then, the 'high jacked' brain is apropos.

Since the brain changes are profound and take many years to normalize, addicts early in recovery often relapse due to decision-making impairments.



Many of my patients cannot explain the "what were you thinking" question. Triggers, like environmental cues or emotional pain, can change the addict's behavior automatically because the

addiction center lies in the subconscious. Researchers have discovered that we can strengthen the addict's defense against a relapse by enhancing their overall wisdom, resiliency, equanimity and innate coping skill set - aka emotional sobriety.

The need to reinforce addicts' emotional sobriety was even recognized in the early years of traditional recovery fellowships. In fact, in 1958, The Grapevine, a publication of Alcoholics Anonymous, Bill Wilson realized that emotional sobriety was the next frontier. He actually was hopeful that the veteran members would make emotional sobriety an actual movement within AA.

It is important to recognize that emotional sobriety never became a movement at all nor is it a formally recognized addition to AA or the 12-Steps. Emotional sobriety is nonetheless a crucial part of the addict's growth necessary to not only stay sober but also to catch up on their emotional development.

Addiction is a young person's disease

see **Mental Health** page 19

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## Diet high in red meat may make kidney disease worse

By Ellen Davis  
Texas A & M Health Science Center

An estimated 26 million people in the United States have chronic kidney disease, which can lead to complete kidney failure. Once the kidneys fail, patients either need to undergo dialysis treatments three times a week or have a kidney transplant to remain alive. In 2013, more than 47,000 Americans died from kidney disease.

Diet can play a key role in whether kidney disease progresses to kidney failure, according to research conducted by a professor at the Texas A&M Health Science Center College of Medicine.

Donald Wesson, M.D., was among the authors of a study that was recently

the body rid itself of this acid, but these substances can hurt kidney function if they remain at high levels in the body over long periods of time.

“It’s like a double-edge sword,” Wesson says. “In the short term these substances can help the kidneys get rid of acid, but in the long-term they can reduce kidney function.”

Wesson has spent more than 30 years studying the impact of diet on kidney disease. His studies have shown that when animals or humans switch from a diet high in animal protein to one high in plant proteins such as fruits and vegetables, kidney function is protected. This is because the body metabolizes plant proteins into bases, not acids.



published online by the Journal of the American Society of Nephrology. The study suggests that a diet high in animal proteins – especially red meat – can worsen the progression of kidney disease.

“Our study found that patients with chronic kidney disease who consumed diets high in animal protein were three times more likely to develop kidney failure than patients who consumed diets high in fruits and vegetables,” Wesson says.

The findings were based on data collected from 1,486 adults with chronic kidney disease who were participating in the National Health and Nutrition Examination Survey III. The study is believed to be the largest one to look at the long-term impact of diet on kidney disease in humans.

Wesson explains that when humans eat animal proteins such as red meat, the body metabolizes these proteins into acids. The kidneys produce substances to help

Wesson currently is a co-investigator on a multi-center, \$2 million grant from the National Institutes of Health to conduct a national study to confirm if reducing dietary acid slows or prevents worsening of kidney disease.

Wesson says that while studies have yet to prove that eating a diet high in fruits and vegetables can prevent kidney disease, such diets have already been shown to help to maintain overall good health.

He notes that diets high in fruits and vegetables reduce blood pressure, which is very beneficial to patients with chronic kidney disease because most of these patients have higher than normal blood pressure without treatment.

“We know that fruits and vegetables are ‘heart friendly’ and these ongoing studies will help confirm if they are also ‘kidney friendly,’” Wesson says. “Stay tuned.” ▼

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**Robotic surgery system makes partial knee replacements more accurate**

A new robotic surgery system gives orthopedic surgeons the ability to perform partial knee replacement surgery with pinpoint accuracy by customizing surgery for each individual patient.

The NavioPFS system, manufactured by Blue Belt Technologies, allows surgeons to upload imaging to the system and maps out exactly where the implant needs to go. If the surgeon needs

healthy cartilage left in the joint and intact ligaments that have not been previously torn and surgically repaired. Up to 30 percent of knee replacement patients are candidates for a partial knee replacement and all would be eligible for the robotic surgery option. Incavo is currently the only orthopedic surgeon in Houston to offer this new technology to his patients.



to adjust the implant a few degrees, the robotic system allows them to do that with more precision.

"In partial knee replacement surgery, accurate placement is the key to the implant working well and lasting a long time," said Stephen Incavo, M.D., a Houston Methodist orthopedic surgeon specializing in adult joint replacements. "That is why this technology has so much potential."

