

WINTER 2017

# HealthScene Ohio™

A Publication of the State  
Medical Board of Ohio



## A Rare Case

Cleveland-area woman  
overcomes an unusual  
postpartum infection

### Helping Hands

The impact of physician assistants

### A New Record

Advanced technologies change  
medical recordkeeping

### Breaking Tradition

New medical school program

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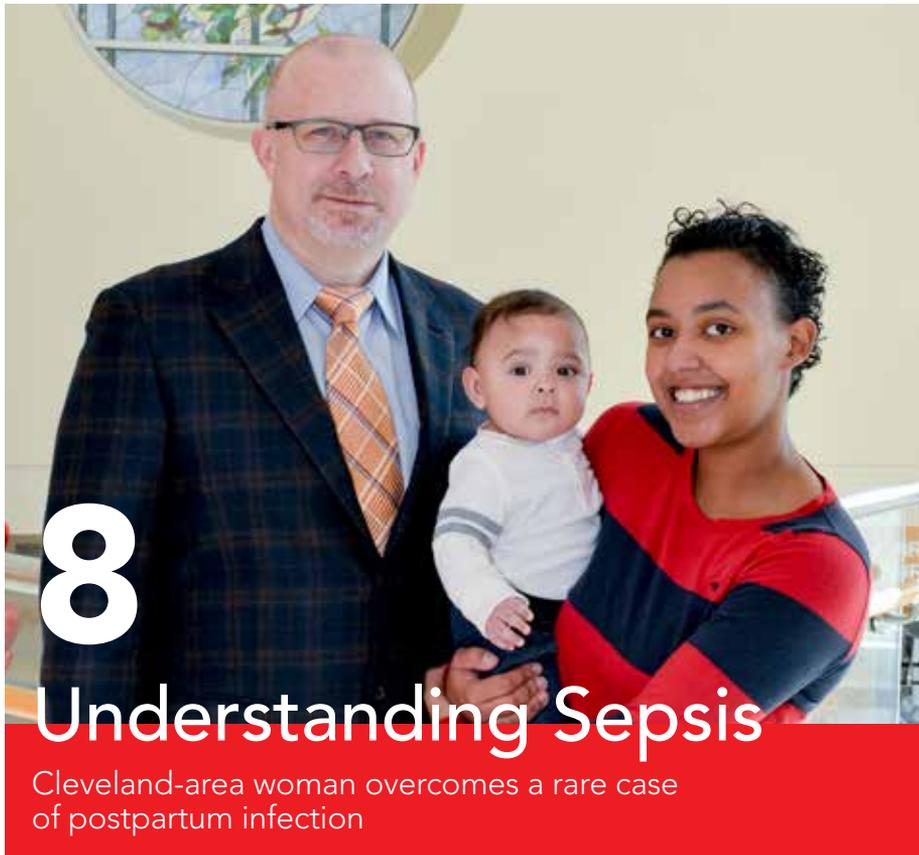


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# Winter's Greetings

Welcome back to *HealthScene Ohio*, a publication of the State Medical Board of Ohio.

With the new year brings new leadership at the Board. At the December meeting, I was elected to serve as Board president for the 2017 calendar year. As Board president, Ohio's growing opioid abuse issue is a concern for me and I will continue the work that the Board has already begun on this and other important issues.

Every day, Ohio's licensed physicians and allied medical professionals are making breakthroughs in their field, benefiting patients, lawmakers and even each other. Although facing change is rarely simple, our licensees prove time and time again that they're adaptable and take every obstacle in stride.

In this issue of *HealthScene Ohio*, you'll find the success story of a Cleveland-area woman who worked with her physicians to overcome a serious sepsis infection following the birth of her son. Nalani McFarland and her son, Drew Jr., grace this issue's cover alongside Cleveland Clinic's Dr. Michael Taylor – one of the intensive care doctors who stayed by McFarland's side throughout her month-long hospitalization.

You'll also get to know four physicians from across Ohio: a neuroimmunologist in Columbus, a pediatric disease specialist in Cleveland, a neurosurgeon in Findlay and an anxiety disorders researcher in Cincinnati. Looking for expertise from our licensees? Look no further, as you'll also get the facts on senior care, heart health, female fertility and bariatric surgery.

We're proud of the work done by our licensees, as well as their undeniable capacity to adapt to adverse situations.

We hope you'll enjoy reading this issue of *HealthScene Ohio* and, as always, we welcome your feedback and story ideas for our 2017 issues and beyond. Stay warm and enjoy the rest of your winter!



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Amol Soin, MD, MBA  
President, State Medical Board of Ohio



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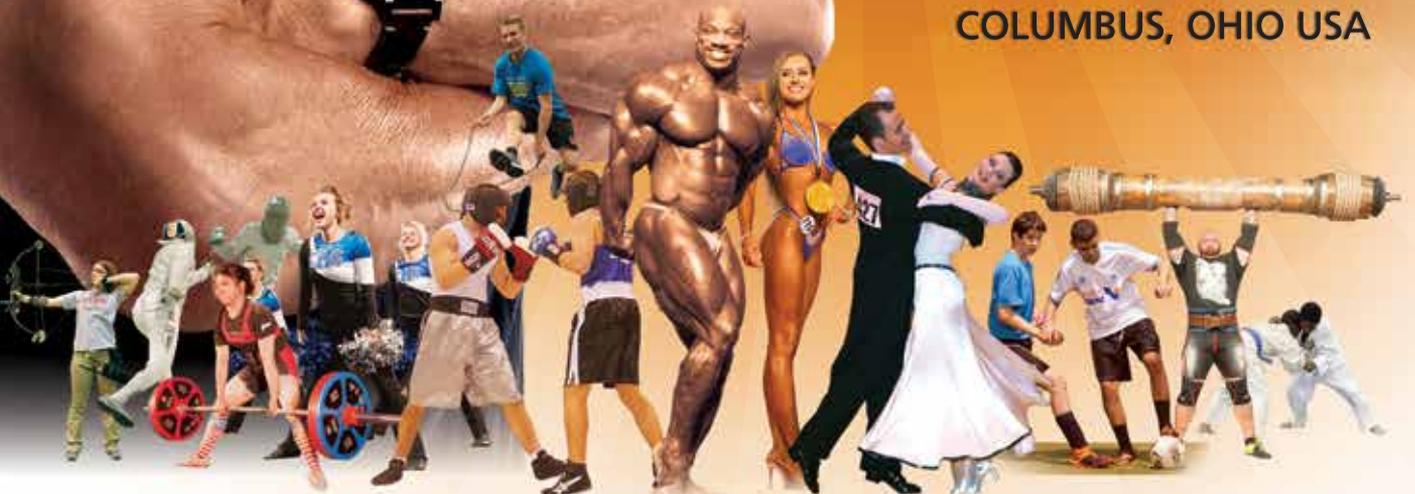
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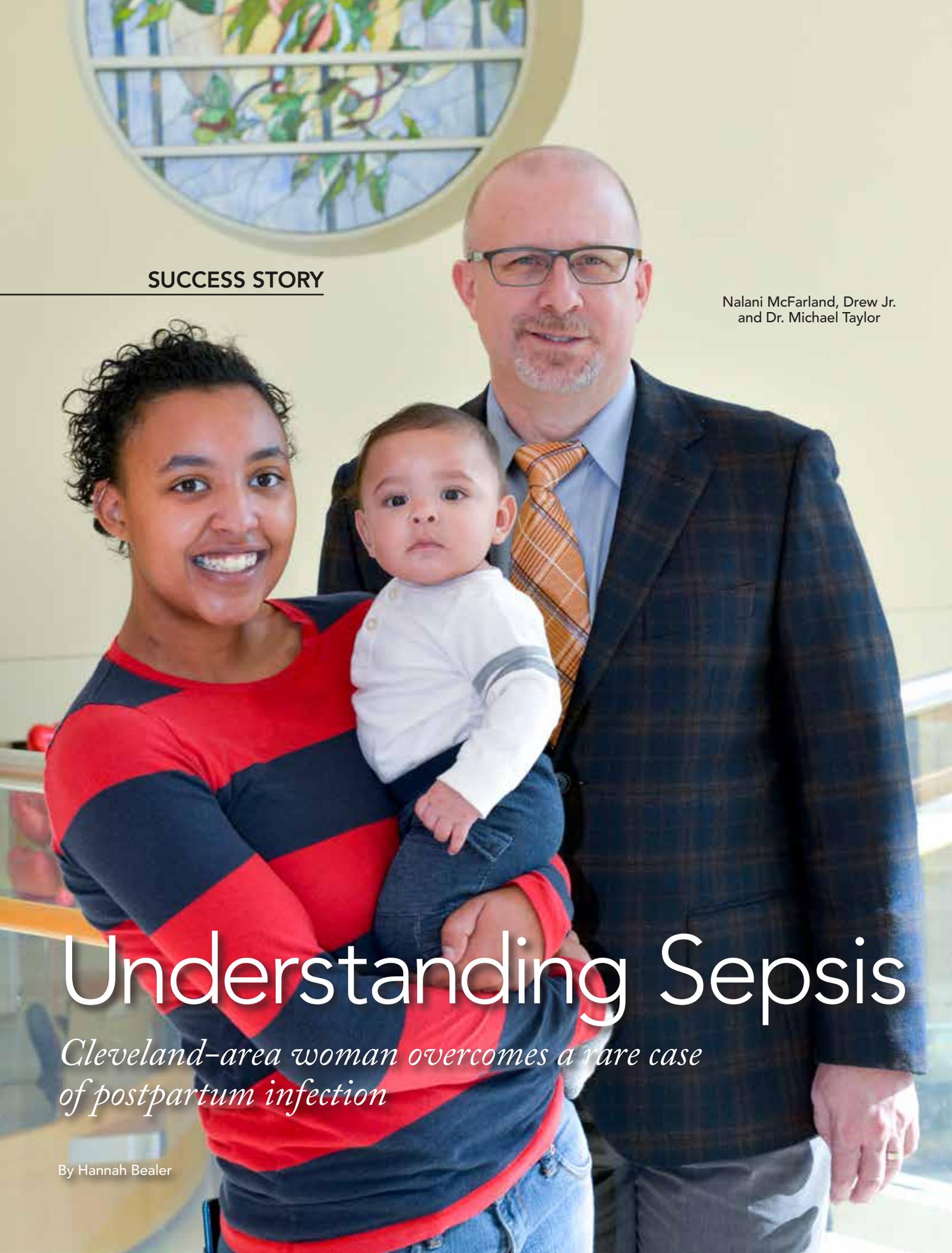


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**SUCCESS STORY**

Nalani McFarland, Drew Jr.  
and Dr. Michael Taylor

# Understanding Sepsis

*Cleveland-area woman overcomes a rare case  
of postpartum infection*

By Hannah Bealer

**O**n June 11, 2016, Nalani McFarland gave birth to her son, Drew Jr. But even through the joy of bringing a new life into the world, she knew something was wrong.

In the days that followed, there was a sharp, aching pain in her left side. She was experiencing chills, her son would not latch on for breastfeeding and she did not feel well enough to eat. McFarland, 20, knew her symptoms were not normal.

McFarland, who lives in Elyria, went to the emergency room at Cleveland Clinic's Fairview Hospital, where a CAT scan detected an infection. She woke up four days later, on June 21, and was told she would need to have a partial hysterectomy. McFarland had a streptococcal blood infection, which causes toxic shock syndrome and can ultimately lead to sepsis.

Sepsis is a life-threatening blood infection. When the body releases chemicals into the bloodstream to fight an existing infection, sometimes the body can damage its own tissues and organs, resulting in inflammation.

"It was all completely new to me," McFarland says. She had never heard of sepsis before.

Sepsis is rare in a case like McFarland's, says Dr. Michael Taylor, an intensive care doctor with the Cleveland Clinic. Her infection started in the uterus.

"She is a young and otherwise healthy person, so that's what makes it unusual," Taylor says. "That shows that sepsis can affect anybody, even though it's usually the very young, the very old or people with pre-existing medical problems."

Postpartum sepsis tends to be more common in developing countries – another aspect that makes McFarland's case uncommon. Though McFarland's infection started in the uterus, postpartum sepsis can also be the result of a urinary tract infection, pneumonia or the entry point of a cesarean section becoming infected. Other complications include prolonged labor and an extended period of time between the woman's water breaking and the birth of the child, according to Sepsis Alliance,

a charitable organization run by health care professionals.

During her treatment in the intensive care unit, McFarland was immediately connected to IVs for fluids, Taylor says. In many cases, a patient's blood pressure will drop and his or her blood vessels can break and leak, causing swelling and puffiness.

"Her kidneys were not working normally," Taylor says. "Patients can become malnourished because of this, and the body can't metabolize normally."

