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THE AMERICAN HEART ASSOCIATION GO RED FOR WOMEN MOVEMENT

Movement raises awareness of heart disease and educates women about heart attack symptoms

By: Apiyo Obala, Director of Communications, American Heart Association

The mission of the American Heart Association is to build healthier lives, free of cardiovascular diseases and stroke. While heart disease and stroke are often dismissed as an older man's disease, they in fact claim the lives of nearly 400,000 American women each year. To dispel this misconception and raise awareness of heart disease risk among women, the American Heart Association established Go Red For Women in 2004. Over the past decade Go Red For Women has become the world's largest network of individuals standing together to stop heart disease in women and has led the fight to protect women's hearts through research and education. The movement's mission is to not only raise awareness but to also empower women with the necessary tools to lead heart healthy lives.

The Circulation Journal published by the American Heart Association, has released a scientific statement regarding major differences in heart attacks between men and women. The statement indicates that a woman's heart attack may have different underlying causes, symptoms and outcomes compared to men, and differences in risk factors and outcomes are further pronounced in black and Hispanic women. The statement is the first scientific statement from the American Heart Association on heart attacks in women. It notes that there have been dramatic declines in cardiovascular deaths among women due to improved treatment and prevention of heart disease as well as increased public awareness. The Go Red For Women movement works to make sure women know they are at risk so they can take action to protect their health.

"Despite stunning improvements in cardiovascular deaths over the last decade, women still fare worse than men and heart disease in women remains underdiagnosed, and undertreated, especially among African-American women," said writing group chair Laxmi Mehta, M.D., a noninvasive cardiologist and Director of the Women's Cardiovascular Health Program at The Ohio State University.

Heart attacks caused by blockages in the main arteries leading to the heart can occur in both men and women. However, the way the blockages form a blood clot may differ. Compared to men, women can have less severe blockages that do not require any stents; yet the heart's coronary artery blood vessels are damaged which results in decreased blood flow to the heart muscle. The result is the same – when blood flow to the heart is decreased for any reason, a heart attack can occur. If doctors don't correctly diagnose the underlying cause of a woman' heart attack, they may not be prescribing the right type of treatments after the heart attack. Medical therapies are similar regardless of the cause of the heart attack or the severity of the blockages. However women are undertreated compared to men despite proven benefits of these medications.

Women face greater complications from attempts to restore blood flow because their blood vessels tend to be smaller, they are older and have increased rates of risk factors, such as diabetes and high blood pressure.

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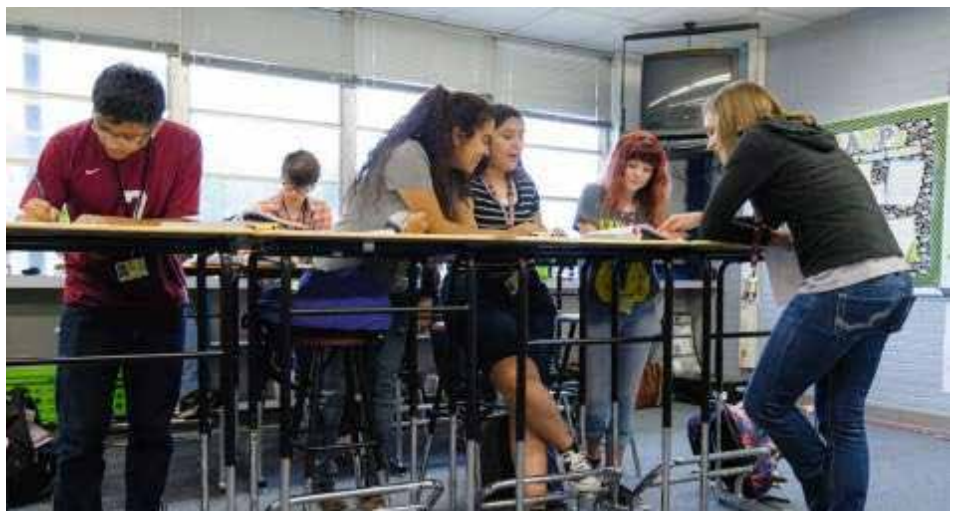
Mental Health

New study indicates students' cognitive functioning improves when using standing desks



By Rae Lynn Mitchell
Texas A&M Health Science Center

Do students think best when on their feet? A new study by the Texas A&M Health Science Center School of Public Health indicates they do.

Findings published recently in the International Journal of Environmental Research and Public Health provide the first evidence of neurocognitive benefits of stand-height desks in classrooms, where students are given the choice to stand or sit based on their preferences.

Ranjana Mehta, Ph.D., assistant professor at the Texas A&M School of Public Health, researched freshman high school students with who used standing desks. Testing was performed at the beginning and again at the end of their freshman year.

Through using an experimental design, Mehta explored the neurocognitive benefits using four computerized tests to assess executive functions. Executive functions are cognitive skills we all use to analyze tasks, break them into steps and keep them in mind until we get them done. These skills are directly related to the development of many academic skills that allow students to manage their time effectively, memorize facts, understand what they read, solve multi-step problems and organize their thoughts in writing. Because these functions are largely regulated in the frontal brain regions, a portable brain-imaging device (functional near infrared spectroscopy) was used to examine associated changes in the frontal brain function by placing biosensors on students' foreheads during testing.

"Test results indicated that continued use of standing desks was associated with significant improvements in executive function and working memory capabilities," Mehta said. "Changes in corresponding brain activation patterns were also observed."

In earlier studies that primarily focused on energy expenditure, teachers observed increased attention and better behavior of students using standing desks. Mehta's research study is the first study not subject to bias or interpretation that objectively exams students' cognitive responses and brain function while using standing desks.

"Interestingly, our research showed the use of standing desks improved neurocognitive function, which is consistent with results from previous studies on school-based exercise programs," Mehta said. "The next step would be to directly compare the neurocognitive benefits of standing desks to school-based exercise programs."

