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HAMPTON ROADS

Physician

A comprehensive publication for and about the local medical community

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Achievements in Cardiology

Premiere Issue

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Welcome to the inaugural issue of Hampton Roads Physician, a new publication dedicated to recognizing the achievements of the Hampton Roads medical community, and presenting them with professionalism and editorial integrity.

Hampton Roads is a vibrant and diverse community of 1.7 million. Caring for this population are world-class, dedicated physicians, surgeons and health care professionals whose accomplishments are both extraordinary and frequently underacknowledged. *Hampton Roads Physician* highlights these accomplishments.

Holly Barlow
Publisher

In addition, ***Hampton Roads Physician*** provides a wide variety of the most current, accurate and useful information busy doctors and health care providers want and need.

Published four times a year, ***Hampton Roads Physician*** concentrates on one specific branch of medicine per issue, featuring profiles of practitioners in that area. Regular features include:

- **In the News –** the latest news in and about the health care systems
- **Awards and Accolades –** local, state and national honors and recognitions
- **Welcome to the Community –** profiles of physicians and surgeons who've recently come to Hampton Roads
- **Spotlight on Support Professionals –** articles about physician-nominated nurse practitioners and physician assistants
- **Good Deeds –** features about physicians who are doing community service locally or outside the state or nation.

Hampton Roads Physician magazine maintains a robust website – hrphysician.com – offering pdf copies of each issue, updated medical news from trusted sources, and a special section for physicians to post news of interest to other caregivers.

The medical care available in Hampton Roads is second to none – nationally recognized as being on a par with that in larger metropolitan areas. ***Hampton Roads Physician*** brings that care – and the physicians who provide it – to light. ■

Bobbie Fisher
Editor

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HAMPTON ROADS Physician
A comprehensive publication for and about the local medical community

Vol I, Issue I, Winter 2013

Recognizing the achievements of the local medical community

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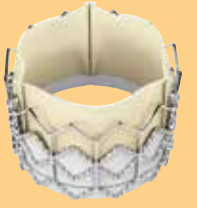

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Hampton Roads Physician is pleased to introduce our inaugural Physician Advisory Board

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Dr. Aloi is an Associate Professor of Medicine at Eastern Virginia Medical School, and Clinical Director of the Strelitz Diabetes Center for Endocrine and Metabolic Disorders. He is Board certified in Diabetes, Metabolism & Endocrinology, and in Internal Medicine.

JOHN M. SHUTACK, MD, FAANS
Neurosurgery

Dr. Shutack specializes in general surgery with an emphasis in spine surgery. He practices with Atlantic Neurosurgical Services, which is affiliated with the Chesapeake Regional Medical Center. He is Board certified in neurosurgery.

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Dr. Carlson joined Orthopaedic and Spine Center in 1999. He is Board certified in Orthopaedics, and is currently Chief of Surgery at Mary Immaculate Hospital.

I. PHILLIP SNIDER, RD, DO
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Dr. Snider practices with Amelia Family Associates, and is regional medical director of Bon Secours Medical Group at DePaul Hospital. He is Board certified in both Family Medicine and Bariatric Medicine.

ERIC C. DARBY, MD, FACS
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Dr. Darby practices with Tidewater Physicians Multispecialty Group in Newport News. He is Board certified in Urology and is currently Chief of Staff at Mary Immaculate Hospital.

LAMBROS K. VIENNAS, MD, FACS
Plastic Surgery

Dr. Viennas is Chief of the Division of Plastic Surgery and Assistant Professor of Plastic Surgery at Eastern Virginia Medical School. He is Board certified in Plastic and Reconstructive Surgery.

KEVAGHN P. FAIR, DO
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Dr. Fair is a founding partner of Dominion Pathology Laboratories, an independent diagnostic and consultative practice serving all of Hampton Roads. He is Board certified in Anatomic, Clinical and Dermatopathology.

CHRISTOPHER J. WALSHE, MD, FACOG, FACS

Dr. Walshe practices with Atlantic Urogynecology in Suffolk. He is Board certified by the American Board of Obstetrics and Gynecology, and a member of the American Urogynecologic Society.

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Dr. Maizel serves as senior physician executive responsible for the overall operationsl operational performance of the Sentara Medical Group. He is Board certified in Family Medicine.

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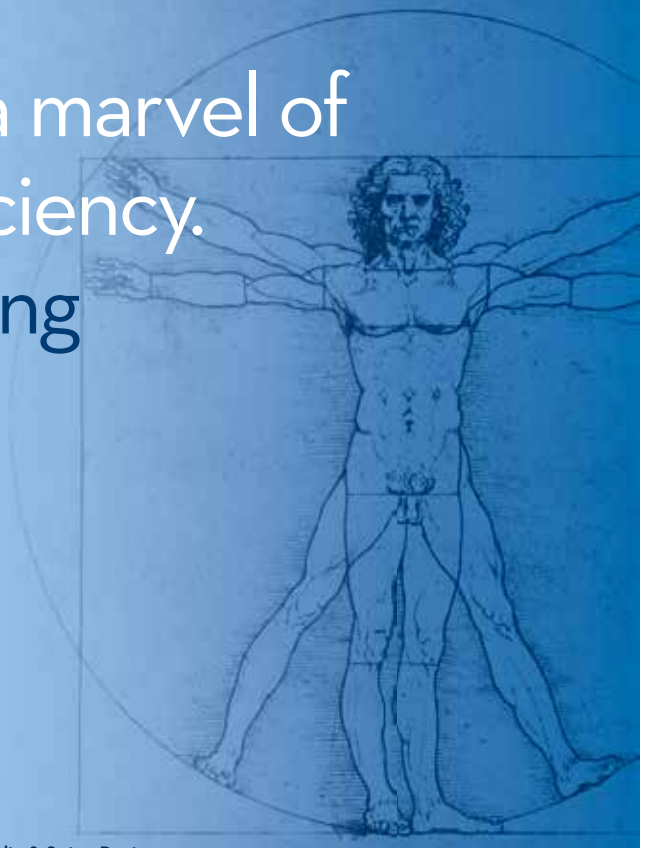

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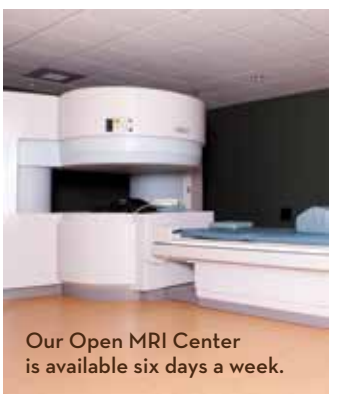

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Cardiac Care in Hampton Roads

Home Grown and World Class

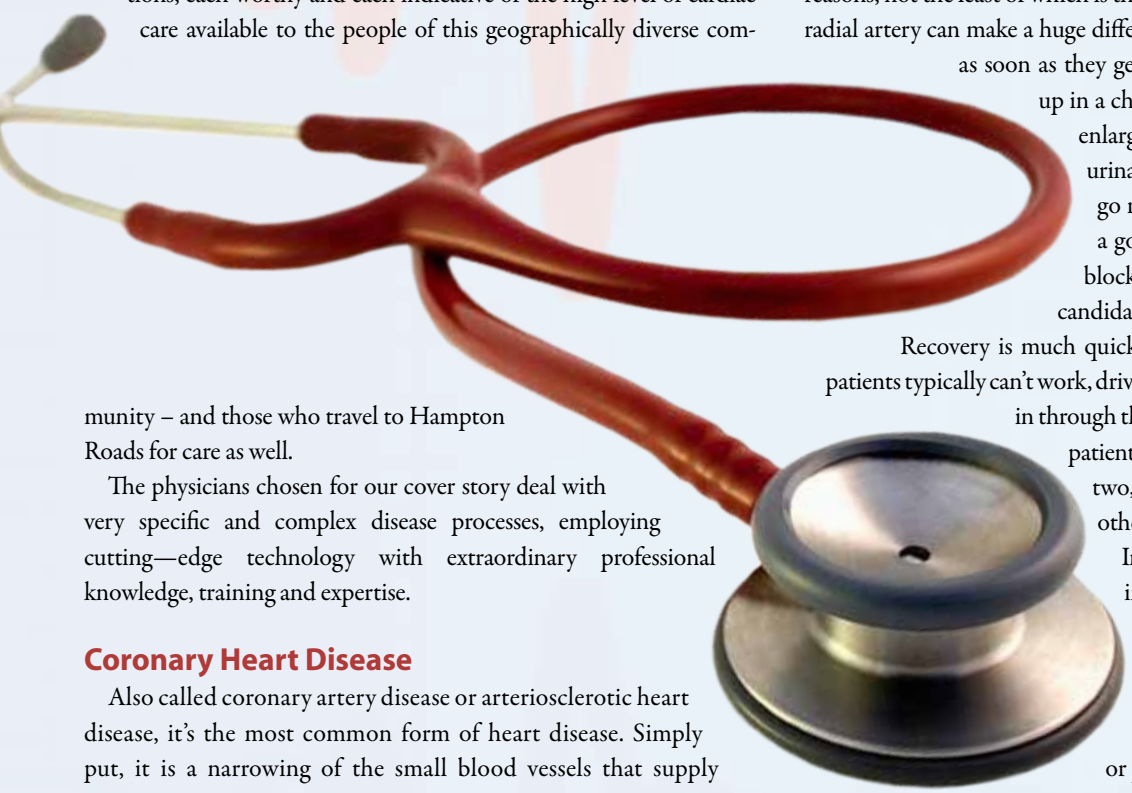
By Bobbie Fisher

Heart disease is the leading cause of death for both men and women. And while that remains an established and undisputed fact, the numbers are still startling by any reckoning. Consider these statistics from the Centers for Disease Control and Prevention:

- About 600,000 people die of heart disease annually in the U.S. every year – one in every four deaths.
- More than 50 percent are men.
- More than 385,000 people die annually of coronary heart disease.
- Approximately 935,000 Americans have a heart attack every year.
- Of those, 610,000 are a first heart attack, and 325,000 a subsequent event.

According to the American Heart Association, in the next 20 years, more than 40 percent of the U.S. population is expected to have some form of heart disease; this will triple the total direct medical costs of caring for hypertension, coronary heart disease, heart failure, stroke, and other forms of cardiovascular disease – from the current $273 billion to more than $800 billion.

When the call went out for cardiologists to feature in this issue of *Hampton Roads Physician*, the publisher received numerous nominations, each worthy and each indicative of the high level of cardiac care available to the people of this geographically diverse community – and those who travel to Hampton Roads for care as well.



The physicians chosen for our cover story deal with very specific and complex disease processes, employing cutting—edge technology with extraordinary professional knowledge, training and expertise.

Coronary Heart Disease

Also called coronary artery disease or arteriosclerotic heart disease, it's the most common form of heart disease. Simply put, it is a narrowing of the small blood vessels that supply blood and oxygen to the heart, allowing plaque to build up inside the coronary arteries.

Dr. Leslie Webb, an interventional cardiologist with Cardiovascular Specialists who practices at Bon Secours Mary Immaculate Hospital in Newport News, describes the standard cardiac catheterization procedure, and the newer modality she now employs in appropriate patients: "When blockages in the arteries become significant enough to cause ischemia," she says, "we go in with balloons and stents to open up the arteries to relieve those blockages and allow increased blood flow."

Traditionally, cardiac catheterization is performed in the large femoral artery that begins at the inguinal ligament. Because it can be palpated through the skin, it's a common point for catheter access. The downside, Dr. Webb explains, is that the procedure can be very difficult for some patients. "When we do a cath in the femoral artery, the patient has to lie flat for anywhere between two and eight hours, depending on whether we can put a closure device to seal the hole we've put in the artery, or whether they've had blood thinners or other conditions," she says. "That can be torture for patients with back pain."