Research from the past 20 years shows that the rapid administration of fluids and antibiotics within the first hour of diagnosis is essential. A 2006 study by Critical Care Medicine showed that there is a 7.6 percent increase in the chance of death for every hour that passes before treatment begins. Over the years, Taylor says the biggest problem in the treatment of sepsis has revolved around spotting and recognizing the symptoms and putting the patients on antibiotics early enough.

McFarland spent time in the intensive care unit battling a blood clot that resulted in a longer stay. She was unable to leave the hospital until July 20, about a month after she was admitted. Taylor says it is common for the critically ill to develop additional conditions, so McFarland's team was not blindsided by the blood clot. She was prescribed blood thinners, and took the extra time to regain her strength.

McFarland's heart muscles weakened and her cardiologist told her that her heart would remain enlarged, and that the partial hysterectomy was necessary, as there would be too many complications in any future pregnancies.

In the end, McFarland says she learned to trust her gut instinct.

"If there's any type of pain you feel that's not normal, don't second-guess yourself," she says. "They told me I made it to the hospital within hours before I would have died."

Now, months later, she says she is feeling as healthy as ever and is excited to go back to her normal routine and enjoy life with her new baby.

*Hannah Bealer is an editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

## Sepsis Symptoms

Sepsis is the result of an infection, so symptoms may mirror typical infection symptoms such as diarrhea, vomiting and sore throat.

"It's common to think you have the flu at first," Taylor says.

Here are other symptoms to watch out for:

- Shivering or fever, body temperature above 101 degrees Fahrenheit or below 96.8 degrees Fahrenheit
- Extreme pain or discomfort
- Clammy or sweaty skin
- Confusion or disorientation
- Shortness of breath
- Heart rate above 90 beats per minute

*Courtesy of Centers for Disease Control and Prevention*

## Who's at Risk?

- The very young and very old
- Anyone with a compromised immune system
- Anyone who is already very sick, or in a hospital's intensive care unit
- Anyone with wounds or injuries, such as burns
- Anyone with invasive devices such as catheters or breathing tubes

*Courtesy of the MayoClinic.org*

## Sepsis and Prevention

Sepsis can be caused by any infection, including bacterial, viral, fungal and parasitic. Good and consistent hygiene can prevent most infections, as will vaccinations that help combat viruses such as influenza. Sepsis cannot always be prevented once an infection is detected, so preventing the infection itself is vital. The Centers for Disease Control and Prevention reports that 35 percent of sepsis cases stem from pneumonia.

It is also essential to treat urinary tract infections quickly, clean skin wounds and avoid infections in hospitals by making sure doctors, nurses and anyone else who enters your hospital room washes his or her hands.

## Recognizing the Impact of Sepsis

Each year, around 1.2 million people in this country alone will be diagnosed with sepsis, and one-third of them will die from it, Taylor says, so it's important to recognize and acknowledge that impact.

"Sepsis is one of those (infections) that not a lot of people know about," he says. "When you look at just the sheer number of people it affects and kills, it dwarfs many of the conditions people know more about. There are all sorts of medical issues that deserve lots of attention when you look at the numbers, and sepsis is huge."



# Lending a Helping Hand

*Physician assistants have more impact on the medical community than meets the eye*

By Dylanne Petros

Physician assistants, now critical members of health care teams, did not exist 50 years ago.

During the mid-1960s, the shortage of primary care physicians following World War II became all too apparent. Dr. Eugene Steed of Duke University Medical Center started the first physician assistant (PA) program in 1965 in an effort to bridge that gap, with four students who were ex-military corpsmen. The community developed accreditation standards, a national certification process and standardized examinations. From there, the profession grew.

PAs are nationally certified and licensed on the state level. Not only do PAs practice medicine alongside doctors, they are also able to prescribe most medicines. PAs can take a patient's medical history and perform a physical exam, among many other tasks.

"The PAs scope of practice and working relationship is directed by their experience and education, along with state practice laws," says Melissa Bowlby, a board-certified physician assistant and program director of Ohio University's Physician Assistant Practice Program.

The decrease in the length of stay at hospitals as well as increased patient satisfaction is due in large part to the impact of PAs, Bowlby says. PAs help decrease doctors' workloads and help fill the need of the health care shortage.

"PAs can practice medicine in every medical and surgical specialty and setting, from small rural clinics to large health care systems," she says.

Students pursuing PA training can complete a bachelor's degree in any field of study, along with completing the required math and science prerequisites required by the programs to which they are applying.

To become a PA, Bowlby says, students must complete common courses in anatomy and physiology, biology, general and organic chemistry, algebra, psychology, and medical terminology. In addition to taking the required courses and getting a bachelor's degree, students will usually need prior experience in the health care profession.

"(This) can include having a license in another profession or serving the health care community in other capacities such as an emergency medical technician, state-tested nurse aide or patient care technician," she says.

To remain in the field, each PA must take an initial certification test. After that test, a PA must take a recertification test every 10 years.

Along with the certification and recertification tests, PAs must take 100 hours of classes every two years.

In most cases, Bowlby says, the duration of a PA program varies from 18 to 24 months and from 27 to 36 months, depending on the exact classes the student needs to complete.

"When discussing the profession with those who are making the decision (between becoming a PA, doctor or nurse), I always remind them that, even though these are all professions in health care, they are all very different and require different training," she says.

Despite rigorous requirements, job satisfaction in the field has been rated as high as 80 percent, as reported by the American Academy of Physician Assistants.

*Dylanne Petros is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

## Physician Assistant Programs in Ohio

- Baldwin Wallace University
- Case Western Reserve University
- Cuyahoga Community College/  
Cleveland State University
- University of Findlay
- Kettering College
- Lake Erie College
- Marietta College
- Mount St. Joseph University
- Ohio Dominican University
- Ohio University
- University of Dayton
- University of Mount Union
- University of Toledo

\*All Ohio programs offer master's degrees. A master's degree is a requirement for licensed PAs in Ohio.

## Demand for PAs

*Forbes* and *USA Today* named the PA profession as one of the most promising jobs in America. Between 2011 and 2014, the demand for PAs increased by more than 300 percent, according to Merritt Hawkins, a health care search firm. After passing their initial licensing and certification exams, three-quarters of PAs receive multiple job offers.

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# On the Record

*With the advent of more advanced and secure technologies, physicians face changing recordkeeping criteria*

By Amanda DePerro

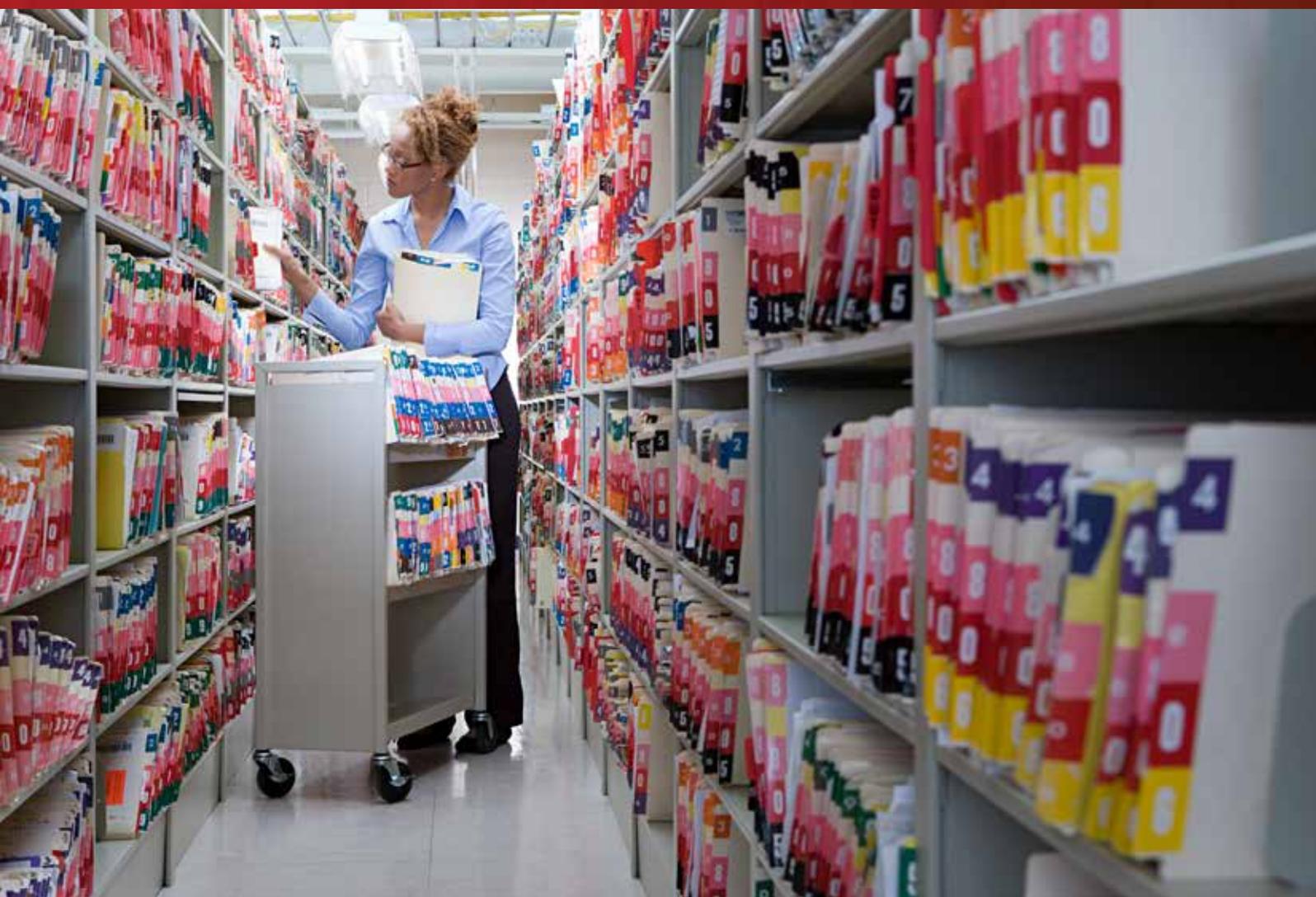
**T**echnology surrounds every facet of our lives. In many cases, the development of technology simplifies and organizes much of what we do. Physicians around the U.S. are working to utilize technology to create a more complete record and put patients' minds at ease.

In 2009 the U.S. Congress passed the American Recovery and Reinvestment Act (ARRA). This act aimed to stimulate job growth and provide a stable foundation upon which education, health, renewable energy and infrastructure could grow, as well as to provide recordkeeping guidelines for physicians and health care organizations.

Understanding the ARRA's Health Information Technology for Economic and Clinical Health Act, or HITECH Act, requires knowledge of a few key terms. Electronic medical records, or EMRs, are often no better than paper records. Many times, they are simply electronic scans of paper health records. Electronic health records, or EHRs, hold interactive information from which physicians can compare and view data easily and in one place. EHRs are accessible by pharmacies as well, so physicians can see prescriptions that need filling and patients' previous doctor appointments within the same health system.

"The benefit for patients is a better – or a more complete – accumulation of their record," says Dr. William Wulf, CEO and a founder of Central Ohio Primary Care Physicians (COPCP). "Because it's a better record, a physician is more likely to be able to close care gaps and recognize deficiencies in care."

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**// After a visit, they (patients) receive an electronic summary of their visit, which we tend to think isn't a big deal. If you're a patient, it's overwhelming; you're overwhelmed with information in the doctor's office. To receive an electronic summary, it's a tremendous benefit."**

Wulf was a national fellow for the Office of the National Coordinator for Health Information Technology (ONC), a branch of the U.S. Department of Health and Human Services, in 2014 and 2015, practiced in private primary care in Ohio for 25 years and is on the board for the Ohio Health Information Partnership (OHIP).

The HITECH Act aimed to transition nationwide health care providers from EMRs to EHRs by Jan. 1, 2014, and the results are tangible. One example: patient portals, secure websites where patients can view a summary of prescriptions and recent health care appointments, which have been implemented with the help of the ONC.

Patient portals spur more patient participation and empower patients to get involved with their physicians, according to the ONC. Before patient portals, in order to refill a prescription, the patient would need to contact his or her physician's office; talk to the front desk, which would relay the information to the physician; then wait for the physician to contact a pharmacy. Now, with the few clicks of a button, patients are able to notify their physicians of prescription refill requirements, and physicians are able to send the information to the pharmacy with ease.

"After a visit, they (patients) receive an electronic summary of their visit, which we tend to think isn't a big deal," says Wulf. "If you're a patient, it's overwhelming; you're overwhelmed with information in the doctor's office.

To receive an electronic summary, it's a tremendous benefit."

For physicians, the transition from EMRs to EHRs can be a tricky one. Before the implementation of EHRs, the physician was able to complete an appointment while the patient sat in the room. Now, the physician is required to bring a computer or tablet into the room in order to add to and subtract from electronic records. Wulf says this transition is more costly both in time and money. However, those two figures can be offset by the increase in quality of care offered by EHRs.

