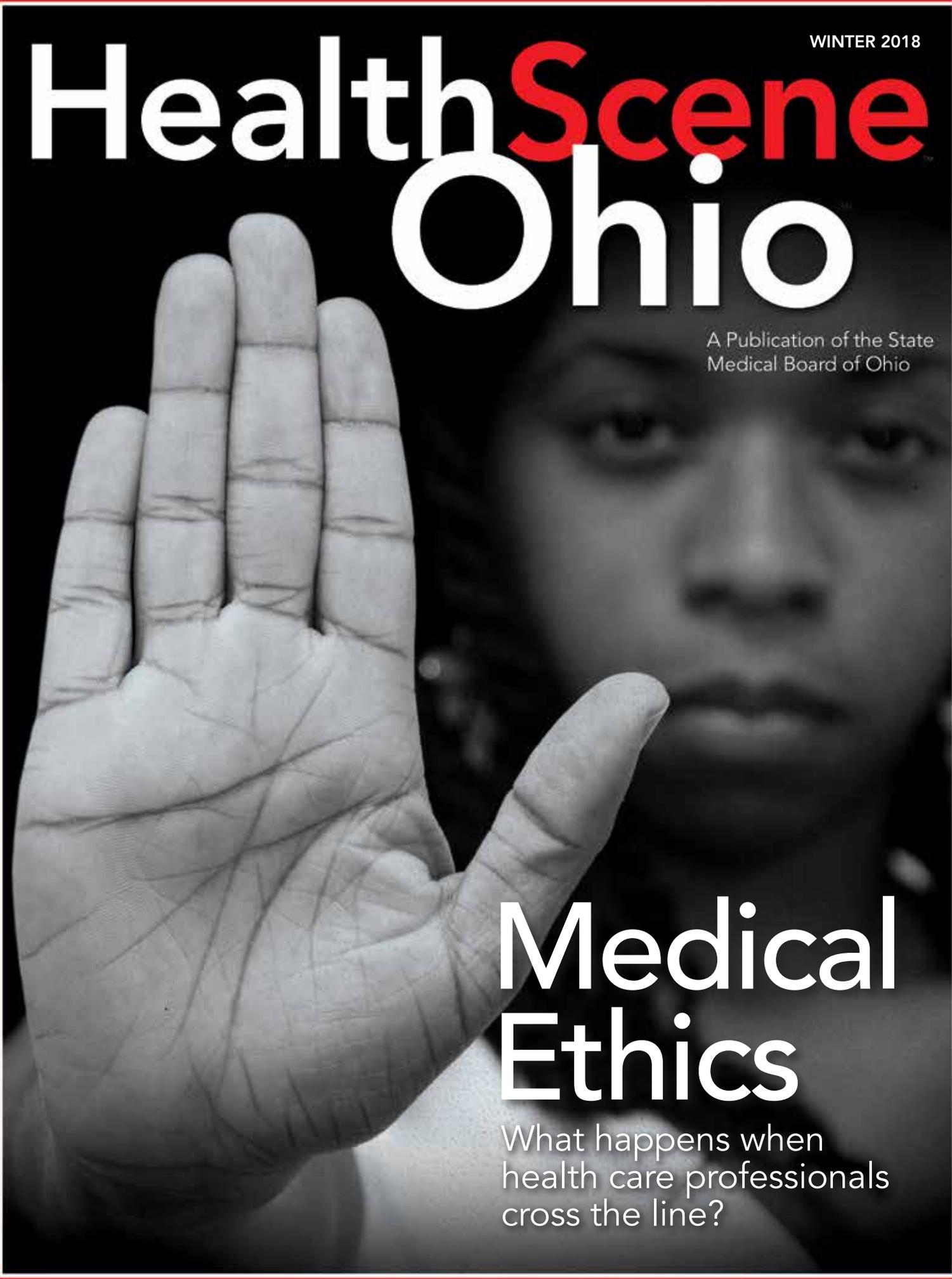


WINTER 2018

# HealthScene Ohio

A Publication of the State  
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## Medical Ethics

What happens when  
health care professionals  
cross the line?

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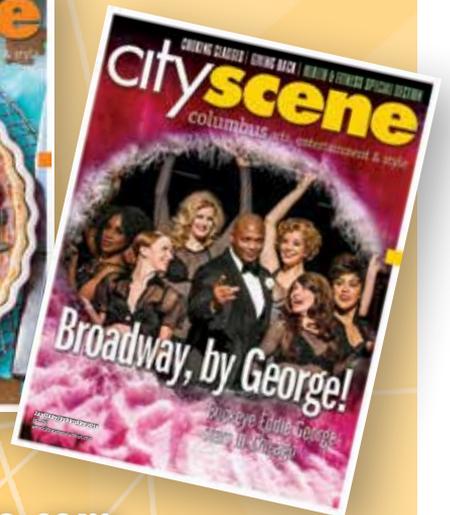
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# Maintaining Medical Ethics

Welcome to the winter 2018 edition of *HealthScene Ohio*. Highlighting this issue is a story on medical ethics, a topic that's been getting a lot of media attention lately.

Medical professionals are obligated by their Ohio license to adhere to legal and ethical boundaries. As one would expect, the vast majority of them never approach the line, much less cross it. But when doctors and other licensees of the State Medical Board of Ohio do violate those rules, the Board does everything in its power to investigate such complaints and take action. The topic of sexual assault has come into sharp focus in recent months as national attention has centered upon Michigan State University doctor Larry Nassar, who was alleged to have sexually abused hundreds of victims, many of them young girls, over a period of decades. In January, Nassar was given a 40-125 year prison sentence for criminal sexual conduct toward girls at a gymnastics facility. This is in addition to the 60-year sentence he received for a conviction related to child pornography in a separate federal case.

In those few unfortunate situations where misconduct does occur, here in Ohio, we have some of the most stringent regulatory standards in the country to address such events. In this issue, you'll read about the ways in which the State Medical Board of Ohio keeps doctors accountable and ensures that, in the unlikely case that sexual misconduct does occur, such events will be dealt with quickly and effectively. The board takes its standards very seriously, and encourages patients who feel their physicians or other licensees have broken the rules to report it.

Continue reading, and you'll also learn about a Cincinnati doctor who heads up a program to help pregnant women break free from substance use disorders. We are also proud to feature two new professions that have just come under the umbrella of the medical board: respiratory care professionals and dietitians.

In addition, you can also read about efforts to fight infant mortality in Ohio, and some of the latest developments in treatment for severe childhood burns. And just in time for Heart Health Awareness Month in February, we've included a story on cardiovascular diseases' impact on women and how they differ from the more frequently-discussed cardiovascular issues faced by men.

We hope you'll enjoy reading through the winter edition of *HealthScene Ohio*, and find all the information both fascinating and useful to you.



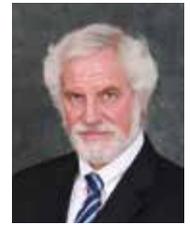
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Circulation 614-572-1240

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*HealthScene Ohio* is published quarterly. For advertising information, call 614-572-1240.

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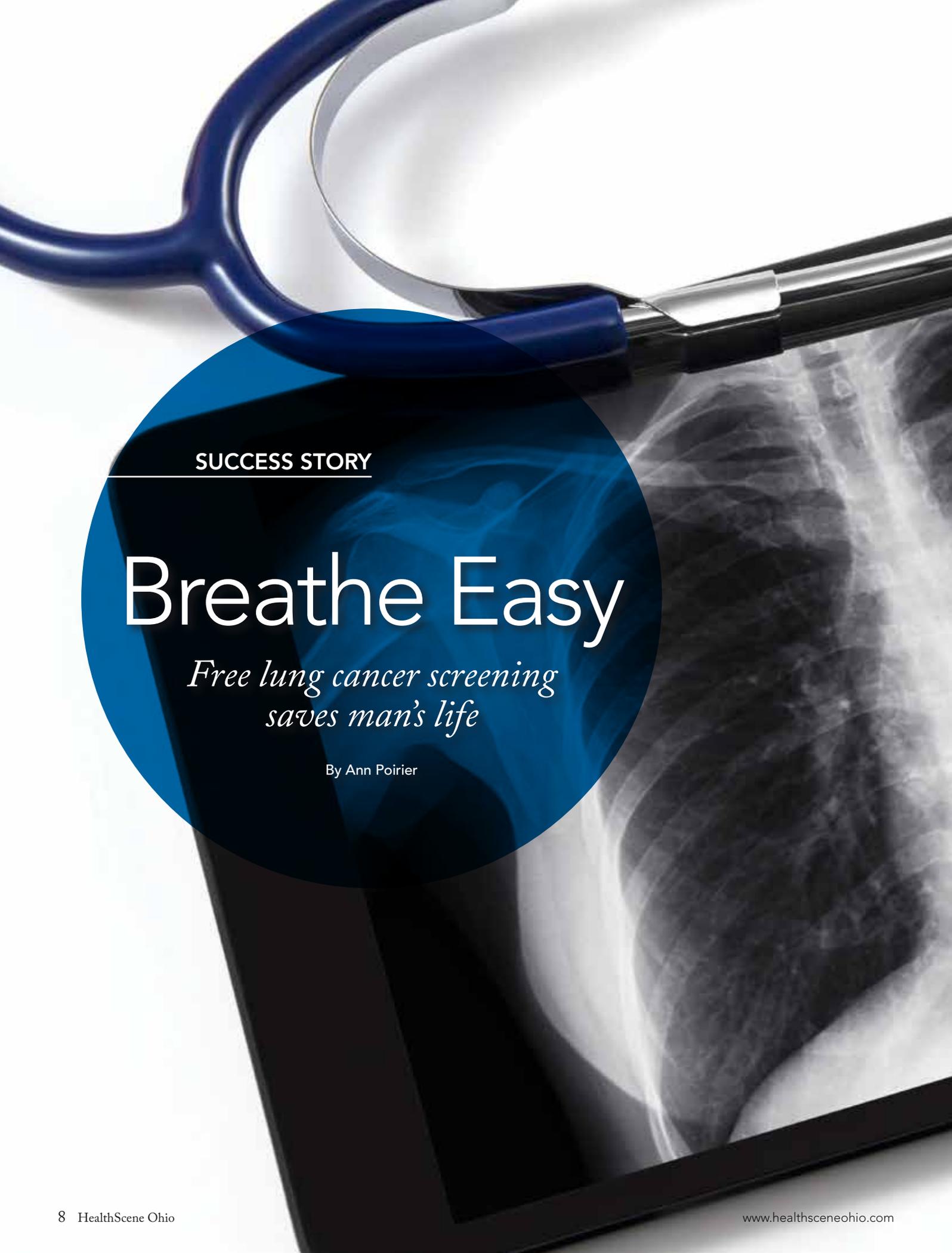
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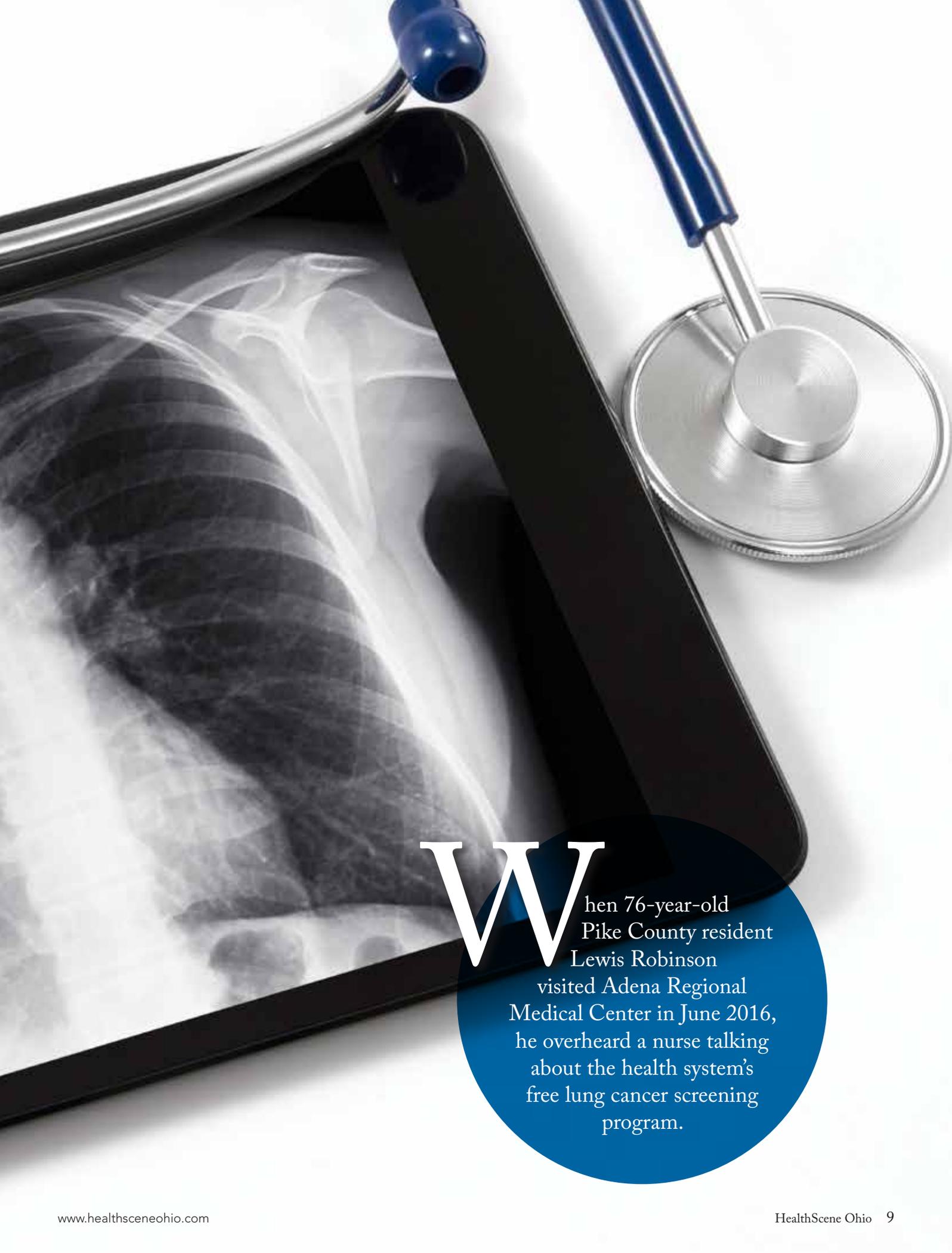