During fellowship, Dr. Webb learned to do the procedure through the radial artery, which her patients much prefer for a number of reasons, not the least of which is there is less bleeding. And going in the radial artery can make a huge difference for patients' comfort, because as soon as they get off the table, they can actually sit up in a chair – good news for older men with enlarged prostates, who have difficulty urinating lying down; they can get up and go right to the bathroom. Anyone with a good radial pulse, with no significant blockages in the artery from the arm, is a candidate for this procedure.

Recovery is much quicker: Dr. Webb's femoral artery cath patients typically can't work, drive or lift for three or more days. Going in through the wrist, however and she can tell her patients they can return to work in a day or two, minimizing wrist movements, but otherwise normally active.

Indications for cardiac cath usually involve specific symptoms: ongoing heart attack, chest pain, shortness of breath, dizziness – or in the absence of an ongoing heart attack, a positive functional study or positive stress test.

Dr. Webb also sees patients in the absence of a stress test, depending on presentation. "There are occasions where somebody has a non-ST elevation MI, which means that the blood work may be positive, the EKG may be positive, but it wasn't an abrupt complete closure of the artery," she says. In that case, she'd proceed straight to catheterization without waiting for a stress test. Likewise, a patient with unstable angina, having pain at rest, would be an indication for catheterization, based on history.

She also performs cardiac catheterization for structural or valvular heart disease, to assess for stenotic or regurginate valves, or on cardiomyopathy patients to assess how the heart is actually functioning.

Dr. Webb is looking forward to the availability of bioabsorbable stents. "Because there's not stent material left after a certain period of time, they may actually be a better option long term," she says.

Congestive Heart Failure

Coronary artery disease is the most common cause of congestive heart failure, which is responsible for 5 million deaths a year. Dr. H. Lee Kanter, an electrophysiologist with Cardiovascular Associates, an independent medical practice, established the electrophysiology department at Chesapeake Regional Medical Center (CRMC).

The term congestive heart failure is widely misunderstood. The 'congested' part is actually fluid in the lungs, caused when the main pumping chamber of the heart isn't efficiently ejecting blood forward through the body. That leads to pressure increases in the lungs, which force fluid out into the lungs, making them congested and leading to poor, decreased exchange of air.

Untreated, worsening congestive heart failure can affect virtually every organ in the body. Dr. Kanter is quick to point out that many forms of heart failure can be controlled by treating the underlying causes, making lifestyle changes, and taking medication – information that he stresses to the Sentara Virginia Beach General patients who visit the CHF clinic at the Virginia Beach office of Cardiology Associates. The practice is getting ready to open a similar clinic in Chesapeake, where he will see CHF patients discharged from CRMC. "We're setting up the clinic so we can see patients discharged with a diagnosis of CHF," he says, "so we can communicate very closely with them about how to manage their weight, their sodium intake, and their medications. We partner with them, educate them and empower them to take responsibility for their care."

One of the newer modalities for CHF patients is the biventricular pacemaker. Dr. Kanter was the first cardiologist to perform this procedure at CRMC. A normal pacemaker's purpose is to keep the heart from beating too slowly and to provide synchrony between the top and the bottom chambers of the heart. The technology was specifically intended to provide an additional treatment for certain CHF patients, when the bottom pumping chamber of the heart – the walls of the heart – does not beat synchronously. These asynchronous or dyssynchronous contractions of the heart lead to a less – efficient pumping action. A biventricular pacemaker electrically stimulates the heart – the opposite walls of the heart at the same time – so those opposite walls then mechanically contract at the same time, therefore increasing the efficiency of the pumping action.

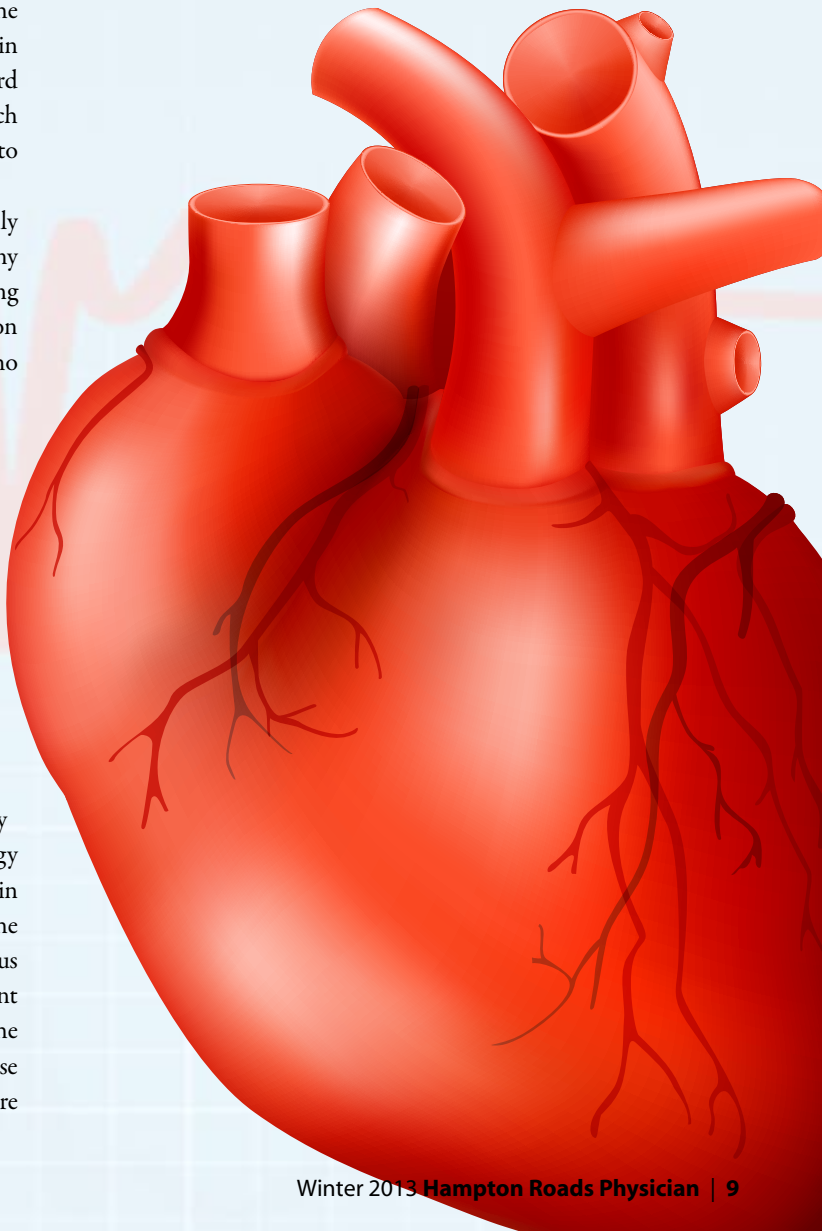
Dr. Kanter was involved early on in the research that led to the development of the biventricular pacemaker. That research – called the Miracle Study and reported in *The New England Journal of Medicine,* Cardiac Resynchronization in Chronic Heart Failure, June 2002 – led to FDA approval. He is currently involved in an international study investigating the application of biventricular pacing in extended indications, as a treatment of congestive heart failure.

Atrial Fibrillation

An electrophysiologist is the electrician of the heart, says Dr. Ian Woollett , also with Cardiovascular Associates. His area of expertise is atrial fibrillation, or a-fib.

He likens a-fib to an electrical storm in the top chamber of the heart, using the analogy of a car with a spark plug malfunctioning: it still gets around, but inefficiently. Patients in a-fib feel tired and more fatigued because their hearts are beating too fast and irregularly.

A-fib can have a variety of causes, including conditions like high blood pressure and heart valve disease – but for many, "it just seems to be bad luck," Dr. Woollett says. "When the heart was forming and the veins in the heart were connecting together, some of the cardiac cells remain in the pulmonary veins and can't make up their mind if they're



part of the vein or part of the heart. Sometimes they start firing rapid electrical signals that drive the rest of the heart into a-fib."

"Stroke is by far the biggest thing we're worried about with a-fib," Dr. Woollett says, noting that it is the most common arrhythmia in older patients in the United States, occasioning more hospitalizations than any other rhythm problem. It's complicated by the fact that some people don't feel it. Those patients can be treated with blood thinners to prevent stroke, but all of these have side effects and potential toxicities. "Historically, for the last 30 or 40 years, we'd treat with the anti-coagulant warfarin. It works most of the time, but can be very difficult to regulate."

In the last few years, cardiologists have been excited about the new direct anti-thrombin inhibitors like Pradaxa (dabigatran etexilate) or Xarelto (rivaroxaban), which eliminate the need for monitoring and regulating. These drugs have been shown to be safer than warfarin, and more effective.

When medications fail, however, other modalities are available – in particular a procedure known as an atrial fibrillation ablation, which involves advancing catheters into the heart through the veins in the legs, mapping around to locate where the a-fib is coming from, and essentially disconnecting those areas by creating a line of scar tissue in very specific locations around that spot – thus keeping the a-fib from reaching the rest of the heart. The procedure is technically very difficult, with a long learning curve.

Dr. Woollett is optimistic about the HeartLight study, an FDA randomized pivotal trial for the CardioFocus endoscopic laser balloon for pulmonary vein isolation. "We're able to take a little balloon and put it inside the heart, fill it with fluid, put a light down there with a fiberoptic camera, and actually see inside the heart with unprecedented precision."

The first time he saw it, he was amazed. "We can take the laser and make a laser burn around each of the openings of the pulmonary veins. We can see exactly where it's going; we can see that we've got good contact; we can make sure that there is a solid line rather then leaving gaps." He cautions, "The hope in doing this is not that it's going to be more successful the first time, but that there's going to be a much lower risk of atrial fibrillation coming back."

About 20 centers in the U.S., including Sentara's Cardiovascular Research Institute, are involved in the HeartLight study. In addition, Dr. Woollett notes, Sentara's Cardiovascular Research Institute is one of only a few centers in the country working on a study to help patients who go into a-fib and stay there (persistent a-fib). "These patients are very difficult to treat," he says. "Neither drugs nor catheter ablations have had good long — term success. In the hybrid DEEP procedure, we've been trying to combine the best of catheter ablation and the best of a surgical ablation in a minimally invasive approach."

"We've been seeing over 80 percent success rates here," he says, noting that success from a catheter ablation alone over the long term are probably optimistically 30 percent in this difficult to treat population.

World-Class Care

The work that these three physicians do on a daily basis involves so much more than what is outlined here. They are part of the community of dedicated cardiologists who make Hampton Roads a well-recognized and respected destination for exceptional cardiac care. *Hampton Roads Physician* is proud to feature these three exceptional practitioners who exemplify the practice of medicine at its best. ■

CardioFocus HeartLight® balloon showing perpendicular projection of 30° therapeutic beam of light

Courtesy of CardioFocus Inc.

H. Lee Kanter, MD
Cardiac Electrophysiologist

Dr. Kanter is a native of Hampton Roads. Coming from a family of prominent Norfolk attorneys, no one would have been surprised had he pursued a career in the law. But he had different ideas.

He attended Norfolk Academy, graduating from Phillips Academy Andover in Massachusetts. From there, he enrolled at Johns Hopkins University in Maryland, where he began the study of electrical engineering. The decision to become a physician was made gradually, but with purpose. "As an undergraduate, I was involved in research in lasers," Dr. Kanter explains. "I was always very intellectually interested in the science, and over the course of my college years, I realized that I wanted to spend my time doing something that would help people." By the end of his college career, he knew medicine was where he belonged.

