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A Publication of the State
Medical Board of Ohio

Preventing Burnout

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with their stressors
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Physician, Heal Thyself

Welcome to the summer 2017 edition of *HealthScene Ohio*. Continue to read and you will come to understand just how invested our licensees are in the development and implementation of the best health care possible. From pediatric spinal surgery to skilled nursing facilities, patients all across the board benefit from the tireless effort that Ohio physicians provide.

Though our physicians take the absolute best care of their patients, sometimes they forget, or struggle to, take good care of themselves. Read about physician burnout and the dangers of letting it progress unchecked, and see how the State Medical Board of Ohio is working to provide the resources and programs necessary for physicians struggling with burnout, depression and even addiction.

Physicians can perform perfect procedures, but if a patient isn't willing to put in the energy on their road to recovery, it's hard to expect a perfect outcome. In this issue, you will read about a 5-year-old patient who is full of positive energy, and the doctor who is helping her overcome limitations and learn to walk.

You'll also read about MetroHealth Emergency Department in Cleveland and its newly added Office of Opioid Safety, a physician in Maumee practicing family and sports medicine, an orthopedic surgeon in central Ohio with an affinity for athletes, and a Cincinnati surgeon dedicated to the Juvenile Diabetes Research Foundation fighting for his daughter who was diagnosed with Type 1 diabetes at age 16.

Are you curious about the development of the treatment-resistant cancer, chronic pelvic pain, how to maintain gut health or even the inner workings of robotic surgery? You can find detailed information and answers to those pressing questions in our Write Advice section. Coming straight from the physicians at the cutting edge of their fields, these highly credible answers to all of your curiosities are at your fingertips.

We hope that you enjoy reading this edition of *HealthScene Ohio* and that you find the information and stories inside to be helpful in continuing your education on health practices in Ohio.



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



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Photos courtesy of Nationwide Children's Hospital

One Foot in Front of the Other

Rare surgery helps 5-year-old girl with cerebral palsy walk

By Ann Poirier

Bhoomi Manjunatha has only been on the earth for five years, but she's already making her mark in a big way.

Bhoomi was born with cerebral palsy and spasticity, a muscle control disorder that involves tight or stiff muscles and the inability to control those muscles. Spasticity affects more than 12 million people worldwide, including 80 percent of people with cerebral palsy.

Although there is no known cure for cerebral palsy, surgery can often help reduce its effects. In fact, without surgery, children with cerebral palsy frequently have a decrease in motor function and experience pain in their extremities.

Bhoomi and her family knew this. So, in November 2016, Bhoomi underwent a rare, life-changing surgery in an attempt to decrease her pain, increase her range of movement and ultimately help her walk. The surgery was performed by Dr. Jeffrey Leonard – chief of neurosurgery at Nationwide Children's Hospital in Columbus – who Bhoomi and her family met through the hospital's spasticity clinic.

Leonard says he knew from the start that Bhoomi would be an ideal candidate for a rare spinal surgery called selective dorsal rhizotomy. This specific surgery is intended to make muscles less stiff by cutting the nerve roots in the spinal cord that send abnormal signals to the muscles.

"She was so excited about the surgery," says Sushma Manjunatha, Bhoomi's mother. Leonard was excited as well.

"In the spinal surgery I performed on Bhoomi ... we anatomically divided out dorsal nerve roots that control the sensory portion of the spinal cord," he says. "They stimulate them electronically to determine which rootlets were abnormal, and then cut off about 60 percent of the feedback to prevent the tightening and stiffness that Bhoomi experienced."



The surgery was a success. Leonard was thrilled that it went well, but it was only the beginning of a long road for Bhoomi. After the surgery, she began months of hard work in occupational and physical therapy at Nationwide Children's Hospital.

"When she came into rehab, that's when the hard work started," says Sushma.

Bhoomi's therapy was intended to help strengthen her muscles and gain mobility.

"Without a multidisciplinary team of inpatient rehabilitation (consultants), outpatient physical therapists and occupational therapy (experts) all working together, the benefits of selective dorsal rhizotomy would not materialize," Leonard says.

Knowing this, Bhoomi worked hard every day to ensure the surgery would be beneficial.

Today, after a successful surgery and months of dedication post-surgery, Bhoomi is doing great. Her walking has improved – she now walks with the assistance of crutches instead of relying on her walker and wheelchair– and she has less pain.

"Bhoomi can move her legs much better now, and I've definitely seen a big improvement in her ability to move around," Sushma says. "She's gained a lot

Quick Facts About Cerebral Palsy

Cerebral palsy is a result of abnormal brain development, often before birth.

Many effects of cerebral palsy are muscular, including difficulty with bodily movements, muscle rigidity, permanent shortening of muscles, problems with coordination, stiff muscles, exaggerated reflexes, involuntary movements, muscle weakness, floppy or rigid limbs, and muscle spasms. These appear by early childhood.

Cerebral palsy affects the way muscles move and respond. A helpful analogy: Think of a computer that isn't working as it should. You might hit the right button, but sometimes it simply doesn't respond. In cerebral palsy, messages are sent from the brain to the muscles, but the muscles don't always receive the right message.

There are more than 200,000 cases in the U.S. every year. That means one in every 323 U.S. children has cerebral palsy.

While there is no known cure for cerebral palsy, long-term treatment includes physical and other therapies, medications and sometimes surgery. Nationwide Children's Hospital's multidisciplinary team can help reduce the effects of cerebral palsy and can also help children learn how to best adapt to difficulties with movement.





of strength in her legs. Before, she had to stop every three steps because of tightness in her legs, but she doesn't have to do that anymore. Her posture has also changed. She stands straight."

In addition, Leonard is happy to report that he predicts that Bhoomi's posture will continue to improve and that she'll require fewer orthopedic procedures in the future. He attributes much of this success to the staff at Nationwide Children's Hospital.

"I'm so pleased with the dedication of the Nationwide Children's Hospital staff," Sushma says. "It's really a great team of doctors and therapists. And I can't forget the caregivers and nurses who made this whole process so smooth with the love and care they brought to Bhoomi and our family."

Today, Leonard is extremely proud of Bhoomi's progress.

"Bhoomi works tirelessly with her occupational and physical therapists," he

says. "On top of that, she has a tremendous attitude. It's just great to watch her make so much progress."

It's Bhoomi's story, and stories like it, that remind Leonard of the reason he got into pediatric neurosurgery.

"This is every parent's worst nightmare. It's the time where they lose control of their own child," he says. "Being able to dramatically impact these children's lives and watch them eventually graduate from college, obtain jobs – all of these things are exactly why we do this. It's what keeps me going."

Sushma looks forward to her future with Bhoomi and her daughter's continued improvement.

"It's a lot for a little kid to understand, but Bhoomi has worked so hard. Today, she tells me that she's been thinking about walking and being independent," she says. "She's blessed with a smile and happiness that keep her motivated even on the most stressful of days. She's such a hardworking, happy girl. She is going to get things done."

Ann Poirier is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

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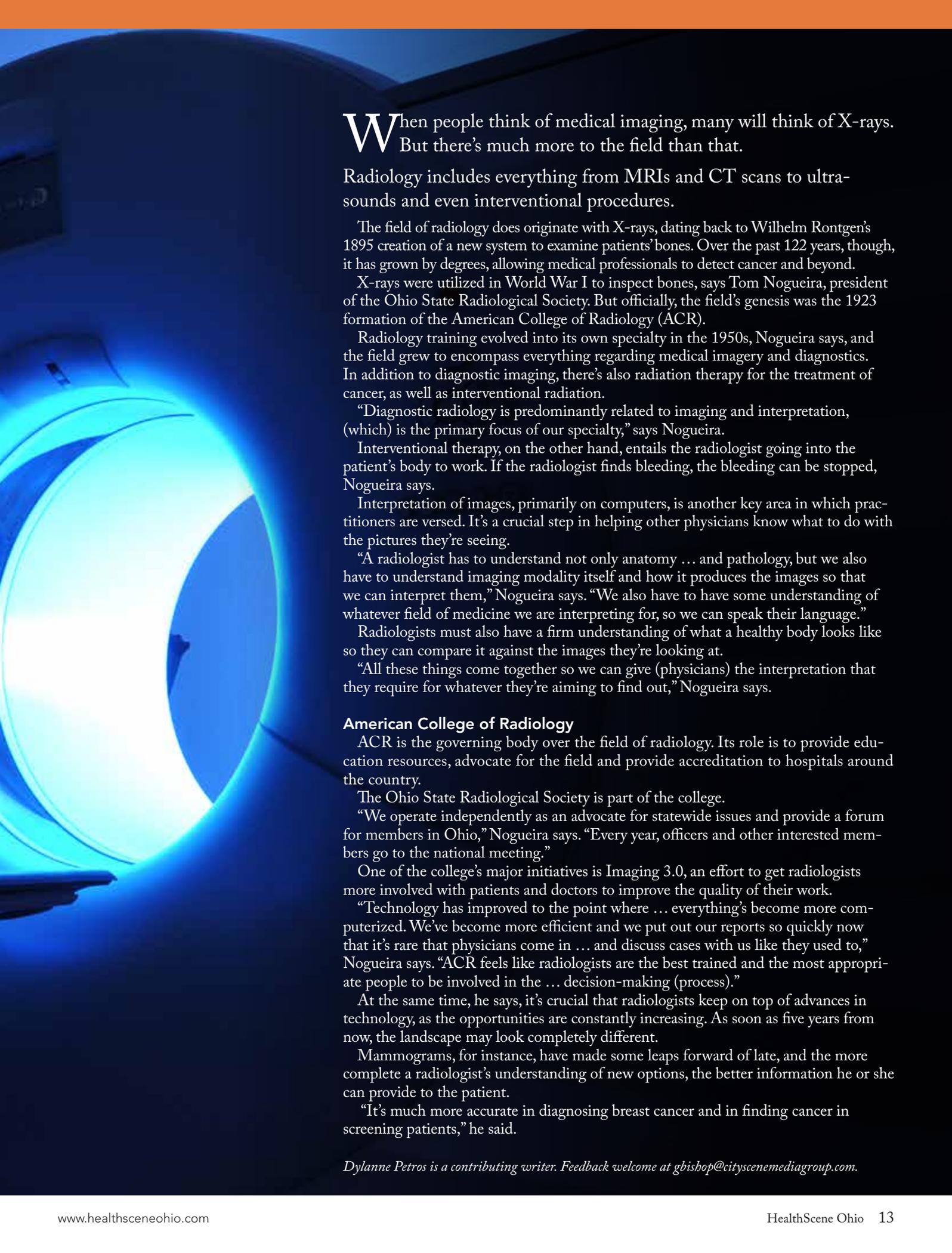
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XFactor

Radiologists do much more than take X-rays

By Dylanne Petros



When people think of medical imaging, many will think of X-rays. But there's much more to the field than that.

Radiology includes everything from MRIs and CT scans to ultrasounds and even interventional procedures.

The field of radiology does originate with X-rays, dating back to Wilhelm Rontgen's 1895 creation of a new system to examine patients' bones. Over the past 122 years, though, it has grown by degrees, allowing medical professionals to detect cancer and beyond.

X-rays were utilized in World War I to inspect bones, says Tom Nogueira, president of the Ohio State Radiological Society. But officially, the field's genesis was the 1923 formation of the American College of Radiology (ACR).

Radiology training evolved into its own specialty in the 1950s, Nogueira says, and the field grew to encompass everything regarding medical imagery and diagnostics. In addition to diagnostic imaging, there's also radiation therapy for the treatment of cancer, as well as interventional radiology.

"Diagnostic radiology is predominantly related to imaging and interpretation, (which) is the primary focus of our specialty," says Nogueira.

Interventional therapy, on the other hand, entails the radiologist going into the patient's body to work. If the radiologist finds bleeding, the bleeding can be stopped, Nogueira says.

Interpretation of images, primarily on computers, is another key area in which practitioners are versed. It's a crucial step in helping other physicians know what to do with the pictures they're seeing.

"A radiologist has to understand not only anatomy ... and pathology, but we also have to understand imaging modality itself and how it produces the images so that we can interpret them," Nogueira says. "We also have to have some understanding of whatever field of medicine we are interpreting for, so we can speak their language."

Radiologists must also have a firm understanding of what a healthy body looks like so they can compare it against the images they're looking at.