"This is not an economic decision ... but physicians are willing to move to the electronic record because of the opportunity it presents in quality," says Wulf. "Eventually, this will lead to business opportunities as we create value."

Wulf says that in the long run, these business opportunities will allow for new payment methods for physicians and offset initial cost increases.

"As physicians improve quality, they can begin to move into value arrangements with employers and payers," says Wulf. "It's a tool that I would say can help change the way doctors are paid."

The transition for patients may be rocky at the start as well. The relationship between patients and physicians is extremely important, and visits with one's doctor can be depersonalized with the addition of a computer.

"I think for patients, initially, it can be unsettling. The doctor has a computer in the room and they're looking at a computer screen for a significant part of the visit," says Wulf. "So I think that's a risk of the electronic record."

With current technology, interaction between health systems is hard and, in some cases, impossible. If Physician A wants to refer a patient to Physician B, and Physician B is in a health system that uses a different electronic health record, the process is difficult. However, OHIP plans to change that.

"OHIP can be that hub to improve interoperability," says Wulf. "Think of OHIP as a hub; records aren't stored there. I'm not placing my records at OHIP, but they're providing the opportunity for another system to reach into my records, and look at my EHR."

As time goes on, technology creates opportunity for better efficiency and improves communication between physicians and patients. Electronic health records have catapulted medical records into the future, and quality of care is all the better for it.

"What we're all after is higher-quality medicine," says Wulf. "If we are going to get value in health care, we had to have electronic health records."

*Amanda DePerro is an assistant editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



### About the Expert



Dr. William Wulf is the first physician CEO of Central Ohio Primary Care Physicians. Prior to this role, he served as the corporate medical director of COPCP for seven years. Bringing

more than 25 years of medical and leadership experience, he was a leader among the founding physicians that helped establish COPCP, Inc. in 1996.

Dr. Wulf previously operated a private practice in Columbus and continues to serve as the COPCP laboratory medical director.

Dr. Wulf is a member of the COPCP Executive Committee and The Ohio State University Health Plan Quality Committee. He is also on the board of directors for the Health Collaborative of Central Ohio, the Ohio Patient Centered Primary Care Collaborative and the Ohio Health Information Partnership.

As an internist, he received his Doctor of Medicine from the Medical College of Ohio in Toledo.

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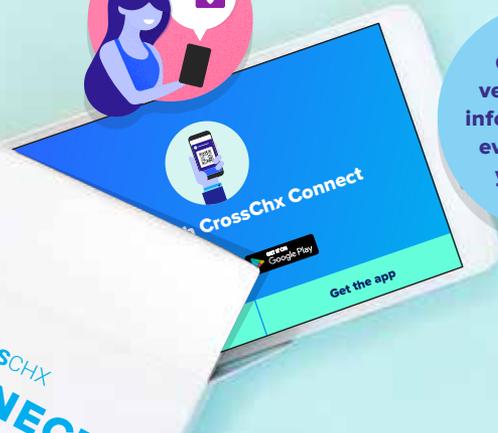


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# New Directions

*How one medical school pipeline program is shattering tradition to meet the health care needs of Ohio*

By Tessie Pollock

**S**tories of her mother growing up in extreme poverty in the middle of the jungle will stay in Chanelle Waligura's mind forever.

"She grew up without a bathroom, without a front door. Where she grew up, only the rich could afford health care," says Waligura, now a high school junior in a rural Ohio town. "But my mother also told me about the importance of helping others."

The daughter of a Philippines immigrant and an American auto welder, Waligura isn't your typical medical school pipeline student. Then again, the Northeast Ohio Medical University Health Professions Affinity Community (NEOMED HPAC) isn't your typical pipeline program. Traditionally, high schoolers who start interactions with medical schools before earning their undergraduate degrees are children of

physicians or the third or fourth college-bound generation in their families. HPAC, however, focuses on less traditional candidates.

"So many kids think med school is too expensive or they'll never be able to do that. HPAC introduces you to people who are deans and professors as early as the seventh grade," says Waligura, who joined an HPAC after-school club in middle school. "After meeting them, it felt so nice to know that I could do this, because they're just there to listen and encourage me."

The reason HPAC is turning the pipeline program on its head is deeply rooted in the need for doctors – especially in underserved and underrepresented communities – over the next 10 years. The Association of American Medical Colleges estimates there is a shortage of 13,700 doctors nationwide in all specialties. That number is predicted to reach 130,000 by 2025. The largest shortage will be with primary care physicians – up to 35,000 short – by 2025. To add even more urgency, consider the medically underserved areas and populations around

Ohio that are already experiencing severe shortages of health care providers.

HPAC takes on kids who are in underserved and underrepresented populations and gets them on a track for a health care career with the end goal of having those medical school graduates return to their communities and combat the health care shortages. Starting in middle school, the program empowers students to identify health concerns and develop community health programs to address them. The program currently serves about 2,000 students in Ohio and they, in turn, serve more than 10,000 Ohioans.

Over the years, Waligura's projects have ranged from a community garden to CPR training.

"We were able to get all the (high school) senior students CPR certified, so not only were we able to help those kids, but then they would be able to impact others," she says. "They will take that with them wherever they go in the state or even across the country or across the globe."

Community engagement and service learning are key, says Dr. Erik Porfeli, who is an associate dean at Northeast Ohio Medical University.

“Think of the system of athletics in our country,” says Porfeli, who co-founded the HPAC program. “Our community is trained to know what success looks like. The athletes practice in private and play in public. The community sees the wins, they celebrate the wins. We need that same system for finding and cultivating talent in health care. That’s what we’re doing in HPAC. We’re empowering these kids to find a passion, find a concern, find a solution and make it a visible process within their community. The system becomes even stronger when the community buys in.”

Students can continue their involvement and stay in the pipeline from middle school into high school, and even while earning their undergraduate degree.

Many of the medical school students come through one of six pre-med partners; colleges or universities that work with HPAC. The college students stay involved with the program, many of them as AmeriCorps members. Porfeli says the program is yielding outstanding results.

“We’re seeing students applying from underrepresented backgrounds, first-generation college students,” he says. “We’re seeing application rates three to five times higher because different types of students are applying to the program. Because they get involved so early, they can really work on getting the grades and experiences needed to get into med school. By the time they’re in college, NEOMED feels like it’s home to them.”

It’s a relationship that starts in the students’ formative years, says Gina Weisblat, co-founder of the HPAC program. It is a time when passion is strong but their path is not always clear.



Students gathered at the NEOMED campus in Rootstown, OH in October for the academic year kickoff event.

“They’ve got it; all you have to do is let them know,” says Weisblat. “They’ve lived through so much, but they have the solutions. Bring them in here, let them show their talent and then they know this is home, that this is a safe, inspiring place to grow their ideas.”

NEOMED HPAC kicked off another academic year this past October. More than 700 students, teachers and mentors attended. Just as they buck the concept of a traditional pipeline program, the kickoff was a far cry from the familiar form of brainstorming sessions with blasting hip-hop music and impromptu fits of dancing. But one thing was consistent:

when students stopped dancing and chanting, they continued with the same passion as they dove into community issues. From drugs to lack of access to healthful foods and unsafe neighborhoods, the students could clearly outline the problems and challenges. The next steps: Come up with solutions and actually implement them in the community.

“The kickoff gives them the opportunity to present on similar themes so they can share with each other and learn from each other,” says Porfeli. “HPAC started off with just me and Gina, and now we have about 40 AmeriCorps members as leaders, we have grants, we have hundreds of students ... all because we tapped into the kids’ desire to do some-

### Medically Underserved Areas/Populations

MUA/P designations are based on several factors:

- Percentage of the population below poverty level
- Percentage of the population age 65 and over
- Infant mortality rate
- Availability of primary care physicians

thing. And if you give them the opportunity, they will do incredible things.”

Students such as Waligura are taking full advantage of the opportunities. As a junior in high school, she has already earned enough credit to enter college as a sophomore, starting with her pre-med classes, because all core curriculum are completed.

“I’m still trying to do more. I’m going to continue with HPAC in college because I want to keep trying to help others. And I think I might become a pediatrician,” says Waligura. “I want to make an impact.”

*Tessie Pollock is the director of communication at the State Medical Board of Ohio. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



HPAC students visit learning stations during the kickoff event. The learning stations are staffed by college students.



# Disease Detectives Ramp Up for Respiratory Illness Season

Dr. Frank Esper, pediatric infectious disease specialist, takes on viruses that flourish in Ohio during the winter months

By Dylanne Petros



When he started medical school, Dr. Frank Esper never imagined he would become a detective of sorts. But during a fellowship at Yale, a particularly challenging research project on viruses piqued his interest in tracking the ever-changing diseases. Esper, now a pediatric infectious disease specialist with University Hospitals Rainbow Babies & Children's Hospital, was tasked with trying to figure out how a virus was mutating as it moved from Europe into the U.S.

"I had several clues as to what the genetics were for this virus," Esper says. "But I didn't know how different this virus would be here in the western hemisphere."

After hundreds of samples and months of work, he was able to piece together the clues needed to track the spread of the virus.

"I finally found that (virus) after so many months of toiling," he says.

It was not until his final years of medical school that Esper decided to specialize in infectious diseases. After graduating from Case Western Reserve University in 1998 with his Ph.D, Esper traveled to Indianapolis, where he completed his residency in pediatrics at Riley Children's Hospital. After his residency, the Cleveland native decided to attend Yale University and complete a fellowship in infectious diseases.

"(Infectious disease specialists) have our hands in everybody's pocket," he says. "We have to go where the germs go."

Esper loves working in infectious diseases because of the complexity of the cases, especially in children. The young population presents some additional challenges, which really inspires Esper to tap into his disease "detective" skills.

"Respiratory viruses are just so ubiquitous in the pediatric population," he says. In addition, children, he says, are more complex patients as they can have difficulties communicating their symptoms.

In addition to his clinical practice, Esper stays true to his Yale roots and continues to research infectious diseases.

"I've been all over in working with newly recognized and emerging respiratory viruses," he says.

When Esper is not working on treating infectious diseases, he is helping to train future pediatric infectious disease doctors at Yale. He also contributes to infectious disease journals and textbooks.

Esper would like to change how doctors assist patients when they are treating infectious diseases and respiratory viruses. Instead of trial and error, he hopes there will soon be more evidence-based practices for identifying and treating infectious diseases.

"I'm not satisfied with just saying, 'This is the gauntlet you have to run through,'" he says.

Esper has never regretted taking the step into the world of infectious diseases because he's never bored. The field is ever-changing.

"Every year ... it's something new that wasn't there before," Esper says. "I continue to look for those types of viruses that are unrecognized."

### What to Know About Infectious Diseases

Most of us are hit with infectious diseases and respiratory illnesses during the fall and winter months. During the months of December and January, influenza is the heavy hitter of infectious diseases.

"It's a substantial virus when it comes to morbidity and mortality," he says. "When you talk about respiratory viruses, more people die from influenza above anything else, even though we have a good vaccine for it."

Because influenza has such a high rate of mortality, it is not too late to get the flu shot this year.

After influenza, the most concerning disease is respiratory syncytial virus, or RSV.

RSV typically hits people during January and February.

"(That's) when the hospital fills up," Esper says.

According to Esper, while there are many different types of viruses, all viruses seem to have the same symptoms and typically stay in a person's system for five days.

The best thing people can do to get over illnesses this winter, Esper advises, is to stay home.

*Dylan Petros is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

### Who Should Get the Flu Shot?

Everyone 6 months and older should receive the flu vaccine each season, but the Centers for Disease Control and Prevention says it's especially important for these groups to get vaccinated:

- Pregnant women
- Children younger than 5
- People **65 years of age and older**
- People of any age with certain **chronic medical conditions**
- People who live in nursing homes and other **long-term care facilities**
- People who live with or **care for those at high risk** for complications from flu, including:
  - Household contacts and caregivers of children younger than 5 years of age with particular emphasis on vaccinating contacts of children younger than 6 months of age (children younger than 6 months are at highest risk of flu-related complications but are too young to get vaccinated)
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu

*-Courtesy of Ohio Department of Health, [odh.ohio.gov](http://odh.ohio.gov)*



Dr. Frank Esper is a pediatric infectious disease specialist in the Division of Pediatric Infectious Disease and Rheumatology, University Hospitals Rainbow Babies & Children's Hospital.

He is a pediatrics assistant professor at Case Western Reserve University School of Medicine.

Esper is board certified in pediatrics and pediatric infectious diseases. His special interests are pediatric viral respiratory infections and emerging infectious diseases.



## The Write Advice

With David Allen

# Aging Gracefully

Cleveland Clinic's chief wellness officer discusses the ins and outs of caring for aging patients

For many, watching a loved one age is a difficult process. It's hard to identify whether that person is receiving the proper care from the right physician.

Dr. Michael Roizen, chief wellness officer for the Cleveland Clinic, spoke to *HealthScene Ohio* and offered some words of wisdom on aging patients' needs.