He returned to his home state to attend the University of Virginia in Charlottesville, where he was named to the Medical Honor Society. During medical school, he found time to do significant volunteer work, including, notably, in his fourth year as a medical extern at a rural hospital in Zambia, Africa.

Dr. Kanter then did his internship and residency in internal medicine at the University of Michigan at Ann Arbor. During his residency, he worked as a locum tenens on the Navajo reservation for Indian Health Services in Shiprock, New Mexico. He also met his wife, Janet, during residency. From Michigan, they went to St. Louis, Missouri, where Dr. Kanter was awarded the Kenneth M. Rosen Fellowship in Cardiac Pacing and Electrophysiology by the North American Society of Pacing and Electrophysiology (now the Heart Rhythm Society.) The Kanters together volunteered for several months at St. Jude's Hospital in Santa Lucia in the West Indies.

They also had two sons and, as Dr. Kanter describes it, he was "blessed enough to get a job in my hometown." He joined Cardiovascular Associates, Ltd. in 1995.

He became a member of the staff of Chesapeake Regional Medical Center in 1995 as well, and he has spent the ensuing years contributing to Chesapeake Regional's Cardiovascular Services' recognition as a high-level cardiac care center, which provides state-of-art technology to patients in Hampton Roads – including emergent cardiac catheterizations for people suffering an acute heart attack, all methods of cardiac diagnostic testing, cardiac catheterizations and interventions. He established and is currently director of Chesapeake Regional's Electrophysiology Lab, which offers electrophysiologic testing, implantation of pacemakers and defibrillators, including cardiac ablations. He was the first electrophysiologist to perform a biventricular pacemaker procedure at CRMC.

He is also the main cardiac electrophysiologist at Sentara Virginia Beach General Hospital, and is affiliated with Sentara Norfolk General and Sentara Princess Anne Hospital as well.

He is still actively involved in volunteerism, but today his efforts revolve around health care leadership. He's past-president of the Department of Medicine at Virginia Beach General Hospital and has served on the boards of the Medical Society of Virginia and the Medical Society of Virginia Foundation. He has recently become interested in becoming involved in a leadership role in efforts to improve health care quality and costs effectiveness. He is a staunch proponent of the importance of trust in the physician-patient relationship. "It's absolutely invaluable when someone is sick and vulnerable," Dr. Kanter says. "If that trust is eroded, everybody loses. If I'm a spokesman for anything, it's that."

Dr. Kanter and his wife, now a PhD. in public health, live in Virginia Beach. They have two sons, ages 18 and 21. Right now, he says, "it doesn't look like either of them will go into medicine," but adds, "I'd be surprised if my younger son didn't become a lawyer like his grandfather. He has the gene." ■

Leslie Ann Webb, MD
Interventional Cardiologist

According to a 2008 report published in the Journal of the *American College of Cardiology*, the number of women in cardiology had almost doubled in the past 10 years. At first blush, that reads like good news. The report went further, however, to state that more than two-thirds of female cardiologists continue to report discrimination, mostly on the basis of gender or parenting responsibilities.

Dr. Leslie Webb, a board-certified interventional cardiologist with Cardiovascular Specialists in Newport News, speaks candidly about both statistics. "Traditionally, cardiology has been a very male-dominated field," she says, adding that "only about 8 percent of cardiologists are women, and even fewer are interventional cardiologists."

Because of that, "it's had its challenges," Dr. Webb acknowledges, but notes that her generation has it much easier than the generation of her female mentors – women like internationally known Dr. Cindy Grines, with whom she trained at William Beaumont Hospital in Michigan. She recalls one of her male mentors saying that women have no place in the cardiology lab because they wouldn't fully devote their lives to cardiology, because they'd be too busy worrying about everything else, like kids and families. "Luckily there were enough good people along the way, men and women, who were encouraging and good mentors –especially Dr. Robert Safian at Beaumont, who was my greatest supporter as a cardiologist and a working mom," she remembers. "I didn't let myself get discouraged, even as I was being judged just because of my gender."

Resistance to her gender may have been a challenge, but hardly an insurmountable one. After receiving a bachelor's of science degree from the University of North Carolina in Chapel Hill, and her medical degree from Bowman Gray School of Medicine in Winston-Salem, the self-described "science nerd" completed her medical residency at the University of Virginia Hospital in Charlottesville, where she also completed a fellowship in cardiology. She went on to complete an interventional cardiology fellowship from William Beaumont. She is certified by the American Board of Internal Medicine, the American Board of Cardiology and the American Board of Cardiology, Interventional Cardiology. She is a Fellow of the American College of Cardiology.

Dr. Webb joined the staff of Cardiovascular Associates in August of 2012, and she's based at Bon Secours Mary Immaculate Hospital in Newport News. Her patients come from the lower and middle peninsula, as well as from Suffolk and Smithfield.

She calls interventional cardiologists "the plumbers of cardiology, because we deal with the coronary arteries and blockages of the arteries when they get to be significant enough to cause ischemia."

Having lost her first husband to heart disease four years ago, she was faced with – and met with trademark resolve – the challenge of practicing interventional cardiology as the single mother of two very young children. Today, the kids are 9 and 7, and she's a newlywed; her new husband is an echocardiographer at Sentara Norfolk General. The 9-year old, her son, "may well be a scientist," she says. Her daughter she calls "my flower child. She'd have been perfectly at home in the sixties!"

There's another statistic from the 2008 Journal of the *American College of Cardiology* report that resonates with Dr. Webb: "The good news is that . . . both men and women cardiologists are hugely satisfied with their job-over 90 percent love what they do," the report reads. She agrees: "Cardiology has given me the opportunity to combine my interest in science, anatomy and physiology, with working with people and taking care of them." ■

Ian Woollett, MD
Cardiac Electrophysiologist

Dr. Woollett describes his childhood as "unusual." The son of a commercial airline pilot who was able to select his own home base, Dr. Woollett grew up in the Bahamas. Not only did he not come from a science background, he was also the first person in his family to go to college.

"I was always interested in science," he recalls, "but I just wasn't sure what I wanted to do." He enrolled in an MD/PhD. program in the School of Medicine at the University of Colorado with the idea of going into basic science, and pursuing a PhD. in neuroscience. Instead, he was drawn to electrophysiology, and became what he calls "kind of the electrician of the heart."

He did both his internship and residency in the Department of Internal Medicine at the University of Washington in Seattle, followed by a year as a hospitalist in Denver.

Dr. Woollett did a two-year clinical fellowship in the Division of Cardiovascular Medicine at Yale University, and a second two-year clinical fellowship in the Division of Cardiac Electrophysiology at Columbia University, New York Presbyterian Hospital. He then spent a year at Brown University/Rhode Island Medical Hospital as an Assistant Professor in the Department of Medicine, Division of Cardiology.

He enjoyed the research component of his fellowships, but found that he was much more interested in research as it directly impacts patients, where he could see real, tangible results from the latest advances and technologies. He also discovered he preferred directly supervising the research rather than writing grants and papers – and thus decided to leave academics and go into private practice.

Dr. Woollett came to Norfolk in 2005 to join Cardiovascular Associates, an independent medical practice with offices in Virginia Beach and Chesapeake. He is an attending physician at Sentara Norfolk General Hospital, Sentara Virginia Beach General Hospital and Chesapeake Regional Medical Center.

Dr. Woollett and Cardiovascular Associates are closely affiliated with the Sentara Cardiovascular Research Institute, part of Sentara Healthcare, one of the nation's leading not-for-profit health systems and an acknowledged leader in patient safety and quality innovation. Established in 2005, the Sentara Cardiovascular and Research Institute is now among the top cardiac research programs in the country, with about 70 ongoing studies per year.

Dr. Woollett's position allows him to routinely incorporate clinical research studies into his clinical practice in situations where the technologies are advanced enough to include human patients, rather than animal models. He's currently principal investigator in a number of ongoing studies in all aspects of heart arrhythmias, including HeartLight, an FDA randomized pivotal trial for CardioFocus endoscopic laser balloon for pulmonary vein isolation, and the DEEP AF trial for hybrid endocardial/epicardial ablation for chronic atrial fibrillation, among others.

Dr. Woollett is married to Christine Truman, MD, a psychiatrist who practices at the Hampton/Newport News Community Services Board. Dr. Truman has received statewide and national attention for her work in women's health in general and postpartum depression in particular, and for the annual conference she organizes on these subjects.

They have two children, a 7-year-old son who wants to be an ornithologist, and a 5-year-old daughter who'd like to become a veterinarian.

Dr. Woollett might like to become a pilot like his father – but for personal pleasure, not commercial gain. He and Dr. Truman have agreed that can wait until after their kids have graduated from college. Until then, he'll fly closer to earth – on his sailboat, the *Tachycardia.* ■

The Pareto Principle:

Are you Wasting Your Efforts, Money, and Effectiveness?

By Bassam A. Kawwass, FACHE

Do you want to get your financial house in order, improve your overall quality of patient care outcomes and patient satisfaction?

The Pareto Principle, which propounds that there is an inverse proportion or a disproportion between the effort or expenditure and the result in most situations is an empirical observation and a commonly accepted premise. For example, a low percentage of the population controls a high percentage of the wealth, or 20 percent of the time spent billing for services produces 80 percent of the revenue. It is important to notice the disproportion and to acknowledge that valuable human resources, time and money could be diverted to other tasks if a solution is found to the lopsided imbalance.

So, the question is: Are you spending 80 percent of your time trying to collect 20 percent of your receivables? Are you spending 80 percent of your time flipping through the pages of paper medical records and letters to/from other physicians? Are you spending 80 percent of your time flipping through the computer screens of electronic documents that are not discrete data elements? Are you spending 80 percent of your financial and clinical resources on 20 percent of your practice and patients, respectively? Are you spending 80 percent of your time on patients with complex and complicated conditions?

Should you refocus your workflow and system infrastructure so as to spend 20 percent of the effort to get 80 percent of the output and rewards? Should you rely on specialized electronic powerhouses to realize higher revenue with lower expenditures? Should you collaborate with select specialists to handle those patients who need complex care? The choice to get your house in order and utilize your time and resources efficiently, effectively and economically is yours.

The good news is that in 2013, real options, intelligent tools and smart solutions are available, affordable, and accessible for a single physician practice as well as for group practices. The practice would not survive without adopting them; it can pay for them through available financing plans that ultimately do not cost additional cash when the reduction of expenses in overhead are included in the calculations.

Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Eligible professionals can receive up to $44,000 through the Medicare EHR Incentive Program and up to $63,750 through the Medicaid EHR Incentive Program.

User-friendly practice management software, intelligent EMR, and continuum of care networking help provide the enlightened physician practices with sets of tools in their offices, and clinical resources of specialists in the community to achieve quality patient care with a 20 percent investment that produces 80 percent rewards. The challenge continues to be for the experienced leaders in physician practices to pick the right tool(s) among many in the market. ■

Bassam A. Kawwass, FACHE is the administrator for Cardiovascular Associates, Ltd. (www.cval.org), the premier largest independent, full-service cardiology practice E-mail: bkawwass@cval.org. Mr. Kawwass served as past Regent at Large for the American College of Healthcare Executives. He earned a master's in Health and Hospital Administration from Virginia Commonwealth University, a Medical Records Administration degree from St. Louis University, and a Bachelor's in Business Administration from the American University of Beirut, Lebanon.