A partial knee replacement is an option for patients whose joint damage or arthritis is limited to one compartment of the knee. It requires a patient to have some

"A partial knee replacement is preferred when it is an option because it feels more natural to the patient," said Incavo, who also serves as a professor of clinical orthopedic surgery at Weill Cornell Medical College. "Patients achieve higher function and range of motion with a partial replacement. Patients also have a faster recovery time and less pain after surgery than there would be with a traditional total knee replacement. A robotically assisted partial knee replacement is a tremendous surgical option for patients." ▼



## Marketing Essentials

### Competition and the Revolutionary Rise of Healthcare Marketing



By Stewart Gandolf, MBA  
CEO & Co-Founder  
HealthCare Success  
Strategies

Healthcare's harsh business reality is that no one can afford to underestimate or ignore the competition today.

With the upheavals of healthcare reform, the once-upon-a-time" story of quiet camaraderie among provider practices has become an unprecedented competitive revolution.

The lingering legacy, however, is that many doctors rarely think of their professional colleagues as competition. There is a tendency for many physicians and surgeons to see themselves as a band of brothers and sisters in white coats. Each and all are members of a fraternal league with a higher calling.

These days, competition is a fact

of business life, and the quantity and quality of your competition is growing rapidly. And if, for whatever reason, you don't believe in marketing...take a guess what your competitors are doing.

Healthcare's competitive revolution has enlisted legions of smart, experienced and highly competitive professionals who are—as you read this—planning and budgeting aggressive marketing efforts—intent on winning your patients. They call it taking "market share."

Today's competitive environment...

When we first began health care consulting nearly 25 years ago, we rarely thought about competitive advertising. At that time, competition was either nonexistent or it was so bad that it just wasn't an issue.

Today however, competitive activity in the marketplace is an essential consideration to be weighed seriously when we craft



our clients' marketing plans. As the most innovative doctors found success, physician marketing gained acceptance and traction with others. Eventually their competitors took notice and felt compelled to join the game. Budgets got bigger, markets got smaller and smart doctors sought sophisticated marketing help.

Today large group practices and hospitals have advanced to the point where they often call us, looking for ways to contend with competition, protect market share, respond to market changes or grow their brand awareness.

At the same time, old attitudes about practice marketing have dissolved. "Old school" stalwarts could

not suppress the tide of new physicians who understood that they must market or become an afterthought.

In the longer perspective, this makes sense. Younger physicians have entered a business world that is more competitive than their baby boomer predecessors. What's more, they grew up with omnipresent marketing.

Younger doctors are hungry for their own success, and are completely unimpressed by their more established colleagues' appeals to simply wait (and hope) for new patients to somehow find them. It's clear to them that passive game plans like that are no plan at all. [Healthcaresuccess.com](http://Healthcaresuccess.com) ▼

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## Maintaining Adequate Nutrition: A Continuing Challenge in ALS

By Cynthia Knoche  
Director, Chapter Care Services  
ALS Association

March is National Nutrition Month! As the nation's food and nutrition experts, registered dietitians and nutritionists are healthcare experts dedicated to advancing the nutritional status and health of people living with ALS in communities nationwide. For those with ALS, proper nutrition is critical in sustaining weight to prolong and maintain quality of life.

The goal in maintaining adequate nutrition is to consume enough calories to meet an individual's daily energy needs. For those diagnosed with ALS, choosing the right foods with the appropriate consistencies, while employing tips for safer swallowing, can help to maintain nutrition and mealtime enjoyment. In addition, availability of alternate feeding options such as a feeding tube, can help people meet nutritional needs as ALS progresses or their metabolic requirements change.

Weakened muscles resulting from

ALS can make it difficult for a person to eat enough to meet their nutritional needs. Difficulty with hand or limb coordination may become a barrier to adequate nutrition as it may increase time required to prepare or consume foods. Chewing and swallowing food can become challenging, and there is also the risk of aspirating foods or liquids into the windpipe and lungs, potentially leading to pneumonia. Fatigue, constipation, or lack of appetite may also contribute to the inability to eat typical meals. Studies by Rup Tandan, M.D. at the University of Vermont ALS Certified Treatment Center Of Excellence, demonstrated that caloric intake diminishes in ALS patients as the disease progresses, while weakened muscles can actually increase the body's demand for calories as changes occur in muscle mass and strength.

The journal *Neurology* published a special article related to ALS Practice Parameters that recognized the value of enteral nutrition via a percutaneous endoscopic gastrostomy (PEG) or feeding tube in stabilizing weight and prolonging

life. A feeding tube can provide an alternate option to maintaining nutrition and provide a route for the administration of necessary fluids and medications. Feeding tubes do not have to limit mobility; a low-profile feeding tube such as the MIC-KEY™ or AMT Mini One Button gastrostomy tube lies flush with the skin and is easily concealed under clothing.

Mealtime is often the single time families come together to discuss daily events and share in each other's company. Emily Plowman, Ph.D., C.C.C.-S.L.P., at the University of South Florida ALS Certified Treatment Center Of Excellence, highlighted the fact that a gastrostomy tube does not necessarily preclude an individual from eating by mouth; adding it can play a role in preventing nutrition-related weight loss and further decline in muscle mass. University of Illinois, Chicago ALS Certified Treatment Center of Excellence nutrition expert, Meenakshi Wadhwa, M.S., R.D., L.D.N., noted decreased anxiety occurs in people with ALS and family members after feeding tubes are placed, Wadhwa stated, "It takes the pressure off of constant concerns about swallowing safely and getting enough calories." People using a feeding tube often report it's easier to



get adequate calories and protein, fluids and medications without having to worry about choking. For those considering enteral nutrition, early placement prior to significant weight loss maximizes benefits.