SUCCESS STORY

# Breathe Easy

*Free lung cancer screening  
saves man's life*

By Ann Poirier



**W**hen 76-year-old Pike County resident Lewis Robinson visited Adena Regional Medical Center in June 2016, he overheard a nurse talking about the health system's free lung cancer screening program.

Because his father died of lung cancer, and he was a regular smoker, Robinson's interest was piqued.

"Since the disease runs in my family, I thought, 'Well, the screening is free. I should sign up. Why not?'" Robinson says.

Heather Oyer, a lung health specialist at Adena, sees the tremendous value in the free lung cancer screening.

"With our program, you don't need a referral. Patients just call and speak to me so I can review the qualifications with them. If they qualify, I schedule them for a free, low-dose CT scan," says Oyer. "We see a lot of success with our program due to the fact that it's free."

Little did Robinson know that this free lung cancer screening would save his life. Within two days of a quick CT scan, a nurse called Robinson, looking to set up an appointment to discuss his results.

It was then that he learned that he had stage 1 lung cancer and stage 3 kidney failure.

Although these diagnoses were scary, Robinson felt optimistic given that both of his conditions were discovered early. Plus, he thought, "It's better to find out now than not at all," he says. Robinson simply wouldn't have known about his diagnoses without the testing.

After his diagnoses, treatment began. "I was referred by the care team to Dr. Alex Wilson, a radiation oncologist at the Adena Cancer Center,"

Robinson says. "At first, I was worried and scared of the unknown. But after the first round of radiation, I was relieved. It turned out to be entirely painless and a very simple process. I was even able to go back to work that same day."

Since it began in 2014, Adena Health System's free lung cancer screening program has become a national model for excellence and saving lives. More than 3,000 people have been screened, and 37 of those people have been diagnosed with lung cancer.

"I've always been very grateful to offer this program to our patients, and I encourage everyone that meets the requirements to have the screening," Oyer says.

The lung cancer screening is done through a simple, painless, low-dose, non-invasive CT scan. It identifies any tumors or lesions that may require medical attention.

A candidate for Adena's free lung cancer screening must:

- Be between the ages of 55 and 74;
- Be a current smoker or have quit smoking in the last 15 years; and
- Have 30 "pack years" of smoking in his or her past.

A "pack year" is calculated by taking the number of packs of cigarettes smoked per day and multiplying it by the number of years that person smoked. For example: Someone who smoked two packs a day for 15 years has 30 "pack years" of smoking.

Robinson ended up completing five short rounds of radiation therapy. "I'm so thankful that I found out I had cancer in the earlier stages," he says. "If I would have waited, the cancer would have taken over my body. My kidneys would have failed and I would not be living the life I am today."

Adena hopes to continue the free screenings and their benefit to the community.

"This is a great way to look for a disease in a person who might have no symptoms, which allows us to find the disease as early as possible," Oyer says. "With cancer, especially lung cancer, the earlier it's found, the better chance for a cure. That's our ultimate goal."

And this was surely the case with Robinson. Today, Robinson has quit smoking and is cancer-free, and he hopes his story leads others to think seriously about the health of their lungs.

"I hope this encourages somebody to take the first step," he says. "If you're concerned and it's free, what in the world would stop you? Take the first step and go find out for your own peace of mind."

For a while, Robinson returned for follow-up CT scans every three months, but now, because there has been no recurrence, he goes back every six months. He says with gratitude, "The screening really saved my life."

For more information on the screenings, call 740-542-5864.

*Ann Poirier is a contributing writer. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*

### Quick Facts About Lung Cancer

Lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than colon, breast and prostate cancers combined.

This year, about 226,000 people (116,000 men and 110,000 women) in the U.S. will be diagnosed with lung cancer. In this group, about 160,000 people will die of the disease.

Although these numbers are staggering, it's good to know that the lung cancer rate has been dropping among men for many years and is starting to drop among women.

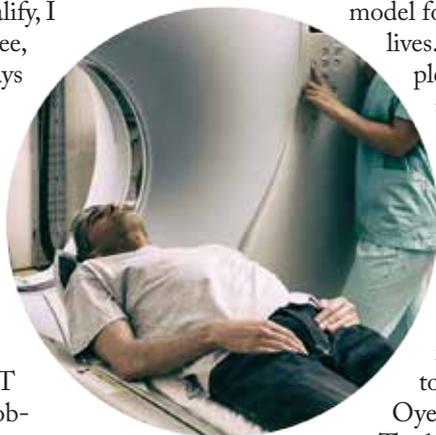
A few ways to decrease your risk of lung cancer include:

Don't smoke. Smoking is the biggest risk factor for lung cancer. If you already smoke, try to quit.

Options include nicotine replacement products, medications and support groups. In addition, do your best to avoid secondhand smoke.

Test your home for radon. High levels of radon can be fixed in order to make your home safer.

Eat right and exercise. A diet rich in fruits and vegetables, as well as exercising most days, goes a long way in preventing lung cancer.



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# Catch Your Breath

*Now part of the State Medical Board of Ohio, licensed respiratory care professionals provide critical support*

By Tessie Pollock

**T**ake a deep breath. A breath of fresh air.

A simple inhale gives life, something we don't notice until it becomes a problem. But Ohio's respiratory care professionals have made it their life's work to make sure that patients get the critical care they need.

"Being able to breathe is one of the most basic essentials for life, and respiratory therapists are the monitors and guardians of a patient's ability to access this necessity," says Andrea Yagodich, assistant director of respiratory therapy at The Ohio State University Wexner Medical Center's University Hospitals East.

The State Medical Board of Ohio licenses more than a dozen allied medical professions, and as of Jan. 21, that now includes respiratory care professionals. Respiratory therapists and respiratory care providers help physicians evaluate, diagnose and care for patients with cardiopulmonary problems. That can include everything from a chronic respiratory disease, such as asthma or emphysema, to emergency care following heart attacks, stroke, near-drowning or shock.

The specialty started decades ago here in the Midwest. According to the American Association for Respiratory Care (AARC), the profession was born on April 15, 1947, when the Inhalation Therapy Association (now AARC) was legally chartered as a not-for-profit entity in the state of Illinois. That same association worked throughout the 1980s to make respiratory therapy a licensed profession.

"Licensed respiratory therapists must complete a specialized, college-based educational training program from an accredited college, and must successfully complete a national credentialing process consisting of rigorous examinations before they are eligible to apply for state licensure," says Yagodich. "Licensure gives the public assurance that their respiratory care provider is sufficiently trained and capable of providing the level of care needed."

The minimum requirement for entering the respiratory therapy profession is an associate's degree, although it is quite typical for respiratory therapists to hold more advanced degrees. These advanced degrees provide more professional opportunities and higher pay. Advanced degrees in respiratory care, such as bachelor's and master's degrees, provide students

with additional clinical experiences and more in-depth study in respiratory care techniques.

"I spent some time during a semester in college shadowing various medical personnel," says Yagodich. "They all clearly contribute to making a difference in patients' lives, but the specialty of respiratory therapy really drew me in."

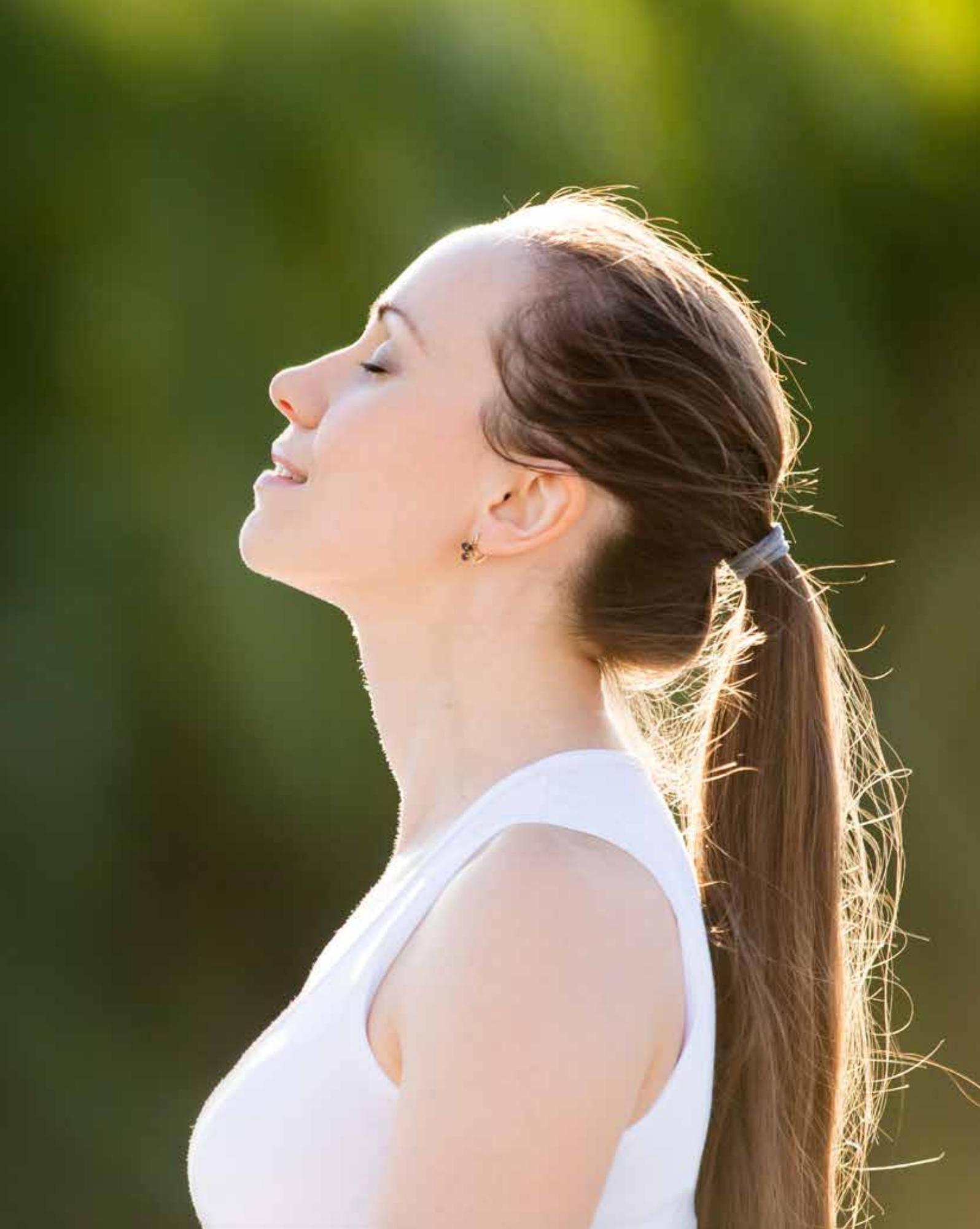
Yagodich says almost every respiratory therapist has a memorable patient or experience that stands out in his or her mind. For some, it's that patient who everyone expected to pass away, who instead walked out of the hospital of his or her own accord. Or it's those infants born too soon who come back to visit the hospital every year on their birthday to show the team how far they have come.

"But it's so much more than that. It's holding someone's hand as they pass and knowing that because of you, they weren't alone," says Yagodich. "It's watching a student's eyes light up the first time they learn to do a procedure and you are directly responsible for teaching them. It's having a patient look you in the eye and tell you thank you for giving them back the gift of breathing."