**HealthScene Ohio: There are plenty of conditions that hamper people as they age. What seems to be the most problem-causing and widespread complaint?**

**Dr. Michael Roizen:** Aging patients fear memory loss, breaking a hip or being relatively immobile from arthritis. Before retirement, they worry about running out of money.

In my experience, the greatest physical problem is heart disease from arterial aging. Most patients don't think about that as a concern since it is a lifestyle disease. I tell them there are six choices people can make that decrease chronic disease 80 to 90 percent, and it is never too late to start them. The six goals are a normal waist-to-height ratio, normal fasting blood sugar, normal low-density lipoprotein, blood pressure, stress management twice a day whether or not you feel as though you need it, and avoiding tobacco and unhealthy diets.

Also, you can take 900 milligrams of docosahexaenoic acid, an omega-3

fatty acid, and play speed and processing games, which decreases dementia by 45 percent and decreases injury from auto accidents by 48 percent.

**HSO: What is the ultimate goal when taking care of elderly patients?**

**MR:** To help the person get where they want to be. To help them live longer without running out of money, breaking a hip or becoming forgetful. We want to get the person where they believe they want to go.

**HSO: In your biography, it says you encourage your patients to be courageous. What does that mean?**

**MR:** They have got to start getting healthier. Many of them have been sedentary or have eaten the typical American diet and have done relatively unhealthy things for a large number of years. They need to be courageous and tell themselves, "I am going to do things differently."

**HSO: What does the RealAge metric consist of? How was it formulated and how does it help patients?**

**MR:** It represents the net present value of all of the health choices you make. RealAge is the actual age of your body instead of your calendar age. It is more accurate than many other similar techniques.

**HSO: How do you coach patients struggling with unhealthy life decisions such as smoking?**

**MR:** Find out what motivates them, and do a daily email coaching with patients to get them to the point where they see their goals. They bond with a coach, and the project is asynchronous so they can send an email anytime. We have automated processes that help us. It is easy enough for anyone to use. The current regimen consists of six months for weight loss, elevated blood pressure, hypertension and hyperlipidemia, and seven months for breaking addictions such as tobacco. These have shown to be very successful, as there is a 63 percent, seven-month success rate with tobacco cessation; a 1.1-pound loss a week for weight loss in men; and an 0.8-pound a week loss for the first 26 weeks in women. Additionally, about 50 percent of these patients get rid of metabolic syndrome within the first year.

**HSO: Though the changes sound simple, lifestyle change can be overwhelming. How do you help motivate them to make the change?**

**MR:** Every living person has the potential to make changes. Your job as a physician is to find the passion that drives a person and to use it to motivate them. That's the fun of it. It's a real joy to get to motivate people. When they deviate from the program – and everyone will stop at one time or another, it's typical – your job



is to act quickly and correct their behavior. It's a tough love approach, but it's my job to remind them of that.

**HSO: What are some tips when trying to make a lifestyle change in diet?**

**MR:** Avoid the “five food felons” and make food taste as great as you can. You want to have a relationship with food. You want to love the food you eat and you want it to love you back. The five food felons include simple sugars, syrups, non-whole grains, and foods with saturated fats and trans fats.

**HSO: Caring for aging relatives can be tough on families. What advice do you give the sons, daughters, grandchildren, etc. as they go through the process of providing care for their aging family members?**

**MR:** Get help. No one can do this alone, and you should involve the whole family rather than do it alone. It normally falls on the oldest female child, but that person has to do a sharing of the care.

*David Allen is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

**5 Things Health Care Providers and Patients Should Question**

Courtesy of the American Geriatrics Society

1. Whether to use a feeding tube in patients with advanced dementia rather than oral-assisted feeding. Tube feeding can be associated with agitation or increased use of physical or chemical restraints.
2. Treating behavioral and psychological symptoms of dementia with antipsychotics as a first choice – this presents increased risks in over sedation as well as falls and strokes.
3. Achieving hemoglobin A1c 7.5 percent with medication in most adults age 65 and older – moderate control is better. Glycemic targets should reflect patient goals, health status and life expectancy.
4. Using benzodiazepines or other sedative-hypnotics in older adults as a first choice for insomnia, agitation or delirium. Studies show the risk of car accidents, hip fractures and fall leading to hospitalization and sometimes even death can more than double in older adults taking benzodiazepines and other sedative-hypnotics.
5. Using antimicrobials to treat bacteriuria in older adults, unless specific urinary tract symptoms are present. Antimicrobial treatment studies show no benefits, but do show increased adverse antimicrobial effects.

**About the Expert**



Dr. Michael F. Roizen is a Phi Beta Kappa graduate of Williams College and Alpha Omega Alpha graduate of the University of California, San Francisco School of Medicine. Roi-

zen is a past Chair of a Food and Drug Administration advisory committee and a former editor for six medical journals. He is one of the co-founders of the website RealAge.com. In 2007, Roizen was named chief wellness officer at Cleveland Clinic. Roizen also serves as Chairman of the Wellness Institute at Cleveland Clinic.



# Healthy Happenings



On May 7, Cleveland Clinic Children's hosted its 26th annual Cleveland Clinic Children's Gala. More than 800 people came together to raise \$1.2 million. The funds raised at the event will help advance pediatric research, which is critical to promoting health, training caregivers and transforming patient care for the future.

## Cleveland Clinic

Photos courtesy of Cleveland Clinic

To celebrate the Cleveland Indians' quest for a championship, Cleveland Clinic gave #RallyTogether onesies to all babies born at the hospital during the World Series.



In 2016, VeloSano raised more than \$3 million for cancer research at Cleveland Clinic. Nearly 1,600 cyclists from 24 states and two countries rode in the annual fundraising event, pedaling more than 81,000 miles to raise funds for cancer research. VeloSano 4 weekend is scheduled for July 21-23.



On June 9, Panera Bread presented a \$73,943 check to Cleveland Clinic Children's Center for Autism. The funds were raised through Panera's Operation Dough-Nation program and through Panera's Pieces of Hope for Autism campaign in support of autism awareness month in April.



Nearly 1,000 attendees attended Cleveland Clinic's 14th annual Minority Men's Health Fair in April. With 325 volunteers, and more than 5,400 screenings provided, the event was a great success.



**Metzger Zombie Run**

Photos courtesy of Metzger Zombie Run

The first Metzger Zombie Run featured 5K and 1-mile courses.



**Dead Sprint 5K**

Photos courtesy of Hermes Road Racing

Third Annual Hermes Dead Sprint 5K





## Personalities

# From the Open Road to the Operating Room

Findlay neurosurgeon finds his calling in an unexpected way

By Hailey Stangebye

Neurosurgery and motorcycles: Dr. Robert Hollis knows a lot about both of them. In fact, it was a motorcycle injury that first piqued his interest in neurosurgery in his third year of undergraduate schooling at University of Illinois at Urbana-Champaign.

"I was in a motorcycle accident and had a concussion, but they consulted a neurosurgeon when I was in the hospital in Urbana," Hollis says. "I ended up doing fine and I got to know the neurosurgeon, and I became interested in neurosurgery at that point."

After the accident, Hollis was fortunate enough to develop a closer relationship with the neurosurgeon who consulted on his case, Dr. Jerome Kaufman, after he discovered they attended the same health club.

"He started lecturing me about how dangerous motorcycles are and how they hurt people. And then he got this sly smile on his face and he says, 'But I ride them, too.' And I thought, hey, this guy's pretty cool," Hollis says. "So, I just started talking to him about motorcycles and I told him about my career aspirations (to pursue medicine). He started to talk to me about neurosurgery."

Kaufman, who passed away in June 2016, was an influential character in Hollis' history.

Since this fortuitous pairing, Hollis has traveled around the country to practice neuroscience. Hollis, however, is no stranger to traveling.

"I was born in Ponca City, Okla., but my father was a chemical engineer," Hollis says. "So I've lived in Saudi Arabia, I've lived in Europe, I've lived in California, Oklahoma, kind of all over."

Settling in Ohio was a family decision for Hollis. His wife, Caroyl, was eager to return to the Midwest. Moreover, Ohio offered comparatively better pay and a less taxing schedule than the 90 hour weeks Hollis became accustomed to. He says it was the most beneficial move for himself and his family.

Hollis began his work in Findlay at Blanchard Valley Health Systems (BVHS) in 2013. Through BVHS, Hollis found an environment suitable for his work and his family.

"I would say that we have a very friendly and cordial environment with the workers, and with the patients, we try to treat them exactly like they're a family member," he says. "We try to use humor and be very warm. We're very frank in our questioning as well as our recommendations."

Hollis stresses the importance of patient relationships.

"We have two neurosurgeons in this office: myself and Dr. (Sean) Logan. Plus, we have a neurologist who we interact with

a great deal. Plus, I have two physician assistants and a nurse practitioner. We definitely have a team, and we have a large number of medical assistants and nurses that help move the patient along and gather information."

BVHS also offers a technical advantage that allows Hollis to communicate effectively with patients.

"We have large-screen TVs on the wall, so the patients are shown their pictures and results so they know exactly why I'm thinking what I'm thinking and why I'm suggesting what I suggest," Hollis says.

Hollis encounters a wide array of potential conditions in his line of work, so clear communication with patients is essential.

"The majority of what we treat is adult spinal conditions such as degenerative disc disease, sciatica, slippage of vertebrae, scoliosis, pinched spinal cord, as well as tumors of the spine, both inside and outside of the nerve sac," says Hollis. "Then we also treat brain tumors, occasionally vascular malformations of the brain and mild head trauma."

When Hollis is not busy treating patients, he can be found with his wife or his 14-year-old daughter, Lydia. He no longer spends his time riding motorcycles.

"I sold my last (motorcycle) last year," he says. "My back and neck don't care for the kind of race bikes that I like, so I stick to cars now."

*Hailey Stangebye is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

## Motorcycles and Brain Injuries

Brain injury is three times more likely when a motorcyclist does not wear a helmet, according to the National Highway Traffic Safety Administration. Wearing a helmet can reduce motorcycle brain injury by up to 85 percent, according to the Journal of the American College of Surgeons.

Here are some of the injuries and side effects that can occur:

- Memory loss and poor concentration
- Long-term depression, anxiety and mood swings
- Decreased cognitive and intellectual abilities
- Loss of motor skills and coordination
- Permanent paralysis
- Recurring seizures
- Subdural hemorrhages, bleeding that occurs between the brain and the dura mater, can be life-threatening and often involve emergency surgery

*-Courtesy of AfterAMotorcycleAccident.com*



Dr. Robert Hollis completed medical school at the University of Illinois in Chicago. He completed his neurosurgery residency at Loyola University Medical Center in Maywood, Ill. He is board certified in neurological surgery. Prior to coming to BVHS, Hollis practiced in the western U.S. for more than 15 years.





## The Write Advice

With Athnie McMillan-Comeaux

# Loving Your Heart

## What to know about maintaining a healthy heart

Heart disease is the leading killer among American men and women, putting it at the top of the list of health concerns for many of us – especially if there’s family history. *HealthScene Ohio* spoke with ProMedica Physicians’ Dr. Praveen Tamirisa, a cardiologist, to discuss the ins and outs of heart health.

### **HealthScene Ohio: What are some of the best ways to promote a healthy heart?**

**Dr. Praveen Tamirisa:** Promoting a healthy heart requires regular exercise, good diet, healthy habits, and controlling risk factors and underlying diseases such as high blood pressure, diabetes and cholesterol. It is also important to limit alcohol usage, reduce salt consumption and reduce stress in daily life.

### **HSO: Who should be concerned about maintaining a healthy heart?**

**PT:** Everyone should be concerned about maintaining the health of the cardiovascular system, including the heart. Every year, about 785,000 Americans have a first coronary attack and, on average, someone dies from these diseases every 34 seconds.

Individuals with risk factors should be more vigilant to try to mitigate the risk. These diseases tend to build up over time and, by the time someone experiences symptoms, it may be too late. The key

will be to reduce the chances of disease right from the beginning by paying attention to the risk factors and maintaining a healthy lifestyle.

### **HSO: What are the causes, symptoms and treatments of heart disease? Are there any particular risk factors?**

**PT:** Heart attacks are caused by critical blockages in the blood vessels supplying the heart muscle. Once a blood vessel is critically narrowed or blocked completely, the damage to the heart muscle starts right away. Delay in seeking treatment can cause irreparable damage. Treatment options include medicines, an invasive procedure called cardiac catheterization and potential angioplasty or surgery, depending on the types of blockages.

The risk factors for heart attacks are divided into three main categories. Those factors are:

- Modifiable risk factors such as smoking, high blood pressure, diabetes, obesity, inactivity and high cholesterol. The patients have some control of these factors.



- Non-modifiable risk factors such as gender, age and genetic risk. These cannot be prevented, but treatment may mitigate the impact.
- Contributing factors such as excess alcohol, salt use and diet.