"All these things come together so we can give (physicians) the interpretation that they require for whatever they're aiming to find out," Nogueira says.

American College of Radiology

ACR is the governing body over the field of radiology. Its role is to provide education resources, advocate for the field and provide accreditation to hospitals around the country.

The Ohio State Radiological Society is part of the college.

"We operate independently as an advocate for statewide issues and provide a forum for members in Ohio," Nogueira says. "Every year, officers and other interested members go to the national meeting."

One of the college's major initiatives is Imaging 3.0, an effort to get radiologists more involved with patients and doctors to improve the quality of their work.

"Technology has improved to the point where ... everything's become more computerized. We've become more efficient and we put out our reports so quickly now that it's rare that physicians come in ... and discuss cases with us like they used to," Nogueira says. "ACR feels like radiologists are the best trained and the most appropriate people to be involved in the ... decision-making (process)."

At the same time, he says, it's crucial that radiologists keep on top of advances in technology, as the opportunities are constantly increasing. As soon as five years from now, the landscape may look completely different.

Mammograms, for instance, have made some leaps forward of late, and the more complete a radiologist's understanding of new options, the better information he or she can provide to the patient.

"It's much more accurate in diagnosing breast cancer and in finding cancer in screening patients," he said.

Dylanne Petros is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



Who's Helping the Healers?

State Medical Board of Ohio takes on physician burnout and its impact on patient safety

By Tessie Pollock

From fixing a broken bone to fighting disease to helping battle addiction, physicians are often our first line of defense. But who's there to help them?

“Numerous studies indicate that at any given time, up to half of all physicians are experiencing burnout,” says Dr. Michael Schottenstein, who serves on the State Medical Board of Ohio. “Regrettably, burnout can be a risk factor for depression and suicide. Every year, an estimated 400 U.S. physicians take their lives.”

That's more than double the general population rate. And this statistic is not only worrying in and of itself; it also has serious implications for patients. Clinician burnout has been linked to increased medical errors and patient dissatisfaction.

Schottenstein points out that burnout is not just a feeling of stress. It's a pathological condition that includes sleep issues, emotional exhaustion, depersonalization, cynicism and a feeling of low personal accomplishment. This leads to decreased productivity and errors in performance and judgment.

“Ultimately, adverse patient outcome is the result,” says Schottenstein.

Experts believe the same characteristics that make health care providers successful may also be risk factors for burnout. Doctors often represent the top of their class, with well-honed skills and a broad knowledge base. Their education and training teaches doctors how to solve problems accurately, quickly and on their own.

"Physicians tend to be perfectionists," says Arthur S. Hengerer, MD, FACS. "These personality traits tend to set them up for a situation where they're unwilling to admit when they can't accomplish their goals and fear that asking for help shows signs of weakness."

Hengerer serves on the Federation of State Medical Boards' (FSMB) physician burnout and wellness work group. He says that, by the end of the second year of medical school, about half of the students have developed some level of depression and burnout. However, most are afraid to admit this, concerned that it may prevent a good residency match or jeopardize an unrestricted license.

"This breeds a pattern that can follow them through their career," says Hengerer. "About mid-career level, somewhere around the 10th to 20th year of practice, these issues tend to manifest."

Hengerer says this is a time when many providers feel overwhelmed with debt from student loans, increased responsibility and changing social situations such as raising a family. Additionally, the changing landscape of health care is having an impact, from working for hospital systems instead of independent practices to incorporating electronic health records into doctors' practices.

"They spend more than 50 percent of time looking at a computer rather than patients," Hengerer says. "They can't get work done in a timely fashion because they have to see more patients than ever before, resulting in taking work home at night. All these things take away from their control on their life ... (and) make them feel like they have lost their autonomy."

Managing a work/life balance and these changes in their practices also impact physicians' relationships with one another. Providers feel like they must rush from one patient to the next, then rush out of the hospital or office to squeeze in some family time. When doctors don't have the opportunity to collaborate, they lose an important source of emotional support.

"Personal relationships don't occur in the way they need to for comfort, reassurance and happiness in their lives," says Hengerer. "These are all harbingers of behavioral changes that lead to problems with addiction, drugs or alcohol, mental issues, and burnout and depression. If these go unchecked, those physicians could end up facing the discipline boards."

Much of Hengerer's work with FSMB now focuses on helping state boards address mental health issues and burnout in a way that encourages the physician to seek support and proactively address wellness before it becomes a public safety and discipline issue.

"We need to make sure that we're helping doctors get healthy," says Hengerer.

The State Medical Board of Ohio is aggressively adjusting policy to encourage licensees to address burnout before it has a chance to impact patients. For example, the Board is making it easier for physicians to address chemical dependency issues that arise from burnout.

"At the State Medical Board of Ohio, we have worked with the medical associations and the legislature to strengthen the confidential monitoring program, also known as the One-Bite program, so that eligible physicians with chemical dependency issues can have a comfort level voluntarily stepping forward to obtain treatment without adverse effect on their licenses," says Schottenstein.

There are many resources available to health care providers across the country, from the American Medical Association's Steps Forward program (www.stepsforward.org) to the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience (www.nam.edu/initiatives/clinician-resilience-and-well-being).

There is also a state-specific resource through the Ohio Physicians Health Program (www.ophp.org). This nonprofit organization, not affiliated with any licensure boards, specializes in community referrals for physician burnout, as well as mental health and chemical dependency issues.

"For physicians who are concerned about their privacy, these services are provided confidentially to the greatest degree permitted by law," says Schottenstein.

In addition, Schottenstein and the other 11 members of the Board continue to make sure regulations, policies and practices are nondiscriminatory.

"Improving physician health improves the health of the public," he says. "It is a win-win situation."

Tessie Pollock is director of communication at the State Medical Board of Ohio. Feedback welcome at gbishop@cityscenemediagroup.com.

Ohio Physicians Health Program
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National Academy of Medicine
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Dr. Michael Schottenstein established his outpatient medical practice in Columbus in 2000, specializing in child, adolescent and adult psychiatry. He is board certified in child and adolescent psychiatry, as well as general psychiatry. Dr. Schottenstein graduated from The Ohio State University College of Medicine in 1992. He completed his residency in general psychiatry and his child and adolescent psychiatry fellowship at The Ohio State University Hospital in 1997.



Dr. Arthur S. Hengerer, who has been practicing in Rochester, New York since 1974, has practiced the full scope of general otolaryngology services. Dr. Hengerer is a graduate of Westminster College and the Albany Medical College, and completed his residency training in otolaryngology at Upstate Medical Center in Syracuse. He completed his fellowship training in pediatric otolaryngology at Boston Children's Hospital and Beth Israel Hospital. In addition to being Immediate Past Chair, he serves on the Federation of State Medical Boards' work group to address physician wellness as well as the American Medical Association's collaborative to support the Quadruple Aim (better patient experience, better population health and lower overall costs with improved professional satisfaction).

Protecting Our Elders

Skilled nursing care facilities endeavor to prevent infections

By Jon Hale

As the population continues to age, skilled nursing care facilities – what many of us might still refer to as “nursing homes” – continue to gain importance.

The Centers for Disease Control and Prevention (CDC) reports that more than 4 million Americans live in, or are admitted to, nursing homes and skilled nursing facilities each year. Another 1 million reside in assisted living facilities.

Training of long-term health care providers in the prevention and treatment of often life-threatening infections is important. Infections have an easier time taking hold in such facilities due to residents living in confined settings, frequent group activities, and patients’ inability or diminished ability to practice basic hygiene.

According to the U.S. National Library of Medicine, part of the National Institutes of Health, the most common infections seen in skilled nursing facilities include urinary tract infections, respiratory infections such as pneumonia, gastroenteritis, influenza, and skin and soft tissue infections such as scabies.

Among the infections that do occur, 1 to 3 million serious cases are seen each year, with infections cited as a major cause of hospitalization and death. The CDC reports as many as 380,000 people die of infections contracted in long-term care facilities annually.

The Ohio Health Care Association (OHCA) is right on the front lines of the battle against infection in the nursing home setting. OHCA membership is made up mostly of skilled nursing facilities, but also includes assisted living communities, facilities providing care for patients with developmental disabilities and home community-based services, such as individual home health care and hospice.

“More than two-thirds of our nearly 1,000 members are nursing homes and skilled nursing facilities,” says OHCA Executive Director Peter Van Runkle. “Proper care within these environments is critical and really starts with a facility’s development of an infection prevention and control program. It’s one of the most significant issues our members deal with.”

Under federal code updated as recently as this past June, the Centers for Medicare and Medicaid Services (CMS) minimum requirements for an infection prevention and control program include:

- A system for identifying possible infections before they spread;
- Incident reporting procedures;
- Precautions to prevent the spread of identified infections;
- Recommendations for patient isolation;





- Protocols for limiting or prohibiting sick employees from direct patient contact;
- Staff hand hygiene procedures; and
- An infection preventionist on staff.

The infection preventionist, a medical professional with at least an RN degree, can go by an assortment of names, including nurse epidemiologist and infection control nurse. But the duties are essentially the same: Coordinate the program to prevent infections when possible, and determine the best course of action when they do occur. Long-term care facilities and their infection preventionists are monitored at least annually by surveyors trained in the guidelines of the Accreditation Association for Ambulatory Health Care and the CMS.

Of course, proper care begins with education, and education begins with helping facilities stay current on regulations at all levels.

“Once regulations and policies go into effect – when the government essentially says, ‘You are now required to have this or to have that, or to be educated on this certain aspect of a regulation, and it will be effective on this particular date’ – we’re here to help disseminate that information,” Van Runkle says.

For example, earlier this year, the OHCA partnered with RB Health Partners Inc., a national clinical risk Medicare and operational consulting firm from Tampa Bay, and hosted an extensive two-day training program called the Nursing Home Infection Prevention Program.

No number of preventive measures will keep some infections from cropping up, though. And once an infection is detected and treatment is required, medical staff are faced with other important decisions.

“Depending upon the type of infection, isolation becomes very important,” says Van Runkle. “Different procedures are required depending upon the organisms involved, and our facilities then follow the appropriate CDC guidelines and protocols.”

OHCA also encourages proper antibiotic stewardship when treating any type of infection, making certain that antibiotics are used appropriately. Excessive use of antibiotics can increase the risk that infection-causing organisms will become resistant, necessitating use of yet stronger treatments. Van Runkle acknowledges the concern that increasingly resistant organisms may outpace development of more effective antibiotics.

“There are differences of opinion about exactly what excessive use is, but it can be a significant issue,” he says. “Our facilities’ medical staffs have to balance those considerations, and it can put us all a little bit between a rock and a hard place. It often requires some very careful judgement, and some major work with our physicians, to make sure we’re all balancing this all out properly.”

Protection against infections within skilled nursing facilities is not limited to patients. Caregivers, family members and guests must also be safeguarded. Hygiene is a big part of OHCA’s infection control protocols. Proper hand-washing, sanitization, and the use of gloves and other personal protection equipment are necessary.

“Use of proper protective equipment and clothing, and changing it when necessary, these are all part of CDC guidelines we monitor, and incorporate into our facilities’ protocols, for the purpose of preventing transmission of infections in all directions – from patients to staff, as well as from staff to patients,” Van Runkle says.

To help ensure members keep up on ever-changing safety standards, the OHCA hosts a statewide convention each May as well as a regular schedule of smaller conferences, classes and webinars throughout the year.

“We provide some form of education to our members virtually every business day of the year,” says Van Runkle.

Jon Hale is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



Personalities

Overcoming the Opioid Epidemic

Dr. Joan Papp continues life-saving work with new MetroHealth office

By Amanda Etchison

Dr. Joan Papp always knew she wanted to be in a profession where she could help others.

When she began to see more overdoses, as well as more patients using opioids coming into the MetroHealth Emergency Department in Cleveland, the Brunswick native found a cause that hit close to home.

“Unfortunately, I think it affects us all. There are very few people who have not been touched,” says Papp, an assistant professor and emergency medicine physician in the Department of Emergency Medicine at MetroHealth Medical Center. “I also have both family and friends who have struggled with addiction, in addition to the many patients that I care for in the ED.”

Located in Cuyahoga County, MetroHealth finds itself at one of the epicenters of the opioid overdose epidemic, says Dr. Bernie Boulanger, the organization’s executive vice president and chief clinical officer.

