

HOUSTON Medical Times

Bringing Healthcare News to the Forefront

April Issue 2015

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MD ANDERSON STUDY PREDICTS NEW HEPATITIS C DRUGS WILL PLACE A DRAMATIC FINANCIAL STRAIN ON THE HEALTH CARE SYSTEM

The cost of treating people infected with the hepatitis C virus (HCV) with newly approved therapies will likely place a tremendous economic burden on the country's health care system. The prediction comes from a cost-effectiveness analysis led by researchers at The University of Texas MD Anderson Cancer Center. The findings, reported in the March 17 issue of the *Annals of Internal Medicine*, predict that the cost of providing patients their daily regimens could total \$136 billion over five years – 10 percent of the country's annual prescription drug spending.

Jagpreet Chhatwal, Ph.D., study lead and assistant professor of Health Services Research at MD Anderson, reported a combination of two drugs – sofosbuvir and ledipasvir – recently approved by the U.S. Food and Drug Administration to treat hepatitis C is cost-effective as opposed to the old standard of care. The budget needed to treat all diagnosed patients, however, is unsustainable.

More than two million people are infected with HCV, a virus found in the liver. It is transmitted through blood-to-blood contact.



In recent years, management of the disease has come to a crossroads. In 2012, the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force both recommended a one-time hepatitis C screening for baby boomers – people born between the years 1946 and 1964. Two years later, the Food and Drug Administration approved the medications sofosbuvir and ledipasvir for disease management. Yet, while the drugs lead to improved outcomes, the cost of the newly approved oral regimen comes at a staggering price to payers – as much as \$1,125 per day.

“We have millions of people who need treatment for hepatitis C and payers obviously don't have the budget to cover this tremendous expense,” says Chhatwal. As a result, physicians have to prioritize the new drugs to the sickest of patients, and several payers have added restrictions that only those with the most advanced disease receive treatment.” For the study, Chhatwal and his team

used a simulation model to fully evaluate the cost-effectiveness and budget impacts of sofosbuvir and ledipasvir treatment. Their model conducted a cost analysis involving patients with four major HCV genotypes.

The researchers found the new therapies would reduce the clinical burden of the disease. They determined that the newer, more expensive medications would be most beneficial for select groups of patients: those with advanced disease, have the HCV genotype 1, or are younger.

The results show that using new therapies is cost-effective in the majority of patients. However, the budget required to treat all eligible patients would be \$136 billion over the next five years. Compared with the old drugs, new therapies would cost an additional \$65 billion, whereas the cost offsets would be only \$16 billion.

see New Hepatitis C Drugs page 19

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Legal Health

“Next-Generation ACO” Model Is CMS’s Newest Effort to Encourage More ACO Risk



By S. Lawrence Kocot and Philo D. Hall
Epstein Becker & Green, P.C.



(“NGAM”) joins the Innovation Center’s Pioneer ACO Model and the Medicare Shared Savings Program (“MSSP”) as an additional option for Medicare providers to organize together to provide coordinated, high-quality care at lower cost, with the potential to earn higher compensation.

An ACO “That Looks More Like Medicare Advantage”

On March 10, 2015, the Centers for Medicare & Medicaid Services’ (“CMS’s”) Center for Medicare and Medicaid Innovation (“Innovation Center”) announced a demonstration project incorporating new risk models for reimbursement of accountable care organizations (“ACOs”) serving Medicare beneficiaries.

Fresh on the heels of CMS’s recently announced goal of tying 50 percent of Medicare fee-for-service payments to value-based payment methodologies by the end of 2018, the Next Generation ACO Model

In announcing the program, CMS states that the NGAM will allow providers “to assume higher levels of financial risk and reward than are available under the Pioneer Model and [MSSP].” ACOs currently participating in the Pioneer Model or MSSP may apply to participate in the NGAM. Recognizing that there has been very little participation to date in Medicare two-sided risk models, CMS included in NGAM a number of modifications to address what providers have found to be

impediments to the assumption of a higher level of risk. CMS anticipates making 15 to 20 three-year NGAM awards incorporating these new features:

1. a prospectively set benchmark that will be established prior to the start of each performance year, unlike the end-of-the-year benchmark used under the MSSP and Pioneer Model
2. two risk arrangements that will be offered to participating ACOs, each of which includes a higher sharing rate than the MSSP and Pioneer Model (one arrangement offers an 80 percent sharing rate, moving to 85 percent in the fourth and fifth years, and the second arrangement offers 100 percent full performance risk)
3. for each risk arrangement, a 15 percent cap on aggregate savings and losses, offering protection against substantial costs by outliers; to protect against the extreme financial



impact of outlier patients, individual beneficiary expenditures will be capped at the 99th percentile of expenditures

4. an option for Next Generation ACOs to participate in a capitation payment mechanism in the second performance year of the program
5. a new long-term benchmarking methodology that moves payment away from a base in historical expenditures in order to ease the difficulty that

see Legal Health page 19

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UTMB scientists use immunotherapy to reduce memory problems with Alzheimer's Disease

Texas – A new study from the University of Texas Medical Branch at Galveston has revealed that a single dose of an immunotherapy reverses memory problems in an animal model of Alzheimer's disease. The article appears in the March 25 issue of the Journal of Neuroscience.

Researchers have been working for decades to map out how Alzheimer's disease wields its devastating effects. Although it's known that two molecules – tau and amyloid beta – are considered responsible for the disease's progression, the relationship between these two proteins and resulting memory problems has remained unclear.