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



Andrea Yagodich grew up in Columbus, Ohio with her twin sister and younger brother. She is a graduate of The Ohio State University with a BS in Allied Health Professions. She started her career as a Respiratory Therapist at a long-term acute care facility in Cincinnati, Ohio but returned to her hometown of Columbus in 2001 and began working at The Ohio State University Wexner Medical Center. She has a 17-year history as a bedside respiratory therapist, educator and, most recently, as the Assistant Director of the Respiratory Therapy department at OSU East. She currently resides in Pickerington, Ohio with her husband of 16 years and two children.





# RD: Registered Dietitian = Real Deal

*Licensed dietitians provide expertise in food's important role in our daily choices, lifestyles and long-term health status*

By Karen Morrison

**Y**ou've heard the saying, "you are what you eat." Everyone eats, and many know about healthy choices, but is it enough to just know which foods are good for you?

Christopher A. Taylor, PhD, RDN, LD, FAND, professor with The Ohio State University's Medical Dietetics Division/Family Medicine, gets to the core of what this really means.

"Food is everywhere. Food is essential. The impact of food is never going away," says Taylor. "Different health professions make different impacts, and many diseases that used to be significant problems are no longer problems. However, nutrition issues persist."

The State Medical Board of Ohio licenses more than a dozen allied medical professions, and as of Jan. 21, that list covers the scope of dietetics practice. Registered and licensed dietitians go beyond fruits and vegetables to complete a comprehensive assessment to determine a patient's nutritional status and needs. Malnutrition exists in various states outside the of the stereotypical perception. Surprisingly, an individual eating an unbalanced diet may find himself or herself overweight, yet malnourished.

Dietitians must attend an accredited educational institution and obtain a bachelor of science in nutrition and dietetics, complete a 1,200-hour internship through an accredited institution, and pass the national registration exam. Only then can they apply for licensure. In 2024, the Commission on Dietetics Registration will mandate a minimum of a master's degree to qualify to take the registered dietitian exam.

"The extensive training to become a registered dietitian is more intensive than many realize," says Taylor. "This level of knowledge and skill cannot be obtained from attending an online workshop."

Registered dietitians have a unique skill set that interprets the science of food and behaviors into personalized guidance that is intentional and makes sense to the patient and his or her personal situation.

"This is more than scientific information. It is communicating with the people and addressing their barriers," says Taylor. "Our scientific evidence shows that lifestyle behaviors, such as diet and exercise, have a magnificent impact on health, but these are services our health care system doesn't cover."

Some of Taylor's ongoing research has been in partnering with family medicine physicians, such as Dr. Randy Wexler, clinical vice chair of family medicine at OSU, to provide nutrition counseling to primary care patients.

"These studies demonstrate that this synergy can produce positive health care outcomes when primary care physicians refer patients to a registered and licensed dietitian," says Taylor.

In their research, dietitians provide comprehensive nutrition assessments, which include health conditions, anthropometric data (body measurements), laboratory results for various indicators in the blood, and nutrition counseling that coincides with the patient's lifestyle and abilities. Referring patients to a

dietitian saves the physician time, ensures that the patient receives the time and education he or she deserves, and allows the physician to reinforce these messages and convey the importance of nutrition as part of his or her care. They have found that nutrition has had a great impact on improving acute and chronic diseases in the patients.

"When I educate students and patients, I want them to know that that every nutrient acts like a drug in the body," says Taylor. "After that realization, we can create opportunities for them to optimize their dietary intakes based on their preferences, culture and their means."

*Karen Morrison is a member of the communications team at the State Medical Board of Ohio. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*



Christopher A. Taylor, PhD, RDN, LD, FAND is a Professor of Medical Dietetics and the Director of the Coordinated Program in Dietetics at The Ohio State University. His research efforts focus

on the dietary patterns of Americans as they relate to health, obesity and chronic disease.



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# Crossing the Line

*What happens when health care providers violate boundaries set by laws and ethics standards?*

By Tessie Pollock

**// Patients are vulnerable and put their complete trust in their health care provider. They need to feel comfortable, respected and secure in their interactions with their physician.”**

– Dr. Mark Bechtel

**I**t is the mission of the State Medical Board of Ohio to protect the health and safety of the public through effective medical regulation.

While the overwhelming majority of patient-physician interactions that occur each day in the U.S. are conducted in an appropriate and professional manner, there are occasional issues including licensee alcohol and substance abuse, fraud, and sexual misconduct.

“We take this responsibility very seriously,” says Dr. Mark Bechtel, who serves on the State Medical Board of Ohio. “Ohio’s board has some of the strictest rules in the country.”

The medical board took formal action 165 times on Ohio licenses during fiscal year 2017 (FY17), 50 of which resulted in a permanent license revocation. The most frequent reason for action remains licensee impairment from drugs or alcohol (28 percent); prescribing issues account for 19 percent and criminal acts and convictions account for 14 percent.

Formal action begins with a complaint, which can come from any number of sources: patient complaints, colleagues reporting misconduct, media reports, and information from law enforcement and the justice system.

“Significant misconduct by a health care provider can result in probation, suspension or permanent loss of a license,” says Bechtel. “Health care providers demonstrating serious misconduct or threat to patient safety have had career-ending license revocations.”

The doctor-patient relationship is a sacred one.

“Patients are vulnerable and put their complete trust in their health care provider,” says Bechtel. “They need to feel comfortable, respected and secure in their interactions with their physician.”

During exams, the patients should have adequate drapes and gowns, a chaperone if desired or appropriate, and privacy respected.

“The physical exam should be done respectfully and appropriately,” Bechtel says.

## Speaking Up

Many consumers are unaware of where they should turn when they encounter an issue of competence or ethics with a physician. The medical board is the designated state agency to investigate complaints about physicians and, when warranted, take action against them.

Consumers must feel safe and secure in any medical interaction, and they should always speak up if they suspect inappropriate behavior.

Physicians, hospitals, law enforcement agencies and consumers all can help reduce future issues by reporting inappropriate

behavior. Ohio law outlines that physicians have a duty to report to the medical board any belief that a violation of the board's statutes and rules has occurred. That belief only needs to be the individual's opinion, based on reliable information; it does not require absolute certainty. Failure to report can result in fines of up to \$20,000 and disciplinary action up to the permanent revocation of the physician's license.

The medical board received 5,687 complaints in FY17. Complaints are prioritized according to the potential for patient harm; cases in which an investigator determines imminent patient harm is possible are typically fast-tracked to ensure swift action by the medical board. Examples of complaints receiving high priority by investigators include a physician engaging in sexual misconduct, practicing medicine while under the influence of alcohol or drugs, and providing substandard care.

"The most common complaints are unprofessional conduct with a patient including crossing sexual boundaries, inappropriate use or management of narcotics, alcohol or substance abuse, diverting prescriptions for self-use, patient management below standard of care which affects patient outcomes, and fraud," says Bechtel. "For those found by the board to be in violation, the consequences are severe."

The Federation of State Medical Boards tracks complaints and discipline across the nation. It reports that the most common complaint received by medical boards is an allegation that a physician has deviated from the accepted standard of medical care. Some of the most common standard-of-care complaints include:

- Overprescribing or prescribing the wrong medicine;
- Failure to diagnose a medical problem that is found later;
- Failure to provide a patient with medical test results in a timely manner, which can lead to harm;
- Failure to provide appropriate post-operative care; and
- Failure to respond to a call from a hospital to help a patient in a traumatic situation.

"A patient should file a complaint if they feel they have been treated unpro-

fessionally, mistreated, touched inappropriately or given substandard care which affected outcomes," says Bechtel. "Inappropriate touching or improper verbal communication should be reported. Report concerns for fraud or obvious substance abuse."

#### **If you feel there has been a violation of an appropriate provider/patient relationship:**

- Call the police.
- File a complaint with the medical board. This can be done 24/7 on the medical board's website, [med.ohio.gov](http://med.ohio.gov). Complaints can be made anonymously.

#### **How to Check a Physician's Qualifications**

The medical board wants patients in Ohio to be empowered, informed consumers.

"Selecting a health care provider can be challenging," says Bechtel. "Obtaining a referral from your primary care provider or close friends is a good start."

Local hospitals and health care systems can provide guidance, as their providers have gone through a credentialing process. Local pharmacists are also a good resource, Bechtel adds.

Once a patient has identified a physician he or she is interested in seeing, that patient should invest some time and energy in learning more about the physician's skills and training, as well as the quality of care he or she provides.

Patients are encouraged to utilize the medical board's website to review a physician's license and record. [elicense.ohio.gov](http://elicense.ohio.gov) can help provide info on any actions taken against a provider.

"In Ohio, we are blessed with excellent health care providers who are dedicated, compassionate and deliver high quality care. Only a very small percentage are guilty of misconduct," says Bechtel. "It is important that all health care providers, patients and clients, and health care institutions work together to maintain this goal at the highest level."

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

#### **Additional Information**

The U.S. Medical Regulatory Trends and Actions Report, compiled by the Federation of State Medical Boards (FSMB), provides information to the public about the work of the nation's state medical boards and their mission of public protection. The report includes:

- National data on physician licensure and discipline
- Demographic trends and information about licensed physicians
- Details about the structure and operations of each of the nation's 70 state and territorial medical boards
- Information about the role and function of state medical boards
- Special resources for consumers, ranging from how to access information about a physician's disciplinary record to how and when to file a medical complaint.

View the complete report at [www.fsmb.org](http://www.fsmb.org).



Mark A. Bechtel, MD is a board-certified dermatologist in Columbus, Ohio. He is affiliated with The Ohio State University Wexner Medical Center, Nationwide Children's

Hospital, and The Ohio State University Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute. He received his medical degree from Indiana University School of Medicine. Bechtel is an American Academy of Dermatology Fellow. He served on the State Medical Board of Ohio from 2014 to late 2015 and, after moving back to Ohio, was reappointed in 2017 for a term through 2021.



## Personalities

# Teaching for Tomorrow

## Cleveland physician recognizes the importance of mentoring future doctors

By Jenny Wise

You might expect a medical mentor to be someone who knew, from day one, that he or she was bound for the field.

But the students benefiting from the knowledge of Dr. Charles Garven are learning from someone who, for a long time, didn't want to go into medicine – and, now that he's practicing it, can speak in-depth on the appeal and importance of helping people.

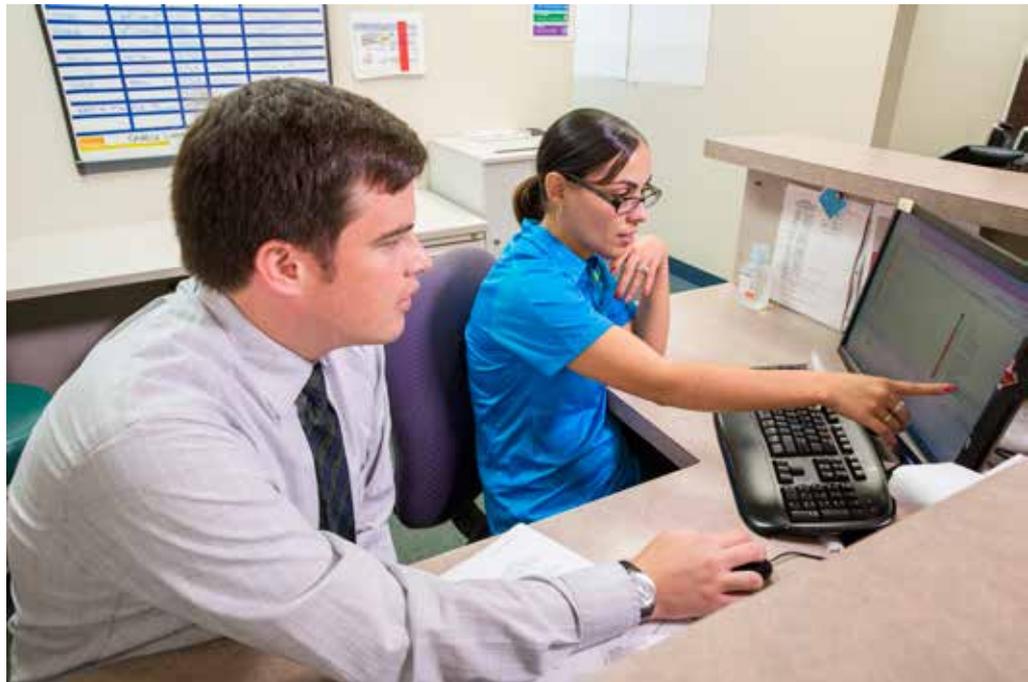
### Setting out on a different path

For Dr. Charles Garven, medicine was a field he long knew he didn't want to pursue. Garven may have been raised by a doctor, but the Cleveland native packed his bags for Marquette University in 2003 with no intention of following in his father's footsteps.