Direct Anterior Hip Replacement Offers A New Path to Patient Care

By Anthony M. Bevilacqua, DO

With the tremendous advancements in medicine in recent years, people are living much longer and remaining more active than in previous generations. It's nice to know that technology has provided innovation in hip replacement as well, permitting shorter hospital stays, faster rehab and earlier return to activities.

The good news is that in appropriately selected patients, the Direct Anterior Hip Replacement (aka "Jiffy Hip") is an advanced way to surgically reach the hip in a less invasive manner. Traditional methods have typically required some muscle detachment, while the Direct Anterior approach instead goes between muscles, using more specialized equipment and technology. We find patients have an easier recovery overall, shorter rehabilitation therapy periods and are more likely to return to pre-surgery activities. There are no motion restrictions once the healing has occurred, and no braces or special "rules" of how to sit or stand after surgery.

The majority of the new procedures are being conducted in the Hampton Roads area, but the approach is gaining popularity nationwide. Over time we expect long-term data to confirm that the anterior method is superior for appropriately selected patients. At Sports Medicine and Orthopaedic Center, we've seen a significant benefit, and patient feedback echoes our observations. It has also allowed us to consider hip replacements for both the younger athletic patient and the active but aging populations, since the surgery is less invasive. We also enjoy the surgical precision that live imaging provides for this procedure.

None of the implants used are under recall or have been associated with the information that's been in the news in recent years. Ceramics and highly crosslinked bearing surfaces have given even greater longevity to the implants. We believe the Direct Anterior approach to hip replacement is another innovation to help patients recover more quickly, live pain free, and enjoy a greater quality of life. ■

Dr. Anthony M. Bevilacqua is a board-certified orthopaedic surgeon with the Sports Medicine Orthopaedic Center (SMOC). His specialties include joint replacement, fracture care and sports medicine. He started his medical career in the U.S. Army, repairing injuries and complex fractures in the buildup and mobilization for our wars in Iraq and Afghanistan, as well as a tour in the Republic of Korea. His residency in Orthopaedic surgery was at Walter Reed Army Medical Center. Visit SMOC-PT.com to learn more.

Disc Herniation, Protrusion or Extrusion:

Diagnosis and Communication With the Patient

Jeffrey R. Carlson, MD

MRI and CT reports contain some medical terminology that can be confusing to most patients. Obviously, the readings from these imaging studies are translated into medical terminology that is intended for the eyes of medical professionals. I like to share these reports with most of my patients and, many have questions about the terms that are used to describe their clinical findings.

Accurately describing the condition to the patient, in terms they can easily comprehend, engages the patient to become an active participant in their own healthcare. When both parties understand and agree on the problem, developing a treatment plan becomes easier and is more likely to succeed.

Each week, radiologists look over hundreds of MRI and CT scan studies that have been performed for multiple diagnoses. Their job is to relay any pertinent information from the study that may relate to the patient's diagnosis back to me, the spine specialist. It is important that the request for a particular study expresses the presumed information that should be gathered. For example: In a particular spine MRI scan, the spine specialist will request the study be examined for a potential cause of leg pain, by describing the specific spinal area and side that correlates with the patient's pain. The radiologist will examine the study, in general, for abnormalities, including misalignments of the spine; abnormal positions of nerves, bones or muscles; or unusual masses that may not have anything to do with the reason for the study. The radiologist will then look at the particular question being asked about the patient.

Not all discs will follow the progressive nature of protrusion to extrusion. Most disc problems will stabilize in one of the three positions (rather quickly) after the initial injury.

Most of our spine studies are done to evaluate pressure on a particular nerve root, i.e., a pinched nerve.

The radiologist will describe the disc spaces at each level of the spine and use adjectives to describe the disc material that is not in its normal position. This is where radiologists will use the words protrusion, herniation or extrusion, which are listed here in relative degrees of abnormality, with protrusion being the less abnormal and extrusion being more abnormal.

Not all discs will follow the progressive nature of protrusion to extrusion. Most disc problems will stabilize in one of the three positions (rather quickly) after the initial injury. Having said this, the nerves that are near the disc may not be affected at all. The radiologist will often describe some measure of relative nerve pressure that is present on the images, but it is up to the spine surgeon to correlate the imaging studies with the patient's symptoms. Fellowship-trained spine surgeons have the most advanced training for treating spinal disorders, and are able to discern the optimal treatment plan for patients from the mild muscular sprain to extensive bone and nerve reconstruction surgery. ■

Dr. Jeffrey R. Carlson is a fellowship-trained Orthopaedic Spine Specialist who practices at Orthopaedic & Spine Center in Newport News, VA. For more information about Dr. Carlson or OSC, go to www.osc-ortho.com or call 757-596-1900.

Recognizing Outstanding Nurse Practitioners and Physician Assistants in Hampton Roads

Mark Coles, Nurse Practitioner

Mark Coles' nursing career spans three continents and more than 30 years. After receiving his registered nurse training in Sydney, Australia, he worked in London before coming to the United States in 1982. He worked in critical care, education and management before graduating with his MSN degree from the Family Nurse Practitioner (FNP) Program at Old Dominion University in 1999. He has, in his own words, "thrown himself into the world of nurse practitioners," practicing and advocating for the profession with a schedule that belies a 24-hour day.

He's worked in neurosurgery and as a hospitalist for 14 years. His primary work site is Sentara Careplex Hospital in Hampton, where he works as the sole nurse practitioner (NP) with 10 physicians and one physician's assistant. Working a 2pm to 2am shift, Mark collaborates with physician colleagues to admit patients through the emergency department, as transfers from other facilities or from physician offices and other specialists. He also assists nursing staff by resolving routine and emergent inpatient issues.

Mark helped initiate and grow the hospitalist program at Sentara Princess Anne Hospital in Virginia Beach, where he continues to work as needed. In addition to his patient care work, Mark serves on the Governance and Nominations Committee of the Sentara Medical Group and is a founding member of the Sentara Advanced Practice Clinicians Council. He has been a member of the Virginia Council of Nurse Practitioners (VCNP), the statewide professional association for NPs, since receiving his FNP degree in 1999. Mark served for 11 years as VCNP's Tidewater regional government relations representative, organizing and coordinating regional activity for three legislative campaigns, all of which were designed to ease NP practice barriers and increase access to care in Virginia. During that time, he received the Nurse Practitioner of Excellence Award from VCNP's Tidewater Region.

Mark also was the driving force in the development of a regional government relations subcommittee to assist in advancing legislative efforts and until its recent merger with the American Association of Nurse Practitioners, represented VCNP nationally as liaison to the American College of Nurse Practitioners.

In 2010, Mark became VCNP's state government relations chairman and continued building relationships and educating state legislators about challenges facing NPs. As part of the negotiating team representing VCNP in discussions with the Medical Society of Virginia last year, Mark showed exemplary leadership in meetings, educating physicians about statutory barriers impeding practice and national trends for autonomous practice. He collaborated to offer solutions, and engaged in negotiations leading to successful passage of legislation (HB 346) that eased practice barriers and encouraged new methods of collaboration to improve access to care for Virginians – particularly those in underserved areas. It's anticipated that between 300,000 to 400,000 new patients will have insurance under the Affordable Care Act, and enactment of this legislation will help ease the burden on increasingly busy primary care physicians.

Mark led efforts with a state feasibility pilot project to define the role of and analyze use of NPs in providing care in rural areas. He's advocated for use of telehealth technology as a collaborative and consultative tool, and worked to coordinate an organized response from key stakeholder groups during a recent Board of Health Professions study.

Noting that the current term-of-art for his profession is Advanced Practice Clinician, which includes physicians' assistants and midwives, Mark adds that Sentara has established an Advanced Practice Clinician council. "It's exciting to have that connection to the Sentara Medical Group," he says, which includes physicians in family medicine, internal medicine and pediatric physicians, as well as many specialties. "The collegiality and recognition for Advanced Practice Clinicians has been gratifying, as hospital groups are recognizing the need to maximize the use of their clinicians so that NPs and others practice to the full extent of their education and training." ■

If you work with or know a physician's assistant or nurse practitioner you'd like to nominate for a profile in Hampton Roads Physician, *please visit our website – www.hrphysician.com - or call our editor, Bobbie Fisher, at 757-773-7550.*

Sharing and Celebrating the Accomplishments of Those Who Have Received Major Honors

Bon Secours Virginia was recently recognized by the American Heart Association as a Platinum Fit-Friendly Workplace for helping employees improve their health and well-being.

Riverside Regional Medical Center has been named one of the Truven Health Analytics 50 Top Cardiovascular Hospitals, ranking among the best hospitals in the country in four key measures of cardiovascular care. Riverside is one of only two hospitals in Virginia and the only hospital in Hampton Roads to achieve this distinction.

Dr. L. D. Britt, the Henry Ford Professor and Edward J. Brickhouse Chair of Surgery at Eastern Virginia Medical School, was honored with a Community Service Award at the Urban League of Hampton Roads' annual Martin Luther King Jr. Community Leaders Breakfast on January 21.

Dr. Kelly M. Maples (Internal Medicine Residency '05), Assistant Professor of Pediatrics at EVMS, recently received the Young Faculty Award at the annual meeting of the American College of Allergy, Asthma and Immunology in Anaheim, Calif., where she presented "A Non-Invasive Approach to Evaluate Disease Severity in Eosinophilic Esophagitis."

Dr. Cynthia Romero, who manages TPMG Romero Family Practice and serves as the first female Chief Medical Officer for Chesapeake Regional Medical Center, has been appointed by Governor McDonnell to serve as State Health Commissioner.

Dr. Wayne J. Reynolds of Gloucester Point, a board-certified family physician with Sentara Family Medicine Physicians, has been reappointed by the Governor to serve on the State Board of Medicine.

Ellie Duarte, Patient Navigator at Chesapeake Regional Medical Center, has been granted the Outstanding Performance in Mission Delivery in the State of Virginia award by the American Cancer Society Achievement Club for the second year in a row. She received the award for highest service ratios per patient, a 100 percent satisfaction survey, and the highest amount of Road to Recovery rides of any other Patient Navigation site in the South Atlantic Division.

"How far that little candle throws his beams. So shines a good deed in a weary world."

- William Shakespeare, *The Merchant of Venice*

Honoring James L. Hancock, MD

Dr. James Hancock voluntarily enlisted in the United States Navy in 1982 and later received his commission from the Naval Academy in 1990. Since his graduation from the Uniformed Services University of the Health Sciences, Dr. Hancock's distinguished service as a Navy physician has been characterized by a tireless commitment to his country, the Navy Medical Corps and the community in which he practices.

Dr. Hancock has completed 11 deployments, including combat tours in Iraq, Afghanistan, Serbia and Kosovo. He was awarded the Legion of Merit (Combat Award) and a Purple Heart. His work in the evaluation and treatment of traumatic brain injury (TBI) led to his appointment on a special task force by the Chairman of the Joint Chiefs of Staff, and he has made a dramatic impact on the acute and long-term care of the growing number of active duty military patients suffering fromTBI.

It's personal as well as professional for this physician, who suffered a traumatic brain injury himself. He shared his own experience in videos on the Defense and Veterans Brain Injury Center website (dvbic.org) and on brainline.org, providing facts and encouragement for brain injury patients of every stripe.

Dr. Hancock was Task Force Surgeon for a humanitarian mission in East Timor, the poorest nation in the world when it formalized its independence in 2002. In the wake of violent turmoil, Dr. Hancock was responsible for the repair and renovation of medical facilities and the care of more than 1,000 local patients. He has played instrumental roles in medical humanitarian missions in the Philippines, Thailand, Malaysia and throughout Southeast Asia.