Brain cells depend on tau protein to form highways for the cell to get nutrients and get rid of waste. In some neurodegenerative diseases such as Alzheimer's disease, the tau protein changes into a more toxic form referred

to as an oligomer. When this happens, molecular nutrients can no longer move to where they are needed and the brain cells eventually die.

Scientists from UTMB have previously shown their anti-tau oligomer immunotherapy reduced levels of tau oligomers and reversed memory deficits in an animal model of Alzheimer's. In the current study, it came as a surprise that the immunotherapy also reduced amyloid beta oligomer levels, suggesting that the detrimental effects of amyloid beta are dependent on the presence of toxic forms of tau.

"Our findings with this immunotherapy study indicate a link between tau oligomers and amyloid beta," said lead author and associate professor of neurology, Rakez Kayed. "Because of this relationship, removing tau oligomers with our immunotherapy may also decrease the harmful effects amyloid beta and mitigate memory deficits."



What sets Kayed's therapy apart from other tau immunotherapy drugs is that his targets only the toxic oligomer form of tau and leaves the normal tau alone and able to carry out its typical functions.

These findings provide strong evidence of the benefits of targeting tau oligomers with immunotherapeutic approaches as an Alzheimer's disease treatment.

The other authors of this paper include UTMB's Diana Castillo-Carranza,

Marcos Guerrero-Munoz, Urmi Sengupta, Caterina Hernandez, Alan Barrett and Kelly Dineley.

This paper was supported by the Cullen Trust, the Alzheimer's Drug Discovery Foundation, the UTMB Mitchell Center for Neurodegenerative Disease, the UTMB Sealy Center for Vaccine Development and these studies were completed as part of an interdisciplinary research team funded by The Moody Project for Translational Traumatic Brain Injury. ▼







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Mental Health

Infant and Early Childhood Development



By Ira Glovinsky,
Ph.D., Co-leader, IECD
Program

Mrs. S sat in a small child’s chair next to her son Martin. Her face was sad and teary. “Five years old and we’ve never played together,” she wept, patting her son’s head. Martin did not respond to her touch and instead fingered some colored blocks. He had been diagnosed with autism and had delayed language skills, did not make eye contact, and ignored social overtures.

“I want you to try something,” I said. Mrs. S looked at me expectantly. “You’re going to pretend that you have been commissioned by NASA to fly to planet Martin. But you have a problem. The creatures on this planet have never seen an earthling, so no matter what you do, they won’t understand it. You’re

going to have to learn their language.”

“How will I do that?” Mrs. S asked.

“You’ll have to follow what the creatures do,” I replied.

Turning towards Martin, she picked up a square red block and held it in front of him.

“Woops, that’s an earthling thing,” I said. “He doesn’t understand.”

She gave me a puzzled look, then turned back to her son and said, “Do you want to pl . . .”

“Creatures on Martin don’t understand English!” I interrupted.

“So what do I do?” she asked.

“I guess you’ll have to follow him,” I said.

“But I don’t know how!” she snapped.

Just then, Martin picked up a block.

“Ah Bah!” he said.

“Ah Bah!” said Mrs. S without thinking.

Surprised, Martin turned towards her and said it again: “Ah Bah!”

Mrs. S smiled and repeated the sounds.

“Cuf!” said Martin.

“Cuf!” said Mother.”

Martin turned towards her, and she held out a block to him. He took the block and put it on top of another, then looked up at her. She handed him another block, and they got into a building game accompanied by vocalizations repeated back and forth.

Finally, Mrs. S turned to me and began to cry. “He’s never done anything like that!” she said. I explained that this was Martin’s idea of play. Her definition of play had been very different, but now she had succeeded in connecting with Martin.

My approach in this session was based on a method developed by Dr.



Stanley Greenspan called Floortime. The method was one component of his Developmentally-Based, Individual Difference, Relationship-Based model, known as the DIR model. This is the model that we teach students in our doctoral program at Fielding Graduate University, based in Santa Barbara, California. Our program is a doctorate in Infant and Early Childhood Development, with an emphasis on mental health and developmental disabilities.

At present, almost 60 students are learning this pioneering, multidisciplinary model for working with families of children with special needs. Doctoral students from the fields of mental health, education, occupational therapy, physical therapy,

see Mental Health page 20

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Healthy Heart

Eating and Drinking for Fitness

By: The American Heart Association

Your body is your engine, and you can keep it running smoothly by fueling up your tank with healthy foods and your radiator with healthy fluids. What you put in your body (nutrition) is as important as what you do with your body (exercise). Both are crucial to keeping your engine performing at its best.

Before: Fuel Up!

Not fueling up before you work out is like driving a car on empty. You may not have enough energy to maximize your workout and you'll limit your ability to burn calories.

blood from your muscles.

- If you only have 5 or 10 minutes before you exercise, eat a piece of fruit such as an apple or banana.

During: Make a Pit Stop

- Whether you're a serious athlete who trains for hours or you have a low- to moderate-intensity workout routine, keep your body hydrated with small, frequent sips of water.
- You don't need to eat during a workout that's an hour or less. During longer, high-intensity, vigorous workouts, refuel



Ideally, fuel up two hours before you exercise:

- Hydrate with water. Drinking water before your workout is important to prevent dehydration.
- Eat healthy, easily digested carbohydrates such as fruits and vegetables, whole-grain cereals (with low-fat or skim milk), whole-wheat toast (with a little bit of almond or peanut butter), oatmeal, low-fat or fat-free yogurt, whole-grain pasta, or brown rice.
- Avoid saturated fats and protein — these digest slower in your stomach and take away oxygen and energy-delivering

every half hour or so with healthy carbohydrates such as a banana.