Understanding what a feeding tube is, why it is recommended, and how it works is the first step in evaluating the value of a feeding tube in an individual's strategic healthcare plan. Additional information regarding nutrition can be obtained from your physician, dietitian or ALS health care team. Your local ALS Association chapter can provide educational resources and a referral to an ALS Association Certified Treatment Center of Excellence. ▼



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By Jeff Carmack  
Texas Department of  
Aging and Disability

health," she said.

### Getting Started Is the Hardest Part of a Fitness Program

Aging and illness are sometimes thought of as two sides of the same coin; we get old, we get sick, and that's just the way it goes.

You don't have to run a marathon or lift weights to get the benefits of regular exercise. If you're not already active, walking is a great way to get on the road to being active. Work toward a goal of 6,000-10,000 steps a day. It may sound daunting but it's easier than you think. By adding simple activities — taking the stairs when you can and parking your car far from the entrance of your work building or a shopping mall — you can increase the number of steps you take each day.

While there is no denying that illness often accompanies aging, its onset and its severity are to a great extent determined by our habits — in particular our diets and the amount of exercise we get.

### You Can Find Time for Exercise, If You Look

Today, there is no doubt that a healthy diet and the right amount of exercise can stave off (and in some cases

Exercise seems to be the last thing many of us make time for, but you can make time to exercise in several ways.

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prevent) many illnesses, keep us active longer, and make us look and feel better at the same time.

### Texercise

Texercise is a statewide fitness program to educate and involve Texans their families and their communities in physical activities and proper nutrition.

Rusty Cribbs, 77, is a retired schoolteacher in Austin and a Texercise instructor. She spends about 10 hours a week exercising. Her regimen includes walking at her local mall, hiking, and table tennis. Her apartment complex has a pool and a fitness center, so she also does water aerobics, walks on the treadmill and the Stairmaster, and also rides a stationary bike. "And I also enjoy dancing," she said.

Cribbs is a firm believer in the merits of exercise and diet. Texercise "has added so much to my overall

Exercise during your lunch hour, take walks during your breaks or incorporate activities such as vacuuming, gardening, walking your dog or washing your car by hand in to your daily routine. Even 10 minutes a day can make a difference.

Texercise is perfect for the beginner. "It's a well-organized program and it's easy to follow," she said. "I encourage my students to keep the handbook with them at all times, because there's always something you can do. We're surrounded by opportunities to exercise, so we have no excuse not to exercise."

### Healthy Eating Made Easy

Proper nutrition includes plenty of vegetables, fruits, whole grain products, protein-rich foods, low-fat or nonfat dairy products, and foods with plenty of calcium, vitamin D and vitamin B-12. Eating right boosts energy and lowers the risk for many chronic diseases.

Cribbs said, "As part of my classes, we

see *Age Well Live Well* page 20



## Texas Children's Hospital honors Chevron's generous support of global health service programs

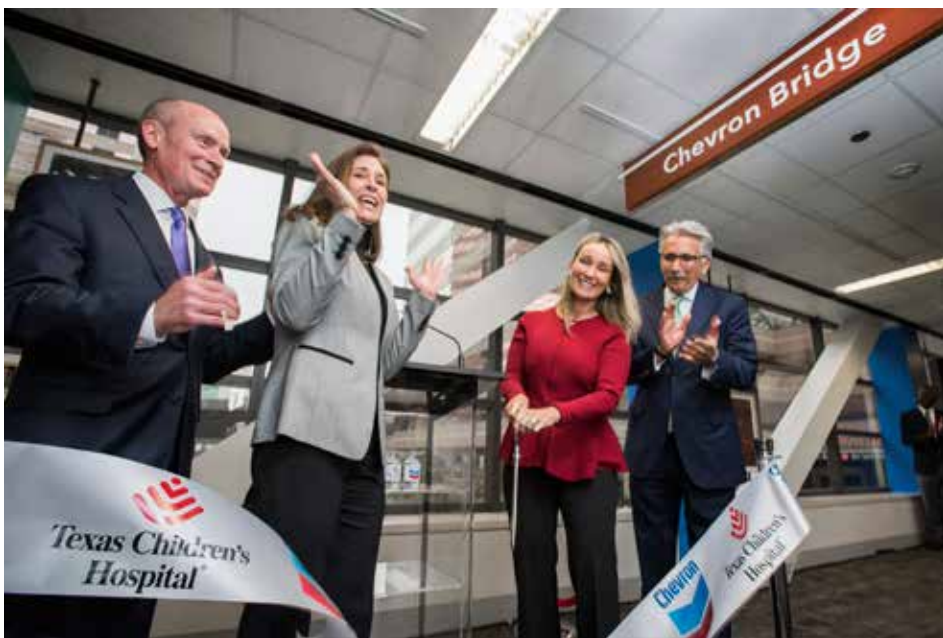
Bridge dedication to thank Chevron for partnership and contributions

Texas Children's Hospital announced today a recognition of Chevron Corporation's long-term support of the hospital's global health programs with the dedication of "The Chevron Bridge," a walkway linking two major buildings in the heart of the hospital. A formal event naming the corridor was held at the hospital with more than 100 people in attendance to share in the dedication.