In 2012, Dr. Hancock was appointed Deputy Commander of Naval Medical Center Portsmouth, where has enacted multiple initiatives with a direct impact on the availability and quality of medical care in the Hampton Roads community. He is spearheading an initiative to allow the compassionate emergency care of local civilians at the Naval Medical Center. He's worked closely with leadership at EVMS to build increasing collaborative efforts in medical education and simulation training.

His continual liaison with civilian healthcare leaders has allowed for the seamless transition of care for military patients, retirees and dependents who require initial care in the civilian medical system. Dr. Hancock has engaged numerous civilian counterparts, including the Health Care Administrators of Tidewater, to discuss his personal experiences in combat medicine, contributing greatly to local civilian planning and preparation for mass casualty and medical disaster scenarios.

Dr. Hancock's family – his wife and two children – share his compassion and his zeal for action. With her parents' full support, his daughter developed the "Heroes for the Home Front" program at Western Branch High School, a mentor-based initiative to help young people deal with the challenges of military life – everything from the trauma of changing schools to dealing with family deployments. The project has evolved into a robust website (www.herosofhomefront.com), a resource-heavy clearinghouse of information for transferring military students. The program's incredible success has spawned similar outreach in other school systems, including one in Japan.

The Hancocks' son, now a freshman and an accomplished athlete, qualified for the state finals in cross country and competed in the Footlocker Nationals for cross country, Dr. Hancock says with visible pride, noting he's still a good baseball player as well.

Dr. and Mrs. Hancock – now married 22 years – remain committed to the families of returning veterans. She has spoken to many groups about what it's like to be a military family dealing with multiple deployments, and what it's like to move every two years.

Dr. Hancock's contributions as a military physician to service members and their families, his humanitarian accomplishments overseas, and his extensive efforts as a leader on behalf of the Hampton Roads community reflect an unyielding and far-reaching commitment to service. ■

If you know physicians who are performing good deeds – great or small – who you would like to see highlighted in this publication, please submit information on our website – www.hrphysician.com — or call our editor, Bobbie Fisher, at 757-773-7550.

Looking to Improve Practice Performance? Improve Patient Satisfaction.

By Tony Acquaviva

"To satisfy the customer, is the best strategy of all business", Haran et al. (1993). While probably not the most profound statement, when it comes to healthcare practice performance, it may be the most important. Decades of research prove that satisfied patients drive practice performance. Patient satisfaction has been linked to high quality of service scores, better patient outcomes, reductions in claims, and increases in referrals and patient loyalty. Today's practices face increasing pressure to measure quality, while trying to attract and retain healthcare consumers who demand more value.

There's little disparity in terms of what drives patient satisfaction, but focusing on these drivers and improving patient satisfaction cannot be done overnight. So where to begin? The Eight Dimensions of Patient-Centered Care is a great resource. Based on research by the Picker Institute and Harvard Medical School, these Dimensions can help shape satisfaction strategies that are based on patients' perspectives.

The Eight Dimensions of Patient-Centered Care

- Respect for patients' values, preferences and expressed needs – treat patients with dignity and respect; listen to them
- Coordination and integration of care – patients feel vulnerable; coordinate frontline, clinical and ancillary care
- Information and education – share condition and prognosis information and educate patients
- Physical comfort – comfortable surroundings and environment strongly affect patient experience
- Emotional support and alleviation of fear and anxiety – these compromise treatment effectiveness; ensure patient comfort to address anxiety
- Involvement of family and friends – recognize the role of family and friends; accommodate their needs
- Continuity and transition – providing clear and comprehensive instructions reduces anxiety and improves outcomes
- Access to care – patients are at ease when care is readily accessible; referrals, appointments, etc.

Across these dimensions we find the higher-level themes shared by all patient satisfaction research: communication and comfort. The importance of communication cannot be understated – not just between patient and caregiver, but caregiver and staff, family, and ancillary services. The notion of comfort (environmental, procedural and personal) significantly impacts patient satisfaction. In shaping your practice's strategies, keep communication and comfort as your guiding principles to ensure your initiatives are patient-centered.

A recent Harris Interactive study found that four out of five patients prefer cloth patient gowns over disposable paper, because cloth gowns are more comfortable. The survey determined that comfort plays an important role in caregiver-patient communications, as two out of three adults agreed their physical comfort level would affect their ability to share health concerns with their doctor. Even as subtle a change as moving from paper to cloth gowns can have quite an effect on comfort, communication and patient satisfaction.

Practices looking to improve performance should focus on patient satisfaction and use comfort and communication as guiding principles in strategy development. Finally, it is important to note that while patient satisfaction begins as a strategy, it will only sustain itself when it becomes part of the practice's culture. ■

Tony Acquaviva is Regional Sales Manager for Nixon Uniform Service & Medical Wear, the leading provider of textile rental service to the outpatient healthcare market, providing service to more than 5,000 customers each week across the Northeast and mid-Atlantic region.

The Body CAN Regenerate Itself

By Dr. Lisa Barr

Who says the body can't regenerate itself? A new pilot study in the December *American Journal of Physical Medicine & Rehabilitation* confirms that PRP – Platelet Rich Plasma – injections produce significant improvements in pain and function in patients with both primary and secondary osteoarthritis of the knee.

Why so much excitement about this new treatment modality? Because it works. APM Spine and Sports physicians have been using PRP injections for eight years with very good results. We are currently in a study involving intradiscal PRP injections, an approach garnering increasing attention as an effective minimally invasive way to treat discogenic pain.

PRP therapy is gaining in national acclaim as well. Over the last several years, many high-profile athletes have successfully undergone PRP treatments for a wide range of painful conditions affecting knees, elbows, shoulders, hips and low back: Tiger Woods received PRP injections in his elbow for tendonitis, and Pittsburgh Steeler Hines Ward for a knee injury.

PRP is a regenerative therapy, which works quite differently than traditional steroid or viscosupplementation injections, such as Synvisc or Hyalgan. PRP involves an autologous injection of one's own plasma, which is rich in platelets and platelet-derived growth factors – readily available in our own blood. After blood is drawn, it is processed in a centrifuge, where the important growth factors are concentrated into a smaller volume.

When injected by a skillful clinician using sophisticated musculoskeletal ultrasound guidance to ensure the injections reach the optimal target site, these proteins work quickly to promote healing of the tissues from the inside-out – that is, it facilitates the body to heal itself. The chemical release of inflammatory mediators in injured tissue initiates damage to the cartilage and synovium in osteoarthritic joints. PRP primarily works by jumpstarting the body's natural healing response and deactivating the inflammatory cascade. Benefits of PRP also include removal of impaired cells, improved synoviocyte cell function, and promotion of tissue reconstruction. In comparison, the mechanism of action of the viscosupplementation agents (HA injections) is to replenish the hyaluronic acid (HA) in the synovial tissue, which is notably diminished in the osteoarthritic knee. This temporarily improves both the mechanical and viscoelastic properties of the synovial fluid, and stimulates the production of HA by the synoviocytes and chondrocytes.

However, PRP is not the cure-all for all musculoskeletal injuries or deficiencies. Since it works to facilitate the body to heal itself on the cellular level, the best candidates are those who have function-limiting pain, but good health otherwise. Those in poor health, including those with autoimmune disorders and end-stage osteoarthritis, will not respond as well.

With the option of combining both PRP, steroid and traditional HA injection therapies to address tissue damage issues on multiple levels, we are having more success than ever in keeping our patients active, having fun and enjoying healthy lifestyles. ■

Lisa B. Barr, MD is a graduate of Eastern Virginia Medical School. Board certified in Physical Medicine & Rehabilitation, Dr. Barr is the founding partner of APM Spine & Sports Physicians. An internationally sought-after speaker on spine and sports medicine, she is listed among Hampton Roads' "Top Docs," nationally in *Guide to Top Doctors* and recently received a 2012 "Women in Business Achievement Award" from *Inside Business*. To learn more, contact APM Spine & Sports Physicians at 757-422-2966.

Topics in the Affordable Care Act

The RAC Audits

By Bobbie Fisher

The impact of the Patient Protection and Affordable Care Act (PPACA) has been the subject of much debate and discussion, but little consensus. In each issue of *Hampton Roads Physician,* we will address one aspect of the Act. In doing so, we will rely on information provided by experts in the fields of medicine, law, insurance and accounting.

Acknowledging the labyrinthine and complex nature of the legislation and its potential impact on health care, we hope these articles will inspire discussions with readers' personal and professional advisors. Our first topic: the RAC Audit.

The Recovery Audit Contractor (RAC) Program

The RAC program was created by Section 306 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Connolly, Inc., a Pennsylvania based private global audit recovery firm, is the exclusive RA prime contractor for region C, the largest region, covering 35% of all claim volume from 17 states and territories in the southern portion of the US – including Virginia.

Fact: RACs identify underpayments and overpayments of claims paid under the Medicare fee-for-service models for which payment is made under Part A or B of title XVII of the Social Security Act.

Be Proactive

RAC audits began nationwide January 1, 2010, many being initiated automatically. These audits can be daunting, frustrating and time consuming, Bradshaw notes, but there are ways to prepare for – and survive – the process.

1. Know where previous improper payments have been found. Be familiar with the CMS Centers for Medicare & Medicaid Services (CMS) (www.cms.gov) and RAC (www.connolly.com/healthcare/Pages/CMSRACProgram.asp) websites.
2. Conduct an internal assessment to determine whether you are in compliance with Medicare rules, and that all submitted claims meet Medicare coverage and payment rules. If weakness is identified, take corrective action. It may be helpful to form a compliance committee or task force, if you don't already have one in place.
3. Be sure your employees are educated as well – establish a point person to keep up with current regulations, someone your staff can consult with questions.
4. Review the documentation requirements for the items or services you provide. Be careful in your documentation – document what you do when treating patients, and why you do it.

5. Don't rely on others for record keeping.

6. Write legibly – including an identifiable signature.

These may seem obvious, but properly established and implemented, they can save substantial time, money and angst.

Protections for the Provider in RAC Audits

RAC's Medical Directors are now required to speak with a provider regarding a claim denial, if requested. The reason for review must be listed in request and overpayment letters. Claims paid prior to October 1, 2007, are not under review. Note the "look back" is three years, not four; and there is a uniform limit on the number of records that can be requested in a 45-day period: for a solo practitioner, it's 10 records; for a partnership of two to five physicians, it's 20; for a group of six-15, it's 30; and for a group of 16 or more providers, the number is 50.

Other Protections:

- RACs must now pay back their contingency fees if the claim is overturned at any appeal level (not just the first).
- RAC validation contractors provide annual accuracy scores for each RAC.
- They are required to have certified coders, nurses and therapists on staff and must have a medical director who is a physician.
- CMS must approve issues prior to widespread RAC review.

The Audit

It starts with a records request. Note the provider has 45 days to respond. You should ensure the following, without exception:

- Gather as much information about the audit as possible – why it's being conducted – and verify that the claim is open for RAC to review.
- Review each request carefully.
- Remember that filing deadlines are strictly enforced. Calculate deadlines and gather documents in a timely fashion.
- Be careful what you document.
- Retain copies of everything submitted to the RAC.

Finally, some statistics to ponder:

Audit Errors

- 35 percent are due to incorrect coding,
- 8 percent to insufficient documentation,
- 17 percent to "other" (e.g., duplicate claims), and
- 40 percent to medically unnecessary procedures.