After: Refuel Your Tank

- Fluids. Drink plenty of water, of course. Instead of sugary sports drinks, try flavoring your water with 100% juice such as orange juice, which provides carbohydrates.
- Carbohydrates. You burn carbohydrates — the main fuel for your muscles — when you exercise. In the 20-60 minutes after your workout, your muscles can store carbohydrates as energy and help in recovery. Opt for fruits, vegetables and

see **Health Heart** page 22

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Money Matters

Alternative Investments: The Rx for True Portfolio Diversification



By Clark Edlund,
CAIA
Senior Investment
Advisor
ZTWealth

It's no secret that medical professionals have always had an insatiable appetite for exotic investments, real estate deals or businesses outside of their own practice. In some doctor's cases, beyond supporting their families, it's almost as if they practice medicine as a means to fund other investments and simply enjoy trying their hand as business men more than being medical professionals. Although the medical community has historically been enamored with "alternative investments," I'm still often asked, "What exactly IS an alternative investment?"

Is it the method or strategy you implement that makes an investment an alternative? Or is it the instrument or structure that meets the requisite? The simple answer is, sure. The

entire portfolio? Beyond the obvious caveat of a positive expected return over time, the most relevant statistic to take into consideration in terms of the impact it will have on your existing portfolio is 'correlation'. The lower/negative the correlation (which ranges from -1 to 1) of the investment being considered, the better the impact. For example, it would be advantageous to plug-in assets that "zig" when the remainder of the portfolio "zags." Hedge funds, private equity and real estate are just a few asset classes that attempt to provide this exact benefit. These alternatives are highly sought after because their return profiles typically aren't dependent upon the general direction of the stock market, meaning they have the potential to earn positive returns in both up and down markets.

Of course, it can't really be this simple, can it? Unfortunately, there are many pitfalls and hurdles that must be addressed prior to making an allocation to alternative investments, riding off into the sunset and retiring on the beach. Access, suitability, liquidity and transparency are just a few variables that need to be taken



"alternative" label is vague and could loosely be defined as anything other than owning only equities, bonds or cash. More importantly, we should be asking ourselves "why" and "what are the benefits" for investing in alternatives? The primary goal or purpose for making an investment outside the spectrum of a traditional equity/bond portfolio is no different than the same reason we choose to own many stocks, as opposed to just one, or both equities AND bonds, not just one or the other. The mission is simple, incorporate assets that increase diversification within the portfolio such that it will have better returns and/or lower volatility (less bumps in the road) than it would otherwise.

Now that we've covered the "why" portion of the test, let's move on to the "how." More specifically, how does one make an investment that reduces volatility and increases return for the

into consideration before scratching a big check to the latest and greatest hedge fund, business opportunity or real estate deal. Before making any investment decisions, I would offer the following: Do your homework first (not after things get messy). This means you need to look into the backgrounds of the people you decide to give money to and hopefully they have deep experience in allocating money to alternatives. Make sure they have skin in the game themselves if all possible. Secondly, when it comes to exotic investments, never invest more than you can afford to lose and make sure you're comfortable with the lack of liquidity. Next, invest in what you understand. If you cannot understand the general concept of how the investment works, find a new investment. Lastly, manage your expectations and trust your gut. Like your parents probably told you growing up, if something sounds too good to be true, then it probably is.▼

Marketing Essentials

Mobile Search: Get Listed Above the Competition...or Disappear



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

A dermatologist and I were talking the other day about online search and Google search results in particular. His pragmatic view is that Google has become the new phone book. It's where consumers—prospective patients—turn first to search for and to find a “dermatologist in [community].”

What's more, he feels that if a medical practice isn't prominently visible high on the list of results, then they simply don't exist for today's patient. And he's correct. Online search is the new YP directory or Thomas Guide map of today. In fact, it's far more prolific, available and convenient

than any 300-page YP directory.

First, smartphones and other mobile devices are close by and immediately available at a time of need, urgent or otherwise. They are nearly always the consumer's pocket or hand. (Try that Mr. 50-pound Big Book Directory.) And more than 50 percent of Internet users access it from a mobile device, according to Google.

Secondly, the smaller screen of a mobile device draws the visitor's attention to the first listings on the page—the listings that are seen first draw the most response. But regardless of the screen size, most people (75 percent) never scroll beyond the first page, which gets better than 90 percent of search traffic activity. (On page two, traffic drops to less than five percent is kindly referred to as a marketing dead zone.)

Third, with a few additional taps on



the screen, a smartphone user enables a quick decision, makes an immediate phone call, and displays a map and driving directions. Although these same capabilities are available with second page listings, the consumer has already left the building.

So... Do you want to be above your competitors on Google?

Answer: Definitely yes; otherwise you disappear. Our friend the dermatologist would say that if you aren't listed high on the first page—and

seen ahead of your competition—then you and your medical practice simply don't exist.