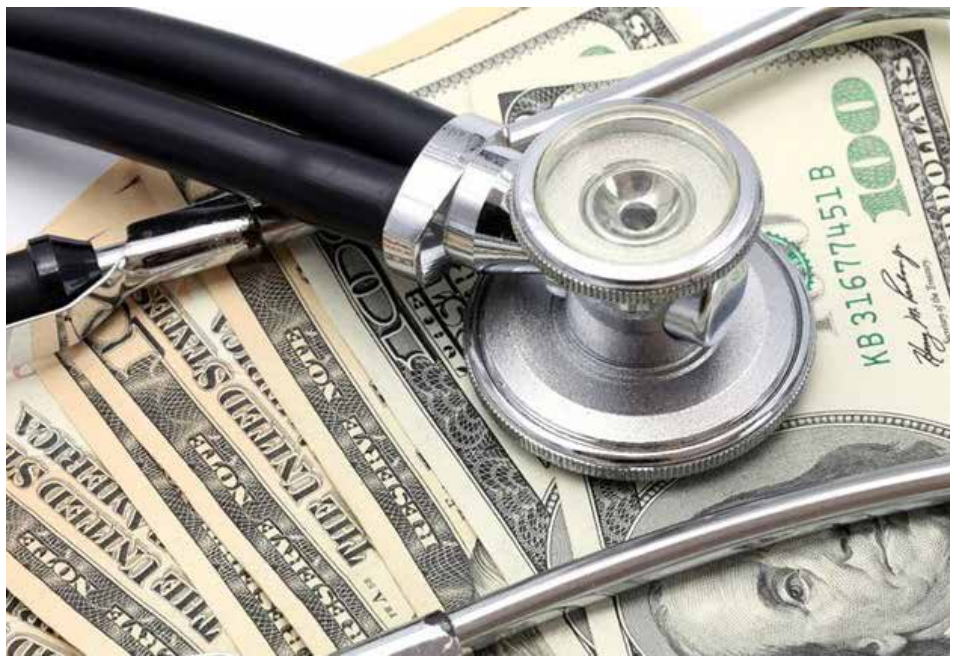
"There has been lots of anecdotal evidence from teachers that students focused and behaved better while using standing desks," added Mark Benden, Ph.D., CPE, co-researcher and director of the Texas A&M Ergonomics Center. "This is the first examination of students' cognitive responses to the standing desks, which to date have focused largely on sedentary time as it relates to childhood obesity."

Continued investigation of this research may have strong implications for policy makers, public health professionals and school administrators to consider simple and sustainable environmental changes in classrooms that can effectively increase energy expenditure and physical activity as well as enhance cognitive development and education outcomes.▼

New report: Most uninsured Texans say cost of health insurance too high

Almost 70 percent of uninsured Texans said the high cost of health insurance is the reason they remain uninsured, according to a new report released today by Rice University's Baker Institute for Public Policy and the Episcopal Health Foundation (EHF). The report found less than 20 percent of uninsured Texans said they simply don't want health insurance.

Previous studies by the Baker Institute and EHF showed almost 20 percent of adult Texans are uninsured. This latest report shows cost was cited as the primary reason across all ethnic groups, income levels and ages for not having health insurance. Researchers found just 6 percent of uninsured Texans said a lack of information about health insurance options prevented them from becoming insured.



"An important finding of this survey is there's no significant information barrier for Texans who still don't have health insurance," said Elena Marks, EHF's president and CEO and a nonresident health-policy fellow at the Baker Institute. "Just two years ago, it was a much different story. As the Affordable Care Act (ACA) coverage options went into effect, lack of information about the law and the new health insurance options was widespread."

Funding from the federal government, some local governments and philanthropy supported successful efforts to educate the public about the ACA health insurance marketplace plans, Marks said.

"More than 1 million eligible Texans enrolled in health insurance through those plans," Marks said. "The significant drop in the state's uninsured rate is not surprising in light of those efforts. But as this latest report shows, Texas still has a long road ahead to be able to benefit from ACA coverage opportunities. Medicaid expansion alone would allow more than 1 million additional Texans to have health insurance."

Researchers found that cost was cited as a prohibiting factor of getting health insurance slightly more often among the oldest (ages 50-64) and youngest (ages 18-30) groups than the middle-aged (ages 31-49) group – 75 percent compared with 64 percent.

"Premiums are on average higher for older groups than their younger counterparts, which would make affordability a more significant issue," said Vivian Ho, the chair in health economics at the Baker Institute and director of the institute's Center for Health and Biosciences, a professor of economics at Rice and a professor of medicine at Baylor College of Medicine. "Overall, young people earn less than older people, so even well-priced insurance plans seem less affordable."

The report also found 27 percent of uninsured adults between the ages of 31 to 49 said they did not want health insurance. This rate was more than double that of older and younger groups in Texas. ▼

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Legal Health

Another Setback for State Regulatory Boards: Federal Court Denies Texas Medical Board's Motion to Dismiss Teladoc's Antitrust Lawsuit


Patricia M. Wagner, J.D. and Daniel C. Fundakowski, J.D
Epstein, Becker & Green

Recently, the U.S. District Court for the Western District of Texas denied the Texas Medical Board's ("TMB") motion to dismiss an antitrust lawsuit brought by Teladoc, one of the nation's largest providers of telehealth services. Teladoc sued the TMB in April 2015, challenging a rule requiring a face-to-face visit before a physician can issue a prescription to a patient. Following two recent Supreme Court cases stringently applying the state action doctrine, this case demonstrates the latest of the continued trend where state-sanctioned boards of market participants face increased judicial scrutiny with respect to the state action doctrine.