Since 2011, Chevron has invested

Hospital, Baylor College of Medicine and the Angolan Ministry of Health partnered to establish the Angola Sickle Cell Initiative, the first program of its kind in the country. Angola has one of the world's highest rates of the genetic blood disease. More than 10,000 babies are born with sickle cell each year.

"For these babies, Chevron's support is the difference between life and death," said Dr. Mark Kline, physician-in-chief at Texas Children's Hospital, chair of pediatrics at Baylor College of Medicine and founder of the Baylor College of Medicine International Pediatric AIDS



Leaders from Texas Children's Hospital and Chevron cut the ribbon to make the Chevron bridge dedication official. Pictured from left to right: Dr. Mark Kline, Cris Daskevich, Misi Moshiri, Ali Moshiri

more than \$16 million in Texas Children's Hospital programs in Africa and Latin America. That funding includes today's announcement of \$5 million to support the Angola Sickle Cell Initiative over the next five years. Chevron funding also supports critically-needed health through training local physicians, nurses and other health professionals.

"We value the opportunity to support remarkable doctors who provide critical day-to-day pediatric and maternal health care while training in-country care givers to help build a legacy of greater health expertise," said Ali Moshiri, president, Chevron Africa and Latin America Exploration and Production Company.

In 2011, Chevron, Texas Children's

Initiative at Texas Children's Hospital. "Without the sickle cell program, they would have been sick at an early age and very likely would have died before reaching age of five."

The program, led by Texas Children's Cancer & Hematology Centers, tests newborn babies, provides treatment, patient and family consultation, and helps train Angolan health care professionals. Through the program more than 96,000 babies have been tested for sickle cell, and the program has trained more than 500 Angolan nurses, lab technicians, and social workers.

The company's funding also has helped expand Texas Children's Global

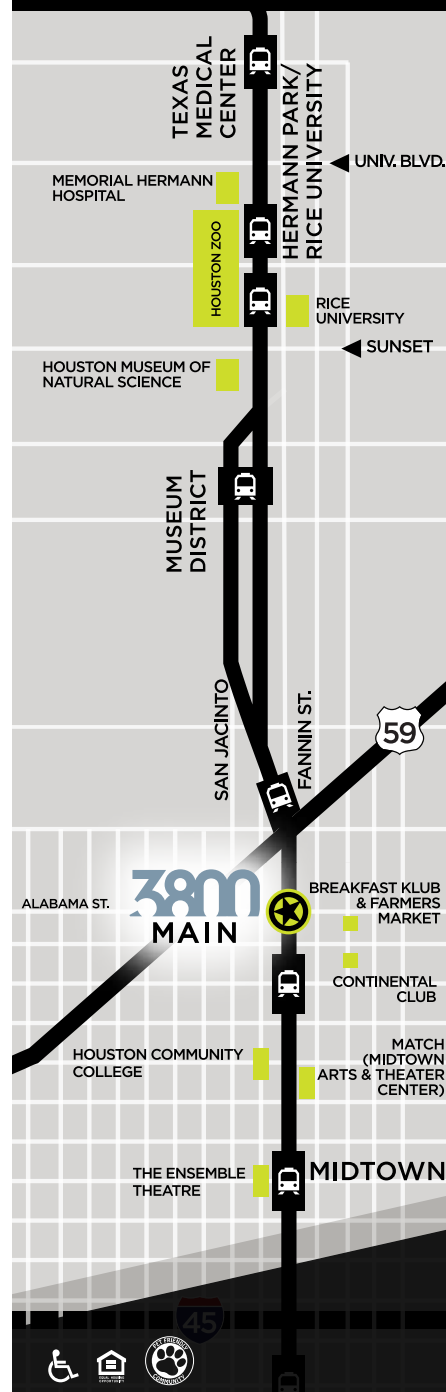
see Texas Children's page 20



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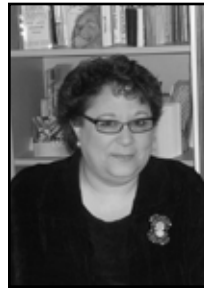
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## So? What, NOW!!



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LCSW, BCD, EoLC,  
CART  
Board Certified  
Diplomate in Clinical  
Social Work  
The Methodist  
Hospital Palliative  
Care Dept.