The first page of Google's search results is highly prized real estate. There's no fee attached to appearing among these organic search results, but there is professional investment in putting together the right blend of relevance to search terms and other Search Engine Optimization (SEO) considerations. ▼



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ENBRIDGE

A Sign of the Times for Hearing Impaired Patients

Harris Health System is now using sign language video technology to better communicate with its hearing-impaired and hard-of-hearing patients. Connecting patients with physicians and nurses in a timely and convenient manner is one of the driving forces behind the new portable interpretation service.

New iPadfi-equipped wheeled carts (similar to rolling blood-pressure stands) act as in-person translators of American Sign Language for patients and staff at a moment's notice. The program has four such carts complete with speakers and audio enhancement capability at Harris Health's Ben Taub, Quentin Mease and Lyndon B. Johnson hospitals.

"One of the greatest advantages of using this new technology in clinical settings is its on-demand availability," says Graciela Zozaya, manager, Harris Health Interpretation Services. "This means less waiting time for patients and better time management efficiency for providers and staff."

In the past, Harris Health used a service that provided in-person interpreters at a cost up to \$105 an hour. The higher cost was assessed for calls



Graciela Zozaya

requested urgently, during off-business hours or on weekends. All requests were charged a minimum of two hours.

Sign language interpreter costs can be quite expensive, especially for hospitalized patients needing round-the-clock interpretation. Zozaya recalls the case of a hearing-impaired patient needing intensive care hospitalization. The cost for interpretation was about \$12,000 because an interpreter was needed throughout the patient's stay.

"In hospitalized patient settings, it provides the patient with peace of mind

knowing that there is an interpreter available to them at any moment," says Dr. Kalpalatha Guntupalli, chief, Medicine ICU, Ben Taub Hospital, and associate professor, Baylor College of Medicine.

"In outpatient surgery, I can get the portable device and in a minute turn it on to communicate directly with the interpreter who provides face-to-face service between me and my patient," adds Marcy Balderas, RN, clinical nurse, Surgery Clinic, Harris Health Outpatient Center at Lyndon B. Johnson Hospital.

The iPadfi carts, Language You See (L-UC), operate using the hospital's Wi-Fi service and charge on a per minute basis with no minimum requirements for interpretations. The service is available 24 hours a day/seven days a week. While convenience and providing patients with timely medical care are essential, the new devices also are expected to provide Harris Health a significant cost savings (about 37 percent) for sign language interpretations.

"Being able to embrace technology, we are better able to serve our hearing-impaired patients by providing them an important means of communication," says David Riddle, administrative director, Harris Health Patient Experience. "The process to connect to the service is simple, fast and effective, and our patients get their care in a timely manner to provide them with the best possible health outcomes."

Harris Health's Interpretation



New iPad®-equipped wheeled carts

Services serves about 20,000-30,000 requests for Spanish interpretations a month, plus requests for more than 80 other languages. Sign language requests are relatively few, but a necessary addition to the more than 200 languages available for interpretation. Harris Health. Interpretation Services provides assistance through a dedicated call center, in-person interpreters, two-way telephone connection and now video connections. Spanish and Vietnamese interpretations are the most requested languages. ▼

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**Jeff Carmack,
Managing Editor,
Texas Department of
Aging and Disability**

rates of obesity, hypertension and high cholesterol, which lead to make heart disease, as leading problems among the Hispanic population. And the American Heart Association says that Hispanics in the United States are disproportionately affected by diabetes.

Americans are living longer but that doesn't necessarily mean we're staying healthy in those later years. Just look at the facts:

- In Texas, cardiovascular diseases are among the 10 most frequent causes of hospitalization of people 45 years and older (preventdisease.com).
- Preventable illnesses make up approximately 80 percent of the burden of illness and 90

Fortunately, it doesn't have to be this way. Heart disease and diabetes, as well as other "lifestyle" diseases, can be minimized or prevented by regular physical activity and a healthy diet.

Texercise, a statewide health promotions program provided by the Texas Department of Aging and Disability Services (DADS), can help Texans address some of these common health ailments. Texercise equips people to adopt healthy habits, including good nutrition and regular exercise.



percent of all U.S. health care costs (Texas Department of State Health Services).

- More than 1 million Texans have been diagnosed with diabetes and another half-million are believed to have undiagnosed diabetes (Texas Department of State Health Services.)

These numbers apply broadly to our diverse population, but demographers have also studied individual ethnic groups, including Hispanics.

The United States Department of Health and Human Services cites high

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Study Looks to Confirm Antivenom Has “Bite” Against Copperhead Snakes

Dr. Spencer Greene wants to make sure the standard treatment for copperhead snake bites, the most common venomous snake in greater Houston and southeast Texas, works, and if it doesn't, he wants to stop its use.

As director of medical toxicology for Harris Health System's Ben Taub Hospital and assistant professor of medicine and pediatrics at Baylor College of Medicine, and the only board-certified medical toxicologist in the Texas Medical Center, Greene also is principal investigator of an antivenom study for the dangerous reptile.

“Right now, the optimal management of copperhead bites is uncertain. Some people swear by antivenom (CroFab), some people swear that it's not helpful and possibly harmful,” he says. “There's good evidence that antivenom is not harmful and my experience tells me that it is probably helpful for copperhead bites, but we don't yet know that for a fact.”

The research is being coordinated at 18 healthcare sites across the country—Ben Taub is one of five in Texas.