The Board Rule at Issue – "New Rule 190.8"

In April 2015 the TMB adopted revisions to various chapters of the Texas Administrative Code governing the practice of medicine. Specifically, Section 190.8(1)(L) ("New Rule 190.8") sets forth practices the TMB deems to be violations of the Texas Medical Practices Act and prohibits prescription of any "dangerous drug or controlled substance" without first establishing a "proper professional relationship." A "physician-patient relationship" is defined to require, among other things, a physical examination that must be performed by "either a face-to-face visit or in-person evaluation" (defined elsewhere to require that the patient and physician be in the same physical location).

Teladoc filed a lawsuit, alleging that New Rule 190.8 violated Section 1 of the Sherman Act, prohibiting anticompetitive agreements among competitors to restrain trade (the TMB is a group comprised of competing physicians). Teladoc then obtained a preliminary injunction in May 2015, preventing the TMB from "taking any action to implement, enact and enforce" New Rule 190.8 until Teladoc's claims are resolved. In issuing the injunction, the court found that Teladoc demonstrated a substantial likelihood of success on the merits of its antitrust claims, a substantial threat of irreparable injury, that the threatened injury outweighed any damage that the injunction might cause the TMB, and that the injunction would not disserve the public interest. The TMB then moved to dismiss, claiming, among other things, entitlement to state action antitrust immunity.

State Action Antitrust Immunity

State action antitrust immunity for professional board regulatory actions has two requirements: the actions must be conducted under "active state supervision," and they must follow a "clearly articulated state policy" to displace competition. The court held that the TMB could not claim state action immunity because the state did not exercise sufficient control over it. The court did not address the second requirement.

The court's order devotes significant attention to rejecting the TMB's state action defense. In North Carolina State Board of Dental Examiners v. FTC, the Supreme Court reaffirmed that the state action exemption would not insulate the activities of state boards or regulatory agencies comprised of market participants absent active state supervision of the entity's challenged conduct.

Both Teladoc and the TMB agreed that active state supervision is a state action requirement, but disagreed as to whether it existed. The district court followed North Carolina State Board of Dental Examiners, noting that in order to constitute active supervision, "the supervisor must have the power to veto or modify particular decisions to ensure they accord with state policy."

The TMB argued that it is indeed subject to active state supervision since its decisions are subject to judicial review by the courts of Texas, the Texas legislature, and the State Office of Administrative Hearings. The court found these purported review mechanisms to be focused on the mere validity/invalidity of rules—not allowing for an evaluation of the policies underlying the rules or bestowing the state with power to modify particular Texas Medical Board decisions to accord with state policy. The court also rejected the TMB's argument that state supervision exists by way of the Texas legislature's "sunset review" process (where the legislature votes on whether there is a public need for continuation of a state agency) because the legislature has no authority to veto or modify any TMB rules.

Implications

see Legal Health page 16

Oncology Research

Cancer moonshot: A giant leap for cancer treatment

By: Jorge Augusto Borin Scutti, PhD
Houston Medical Times

Several efforts have been made to find a cure for cancer or should get as close to cure by increasing research to enhance the understanding of cancer biology. Cancer is a major public health problem in the world and currently the second leading cause of dead in USA. The war on cancer began in 1971 with National Cancer Act by U.S President Richard Nixon. Unfortunately many factors have generated a less optimistic scenario and have been presented as blocking progress in finding a cure for cancer. I could give some examples of this biological complexity: cancer heterogeneity, genetic and epigenetic alterations, risk of factors, challenges of early detection and diagnosis, drug approval process, tumor vasculature, subversion of immune system by tumor cells, apoptosis resistance, improvement of drug resistance in cancer immunotherapy and the list could be endless. A total of 1,658,370 new cancer cases and 589,430 cancer deaths were projected to occur in the United States in 2015. Due to the tireless work of our dedicated researchers, National laws and drug companies the battle against cancer has conquered new chapters. In 2015 the Food and Drug Administration (FDA) expanded the label to include 18 drugs for oncology. On December FDA approved Alectinib, a kinase inhibit indicated for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) positive to ALK (anaplastic lymphoma kinase) expression. On November were approved 6 drugs, among them: Cobimetinib, a kinase inhibitor indicated specifically for the treatment of patients with metastatic or unresectable melanoma with BRAF V600E or V600K mutation; Osimertinib, a EGFR tyrosine kinase inhibitor is indicated for the treatment of patients with metastatic epidermal growth factor receptor (EGFR) T790M mutation (NSCLC); Ixazomib a proteasome inhibitor indicated for the treatment of patients with multiple myeloma who have received at least one prior therapy; Daratumumab a CD38-directed monoclonal antibody indicated specifically for the treatment of patients with multiple myeloma who have received at least three prior therapy, including proteasome inhibitor and an immumodulatory agent; Necitumumab is an EGFR antagonist is indicated for use in combination with cisplatin and gemcitabine in patients with metastatic squamous non-small cell lung cancer; Elotuzumab, a immumodulatory humanized IgG1 monoclonal antibody that specifically targets the signaling lymphocytic activation molecule family member 7 protein (SLAMF7) and is indicated for the treatment of patients with multiple myeloma. On October were approved: Talimogene Iaherparepvec a genetically modified viral therapy to produce the immune stimulatory GM-CSF protein and indicated for the treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurrent after initial surgery; Irinotecan liposome injection, a topoisomerase inhibitor is indicated for the treatment of patients with metastatic adenocarcinoma of pancreas after disease progression and Trabectedin an alkylating drug that affects the subsequent activity of DNA binding proteins. Is specifically indicated for the treatment of patients with unresectable or metastatic liposarcoma or leiomyosarcoma. On September were approved 2 drugs: Trifluridine and Tipiracil a combination of nucleoside metabolic inhibitor with thymidine

see Oncology Research page 18

Beam Me a Diagnosis: Telemedicine Poses Both Benefits and Risks

By Robert Roehrig, Vice President, The Doctors Company

While the benefits of telemedicine are vast, its use and adoption must be tempered with caution. Physicians who are considering telemedicine should also be aware of the clinical and technological risks and take steps to help mitigate these risks.