Bereavement. I have a few ideas for you:

1. Speak with your Pastor, Priest, Imam or Rabbi - they are used to helping figure things out and can provide some needed people, place and thing, resources
2. If you could be benefitted by a Bereavement Support Group, you'll find that there are a number of Groups at the Churches, Hospice Agencies, Senior Centers, Funeral Homes, Hospitals and Synagogues
3. Think of what has provided joy and uplift to you, historically, and find the music, again, the

After all the time that I have spent, going to pick him/her up, cook meals, take them over, pay their bills, take care of everything for him/her AND for me, the backs and forths to the Physician appointments, the Hospitals, to the Pharmacies to pick up medications, talk to all the Physicians, Nurses, Aides, Hospice Admission Nurse, the Physician at Hospice, planned the



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Funeral, attended with so many people who loved him/her, and on and on and on - NOW WHAT AM I SUPPOSED TO DO? They've died, I'm all alone, and that was my last Family member (my dear Husband, my precious Wife, Son, Daughter, Mom, Dad, my dearest Friend...).

Though we know that time is precious for all of us, we, typically, think about others before thinking about our needs. We may think that "as long as they are cared for, I'm fine". Often, a Caregiver will let their own medical, Spiritual and emotional needs go by the wayside when acting as a Caregiver (or Helper) for someone else. (Does that sound familiar?) So, consequently, we don't think about how to help ourselves to walk through Anticipatory Grief (have you read my earlier articles?) and

Services, Theatre, Professional help (a Counselor or Psychotherapist who specializes in Grief/Bereavement), decide to do some Volunteering that you've thought would be neat, (giving to others is very rich, but you must wait for a bit until you are ready to give outside of yourself. Do you understand what I mean?)

4. Walking is the number ONE exercise for depression (you may not be Clinically Depressed, yet, Grief's sadness and dejection is almost unbearable - instead of giving into the Grief, after the first weeks and months, consider walking). Walking is the first step in getting

see So? What NOW!! page 20



Martha  
Turner

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## The Framework

### Memorial Hermann Life Flight Breaks Ground on New Helipad Helipad will be First of its Kind on the Texas Gulf Coast

Memorial Hermann Life Flight has broken ground on a new helipad, complete with lighting and ambulance access, in Crosby, Texas. The helipad – a milestone project that has been in development for nearly a year and is scheduled to be completed in the fall of 2015 – will provide a centrally located rendezvous point for EMS units in Crosby to meet Life Flight at a safe and secure location. The new helipad will be the first of its kind on the Texas Gulf Coast to be equipped with helicopter GPS Point-in-Space Instrument Approach Procedure, allowing Life Flight to serve the region when weather conditions aren't ideal. Present for the groundbreaking were:

than relying solely on visual cues or what is referred to in aviation as visual flight rules (VFR). In an effort to maximize these new IFR capabilities and further reduce patient transport time, the program will be adding its own proprietary GPS procedures to several of the hospitals and other heliports in and around the Greater Houston area. These procedures will allow for direct takeoff and landing at multiple locations that historically might have been restricted to use under VFR only. Together, all of these advancements mean healthcare and pre-hospital providers across the region can now depend upon Life Flight's much-needed service more than ever.



Eric von Wenckstern, Life Flight Administrative Director; Georgie Brown, Chief Flight Nurse; Todd Grubbs, Chief Pilot; Christy Graves, EMS director for Crosby; and the voting board members of Harris County Emergency Service Districts 5 and 80.

In December, Life Flight became the first helicopter air-ambulance program in Southeast Texas to be granted authority to conduct flights under instrument flight rules (IFR) by the Federal Aviation Authority (FAA). This new capability allows Life Flight crews to utilize aircraft flight instruments and advanced navigation systems rather

The Life Flight fleet, which completes more than 3,000 missions each year, consists of six Airbus EC-145 helicopters, all of which are equipped and certified for single-pilot IFR operation. The John S. Dunn Helipad at Memorial Hermann-Texas Medical Center can accommodate four helicopters at one time and is considered one of the busiest helipads in the United States. Founded in 1976 by James "Red" Duke, M.D., who still serves as medical director of the program today, the service retrieves critically ill and injured patients in the Greater Houston area and beyond, 24 hours a day, 365 days a year. ▼





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## Healthy Heart Continued from page 1

protect you from the elements. New fabrics help protect you from the wind and repel moisture while maintaining breathability. Jackets with hoods keep you dry on damp days so you don't have to carry an umbrella.

- Wear a hat or scarf to retain body heat around your head and neck. Don't forget to keep your fingers warm! Mittens keep hands warmer than gloves. You can put them in your pockets as you warm up.

Don't overdress. Being too warm will increase your body heat and leave you sweating inside your jacket. If you start out a little chilly, remember that you'll warm up after the first 10 minutes.

You'll be glad you didn't pile on the gear!