"I thought I would always end up doing something different than medicine," says Garven. "Science, initially, was always something I thought I was capable of. But I enjoyed the stories of why people do what they do; things that history focused on."

As a history major, Garven started getting involved with a group of students at Marquette who were planning medical service trips to Honduras. He began to realize there were stories to be heard in medicine and history alike.

"I fell in love with the work and, during my time in undergrad, was a part



Dr. Chad Garven works closely with Neighborhood Family Practice's electronic records system, EPIC.

of developing an organization called Global Brigades," says Garven. "I grew to love medicine in its ability to manage not just a cough or a rash, but deal with the patient's whole story – what brought them to the office that day, what their families are like, why they make certain health decisions."

And just like that, Garven changed the course of his life and career. He would go on to attend medical school at Wright State University, while simultaneously earning his master of public health degree. After completing his family medicine residency at the Medical University of South Carolina in 2015, Garven

returned to Cleveland with his wife, Bridget, to work at the Tremont location of Neighborhood Family Practice (NFP).

### An incredible wealth of knowledge

Garven fills many roles at NFP. First and foremost, he is a full-time clinical physician who sees patients every day. He also works closely with EPIC, the electronic records service that NFP utilizes, in the Provider Builder program.

"(This) is a program that puts providers through some of the back-end training that EPIC requires its technical support people to go through, (which) allows providers and tech support to use the same

language when describing changes to the system,” says Garven. “Often, electronic health records have nonclinical support staff trying to best-guess the implementation on the clinical side. This program attempts to bridge that gap.”

Though Garven is involved in these other aspects of NFP, he truly enjoys paying forward all of the mentorship he’s received over the years by mentoring the next generation of physicians. As head of student experiences at the practice, Garven helps to coordinate medical and nurse practitioner student rotations with several schools in the area, including Case Western Reserve University, Ursuline College and Northeast Ohio Medical University.

“I’ve had a variety of mentors in my career path through Dayton, Ohio, and Charleston, South Carolina, that have provided me with an incredible wealth of knowledge in my brief career,” says Garven. “With them in mind each day, I view it as my responsibility as a newly certified family physician to provide that same experience to any medical student I work with at NFP.”

The Ohio Academy of Family Physicians Foundation recognized Garven with the 2017 Family Physician Mentorship Award, thanks to a nomination from one of his students.

“I was honored to receive the award. It was a nomination by a particular student who spent two years with me early in her clinical training,” says Garven. “It’s always nice to hear such great feedback, reassuring the student experience NFP is able to offer is worthwhile and impacting future generations of providers that will hopefully choose to work in a similar location.”

But it’s not just the students who benefit from these mentoring relationships. Garven finds that working with students constantly reminds himself of his own ambition, enthusiasm and passion for helping others.

### Creating a medical home

NFP has cared for the underserved in the Cleveland area for decades. As a comprehensive primary care setting, not only



Garven works to bring high-quality patient care to Cleveland-area refugees.

can patients seek primary medical care at NFP, they can visit the dentist who is in office daily, consult with behavioral health services or even deliver a baby with one of the midwives on staff.

“Neighborhood Family Practice, truly, can become a home for these patients, and they can have most of their needs met here without ever having to go to a new office,” says Garven.

One underserved population in particular has sought out NFP as a safe space. The majority of newly-settled refugees in the Cleveland area have their initial medical visits at NFP. A welcoming place for these patients, most continue to utilize NFP for all of their primary care.

More than anything, Garven is glad to be home in Cleveland with his wife and their 1-year-old son, Jack. His passion for teaching medicine is matched by his passion for spending time with family, traveling and Cleveland sports.

“We both have lived away from the Cleveland area for many years and are

now happy to be back,” says Garven. “I’m a die-hard Cleveland sports fan. I can talk to anyone, anywhere about the Indians latest playoff run, the consistent disappointment of the Browns or the night the Cavs won the title in 2016.”

*Jenny Wise is an assistant editor. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*



Chad Garven, MD, MPH completed his undergraduate degree at Marquette University. He earned a Master of Public Health and his medical degree from Wright State University. Dr. Garven

completed his family medicine residency in 2015 at the Medical University of South Carolina and returned home to Cleveland to practice family medicine at Neighborhood Family Practice.



## The Write Advice

With Garth Bishop

# A Different (Heart)Beat

## Women face cardiovascular issues differently than men

The prominence of heart attacks in popular culture have increased awareness of their signs and symptoms, but the picture they paint is far from complete.

That's especially true when it comes to women. Heart problems are depicted as far more commonplace among men than women, and the symptoms shown are generally those experienced by men. But heart disease is still the No. 1 killer among women.

Barb Williams, MD, is part of the Women's Cardiovascular Center at University Hospitals Harrington Heart & Vascular Institute, and knows all about the true danger cardiovascular disease plays among women – and how that danger can be identified and mitigated.

### **HealthScene Ohio: Are women more likely than men to overlook the risk of cardiovascular disease?**

**Dr. Barb Williams:** Clinical research has been studying cardiovascular risk in women for more than 25 years. When clinical trials began, only 17 percent of women could identify cardiovascular disease (CVD) as the leading cause of death in women. That number has now increased to 55 percent. This awareness has resulted in a reduction in deaths from CVD in women over the last decade in all categories except for woman under 55. For younger women, death rates are



increasing. This result comes from both younger women and the medical system not fully comprehending their risk.

### **HSO: What, in your experience, accounts for that gap in awareness?**

**BW:** Observational studies in the 1970s and 1980s concluded heart disease was a male disease. Women appeared protected from it. It was concluded that hormones (estrogen) were cardio-protective. This was disproved in the 1990s when clinical trials found that estrogen therapy in post-menopausal woman actually increased the risk of heart disease. Our modern-day guidelines reflect this point. Hormone therapy should never be administered for the primary purpose of reducing cardiovascular risk in post-menopausal women.

### **HSO: What are some of the more recent developments you've encountered in terms of detection and prevention?**

**BW:** Skipping breakfast confers increased CV risk compared to women who ate breakfast. Skipping breakfast has a significant effect on appetite regulation and metabolic efficiency, according to a 2017 study in the *Journal of the American College of Cardiology*. The body perceives it is in a starvation state when breakfast is skipped. As a result, the body's metabolic rate is lowered. This makes weight loss difficult.

Early detection of coronary atherosclerosis can be identified with coronary artery calcium scan. This technique uses CT technology to measure coronary calcium. Calcium is a marker for the presence of atherosclerosis. The scan measures the burden of atherosclerosis within the coronary arteries. The score used to risk stratify into low, intermediate and high risk. For low risk scores (0-99), dietary management and exercise is recommended to keep cardiovascular risk low. For high risk scores (risk for heart attack is greater than 2 percent per year), acetylsalicylic

acid (ASA) and cholesterol medication (statins) are recommended. Intermediate risk needs a personalized approach.

### **HSO: What are some of the biggest cardiovascular risk factors faced by women?**

**BW:** Traditional risk factors are diabetes, hypertension, high cholesterol, smoking and family history of premature coronary artery disease (CAD), in which a heart attack is suffered by men under 55 or women under 65 years of age. Diabetes carries the greatest risk for developing heart disease; one out of every four women with diabetes will develop CAD.

### **HSO: How does heart trouble break along ethnic lines in women? What accounts for those differences?**

**BW:** One in three Hispanic and African-American women will develop CVD, while one in four Caucasian women develops it. The increased risk for Hispanic women comes from high rates of diabetes, while, for African-American women, it is from higher rates of hypertension.

### **HSO: What do survival rates look like for heart attack and heart disease? Are there significant differences in survivability between women and men?**

**BW:** Rates of death from CVD have declined in the last decade by 31 percent. However, CVD still remains the leading cause of death for both men and women. CVD accounts for approximately one of every three deaths. Coronary artery disease alone caused one out of every six deaths.

Women do not fare as well as men when it comes to surviving a heart attack. On average, women are 10 years older than men at the time of their heart attack. Women generally have more cardiovascular risk factors at the time of their heart attack, such as hypertension, high cholesterol and diabetes. The increase in cardiovascular factors occurs most frequently after menopause. It is important for patients to present to the hospital early when they are experiencing a heart attack. Women have comparable success rates for target vessel revascularization

(percutaneous coronary intervention) as men. Symptoms of a heart attack in women include chest pressure, squeezing or tightness. This discomfort may involve any area of the torso from the lower jaw to the waistline. This includes the neck, upper back, right chest and arm, as well as the stomach area. Shortness of breath with or without chest pain is another symptom of coronary artery disease. Heart attacks can be associated with nausea and cold sweats.

### **HSO: Are there conditions to which women are more naturally susceptible, such as heart failure?**

**BW:** Women have higher rates of hypertension. Hypertension is a risk factor for congestive heart failure, atrial fibrillation and strokes. Three conditions more frequently seen in women, especially as they age.

### **HSO: Is a woman at risk for heart disease likely to see warning signs, or are there early signals that are only likely to be detected by a doctor?**

**BW:** Women need to be aware, the first time they experience chest pain, it could be from a heart attack. Some women never have warning signs; their first episode of chest discomfort is from a heart attack. That is why women should not wait to see a doctor. If symptoms are lasting more than five minutes, they should seek immediate medical attention. I would rather tell a woman her symptoms of chest pain or indigestion have been evaluated and we are not finding a cardiac problem than to have her at home, suffering from a heart attack. The longer one waits to be evaluated during a heart attack, the more cardiac muscle damage results. The more damage, the greater the risk for other cardiac complications including congestive heart failure and sudden cardiac death.

### **HSO: What efforts are being undertaken at University Hospitals, and in Ohio in general, to raise awareness and advance research?**

**BW:** University Hospitals is a proud supporter of the American Heart Association's Go Red for Women campaign.

This program offers free blood pressure, cholesterol and carotid artery screenings, and also calculates participants' 10-year cardiovascular risk. In addition, there are cooking and fitness demonstrations. University Hospitals also offers Community Health Promotion programs throughout the year focusing on people at younger ages, working at the family and community level to change health behaviors to prevent cardiovascular disease.

*Garth Bishop is managing editor. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*

**Visit [www.healthsceneohio.com](http://www.healthsceneohio.com) for more questions and answers!**

**Digital health and mobile technology continues to evolve. This technology encourages individuals to be more accountable for their daily health habits – food choices, exercise, blood pressure and heart rhythm.**

–Dr. Barb Williams

### **About the Expert**



Barb Williams, MD, of University Hospitals is board certified in internal and cardiovascular medicine. She completed medical school at the Case Western Reserve University School of

Medicine in 1994, her residency in internal medicine at Cleveland Clinic in 1997 and her fellowship in cardiovascular disease at Yale-New Haven Hospital in 2000. Her areas of expertise include women's cardiovascular health, diagnostic imaging, valve repair, preventive cardiovascular medicine and coronary artery disease. She is a clinical instructor in medicine at the Case Western Reserve University School of Medicine.



# Healthy Happenings



Above: MetroHealth recently opened the doors of two new hospitals in Cleveland Heights and Parma. Below: The new Parma hospital has 16 single rooms, while the new Cleveland Heights hospital has 12.



This site plan for MetroHealth's transformed main campus will increase the on-site greenspace from one or two acres to 25 acres.



## MetroHealth

Photos courtesy of MetroHealth



An image inside the new Cleveland Heights hospital.



In December, MetroHealth launched its new MetroHealth Line through a partnership with the Greater Cleveland Regional Transit Authority.

The 2018 Twilight Indoor Triathlon took place Jan. 6 at the Cuyahoga Falls Natatorium.



**Twilight Indoor Triathlon**

Photos courtesy of Mickey Rzymek

Cleveland Clinic Avon Hospital caregivers celebrate the hospital's one-year anniversary in Nov. 2017.



**Cleveland Clinic**

Photos courtesy of Cleveland Clinic



Dr. Toby Cosgrove, former Cleveland Clinic president and CEO, and his successor, Dr. Tomislav Mihaljevic, speak at Q&A event for Cleveland Clinic employees.



Members of the Cleveland Cavaliers visit Cleveland Clinic Children's Dec. 13 to sign autographs, deliver presents and take photos with patients.



## Personalities

# The Cutting Edge

## Innovation is a major focus of vascular surgeon

By Valerie Mauger

Dr. John Pigott's pioneering work in vascular surgery is reaping dividends, and not just for his patients.

In addition to his work at ProMedica Toledo Hospital, Pigott is chief innovation officer for ProMedica Health Systems, founder of the medical device startup VentureMed Group (VMG) and one of the driving forces behind NextTech Ohio.

### ProMedica Innovations

Pigott's efforts to be at the forefront of surgical technology caught the eye of ProMedica executives, leading to his appointment as chief innovations officer.