The Benefits of Telemedicine

Telemedicine can benefit both doctors and patients, such as in these cases:

- The family practitioner at a rural hospital sees a patient who has driven two hours to his appointment. The patient has psychiatric problems, but the nearest psychiatrist is located three-hours away. The physician is able to immediately set up a session with the psychiatrist over Skype.
- A patient with a history of a cardiac condition arrives at the emergency room complaining of vomiting and nausea. The ER doctor orders labs and a CT of the abdomen and pelvis. The CT is sent via the Internet to be read by a contracted off-site radiology service.
- A patient is transported to the hospital with recent onset of paralysis on his left side. The hospital does not have a neurologist on staff but connects via Skype to a neurologist who works from his home office. The neurologist reviews the CT scan and then assesses the patient, within the three-hour critical period from the time a patient starts exhibiting stroke symptoms.

According to Howard Marcus, MD, FACP, internist with Austin Regional Clinic, patient safety expert, and former consultant on telemedicine practice guidelines, telemedicine can improve access to care with proven benefits in psychiatry, radiology, neurology and dermatology.

"Telemedicine for psychiatry in the prison system is well accepted in Texas. An audio/video connection in a secure clinical environment between patient and psychiatrist works well in a psychiatric treatment session - particularly because a physical examination is not required."

Linea McNeel, MD, an independent psychiatrist in Galveston, would agree. She has been treating patients via telemedicine, including those in the prison system, since 2008. She contracts with the county jail in San Marcos and is the only psychiatrist for 300 inmates. San Marcos, she notes, is located in a remote area and the prison would have difficulty finding a psychiatrist to physically travel to the facility to treat patients.

"Texas is a huge state with a real problem with providing rural healthcare," Dr. McNeel said. "We have counties in Texas that don't have any psychiatrists, for example. It is not feasible for physicians to drive all over kingdom come. Telemedicine fulfills a great need."

Teleneurology is being used in smaller hospitals without an on staff neurologist for the rapid evaluation and treatment of stroke victims, Dr. Marcus said. A healthcare provider can perform a neurological evaluation at the bedside guided by the consultant neurologist connected via telemedicine. This quick access to a neurologist is critical because treatment for stroke must be given within 3-5 hours of the onset of symptoms in order to be effective.

In the case of dermatology, high resolution images transported via the Internet can make it possible for a primary care physician to get a second opinion from a dermatologist.

Telemedicine also poses great promise for physician collaboration. "I hope we soon see the day when we can easily access each other and reduce barriers and increase the speed of consultation between primary care and specialists," Dr. Marcus said. "I look forward to the day when third party payers will support telemedicine consultations between physicians."

The Risks of Telemedicine

But even with these benefits, physicians who practice telemedicine face challenges. As the use of telemedicine grows, we can expect more telemedicine-related medical malpractice claims.

The Doctors Company has had only 11 telemedicine-related claims that closed from 2007–2014. That is out of about 18,000 coded claims during the same period. However, because telemedicine is

see Telemedicine page 18

Researchers may hold key to developing a single treatment against several types of Ebola

A collaborative team from The University of Texas Medical Branch at Galveston, Vanderbilt University, The Scripps Research Institute and Integral Molecular Inc. have learned that antibodies in the blood of people who have survived a strain of the Ebola virus can kill various types of Ebola. The study is currently available in Cell.

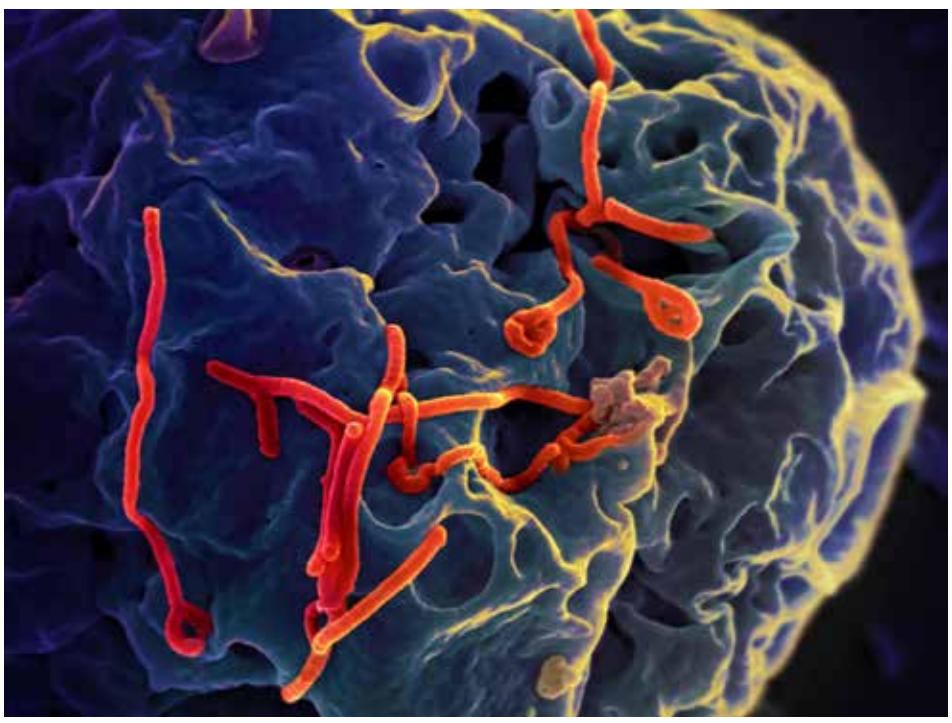
The findings are significant because it helps researchers further understand the immune response to a virus such as Ebola and could lead to treatments for Ebola as well as other related viruses.

The study involved using blood samples from people who had survived the Ebola Bundibugyo strain.

When someone has survived an Ebola infection, they have developed antibodies, which are the small protein molecules capable of inactivating the virus.