In its latest “Final Drug Deaths Report,” the Cuyahoga County Medical Examiner’s Office found there were 320

overdose deaths associated with heroin in 2016 – a 136-case increase from 2015. Overdose deaths associated with fentanyl, a synthetic opioid that is prescribed as a pain medication, also increased from 92 cases in 2015 to 399 cases in 2016.

Total drug overdose deaths in Cuyahoga County in recent years have become the highest recorded in the county’s history, with 719 cases in 2016, according to the Medical Examiner’s Office report.

Watching this worrying trend, Papp, a graduate of the Medical College of Ohio in Toledo who completed her residency at MetroHealth before joining the staff in 2007, felt compelled to act.

In 2013, she founded Cuyahoga County’s Project DAWN (Deaths Avoided With Naloxone), which promotes overdose education and organizes the distribution of naloxone in communities throughout the state.

Naloxone, also commonly referred to as Narcan, is a drug that blocks and reverses the effects opioids have on a patient’s brain and respiratory system. According to MetroHealth, the Project DAWN team has distributed more than 5,000 naloxone kits and is credited with saving more than 730 lives since its founding four years ago.

In Ohio, recent legislation has made naloxone widely available to anyone in a position to assist a person experiencing an overdose. Currently, there are 58 Project DAWN sites in 45 Ohio counties. Gov. John Kasich’s proposed executive budget for the next two years includes an additional \$2 million to launch new Project DAWN programs in communities with unmet needs.

Papp says Project DAWN must continue to evolve in order to match the rapidly-changing nature of the opioid epidemic.

“We have already increased the dose of naloxone that we include in our kits from 4 mg to 8 mg because fentanyl often requires higher doses to reverse,” she says. “We are also seeking additional state and federal funding to support expansion of our program.”

Project DAWN is managed by the Office of Opioid Safety, a new office within the MetroHealth system led by Papp. Having opened July 1 of this year, the office focuses on “providing education to patients and providers on safer opioid prescribing and use,” Papp says.

An office manager, two trainers and a senior medical educator join Papp at the new office, which is the first of its kind in





northeast Ohio. Plans to hire a researcher/analyst, as well as another educator, are in the works pending additional funding, Papp says.

During its first year, the office is focused on developing tools and updating policies that will improve opioid safety. These are duties that Papp is well-acquainted with through her work as medical director of Project DAWN, as well as with the U.S. Attorney's Heroin and Opioid Task Force, for which she serves as the chairperson of the health care policy subcommittee.

Additionally, Papp has previously provided testimony to Ohio House and Senate committees in support of various bills that promote expanded access to naloxone. She has received numerous awards for her work, including Crain's Cleveland Healthcare Heroes – Advancements in Healthcare award in 2014, the Ohio Injury Prevention Partnership Award in 2015 and the Ohio ACEP Award for Advocacy in Emergency Medicine in 2016.

Carole Rendon, former U.S. Attorney for the Northern District of Ohio, says

she commends Papp and MetroHealth for taking on a leadership role in the fight against opioid addiction.

"This new position will give her a bigger platform from which to continue her life-saving work and will make our community stronger," she says.

For Papp, increased collaboration and education are the office's long-term goals.

"People may believe that prescription opioids are safer and cannot lead to overdose. Many of the prescription opioids are very powerful and can lead to addiction even when taken as prescribed," she says. "We hope to reduce prescriptions of opioids throughout the system and ultimately reduce mortality in the county."

For more information about Project DAWN, visit www.metrohealth.org/projectdawn. Visit stopoverdoses.ohio.gov to find a location near you to obtain naloxone.

Amanda Etchison is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



Joan Papp, MD, FACEP is an Assistant Professor in the Department of Emergency Medicine at MetroHealth Medical Center, where she has been employed since 2007. She graduated

from the Medical College of Ohio in Toledo in 2000 and the MetroHealth Case Western Reserve University residency program in Emergency Medicine in 2004. She is the founder and Medical Director for the MetroHealth Cuyahoga County Project DAWN program, an opioid education and naloxone distribution program. Dr. Papp also serves on the U.S. Attorney's Office Heroin Action Plan Committee and is Chair of the Policy subcommittee that meets monthly to address opioid policy-related issues facing our community.



The Write Advice

With Jenny Wise

Combating Resistance

Researcher works to overcome treatment-resistant prostate cancer

Cancer, by its very nature, is enormously challenging to treat. But when a tumor develops a resistance to treatment that was once successful, it makes the process even more difficult.

Treatment-resistant prostate cancer has posed intimidating obstacles, but Dr. Nima Sharifi of the Cleveland Clinic has been engaged in a study to help overcome those obstacles. Sharifi shared with *HealthScene Ohio* some of his current research.

HealthScene Ohio: How common is it for prostate cancer to develop resistance to treatment?

Dr. Nima Sharifi: Each year, an estimated 25,000 men will find out their prostate cancer has changed enough to become resistant to standard androgen-deprivation therapy, also called hormone therapy. At this point, the cancer is still able to thrive despite up-front hormone treatment. It's a variable time table: In some patients, hormone therapy may slow disease progression for more than a decade; in others, it may keep cancer in check only for a few months. Eventually, prostate cancer cells begin to resist the treatment.

HSO: Why do treatments become ineffective over time?

NS: Anti-androgens are potent drugs that work by cutting off the prostate tumor's supply of male hormones, which fuel prostate cancer. The drugs have been



About the Expert

Nima Sharifi, MD is a medical oncologist in the cancer biology department of the Cleveland Clinic Main Campus, where he serves as the Kendrick Family Endowed Chair for Prostate Cancer Research. He received his undergraduate degree in biology from Virginia Polytechnic Institute and State University, and his medical degree from the University of Pittsburgh School of Medicine. He completed a residency in internal medicine at Yale-New Haven Hospital in Connecticut and a fellowship in medical oncology at the National Cancer Institute in Maryland. Dr. Sharifi has been honored by such organizations as the American Cancer Society, National Cancer Institute, American Society for Clinical Investigation and American Association for Cancer Research.

shown to improve survival in men with metastatic disease. Unfortunately, prostate tumors eventually become resistant to these drugs, and the tumors themselves can start producing the very hormones we try to block.

HSO: Tell us about the study you're undertaking on therapy for treatment-resistant prostate cancer.

NS: Despite an array of improved treatment options that have become available over the past decade, prostate cancer remains the second leading cause of cancer mortality in men in the U.S. There are few therapeutic options for men whose cancer has become resistant to all therapies. We hope to find ways to improve the uses and roles of current therapies while creating new, longer-lasting, more effective treatments.

HSO: What are some of the problems with existing treatments for prostate cancer, which you hope your research will help solve?

NM: New drugs and a clearer understanding of how the body reacts to them are both urgently required to improve outcomes for treatment-resistant advanced prostate cancer. This work provides an important foundation that hopefully will lead to better treatment strategies for this disease.

HSO: How do you expect your study to improve treatment of treatment-resistant cancers?

NM: In our recently-published study, we showed for the first time how a class of advanced prostate cancer drugs are processed in the body and how their anti-tumor activity might change depending on how they are metabolized. These findings, just published in *Cell Chemical Biology*, may lay the foundation for improving therapies for treatment-resistant, aggressive prostate cancer.

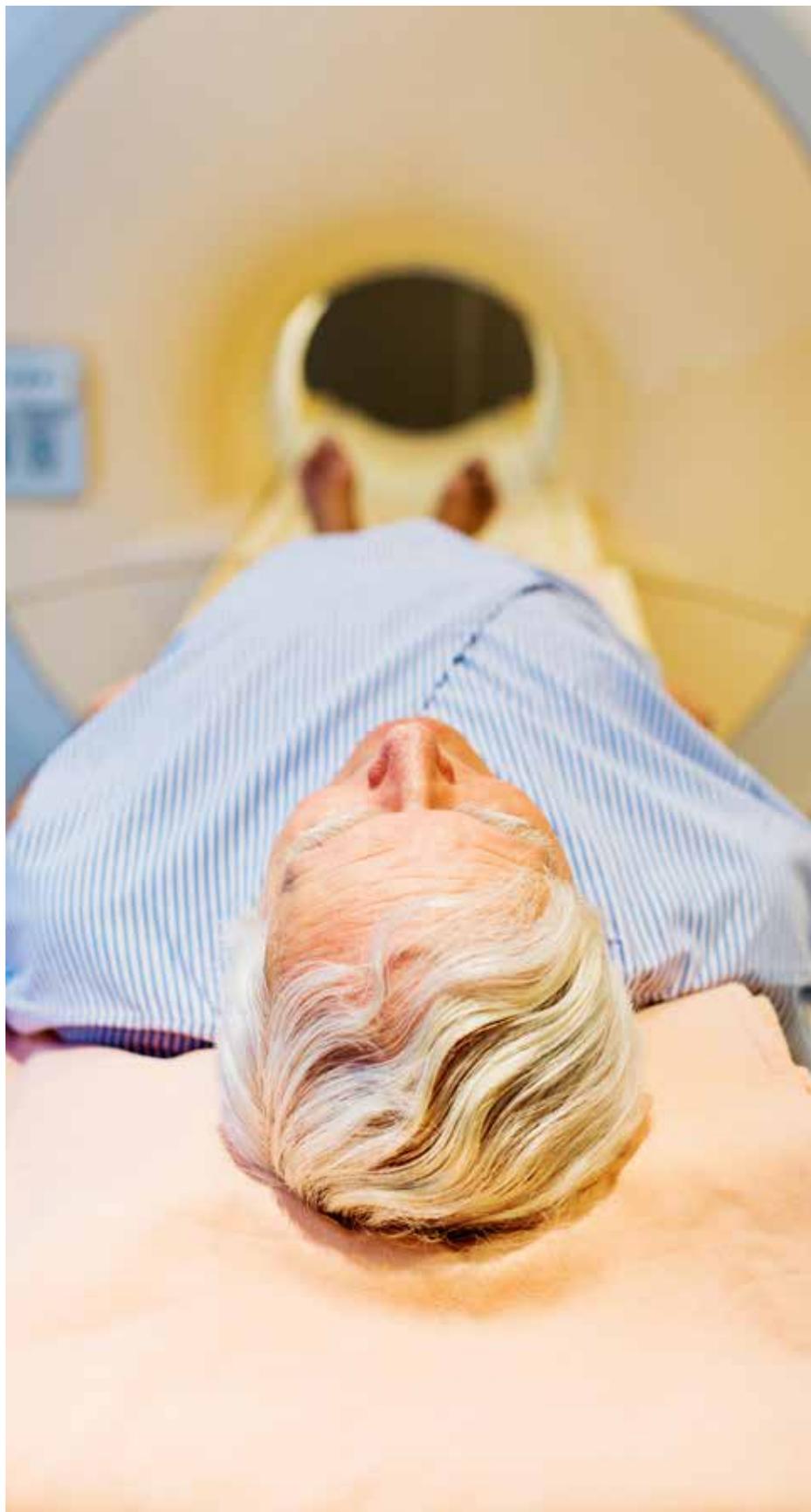
HSO: What sort of success rate have you seen thus far with the therapies utilized in your study?

NM: Our team's new findings suggest that effective steroidal anti-androgens share common metabolic activities, and that their metabolites should be closely examined for their effects on tumor survival. The findings may also guide medical decision making in the use of steroidal vs. non-steroidal drugs for advanced prostate cancer.

HSO: With the findings of your study now published, what are the next steps as you continue work to develop treatment alternatives?

NM: These findings must be considered for the development of better treatment strategies. Our goal is to improve the use and role of these existing drugs and, hopefully, design new therapies that work better and longer.

Jenny Wise is an assistant editor. Feedback welcome at gbishop@cityscenemediagroup.com.



“ Our goal is to improve the use and role of these existing drugs and, hopefully, design new therapies that work better and longer.”



Healthy Happenings

University Hospitals

Photos courtesy of Julie Hahn



Top: Harrington Scholar-Innovator 2017 Dr. David Lombard from the University of Michigan gives a presentation at the fifth annual Harrington Discovery Institute Scientific Symposium on May 24. Upper left: Nobel Laureate Dr. Joseph L. Goldstein gives the keynote lecture. Above: Leaders in American medicine attend the symposium. Left: Harrington Scholar-Innovator 2015 Dr. Marikki Laiho (center) leads a panel discussion also featuring (from left) Harrington Innovation Support Center Advisors Dr. Martin Graham and Dr. George Trainor; Harrington Discovery Institute VP of Therapeutics Development Dr. Diana Wetmore; and Harrington Innovation Support Center Advisor Dr. Charles Lindamood III.