"Mr. (Randy) Oostra, who is the president and CEO, and Lee Hammerling, who is the chief physician executive of the system, saw what I was doing, and they said, 'Geez, we should probably be doing more in innovations across the system,'" says Pigott.

Following Pigott's lead, ProMedica Innovations has a multitude of projects in progress, including an application that allows laboratory personnel to complete paperwork and take notes through a computerized tablet.

Pigott's success with ProMedica Innovations has sparked an even greater opportunity for northwest Ohio through NextTech Ohio.

Just as ProMedica executives noticed Pigott's effective strategies, the state

of Ohio recognized his success at both ProMedica Innovations and VentureMed Group, which he founded in 2012. ProMedica was asked to be the lead applicant for funding from the state of Ohio, which was to be used to create an entrepreneurial services provider to support new high-tech projects in northwest Ohio.

"The state came to ProMedica Innovations and said 'Hey, this needs to be done for the region,'" says VMG CEO Gary Smith. "It needs to be done not only in medical technology, but also in energy, in automotive and manufacturing technologies."

ProMedica collaborated with Mercy Health System, The University of Toledo and Bowling Green State University on the project. The application was a success, and the funds raised by the four organizations were matched by the state to total \$8.7 million.

Considering the many different positions held by Pigott, he clearly has had a significant impact on innovators and entrepreneurs in northwest Ohio. Still, despite his busy schedule, he makes sure to consistently dedicate time to direct patient care.

"Even though I've been involved in a lot of papers and academics and presentations over the years," says Pigott, "I most enjoyed and found it most rewarding to help patients. There are things that get challenging... but I always did well if I could step back and say, 'You know, I'm going to channel all those things out and I'm just

going to focus on the patient.' That's really the basis of why we do what we do."

### VentureMed Group

Starting VMG was a clear path for Pigott because he has a passion for improving care for vascular patients and is optimistic about the transformations to come.

"There's always some better process," he says. "There's always some better surgical tool."

His most successful medical innovation to date is the FLEX Scoring Catheter. Used for vessel preparation before balloon-based interventions, FLEX was specifically created to treat peripheral artery disease (PAD) in the upper leg.

PAD is a disease in which the peripheral arteries are narrowed by a buildup of plaque, and while balloon-based interventions are incredibly effective for treating the disease, their high atmospheric pressures are more likely to cause dissections of the vessel. With FLEX, vessel preparation through micro-surgical incisions is done at much lower pressures, which allows for safer PAD interventions.

FLEX has now received approval from the Food and Drug Administration, but Pigott and Smith are already looking toward future improvements and uses for the device. In fact, FLEX is already being used to extend the lifespan of dialysis fistulas in patients with end-stage renal disease and for PAD interventions below the knee.



**// We think it could be a game-changer for the way that coronary disease is treated as well."**

– Gary Smith

"A lot of diabetic patients have blockages below the knee that can lead to an amputation," says Pigott. "We've had a lot of our interventionalists use this below the knee with some excellent results."

Pigott and Smith have even loftier plans for FLEX in the future.

"We think it could be a game-changer for the way that coronary disease is treated as well," says Smith.

Many cardiologists have told Pigott that if the device had a smaller diameter basket and a longer catheter, it could eventually be used in the heart, he says.

*Valerie Mauger is a contributing writer. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*



John Pigott, MD, FACS is board-certified in vascular surgery. Dr. Pigott is the medical director of ProMedica Innovations and also a member of Cleveland Clinic Innovations

Commercialization Advisory Board. He currently serves as a faculty member of the Jobst Vascular Fellowship Program at ProMedica Toledo Hospital. He obtained his medical degree from The University of Toledo, finished his residency at Akron City Hospital and completed his fellowship at the Mayo Clinic Foundation.



## The Write Advice

With Emily Real

# A Safer, Easier Surgery

Dr. Lorie Thomas breaks down new developments in robotic gynecological surgery

The move toward minimally invasive surgery has been noticeable across a vast array of medical fields.

Obstetrician and gynecologist Dr. Lorie Thomas of Blanchard Valley Health System has worked alongside colleagues to develop robot-assisted surgeries that help surgeons reduce patients' time in surgery, lessen pain and shorten recovery time after procedures are done.

### **HealthScene Ohio: What have been some of the new developments within the field of robotic gynecologic surgery?**

**Dr. Lorie Thomas:** The benefits of the robotic platform, such as improvement in visualization and precision, allow complex surgeries in gynecology to be done in a minimally invasive fashion, such as resection of endometriosis, large uterine fibroids, sacro-colpopexy and retroperitoneal lymphadenectomy. Improvements in the robotic platform have allowed surgery to be done in more than one area of the abdomen without having to move large equipment or the patient.

New instruments are being developed on a regular basis to meet the needs of the procedures and surgeons performing them. The improvements are assisting surgeons in ways that shorten the length of surgery by making the procedures easier to accomplish.

### **HSO: What impact do these new developments have on patients undergoing these surgeries?**

**LT:** The ability to perform these robotic and minimally invasive surgeries will allow a patient to go home the same day or simply require an overnight stay. These patients would otherwise have a two- to four-day hospital stay. Robotic typically surgery reduces post-operative pain because smaller incisions are made which requires less narcotic pain medications. The use of less narcotics helps to prevent severe constipation, reducing pain.

Robotic surgery also facilitates a rapid return to work, such as one week after a hysterectomy rather than six weeks, which helps the individual as well as the company he or she works for. A minimally invasive procedure also has less blood loss, which, in turn, reduces the need for blood transfusions and the side effects and complications related to transfusions.

### **HSO: How does robotic surgery make gynecological surgeries less invasive?**

**LT:** The incisions are dime-sized, compared to completely open from the umbilicus to the pelvic bone or from one side of the pelvis to the other.

### **HSO: How does the approach to performing surgery in the field of gynecology differ from the approach to surgery in other fields? Is there a difference?**

**LT:** Gynecologic surgery focuses on one specific area, the pelvis, unlike general surgery that may require movement throughout the abdomen. The newest version of the robotic platform called the da Vinci Xi addresses this and allows the surgeon to be able to move the camera or instruments into any port for better visualization or function.

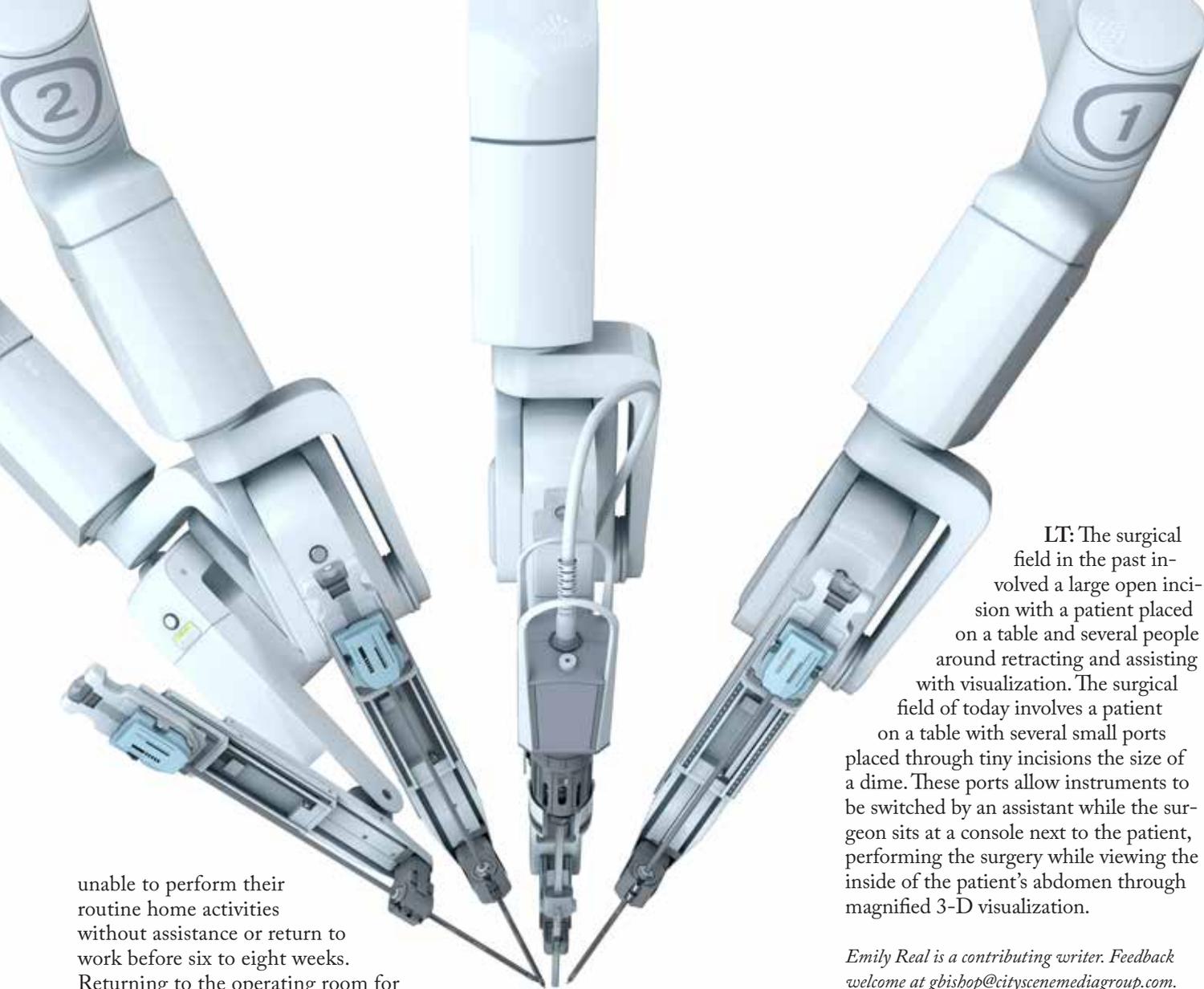
Each specialty has instrumentation that may be more individualized for needs during a procedure. These instruments are all able to be used by the Xi platform. Intuitive Surgical is continuously working with its biomedical engineers to develop new instruments to meet the needs of the procedures being performed.

### **HSO: Is it particularly important to have surgery be as non-invasive as possible in the field of gynecological surgery? Why or why not?**

**LT:** It is for appropriate cases. Less blood loss, quicker return to work, less complications, less pain and smaller scars are benefits in less invasive surgical procedures.

### **HSO: What did gynecologic surgery look like before robotic surgery?**

**LT:** Gynecologic surgery involved large incisions and, many times, significant blood loss. The patient would recover over two to four days in the hospital, and would return home dealing with significant pain, requiring narcotic pain meds for several weeks, leaving them



unable to perform their routine home activities without assistance or return to work before six to eight weeks. Returning to the operating room for complications, treating infections and receiving blood transfusions were more commonly seen.

### **HSO: How has robotic surgery improved the field of gynecological surgery?**

**LT:** Robotic surgery has allowed me to take all of the laparoscopic procedures I could not accomplish leading to an open incision and make them all minimally invasive. This is a win for everyone involved but, most importantly, for the patient.

### **HSO: How do you see the field of gynecological surgery and robotic surgery evolving from here?**

**LT:** I see many other specialties eventually having robotic applications, giving each surgeon and specialist the benefits seen in urologic, gynecologic, general surgery, ENT and vascular surgery. I look forward to one day being able to have robotic applications in vaginal surgery, which is limited by poor visualization.

### **HSO: Are there ways to do minimally invasive surgeries without robotic surgery?**

**LT:** Many of the surgeries can be performed by standard laparoscopy, but are much more difficult. Robotic surgery has been able to give the gynecologic surgeon who was limited in his or her abilities to perform laparoscopic surgery, due to its difficulty, the confidence and skill needed. More surgeons able to perform the needed surgeries in a minimally invasive manner allows more patients the opportunity to have their procedures with all the above-listed benefits.

Before 2010, I would perform approximately 60 percent of my surgeries minimally invasive, and after 2010, all viable surgeries have been accomplished with the da Vinci robotic platform.

### **HSO: How has the development of robotic surgery changed the surgical field in general?**

**LT:** The surgical field in the past involved a large open incision with a patient placed on a table and several people around retracting and assisting with visualization. The surgical field of today involves a patient on a table with several small ports placed through tiny incisions the size of a dime. These ports allow instruments to be switched by an assistant while the surgeon sits at a console next to the patient, performing the surgery while viewing the inside of the patient's abdomen through magnified 3-D visualization.

*Emily Real is a contributing writer. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*

### **About the Expert**



Dr. Lorie Thomas is a graduate of Jacksonville University in Jacksonville, Florida. She received her Doctor of Osteopathy degree from the Ohio University College of Osteopathic Medicine

in Athens and completed her residency in obstetrics and gynecology at St. Vincent Mercy Medical Center in Toledo. She is certified by the American Board of Osteopathic Obstetrics and Gynecology. Dr. Thomas has been practicing in the Findlay area for more than 15 years.