"The work on antibodies isolated from survivors of filovirus infections, including Marburg and Ebola, was started by James Crowe's laboratory at Vanderbilt University together with our laboratory about 3 years ago," said virologist Alex Bukreyev, professor at UTMB and co-corresponding author. "In this study, we isolated a remarkably diverse array of virus-specific antibodies, which appeared to bind to various parts of the envelope protein of the virus. Some of the antibodies neutralized not only Ebola Bundibugyo virus, but also Ebola Zaire and Sudan viruses."

"The quality of these naturally



antibodies. The question is, can these antibodies protect against a future infection with the virus and related filoviruses?

Although several mouse antibody-based treatments have provided protection against Ebola Zaire in animal models, there are no available therapeutics based on antibodies from human survivors and no universal treatments against multiple filoviruses, including Ebola Sudan and Ebola Bundibugyo.

In the study, researchers used the blood of seven people who survived Ebola Bundibugyo virus infection during the 2007 outbreak in Uganda to isolate a large number of B cells that produce

occurring human antibodies as biological drugs to treat the virus infection is remarkable, and we are doubly encouraged because they recognize multiple species of Ebola," said immunologist James Crowe, Director of the Vanderbilt Vaccine Center.

A portion of the isolated antibodies effectively protected mice and guinea pigs against a lethal Ebola Zaire infection.

"These data provide the basis for understanding the immune response to filovirus infections in humans," said Bukreyev. "Our results provide a roadmap to developing a single antibody-based treatment effective against not only infections caused by Ebola Zaire virus, but also caused by related filoviruses." ▼

Age Well Live Well

Help with Sticking to Your Resolutions is Available

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

This is the time of year when many of us – 40 percent, by some estimates – start to think about resolutions, and what we might do in the new year to make us healthy and happier. With every good intention we vow to eat better, lose weight, be more active or some combination of these and other self-improvement goals.

However, few of us keep our resolutions. Research by the University of Scranton suggests that a mere 8 percent of us achieve our lofty goals.

If you've resolved to change your ways in 2016, there are some tricks you can use to help you keep your resolutions, courtesy of the Texas A&M School of Public Health.

Doris Howell, MPH, is director of the university's Evidence-Based Program on Healthy Aging.

The center conducts evidence-based health and wellness programs in communities, including fall prevention and chronic disease management. Classes are led by instructors trained by A&M.

Howell said that one useful technique for keeping resolutions is action planning.

"That means realizing your goal has to be tangible and actionable, and breaking it down into manageable steps," she said.

"People see the broader goal, but don't know tiny steps that will allow them get to that goal. Smaller steps, when accomplished, create feelings of success.

"For example, if you want to lose weight, that's not tangible – it's too vague. What you could do instead is say, 'When I snack this week, I'm going to substitute carrots for chips Monday, Wednesday and Friday.' "

This sort of realistic goal-setting helps because success breeds confidence. "Lots of people unwittingly set themselves up to fail," Howell said. "This is damaging in itself, but it also discourages you from getting back on the horse.

"When a person sees they can succeed in a small way, that makes a huge difference. It's the power of what a small change can be in the grand scheme of things."

She cites as an example a woman from one of her classes who resolved to watch less television. She started by turning off the TV for just 10 minutes a day, and then week by week increased the time she kept it off. "Once she got away from the TV, she started making new friends in class, and three of them started a walking program."

Another tip to boost your odds of sticking to your resolutions is to make sure your resolutions are important to you, not just to a spouse or someone else. "It needs to be something you want to do – something you're motivated to do, and not something someone else wants you to do," she said.

For more information on A&M's evidence-based programs, call Doris Howell at 979-436-9370 or visit http://sph.tamhsc.edu/pha/ebp/programs/index.html .▼

Finding a living donor has many advantages for patients needing kidney transplant

Asking someone to donate a kidney is not easy, however, finding a living donor is the best course of action for people who need a kidney transplant.

"There are currently more than 122,000 people on the transplant waiting list. More than 101,000 of those are waiting for a kidney," said Richard Knight, M.D., a kidney transplant surgeon with the Houston Methodist J.C. Walter Jr. Transplant Center. "Sometimes patients can wait three to four years or more for a new kidney, and that causes a great deal of stress and anxiety."

Knight says a transplant through living donation can usually be done in about three to four months. Because donors receive a full workup, doctors are able to learn more about their medical history and their kidney function, therefore improving the chances of a better outcome and longer survival for the recipient. Despite this advantage, the number of people donating kidneys has dropped from 6,600 in 2004 to just over 5,550 in 2014.

"If a person is healthy, living with one kidney is safe," Knight said. "Once the operation and the healing process are over, life should get back to normal. This is not to say kidney problems won't arise in the future, however, donating a kidney does not cause one to develop kidney problems later in life."

While on the waiting list, patients undergo dialysis treatments. These treatments help a failing kidney carry out the functions of a healthy kidney by removing salt and extra water from the body, keeping the levels of potassium, sodium and bicarbonate at safe levels, and helping to regulate blood pressure. While effective, staying on dialysis for an extended period of time can affect the outcome of a kidney transplant.

"Getting a transplant without having to go on dialysis greatly increases your chance of long-term survival," Knight said. "Studies have shown that the best patient and kidney outcomes occur in those who are transplanted prior to initiation of dialysis."

On average, a living donor kidney can last anywhere from 12 to 20 years, while a deceased kidney is between eight and 12 years.

"With living donation, we take the kidney out, walk it across the hall, prepare it and transplant it into the patient, so the chance of damage to the kidney is relatively minor," Knight said. "Today, using sophisticated preservation techniques we can safely store a deceased donor kidney for up to 40 hours before transplantation."

While living donation is significantly better for long-term survival, it's not always easy for a recipient to ask family members or friends to sacrifice one of their kidneys. Knight recommends finding an organization that can help with the process of finding a donor.