“My suspicion is that it does work, but we want to do the study to know



Dr. Spencer Greene

eligible copperhead snake bite victims now through the fall. Participants in the national study must be 14 years or older, verify that they were bitten by a copperhead within 24 hours and not have been administered any antivenom prior to enrolling in the study.

Presently, copperhead bites are treated with CroFab, a treatment tested and proven for cottonmouth and rattlesnake bites. Copperheads, also part of the pit viper family along with cottonmouths and rattlesnakes, have no tested treatment.



for sure,” Greene says. “Does it help with copperhead bites? If it does, we'll encourage greater use of it. And, if it turns out it's not helpful, we'll stop using it.”

With the start of spring and warmer temperatures in the forecast, snakes will be more active, and unfortunately, that usually translates to more victims of snake bites. The snake usually strikes its target and most often reacts out of fear when disrupted. Its muted colors of grays and browns make it difficult to see before it strikes.

Greene and his team are looking for

The treatment of CroFab costs about \$2,300 a vial, and many snake bite victims can require up to 18 vials for a full treatment.

Greene says copperheads account for more than 50 percent of all bites in greater suburban Houston. Some bite victims do fine without any treatment and suffer no permanent tissue damage or systemic toxicity. However, others do. In 2012, 60 people nationwide suffered permanent tissue loss, disfigurement or disability because of a copperhead bite.



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Airplane or giant germ-mobile: How to avoid travel germs

By Elizabeth Grimm
Texas A & M Health Science Center

Traveling can be a hassle and a hazard – especially during cold and flu season – but there are some ways you can avoid picking up any unwanted passengers in-flight.

Many of us have experienced it: The woman next to you on the plane just sneezed without covering her mouth, the man behind you is coughing uncontrollably and you can practically feel the germs closing in on you as you sit in your cramped seat on what appears to be a giant germ deathtrap. Traveling isn't always fun, especially during cold and flu season, but sometimes it's necessary.

While a plastic bubble and a personal supply of oxygen may seem like the only way to keep those germs away, Cristie Columbus, M.D., vice dean of the Texas A&M Health Science Center College of Medicine in Dallas and an infectious disease specialist, offers some tactics to

avoid catching anything in-flight.

"While airplanes seem like they're the surest way to catch a cold or something nastier, research suggests that the perceived risk is greater than the actual risk," Columbus commented. "But it's always helpful to take some preventative measures, especially when the flu or another communicable disease is going around."

Be aware of your personal space

"Many of the germs you will come across will be on the armrest or the tray table in front of you," Columbus said. "You can bring a few sanitary wipes in your carry-on and eliminate much of your risk there."

For areas like the bathroom, follow the Centers for Disease Control and Prevention's (CDC) guidelines for washing hands: use plenty of soap and water and wash your hands for at least 20 seconds. You can avoid touching surfaces by using paper towels to open and close



the door and turning faucets on and off.

Columbus also suggests bringing a small, travel-sized bottle of alcohol-based hand sanitizer for before and after you eat or drink on the plane. The Transportation Security Administration (TSA) allows passengers to bring 3.4 ounces of liquids per container in their carry-on bags, as long as they are kept in a quart-sized plastic bag and separate from other items.

Ask the flight attendant for assistance

If the person next to you can't stop coughing and refuses to cover their mouth, you can quietly excuse yourself and enlist the help of a flight attendant.

If a passenger looks to be contagious, a flight attendant can request that they wear a surgical mask to reduce the chance of spreading the illness. The flight attendant may also be able to relocate the sick traveler away from other passengers if extra seating is available.

"It's an awkward social position to find yourself in, but if you feel like the person might be contagious, it's in everyone's best interest to take precautions. A flight attendant requesting they put on a mask might make your neighbor realize they're affecting the people around them,"

see Avoid Travel Germs page 22



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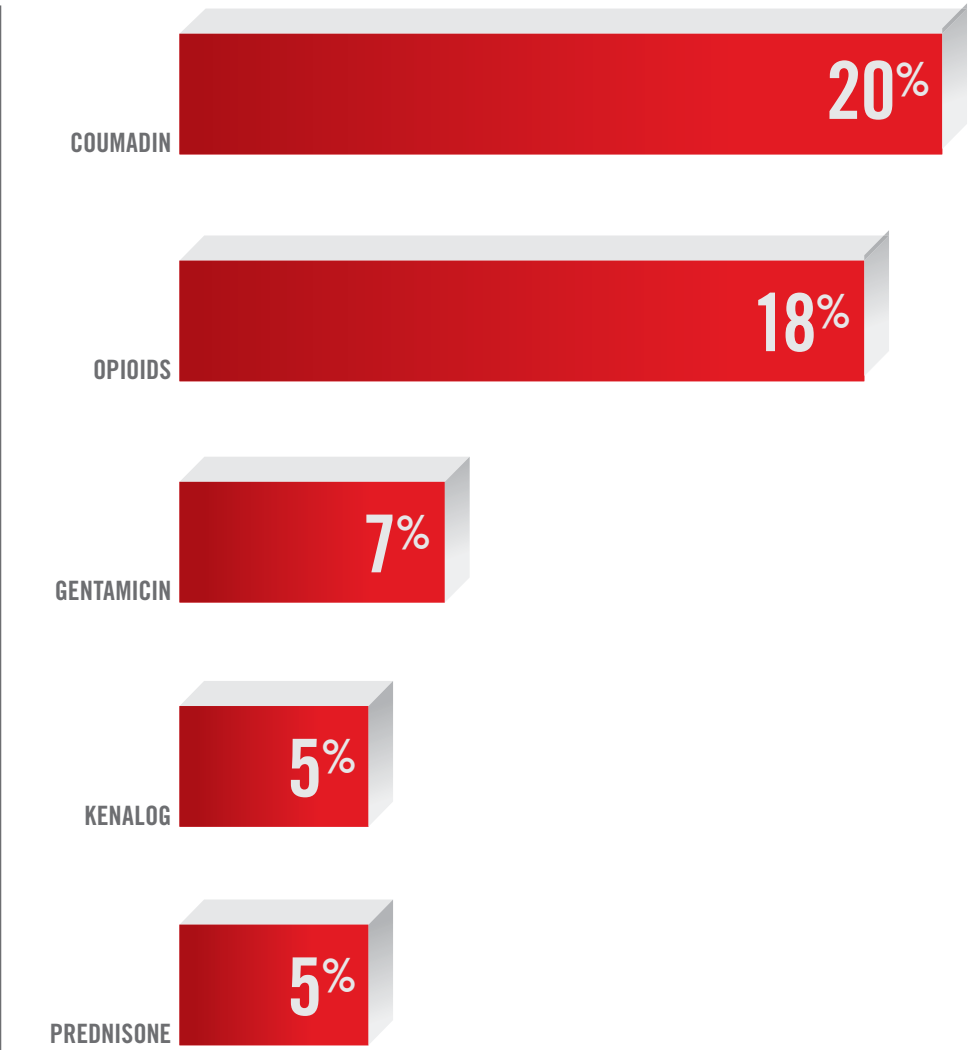
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Source: The Doctors Company