Dr. Thomas's clinical focus includes all aspects of gynecology, with a particular interest in minimally invasive surgery, including robotic surgery. She is the chairperson of robotic surgery at Blanchard Valley Hospital.



# Healthy Happenings



## ProMedica

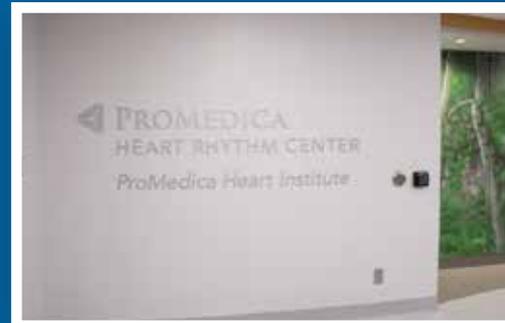
Photos courtesy of ProMedica

From left: Dr. Praveen Tamirisa of ProMedica Physicians Cardiology, patient Michael Przybylski, Dr. Timothy Phelan of Cardiac Electrophysiology, Dr. Kamala Tamirisa of Cardiac Electrophysiology, Dr. Johan Aasbo of Cardiac Electrophysiology and ProMedica Metro Region President Arturo Polizzi cut the ribbon on the new Heart Rhythm Center at ProMedica Toledo Hospital in January.



From left: Senior VP of Neurosciences Darrin Arquette of the Heart & Vascular Institute, Cardiovascular Department Manager Crystal Cowell, Polizzi, Praveen Tamirisa, Aasbo, Phelan and Kamala Tamirisa pose during the center opening.

Left: ProMedica Heart Rhythm Center Electrophysiology Lab 1. Below, continuing right: Entrance to ProMedica Heart Rhythm Center, ProMedica Heart Rhythm Center adjunct procedure room, ProMedica Heart Rhythm Center teaching conference room, control room for ProMedica Heart Rhythm Center Electrophysiology Lab 1 and the new Heart Rhythm Center from its entrance.





**Blanchard Valley Health System**

Photos courtesy of Blanchard Valley Health System

Blanchard Valley Health System stakeholders cut the ribbon on the newly renovated Bluffton Primary Care office. From left are Chris Keller, Bluffton Hospital president; Kelly Shroll, Blanchard Valley Medical Practices president; Paula Scott, Bluffton Area Chamber of Commerce CEO; Dr. Cheri Diller; Dr. Leah Eiden; and chamber board members Larry Hoffman, Ryan Brauen and Mandy Gerken-Snyder.





AROUND THE STATE  
CENTRAL OHIO

Personalities

# Expanding His Horizons

From Trappist monk to medical director,  
Jack O'Handley thrives

By Amanda DePerro



As a high school student in New York, Seattle-born Dr. Jack O’Handley, with Mount Carmel Health System, didn’t have a clue as to what he wanted to do. He received a scholarship to St. John’s University in New York City, but wasn’t feeling fulfilled. As an avid reader, he stumbled upon the Trappists, a Catholic order of monks, during his studies.

“They have the happiest lives, just happy people. I also thought I was going to die young, because I thought the good only die young,” the 77-year-old adds, laughing.

From 1959-1965, O’Handley passed his time doing manual labor as a Trappist monk in Kentucky. He and the other monks worked on a farm, making cheese, though they also spent time reading and learning. Two names O’Handley found between the pages, and that resonate with him still today, were those of Albert Schweitzer, a humanitarian, Nobel Peace Prize recipient and physician; and Thomas Dooley, a U.S. Naval physician known for his humanitarian work during the Vietnam War and in Cambodia.

It was through those role models that O’Handley got the inspiration to pursue medicine. He left the monastery, went to medical school at the University of Missouri and met his wife, Hannah, who is from Ohio. The pair would return to Ohio, and O’Handley began practicing family medicine in Lancaster in 1975. After 14 years in family medicine, O’Handley once again felt as if there was something else calling him.

“After a while in practice, I felt, was I getting enough bang for my buck? Was I really having an effect on society?” says O’Handley. “I thought that by teaching, I had more of an influence on a larger number of people. What I can teach to residents, they’ll incorporate into their practices and that influences the way they approach patients.”

O’Handley found himself in the residency director position at Mount Carmel, and then moved to medical director for Mount Carmel’s Community Outreach in 2001. He taught residents out of the Mobile Medical Coach, which provides basic medical care to the homeless and other underserved populations in Columbus. Sometimes, it delivers more extensive patients basic care such as vaccinations and regular checkups, and sometimes more extensive help, including mental health counseling and urgent health needs. He’s now worked in the mobile coach for 25 years.

Trappists and mobile doctors may seem to be in completely different fields, but what O’Handley learned during his time as a monk is interwoven into his medical career even today.

“Do unto others as you would have others do unto you,” says O’Handley. “Populations that need the most medical care, to me, are the homeless. (Mount Carmel’s) mission is to help the poor and underserved. I’m lucky to be working for an organization that has that mission.”

O’Handley practices exactly what he preaches. He runs a 5K almost every weekend, and invites others to join. Many of his running buddies, he says, are his students and residents. O’Handley inspires them to lead healthy lives, and they inspire him to continue doing what he does in the medical coach.

“They really keep you up to date and on your toes. You have to stay one step ahead of them,” O’Handley says. “It’s good to see their enthusiasm, their love for what they do, and the energy they have and bring to their work. It keeps you going.”

O’Handley’s dedication hasn’t gone unnoticed. In August, the Ohio Academy of Family Physicians recognized him as the Family Medicine Educator of the Year for his work with students and residents, as well as for his passion for helping the underserved. O’Handley says it validates the work he’s done, and it was humbling to receive the award.

“I didn’t turn it down,” he says, laughing.

O’Handley and Hannah have four adult children and eight grandchildren. He

**Populations that need the most medical care, to me, are the homeless. (Mount Carmel’s) mission is to help the poor and underserved.”**

still enjoys reading and running, and also spends his free time swimming and cheering on The Ohio State University football team and Cincinnati Bengals. O’Handley has bounced around to various practices throughout his life, and is happy to have wound up where he is today.

“I always feel I’ve been pretty blessed with the family that I was raised in, the country that I live in and the organization that I work for,” he says. “I feel a duty to help others because of that. Not everybody has that advantage.”

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



John O’Handley, MD, serves as medical director for Mount Carmel Health System’s Community Outreach, teaching residents out of the Mobile Medical Coach. After 14 years in private practice in

Lancaster, Ohio, O’Handley joined Mount Carmel in 1995 as program director of the Family Medicine Residency Program. Through the Mobile Coach, O’Handley reaches underserved populations such as the homeless with chronic and acute medical problems, offering diagnostic tests, minor surgeries, free medication and more. He also teaches medical students and residents. He completed his degree at the University of Missouri, residency at St. John’s Mercy Medical Center in St. Louis and a fellowship at The Ohio State University Wexner Medical Center.



## The Write Advice

With Debbie Rigaud

# The Power of One

## Addressing the factors that lead to infant mortality

Infant mortality is defined as the death of a live-born baby before his or her first birthday. Throughout the world, the infant mortality rate is an important indicator of health of a whole community. If the community is safe and has good access to health care and education, more babies will thrive beyond their first birthday.

Though Ohio's rate is not among the highest in the country, there has been little positive change, and disparity among demographic groups continues to be a concern. Officials in Columbus and Franklin County have taken steps to push back against infant mortality, and Nationwide Children's Hospital has been a crucial part of the efforts.

Dr. Deena Chisolm, a principal investigator in the Center for Innovation in Pediatric Practice at the hospital's Research Institute, answers questions about infant mortality and the fight against it in Ohio with help from Christine Sander, director of infant wellness initiatives.

### **HealthScene Ohio: What causes infant mortality in a community?**

**Dr. Deena Chisolm:** Prematurity remains the leading cause of infant mortality. While there are several known underlying health factors that contribute to prematurity, other, non-medical factors are not yet fully understood. Known factors include having a prior pre-term birth, hypertension, diabetes, closely spaced pregnancies and smoking while pregnant. Health care equity can be defined as "the state in which access to and use of high quality health care is

determined by the level of health care needs, and not by demographic factors." The lack of health care equity is seen in lingering gaps in access to and use of high-quality preconception and prenatal care by racial ethnic group, income and geography that could address these risk factors before they influence the outcome of a pregnancy.

### **HSO: What infant mortality factors related to health care equity might people not be aware of?**

**DC:** It is important to remember that health care is an important factor, but not the only factor, in influencing birth outcomes. That is why we try to redirect the discussion from health care equity to health equity. A health equity focus considers equity in all of the factors that impact health, including the social determinants of health: housing instability, food instability, economic instability, community and family violence, environmental concerns, stress, and more.

### **HSO: What effects of health care disparities have you seen in at-risk moms?**

**DC:** Some at-risk moms avoid care for fear of being disrespected, being unable to understand the provider due to health literacy issues, being unable to carry out instructions due to financial or other barriers, or even being referred to the justice system.

Our data sometimes makes it look like moms just don't come to the doctor or do not follow instructions, but we have to look at the upstream causes of health care disparities.



### **HSO: What is being done to address the rates in and around Columbus?**

**DC:** Ohio's infant mortality rate currently stands at 7.4 per 1,000 live births, with minimal change over the past five-plus years. Disparity also remains an issue, with the infant mortality rate for non-Hispanic blacks (15.2) almost triple that of non-Hispanic whites (5.8). Franklin County experiences similar trends with overall infant mortality rate at 8.4 and a disparity ratio of 2.9.

In Franklin County, there are many organizations working together to improve this outcome. These organizations' efforts are coordinated by the backbone entity CelebrateOne, a department of the mayor's office in Columbus. The health care arm of this effort is called Ohio Better Birth Outcomes (OBBO), and has representation from the four major health systems in the community, PrimaryOne Health and Columbus Public Health Department. The efforts are divided into three work teams: Prenatal Care, Perinatal Quality and Reproductive Health. Work teams are comprised of medical professionals who use a quality improvement approach to implement changes in clinical care that affect the key drivers of infant mortality.

### **HSO: What are some of the ways you're working to bolster health equity for at-risk moms?**

**DC:** A continued focus for OBBO will be increasing access to quality, consistent prenatal care as well as linking pregnant moms to additional support services. Over the past few years, a centralized intake source, StepOne, was established and promoted to target audiences in high-risk neighborhoods. StepOne finds an appointment in a clinic that accepts mom's insurance – or lack thereof – and is easy for mom to get to. Over the next year, OBBO clinics will be working on increasing the number of prenatal appointments a mom attends prior to delivery, and also consistently screening for certain medical and non-medical risk factors that qualify mom for further intervention through

home visitation programs. We are also engaging communities to address the social determinants of health through programs targeted at improving educational, employment and housing opportunities.

### **HSO: What are the challenges you're facing in achieving this goal, and what would help mitigate them?**

**DC:** The greatest strength that our community has in the effort to achieve a reduction in both infant mortality and disparity is a focused and coordinated approach within the medical community via OBBO, and across sectors outside of health care via CelebrateOne. Our greatest strength is also our greatest challenge. The issue of disparities in infant mortality is multi-factorial and multi-sectorial. Bringing together different sectors – government, health systems, education, social services, criminal justice, housing – all of which speak different languages, collect different data and have different strategic approaches can make it hard to develop and maintain a unified approach. The community-wide groups described above are working to bring these varied voices together.

We are also challenged to find the right mix of approaches that don't just lower overall infant mortality, but that really close the gap in infant mortality by moving the needle fastest in the populations of greatest need. Finding this mix requires more research focusing on the specific questions of disparities and equity.

### **HSO: What should some women understand about their risk factors?**

**DC:** Women should understand that a big part of the health of their baby even before it is born is their own health. You can't wait until you are pregnant to make the healthy lifestyle changes that can make a difference for you and your child.

### **HSO: What actionable advice do you offer expectant or new moms regarding obtaining health equity?**

**DC:** Connect with an OBBO clinic at one of the central Ohio hospitals if you are pregnant and need support in finding a doc-

tor you trust, quitting smoking, obtaining health care coverage or additional support. Don't hesitate to ask questions so that you can advocate for yourself and your unborn child. If you feel you are not receiving the care you need because of who you are, don't just stop seeking care; seek referrals from trusted sources for a provider that makes you feel comfortable and respected.

### **HSO: Where can new or expectant moms go for help or more info in combating this issue?**

**DC:** New or expectant moms can find more information on many topics by visiting the CelebrateOne web site, [www.celebrateone.info](http://www.celebrateone.info). Moms can find information on locating a prenatal provider, smoking cessation and obtaining health care coverage, as well as home visitation and other support services.