"About 5 percent of patients on the transplant list will die each year while waiting for a kidney from a deceased donor," Knight said. "You can live a perfectly normal life with one kidney, and in most cases, people who love you are more than willing to give you a chance at a better life by donating their kidney." ▼

The Framework

CHI St. Luke's Health–Baylor St. Luke's Medical Center (Baylor St. Luke's) has unveiled the design for its $1.1 billion medical campus featuring one of the country's top medical schools, a world-renowned cardiovascular research institute, and a nationally recognized hospital that cares for the most complex cases.

The 27.5-acre McNair Campus will become home to the collaboration between Baylor College of Medicine and Catholic Health Initiatives, and will also be the future site of the Texas Heartfi Institute (THI). The campus will feature a $916.8 million, 650-bed hospital built across two bed towers, a medical office building and ambulatory care complex, and new facilities for basic science and translational research. Expected completion of hospital construction is early 2019. All clinical services currently provided at the Texas Medical Center location of Baylor St. Luke's will be moved to the new campus.

"Physicians and scientists will work together on one integrated campus that creates a state-of-the-art infrastructure for advanced patient care, basic and translational science, and education. This establishes a unique and best-in-class environment unlike any other institution in the Texas Medical Center," said Wayne Keathley, President, Baylor St. Luke's.

New Standard of Academic & Medical Excellence

Guiding principles of this project include exceeding current healthcare industry standards, from scientific research and education to implementing innovative treatment and care.

"The relationship among Baylor College Medicine, Baylor St. Luke's, and Texas Heartfi Institute represents an important collaboration in academic medicine with the opportunity of accelerating translational research to patient care," said Paul Klotman, MD, President, CEO, and Executive Dean of Baylor College of Medicine.

The care environment at the McNair Campus is designed around the human experience—modeled on evidence-based practices for the safety of patients, visitors, staff, and physicians. The hospital's operating room suites are influenced by Six Sigma and Lean principles, which follow a linear, logical, and efficient design. The patient can be moved directly from the waiting area to surgery and to

a post-operative care unit to recover with their family members. The proximity of the pre- and post-operative care unit will allow surgeons and nurses to more effectively attend to all their patients.

In addition to the partnership between Baylor College of Medicine and Baylor St. Luke's, Texas Heartfi Institute will also relocate to the McNair campus to a dedicated heart hospital within the new facility.

"Texas Heartfi Institute and Baylor St. Luke's have shared a unique relationship for more than 50 years that now will continue into the next era of medicine," said Denton A. Cooley, MD, THI Founder and President Emeritus. "With the move of Texas Heart Institute to the McNair Campus, we will continue our legacy of transforming the delivery of cardiovascular care through the creation of new technologies, medical devices, research, and education."

James Willerson, MD, Texas Heartfi Institute President, Director of Cardiology Research, and Co-Director of the Cullen Cardiovascular Research Laboratories, added, "This campus will be a place where THI physicians and scientists can work directly with Baylor College of Medicine physicians and scientists to ultimately eliminate heart and vascular disease as major threats to human life and well-being in our country and abroad. It also provides the Texas Medical Center, the largest medical center in the world, with a heart hospital dedicated to that goal." ▼

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Memorial Hermann Opens Third Mental Health Crisis Clinic

Memorial Hermann, continuing its effort to help close the behavioral and mental health resource gap in the greater Houston region, recently opened its third and most centrally located Mental Health Crisis Clinic.

The new clinic at 4850 West Bellfort is located in Meyerland's Meyer Park Shopping Center and joins two other Memorial Hermann Mental Health Crisis Clinics located in Humble and Spring Branch.

"Our strategy in determining where to locate our clinics is based on opening access points to people in need of mental healthcare services throughout the Houston/Harris County region," said Theresa Fawvor, Associate Vice President of Behavioral Health Services for Memorial Hermann. "We realize the need for mental health services in our community is great, and we're trying to address this underserved need with our clinics.

"We expect the Meyerland location to serve a large population with its proximity to southeast, southwest and central parts of Houston," Fawvor continued, adding that the location is in close proximity to Memorial Hermann-Texas Medical Center, Memorial Hermann Southwest and Memorial Hermann Sugar Land hospitals. "Anyone with a mental health need, whether they are insured or uninsured, is welcome to visit our crisis clinics."

The clinic is staffed with a psychiatrist, nurse practitioner, social worker, and other patient care personnel. With the clinic's focus being on non-traditional access to a psychiatric, multi-disciplinary team, its operating days and hours are Monday-Friday, 10 p.m. to 8 a.m.

In 2015, the Memorial Hermann Psychiatric Response Team performed more than 8,170 consultations at all Memorial Hermann locations and more than 6,200 in 2014. The evaluations found increasingly complicated co-occurring medical and psychiatric disorders, few available inpatient psychiatric beds, even fewer inpatient options to treat complex co-occurring disorders, and limited outpatient services to meet patient needs.

The Meyer Park location, like the other clinics, is designed fill these unmet needs by providing rapid access to initial psychiatric treatment and outpatient multi-disciplinary services to patients with no immediate access to mental health care.

"Many people with mental health needs are all too often confined to the Harris County jail, so key goals of the crisis clinics are to keep individuals healthy and safe, develop processes and interventions to manage challenging behaviors, and to reduce improper hospitalization or incarceration," added Fawvor.

Services provided by the Mental Health Crisis Clinic can include, but are not limited to:

- Multiple psychosocial assessments and medical history assessments
- Emergency medication administration
- Short-term prescriptions
- Connecting the patient to a more permanent medical home and outpatient psychiatric treatment
- Social services

"We want our clinics to be an additional resource in the community that will direct people to the appropriate setting and level of care," Fawvor said. "Those in need of care can literally walk in and have immediate access to psychiatric providers and clinical social workers prepared to serve them if they or a family member are experiencing a mental health crisis." ▼

MEMORIAL HERMANN

Go Red

Continued from page 1

Guideline recommended medications are consistently underutilized in women leading to worse outcomes. Also, cardiac rehabilitation is prescribed less frequently for women and even when it is prescribed, women are less likely to participate in it or complete it.