Summa Health breaks ground on its new West Tower at its Akron campus on May 15.

Summa Health

Photos courtesy of Jason Miller



**Northeast Ohio
Medical University**

Photos courtesy of Northeast Ohio Medical University

NEOMED holds its Class of 2017 Commencement Ball on May 13 at the Kent State University Hotel and Conference Center.





A Sporting Chance

Sports medicine specialist Dr. Matt Roth combines two interests into his profession

By Zachary Konno



Peanut butter and jelly. Movies and popcorn. The beach and a hot, sunny day.

Some combinations are just meant to be.

The same can be said for Dr. Matt Roth, who combined his love for sports and helping people into what he practices today: sports medicine.

“Getting into the medical field really was an altruistic thing,” Roth says. “I always thought I had the ability to do something good. It was kind of my way of giving back and using my talents to help other people.”

Growing up, like a lot of his peers, Roth competed in a variety of sports. From basketball to running, he participated as a young child all the way through high school. Still, though, in his words, he was “never quite big enough or fast enough to do the whole sports thing.”

Roth’s athletic limitations meant he had to pursue different avenues. He had always done well academically and loved to learn, so he decided to give medicine a shot.

At first, Roth says he didn’t know how he would incorporate sports into his practice, and thought he would maybe be the “hometown doctor that helped with the high school team.”

After earning his medical degree from The Ohio State University College of Medicine and Public Health and completing his family medicine residency at ProMedica Toledo Hospital, Roth started considering sports medicine, and his career took off.

Roth practices family and sports medicine at Arrowhead Family Physicians in Maumee, but that's far from his only endeavor. He has worked with the Toledo Walleye hockey players as the team physician for the past nine years. He's there on the sidelines at every home game to assist with injuries to both Walleye and opposing players, which "creates an interesting dynamic," he says.

As the AA minor league affiliate of the Detroit Red Wings, the Walleye team is a stop on many players' roads to the NHL. With players wanting to showcase their talents on a game-by-game basis, sometimes through injuries, Roth sometimes must be the one to keep their long-term health in mind.

Because the hockey community is fairly small, Roth says his work with the Walleye has been a great way to both learn the sport and network into the greater Toledo community, including Maumee, for his practice at Arrowhead.

"That's (been a) really great experience," Roth says. "Not only learning more about the culture of hockey and the different levels and higher-level athletes, but just being involved and using that a little bit as a platform to the community."

At his office in Maumee, Roth sees athletes of all ages, representing numerous schools and playing a variety of sports. Though hockey players visit him through referrals from the Walleye, Roth also treats runners, football players and everything in between.

In contrast to his own childhood experiences, Roth increasingly sees student athletes choose to specialize in a single sport. Along with the absence of stress on certain muscle groups caused by doing one thing over and over, and the skill transfer that playing multiple sports can provide, he says multi-sport participation helps young athletes find their niche at a later age.

"Kids change and evolve, and their skill set and coordination kind of evolves over time," he says. "You don't know where they're going to end up, so putting all your eggs in one basket is not necessarily a good idea."

Though treatment of injuries makes up a large portion of his patients, Roth says one of his favorite parts about being a sports physician is the health and prevention aspect of it. One of his main goals for his patients is getting them back to being active because, he says, lots of chronic diseases and illnesses are the result of inactivity.

One injury that Roth works hard to both treat and prevent, and that he says gets more focus than any other, is concussions. Roth says that while "football gets the most attention" regarding concussions, he and his colleagues "see it in any sport," with hockey being a major one.

Education can be challenging when it comes to concussions, he says. Often, Roth sees patients and their parents or other family members who think concussions are subtle injuries that heal swiftly or, on the opposite end of the spectrum, debilitating traumas from which the athlete will never recover.

Roth's hands-on experience and expertise with concussions has led him to be a go-to option for doctors at ProMedica Toledo Hospital when they encounter more difficult cases, such as those of patients with multiple or severe concussions. A lot of his work with concussions has to do with educating the public.

Dr. Julie Miller, a pediatric physician also at ProMedica Toledo Hospital, has worked with Roth for the past few years treating head trauma and increasing the education and awareness surrounding it.

Miller – who primarily works with patients who have suffered from head trauma as the result of accidents, collisions or abuse – says Roth's recognition in the Toledo community both for his work with the Walleye and his expertise in treating concussions comes in handy when a second opinion is needed.

"If there's a patient or parent that doesn't particularly agree with my diagnosis and treatment, I know I can go to Matt for a second opinion, and we usually agree on the best course of treatment," Miller says.

Roth's goal in his family practice is to bring more awareness to youth sports and

the long-term effects that injuries can have on a child or teen's body. His talk for TEDxToledo (Technology, Entertainment and Design) in 2014 centered on this very topic and the need to rethink youth sports, and he says athletes and their parents need to think deeply about the end goal of a youth athlete's career in sports.

"Is the risk of getting back onto the field at times worth it when it could potentially jeopardize the patient's future and plans for further education?" Roth says.

Zachary Konno is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.

// I always thought I had the ability to do something good. It was my way of giving back and using my talents to help other people."



Matt Roth, MD, is a board-certified physician who specializes in family medicine and sports medicine with ProMedica Physicians. He is also medical director of ProMedica Wellness. Dr. Roth

earned a doctor of medicine degree at The Ohio State University College of Medicine. He completed a residency in family medicine at ProMedica Toledo Hospital as well as the ProMedica Toledo Hospital Primary Care Sports Medicine Fellowship. Dr. Roth is a member of the American College of Sports Medicine, American Academy of Family Physicians and American Medical Association.



The Write Advice

With Garth Bishop

Harsh Reality

Chronic pelvic pain is increasingly common and has numerous medical causes

Chronic pelvic pain gives a whole new meaning to having a “gut feeling.”

With so many possible causes, it can be hard to find the source of pain. However, advances in medicine are making diagnoses and treatment more available to the growing number of American men and women reporting this problem.

Jodi Bollenbacher, a physician assistant with Blanchard Valley Health System, practices at Bluffton Hospital’s Pelvic Pain Center. She sheds some light on this too-often discounted condition.

HealthScene Ohio: What are some of the causes of chronic pelvic pain for women?

Jodi Bollenbacher, PA-C: Chronic pelvic pain can have many causes. Pain may be from a single source or from several medical conditions. Symptoms may occur from a gynecologic/obstetric, urologic, gastrointestinal, musculoskeletal, neurologic or psychological source. Some of the most common causes are endometriosis, adenomyosis, musculoskeletal problems, chronic pelvic inflammato-



“Chronic pelvic pain affects approximately one in seven women and is one of the most common medical problems among women.”

ry disease, ovarian remnants, fibroids, irritable bowel syndrome, interstitial cystitis (painful bladder syndrome), pelvic congestion syndrome, diverticulitis, pelvic floor dysfunction, fibromyalgia and psychological factors.

HSO: What are some of the complaints that women cite when complaining about chronic pelvic pain?

JB: Patients may present with pain from below the umbilicus (belly button) to between the hips that lasts for more than six months. They may describe the pain as mild to severe; steady or intermittent; dull, sharp or crampy. They may experience heaviness in the pelvis, pain with intercourse, pain with urination or bowel movements, or pain with prolonged sitting or standing.

HSO: Are there particular age cohorts or demographics that are more susceptible to it?

JB: Chronic pelvic pain affects approximately one in seven women and is one of the most common medical problems among women. Some primary care practices experience a prevalence rate of up to 39 percent of reproductive-aged women with complaints of chronic pelvic pain. Gynecologists may see up to 10 percent of all referrals related to chronic pelvic pain. The U.S. has an estimated direct medical cost for outpatient visits for pelvic pain at \$881.5 million per year. The most common age range at presentation is 26-30 years old. A quarter of women with chronic pelvic pain spend two to three days in bed each month, and more than half must cut down on their daily activities one or more days a month.

HSO: What are some of the ways in which pelvic pain can alter a person's day-to-day activities?

JB: Chronic pelvic pain can alter a person's activities by making it difficult to sleep, or causing the person to sleep too much. It may also limit daily activities by causing constipation, decreased appetite, slower body movements/reactions, symptoms of depression and reductions in physical activity.

HSO: What are some of the steps taken to determine the nature and cause of the pain?

One of the most important steps to finding the cause of the pain is a complete history and physical, including a pelvic exam. Daily symptom trackers can be very helpful. Lab work, urinalysis and sexually transmitted infection (STI) testing may be useful as well. Imaging studies such as ultrasound, X-ray, CT or MRIs may be utilized.

HSO: What do treatment plans look like?

JB: Treatment plans are sometimes multidisciplinary and can include pharmacotherapy, physical therapy, psychophysiological therapy or surgical care. Treatments are sometimes not curative, but more focused on restoration of normal function with minimal disability, better quality of life and prevention of relapse of chronic symptoms.

HSO: What accounts for some people's tendency to see pelvic pain as entirely, or at least primarily, psychological?

JB: Chronic pelvic pain can be intertwined with depression, sexual abuse and stress. Emotional distress can increase pelvic pain, possibly by causing the patient to unknowingly contract her pelvic floor muscles, or by causing chemical changes that affect the patient's ability to cope with pain.

HSO: What are some of the nonsurgical treatments for pelvic pain?

JB: Nonsurgical treatment options may include medications such as over-the-counter pain relievers or non-steroidal anti-inflammatory drugs, antidepressants, anticonvulsants, hormonal treatments, or antibiotics. A physical therapist specializing in the pelvic floor could be very helpful with developing specific stretching exercises, strengthening exercises and relaxation techniques for patients. Psychotherapy can help with cognitive behavioral therapy and biofeedback.

HSO: What about surgical treatments?

JB: Surgical treatments include laparoscopy with removal of adhesions/

endometriosis. A hysterectomy may be indicated in certain patient populations. Trigger point injections or peripheral nerve blocks are options as well.

HSO: What are some of the latest developments in diagnosis and treatment?

JB: Ongoing research continues in studying the pain pathways for chronic pelvic pain. There are new drug developments as well as emerging combinations of several drug options for better symptom control. New treatments include new topical applications, use of specific toxins with analgesic effects, modification of opioid medications, and manipulation of neurotransmitters and hormones responsible for the mediation of pain.

HSO: May chronic pelvic pain be an issue for men, too? What are some of the causes and treatments there?

JB: Chronic pelvic pain in men can be caused by chronic (non-bacterial) prostatitis, chronic orchalgia and prostatodynia. Treatment is not curative, but over time, symptoms can stabilize or improve on their own and a multidisciplinary approach is recommended. Options include medications, myofascial release therapy and paradoxical relaxation, dietary restrictions, sitz baths, physical medicine/physical therapy evaluation, and psychotherapy.

Garth Bishop is managing editor. Feedback welcome at gbishop@cityscenemediagroup.com.

About the Expert



Jodi Bollenbacher, PA-C provides care at the Pelvic Pain Center in Bluffton. Bollenbacher received her bachelor's degree from the University of Findlay. She completed her Master of

Science in physician assistant studies at the University of Nebraska.



Healthy Happenings



Blanchard Valley Hospital has been named a Truven Health Analytics 100 Top Hospital for the fifth time. Pictured are (from left) Scott Malaney, BVHS president and CEO; Kelly Shroll, president of Blanchard Valley Medical Practices; BJ Pasztor, vice president of patient care services; and Duane Jebbett, BVHS board chairman.

Blanchard Valley Health System

Photos courtesy of Blanchard Valley Health System



The 28th annual Julie Cole Charity Golf Classic, benefiting Bridge Home Health & Hospice and additional health care service lines within Blanchard Valley, was held June 5. Pictured are Malaney (second from right) and golf professionals (from left) Pat McGowan, Julie Cole and Craig Stadler.

Run Toledo

Photos courtesy of Run Toledo and Toledo Aerial Media



Run Toledo's Muddy Mini Half & Quarter Marathon took place June 17. The run takes participants down River Road from historic uptown Maumee to Fifth Third Field, where the Toledo Mud Hens play.





Personalities

Creating a Legacy

Dr. Randall Wroble builds a community around orthopedic surgery

By Hailey Stangebye

Everyone who practices orthopedic sports medicine – “not 90 percent, not 95 percent, but 100 percent” – has been an athlete and experienced a sports injury.