ASHLEY MCCLELLAN NAMED THE WOMAN'S HOSPITAL OF TEXAS CHIEF EXECUTIVE OFFICER

HCA Gulf Coast Division President Maura Walsh announced today that Ashley McClellan has been named the Chief Executive Officer (CEO) of The Woman's Hospital of Texas (TWHT). Previously, Ashley served as the CEO of Medical Center of Lewisville in HCA's North Texas Division. She began her career with HCA in the Chief Operating Officer (COO) development program as the Associate Administrator at Overland Park Medical Center in HCA's Midwest Division in Kansas. Ashley was promoted to COO at Medical Center of Lewisville, and served in that role until 2011 when she was promoted to CEO.

"Ashley is an outstanding leader who has been integral in improving employee engagement and expanding hospital services at Medical Center of Lewisville," said Maura Walsh,



Ashley McClellan

HCA Gulf Coast Division President. "Her focus on quality patient care and

physician partnerships will continue to position TWHT as an industry leader in the Houston market."

Ashley is a Fellow in the American College of Healthcare Executives and earned her BBA in Finance from Southern Methodist University's Cox School of Business, and both her MBA and MHA from Texas Woman's University. In 2010, Ashley was honored in the Dallas Business Journal's annual 40 Under Forty issue and was presented the 2011 Young Healthcare Executive of the Year award from the Dallas/Fort Worth Hospital Council.

Ashley will be relocating to Houston with her husband, Brett, and their two sons, Brooks and Spencer, and will begin her new role on May 12th.

Linda Russell, TWHT's current CEO, is retiring after 21 years of service. Linda began providing excellent leadership at TWHT in 1994 and has led three major hospital expansions. Most recently, TWHT expanded its services with a new Pediatric Center and was designated

the first Baby-Friendly Hospital in the area. Under Linda's leadership, the hospital has continued to deliver more babies than any other hospital in Harris County with more than 10,000 births a year.

Linda was recognized as the Houston Business Journal's 2009 Healthcare Hero Administrator of the Year and the March of Dimes Texas Chapter's 2007 Outstanding Volunteer Fundraiser. Governor Rick Perry appointed Linda to the Judicial Compensation Commission. Linda has also served on the March of Dimes Board of Directors and Executive Board as well as their State Executive Committee, and the Board of Directors for the Gulf Coast Regional Blood Center.

"Through Linda's trusted partnerships with employees, physicians, patients and the community, she has made TWHT a market leader in women's services," said Walsh. "Linda has dedicated her career to ensuring TWHT provides superior patient care, and we are committed to continuing her vision." ▼

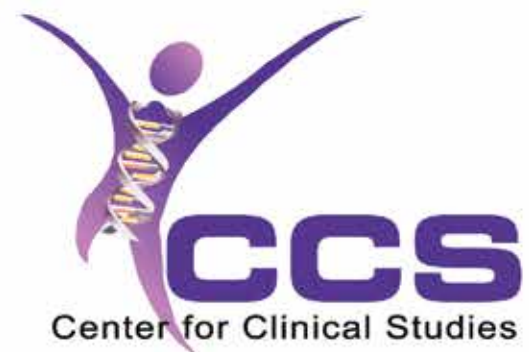
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The Framework

TIRR Memorial Hermann Offers New Dining Experience to Patients and Families

There's nothing typical about the care patients receive at TIRR Memorial Hermann and now there's nothing typical about their dining experience. The world-renowned rehabilitation hospital has recently re-opened its café with the needs of patients and their families in mind.

The fresh look is what you'd expect at a new neighborhood restaurant or café not at a hospital. The café's design features and special touches are unique and second to none. Whether its tilted menu monitors or drinks that dispense with a touch of a button, everything is set up to provide patients more independence.