### **HSO: What are some of the warning signs of a heart attack? Do they look different in men and women, or in people of different ages?**

**PT:** There is a lot of variability in the symptoms of heart attacks. These can present as sudden, severe chest pain that may go to the neck, jaw, back or arms. Sometimes, the symptoms can be very mild, or present as vague tightness in the

chest, nausea, upset stomach, difficulty breathing, dizzy spells and/or cold sweats.

Heart disease is the leading cause of death of American women, killing more than one-third of them. More than 432,000 women die from cardiovascular disease each year. More deaths are caused by heart disease than breast cancer annually.

While the heart attack signs in women can be similar to that of men, they tend to have more of the atypical symptoms mentioned above. Combined with the common misconceptions in the general population that heart attacks happen in men only, these atypical presentations make it a challenge to recognize and treat heart attacks in women early.

### **HSO: What does a visit to a cardiologist look like?**

**PT:** Primary care providers can provide routine evaluation as well as risk factor recognition and modification. This may involve periodic blood testing, electrocardiogram (EKG) and, in some instances, specialized heart testing such as ultrasound examination of the heart and stress test of the heart.

Sometimes, based on the preliminary evaluation by the primary care team, the patient may be asked to see a cardiologist for further evaluation and treatment.

### **HSO: How often should you exercise to maintain a healthy heart? Is there a certain kind of exercise that is more beneficial to your heart than other kinds?**

**PT:** Generally speaking, it would be helpful to be physically active every day. If a person has been sedentary, a good starting point may be to simply walk even 10 minutes a day and slowly build up endurance. The minimal goal is 150 minutes of moderate activities a week in divided sessions. Moderate activity would be a brisk walk or activities that cause at least mild sweating. Studies show that people who have achieved even a moderate level of fitness are much less likely to die early than those with a low fitness level.

### **HSO: What foods contribute the most to cardiac problems? Should these foods be avoided entirely or just eaten in moderation?**

**PT:** It is important to keep in mind that the foods we consume affect a lot of factors including weight, blood pressure, cholesterol and diabetes. In turn, each of these factors can influence heart disease. Portion control will be a key to control total caloric intake. Avoiding excessive salt, refined sugars and beverages (even those with zero calories) will be important. Nutrient-rich foods that may be better for heart health include foods with fiber, vegetables, fruits, whole grains, low-fat dairy products, poultry, fish and nuts.

### **HSO: Do young people and children need to worry about their heart health, or just individuals over a certain age?**

**PT:** A heart attack may occur at any age, so it is never too early to start a healthy lifestyle. Frequently, obesity and poor lifestyle habits that are picked up by young people tend to persist for their whole lives. Early education and remediation will have a major impact in reducing future risk.

### **HSO: Is surgery always necessary when an artery is clogged? Are other treatments available?**

**PT:** The main treatment for heart attacks and clogged arteries is a combination of medical therapy and risk factor modification. Depending on the circumstances, this may be all that is necessary. However, there are instances when surgery or angioplasty may be necessary as well. It is important to emphasize that medical therapy and risk factor modification are necessary even after surgery and should be continued lifelong.

### **HSO: What is the best way to recover after a cardiac event? Are there activities that need to be avoided?**

**PT:** After a cardiac event, most patients need lifelong follow-up and treatment.

Underlying diseases and risk factors need monitoring and treatment. It is important to follow through with prescribed medications and periodic check-ups with medical providers. Depending on the cardiac event, patients may be sent to cardiac rehabilitation, which is a critical component of healing. While most patients are initially well-motivated to make changes, without periodic reinforcement, relapses into bad habits tend to occur.

Most cardiac events require a team approach involving patient responsibility, family members, friends and the health care team to stay healthy. The health care team can provide guidance on the activities that may be safely performed and what needs to be avoided.

*Athnie McMillan-Comeaux is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

### **About the Expert**



Dr. Praveen

Tamirisa is president of ProMedica Heart Institute. A board-certified cardiologist, Tamirisa earned his medical degree at Osmania Medical College in India. He

completed a residency in internal medical at Albert Einstein College of Medicine in New York and fellowships in cardiology and interventional cardiology at Barnes Jewish Hospital at Washington University Medical Center in St. Louis, Mo. Tamirisa is a member of the American College of Cardiology, American Medical Association, Society of Cardiovascular Computed Tomography and American College of Physicians. He practices at ProMedica Physicians Cardiology in Toledo.



# Healthy Happenings



## Mercy Health

Photos courtesy of Mercy Health

In November, Mercy Health's Women's Wellness team hosted its Holiday Gift and Décor Inspirations event at Sycamore Lake Wine Company in Columbus Grove.

Those attending the event enjoyed a night of music, refreshments, wine and holiday gift and décor ideas. The event was a fundraiser for the organization's Sherry Halker Pink Ribbon Warrior Fund.



## University of Toledo

Photos courtesy of University of Toledo



On Nov. 2, the University hosted a lecture by Dr. Powel Kazanjian for its annual History of Medicine series.



The second annual ProMedica 5K to End Hunger, in conjunction with the 49th annual Churchill's Half Marathon, was held at the Shops at Fallen Timbers on Nov. 12. The 5K and half marathon help raise funds for Summer Meal Partners of Northwest Ohio, a collaboration of community partners that works to ensure every child has access to nutritious meals at no cost during the summer months through summer meal programs.

**ProMedica**  
Photos courtesy of ProMedica



Komen Northwest Ohio Race unveiled 5-foot-tall letters spelling out HOPE. Race participants were invited to add their inspirational messages of hope to cancer fighters and survivors.

The letters are now traveling around to cancer centers and hospitals where patients and families can read the messages of hope and add their own.



Licensed genetics counselors Sarah Adelsperger (left) and Kelly Morse (right) led the way in promoting ProMedica Flower Hospital's program in the Maui Ola Foundation's Battle for the Breasts online surfing competition. With their efforts, community members submitted more than 20,000 online votes to this national competition. They were presented with a check on Nov. 1. The \$50,000 grant will ensure those who need financial assistance can afford genetics testing.



## Personalities

# A Passion for Healing

## OhioHealth doctor finds happiness in treating those living with MS

By Athnie McMillan-Comeaux

OhioHealth neuroimmunologist Dr. Aaron Boster starts his work day at 6:30 a.m. His day ends at 5 p.m., with no lunch break in between.

This would seem like a long and grueling day to many, but not to Boster, who spends this time working with and caring for patients with multiple sclerosis (MS), does not want to be anywhere else.

“It is important to me on a personal level,” he says. The typical age of onset for MS is 30, so Boster is working with patients who are, in many cases, at the beginning of their adult lives. “This is a disease you die with, not from. These are young, vibrant people who want to live their lives, and I’m helping them achieve their life goals.”

Boster was only 12 years old when he decided he wanted to help people living with MS. His uncle had been diagnosed with the disease but, Boster says, that wasn’t the real impetus for his decision.

“There was a moment when my mom and late grandmother were sitting at the kitchen table, crying because they couldn’t get ahold of their doctor,” Boster says. “They felt so helpless, and I told my mom that I would try and do it better. I had no idea what I was telling her, didn’t know I would go to school for 27 years. I just knew that no one should make a family feel like that.”

At that time Boster was not even familiar with neuroimmunology. The field is new and cutting-edge, with the first therapies becoming available in 1993.

“There are generations of people that had no access to therapy, and we do,” Boster says. “In 1993, there was only one medicine, and now there are 17 formulations of various FDA-approved medicines that can alter or modify the disease. Intellectually, it’s a rather complex field. There are a lot of reasons why this is an exciting time to do what we do.”

Boster has an intellectual interest in research in his field, but he is also very passionate about his patients.

“I did a lot of research in my fellowship training and my first few years of practice,” he says. “And I still do research today. But in my heart I am a clinician. I love what I do.”

Boster cites his connection to his family and his community as one of the reasons he cares so deeply for his patients. He is married with a wife and son, and his parents still live in Columbus.

“I am passionate about providing care for families, particularly in central Ohio, in the area I grew up in, to make sure that no one has the experience my family had,” he says. “I grew up in this town and I’m raising my family in this town, and I think it helps me connect with my patients a little bit better. It informs a lot of my decisions – what would I do if (a patient was) my sister, or my wife?”

It is Boster’s passion for his work that pushes him forward.

“This isn’t a 9-to-5 job for me. I’ve never had more fun taking care of MS patients than I have the last few years

here at OhioHealth,” he says. “I go to bed and wake up thinking about how to beat this disease.”



## OhioHealth MS Treatments and Technologies

OhioHealth treats the highest volume of MS patients in central Ohio. OhioHealth multiple sclerosis neurologists uses a 3 Tesla MRI scanner that offers a signal-to-noise ratio at a higher level, better visualizations of lesions and faster scanning times. OhioHealth also offers customizable physical therapy, pelvic floor physical therapy for bladder control and speech therapy. Infusion treatment is used to help relieve fatigue, bladder and balance problems, and other symptoms.

**Intravenous immunoglobulin therapy** has the potential to delay onset of flare-up symptoms by boosting the immune system. IVIG is made from donated blood fluids. **Intravenous steroids** help treat inflammation. **Plasmapheresis**, or plasma exchange, is used for sudden and severe MS when the body does not respond to steroids.

*Athnie McMillan-Comeaux is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



## Multiple Sclerosis Apps



**MySidekick** allows you or a patient to record mood, energy level, memory and other components to track progress.



**MSAttack** helps the user learn more about MS symptoms that may present themselves during a flare-up.



**My MS Manager** is an app provided by the Multiple Sclerosis Association of America (MSAA) and is designed to help manage MS and store medical information.



**MyMSTeam** is a social network designed for those living with MS.

*-Apps courtesy of OhioHealth*

**“ This is a disease you die with, not from. These are young, vibrant people who want to live their lives, and I’m helping them achieve their life goals.”**



Dr. Aaron Boster is a board-certified clinical neuroimmunologist specializing in multiple sclerosis. He received his undergraduate degree from Oberlin College and his medical degree from the University of Cincinnati College of Medicine. Boster completed his internship and neurology residency through the University of Michigan. He continued his training at Wayne State University, where he completed a fellowship focused on clinical neuroimmunology and multiple sclerosis.



## The Write Advice

With Amanda DePerro

# Navigating Female Fertility

### OSU's Dr. Elizabeth Kennard weighs in on what to know about reproduction

Though delivering babies and conducting pap smears are important parts of obstetricians' and gynecologists' jobs, the scope for an OB-GYN is vast. Treating and managing cancers, working with patients to bring them a sense of calm and understanding during a high-risk pregnancy, and treating conditions in the urinary tract are just a few more pieces of an OB-GYN's day. *HealthScene Ohio* spoke with Dr. Elizabeth Kennard, director of the Division of Reproductive Endocrinology and Infertility and associate professor in the Department of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center, to bring more awareness to the field and to debunk myths associated with reproductive health.

**HealthScene Ohio: What types of things do obstetricians and gynecologists do that you find many people don't know about?**

**Dr. Elizabeth Kennard:** We provide care to women of all ages and treat all kinds of conditions. Sometimes we are just thought of as delivering babies and doing pap smears, but we manage urinary incontinence, cancers in the pelvis and high-risk conditions that complicate pregnancies, among many other things.

**HSO: What are some of the biggest misconceptions you see surrounding the contraceptive pill?**

**EK:** That it is dangerous to take for too long. In fact, long-term use of the oral contraceptive pill reduces the risk of both ovarian and uterine cancers.

**HSO: What are the benefits and drawbacks of the contraceptive pill versus the IUD and the contraceptive implant?**

**EK:** They are all effective if used correctly. The main difference is the "place and forget" aspects of the IUD and the implant. You don't have to remember to use it daily. On the other hand, it's easy to stop taking the pill when you want to get pregnant, and you have to see a caregiver to get the IUD or implant removed. Additionally, the LARCs (long-acting reversible contraceptives) can be more expensive at first, though when you average it out over the length of time they are used, they can be economical.

**HSO: What do you recommend to women who desire a natural contraceptive method?**

**EK:** This method can work, but it is not as effective as the others. It also doesn't work well if a woman doesn't have regular cycles.

**HSO: Who should get the HPV vaccine?**

**EK:** The vaccine is recommended for children around age 12, but can be given up to age 26 for females and age 21 for males. The earlier it is given, the less likelihood that the child will have already been exposed to HPV.

**HSO: What is the most common cause of infertility in women?**

**EK:** It is pretty evenly divided between male factors, tubal disease and lack of regular ovulation.

**HSO: What can women do, if anything, to reduce their risk of infertility?**

**EK:** Maintain a normal weight, don't ever smoke and use protection to avoid sexually transmitted diseases.

**HSO: It can be traumatic for a woman to discover she is infertile. What do you recommend or advise to women who are diagnosed as infertile?**



**EK:** Take a deep breath. Most people with this can find a way to solve it. A specialist can help you find the best pathway.