That’s the philosophy of Dr. Randall Wroble, an orthopedic surgeon for Orthopedic ONE in central Ohio.

Originally from the Chicago area, Wroble grew up wrestling and playing football throughout high school. He played football at Cornell University while earning his undergraduate degree, and that was when he experienced his first athletic injury: a torn ACL.

Despite his recovery, he felt frustrated with the limitation of treatments and the outcomes they yielded.

“I ... felt like there’s got to be a better way to do this,” says Wroble.

After his recovery and his graduation with a bachelor of science in chemistry from Cornell, Wroble went on to get his master’s in organic chemistry from the University of Colorado Boulder before attending medical school at the University of Illinois College of Medicine.

Wroble decided to specialize in orthopedic sports medicine, so he completed his residency at the University of Iowa Roy J. and Lucille A. Carver College of Medicine, where he worked with the wrestling team. Wroble then traveled to Ohio to complete his fellowship in ortho-



pedic sports medicine at the Cincinnati SportsMedicine & Orthopaedic Center.

Wroble's personal experience with a sports injury makes him very relatable as a doctor, says Dr. Jeff Backes, another orthopedic surgeon at Orthopaedic ONE. Backes is more familiar with Wroble's approach than most. In addition to a colleague, he is also Wroble's former patient.

"I was injured my junior year of high school, in Columbus. I missed my whole junior year of high school football. I met Dr. Wroble through that injury," says Backes. "He performed surgery on my

shoulder and then I rehabilitated. ... Senior year of high school, I won the honor of Mr. Ohio Football. I give a lot of credit to Dr. Wroble."

Backes says for a young athlete who can't play, it can seem like the world is collapsing, and that made him appreciate Wroble's approach even more.

"Dr. Wroble seemed to understand, and he seemed to be able to relate to the emotional disaster that an injury was to a young high school kid that wanted to play football in college," says Backes.

Wroble says any patient who comes in for necessary orthopedic treatment has high expectations, but athletes set the bar even higher.

"The expectations of a competitive athlete is, 'I want be 100 percent or more.' It's a real challenge," he says. "If you know that person gets back to 100 percent, it feels really good, because it's hard to get back to 100 percent."

Wroble has worked with many professional teams throughout his career, including the U.S. men's national soccer team, the world and Olympic wrestling teams, and the Columbus Blue Jackets. Even while having worked with such high-profile teams, Wroble still makes young athletes a priority. He has served for nearly 25 years as athletic physician at Grove City High School.

"The guys that are coaching now are athletes that I took care of in high school, and that's kind of neat," he says. "These are guys I remember when they were little teenagers, and now they're sending their protégés to me. It's a lot of fun to see them grow up and become the new leaders."

Meanwhile, Wroble continues to work with his own protégé.

"I have the honor of standing next to him," says Backes, "which is a very surreal experience. I tell quite a few patients that ... (he's) one of the reasons I went into orthopedic surgery. I get to stand next to him and ask him questions, and I'm still learning from him."

Hailey Stangebye is a contributing writer. Feedback welcome at gblshop@cityscenemediagroup.com.

Sports Injuries and Prevention

Of all of the sports out there, Dr. Randall Wroble has a special interest in wrestling.

"The truth of it is every football team has a doctor," says Wroble. "But there are very few of us who are very active and interested in wrestling. It's become an integral part of my life. I think I help a lot of people in that area, and they appreciate me and what I do."

Wroble says wrestlers are unique among athletes when it comes to injuries.

"In wrestling, there's everything. There are issues with people losing weight to make weight. There are issues with skin problems of different types. There are concussions. There's the twisting of some joints, sprain-type injuries," says Wroble. "The doctor that works with wrestlers has to be pretty well-versed in lots of different kinds of injuries."

When it comes to preventing injuries, Wroble says to follow the same advice your coach and parents would give you.

"Stay in great shape, stay strong, lift weights or train to get stronger, work hard and practice your sport," Wroble says.

Wroble advises all athletes to not only wear proper apparel and equipment during both practice and play, but to ensure proper fit. This includes helmets, footwear, pads and guards.



Dr. Randall Wroble graduated with a Bachelor of Science in chemistry at Cornell University, where he also played varsity football. He has a master's degree in organic chemistry from the University of Colorado at Boulder. Previously, Dr. Wroble has served as team orthopedic surgeon for the Columbus Blue Jackets, the two-time American Basketball League Champions Columbus Quest, the Columbus Xoggz (U.S. International Soccer League) and the Columbus Chill. Dr. Wroble has received numerous accolades for his work and dedication to high school, collegiate and professional sports, including the 2013 Greg Brooks Award. Dr. Wroble was also named a 2013 "Top Doc" in sports medicine by U.S. News and World Report.



The Write Advice

With Lydia Freudenberg

Listen to Your Gut

Gastroenterologist Dr. William Salt addresses IBS, SIBO and gut health

Determining whether you have a stomachache or a more severe digestive condition may be difficult. For such occasions, doctors who specialize in gut health are crucial.

Dr. William Salt of IBS & Gut Microbiome Solutions in Columbus offers his expertise on stomach problems big and small.

HealthScene Ohio: Among the conditions your patients deal with are irritable bowel syndrome (IBS) and small intestinal bacterial growth (SIBO). What are these conditions, and how are they related?

Dr. William Salt: The symptoms of both IBS and SIBO are those of enteropathy, which is a triad of abdominal pain and discomfort, gas (abdominal bloating, distention, flatulence and noisy belly sounds), and bowel dysfunction (constipation, diarrhea or both). IBS is defined as the presence of recurrent abdominal pain, on average, at least one day per week in the last three months. Symptom onset must be six or more months prior to diagnosis, and associated with at least two of the following:

- Related to defecation
- Associated with change in stool frequency
- Associated with change in stool form (appearance)

IBS has traditionally been classified as IBS-D (diarrhea), IBS-C (constipation)

and IBS-M (mixed). However, emerging research suggests that IBS-D and IBS-M can be grouped together, as long as bowel dysfunction is not predominantly constipation.

SIBO, now known to be commonly associated with IBS, is the presence of abnormal amounts of colon bacteria in the small intestine, where they are not supposed to be. Research shows that many to most with IBS-C have colonic growth of a microbe called methanobrevibacter smithii, which produces methane gas that causes or contributes to constipation. Since this growth occurs predominantly in the colon, it is called a bloom, which is a small intestinal condition.

HSO: People sometimes get the impression that physical or emotional stress may cause IBS. Is this accurate?

WS: Psychological stress and emotional distress can aggravate symptoms of IBS and SIBO, but do not cause the conditions. Research confirms that bacterial food poisoning is the cause of many to most cases of IBS-D and IBS-M (but not of IBS-C). Infection with campylobacter, salmonella, shigella, E. coli or even clostridium difficile often result in autoimmune nerve damage to the small intestine, with impairment of peristalsis (contractions), followed by SIBO.

HSO: Are there particular foods or drinks that should be avoided or

emphasized in order to maintain a healthy gut?

WS: FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) are found in certain foods that are commonly poorly absorbed and fermented in people with IBS and SIBO, so restricting them can be very helpful.

HSO: Are there certain exercises or stretches that might help relieve IBS and/or SIBO?

WS: Research shows that physically active people move their bowels more frequently and have more rapid movement of stool through the colon than do individuals who are sedentary. A recent study showed that a structured exercise intervention led to greater improvements in overall IBS symptoms than did usual care. Physically inactive IBS patients should work to increase their physical activity. A simple recommendation is to begin walking for at least 30 minutes on most days of the week. Distance and pace can be gradually increased.

HSO: Is there any way to completely eliminate IBS and/or SIBO from a patient's daily life?

WS: Healthy lifestyle – including stress management, dieting and exercise – is important. If SIBO is associated with IBS, which is common, it is important to identify the cause of SIBO, which is a condition rather than a diagnosis. SIBO is always caused by something. Bacterial food poisoning and abdominal adhesions

are examples. If the cause can be treated or eliminated, then the symptoms of enteropathy can be relieved.

HSO: At what point should someone see a specialist for gut discomfort?

WS: Consult with a health care professional if these red flags are present:

- Symptoms begin at age 50 or older
- Change in symptoms
- Progression of symptoms
- Unexplained weight loss

- Blood in the stool
- Diarrhea that interferes with sleep
- Abnormal physical examination (such as a mass) or lab result (such as iron deficiency anemia)

HSO: Are there more serious conditions that may arise due to IBS and or SIBO?

WS: For IBS, unless misdiagnosed, no. For SIBO, malabsorption of nutrients such as vitamin B12 and iron can occur, and may be serious.

HSO: Can IBS and or SIBO be misdiagnosed? If so, what typically causes such mix-ups?

WS: The symptoms of both are those of enteropathy, and there are many causes that must be considered, such as celiac disease, Crohn's disease and digestive tract cancer.

HSO: What are some uncommon gut-related problems and their symptoms? How can they be avoided and treated?

WS: Both celiac disease and Crohn's disease include symptoms of enteropathy. Celiac disease requires eating a gluten-free diet. Crohn's disease is a chronic inflammatory disorder of the intestine with many available treatments. However, many with Crohn's disease also have IBS/SIBO, and effective treatment can result in avoidance of stronger drugs with potential side effects.

Lydia Freudenberg is a contributing editor. Feedback welcome at gbishop@cityscenemediagroup.com.



About the Expert



William B. Salt II, MD graduated from medical school at The Ohio State University and trained at Vanderbilt University Hospitals, where he also served as a Chief Resident in Medicine.

He is board certified in both internal medicine and gastroenterology. Dr. Salt is dedicated to both patient care and education of those suffering with IBS (irritable bowel syndrome) and the commonly associated condition SIBO (small intestinal bacterial overgrowth).



Healthy Happenings



Fairfield Medical Center

Photos courtesy of Fairfield Medical Center

Fairfield Medical Center and The Ohio State University Department of Orthopaedics launch their collaboration, through which OSU physicians see patients at Fairfield on a regular, rotating basis at the new Fairfield Healthcare Professionals Orthopedics office.



One of Fairfield Medical's 10 active Twigs holds a fundraiser in April.



Ohio Hospital Association

Photos courtesy of Ohio Hospital Association

Gov. John Kasich is inducted into the Ohio Hospital Association Hall of Fame during OHA's annual meeting, held June 12-14 in Columbus.



Discover the Dream, a major annual fundraiser for St. Jude Children's Research Hospital, was held May 18 at the Columbus Zoo and Aquarium.

St. Jude Discover the Dream

Photos by John Nixon



Ride 2 Recovery

Photos courtesy of Project Hero

The Ride 2 Recovery Honor Ride 2017 took place May 27 in New Albany. It raises money for Ride 2 Recovery's mission of raising money and awareness for America's healing veterans, and improves the well-being of disabled veterans through cycling.



The Ohio State University Wexner Medical Center

Photos courtesy of OSU Wexner Medical Center

The OSU Wexner Medical Center's 17th annual Community Health Day, held June 24 at CarePoint East, offered free health screenings and services, as well as activities, live entertainment and food.





A Cause Close to Home

A Cincinnati surgeon is inspired by diabetic daughter's experiences

By Matthew Kent



Dr. Russell Vester, who works as a cardiovascular and thoracic surgeon at Mercy Health near Cincinnati, has been active as a board member with the Southwest Ohio chapter of the Juvenile Diabetes Research Foundation (JDRF) since his daughter, Hannah, was diagnosed with Type 1 diabetes at age 16.

Hannah was a distance swimmer for the Cincinnati Aquatic Club in high school. During a championship meet, Vester noticed Hannah had looked more exhausted than normal when she left the pool after each event, was drinking more water than normal and went to the bathroom often. Coupled with her loss of seven pounds in just two weeks, Vester suspected something was off.

Wanting to act fast, he purchased a diabetes test kit from a drug store. It revealed that Hannah's blood sugar level was over 600. It should have been around 100 milligrams per deciliter.

Hannah was admitted to Cincinnati Children's Hospital Medical Center, where she was diagnosed with Type 1 diabetes. The news affected everyone.

"It is a change not (just) for the child or the parents," he says. "It is a change for the entire family."

This new development meant Vester and his wife, Petra, had to get up twice a night to check Hannah's blood sugar, among other measures taken to ensure her safety and good health.