### Hot weather wear

When exercising in hot weather, protect your skin by wearing sunscreen (a minimum of 15 SPF), sunglasses or a breathable hat or sun visor. Dress in light-colored clothing to reflect the sunlight. (Some fabrics such as Solumbra or Solarweave protect the skin from the sun's UV rays).

Remember to slow down or shorten your walk on the first few days of a heat wave. Then gradually increase your distance and pace as you adjust. Staying hydrated and walking in shady areas will help you keep going longer.

### Wear breathable fabrics

Cotton absorbs moisture and dries

slowly. This means wet material against your skin. Synthetic "wicking" fabrics are better choices for shirts and socks. These are found in specialty stores that sell athletic clothing and running shoes. Wicking fabrics come under many trade names. Thin, double-layered socks can also prevent friction blisters.

Chafing can happen in areas where the skin rubs against itself such as on the inner thighs and under the armpit. Wear clothes that are thin (with flat seams) and snug, but not tight. If chafing becomes a problem, use petroleum jelly or products like Body Glide (found in athletic stores or bike shops) to reduce the friction.

### Be visible

Wearing lighter colors makes you

more visible to cars at dawn and dusk. You might want to wear reflective clothing. Many brands of jackets and running shoes have reflective stripes to help keep you wearer safe. Reflective tape or vests (such as the orange reflective vests worn by many motorcyclists) are also a good idea for visibility. You can also carry a glow stick or flashlight.

It's not all or nothing; it's step by step. So start by setting a reachable goal today! Then you can work toward your overall goal of 30 minutes a day by increasing your time as you get in better shape. You CAN do it! Be sure to join the American Heart Association on Wednesday, April 1 by taking part in National Walking Day. Find out more at [heart.org/nationalwalkingday](http://heart.org/nationalwalkingday). ▼

## Legal Health Continued from page 3

can effectively contribute to the health care safety net for financially needy patients, including Federal health care program beneficiaries, by contributing to independent, bona fide charitable

assistance programs, so long as certain safeguards are in place (discussed below). However, other arrangements, where patient assistance is provided by a pharmaceutical manufacturer or an

affiliated foundation, may implicate the AKS, depending on the facts and circumstances of the arrangement.

In general, the OIG has determined

that it will not impose civil monetary penalties or administrative sanctions based on the AKS on arrangements

see **Legal Health** page 19



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## Legal Health

Continued from page 18

where nonprofit, tax-exempt, charitable organizations subsidize premiums or cost sharing obligations to financially needy individuals. Further, donor contributions to such charitable organizations do not raise any concerns when the organization is a "bona fide charitable organization", where the donors and beneficiaries are effectively insulated in a manner that beneficiary decision-making is not improperly influenced by donors.

In a recent advisory opinion, the OIG identified a number of factors that are relevant to the determination that a patient assistance program would not be subject to enforcement actions under the AKS. These include:

1. the lack of donor control over the organization or the program,
2. the patient's selection of providers, practitioners and suppliers prior to application for assistance, so a treatment regimen is in place (and patient freedom of choice is safeguarded);
3. no provision of data to donors that would facilitate correlating the amount of frequency of donations with the amount or frequency of the use of its drugs or services (although aggregate numbers of patients and assistance amounts could

be provided);

4. the ability of the donor to earmark funding for a specified disease fund (but not for particular treatments), when the donor did not influence the identification of the specified disease. Key to the OIG's consideration of this factor was the fact that the charitable organization defined its disease categories according to widely recognized clinical standards, in a manner that covers a broad spectrum of available products, and without subdividing or otherwise more narrowly defining the disease by reference to specific symptoms, severity of symptoms, or the method of administration of drugs. Copayment assistance was not be limited to only one drug, or the drugs made or marketed by only one manufacturer or its affiliates. HHS OIG Op. 14-11 (dated Dec. 29, 2014).

The details of any proposed patient assistance program should be analyzed based on the specific facts and circumstances (e.g., the nature, structure, sponsorship, and funding of a program), as well as the considerations discussed above and other guidance provided by HHS pursuant to these health care fraud and abuse statutes to minimize the risk of enforcement.▼

## Mental Health

Continued from page 5

because use of substances usually begins during youth and before the brain has fully matured. The addict becomes arrested at the stage of development when they started using. So emotional sobriety is also fundamental to help the addicts catch up developmentally.

Any one article cannot possibly do justice to the how of emotional sobriety. But a brief overview is warranted here. Resiliency comes with time, practice and guidance. Meditation can be the most useful tool in developing resiliency because it enhances the neocortex's ability to rise above the emotional noise of the lower brain structures so the addicts can choose to respond to life's curveballs rather than react to it. Mediators show

a decrease in sympathetic stimulation so that even when stressed, are not as reactive as those who do not meditate.