If your practice is faced with an RAC audit, consider retaining counsel or another expert. These audits are complicated, exhaustive, and can be financially devastating. Your time is better spent with patients. ■

Spotlighting what's happening in the medical community, and who's making news

Bon Secours has broken ground on a $22.3-million medical office building on its DePaul campus. The 103,700-square-foot, four-story Bon Secours DePaul Medical Plaza is the second phase of a three-phase campus development plan. At the core of the medical plaza is a comprehensive cancer institute, which will house state-of-the-art technology that will enable cancer experts to address the unique needs of patients battling cancer. Completion is expected to be in early 2014. Bon Secours plans to invest in a third and final phase of DePaul campus development to include the building of a 124-bed replacement hospital, scheduled to open in 2017.

Bon Secours Medical Group has signed an agreement with Anthem Blue Cross and Blue Shield to proactively improve its patient care delivery system through financial incentives rewarded by Anthem to Bon Secours-affiliated primary care practices in Hampton Roads and Richmond. In the initiative – known as Patient-Centered Primary Care – these practices have hired nurse navigators who regularly monitor patients' health activity, coordinate care plans, and track whenever patients see a physician/specialist, or require hospitalization. Physicians can then contact patients who may need health follow-ups. The initiative will strengthen relationships between doctors and patients and includes preparing care plans for those with complex medical conditions.

Dr. Apurva Patel and Dr. Bhavdeep Gupta of Cardiology Associates, a Bon Secours Virginia Medical Group specialty practice, have received high designations from United Healthcare and Anthem. United Healthcare designated these cardiologists as Premium Physicians for meeting or exceeding quality of care and cost efficiency standards. Anthem designated Cardiology Associates as a Blue Precision practice for meeting its Quality Recognition and Cost Performance components.

Bon Secours Mary Immaculate Hospital announced that Anthony Carter, MD, an orthopaedic surgeon with Hampton Roads Orthopaedic and Sports Medicine, performed the area's first robotic arm -assisted knee-resurfacing procedure in December. The less-invasive treatment offers options for adults living with early to mid-stage osteoarthritis that has not yet progressed to all three compartments of the knee. MAKOplasty® is less invasive than traditional total knee surgery and offers the precision of a surgeon-controlled robotic arm system, which enables the surgeon to complete a patient-specific presurgical plan. It also provides for real-time adjustments during the procedure.

CHKD was the recipient of $144,000 from the January 18 third annual David Wright Vegas Night fund raiser. Wright, a third baseman for the New York Mets and a Chesapeake native, hosted the annual Vegas-style charity event for Children's Hospital of The King's Daughters at the Virginia Beach Convention Center. Wright has been an avid supporter of CHKD for many years. This is the third year he's hosted the Vegas Night event. Funds from past events have been used to renovate hospital playrooms, establish a movie and video game library and update TVs and video consoles in the cancer outpatient clinic. Hall Automotive was the title sponsor of the event.

Ian Phillip Snider, RD, DO, Regional Medical Director of Bon Secours Medical Group at DePaul and Medical Director of Bon Secours Weight Loss Institute, has passed the Certification for Examination for Obesity Medicine Physicians and is now certified as a baritrician by the American Board of Obesity Medicine. Dr. Snider is associated with Amelia Medical Associates, and directs InMotion Physical Therapy at DePaul.

Chesapeake Surgical Specialists, an affiliate of Chesapeake Regional Medical Group, opened its doors on November 6. The multi-specialty surgical practice includes general surgeon Dr. Alireza Farpour, general and bariatric surgeons Drs. Glen Moore and David Spencer, and colorectal surgeons Drs. Beth Jaklic and Ray Ramirez. With more than 70 years of combined experience, these nationally recognized surgeons offer the latest in minimally invasive surgical techniques.

The late Virginia Glennan Ferguson, whose $2-million gift in 1995 established the **EVMS Glennan Center for Geriatrics and Gerontology,** left a bequest of $4 million to support the Glennan Center Endowment – the largest gift EVMS has received from an individual. She also made a gift of $250,000 to support the Westminster-Canterbury Endowed Professorship and a commitment of $1.6 million that will support the Glennan Center. Mrs. Ferguson's total contributions of more than $7 million to EVMS make her the largest individual benefactor in the school's 40-year history.

Harry T. Lester has announced that he will conclude his time at EVMS in April 2013. He will be succeeded as Chief Executive by Richard V. Homan, MD, who will continue to serve as Provost and Dean. Mr. Lester's tenure has been marked by growth throughout the institution, and he leaves the school on the strongest financial and educational footing in its 40-year history. Prior to his departure, Mr. Lester will focus on fund-raising and legislative issues.

EVMS has received a gift of $178,250 from the sale of the EVMS Healthy House on display at the October 2012 Homearama. Larry Hill, founder of L R. Hill Custom Builders, presented a check to Harry Lester at a January meeting of Tidewater Builders Association, which produces the twice yearly Homearama showcases. The Healthy House gift will support the

EVMS Fund, which helps EVMS provide scholarships and stipends, recruit faculty and students, and upgrade clinical equipment and technology.

Hospital Authority of Norfolk's Board of Commissioners has elected Anita O. Poston, an attorney with Vandeventer Black LLP, as its chair. At the Board's annual meeting, the following officers were also elected: Irvine B. Hill, Vice Chair; Dr. William T. Greer, Jr., Secretary; Conrad A. Greif, Treasurer. Poston succeeds Willette L. LeHew, MD, who has served as Authority Board Chair since 2004. Specializing in business and estate planning as well as health law, she is an American Bar Association Fellow as well as Virginia Law Foundation Fellow. She received her JD from the College of William and Mary.

Orthopaedic & Spine Center surgeon Raj Tareja, MD will participate in a 24-hour 60-mile hike, a "1 Voice Trekking" event on March 1 to raise funds for The Samaritan Women Scholarship fund, which provides financial support to women who are endeavoring to re-imagine and re-build their lives from exploitation and trauma, including providing funds for their academic goals. Dr. Tareja invites encouragement and support.

Riverside opens Heron Cove at Sanders, the first facility of its kind for older adults. Lt. Gov. Bill Bolling and Ruth Marchant cut a green Riverside Health System ribbon, officially opening Heron Cove at Sanders, the state's first freestanding household model of care for older adults. More than 250 people attended the ceremony. Heron Cove at Sanders is made up of two houses, designed like traditional homes and featuring private bedrooms and bathrooms and open dining and living areas, and can accommodate up to 20 residents. One home will provide long-term nursing care and one will provide short-term rehabilitation. The cost of this model of care is comparable to other facilities offering nursing home level of care.

Riverside Shore Memorial Hospital, a new 143-bed facility located behind Four Corner Plaza on the Eastern Shore, has anchored Riverside's services on the Shore. Additional Riverside facilities in the area include Riverside Shore Rehabilitation Center and Riverside Medical Group physician offices. Services include: Emergency Care, Critical Care, Newborn Care, Cancer Care, Diagnostic Imaging, Family Medicine and Specialty Physicians, Long Term Care, Physical Therapy and Home Care.

Sentara CarePlex Hospital and Sentara Port Warwick, an outpatient health campus, mark 10 years of community service on the Peninsula. Sentara CarePlex Hospital is the second busiest emergency department in Virginia, serving thousands of area residents annually. The hospital is now serving an increased number of radiation oncology patients and providing enhanced care to the area's aging population through the new 12-bed Acute Care for Elders (ACE) unit. On the Sentara Port Warwick campus, services like advanced vascular services have been added to better meet the health needs of patients with diabetes and vascular disease.

Cynthia Allen, BSN has been named to the new position of **Sentara Vice President of Oncology Services** effective January 2013. Allen has been serving as the executive director for business and clinical development for Cancer Centers of Virginia, working closely with the Sentara Cancer Network. As vice president of oncology services, Allen is responsible for providing

direction and support for the oncology services at Sentara in partnership with key division personnel, hospital administrative teams and physicians.

Allen Ciuffo, MD, cardiologist and researcher at Sentara Cardiovascular Research Institute, continues traveling to top-ranked heart centers like Cleveland Clinic to train physicians to implant a new defibrillator called an S-ICD, or subcutaneous implantable cardioverter defibrillator. As a top-enrolling physician in the clinical research study that brought this new S-ICD widely to patients once it was FDA approved in fall 2012, Dr. Ciuffo is now passing on what he's learned.

Sentara Healthcare, Cupron, EOS Surfaces and Encompass Group are joining together to evaluate the clinical and economic effectiveness of deploying antimicrobial copper-based hard surfaces and textiles in a range of healthcare environments. This program is believed to be the world's largest hospital evaluation to-date of antimicrobial-protected materials, with the goal of combating the spread of pathogens known to contribute to healthcare infections. The trial will initiate in April at Sentara Norfolk General, followed by a large-scale study that will take place at Sentara Leigh. The first "Cupron-enhanced" unit is slated to open in Q4 2013. The existing acute care tower without any Cupron-enhanced surfaces or textiles will serve as the control. Additional studies are planned for various long-term care facilities and outpatient centers.

Sentara Healthcare is piloting an internet blog talk radio program over the next year designed for Sentara Healthcare employees, but featuring topics that may benefit the community at large. Sentara Today on Blog Talk Radio features physicians, nurses and other healthcare professionals who address a range of topics, from breast cancer to dealing with stress on the job. The show airs on the second and fourth Thursday of the month at noon. Listeners can hear the show live or download it on demand by visiting www.sentara.com/blogtalkradio. Listeners can call 347-326-9366 to listen via the telephone. For information, contact Sharon Hoggard at 757-455-7168 or email srhoggar@sentara.com.

Sports Medicine and Orthopaedic Center completed expansion of its Suffolk location in December, allowing the nine-physician practice to provide a wider variety orthopaedic spine care services. The SMOC building, near Obici Hospital on Bennett's Way, features a vascular surgery suite adjacent to the spine center on the second floor, with a relocated and expanded physical therapy suite. The practice celebrated with an open house in December, and encourages prospective patients to stop in and see the facility first-hand. The address is 150 Burnett's Way, Suite 100 in Suffolk.

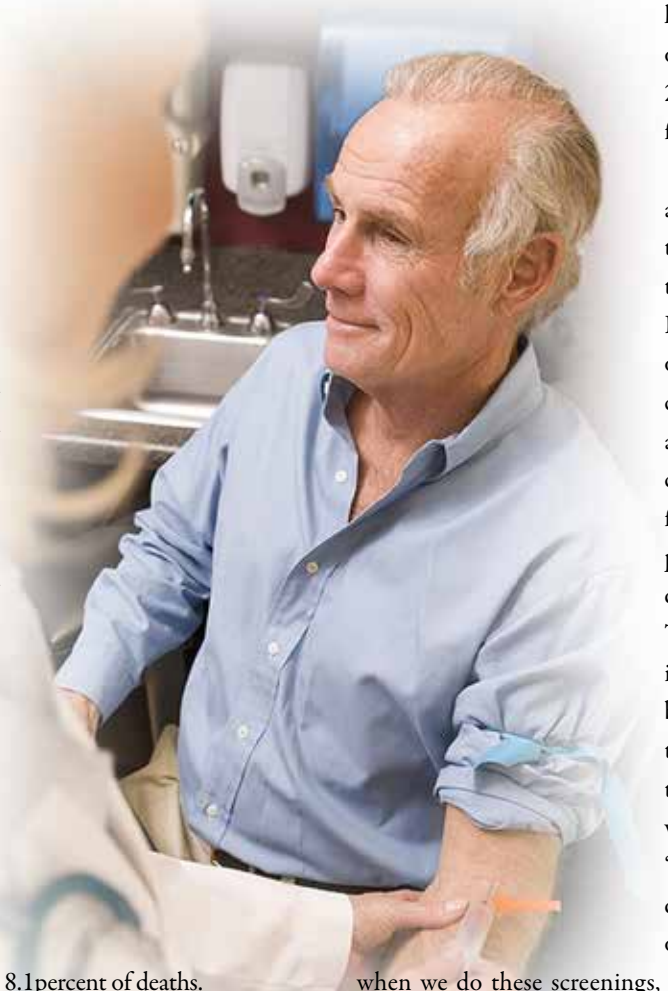
Mark T. Fleming, MD, a medical oncologist with Virginia Oncology Associates and a member of the U.S. Oncology Network Genitourinary Research Committee, recently provided commentary in *Clinical Oncology News* on a *New England Journal of Medicine report*, Enzalutamide a Major Advance for Prostate Cancer Treatment.