"When you're confronted with that type of event as a physician and parent, you want to do everything you can to try and manage the problem as fast as possible and make it go away," Vester says. "From my perspective, the best way to do that and make sure her health care needs were met was to seek out an organization that's conducting ... research with science and tech-



nology to help manage the disease and, hopefully, find a cure for it.”

Hannah encouraged her father to get involved with the local chapter of the Juvenile Diabetes Research Foundation (JDRF). Vester joined the board 18 months after Hannah was diagnosed with Type 1 diabetes and has remained active ever since, with fundraising a major part of his efforts.

As a family, the Vesters have raised more than \$100,000. Petra also chaired the annual gala in May, setting a record of \$1.45 million raised by the 900 attendees. Vester focuses his efforts on the numerous walks and destination bike rides.

“People from all across the country will gather at various spots and ride 25, 50 or 100 miles, and each individual gets people to sponsor them at the \$2,000 level, \$3,000 level, \$4,000 level,” he says. “Our chapter has one of the largest group of riders in the country.”

Vester thinks of the JDRF as “the best family you never wanted to belong to.”

“It’s an absolutely marvelous group of people who are unified by a single cause, and they’re driven for the betterment of the adults and, in particular, the children that have a disease that, if isn’t watched 24 hours a day, can kill you,” he says.

Until a cure can be found, the deadly threat of Type 1 diabetes will remain, Vester says.

“One of the things that constantly drives me is to get a cure for (Type 1 diabetes) so that others don’t have to experience this,”



he says. “Any parent of any child with any life-threatening chronic disease knows what that feels like, and it’s not just diabetes. It gives you a different perspective on life and what’s important, and the things we take for granted as individuals.”

At age 23, Hannah still battles to manage the disease daily, but she is determined to remain an active young woman.

“She is refusing to let it shape or change who she is or how she approaches life, and it’s remarkable to see the amount of effort she puts forth just so she can do the things that other people do,” he says. “That’s what (patients with diabetes mellitus) live through. And when you see them doing that ... it really does humble you as a person. Whatever problems you’re facing, you know it’s really not that bad. It gives you a perspective that helps you stratify what truly is and isn’t important.”

Vester urges parents of children with Type 1 diabetes to connect with the

The Vester family takes part in fundraising activities including distance bike rides and galas, all to raise money for the Juvenile Diabetes Research Foundation.

Photos courtesy of Mercy Health

JDRF or a similar organization that can provide support for the entire family.

“Reach out and get help,” says Vester. “The JDRF organization is there for you. It will provide ... help, guidance, research, referrals ... to help manage this disease.”

Matthew Kent is a contributing writer. Feedback welcome at gishop@cityscenemediagroup.com.



S. Russell Vester, MD, FACS is a cardiovascular and thoracic surgeon at Mercy Health. He earned his doctorate from the University of Cincinnati and completed residencies in general

surgery at Boston University Medical Center and cardiovascular and thoracic surgery at Rush Presbyterian St. Luke’s Medical Center. He then completed a fellowship in pediatric congenital heart surgery at Boston Children’s Hospital. He is certified by the American Board of Surgery and American Board of Thoracic Surgery. His specialties include adult congenital heart, aortic, cardiovascular and thoracic surgeries.



The Write Advice

With Michelle Jacobson

I, Robot Surgeon

How robotic surgery revolutionizes minimally-invasive surgical procedures

Technology is revolutionizing the day-to-day operations of every profession, and surgery is no exception. Robots in the operating room are an ever-increasing reality.

Dr. Mark Delworth, medical director of minimally-invasive robotic surgery and system chief of surgery at TriHealth, spoke to *HealthScene Ohio* about the revolutionary capabilities of the robotic surgical system.

HealthScene Ohio: What is robotic surgery and how does it work?

Dr. Mark Delworth: Essentially, it is a computer-enhanced surgery. Robotic surgery is a computer interface between the surgeon and the patient that improves quality and efficiency. It allows for 3-D visualization and visual scaling. So, if I move my finger five inches, I can make the robot move five inches. If I make a motion, then the robot moves, and there is more precise control.

HSO: How did your journey with robotics start?

MD: I am a trained, certified cancer specialist. In 2002, a cardiac surgeon started testing robotic surgery. A partner of mine and I became involved in 2003 and we were what I call “early adopters” of the technology. We came up with

various models to practice on in order to work out the kinks. We started off slow, but eventually the program grew. Now TriHealth performs a high volume of robotic surgeries in Ohio.

HSO: What type of patient would be appropriate for this course of treatment?

MD: Generally, most people will qualify for robotic surgery, with exceptions if there is too much scar tissue. It also extends the ability to operate on more fragile or sick patients.

HSO: What are some common concerns with robotic surgery?

MD: Most of the concerns revolve around misinformation. Some people are under the impression that the robot does the surgery. The surgeon is completely in control of the situation. The other concern is the initial cost of the robot, as incurred by the hospital. I suspect this will come down in time.

HSO: Why is robotic surgery beneficial for the surgeon?

MD: Robotic surgery provides an instrument that allows surgeons to deliver the most precise, state-of-the-art, minimally invasive surgery to our patients. It is simply the most sophisticated surgical platform that provides favorable outcomes with the least amount of invasive side effects.

HSO: Compared to traditional surgical methods, how does robotic surgery benefit the patient?

MD: Smaller incisions are made with the use of robotic surgery. There is less pain, less blood loss, quicker recovery and shorter hospital stays for the patient. Also, it allows individuals to return to work faster. It is also more cosmetically acceptable because the incisions are smaller, so there is much less scar formation. Gall bladders, for instance, can be removed through a simple 1.5-inch incision that is hidden in the belly button – a preferable cosmetic result to large incisions with large abdominal scars. In some instances, robotic surgery provides accuracy that improves cancer-related outcomes.

HSO: Which types of procedures have been performed using robotic surgery?

MD: Virtually any procedure that is done by open technique can be done robotically. Cancer surgeries of all types – including lung, colon, kidney, bladder, uterus, ovarian, esophageal, splenic, liver and prostate cancers – can be removed. Complex and simple hernia repairs and removal of diseased gall bladders are also possible. There’s also reconstructive surgery of bowel, abdominal wall, organs such as kidneys, suspension surgeries for female pelvic prolapse and the like.



“Robotic surgery is a computer interface between the surgeon and the patient that improves quality and efficiency.”

About the Expert



Mark G. Delworth, MD graduated from the University of Kansas School of Medicine in 1988 and received his surgical and urology training at the University of Kentucky. Dr. Del-

worth completed a Fellowship in Urologic Oncology from the University of Texas MD Anderson Cancer Center. He has been certified by the American Board of Urology and is licensed in the state of Ohio. He is a member of the American Urological Association, the American Association of Clinical Urologists, the Large Urology Group Practice Association and the Cincinnati Academy of Medicine. Dr. Delworth is active at Bethesda North Hospital, holding the following positions: Secretary/Treasurer of Medical Staff; Member of the Medical Staff Executive Committee; Committee Chairman for the Patient Care Committee; Member of the Board of the TriHealth Cancer Institute; and Director of the Minimally Invasive and Robotic Surgery Program.

HSO: How long does a robotic surgical procedure typically take?

MD: The surgical procedure can take 30 minutes to half a day or more. The amount of time will depend on the complexity of the surgery.

HSO: Will insurance cover robotic procedures?

MD: Yes, typically insurance companies cover robotic surgery.

HSO: What opportunities could robotic surgery provide in the future?

I think robotic surgical platforms have only scratched the surface of what can

be achieved. Future systems will likely include imaging, meaning the robot can direct the surgeon to the abnormality (tumor). Robotic platforms will become smaller and more portable. Also, feedback to the surgeon will become more sophisticated with characteristics of virtual reality. Nanotechnology will likely be incorporated with imaging as well.

Michelle Jacobson is a contributing writer. Feedback welcome at gbishop@cityscenemediagroup.com.



Healthy Happenings



TriHealth

Photo courtesy of TriHealth

Renderings show plans for TriHealth's new comprehensive cancer care center on the campus of Bethesda North Hospital. Pictured at the groundbreaking in June are Mark C. Clement, TriHealth president and CEO, and Eugenia and Harold Thomas, who donated \$10 million for construction of the facility



Mercy Health

Photos courtesy of Mercy Health



Joseph Subaru of Florence delivers more than 75 blankets for patients and craft kits for visiting children to the Jewish Hospital's Blood Cancer Center on July 6.



Jeff and Kathy Rosa (back) treat members of Jeff's care team at Mercy Health Anderson Hospital – who saved Jeff's life when he suffered severe internal damage in early 2017 – to breakfast on June 22.



Staff and providers with Adena Family Medicine-Hillsboro present a \$4,800 donation to Highland County's 4-H program to purchase 800 project books. Each project book includes a wealth of information and activities to help the youths plan and execute their annual project.



Adena Health System

Photos courtesy of Adena Health System

Adena Bone & Joint Center orthopedic surgeon Dr. Brian Cohen recently hosted four German orthopedic surgeons and two German orthopedic device representatives. The group was in Chillicothe to gain insight into Cohen's techniques for shoulder surgeries, watching and learning during 16 procedures.



Adena Health System's Volunteer Advisory Council works throughout the year to raise funds to support the efforts of the Adena Health Foundation. The Council recently presented Interim President & CEO Dr. John Fortney with \$260,000 to support patient needs covered by the Foundation. Since 2013, the group has donated \$780,500 for these type of programs. Since 2002, more than \$500,000 in scholarships has been awarded by the Council to area college students who are pursuing careers in health care.



Adena Health System's Graduate Medical Education Program recently welcomed its fifth class, which includes 25 new physician residents. The program is highly competitive, with more than 600 applicants each year from medical schools across the county.

Legislative Update

Keep up with the latest state legislative initiatives in health.



Allied Health Professionals

House Bill 75

Rep. Theresa Charters Gavarone for the Ohio House 3rd District and Rep. Derek Merrin for the Ohio House 47th District

Professional Licensure: Armed Forces

This bill requires an expedited process to grant a professional license to an individual who is on active duty as a member of the armed forces of the United States, or is the spouse of such an individual, and holds a valid license in another state.

House Bill 111

Rep. Rick Carfagna for the Ohio House 68th District

Registered Nurses: Mental Health

This bill authorizes certain advanced practice registered nurses to have a person involuntarily transported to a hospital for a mental health examination.

House Bill 146

Rep. Larry Householder for the Ohio House 72nd District

Coroners Editing Death Certificates

This bill allows a coroner to change the cause, manner and mode of death in a filed death certificate only after a hearing in the court of common pleas.

House Bill 273

Rep. Theresa Charters Gavarone for the Ohio House 3rd District

Physician Certification

This bill prohibits a physician from being required to secure a maintenance of certification as a condition of obtaining licensure, reimbursement, employment, and obtaining admitting privileges or surgical privileges at a hospital or health care facility.

Senate Bill 16

Senator Charleta B. Tavares for Senate District 15

Health Care Cultural Competency

This bill requires certain health care professionals to complete instruction in cultural competency.

Senate Bill 55

Senator Michael J. Skindell for Senate District 23

Nurse-Patient Ratios

This bill establishes minimum ratios of direct-care registered nurses to patients in hospitals. The bill also specifies rights of registered nurses working in hospitals, and prohibits retaliatory actions by hospitals against registered nurses.

Health Care Coverage

House Bill 72

Rep. Terry Johnson for the Ohio House 90th District and Rep. Nickie J. Antonio for the Ohio House 13th District

Step Therapy Protocols

This bill adopts requirements related to step therapy protocols implemented by health plan issuers and the Department of Medicaid.

House Bill 156

Rep. Kirk Schuring for the Ohio House 48th District

Vision Insurance Limitations

This bill makes changes regarding limitations imposed by health insurers on vision care services.

Senate Bill 121

Senator John Eklund for Senate District 18

Mammography Insurance Requirements

This bill includes tomosynthesis as part of the required screening mammography benefits under health insurance policies.

Senate Bill 126

Senator Charleta B. Tavares for Senate District 15

Conversion Therapy Ban: Minors

This bill prohibits certain health care professionals from engaging in conversion therapy when treating minor patients.

Prescription Drugs/Controlled Substances

House Bill 74

Rep. Jeffrey Rezabek for the Ohio House 43rd District and Rep. Kyle Koehler for the Ohio House 79th District

Prohibit Dextromethorphan Sale

The bill prohibits the sale of dextromethorphan without a prescription to persons under age 18.