While the most common heart attack symptom is chest pain or discomfort for both sexes, women are more likely to have atypical symptoms such as shortness of breath, nausea or vomiting, and back or jaw pain.

Risk factors for heart attacks also differ in degree of risk in men compared to women. For example, high blood pressure is more strongly associated with heart attacks in women and if a young woman has diabetes her risk for heart disease is 4 to 5 times higher compared to young men.

Compared to white women, black women have a higher incidence of heart attacks in all age categories and young black women have higher in-hospital death rates. Black and Hispanic women tend to have more heart- related risk factors such as diabetes, obesity and high blood pressure at the time of their heart attack compared to non-Hispanic white women. Compared to white women, black women are also less likely to be referred for important treatments such as cardiac catheterization..

Understanding gender differences can help improve prevention and treatment among women. "Women should not be afraid to ask questions – we advise all women to have more open and candid discussions with their doctor about both medication and interventional treatments to prevent and treat a heart attack," Mehta said.

"Coronary heart disease afflicts 6.6 million American women annually and remains the leading threat to the lives of women. Helping women prevent and survive heart attacks through increased research and improving ethnic and racial disparities in prevention and treatment is a public health priority," she said.

The full Circulation Journal scientific statement called "Acute Myocardial Infarction In Women" can be found online at www.circ.ahajounals.org. The American Heart Association's Go Red For Women movement is nationally sponsored by Macy's with additional support from Local City Goes Red Sponsor, the Texas Medical Center. Learn more about how you can help raise awareness about heart disease in women by joining the conversation on social media. Find us online at: www.heart.org/houston or on Twitter and Instagram @ahahouston #GoRedHouston. ▼

Legal Health

Continued from page 6

Rules promulgated by state-sanctioned boards comprised of market participants are going to continue facing increased antitrust scrutiny when challenged in court. These rulings continue to show that significant and meaningful state oversight mechanisms are a vital and scrutinized element for agencies seeking state action antitrust immunity. However, this case is far from over, and the TMB thus remains enjoined from implementing, enacting, or enforcing New Rule 190.8 until Teladoc's claims are resolved. While the Texas Medical Board has filed an appeal to the U.S. Court of Appeals for the Fifth Circuit, such a reversal would be highly unlikely at this point—meaning that the case can be expected to proceed into discovery and perhaps trial. ▼

Oncology Research

Continued from page 7

phosphorylase inhibitor respectively. Is specifically indicated for the treatment of patients with metastatic colon cancer; Rolapitant is a NK1 receptor antagonist for the prevention of delayed nausea and vomiting associated with of emetogenic cancer chemotherapy. On July were approved 1 drug, Sonidegib, is a hedgehog pathway inhibitor and is specifically indicated for the treatment of adult patients with locally advanced basal cell carcinoma (BCC). On March were approved 2 drugs: Nivolumab, a monoclonal antibody (checkpoint inhibitor) that blocks the interaction between PD-1 and its ligands PD-L1 and PD-L2. Is indicated for the treatment of patients with NSCLC with progression on or after platinum-based chemotherapy. Nivolumab were prior approved by FDA (December 2014) for the treatment of unresectable or metastatic melanoma; Dinutuximab, a chimeric monoclonal antibody that binds to the glycolipid GD2 and is specifically indicated for use in combination with GM-CSF, IL-2 for the treatment of pediatric patients with high-risk neuroblastoma. On February, FDA approved 3 drugs: Panobinostat, a histone deacetylase inhibitor indicated for the treatment of patients with multiple myeloma, Palbociclib, a CDK inhibitor for the treatment of advanced breast cancer as initial endocrine-based therapy for their metastatic disease and Lentatinib, a receptor tyrosine kinase inhibitor that inhibits the kinase activities of vascular receptors VEGFR and is indicated for the treatment of patients with thyroid cancer. The findings on cancer biology are taking great steps forward at a cure of cancer. ▼

Telemedicine

Continued from page 8

relatively new and it takes three to four years for a claim to work its way through the system, we may see more cases in the future in which telemedicine is a factor.

"When considering the use of telemedicine, physicians must balance accuracy with convenience." Dr. Marcus said. "Do we as physicians want to take the risk of over-treating, undertreating, or misdiagnosing when the patient is not in the exam room? Some health problems can be safely managed with telemedicine and some things can't. The patient needs to understand that many health problems require a physical examination, laboratory testing and imaging studies for accurate diagnosis and treatment."

Physicians also need to make certain that, whenever possible, they have access to the medical record when treating a patient via telemedicine. Health care is always enhanced when the patient's medical record is available at the time of treatment. Much of this is now possible due to the adoption of electronic health records.

Physicians can also take the following steps to mitigate potential risk:

- Clearly define proper protocols for webcams and web-based portals.
- Use mechanisms to protect the privacy of individuals who do not want to be seen on camera (including staff members, other patients, or patients' families).
- Understand how web-based portals send encryption keys so that hackers can't access the stream and decrypt the conversation.
- Develop a method to ensure that the person you are communicating with is not an impersonator.
- Consider the effects that telemedicine may have on your relationship with your patients and develop strategies to ensure patients feel valued.

Physicians also need to be aware of the requirements imposed by every state where they may be delivering medical care as to what constitutes the practice of medicine in that jurisdiction and then carefully adhere to those rules. Healthcare providers should make sure that their agent/broker and professional liability carrier are aware that they are engaging in telemedicine so that there is no subsequent dispute over coverage in the event of a claim. Additionally, special care must be exercised to ensure that confidential patient information is properly protected in compliance with federal and state privacy laws such as HIPAA and HITECH.▼

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FEBRUARY IS AMERICAN HEART MONTH

WHEN IT COMES TO BEATING HEART DISEASE, CHANGE IS THE CURE.
We need your help to make a change.