**HSO: At what age are most women considered most fertile?**

**EK:** Until the age of about 35, fertility is the same. Then a decline in chances begins, which steepens after age 38. After age 42, most women cannot conceive unless they use donor oocytes.

**HSO: In what instances should a woman pursue a cesarean section rather than a vaginal birth?**

**EK:** This is a decision made with a caregiver and usually has to be individualized. In some cases, a cesarean section is always recommended: a breech baby, a

prior “classical” cesarean section (which refers to the type of scar on the uterus), a condition in which the placenta is lying over the cervix, called placenta previa, and a few others. Most of the time, though, a cesarean section is a collaborative decision between the caregiver and the woman and her family, and it’s made close to delivery.

**HSO: In your opinion, what are the best ways for a woman to track her ovulation if she is avoiding or trying for a pregnancy?**

**EK:** With an ovulation predictor kit.

*Amanda DePerro is an assistant editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

## Tracking Your Fertility

Although all women are different, most women’s ovulation cycles last between 28 and 32 days. Ovulation cycles can be measured by counting the days from the first day of a menstrual cycle until the day before the following one. Patients should visit their OB-GYN or purchase an ovulation predictor kit from a trusted manufacturer to get the most accurate prediction, especially women who have irregular cycles. However, for women who have regular cycles, estimate-based tracking can be done at home. This method is not 100 percent accurate.

## WebMD

[www.webmd.com/baby/healthtool-ovulation-calculator](http://www.webmd.com/baby/healthtool-ovulation-calculator)

WebMD’s ovulation calculator tracks ovulation based on the start dates of the user’s previous three menstrual cycles. For women on a 28-day ovulation cycle, WebMD assumes that days 13 through 17 will hold the highest chance of pregnancy.

## AmericanPregnancy.org

[www.americanpregnancy.org/ovulation-calendar](http://www.americanpregnancy.org/ovulation-calendar)

American Pregnancy uses two pieces of information: the first day of the user’s last menstrual cycle and the average length of cycles. For women who are unsure of how long their ovulation cycle is, the organization uses 28 days. American Pregnancy estimates that ovulation will happen between days 11 and 21 for women on a 28-day cycle.

## About the Expert



Dr. Beth Kennard is the director of the Division of Reproductive Endocrinology and Infertility and associate professor in the Department of Obstetrics and Gynecology at The Ohio

State University Wexner Medical Center. Dr. Kennard earned her medical degree from Case Western Reserve University School of Medicine.



# Healthy Happenings



## The Ohio State University Wexner Medical Center

Photos courtesy of OSU Wexner Medical Center

About 200 people attended a cocktail reception and private tour of the Wexner Medical Center's new Brain and Spine Hospital on Sept. 8. The \$17.6 million renovation includes a transformed lobby and three additional floors, featuring private rooms and specialized units to centralize the clinical enterprise of The Ohio State University's Neurological Institute and provide advanced clinical services and research to improve the diagnosis, treatment and cure of neurological diseases.

**Nationwide Children's Hospital**

Photos courtesy of Nationwide Children's Hospital



The Nationwide Children's Hospital Columbus Marathon has raised more than \$5.8 million for the hospital over five years.

Emma Dickman, a patient at Nationwide Children's Hospital, helped kick off the Grand Illumination Ceremony at the Scioto Mile on Dec. 2.



**March of Dimes**

Photos courtesy of March of Dimes



The March of Dimes annual Nurse of the Year event was held Dec. 9.





## Personalities

# Keeping a Clear Mind

Dr. Jeffrey Strawn challenges what we know about anxiety disorders

By Matthew Kent

Dr. Jeffrey Strawn currently serves as director of the Anxiety Disorders Research program at the University of Cincinnati, but his experience in medicine and psychiatry started in his childhood while growing up in northern Kentucky. His relationship with his father, a physician, helped spur his interest in the field.

“He would occasionally do house calls and, because it might be on a Saturday afternoon or Saturday morning, I remember going with him and seeing the way he connected with his patients, and the way they worked together,” Strawn says. “Seeing that compassionate side of medicine and the way a physician can reassure someone, to comfort someone was important. Even though I wasn’t able to articulate it as a 7- or 8-year-old, I remember being really fascinated by that relationship.”

Those experiences have been particularly important for him in psychiatry. Strawn says being part of a patient’s support system is a piece he enjoys about his field, and that has changed the way he interacts with others inside and out of the hospital.

Strawn, who attended the University of Cincinnati for medical school, completed a two-year fellowship at Cincinnati Children’s Hospital with a focus on children and adolescent psychiatry. His research interests are brain imagery and looking

at functional activities within the brain.

His major research endeavors focus on anxiety disorders in children and adolescents. He says everyone feels occasional anxiety, but anxiety disorders are characterized by constant or frequent fear and anxiety. Anxiety disorders can also carry symptoms like panic attacks, worrying for weeks or months about something minor and even debilitating fear of leaving safe zones like one’s home.

In order to get a grasp on how to treat patients with anxiety disorders, Strawn says doctors are closely studying the brain, trying to gain a better understanding of gray matter volume and cortical thickness. Doing so provides an opportunity to look at chemical or structural changes within the brain, and use those changes to predict whether or not patients will respond to specific treatments, Strawn says. Currently, doctors use intensive medication, which often requires waiting to see if a person will respond to the medication.



Strawn, who also provides clinical outpatient services at Cincinnati Children’s Hospital Medical Center, says he hopes the research will allow him to harness some of the changes in neuroimaging, and predict within a week or two if someone is likely or

unlikely to respond to medication. That way, the patient can quickly move on to a beneficial treatment.

Strawn was also involved in a study published in the *Journal of Child and Adolescent Psychopharmacology*. The study focused on brain imaging in youth before and after mindfulness-based therapy, and saw changes in brain regions that control emotional processing. The year-long study involved a small group of children with anxiety disorders, each of whom had a parent with bipolar disorder, with researchers evaluating the neurophysiology of mindfulness-based cognitive therapy in children who are considered at risk for developing bipolar disorder, according to the University of Cincinnati.

Strawn says it's important to know there are a number of risk factors for anxiety disorders, noting that they are common and affect 5 to 7 percent of children and adolescents. Some of those risk factors are genetic, while there are also temperament risk factors, which involve extreme shyness or timidity.

But Strawn says he enjoys being able to come to work and make a difference through his contributions, whether it involves research or working directly with patients.

"A lot of it, for me, is the diversity in experience," Strawn says. "It's that constant shifting that really keeps me excited and helps me understand the relevance of my research to the clinic and also helps me recognize the applicability of the things I'm doing."

He hopes to continue to make strides with his research efforts moving forward, and stressed that better treatment is needed in the areas of psychotherapy and medication. Strawn would also like to see more evidence-based treatment options rather than trial and error.

"One of the things I'd love to see happen in the next five to 10 years is for us to be able to sit in the office with a patient and say, 'Based on this, this and this, you need this treatment and it has a higher probability of success than this treatment,'

as opposed to more trial and error or informed trial and error," Strawn says.

### Anxiety Disorders

Though many pieces of anxiety disorders need to be addressed, some anxiety is normal.

"You don't necessarily want to take away all of someone's anxiety because it has a role," Strawn says. "It's what keeps us motivated, it's what helps us study and it helps us meet deadlines. For some folks, when it crosses over to pathological anxiety, that's where we see functional impairment."

For some, anxiety can be so severe they might not be able to leave their homes or interact with their peers.

Strawn's study with the *Journal of Child and Adolescent Psychopharmacology* saw changes in brain regions that control emotional processing.

"Our preliminary observation that the mindfulness therapy increases activity in the part of the brain known as the cingulate, which processes cognitive and emotional information, is noteworthy," Strawn says. "This study, taken together with previous research, raises the possibility that treatment-related increases in brain activity of the anterior cingulate cortex during emotional processing may improve emotional processing in anxious youth who are at risk for developing bipolar disorder."

Bipolar disorder typically develops in a person's late teens or early 20s and at least half of all cases start before age 25, according to the National Institute of Mental Health.

**For more information on Ohio's mental health services, visit [Mental Health and Addiction Services at mha.ohio.gov](http://MentalHealthandAddictionServicesatmha.ohio.gov).**

*Matthew Kent is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

Mindfulness-based cognitive therapy, or MBCT, is designed to help those who face chronic depression. The therapy combines mindfulness and cognitive behavioral techniques in a way that helps the patient manage his or her emotions and distress.

### When to get help:

As with many other mental disorders, it can be difficult for those struggling with anxiety disorders to tell the difference between regular levels of anxiety and levels of anxiety that need addressing. Below are several signs that one's anxiety is out of control and needs professional assistance.

- Sudden, unexpected panic attacks; characterized by shortness of breath or hyperventilation, chest pain or discomfort, heart palpitations or a racing heart, feeling dizzy, the feeling of complete loss of control, and feeling detached from one's surroundings.
- Feeling constantly on edge or tense, as if something bad may happen.
- Avoiding everyday situations, such as going out in public.
- Quality of work in school, work or everyday life decreases because of constant worry and stress.



Dr. Jeffrey Strawn received his medical degree from the University of Cincinnati College of Medicine and completed his residency at the University of Cincinnati and a fellowship

at Cincinnati Children's Hospital Medical Center. He is the director of the Anxiety Disorders Research program and conducts trials and neuroimaging studies in patients with anxiety and related disorders. He also provides clinical outpatient services at Cincinnati Children's Hospital Medical Center.



## The Write Advice

With Hannah Bealer

# Shedding Doubts

## Bariatric surgeon discusses lower-risk weight loss surgery

When the standard diet and exercise don't seem to be working, it can be hard not to become discouraged. Luckily, for those who have gained a substantial amount of weight and struggle with weight loss and health, there are lower-risk, surgical options. Dr. Joon Shim of Wright State Physicians spoke with *HealthScene Ohio* on what to know, how to prepare, who's eligible and just how low-risk bariatric surgery can be.

### **HealthScene Ohio: What don't patients know about bariatric surgery, and what do you wish they knew?**

**Dr. Joon Shim:** Some patients think that to lose weight and maintain weight loss is simple as long as one goes on a diet and exercise program. It is not that simple. Bariatric surgery provides a surgical tool for the selected patients to have a jump start into a lifelong commitment to health and lifestyle change.

### **HSO: What are some common concerns patients have about bariatric surgery, and how do you put them at ease?**

**JS:** Having any surgery is risky. But the risks with bariatric surgery are low and uncommon. The primary reasons for improved safety include the increased use of

laparoscopy, robotics and advancements in surgical techniques. Bariatric programs are accredited by American Society for Metabolic and Bariatric Surgery and the American College of Surgeons. Overall, mortality rate is about 0.1 percent, which is less than gall bladder surgery (0.7 percent) and hip replacement (0.93 percent).

### **HSO: Are there any pre-existing conditions that limit a patient's options with bariatric surgery? What other options does the patient have?**

**JS:** The psychosocial evaluation identifies potential risks to surgical intervention, such as substance abuse or poorly controlled psychiatric illness, and identifies interventions that can enhance long-term weight management.

Obesity is a risk factor for certain malignancies such as endometrial, renal, gall bladder, breast, colon, pancreatic and esophageal, and therefore prompts age- and risk-appropriate cancer screening before bariatric surgery.

There may be potential non-surgical endobariatric options for those patients.

### **HSO: Are there concerns for a patient's mental health after surgery? Is depression ever an issue? What can be done to combat this?**

**JS:** Among the psychological disorders, depression is the most studied. It should be noted that there is some overlap between symptoms of major depression and the physical consequences of obesity, such as

fatigue, increased appetite and poor sleep, which may lead to over-diagnosis of depression in this population. You must differentiate symptoms that truly reflect depression from symptoms that are secondary to obesity itself. Continued follow-up with behavioral health providers is integral to the success of the bariatric patient population, preoperatively and postoperatively.

### **HSO: What are some healthy habits patients need to pick up post-surgery? What food and drink should a patient emphasize?**

**JS:** Regular post-surgery dietary counseling by a registered dietitian is critical. Dietary counseling groups report greater improvements in eating behavior. A gym membership is not a requirement, but exercise should be part of the lifestyle change, and soda brings no benefit to the body.

Recommendations for protein intake are variable, but studies suggest higher protein levels (80-90 grams a day) are associated with reduced loss of lean body mass. Diet recommendations after surgery vary depending on your individual situation.

A gastric bypass diet typically follows a staged approach to help you ease back into eating solid foods as you recover. How quickly you move from one step to the next depends on how





fast your body heals and adjusts to the change in eating patterns.

### **HSO: What are some risks that come along with bariatric surgery, and what is done to combat these risks?**

**JS:** As with any major surgery, weight loss surgeries pose potential health risks, both in the short term and long term. Risks associated with the surgical procedure can include leaks, bleeding, infection, blood clots, reactions to anesthesia, lung or breathing problems, and death, albeit rare.