*Debbie Rigaud is a contributing writer. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*

### **About the Expert**



Dr. Deena Chisolm, PhD is a Principal Investigator in the Center for Innovation in Pediatric Practice at The Research Institute at Nationwide Children's Hospital, and is an Associate Professor

of Pediatrics at The Ohio State University College of Medicine and Public Health. She is a Health Services Epidemiologist whose research is focused on measuring and improving the effectiveness, efficiency, and equity of pediatric health care.

Much of her current research is focused on the role of health care technology in improving pediatric health care quality. She is also interested in research investigating the factors associated with use of e-health services by at-risk youth. In addition, Dr. Chisolm serves as a resource to Nationwide Children's Hospital clinical researchers on issues including: the use of clinical and administrative data in research, cost-effectiveness analysis, and quality indicator development.



# Healthy Happenings



Fairfield Medical Center hosts a flag-raising ceremony outside the hospital's main entrance on Veterans Day.

## Fairfield Medical Center

Photos courtesy of Devon Marshall



The center's annual Shine a Light event, held Nov. 9, raises awareness of lung cancer and honors survivors, patients and family members.



FMC cuts the ribbon on its new medical office in Amanda.



FMC's 2017 Turkey Day 5K, held Nov. 23, had a record number of 800 participants.

## Mount Carmel Health System

Photos courtesy of Mount Carmel Health System



Dr. Jack O'Handley is recognized by the Ohio House of Representatives for being named Family Medicine Educator of the Year award by the Ohio Association of Family Physicians, and receives a plaque from state Rep. Jim Hughes.



Dr. Timothy Harlan, Tulane University professor of clinical medicine, visits the Mount Carmel Internal Medicine Grand Rounds to discuss culinary medicine in clinical practice.



## Thanks for Giving 4-Miler

Photos courtesy of Theresa Halpern

The 2017 Thanks for Giving 4-Miler took place on Thanksgiving Day in New Albany.





## Personalities

# A New Hope

Addicted moms-to-be have the opportunity to transform their lives through TriHealth program

By Tessie Pollock

There can be many complications during pregnancy, from gestational diabetes to hypertension. But some women are entering into motherhood with an even greater challenge to their health and the baby's: drug addiction.

The Ohio Department of Health says there were about 84 infants a day being treated for drug withdrawal in 2015, the most recent data available. Health officials say caring for newborns suffering from the syndrome was associated with more than \$133 million in health system charges that year.

Through the Helping Opiate-addicted Pregnant women Evolve (HOPE) program, TriHealth strives to provide safe and non-judgmental care to chemically dependent women in the Cincinnati area.

"I've worked with over 1,000 pregnant women who have opioid use disorder in our program, and they almost all come to us with the same desire – they want to be in treatment so they can stop using illicit opiates and start getting into recovery," says Michael Marcotte, MD, director of the HOPE program based at Good Samaritan Hospital in the TriHealth network.

The HOPE Program supports comprehensive prenatal care integrated with chemical dependency treatment to reduce the rate of low birth weight in this population and improve the percentage of patients who remain substance-free during



and after their pregnancy. HOPE is one of four programs supported by the State of Ohio MOMS (Maternal Opiate Medical Supports) program, an investment of \$2 million across the state to improve health outcomes for opioid-dependent pregnant mothers.

“This time in their lives is a pivot point; it is an opportunity,” says Marcotte. “It is an opening for them to engage in effective treatment for their chronic disease of opioid use disorder and for us to connect them to resources that are effective.”

Marcotte says the majority of the women want to parent, but there are

many barriers for them. Not only are they struggling to overcome their own diseases, but there is often the involvement of the criminal justice system and Department of Job and Family Services to protect their vulnerable children. To help overcome these barriers, Marcotte and the HOPE team focus on the “triple aim” model of health care delivery: evidence-based care, cost-effective care and patient-centered care.

“We do a lot of care coordination with other partners, like medication-assisted treatment programs and behavioral health programs,” says Marcotte. “We specifically focus on trying to build a treatment program that will allow women and their families to obtain the goals they have set for themselves. We’re all about empowering the women to be successful in achieving their goals.”

The HOPE team includes social workers, nurses, case managers, a midwife, faculty at the medical center, obstetricians and OB/GYN residents. Each team member works with the mom-to-be at different stages, from helping her get into treatment to managing pregnancy complications to delivery and postpartum care, including long-term behavioral health care.

“You don’t get an opioid use disorder just because you took some pills, or because you experimented with drugs. You get it because of multiple factors, one of them being a lot of trauma and loss in your life,” says Marcotte. “To get to recovery – to get to a healthy, productive life – you have to go down the journey of healing and it can’t be done with just a prescription. Our best providers of addiction treatment are the ones who recognize and hold that philosophy.”

Marcotte says the most effective treatment of opioid use disorder is flexible and customizable. It has to include collaboration with other programs that provide behavioral health care at all levels, in addition to medication-assisted treatment.

“It is like a microcosm of the larger problem in terms of complexity of care

that has to be provided to get to good outcomes,” Marcotte says. “If we could do well on this, it could be an example for Ohio’s larger, general population.”

To learn more about the State of Ohio MOMS program and supported programs like HOPE, visit [www.momsohio.org](http://www.momsohio.org).

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

**“It is an opening for them to engage in effective treatment for their chronic disease of opioid use disorder and for us to connect them to resources that are effective.”**



Michael Marcotte, MD is a staff Perinatologist in the Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology at Good Samaritan Hospital.

Dr. Marcotte earned

his medical degree from the Medical College of Ohio in Toledo in 1991. He then performed his internship, residency and Maternal-Fetal Medicine Fellowship at the Medical College of Ohio. He is a fellow of the American College of Obstetricians and Gynecologists. He is a member of the Society of Maternal-Fetal Medicine, the American Medical Association and the Cincinnati Academy of Medicine. Dr. Marcotte is subspecialty board certified in Maternal-Fetal Medicine. In 2009, he was appointed to be the Director for Quality in Maternity Services at TriHealth and spends about 25 percent of his time working on quality improvement in obstetrics. Quality improvement is also his focus in perinatal research. He is the co-chair of the perinatal research advisory committee at TriHealth.





## The Write Advice

With Garth Bishop

# Hot Topic

## Cincinnati doctor helps make the lives of child burn victims easier

A serious burn injury to an adult can result in pain, scarring and psychological trauma.

For a child, the problems are amplified, and joined by the risk of deformities as he or she grows. That makes the importance of prompt and strategic burn treatment and recovery all the more important.

Dr. Philip Chang of Shriners Hospital for Children – Cincinnati, a renowned expert in acute burn injury and reconstruction, answers some of our questions about the ways in which doctors are helping to reduce the risk of burn injuries causing lasting harm.

### **HealthScene Ohio: What advancements have you seen of late in the treatment of acute burn injuries?**

**Dr. Philip Chang:** Without a doubt, looking back over the past 10 years, three advancements have really changed the practice. No. 1 is the emergence of longer-acting dressings that decrease the frequency of dressing changes. This has allowed patients to be discharged earlier from the hospital, and decreased pain and suffering so that patients don't require the same dosages of medication anymore. No. 2 is the emergence of Laser Doppler Imaging for burn depth diagnosis. This development has allowed for early, more accurate diagnosis of burn depth assessment and also, in turn, allowed for a more predictable healing course for patients. No. 3 is better



coordination within hospitals, with more participating team members, especially for those critically injured patients.

### **HSO: What sorts of advancements have been made recently in terms of acute burn reconstruction?**

**PC:** The single biggest advancement has been the use of laser energy to help modulate scars. Laser treatments can help treat scar thickness as well as the itching and redness associated with scars in a way that does not involve prolonged hospitalization or more invasive surgeries.

### **HSO: What extra considerations have to be made when treating child burn victims?**

**PC:** Children especially face challenges with burn injury because, with young children, their skin tends to be thinner and they are more prone to deeper burns.

Because children are still growing, they face challenges with burn scars because, often, the burn scars do not grow with the child, and the child may have to undergo multiple surgeries. When the children who are burned come from socioeconomically distressed families, an injured child can greatly magnify the stressors on the family. We're fortunate that the Shriner system can at least help cover the cost of the medical care, but there are still issues that go beyond the economic aspects. Especially if the burn was caused by abuse, the children often need to be assigned to foster families, and even for those families that stay intact, that's time off of work that the parents have to take.

### **HSO: What factors need to be considered when doctors are treating a burn victim who is still growing?**

**PC:** Scars that are over joints and over hands can be range-limiting scars that prevent the child from being able to fully utilize his or her arms and legs. That can obviously have effects on development, especially with younger children. Fortunately, reconstructive procedures, as well as laser procedures and corrective physical therapy, can help correct these deformities if identified early enough in the patient's course of treatment.

### **HSO: What are some burn risks the average person might not be aware of?**

**PC:** In the winter, the dangers can range from hot fireplace glass doors to treadmill injuries, for families that are exercising indoors. Kids will see Mom or Dad running on the treadmill, and they'll run and touch the belt, and get a friction burn on their hands. That friction burn is often deep enough that the child may require skin grafting. After the weather gets warmer, campfires and bonfires become risks. Around the Fourth of July, fireworks become a risk. And any time of year, house fires present a risk to children and family members. Scaldings are by far the most common injuries in children – coffee, tea, ramen noodles – and those are injuries we see year-round.

### **HSO: What efforts are being made to reduce the pain of burn treatment?**

**PC:** At our hospital, we carefully assess the patient and listen to the parents to get a sense of the child's pain tolerance, and we have a range of sedation and pain medications available to make the wound care treatments tolerable. We can't prevent all of the pain, but we can make the pain manageable for the patient so they can sleep and eat relatively well. Limiting the number of dressing changes can decrease the amount of pain experienced by the burn treatments. Usually, the most pain is experienced when the burns are exposed to air.

### **HSO: What are some of the psychological ramifications of severe childhood burns?**

**PC:** A lot of it depends on the extent of the burn injury and where the burn

injury is. Burn injuries in visible spots, such as the face and hands, will often have the most significant effect, because that's what people in the public are more able to see, whether it be scars or bandages. The pain and itching associated with the burn injury can be quite difficult for patients to deal with because it can interfere with sleep, it can interfere with the patient's ability to play and enjoy life, and that can be a significant stressor, not just on the child, but on the parent as well. Often, burn victims will have to wear pressure garments for about a year after treatment, and the pressure garments can be difficult for the child to wear year-round.

### **HSO: What are some of the cutting-edge treatments you're working on?**

**PC:** There's amazing research going on here at the Shriners Hospital for Children and at the University of Cincinnati addressing wound healing issues and working on finding improved skin substitutes to treat burn victims. The holy grail for burn care is to come up with a skin covering that would not involve having to take skin grafts from the patient's own body and would match the patient's original skin color and have all the functions of skin. Our team here at Shriners Hospital is working toward a skin substitute that has some of those properties and then, hopefully, down the road, would have all of those properties.

*Garth Bishop is managing editor. Feedback welcome at [gbishop@cityscenemediagroup.com](mailto:gbishop@cityscenemediagroup.com).*

### **Visit [www.healthsceneohio.com](http://www.healthsceneohio.com) for more questions and answers!**

Shriners Hospital for Children – Cincinnati has a special summer camp for children who have sustained burn injuries.

Camp Ytiliba features fishing, horseback riding, rafting, swimming, crafts and nature programs. It's an opportunity for child burn victims to make new friends and build confidence and self-esteem. Shriners Hospital staffers serve as counselors.

Shriners Hospital for Children's Be Burn Aware campaign launched in November. More information is available at [www.shriners-hospitalsforchildren.org/shc/bawtips](http://www.shriners-hospitalsforchildren.org/shc/bawtips).

Among children ages 4 and under, scald burns account for 65 percent of burn-related hospitalization, and contact burns account for 20 percent.

Scald burns among children ages 6 months to 2 years are most commonly caused by hot foods and liquids spilled in the kitchen.

Hot tap water is the No. 1 cause of deaths and hospitalizations from scalding.

The most likely in-home culprits for childhood burns include hair curlers, curling irons, room heaters, ovens, ranges, irons, fireworks and gasoline.

*– Information courtesy Stanford Children's Health*

### **About the Expert**



Philip H. Chang, M.D., is an attending burn surgeon at Shriners Hospitals for Children – Cincinnati. He is board certified by the American Board of Surgery and received his medical degree

from the University of Alabama School of Medicine. He completed his residency at University of Illinois at Chicago Medical Center and a fellowship at University of California Davis Medical Center. His previous position was as attending burn surgeon at Shriners Hospitals for Children – Boston and Massachusetts General Hospital. While in Boston, he was on the faculty of Harvard Medical School.