"We see ourselves as a leader in our field," says Carl Josehart, Sr. Vice President and CEO of TIRR Memorial Hermann. "In line with the Americans with Disabilities Act (ADA) guidelines we built our café in such a way that is better for our patients and their families."

The ADA recommends countertops be no higher than 34 inches from the ground to provide easier access for those in wheelchairs. TIRR Memorial Hermann

went one step further and dropped the counter tops to 30 inches. Cumbersome doors to drink coolers have been replaced with doors that slide open and stay open.

"We tried to think of everything. We even contacted one fast-food corporation about a proprietary trash can design," says Jeff Whitaker, director of Food and Nutrition Services. "We want to create as independent an eating experience as we can for our patients and to that end we spare no effort."

"From a design standpoint we've made a huge leap forward," says Jerry Ashworth, FACHE, director of Hospital Operations at TIRR Memorial Hermann. "The café is inviting and much more accessible to our patients and if you're here on Thursdays you have to try the chicken Santa Fe salad it's unbelievable," adds Ashworth.

The new café also offers a self-service area open 24 hours a day. Patients and their families can purchase fresh food and drinks through a kiosk, also designed to provide access to everyone. ▼



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New Hepatitis C Drugs

Continued from page 1



Jagpreet Chhatwal, Ph.D
[See note to media above.]

Our analysis clearly does not support an assertion that the new

treatments will save health care money using the drug discounts given in 2014,” said Chhatwal. “However, competition from AbbVie has recently brought down drug costs, which may change the outlook.”

“While most developed countries factor in treatment cost before approving a drug, U.S. law prohibits considering such costs.

Therefore, patients almost always end up paying more for the drugs that were developed in the U.S.,” Chhatwal

explains. “Considering the law also prohibits Medicare from negotiating drug pricing, the new treatment cost could strain the budget of Centers for Medicare and Medicaid Services.”

“Economics need to play an important part of improving the health care system,” said Chhatwal. Hepatitis C presents an unusual case where we have cost effective therapeutic options that our health care system cannot afford,” Chhatwal continued. “While lower drug prices will help, that’s not



sufficient. Both the government and private insurers will need additional resources to effectively manage this epidemic.” ▼

Legal Health

Continued from page 3

ACOs have had in earning savings every year (in the optional fourth and fifth extension years under the program, CMS may use “this alternate methodology, which focus[es] on de-emphasizing historical expenditures and

- more heavily weighting attainment”)
6. the ability to engage beneficiaries through benefit enhancement, such as greater access to post-discharge home visits, telehealth services,

- and skilled nursing facilities; incentive payments for receiving ACO services; and a process to voluntarily opt into an ACO
7. the option to utilize “Preferred Providers” to

deliver some of the benefit enhancements described above (Preferred Providers must be Medicare-enrolled providers/suppliers but need not be ACO participating

see Legal Health page 20



Plaque psoriasis is a common condition
causing dry, red and scaly patches
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Legal Health

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providers/suppliers)

Medicare Advantage for a provider organization.”

This model also follows CMS’s December 1, 2014, MSSP proposed rule, in which CMS proposed a new two-sided shared savings and loss model and sought guidance from stakeholders regarding the most appropriate benchmarking methodology. After five years of implementing and overseeing ACOs, CMS recognizes the need for a new model that “sets more predictable financial targets, enables providers and beneficiaries greater opportunities to coordinate care, and aims to attain the highest quality of care.” Under existing program parameters, only five of 405 MSSP ACOs have embraced the two-sided risk model. The enhanced flexibility in the Pioneer Model has proved more successful in generating savings and quality, but that program is limited to only 19 participating ACOs.

In discussing the NAGM, Dr. Patrick Conway, the CMS Deputy Administrator for Innovation and Quality, said the industry “need[s] something that looks more like

Between the NGAM and the proposed changes to the MSSP, Medicare ACOs may look very different within two years, as they must to continue to attract and retain ACO participants. CMS, no doubt, believes that the NAGM program will provide a transition from current incentive models that rely primarily on improvements to earn enhanced payments to models that reward a more stable state of high-quality/low-cost service delivery.

Deadlines and Further Information

Program information, including Letters of Intent, application standards and procedures, and FAQs may be found at the CMS Innovation Center website (<http://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>). Organizations interested in applying for the first of two rounds of three-year awards must submit a Letter of Intent by 11:59 p.m. (ET) on May 1, 2015, and an application by 11:59 p.m. (ET) on June 1, 2015. ▼

Mental Health

Continued from page 5

neuroscience, and nursing are learning to assess and treat families using a multidisciplinary lens. This lens enables us to see children holistically, to focus on development, biologically-based individual differences, and relationships, and to study the micro-system of the family relationships, the meso-system of other environments that touch the child directly such as the neighborhood and the school, and variables that affect the child indirectly, such as the parents’ work schedules, and to look at all of this cross-culturally. This is currently the only doctoral program in the world that offers a Ph.D. in the area of infant and early child development with an emphasis on mental health and developmental disabilities.