House Bill 101

Rep. Derek Merrin for the Ohio House 47th District

Epinephrine Accessibility Act

This bill authorizes an epinephrine autoinjector substitution when a prescription is filled or refilled. The bill also authorizes epinephrine to be dispensed without a prescription under a physician-established protocol, and to declare the act the "Epinephrine Accessibility Act."

House Bill 117

Rep. Stephen Huffman for the Ohio House 80th District and Rep. Andrew O. Brenner for the Ohio House 67th District

Opioid Therapy for Drug Offenders

This bill establishes a statewide pilot program for the provision of long-acting opioid antagonist therapy for offenders convicted of an opioid-related offense who will be released from confinement on su-

pervised release. This bill specifies that the therapy is to be provided during both their confinement and their supervised release.

Senate Bill 119

Senator Robert Hackett for Senate District 10 and Senator Jay Hottinger for Senate District 31

Addiction Treatment and Prescriptions

This bill makes changes regarding addiction treatment and opioid prescribing by physicians and dentists.

Public Health

House Bill 7

Rep. Bob Cupp for the Ohio House 4th District

Medical Care Protections

The bill grants qualified civil immunity to certain medical providers who provide emergency medical services because of a disaster. The bill also provides that certain communications made regarding an unanticipated outcome of medical care, the development or implementation of standards under federal laws, and an insurer's reimbursement policies on health care are inadmissible as evidence in a medical claim. The bill provides that medical bills itemizing charges are inadmissible as evidence and an amount accepted as full payment for medical services is admissible as evidence of the reasonableness of the charges. The bill specifies the manner of sending a notice of intent to file a medical claim and provides a procedure for the discovery of other potential claims within a specified period after the filing of a medical claim. The bill provides that any loss of a chance of recovery or survival by itself is not an injury, death or loss for which damages may be recovered. The bill provides civil immunity to certain medical providers regarding the discharge of a patient with a mental condition that threaten the safety of the patient or others. The bill also requires that governmental agencies that receive peer review committee records maintain their confidentiality; and to clarify the definition of "medical claim."

House Bill 45

Rep. Robert Sprague for the Ohio House 83rd District

Month Designation: Neurofibromatosis Awareness

This bill designates May as "Neurofibromatosis Awareness Month."

House Bill 145

Rep. Stephen Huffman for the Ohio House 80th District and Rep. Robert Sprague for the Ohio House 83rd District

Impaired Medical Practitioners

This bill provides for the establishment of a confidential program for the treatment of certain impaired practitioners and to declare an emergency.

House Bill 286

Rep. Sarah LaTourette for the Ohio House 76th District

Palliative Care Programs

This bill creates the Palliative Care and Quality of Life Interdisciplinary Council, establishes the Palliative Care Consumer and Professional Information and Education Program, and requires health care facilities to identify patients and residents who could benefit from palliative care.

Senate Bill 57

Senator Stephanie Kunze for Senate District 16

Day Designation: Cancer Awareness

This bill designates the seventeenth day of May as "Diffuse Intrinsic Pontine Glioma Awareness Day."

Senate Bill 143

Senator John Eklund for Senate District 18

Day Designation: Ataxia Awareness

This bill designates Sept. 25 as "International Ataxia Awareness Day" in Ohio.

To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at www.ohiohouse.gov and the Ohio Senate at www.ohiosenate.gov. For more information on legislation, please visit www.legislature.ohio.gov.

weekend scene



Looking for something to do?

See what's on the menu this weekend and beyond!

Sign up for *CityScene Magazine's* weekly event newsletter at cityscenecolumbus.com



Check out cityscenecolumbus.com

Calendar



NORTHEAST

Aug. 26
ZERO Prostate Cancer Run/Walk
8:45 a.m., SouthWest Urology, Middleburg Heights
www.zerocancer.org

Sept. 16
Evening for an Angel
4-11 p.m., Highland Heights Community Center
giving.clevelandclinic.org

Sept. 23
Akron Marathon, Half Marathon & Team Relay
7 a.m., Downtown Akron
www.akronmarathon.org

Sept. 27
L'Amour du Vin
6-9 p.m., Avon Oaks Country Club, Avon
www.arthritis.org

Oct. 7
Run Now Wine Later
10 a.m., Gervasi Vineyard, Canton
www.runcanton.com

Oct. 14
The Dam Run 5K Run/Walk
4 p.m., Halliday's Winery, Lake Milton
www.gopherarun.com

Nov. 4
Canton Charge 5K
9 a.m.-1 p.m., Canton Museum of Art
www.runcanton.com

Nov. 19
2017 Garfield Gallop
8:30-9:30 a.m., James A. Garfield National Historic Site, Mentor
www.cityofmentor.com

NORTHWEST

Sept. 10
Team Mary 5K Run/Walk for Autism
9:30 a.m., Gem Beach Marina, Port Clinton
www.runsignup.com

Sept. 16
Miller Boat Line 5K at Put-in-Bay
9:15 a.m., Boathouse Bar & Grill, Put-in-Bay
www.5katputinbay.com

Sept. 17
Mental Illness: The Family Perspective
9 a.m.-4:15 p.m., Lucas County Conference and Learning Center, Toledo
mha.ohio.gov

Oct. 7
Night of the Dead 5K Obstacle/Mud Run
8-10 p.m., Ottawa County Fairgrounds, Oak Harbor
www.blackswamprunner.com

Oct. 7
Bras for a Cause 5K Run/Walk
8 a.m., Magruder Hospital, Port Clinton
www.magruderhospital.com

Oct. 8
Tiffin Walk to Defeat ALS
10 a.m., Heminger Recreation Center, Tiffin
web.alsa.org

Oct. 22
Racing for Recovery 10K+5K & Memory Mile
9 a.m., Lourdes University, Sylvania
www.racingforrecovery.org

CENTRAL

Aug. 25
Tyler's Light Golf Outing
Noon-7 p.m., The Golf Club at Little Turtle, Westerville
www.tylerslight.com

Aug. 27
WELLFest
10 a.m.-3 p.m., The Powell Grand Communities, Powell
wellfest.schottensteinreal estate.com

Aug. 28-Sept. 3
Nationwide Children's Hospital Championship
The Ohio State University Golf Club, Upper Arlington
www.ncc-golf.com

Sept. 8
A&F Challenge
5 p.m., Abercrombie & Fitch, New Albany
www.anfchallenge.org

Sept. 15
March of Dimes Night Moves
7 p.m., Genoa Park, Columbus
www.marchofdimes.org

Sept. 17
New Albany Walking Classic
8 a.m., Market Square, New Albany
www.newalbanywalking classic.com

Sept. 24
Out of the Darkness Community Walk
2-4 p.m., Alum Creek State Park, Lewis Center
www.asfp.org

Sept. 30
Don Scott Trot: A 5K on the Runway
8-9 a.m., The Ohio State University Airport, Columbus
www.osuairport.org

Oct. 15
Nationwide Children's Hospital Columbus Marathon
7:30 a.m., Downtown Columbus
www.columbusmarathon.com

Nov. 4
American Cancer Society presents Columbus Cattle Barons Ball
6-11:30 p.m., Hollywood Casino Columbus
www.columbuscattlebaronsball.org

SOUTH

Aug. 26
River Cities Relay
6 p.m., Purple People Bridge, Cincinnati
www.rivercitiesrelay.com

Aug. 27
Dig Deep for Cancer Family Care
11:30 a.m., The Sandbar, Cincinnati
www.cancerfamilycare.org

Sept. 16
Unleash Your Sparkle Gala
6:30 p.m., Kenwood Country Club, Cincinnati
www.victorygivesback.com

Sept. 30
Greater Cincinnati Walk Like MADD
10 a.m.-1 p.m., Summit Park, Blue Ash
www.walklikemadd.org

Oct. 1
FALL Down and DYE 5K
9 a.m., Cowan Lake State Park, Wilmington
www.ccbddfallover5k.wixsite.com

Oct. 1
Dash for Stash
6:30-9 p.m., John Glenn High School, New Concord
www.runsignup.com

Oct. 7
Standing Up to POTS 5K/2K
10 a.m., Wittenberg University, Springfield
www.standinguptopots.org

Oct. 7
Red Tie Gala
6 p.m., Hyatt Regency Cincinnati
www.rmhcincinnati.org

Oct. 27
Run Like Hell
7 p.m., Xavier University, Cincinnati
www.cff.org

Your support helps babies

Each year, 1 in 10 babies is born prematurely in the United States. In fact, premature birth is the #1 killer of babies. That's why the March of Dimes is working hard to find out what causes this and how to prevent it. Your gift helps us fight premature birth through research, education, treatments and more.

Here are some ways you're helping babies:

BRAIN

We're fighting premature birth — baby's brain needs at least 39 weeks to develop.

LUNGS

Surfactant and nitric oxide therapies save the lives of many premature babies.

HEART

New treatments mean better survival rates for the tiniest heart patients.

HEEL

Newborn screening — a drop of blood from baby's heel could save her life.

SMILE

We've identified a gene responsible for oral cleft and are working on preventions.

EYES

We're developing treatments to cure vision defects.

SPINE

Folic acid education means fewer babies are born with neural tube defects.

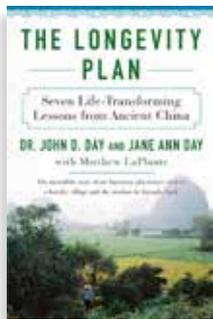
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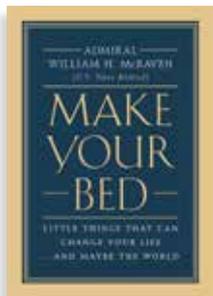
Bookmarks

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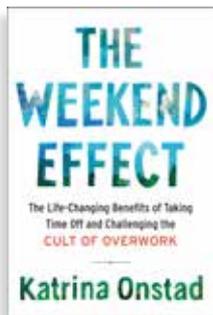
The Longevity Plan: Seven Life-Transforming Lessons from Ancient China
By Dr. John D. Day and Jane Ann Day
\$25.99, HarperCollins Publishers

Searching for a change in his lifestyle full of common ailments such as high cholesterol, insomnia and degenerative joint disease, Dr. John D. Day decided to spend time living in Longevity Village, a remote region in China where it is not uncommon for residents to live past 100 years of age in good health. He learned the ways of these people and applied them to improve his own life and lose 30 pounds.



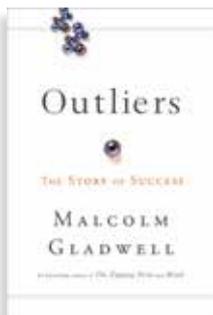
Make Your Bed: Little Things That Can Change Your Life ... And Maybe the World
By William H. McRaven
\$18, Grand Central Publishing

There's nothing more inspiring than a good graduation speech, and Admiral McRaven hit the nail on the head with his speech to University of Texas graduates in 2014. After its immense popularity, McRaven built the speech into a book meant to inspire all ages.



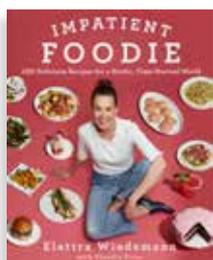
The Weekend Effect: The Life-Changing Benefits of Taking Time Off and Challenging the Cult of Overwork
By Katrina Onstad
\$25.99, HarperCollins Publishers

Need a break? Katrina Onstad agrees. When work takes up the majority of our weekdays and follows us home digitally on the weekend, the appreciation for a weekend away deteriorates. Onstad searches for the solution in this book.



Outliers: The Story of Success
By Malcolm Gladwell
\$16.99, Little, Brown and Company

Focusing on the origin of success instead of the results, Malcolm Gladwell tells the tales of the world's outliers. This book gives an insight to the best and brightest, and the most famous and successful.



Impatient Foodie: 100 Delicious Recipes for a Hectic, Time-Starved World
By Elettra Wiedemann
\$29.99, Scribner

In a world pushing toward a return to home-cooked meals and never-processed ingredients, Wiedemann recognizes that not everyone has the time for more than a drive through. She searches a way to bridge health and sustainability with a busy lifestyle.

Popular: The Power of Likability in a Status-Obsessed World
By Mitch Prinstein
\$27, Penguin Publishing Group

While most popularity battles end in high school, Prinstein explores how the concept of popularity affects success and happiness throughout life and beyond graduation. This book gives an insight on how likeability is still affecting your life.