All these risks are low and the surgical team – including the surgeons, anesthesiologists and nurses – do everything possible in the operating room to prevent this from occurring. But patients need to be aware of these risks before consenting to weight loss surgery.

### **HSO: What are the latest developments in bariatrics, and how have they affected what you do? How have these developments affected patients?**

**JS:** Recent advances in laparoscopic/metabolic surgery have made this minimally invasive surgery more than 10

times safer than a decade ago. The safety profile of laparoscopic/metabolic surgery is compatible with that of laparoscopic gall bladder surgery. For example, laparoscopic sleeve gastrectomy is becoming the leading bariatric surgery because of its simplicity and efficacy.

### **HSO: What are some of the best ways a patient can prepare for bariatric surgery? What are some common missteps leading up to the surgery and how can they be prevented?**

**JS:** Education, education, education. Patients need to advocate for themselves and learn all the nuances of weight loss surgery, including pre-surgery and post-surgery. Patients who realize that the weight loss surgery is a “surgical kick-start” and a tool do better than those who convince themselves that the surgery will do it all alone. Complete transparency and expectations between patient and all team members (including surgeon, bariatric nurse coordinator, dietitian, behavioral health specialist, primary care physician, cardiologist, pulmonologists and endocrinologists) will guide and assist the patient for a lifelong success.

**// Recent advances in laparoscopic/metabolic surgery have made this minimally invasive surgery more than 10 times safer than a decade ago.”**

### **HSO: What factors determine whether or not a patient is eligible for surgery?**

**JS:** Qualifications for bariatric surgery in most areas include a body mass index greater than 40, or more than 100 pounds overweight, or a body mass index greater than 35 and at least two obesity-related co-morbidities, such as type two diabetes, hypertension, sleep apnea and other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders, or heart disease. Another factor would be the inability to achieve a healthy weight loss sustained for a period of time with prior weight loss efforts.

### **HSO: What is the recovery period like, and what are followup appointments like? How can a patient self-motivate post-surgery?**

**JS:** When a patient commits to weight loss surgery, our program is committed to the patient and it is lifelong. We are your team members for the rest of your life. With that said, each program is different. We see our patients every few months to make sure they are recovering well and they are on the right path for success. Motivation comes with oneself. If a patient is committed to success, I think the motivation follows.

*Hannah Bealer is an editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

### **About the Expert**



Dr. Joon Shim is a fellowship-trained, minimally invasive and bariatric surgeon with Wright State Physicians. Shim specializes in general surgery, bariatric surgery, minimally invasive surgery, robotic surgery, reflux, hiatal hernia and endoscopy. She also teaches as an assistant professor of surgery at the Wright State University Boonshoft School of Medicine.



# Healthy Happenings



## Queen Bee Half Marathon

Photos courtesy of Queen Bee Half Marathon



The third annual Queen Bee Half Marathon saw more than 6,000 runners and walkers participate in the half marathon and 4-miler raising money for women-focused charities on Oct. 8 in Cincinnati.



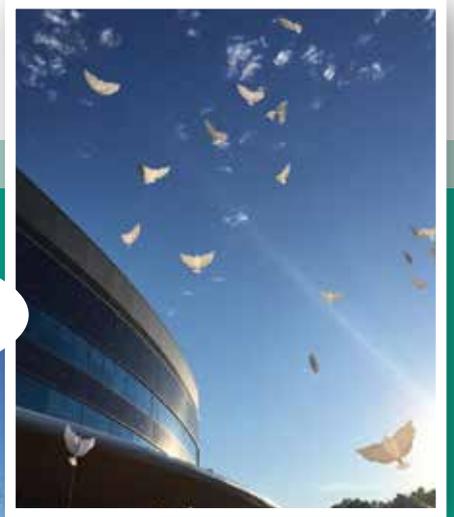
### Anderson Hospital

Photo courtesy of Anderson Hospital

The clinical team at Mercy Health's Anderson Hospital started moving patients into the hospital's new patient tower on Oct. 9. The first patient in the new tower was Vietnam veteran Larry Thomas.

### Jewish Hospital

Photos courtesy of Anderson Hospital



Mercy Health's Blood Cancer Center hosted a "Celebration of Life" luncheon, which included a memorial service, a memory stone dedication, survivorship stories, nursing resiliency education and a balloon release dedicated to the lives lost.

### Mercy Health

Photos courtesy of Mercy Health



On Dec. 2, the American Heart Association, Dr. Frank and JoAnne Noyes and Mercy Health celebrated the official launch of student CPR training at Milford High School. This program trains students to be lifesavers in just one class session using video instruction and mannequins that simulate the human body as it receives compression.



Oct. 28 was Mercy Health Wear Pink Day. Employees throughout the region wore pink to drive breast cancer awareness

# Legislative Update

Keep up with the latest state legislative initiatives in health.

## Allied Health Professionals

### House Bill 373

Rep. Sarah LaTourette for the Ohio House 76th District and Rep. Stephen Huffman for the Ohio House 80th District

#### *Surgical Technologists: Practice*

This bill requires the regulation and licensure of surgical technologists by the State Medical Board of Ohio. The bill further prohibits unlicensed persons from practicing as surgical technologists, using the title “surgical technologist” or holding themselves out as such. The bill also specifies the activities in which a licensed surgical technologist may engage.

### House Bill 184

Rep. Mike Dovilla for the Ohio House 7th District and Rep. Nickie Antonio for the Ohio House 13th District

#### *Music Therapy Licensing*

This bill requires the regulation and licensure of music therapists by the State Medical Board of Ohio. The bill further prohibits unlicensed persons from providing music therapy services or using the title “music therapist.” The bill also specifies the activities in which a licensed music therapist is authorized to engage.

### House Bill 216

Rep. Dorothy Pelanda for the Ohio House 86th District

#### *Advanced Practice Registered Nurses*

This bill establishes an advanced practice registered nurse license issued by the Ohio Board of Nursing that includes designation in a nursing specialty as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. The bill also makes some modifications involving prescriptive authority, limited practice without collaboration, professional disciplinary actions and continuing education requirements

## Health Care Coverage

### House Bill 290

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Marlene Anielski for the Ohio House 6th District

#### *USFDA Drugs: Terminally Ill*

This bill permits the use of a non-FDA approved investigational drug, product or device that is still in clinical trials to treat an eligible patient suffering from a terminal condition. The bill also provides immunity to a physician who recommends or treats an eligible patient and a manufacturer or terminal distributor of dangerous drugs that provides a non-approved drug, product or device.

### House Bill 350

Rep. Cheryl Grossman for the Ohio House 23rd District and Rep. Louis Terhar for the Ohio House 30th District

#### *Autism Treatment: Coverage*

The bill requires any insurance plan issued by a health insurer that provides basic health care services to provide coverage for the screening, diagnosis and treatment of autism spectrum disorder.

## Prescription Drugs/Controlled Substances

### House Bill 248

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Nickie Antonio for the Ohio House 13th District

#### *Opioid Analgesic Coverage*

The bill requires that certain health insurers, Medicaid and Medicaid-managed care organizations provide coverage for all abuse deterrent opioid analgesic drugs regardless of cost. A qualifying opioid drug must be labeled to indicate that the drug is expected to result in the reduction in abuse.



### House Bill 285

Rep. Robert Sprague for the Ohio House 83rd District

#### **Pharmacists: Prescription Refills**

This bill authorizes a pharmacist to fill one or more refills of a prescription when the prescription is originally filled, or to fill multiple refills of a prescription at one time. The qualifying prescriptions must be of limited quantity, non-controlled substances, and not exceeding a 90-day supply.

### House Bill 421

Rep. Sarah LaTourette for the Ohio House 76th District

#### **Pharmacists: Injection Drugs**

This bill authorizes a pharmacist to administer certain injectable drugs if they were prescribed by a physician, physician assistant or advanced practice nurse. These drugs include, but are not limited to, an opioid antagonist used to treat drug addiction and antipsychotic drugs used to treat mental conditions. The bill also permits a pharmacist to administer epinephrine or diphenhydramine, or both, to an individual in an emergency resulting from a reaction to a drug administered by injection by the pharmacist.

### House Bill 505

Rep. Stephen Huffman for the Ohio House 80th District and Rep. Dorothy Pelanda for the Ohio House 86th District

#### **Biological Products: Pharmacists**

This bill authorizes substitution of an interchangeable biological product for a prescribed biological product under circumstances and conditions similar to those of current law governing substitution of a generically equivalent drug for a prescribed drug.

### Senate Bill 319

Senator John Eklund for Senate District 18

#### **Opiate MBR**

The bill requires pharmacy technicians to register with the State of Ohio Board

of Pharmacy, establishes a process for those registrations and creates three professional registration categories: registered pharmacy technician, certified pharmacy technician and pharmacy technician trainee. The bill prohibits pharmacists, pharmacy interns and terminal distributors of dangerous drugs from dispensing an opioid analgesic in an amount greater than a 90-day supply (based on prescription instructions) and from dispensing an opioid analgesic for any prescription older than 14 days. The bill also requires any facility which provides office-based opioid treatment to more than 30 patients to hold a category III terminal distributor of dangerous drugs license with an office-based opioid treatment classification.

### Senate Bill 300

Senator Bill Seitz for Senate District 8

#### **Psychologist: Prescribing Power**

This bill authorizes psychologists to obtain limited prescriptive authority, as well as the authority to order related laboratory tests and to issue medication administration orders to nurses, by obtaining a certificate to prescribe from the State Board of Psychology.

## Public Health

### House Bill 261

Rep. Cheryl Grossman for the Ohio House 23rd District and Rep. Stephen Huffman for the Ohio House 80th District

The bill creates the State Trauma Board within the Ohio Department of Health and requires facilities that provide trauma care to be designated as a trauma center by the Board. The bill establishes the Time Critical Diagnosis Committee of the State Trauma Board to advise and assist the Board in conducting research into best practices and other issues related to the development and implementation of a statewide time-critical diagnosis system of care. The bill also requires the creation of trauma patient transfer protocols to specify procedures for selecting an appropriate trauma center to receive patients.

### Senate Bill 237

Sen. Frank LaRose for the Ohio Senate 27th District

#### **Fentanyl Restrictions**

This bill increases the penalties for drug trafficking, drug possession and aggravated funding of drug trafficking convictions when the drug involved is a fentanyl-related compound.

### Senate Bill 311

Sen. Tom Patton for the Ohio Senate 24th District

#### **Influenza Vaccine Information**

This bill requires the Ohio Department of Health to prepare an influenza vaccine information sheet pertaining to older adults.

### Senate Bill 312

Sen. Shannon Jones for the Ohio Senate 7th District

#### **Day Designation**

This bill designates May 1 as Fanconi Anemia Awareness Day.

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*To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at [www.ohiohouse.gov](http://www.ohiohouse.gov) and the Ohio Senate at [www.ohiosenate.gov](http://www.ohiosenate.gov). For more information on legislation, please visit [www.legislature.ohio.gov](http://www.legislature.ohio.gov).*

# Calendar

## NORTHEAST



**Jan. 29**  
**Winter Buckeye Trail 50K/Marathon/  
Half Marathon**

8 a.m., Cuyahoga Valley National Park,  
Peninsula  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Feb. 2**  
**Urban Gardening 101: Herb Gardening**

7-9 p.m., Fairview Hospital Wellness  
Center, Rocky River  
[my.clevelandclinic.org](http://my.clevelandclinic.org)

**Feb. 20**  
**Wintertime Salads**

7-9 p.m., Fairview Hospital Wellness  
Center  
[my.clevelandclinic.org](http://my.clevelandclinic.org)

**Feb. 26**  
**Mardi Gras 5K**

1:30 p.m., Western Elementary School,  
Mansfield  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 11**  
**Hartville St. Patrick's Day Trail Run**

9 a.m., Quail Hollow State Park, Hartville  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 11**  
**St. Malachi Run**

9 a.m., St. Malachi Church, Cleveland  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 13**  
**Eat Better for Less**

7-9 p.m., Fairview Hospital Wellness  
Center  
[my.clevelandclinic.org](http://my.clevelandclinic.org)

**March 24**  
**Quick and Light Recipes**

5:30-8:30 p.m., Fairview Hospital  
Wellness Center  
[my.clevelandclinic.org](http://my.clevelandclinic.org)

## NORTHWEST



**Jan. 22**  
**Dave's 10 Miler/5K**

2 p.m., Delta High School  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Jan. 28**  
**Dash to the Docks**

9 a.m., Toledo Rowing Club  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Feb. 18**  
**Hot Cocoa Run**

9 a.m., Nederhouser Community Hall,  
Sylvania  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 19**  
**St. Patrick's Day 5K**

11:30 a.m., American Legion Post 648, St.  
Henry's  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 26**  
**Fuel the Fight 5K**

10 a.m., University of Toledo Recreation  
Center  
[www.runsignup.com](http://www.runsignup.com)