We cannot teach wisdom, it must be learned. One of the worst mistakes I see parents of addicts make is that they do not let them fall down. Without the benefit of learning from experience, there will be no wisdom. If we do not fall down, how can we learn to pick up ourselves up? What is wisdom, if not having the perspective of experience? Addiction is one of those inherently traumatic diseases that patients learn many lessons from but alone is not enough. Recovery is a progressive path, not a perfect one. And wisdom comes

see Mental Health page 20

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## Mental Health

Continued from page 19

with lessons learned the hard way, in and out of recovery. All human beings share this one.

The last component of emotional sobriety is balance. This one is tricky for addicts. It can be easily argued that

teaching a fish to ride a bicycle while underwater is easier than teaching an addict balance. No matter the difficulty, if a blind human can climb Mt Everest, anyone can learn balance, right? The type of balance inherent in emotional sobriety is the not the type

associated with moderation as is seen in moderate drinking. Instead, the balance I direct patients to incorporate is of the multidimensional living variety. Some addicts get sober and throw themselves into work, neglecting their relationships, mental health, physical health and

spirituality. In short the balance of emotional sobriety is in the intentional behaviors in those 5 arenas mentioned above. ▼

## Age Well Live Well

Continued from page 12

always take time to have a healthy snack. And the Texercise book has lots of good information about proper nutrition. It also helps you eat smarter when you're eating out, and during the holidays."

### Time to Trade In Your Old Eating

Habits

For ideas on healthy eating habits, nutritional plans, a food guidance system and a healthy eating index, visit the U.S. Department of Agriculture's [www.choosemyplate.gov](http://www.choosemyplate.gov). The changes you make are important and can improve

your health and your everyday life. Pretty soon, it will be a habit to eat well. The Texercise website and handbook [www.texercise.com](http://www.texercise.com) also include nutrition information.

"It's a new way of life, and eating correctly and exercising regularly can

help us have a long healthy life to look forward to," Cribbs said.

To download a free copy of the Texercise handbook, go here [www.texercise.com](http://www.texercise.com). ▼

## Texas Children's

Continued from page 13

Health Corps which recruits and trains American-trained pediatricians and family doctors for long-term assignments in Africa in pursuit of a two-part mission: (1) expanding access to lifesaving care and treatment for some of the world's poorest and least fortunate children, and (2) training local health professionals to build capacity for pediatric health care that currently does not exist.

Chevron's contributions helped

support the Global Health Corps assignments in Liberia and new programs are being evaluated for Morocco and Argentina.

In 2014, Chevron, Texas Children's Hospital and Baylor College of Medicine also partnered to create a health program in a remote region of Colombia. The program called SAIL (in Spanish: Salud y Autosuficiencia Indígena en La Guajira) focuses on caring for

children under age five and expectant mothers with the goal of reversing the high child and maternal morbidity and mortality rate. Chevron's funding supports doctors who treat families in the Wayceu indigenous community of the Riohacha and Manauere Municipality in La Guajira state where hospitals and clinics are difficult to reach and food security is an issue.

"We are grateful for Chevron's

continued support, which has helped enormously in our programs to fight devastating diseases and improve child and maternal healthcare," said Kline. "The relationship has evolved and I imagine it will evolve further. What is exciting to me is that our partnership represents several different projects on two continents serving thousands of children and families in need. I look forward to where we will be working together next." ▼

## So? What, NOW!!

Continued from page 14

out, again, and can give you the courage or desire to take another step, like calling a Friend, accepting invitations from Friends and Family. Then, might come setting up a Calendar of events, breakfasts, lunches and/or dinners with people, an occasional movie, perhaps. There is nothing wrong with spending time alone as long as your aloneness doesn't impede your living.

5. When does aloneness impede your living:
  - When you stay in bed all day or can't sleep, you over-eat, don't wash yourself or wash

clothes, clean the house, when you don't feel like shaving, bathing, brushing your teeth, getting outside, spending time with your Spiritual self, or time with other people, feel like reading (if you are a reader) or eating, go fishing or bowling, to the Theatre, to concerts, the Symphony, meet up with Family and Friends...

6. There is lonesome, lonely, or alone. They do not mean the same thing:
  - Lonesome is missing someone or some people. You are lonesome for your precious \_\_\_\_\_ or your beloved

Pet, etc. You miss them.

- Lonely is an adjective that describes how we feel. I have no one – no Friends, no special person – I am lonely.
- Alone is very interesting... One can be "alone" even in a crowd. There is no connection with another.
- 7. The Zoo is one of my favorite activities to share with my Clients. It's fun, silly, you can go alone and have fun, or with others and have fun. It's good to be silly and to be loving with animals. They need it and so

do you!

The kindest thing I can suggest, when times are sad and/or you may be going through great difficulty: Think of adopting a loving Pet. I cannot tell you how many Clients have thanked me for this suggestion. It helps to bring one out of themselves. Pets provide unconditional love – which I don't know if you've ever encountered. They teach us how to be unconditionally loving (you won't even notice it's happening to you).