Hampton Roads Physician *is pleased to provide this bulletin board for and about the good work physicians and health care providers are doing throughout our community and elsewhere. If you'd like to share what's happening in your hospital, clinic or practice – or some exciting research or event – please email notices to our editor at fisher.bobbie@gmail.com.*

The Prevalence of Cardiovascular Death in the Western Tidewater Health District

By Bobbie Fisher

According to the Virginia Department of Health, Office of Family Health Services, Diabetes Prevention and Control Project (updated in July 2011), 8.7percent (531,366) of adults in Virginia reported having been diagnosed with diabetes by a physician. Prevalence is higher among black Virginians than in any other racial/ethnic group, with 13.5percent of black Virginians reporting having been diagnosed with diabetes, versus 8.5percent of white Virginians. The prevalence is also higher among men overall, and increases with age, ranging from less than 1percent of persons aged 18-24 to 21.5percent of persons aged 65 and over.



The CDC further estimates that the risk of death among people with diabetes is twice that of people of similar age without diabetes. In Virginia in 2009, the death rate due to diabetes as the underlying cause was 19.5/100,000 and 60.4/100,000 for diabetes as a contributing cause. Diabetes may be listed as the underlying/primary cause of death, or as one of up to 23 contributing causes of death. In Virginia in 2009, diabetes as listed as an underlying or contributing cause in 8.1percent of deaths.

These statistics don't hold true statewide, says Joseph Aloi, MD, FACP FACE, associate professor of medicine at Eastern Virginia Medical School and clinical director of the Strelitz Diabetes Center for Endocrine and Metabolic Disorders. In the Western Tidewater health district – Isle of Wight County, Southampton County and the Cities of Franklin and Suffolk – the percentages are much higher: in fact, they are twice the state average for mortality or higher.

It's not entirely clear why, Dr. Aloi says. It doesn't necessarily follow that the reason is access to care: Sentara Obici and Southampton Hospitals are in the Western Tidewater District, and both Bon Secours Mary Immaculate Hospital and Riverside Regional Medical Center are nearby. Helicopters readily access the Sentara Heart Hospital.

Neither does he believe it can be solely attributed to economics, or a more rural mindset. Hereditary plays a role, he acknowledges, but also thinks "the big trump card is lifestyle. If you look at developing China or India, their rates of diabetes are exploding. There is the hereditary risk, of course, but until you introduce the Western lifestyle, you don't get the diabetes." And with the Western lifestyle comes the Western diet and obesity. Obesity is the fuel for Type 2 diabetes, and Type 2 diabetes is the fuel for excess cardiovascular disease.

Whatever the cause, Dr. Aloi and his colleagues are working in the Western Tidewater Health District – as they are in all of Hampton Roads – to deal with the sequelae of diabetes. They have conducted community-based screenings for diabetes, funded by the Obici Healthcare Foundation, where they've found 20percent to 50percent of people have either diabetes or prediabetes. They've partnered with The American Diabetes Association in Project Power, a faith-based diabetes prevention program targeting the African-American community that offers six facilitated educational workshops over a one-year period. "We speak to these groups about diabetes, and about the importance of healthy eating and screening. And when we do these screenings, we include cholesterol, blood pressure, blood sugar," Dr. Aloi says, "and we explain what they have to do with diabetes."

The reception has been good, especially in Suffolk, where "people know diabetes is epidemic," Dr. Aloi says. "They have people in their families on dialysis at age 40 and 50, and they don't want that for themselves. When we find somebody at risk, they're motivated to make some of these small changes, even if it's just reducing the amount of sugary drinks they have each day."

It's been an uphill climb. People are becoming more involved, Dr. Aloi says, and while they're not completing everything the American Diabetes Association advises, he reports that 75percent of people who enrolled were able to improve either their A1C or their blood pressure.

When the most stunning statistic is that one of three children born after the year 2000 will likely develop diabetes in the course of a lifetime, every improvement is a milestone. ■

Acknowledging and introducing physicians who have recently joined the medical community of Hampton Roads

Gregory Pendell, MD, has joined Allergy & Asthma Specialists in Virginia Beach. Dr. Pendell earned his medical degree at Michigan State University College of Human Medicine, and did his residency in Internal Medicine at the Mayo Clinic Medical School. He completed his fellowship in Allergy & Immunology at Children's Mercy Hospitals and Clinics, University of Missouri.

John Shutack, MD, has joined Atlantic Neurosurgical Services, an affiliate of Chesapeake Regional Medical Group. Dr. Shutack earned his medical degree from Temple University in Philadelphia, and completed his general surgery internship and neurosurgery residence at Medical College of Virginia. He is a member of the North American Spine Society and a fellow of the American Association of Neurological Surgeons.

Bradley T. Butkovich, MD, has joined Atlantic Orthopaedic Associates. Board certified in Orthopaedic Sports Medicine and Arthroscopy as well as General Orthopaedics, he earned his medical degree from the Medical College of Virginia and completed an Orthopaedic Surgery residency at the University of Florida-Gainesville and a Sports Medicine and Arthroscopy Fellowship at Orthopaedic Research of Virginia in Richmond.

Bindiya Magoon, MD, has joined Bayview Physicians Group. She earned her medical degree from Christian Medical College in Punjab, India. She completed an Internal Medicine Residency program also at Christian Medical College and Montefiore Medical Center, Albert Einstein College of Medicine in Bronx, New York. She completed her Internship in Internal Medicine at the Good Samaritan Hospital in Baltimore and did her Fellowship in Endocrinology and Metabolism at Tufts Medical Center in Boston. Dr. Magoon is Board certified in Endocrinology, Diabetes, Metabolism and Internal Medicine.

Mitchell H. Block, MD, has joined Bayview Physicians Group. He earned his medical degree from the University of Connecticut School of Medicine in Farmington. He completed a combined Internal Medicine-Pediatrics training program at the University of Rochester Medical Center in Rochester, N.Y. Dr. Block is Board certified in Internal Medicine and Pediatrics.

David F. Waller, MD, has joined Bayview Physicians Group. He earned his medical degree from Eastern Virginia Medical School in Norfolk, Virginia. He completed his Family Practice Residency program at Lynchburg Family Practice. He is currently a member of the American Academy of Family Physicians, Medical Society of Virginia, Tri-County Medical Society and the American Medical Association. Dr. Waller is Board certified in Family Medicine.

Bryan Carroll, MD, PhD, a skin cancer specialist and fellowship-trained Mohs micrographic surgeon, has joined EVMS in its dermatological complement. He is serving as Assistant Professor of Dermatology and Director of Dermatologic Surgery. He is the first Mohs surgeon at Eastern Virginia Medical School and has built procedure rooms and a laboratory at Andrews Hall on the EVMS campus.

Vernon R. Francis, MD, FACP, FACC, joins Sentara Cardiology Specialists in Williamsburg. Dr. Francis earned his medical degree from Georgetown University School of Medicine in Washington. He served his internal medicine internship and residency at the Washington VA Medical Center. Dr. Francis went on to complete fellowship training in adult cardiovascular diseases at the Medical College of Virginia in Richmond.

Katherine Lietz, MD, PhD, has joined Sentara Cardiology Specialists in Norfolk. Dr. Lietz earned her medical degree from the Medical University of Warsaw, Poland, summa cum laude and a PhD in transplantation immunology at the Medical University of Warsaw. She completed a heart transplant and assist device research fellowship at Columbia University in New York, a cardiology fellowship at the University of Minnesota in Minneapolis and a heart failure/cardiology fellowship at Georgetown University. She is one of the nation's leading experts on the implantation of mechanical pumps to assist failing hearts.

Thomas Bergfield, MD, has joined Sports Medicine and Orthopaedic Center. He earned his medical degree from Creighton University School of Medicine in Omaha, and completed his residency at Portsmouth Naval Hospital. He has published and spoken nationally about carpometocarpal fractures and other conditions of the hand and wrist.

Melissa M. Erickson, MD, has joined Tidewater Orthopaedic Associates. Dr. Erickson earned her medical degree from Rush University in Chicago, and completed her residency in the Orthopaedic Surgery Program at Duke University in Durham. She did a Fellowship in Spine surgery at the Mayo Clinic in Rochester, Minnesota. Dr. Erickson is the Peninsula's only female spine surgeon. She is an AOSpine fellow, and a resident/fellow member of the American Academy of Orthopaedic Surgeons.

Ryan Light, MD, has joined Tidewater Physicians Multispecialty Group. Dr. Light earned his medical degree at EVMS in Norfolk. He completed his residency at Portsmouth Family Medicine, an EVMS clinic, serving as a Code Blue committee member at Maryview Medical Center in Portsmouth and Sport Medicine Coordinator at Portsmouth Family Medicine. Dr. Light served as a Board member for the Virginia Academy of Family Medicine. A former Navy Seal, Dr. Light is Board certified in Family Medicine.

Saunora Prom, DO, has joined Tidewater Physicians Multispecialty Group. Dr. Prom earned his Doctor of Osteopathy degree from the Philadelphia College of Osteopathic Medicine, and completed a Family Medicine residency at Riverside Regional Medical Center. He completed an OMM/NMM +1 fellowship at U MDNJ-SOM in Stratford, New Jersey and later a Sports Medicine fellowship at Virginia Tech. Dr. Prom's interests include OMM in the athlete, concussions, musculoskeletal ultrasound, Platelet Rich Plasma (PRP), and injury prevention.

Cristina Alencar, MD, a medical oncologist, has joined Virginia Oncology Associates, in its Elizabeth City office. Dr. Alencar earned her medical degree from Federal University of Ceara, Brazil, her residency in Internal Medical at University of Miami and fellowship in Hematology-Oncology at Albert Einstein School of Medicine in New York. Her particular clinical interest includes breast, lung and blood cancers.

Sowjanya Naga, MD, a medical oncologist, has joined Virginia Oncology Associates, in its Chesapeake office. Dr. Naga completed her Internal Medicine residency at Harbor Hospital Center affiliate of University of Maryland at Baltimore. She completed her Medical Oncology fellowship at Scott and White Hospital, Texas A&M University. Her particular interest is breast cancer.

Nearly a Century of Advocacy:

The American Heart Association

By Rachel Stephens

American medical professionals have worked tirelessly to disseminate accurate and timely information about heart disease since 1915, when the Association for the Prevention and Relief of Heart Disease was formed by physicians and social workers who were concerned about the lack of heart disease information. In those days, heart disease patients were considered doomed, relegated to bed rest.

Physicians in major American cities began studying heart patients, and those efforts evolved into local heart associations, with interest quickly spreading across the US and Canada. Recognizing the need for a national organization to share research findings and promote further study, six cardiologists founded the American Heart Association in 1924.

The early efforts of the AHA included enlisting help from hundreds, then thousands, of physicians and scientists. By the late 1930s, AHA began to contemplate ways to engage the public, and in 1948, made its public debut during a network radio contest on "Truth or Consequences."