The Coffee Lover's Diet: Change Your Coffee, Change Your Life
By Dr. Bob Arnot
\$26.99, HarperCollins Publishers

The time for guilt over a cup of coffee has come to an end. Building off of research that indicates regular coffee drinking can improve overall health, Arnot shows how coffee can be worked into a healthy and active lifestyle.

Lifted: 28 Days to Strengthen Your Body, Focus Your Mind, and Elevate Your Spirit
By Holly Rilinger and Myatt Murphy
\$19.99, Da Capo Books

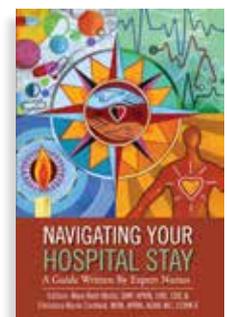
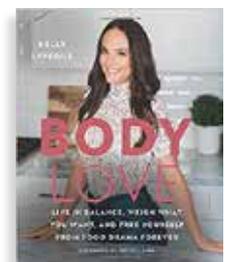
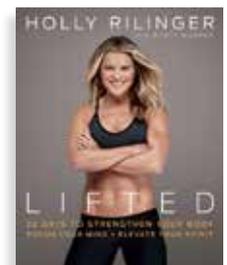
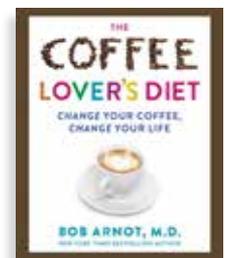
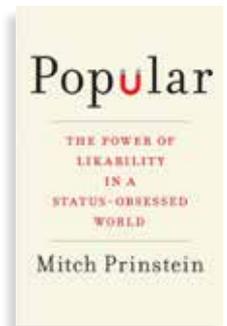
When it comes to fitness, mental health is just as important as physical health. Rilinger and Murphy lay out a fitness plan to combine mindfulness with high-intensity interval training to strengthen overall health, both physical and mental.

Body Love: Live in Balance, Weigh What You Want, and Free Yourself from Food Drama Forever
By Kelly LeVeque
\$27.99, HarperCollins Publishers

Part wellness guide and part recipe book, this book by celebrity health consultant Kelly LeVeque reveals the secrets to liberty from food drama. The program helps to eliminate cravings and mood swings while setting the reader up for success in fitness goals.

Navigating Your Hospital Stay: A Guide Written by Expert Nurses
Edited by Mary Beth Modic and Christina Marie Canfield
\$4.99 eBook, \$16.95 print, BookBaby

This informative guide helps patients and their loved ones understand what to expect from a hospital stay, how to best communicate their needs and where to find more information when they need it.



In the News

Sleep deprivation is killing you (and making you fat in the process)

www.huffingtonpost.com

Studies show there are many negative health effects to a person not getting a recommended seven to nine hours of sleep daily. The possible health effects include stroke, diabetes and heart attacks. However, there are some strategies a person can use to improve his or her sleeping habits.

A confused immune system could be behind Parkinson's disease

www.sciencealert.com

Scientists are discovering through new studies that the cause of Parkinson's disease, which affects more than 10 million people worldwide, could be explained by a failed hypothesis from the 1900s.

The number of kids with PTSD in foster care is shocking

www.romper.com

Awareness of PTSD has increased substantially within the past few years. Studies are showing that the symptoms of this disorder are found in not only soldiers, but also domestic abuse victims and children.

There's a bug bite that will make you allergic to red meat

www.esquire.com

A bite from this insect normally found in the southeastern U.S. could cause your immune system to reject even the smallest bite of meat. Named the Lone Star Tick, this insect is beginning to spread throughout the country.

This cutting-edge bandage could make flu shots a thing of the past

www.latimes.com

Scientists have succeeded in engineering a small, bandage-like device that carries the flu vaccine. Health professionals now hope that, with a patch option, more Americans will get vaccinations.

Nine warning signs of exercise addiction

www.psychcentral.com

How much exercise is too much? Exercise addiction is unique and can affect people in different ways, but there are some universal signs to be aware of.

How exercise may protect the brain from Alzheimer's disease

www.time.com

A study published in the *Journal of Alzheimer's Disease* has concluded that regular, moderate-intensity exercise could be a factor in protecting the brain from developing Alzheimer's disease.

Six protein-packed meal-prep recipes that will actually last all week

www.prevention.com

Trying to lose weight and or save money? Meal prepping is key. Find new recipes that will save you even more money and taste delicious.

Why weight training is ridiculously good for you

www.time.com

New exercise science findings are showing that weight training has many positive effects on a person's life. Building up the body's

www.healthsceneohio.com

Health Phone Apps

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



7-Minute Workout Challenge

\$2.99; iOS and Android

Get the equivalent of an hour-long workout in only seven minutes. This exercise regimen, endorsed by the *New York Times*, uses 12 exercises performed at high intensity to build an ultra-quick workout. With exercises that require no equipment and an app that tracks your results, the workout challenge makes exercise efficient.



Couch to 5K

\$2.99; iOS and Android

This app, perfect for beginning runners, uses half-hour-long sessions three times a week to get the user ready for a 5K in just nine weeks. The app tracks runs and offers tips during one's workout.



My Macros+

\$2.99; iOS and Android

Track your food with the help of My Macros+. This app has nutritional information on more than 4 million types of food, any of which can be found in three taps. Record your daily diet and review your nutritional breakdown. Easy to use, this app is the solution to tracking your diet.



White Noise

\$0.99; iOS and Android

Sleep better with the help of this app. Whether you need help napping, blocking noise or soothing your newborn, white noise is a solution. White noise masks distracting noises and lulls the listener to sleep. Pick from a variety of soundtracks, such as Amazon jungle or train ride.



HeartWatch

\$2.99; iOS

HeartWatch uses your Apple Watch to track your heart rate. This app records information constantly and offers detailed reports of your heart rate patterns. See how your heart is beating while you're awake, during your workout and while you're asleep.



KetoDiet

\$6.99; iOS

Try the ketogenic diet with the help of this app. Plan meals, research keto-friendly restaurant meals and set goals on your phone. The app syncs across all your devices so you can track your diet easily. The ketogenic diet is low in carbohydrates, which helps the body burn fat more quickly.



WaterMinder

\$2.99; iOS

WaterMinder tracks and displays your beverage intake to keep you informed about your body. It tracks beverages such as coffee or juice, as well as water. Users earn achievements as they meet their daily goals and are motivated to keep a well-hydrated lifestyle.



Modern Essentials

\$6.99; iOS and Android

This app offers natural remedies for more than 200 health conditions. Modern Essentials streamlines information regarding aromatherapy to help you quickly find the most helpful essential oil for a given condition. Learn how aromatherapy can be used to heal the mind and body.



Walking for Weight Loss

Free; iOS

Walking is one of the easiest forms of exercise, and now you can make the most of your walk with this app. The app uses interval training to achieve top results. Different programs are available, so no matter what shape you're in, this app has a workout for you.



Pregnancy Tracker and Baby Development Calendar

Free; iOS and Android

This app made by BabyCenter guides you through your pregnancy. Every day, receive tips and development videos that correlate with your own pregnancy stages. Explore fun tools such as a baby name finder, kick counter and contraction timer. This app is there for you at every stage in your pregnancy.

strength leads to a longer life, reduces the risk of heart disease and can keep diabetes in check.

Colleges get proactive in addressing depression on campus

www.nytimes.com

According to the results from a UCLA survey, students coming into their freshman year already experiencing symptoms of depression are at record high numbers. In response, the university is beginning to conduct studies and meet with students to find out why today's

college freshmen begin their college experience with feelings of depression.

How to create a healthy work space

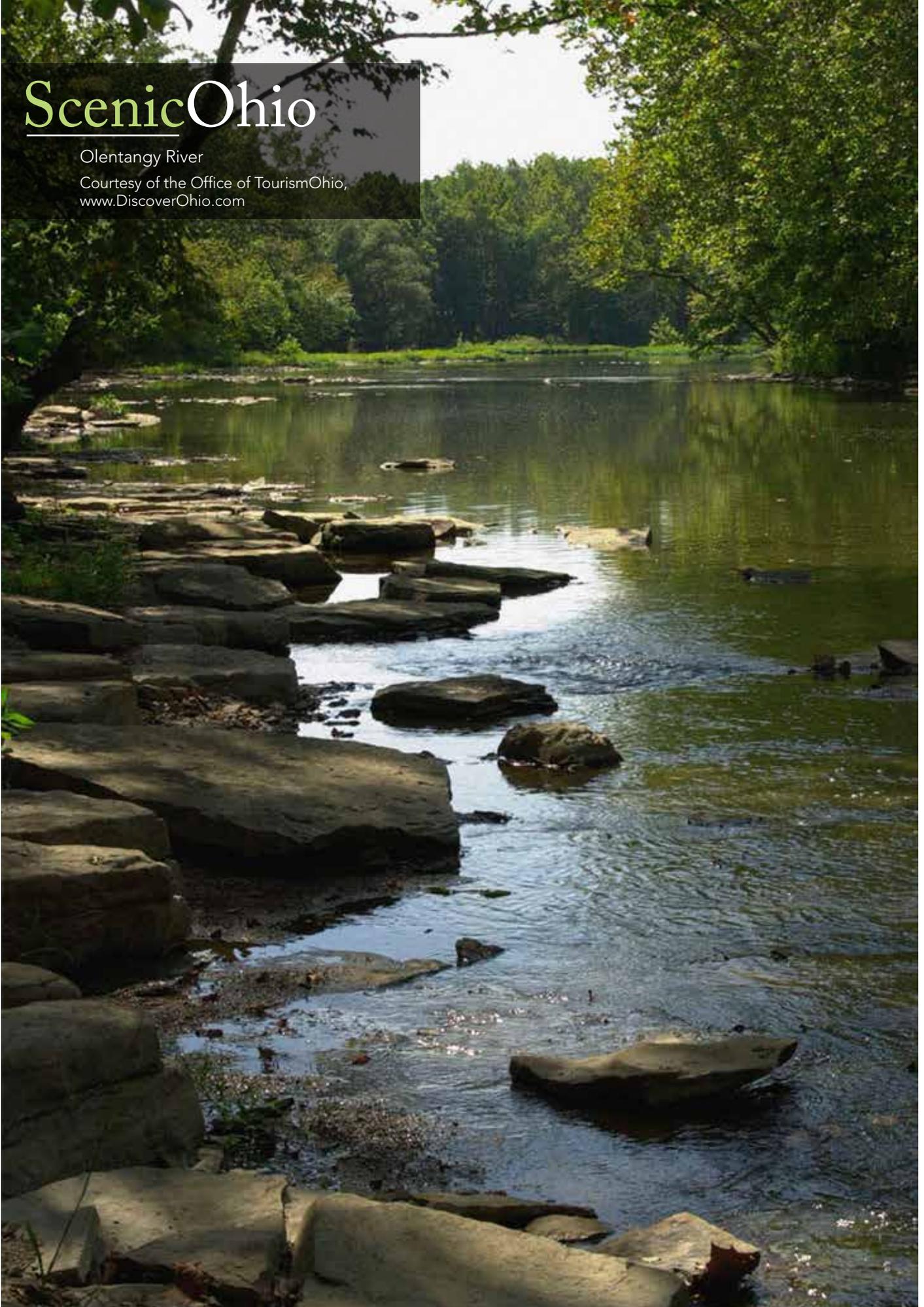
www.health.usnews.com

This helpful guide by *U.S. News and World Report* will show you six simple ways to make your workspace healthier. From taking mini-breaks throughout the day to spritzing your computer station with citrus-based cleaning products, these changes to your workday routine can alleviate pesky health problems.

ScenicOhio

Olentangy River

Courtesy of the Office of TourismOhio,
www.DiscoverOhio.com



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Benefits of this procedure over traditional vasectomy:
Quicker recovery • Less discomfort • No stitches or sutures needed

The physicians at Blanchard Valley Urology Associates provide diagnosis and treatment of a wide variety of urological conditions.

They care for disorders of the male and female urinary tract (bladder, ureter, kidney and urethra) and the male reproductive system. Both adult and pediatric patients are welcome. Conditions commonly treated include:

- Benign prostatic hyperplasia (BPH; enlarged prostate)
- Erectile/sexual dysfunction (impotence)
- Prostate cancer
- Bladder control problems
- Kidney stones



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