We, as Humans, are not meant to live as an island, without connection to others or to one other, at least. ▼



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## UTMB collaboration results in rapid Ebola test

University of Texas Medical Branch researchers who helped assess the effectiveness of a new rapid test kit to diagnose Ebola learned this week it has received emergency use authorization from the Food and Drug Administration.

“The kit was tested using the live Ebola virus under high containment conditions at the Galveston National Laboratory to determine its effectiveness prior to field trials,” said Robert Cross, the UTMB researcher who was part of a small team who traveled to Sierra Leone at the height of the Ebola outbreak last year to also validate the test in the field. The entire development process was completed in just over six months.

The test is significant because Ebola can take hold within five to seven days, and in some extreme cases it can take almost that long for a traditional test to provide a diagnosis.

At the start of the Ebola epidemic, Corgenix Medical Corporation and collaborators from Tulane University, UTMB and other partners with the Viral Hemorrhagic Fever Consortium quickly shifted focus from other areas to develop a diagnostic kit that could rapidly diagnose Ebola. The approved kit is a result of that collaboration.

According to Cross, UTMB has been working with Tulane for many years under the direction of Dr. Robert Garry, a longtime collaborator with Thomas Geisbert, UTMB’s internationally-recognized Ebola researcher. Garry heads the Fever Consortium, which was founded by Tulane and operates a field site for medical research on Lassa fever in Sierra Leone.

“The central mission of the GNL is to provide support to research entities, including private partners and other universities, on extremely dangerous pathogens,” said Cross. “This was an exciting project because we were involved from the start with the goal of developing a test that could provide a quick answer to clinicians about someone’s condition. Instead of taking several days to find out if someone has Ebola, this new test provides an answer within about 15 minutes. Follow-up testing with conventional testing will be



**Robert Cross, UTMB researcher, is shown handling the simple diagnostic test recently authorized for emergency use by the FDA. The small size and rapid result are expected to speed up the diagnosis of Ebola and aid in patient management and the safety of healthcare workers.**

necessary to confirm the illness, but the rapid tests allows medical providers to get a jump start on treating suspected patients.”

“This has the potential to be a game-changer in stopping the spread of the epidemic,” said Garry, professor of microbiology and immunology at Tulane. The new rapid test is very similar to a pregnancy test. Potentially infected bodily fluids are exposed to a test strip that can determine infection status after just a few minutes.

The rapid test kit is

manufactured by Corgenix, based in Broomfield, Colorado. Corgenix has a long history of research and development of products for diagnosing diseases, including Lassa fever, a similar hemorrhagic fever found in West Africa. The Corgenix rapid test is the first rapid diagnostic test for emergency use approved by the FDA.

“Completing this product development in less than a year demonstrates how governmental agencies, regulatory bodies,

industry, non-profits and others can work together to find solutions to catastrophic events such as the Ebola virus outbreak,” said Douglass Simpson, Corgenix President and CEO. “The collaboration has enabled us to quickly deliver this critically important point-of-care test and potential breakthrough in the fight against Ebola in the current outbreak in West Africa.” ▼

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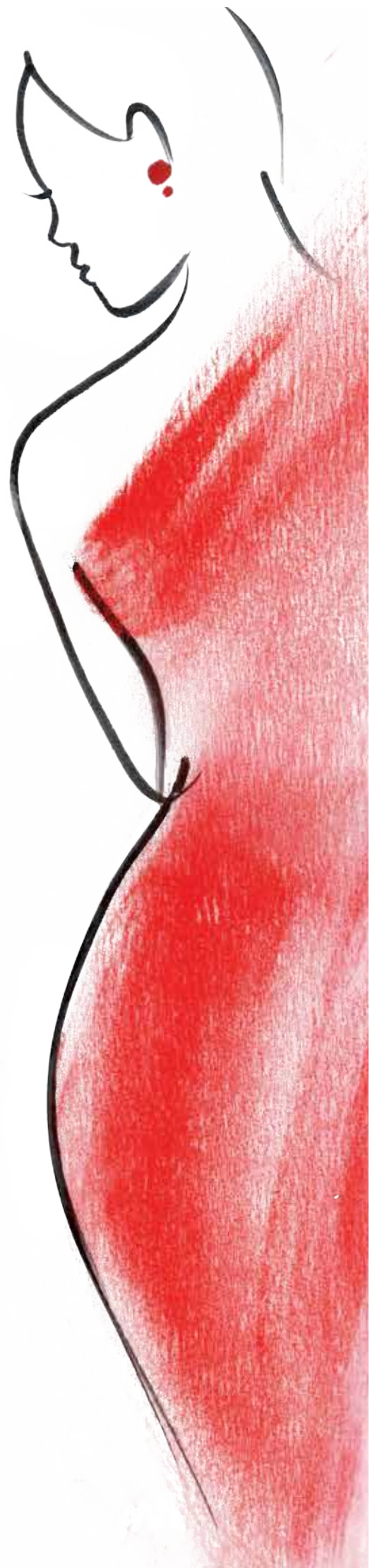
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