AHA has grown rapidly in size, resources, involvement with medical and non-medical volunteers, and influence – both nationally and internationally – and continues to strengthen its programs, focusing on cardiovascular science, cardiovascular education and community engagement.

AHA has not shied away from advocating for the public, taking positions on important health issues and making strong statements about controlling risk factors. Despite opposition from the tobacco industry, the Association is active in the federal legislative and regulatory arena to promote policies that reduce tobacco use, especially among youth. Legislative efforts include funding tobacco cessation initiatives through the Public Health and Prevention Fund, part of the Affordable Care Act. Regulatory efforts include supporting implementation of the Family Smoking Prevention and Tobacco Control Act.

One of the AHA's signature programs – National Wear Red Day – was launched in 2003 to bring attention to cardiovascular disease, which claimed the lives of nearly 500,000 American women annually. Go Red for Women was created to educate women about heart disease, help them come together to show their support, and increase funding for research and treatments for those in need.

Since the first National Wear Red Day, tremendous strides have been made in the fight against heart disease in women, including:

- 21% fewer women dying from heart disease
- 23% more women aware that it's their No. 1 health threat
- Publication of gender-specific results, symptoms and responses to medications
- Gender-specific guidelines for prevention and treatment
- Legislation to help end gender disparities ■

Knowing Which Way to Turn at the Intersection of Law and Medicine

By Michael Goodman, Esquire

It's ironic that medicine today is so consumed with a patient's autonomy and expectation of privacy, yet a physician in the throes of a malpractice or medical license dispute has little or none. Don't believe it? Check out the Virginia Department of Health Professions website or Google any doctor you know. The Internet is replete with "HealthGrades," "RateMy MD" or comparable ranking sites. If there's any chink in a doctor's armor, the Internet will stamp a scarlet letter on his or her chest. There's a seeming insensitivity to the health professional.

Most doctors I know share some common characteristics — they're high achievers who entered the profession to help their fellow man, hardly expecting more punishment than reward. They surely didn't foresee the litigious public and inordinate regulation that come with today's medical license.

I blame a slew of 20th and 21st century innovations – with technology at the head of the pack. Doctors were always competitive and entrepreneurial, but today's "out of the box" thinking might be viewed as "beyond the scope" of practice. Albert Einstein got it right when he said, "It has become appallingly obvious that our technology has exceeded our humanity." With each new scientific discovery comes a new diagnosis; with each new medication comes a new warning label. Along with the cutting edge of medicine come new laws and regulations and lawsuits.

Like many, I stand at the foot of the pedestal on which I want my physicians to remain. Their task has gotten harder, having to contend with the alphabet soup of acronyms from ACA to CAQH, to the effects of malpractice suits on insurance, licensure, hospital privileges, and provider network credentials. There loom the reporting requirements of national databases that impact a practitioner's integrity and reputation – not to mention mental health. Add to that a myriad of regulations that catch the average physician unaware of restrictions in advertising, boundary issues, CME hours, and stringent prescribing requirements for chronic versus acute pain. Keep up with documentation lest you get caught in the maze of EMRs or run afoul of HIPAA and HITECH.

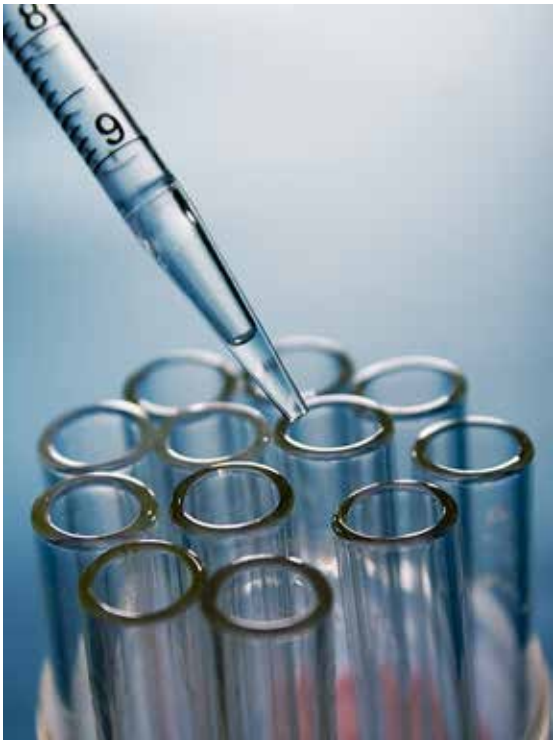
Wise doctors will visit the Board of Medicine website regularly to keep current with the law and keep their profiles current. Like cleanliness, compliance ranks right up there with godliness, and the Board is less the doctor's ally than a watchdog, policing the medical profession for the good of the public.

The good news is that physicians aren't alone. While I've never been an advocate of getting lawyers involved needlessly, those attorneys attuned to the current health care arena are the doctor's ounce of prevention. My late brother, Bob, a wonderful guy and a great geriatrician, used to affectionately refer to lawyers as "mouthpieces" – far better than being referred to as a "necessary evil." The introspective author/physician David Hilfiker accurately summed up his relationship with the practice of medicine when he wrote, "All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship." ■

Michael Goodman is an attorney with the law firm of Goodman, Allen & Filetti. His practice is focused on health care, and the representation of health care providers in credentialing matters and regulatory issues before the Board of Health Professions.

No Longer Strictly an STD Concern: The Other, Unexpected Sequelae of HPV

By Rachel Stephens



Human papillomavirus infections are the most common sexually transmitted infections in the United States: in fact, more than half of sexually active people are infected with one or more HPV types at some point in their lives. Thus it's inevitable that a physician will treat patients with HPV during the course of a medical or surgical practice.

It is well established that virtually all cervical cancers are caused by HPV infections, and it is equally established that HPV is responsible for some vaginal, vulvar and penile cancers. Human papillomaviruses are attracted to and able to live only in squamous epithelial cells, such as those found in the surface of the skin and in moist surfaces like human reproductive organs.

However, recent studies have linked HPV with other diseases, with troubling findings.

An Unexpected Culprit – the Link Between HPV and Head and Neck Cancer

The American Society of Clinical Oncology (ASCO) published a study in the *Journal of Clinical Oncology* in October of 2011, which found that rates of oropharyngeal cancer (especially among men) have increased dramatically in the United States since 1984, with HPV-related tumors accounting for a growing majority of all new cases. The oropharynx includes the soft palate, the base of the

tongue and the tonsils. The report estimates that by the year 2020, HPV will cause more oropharyngeal cancers than cervical cancers in the United States.

ASCO released a statement that read in part, "This is a significant study because it clarifies the growing role of HPV as a causative agent in head and neck cancer. The findings could have particular relevance for HPV vaccine administration policy and recommendations for those at risk for HPV-related cancers. These findings about the incidence of oral cancer are in line with the simultaneous changes in sexual behavior patterns and the decline in smoking. We are encouraged by what the availability of HPV vaccines may be able to do to prevent these cancers now that we have a clearer understanding of causation."

HPV and Heart Disease

A study published in the November 2011 *Journal of the American College of Cardiology* suggests that HPV may also cause cardiovascular disease, at least in women.

The senior author of the study, Dr. Kenichi Fujise, a cardiologist at the University of Texas Medical Branch in Galveston, was curious about why some patients were having heart attacks in the absence of any of the usual risk factors. Over a three-year period, he studied 2,450 women between the ages of 20 and 59.

According to the study, 1,141 of the women had the human papillomavirus. Sixty women had heart disease; of those, 39 also had HPV. When the data was analyzed and adjusted for normal risks like cigarette use, blood pressure and weight, it was found that the HPV-infected women were 2.3 times more likely to have heart disease than their non-infected counterparts. In women who had the strains of HPV known to cause cancer, the risk was higher still – 2.86 times greater.

Even should additional research confirm the connection, Dr. Fujise noted, most people who contract HPV would not be at special risk for heart disease. If the link is real, he said, heart disease (like cancer) would be likely to develop only in people with lingering HPV infection. The study, while not establishing a conclusive cause-and-effect relationship between HPV and heart disease, strongly suggests the need for further investigation.

HPV Vaccines

As more studies are done and more information comes to light about the human papillomavirus, patients will want more information about the availability and efficacy of vaccination – for both children and adults. There are reliable websites, including the ones listed below, that physicians can recommend to their patients, to assist them in making appropriate medical decisions for themselves and for their families. ■

The American Cancer Society – www.cancer.org
The Centers for Disease Control and Prevention – www.cdc.gov
The National Cancer Institute – www.cancer.gov

Supplementing Nutrition

By Nat Jones, RPh, FIACP

I'm frequently asked questions by practitioners and patients about supplements, specifically, which ones I recommend and why. Those of you who know me know that I like to keep things simple – whenever possible – so I have "go supplements" that I'm familiar with, that I recommend routinely; and even particular brands of supplements, for reasons of quality.

In general, there are four basic supplements I recommend for almost every adult (there are exceptions, so be careful and ask before taking these): a multivitamin multi-mineral, an omega-3 fatty acid source, a non- acidic vitamin C and magnesium. This article will focus on the multivitamin multi-mineral product.

These are designed to be taken in divided dosages, because we need increments of our water-soluble nutrients all throughout the day. The average American diet is not a good source of all of the vitamins, trace metals and minerals we require for optimal health. The quality and choice of ingredients in these products makes a big difference in the benefit when taken.

For instance, most multivitamins contain a form of vitamin E called d-alpha-tocopherol. But there are eight forms of vitamin E (tocopherols and tocotrienols), and all of them work together as antioxidants, reducing free radicals to protect us from oxidative damage. Most multivitamins don't contain these mixed forms, so choosing one that does can be beneficial. Mixed tocopherols have a stronger inhibitory effect on lipid peroxidation than alpha-tocopherol alone. This means the mixed forms have a positive affect on decreasing the risk of oxidizing cholesterol and clogging your arteries with plaque.

It's the gamma, but not alpha, tocopherol levels in serum that are reduced in coronary heart disease patients; oral alpha-tocopherol supplements decrease plasma gamma-tocopherol levels in humans. This indicates that taking only the alpha fraction can possibly be detrimental to heart health.

The tocotrienol forms have special properties as well. It has been shown that α-tocotrienol uniquely prevents inducible neurodegeneration by regulating specific mediators of cell death. In addition, tocopherols do not seem to share the cholesterol-lowering properties of tocotrienol. Furthermore, tocotrienol, but not tocopherol, suppresses growth of human breast cancer cells.

The form of vitamin C can make a difference in the bioavailability of the nutrients as well. Mineral salts of ascorbic acid (mineral ascorbates) can improve absorption of both the vitamin C and the minerals. Ascorbic acid is obviously acidic (meaning that it has a low pH), and when you intake too much, it can make you acidic – and disease favors an acidic pH.

I have my new patients fill out a three-day food log, listing everything they eat, drink and snack on during that time frame. I commonly see patients who don't have a single raw nut or seed, fresh green leafy or cruciferous vegetable on their list. So you can see that many people would benefit from the addition of a good quality multivitamin/multi-mineral product to supplement their nutrition. ■

Nat Jones, R.Ph, FIACP is the consulting clinical pharmacist for Pharmacy Innovations located at 4661 Haygood Road, Suite 101, Virginia Beach, VA 23455, 757-934-0533. He has been compounding since 1979 and is Full Fellow in The International Academy of Compounding Pharmacist, a member of Professional Compounding Centers of America (PCCA) and the International Academy of Compounding Pharmacist (IACP). Pharmacy Innovations is the first PCAB (Pharmacy Compounding Accreditation Board) accredited pharmacy in the United States.

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