## CENTRAL



**Jan. 18**  
**American Red Cross Blood Drive**

1-7 p.m. Stone Ridge Blood Donation  
Center, Gahanna  
[www.redcrossblood.org](http://www.redcrossblood.org)

**Feb. 5**  
**Rocks and Roots Trail Racing Series**

7 a.m., Alum Creek State Park, Delaware  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Feb. 27**  
**American Red Cross Blood Drive**

1-7 p.m., Trinity United Presbyterian  
Church, Zanesville  
[www.redcrossblood.org](http://www.redcrossblood.org)

**March 2-5**  
**Arnold Sports Festival**

Throughout Columbus  
[www.arnoldsportsfestival.com](http://www.arnoldsportsfestival.com)

**March 5**  
**Arnold 5K Pump & Run**

10:30 a.m., Greater Columbus  
Convention Center  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 11**  
**Run for More Birthdays 5K**

8 a.m., Academy Park, Gahanna  
[www.runningintheusa.com](http://www.runningintheusa.com)

## SOUTH



**Feb. 4**  
**Cincinnati Cyclones Frozen 5K/10K**

9 a.m., U.S. Bank Arena, Cincinnati  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Feb. 11**  
**Cupid's Undie Run**

Noon-4 p.m., Mt. Adams Pavilion,  
Cincinnati  
[www.runningintheusa.com](http://www.runningintheusa.com)

**Feb. 25**  
**Olde Girdled Grit 50K**

7 a.m., Lake Metroparks Environmental  
Learning Center, Painesville  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 11**  
**Muddy Leprechaun**

9:30 a.m., Hopewell Mound Group Na-  
tional Historic Park, Chillicothe  
[www.runningintheusa.com](http://www.runningintheusa.com)

**March 18**  
**2017 Lyman England Scholarship Fund  
5K Run/Walk**

9 a.m., Yoctangee Park, Chillicothe  
[www.active.com](http://www.active.com)

**March 25**  
**No Buts About It 5K & Wellness Fair**

8 a.m., The Mall at Fairfield Commons,  
Beavercreek  
[www.runningintheusa.com](http://www.runningintheusa.com)



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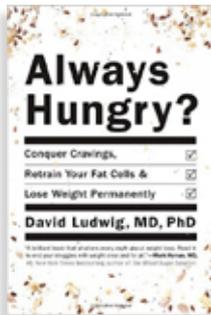
# Bookmarks

The information provided for these products, services and articles is for informational purposes only, and is not an endorsement by the State Medical Board of Ohio.



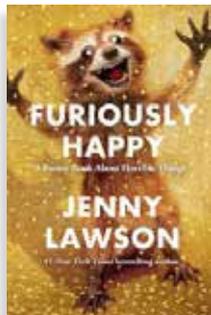
**Spark Joy: An Illustrated Master Class on the Art of Organizing and Tidying Up**  
By Marie Kondo  
\$13.57, The Crown Publishing Group

This book offers a guide to uncluttering and helping tidy up your home and life. The book is illustrated with pictures of all kinds of things to organize, including but not limited to shirts, socks and closet spaces. Kondo also answers some frequently asked questions regarding what to keep and what to toss.



**Always Hungry?: Conquer Cravings, Retrain Your Fat Cells, and Lose Weight Permanently**  
By Dr. David S. Ludwig  
\$10.29, Orion Publishing Group

Ludwig explains why diets don't work and shows a different way to go about your dieting lifestyle that won't leave you hungry. Ludwig has studied and researched weight control and explains how staying away from calories won't help you lose weight.



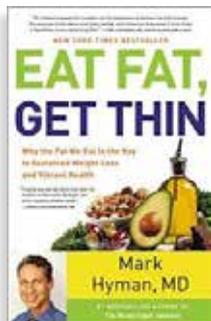
**Furiously Happy: A Funny Book About Horrible Things**  
By Jenny Lawson  
\$9.51, Flatiron Books

This memoir shows how Lawson dealt with her depression and other mental illnesses. She coped in a way that helped her reinvent herself. *Furiously Happy* is about how those with depression may feel more deeply than others, and therefore can experience a deeper joy for happiness.



**The I Quit Sugar Cookbook: 306 Recipes for a Clean, Healthy Life**  
By Sarah Wilson  
\$16.36, Clarkson Potter

When Wilson gave up sugar for good, she had to discover a new way of cooking breakfast, lunch and dinner. The book offers clean eats but also smoothie bowl recipes, making living a sugar-free lifestyle easier than you thought.



**Eat Fat, Get Thin: Why the Fat We Eat Is the Key to Sustained Weight Loss and Vibrant Health**  
By Dr. Mark Hyman  
\$11.81, Hodder & Stoughton General Division

This book shows the new research around fat and how it essential to life and a healthy diet. Hyman wants to debunk the fear of fat and show how important it really is to eat fats. The book offers meal plans and recipes alike to get you to your weight loss goal.

**How to Be Alive: A Guide to the Kind of Happiness That Helps the World**  
By Colin Beavan  
\$14.99, Dey Street Books

Beavan addresses ways to be happier in the modern world by having readers reexamine their "standard life approaches" to almost everything. He stresses the Good Life, which is where doing good and feeling good intersect.

**Nudge: Improving Decisions About Health, Wealth, and Happiness**  
By Richard H. Thaler  
\$12.68, Penguin Books

*Nudge* is about making better decisions throughout life's difficult moments. Richard H. Thaler and Cass R. Sunstein give a new idea to try to prevent mistakes in decision-making. *Nudge* is a great read for anyone looking to better his or her well-being.

**Reasons to Stay Alive**  
By Matt Haig  
\$9.58, Penguin Books

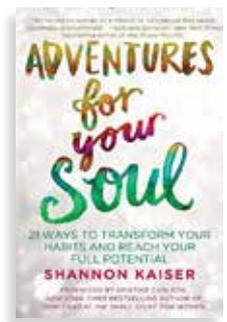
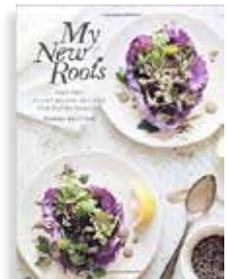
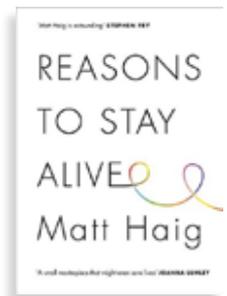
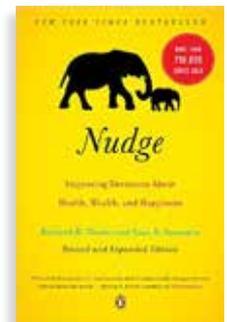
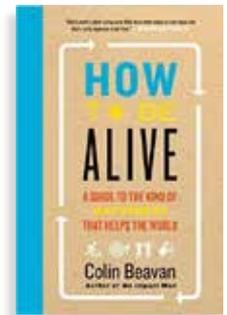
This book is an account of how Haig overcame depression – a minute-by-minute, day-by-day account of how he overcame the disease by reading and writing, and through the love from his family and girlfriend. It's an inspiring story for anyone affected by mental illness.

**My New Roots: Inspired Plant-Based Recipes for Every Season**  
By Sarah Britton  
\$20.82, Clarkson Potter

If you have ever considered starting a plant-based diet, the time for it is now. Britton gives tips and tricks for all her plant-based, vegan, gluten-free and paleo plates. Readers will discover how easy it is to eat green.

**Adventures for Your Soul: 21 Ways to Transform Your Habits and Reach Your Full Potential**  
By Shannon Kaiser  
\$12.08, Berkley

Kaiser demonstrates how to reach your personal and life goals by eliminating doubt and self-sabotaging patterns. Discover 21 new ways to prevent yourself from holding back from your full potential. Kaiser focuses on how her life feels and not how it looks.



## In the News

### Daily chocolate intake linked to lower risk of diabetes, heart disease [www.medicalnewstoday.com](http://www.medicalnewstoday.com)

New research shows how chocolate is actually good for your health. A daily dose of dark chocolate isn't so bad anymore, and it is in fact encouraged due to its high content of antioxidants and other healthful components.

### Should you let your dog lick your face? [www.nytimes.com](http://www.nytimes.com)

A lot of people are guilty of letting dogs lick their faces, but new studies show you may want to avoid that type of close contact. Dogs can transfer or pass harmful infections and diseases to their owners, so try finding a better way to show your dog you care.

### You asked: Why can't I remember things? [www.time.com](http://www.time.com)

This article shows the main reason why you are forgetting things. Research shows that if it is especially hard to hold on to new information you need to remember, stress could be to blame for memory loss. Sleep loss and the demands of modern life could also be to blame for forgetting the small things.

### Calling food "healthy" doesn't really mean anything [www.popsci.com](http://www.popsci.com)

This article shows how manufacturers can label a product as "healthy" without actually being healthful or offering healthy benefits. Some foods labeled "healthy" can have high sugars and fats. The article also points out that the most healthful foods are not going to have "healthy" labels.

### Multivitamins: Should you take one? [www.everydayhealth.com](http://www.everydayhealth.com)

The debate over whether consuming multivitamins actually helps us or not is a very popular topic. This article mentions how eating all the right foods can help get you your daily vitamins and minerals but, ultimately, the usefulness of vitamins depend on your age and the type of nutrients your body needs.

### Childhood family environment linked with relationship quality 60 years later [www.sciencedaily.com](http://www.sciencedaily.com)

This article shows the recent study showing the broader idea of nature vs. nurture. Men who were raised in more stable and loving homes are more likely to succeed in their relationships and marriages as well as to be able to cope and work through problems better, than those who were not.

### Hot flash genes? Symptom linked to DNA variation [www.livescience.com](http://www.livescience.com)

Genes may now show why some women get hot flashes during menopause while others

[www.healthsceneohio.com](http://www.healthsceneohio.com)

## Health Phone Apps

*These applications are for informational purposes only and are not an endorsement by the State Medical Board of Ohio.*



### SworKit

Free; iOS and Android

Have your own personal trainer at your fingertips. Choose your workout, select a time length and even personalize your own workout routine. Watch videos for each workout in order to check your technique and posture, and track all your progress along the way.



### Zova

Free; iOS and Android

Zova focuses on completing short, achievable exercises daily to weekly. This app also tracks how many flights of stairs climbed, distance walked/run, steps, hours stood and, of course, the minutes you workout throughout the day. The app offers a scoring system based on time spent working out to help keep you motivated each day.



### Yummly

Free; iOS and Android

From recipe recommendations to smart cooking guidance, Yummly has all your cooking needs. The app provides videos to get you through the recipes. Collect and save your favorite recipes for now and for future appetites. You can also shop on the app for your cooking essentials.



### FoodPrint

Free; iOS and Android

This app is for those who wish to document their food intake. The app gives you the most healthful restaurants nearby based on your location. If you're concerned about how food is affecting your body or energy, this app also shows how the foods you eat affect your body and how they affect your glucose levels daily.



### Pillow

Free; iOS and Android

Sleep better with this sleep tracking app. Wake up to clean graphics that show the times you were asleep, restless or awake throughout the night. The app will find the best time to wake you up based on your sleep cycle.



### Headspace

Free; iOS and Android, \$12.99 monthly subscriptions after free classes are used up

Headspace is designed to help anyone and everyone meditate. During each meditation session, a voice talks you through each session and explains how to relax and refocus your mind. You're never in the dark with this meditation practice.



### Noisli

\$1.99; iOS and Android

This noisemaker offers a variety of peaceful nature sounds and lets you mix and match calming sounds to help personalize them to your mood. When you have picked a personalized sound, save it for future uses. The app offers a timer for productivity sessions.



### Medscape

Free; iOS and Android

The official app of WebMD offers an easier way to find medical information. Find all WebMD information and more. Check medication options while the app gives information based on your symptoms. You can also check for drug interactions if you are concerned with the quantity of different drugs you ingest.



### Ask MD

Free; iOS and Android

Customize your account to your personal health and needs. Find doctors in your area. Type in a symptom you may have, and the app will show possible causes for it.



### Instacart

Free; iOS and Android

Shop from local grocery stores online and have your groceries dropped off right at your front door in little as one hour. Just pick your store view products and prices and add to your online cart. First delivery is free. After initial order, deliveries start at \$5.99.

may not. The locations of the genes can also provide an explanation about why hot flashes occur. This new study tested more than 17,600 women while researchers found over 11 million gene variations.

### Am I really shrinking? [health.usnews.com](http://health.usnews.com)

Your spine could be shrinking, and not just because of age. Studies show that you can begin to lose height in your spine as early as your

30s. A short spine could be from osteoporosis, poor posture, medications, poor nutrition or environmental factors.

### Coffee's impact a matter of genes? [www.medicinenet.com](http://www.medicinenet.com)

Have you ever wondered why some people can have a cup of coffee right before bed while others can't? This article explains that genes could be the reason why coffee affects people in different ways.

# ScenicOhio

Photo courtesy of TourismOhio





Blanchard Valley Hospital inpatient tower

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