HERE'S HOW YOU CAN HELP:

Get Your Numbers: Ask your doctor to check your blood pressure, cholesterol and glucose.

Own Your Lifestyle: Stop smoking, lose weight, be physically active and eat healthy.

Raise Your Voice: Advocate for more women-related research and education.

Educate Your Family: Make healthy food choices for you & your family. Teach your kids the importance of staying active.

Donate: Show your support with a donation of time or money.

INVEST AN HOUR IN YOUR LIFE TO SAVE THE REST. SCHEDULE A WELL-WOMAN VISIT TODAY.

#GoRedHouston facebook/ahahouston ahahouston

REPRESENT

- Register at GoRedForWomen.org and receive a free red dress pin and wear it proudly to show your support.
- Share your experience at GoRedForWomen.org or visit us on Facebook to share your healthy choices and connect with women who are speaking up for women's heart health nationwide.

VOLUNTEER

- Take action. Contact your local American Heart Association office to see how you can get involved with Go Red For Women.
- Visit **HoustonGoRed.Heart.org** to find out what's going on locally.

GIVE

- Make a difference. Donations that fund lifesaving research and educational programs are needed so that our daughters, sisters and mothers have a chance to fight this silent killer.
- Help fight heart disease in women through donations to the American Heart Association's Go Red For Women movement.

CHANGE

- Make lifestyle choices to reduce your risk for heart disease. Take the Go Red Heart CheckUp to find out your risk.
- Visit GoRedForWomen.org to find healthy recipes and exercise tips.

ADVOCATE

- Learn CPR. Because 80 percent of cardiac arrests happen at home, the life you save with CPR is most likely to be a loved one. Learn Hands-Only™ CPR in just 60 seconds at GoRedForWomen.org.
- Spread the word. Join the American Heart Association's You're the Cure grassroots network and advocate for policies to promote women's heart health. Visit YoureTheCure.org.

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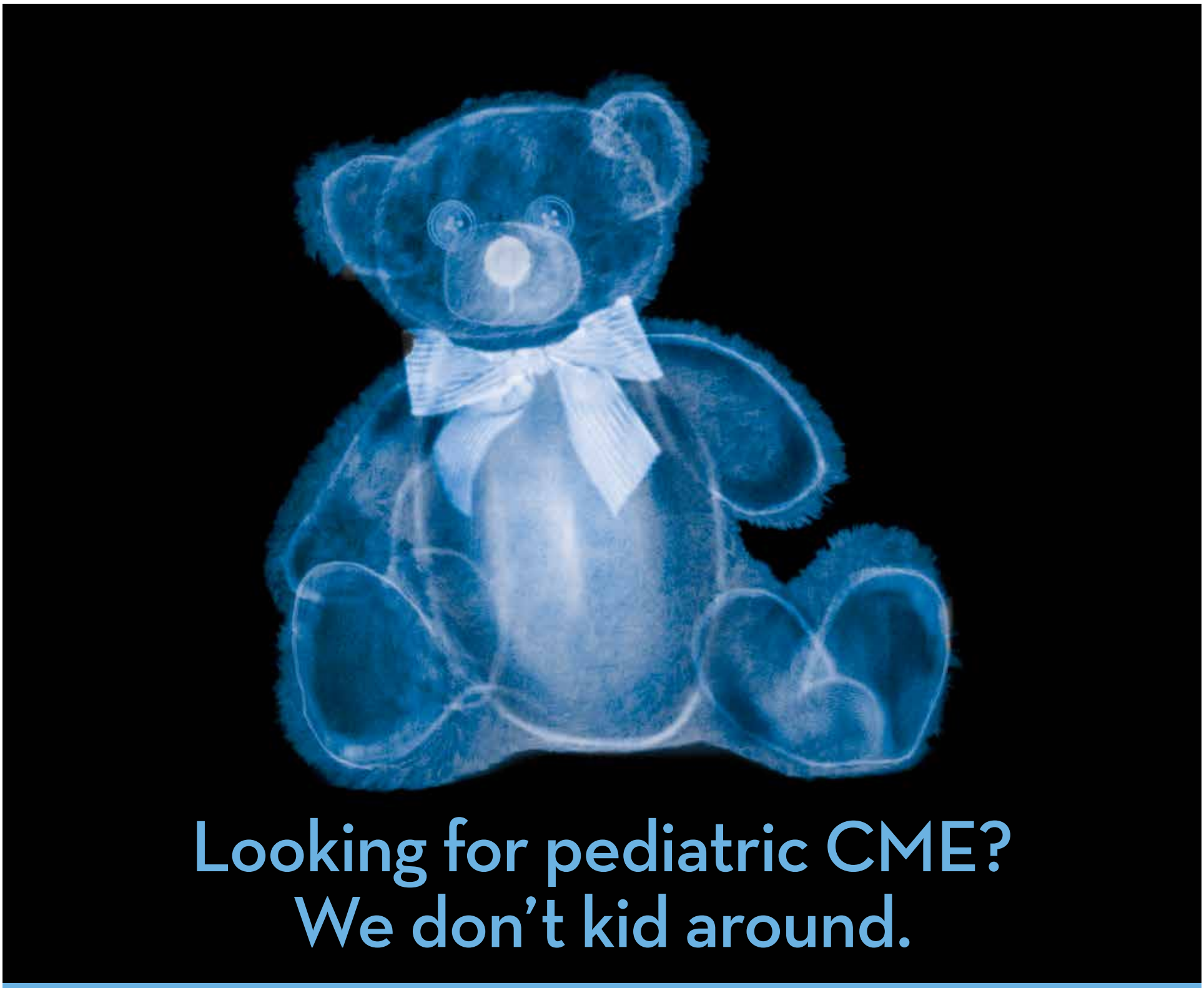

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