Dr. Greenspan was a pioneer in the field of infant mental health. His synthesis of different disciplines in this

area was a cutting-edge accomplishment that is still in its infancy. However, research on his model has already shown promising results with children on the autism spectrum, and students in our program, who have their own professional careers, are beginning to disseminate the model through their own practices while touching families’ lives in whole new ways. In this innovative, creative work, the child and parent jointly attend and communicate in a back-and-forth, co-regulating way in which neither partner dominates the other. The child and the parent, to use Dr. Greenspan’s words, “share the gleam in one another’s eyes!” It is this gleam that we are aiming for with our doctoral students, and we hope that their dissertation research lights up each of the disciplines in which our students are involved. ▼

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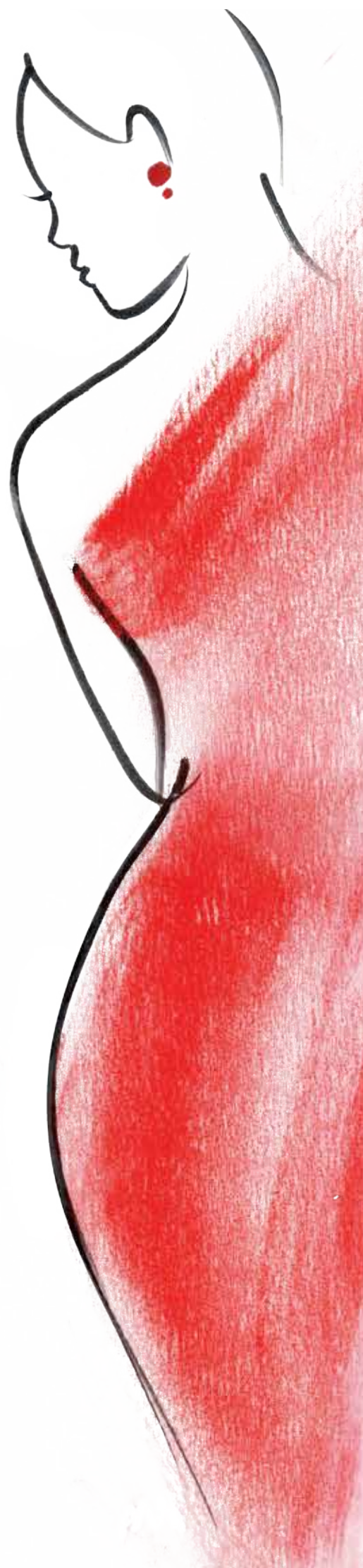
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Healthy Heart

Continued from page 6

whole grains.

- Protein. Protein can help repair and build muscle. Choose healthy protein foods such as fish, skinless chicken, lean meats, fat-free and low-fat milk and dairy products, beans, and vegetarian alternatives.

Staying Hydrated

Keeping the body hydrated helps the heart more easily pump blood through the blood vessels to the muscles. And, it helps the muscles work efficiently. If you're well-hydrated, your heart doesn't have to work as hard.

Dehydration can be a serious condition that can lead to problems ranging from swollen feet or a headache to life-threatening illnesses such as heat stroke

How much water do you need?

- The amount of water a person needs depends on climate conditions, clothing, and

exercise intensity and duration.

- A person who perspires heavily will need to drink more than someone who doesn't.
- Certain medical conditions, such as diabetes or heart disease, may also mean you need to drink more water. People with high concentrations of sodium in their sweat need to be careful to avoid dehydration. And some medications can act as diuretics, causing the body to lose more fluid.
- Thirst isn't the best indicator that you need to drink. If you get thirsty, you're already dehydrated. The easiest thing to do is pay attention to the color of your urine. Pale and clear means you're well-hydrated. If it's dark, drink more fluids.
- Not sweating during vigorous physical activity can be a red flag that you're dehydrated to

the point of developing heat exhaustion.

For most people, water is the best thing to drink to stay hydrated. Sports drinks with electrolytes may be useful for people doing high intensity, vigorous exercise in very hot weather, but they tend to be high in added sugars and calories. Sugary drinks like soda can be hard on your stomach if you're dehydrated, and it's best to avoid drinks containing caffeine, which acts as a diuretic and causes you to lose more fluids. Many fruits and vegetables also contain a high percentage of water, making them an ideal pre- or post-workout snack!

The American Heart Association has great resources available online that can provide more information on setting diet goals, heart-smart shopping, healthy cooking, dining out, and free recipes. Visit our Nutrition Center at www.heart.org/Nutrition. Be sure to join the conversation online on Twitter at @ahahouston #houstoniswhy. ▼

Avoid Travel Germs

Continued from page 14

Columbus said.

However, it's important to remember respiratory etiquette when the shoe is on the other foot. If you are feeling sick or have a cough, remember to cough and sneeze into the crook of your elbow and away from others. Wash your hands with soap and water or use hand sanitizer frequently.

"I would suggest trying to avoid flying if you're feeling ill, especially if you think you're contagious, but if you can't, be considerate of your fellow passengers and do your best to contain your illness," Columbus advised.

Bolster your own immune system pre-flight

Ultimately, your best defense against sickness is your immune system. Try to get plenty of sleep and drink water before your flight to help your immune system be at its best. If you are on a long or transatlantic flight, stay hydrated and remember to move your legs or stand up



every couple of hours to avoid blood clots.

If you have a cold or sinus infection, the change in cabin pressure might aggravate symptoms, so Columbus suggests taking decongestants and ibuprofen (as long as there are no potential interactions) to help alleviate symptoms, before the flight.

It's important to remember that not

all communicable diseases are airborne. Being cognizant of the prevention techniques for different diseases will reduce your risk of contraction; for more information about in-flight transmission of communicable diseases and how to prevent them, visit the CDC's website on travelers' health. ▼

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