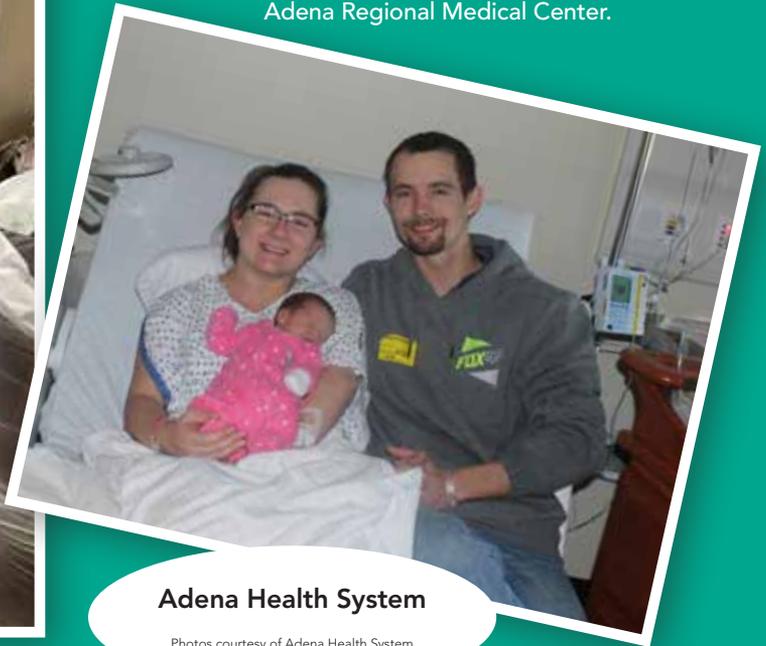
Dr. Chang cares for burn patients in the acute injury phase and then in the reconstructive phase. He enjoys participating in the education of medical professionals of varying disciplines, including medical students, physician assistant students and pre-medical students. He has a particular interest in improving burn care in developing countries and has traveled to a number of countries in both Latin America and Africa.



# Healthy Happenings



Adena employees Jackie Rebman, Shannon Morgan and Robin Berno sort through and prepare to deliver some of the more than 1,100 new coats purchased by Adena caregivers for area school children in November.



Kristen and Caleb Chaney hold new daughter Nova Chaney, the first baby of 2018 born at Adena Regional Medical Center.

### Adena Health System

Photos courtesy of Adena Health System



### Mercy Health

Photos courtesy of Mercy Health



Mercy Health dedicates the Shalom Room, the prayer space at the health system's Jewish Hospital, on Dec. 17.

## UC Health

Photos courtesy of Colleen Kelley, Byron Photography and UC Health



UC Health employees paint downtown Cincinnati pink and volunteers pass out headbands before the Bengals-Colts game in October to raise the importance of cancer screening and early detection.



J. Wesley Alexander, MD (left), founder of Cincinnati's first transplant program and the person who performed UC Health's first kidney transplant in 1967, celebrates the program's 50th anniversary at a Dec. 10 gala.



More than 500 attended the UC Health Opioid Symposium on Nov. 27.



West Chester Hospital Chief Administrative Officer Tom Daskalakis and Chief Nursing Officer Kathie Hays celebrate the hospital's receipt of magnet recognition from the American Nurses Credentialing Center in November.



Beckett Springs Hospital in West Chester completes a second expansion in November, growing its capacity from 48 to 96 beds.

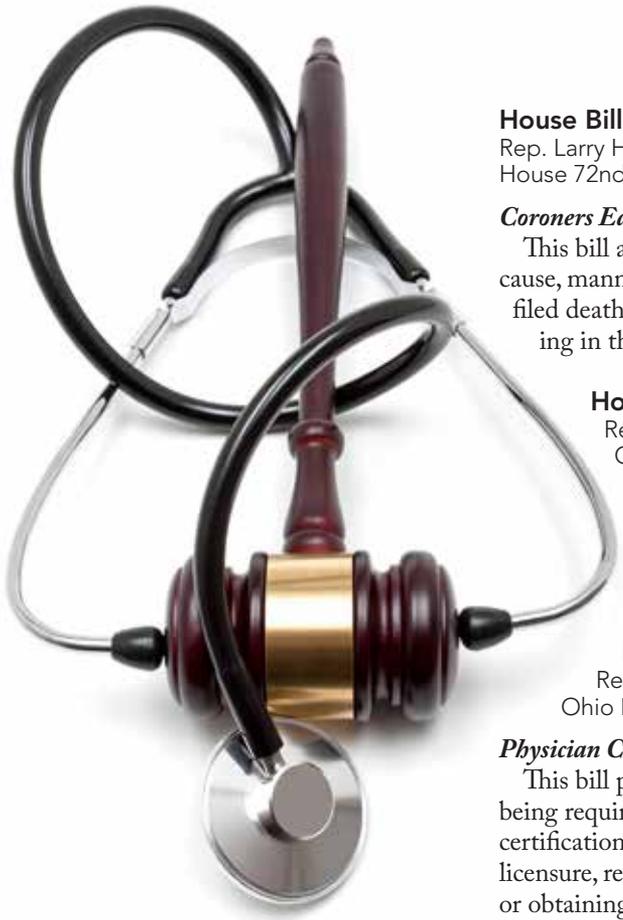


## Beckett Springs Hospital

Photo courtesy of Beckett Springs Hospital

# Legislative Update

Keep up with the latest state legislative initiatives in health.



## Allied Health Professionals

### House Bill 75

Rep. Theresa 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 and Rep. Scott Ryan for the Ohio House 71st 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 191

Rep. Anne Gonzales for the Ohio House 19th District

#### *Registered Nurse Anesthetists*

This bill makes changes to the practice of certified registered nurse anesthetists.

### House Bill 273

Rep. Theresa 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 or employment, or 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.

### House Bill 184

Rep. Theresa Gavarone for the Ohio House 3rd District and Rep. Anthony DeVitis for the Ohio House 36th District

#### *Authorize Teledentistry Services*

This bill authorizes dental services through teledentistry, requiring a proposal for the creation of a primary care dental student component of the Choose Ohio First Scholarship Program. The bill also makes changes to the laws governing the practice of dentistry and dental hygiene.

### 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, establishing 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 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.

#### **House Bill 231**

Rep. Tim Ginter for the Ohio House 5th District and Rep. Robert Sprague for the Ohio House 83rd District

#### ***Controlled Substances – Lockable Containers***

This bill requires pharmacists to offer to dispense controlled substances in lockable or tamper-evident containers

### **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 317**

Rep. Ron Young for the Ohio House 61st District

#### ***Pro Bono Healthcare Deduction***

This bill authorizes, for six years, a personal income tax deduction for a physician based on the number of hours the physician provides uncompensated medical services through a hospital, free clinic or nongovernmental medical organization.

#### **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.

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

# Calendar



## NORTHEAST

**Feb. 24**  
**Meridian Health Care Center Winter Sprinter**  
8 a.m., Mill Creek MetroParks Canfield Bike Trail  
www.meridianhealthcare.net

**March 2**  
**Sports Medicine Update: Building Young Athletes – Safe and Healthy XII**  
8 a.m.-4:30 p.m., Hilton Akron/Fairlawn  
www.akronchildrens.org

**March 10**  
**Prevent and Reverse Heart Disease and Auto Immune Disease for Women**  
8 a.m.-5:30 p.m., Cleveland Clinic Wellness Institute  
www.dresselstyn.com

**March 10**  
**Akron Indoor Triathlon**  
9:30 a.m.-12:30 p.m., University of Akron Student Recreation & Wellness Center  
www.runningintheusa.com

**April 2**  
**AMSA 5K for Kids**  
9 a.m.-noon, Watson and Tressel Training Site, Youngstown  
www.runningintheusa.com

**April 7**  
**Funny Bunny**  
9 a.m., Sippo Lake, Canton  
www.runcanton.com

**April 13**  
**That 70's Party – A VeloSano Fundraiser**  
7 p.m.-midnight, Windows on the River, Cleveland  
giving.ccf.org

**April 21**  
**Ride the Rainbow**  
6:30-11:30 p.m., Huntington Convention Center, Cleveland  
www.uhgiving.org

**April 28**  
**March for Babies**  
10 a.m., Wade Oval, Cleveland  
www.marchforbabies.org

## NORTHWEST

**Feb. 17**  
**Hot Cocoa Run**  
9 a.m., Olander Park, Sylvania  
www.runsignup.com

**March 4-5**  
**Acoustics for Autism**  
Noon-2 a.m., The Village Idiot, Maumee  
www.acousticsforautism.com

**March 11**  
**Packo's Panther 5K Run/Walk**  
9 a.m., Washington Junior High School, Toledo  
www.davesrunning.com

**March 16**  
**St. Paddy's Fun Run**  
8 p.m., The Blarney Irish Pub, Toledo  
www.runtoledo.com

**March 24**  
**Toledo Heart Ball**  
6-11 p.m., Hilton Garden Inn, Perrysburg  
toledoheartball.heart.org

**April 21**  
**March for Babies**  
10 a.m., Veterans Memorial Civic Center, Lima  
www.marchforbabies.org

**April 21**  
**Emerald Ball**  
5 p.m., Romer's Westlake Lodge, Celina  
www.grandlakehealth.org

**April 22**  
**Mercy Health Glass City Marathon**  
7-11 a.m., University of Toledo  
www.glasscitymarathon.org

**April 28**  
**Super Saints 5K**  
9 a.m., St. Paul's Lutheran Church, Napoleon  
www.davesrunning.com

**April 29**  
**Dooby Du Duathlon**  
8:30 a.m., Secor Metropark, Sylvania  
www.trisignup.com

## CENTRAL

**Through April 8**  
**Walk and Run 101: Winter-to-Spring Season**  
6:15 p.m., Premier Allergy, Dublin  
www.columbusrunning.com

**Feb. 17**  
**Fight for Air Climb**  
8 a.m., Rhodes Tower, Columbus  
www.climbcolumbus.org

**March 1-4**  
**Arnold Sports Festival**  
Throughout Columbus  
www.arnoldsportsfestival.com

**March 10**  
**Run for More Birthdays 5K**  
9 a.m., Academy Park, Gahanna  
www.run4morebirthdays.webs.com

**March 11**  
**Frozen Banana Race**  
11 a.m., Dublin Community Recreation Center  
www.runsignup.com

**March 31**  
**Westerville Parks Foundation Bunny Hop 5K**  
8 a.m., Westerville Sports Complex  
www.westerville.org

**April 7**  
**Lady Tutu 5K**  
9 a.m., Easton Town Center  
www.ladytutu5k.com

**April 8-May 6**  
**Healthy Kids Running Series**  
5 p.m., Westgate Park, Columbus  
www.healthykidsrunningseries.org

**April 28**  
**OhioHealth Capital City Half Marathon**  
8 a.m., High and Rich streets, Columbus  
www.capitalcityhalfmarathon.com

**April 29**  
**Superhero Run/Walk**  
12:45 p.m., Hilliard Davidson High School  
www.orphanworldrelief.org

## SOUTH

**Feb. 17**  
**Frosty 14**  
9 a.m., Caesar Creek State Park Visitor Center, Warren  
www.orrrc.org

**Feb. 25**  
**Splash and Dash 5K**  
7:30 a.m., Dayton Raiders Aquatic Center  
www.orrrc.org

**March 4**  
**Little Miami 10 Mile**  
1 p.m., Yellow Springs Community Center  
www.orrrc.org

**March 10**  
**St. Patrick's 5K**  
9 a.m., Wayne High School, Huber Heights  
www.orrrc.org

**March 18**  
**G-Town Run**  
10 a.m., Germantown Metropark  
www.orrrc.org

**April 8**  
**51st ORRR Marathon & 29th Half Marathon**  
8 a.m., Xenia YMCA  
www.orrrc.org

**April 14**  
**Twin Creek 10K**  
9 a.m., Twin Creek Metropark, Germantown  
www.orrrc.org

**April 20**  
**ARC of Butler County Annual Dinner**  
6-9 p.m., Redeemer Church, Hamilton  
www.arcbutler.org

**April 28**  
**Sugar Maple 5.642**  
9 a.m., Sugarcreek Board of Education, Bellbrook  
www.orrrc.org



# FIGHTING FOR EVERY MOM AND BABY

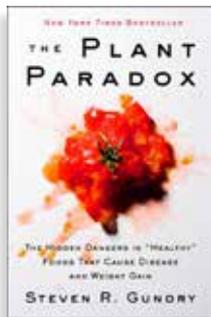
Every baby deserves the best possible start. We are fighting for the health of all moms and babies because it makes the future brighter for us all.

**DONATE TODAY**

**MARCHOFDIMES.ORG**

# Bookmarks

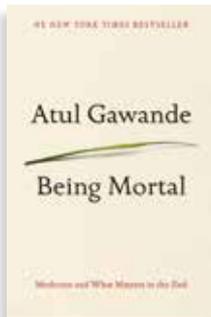
The information provided for these products, services and articles is for informational purposes only, and is not an endorsement by the State Medical Board of Ohio.



## *The Plant Paradox: The Hidden Dangers in "Healthy" Foods That Cause Disease and Weight Gain*

By Steven R. Gundry, M.D.  
\$27.99, HarperCollins Publishers

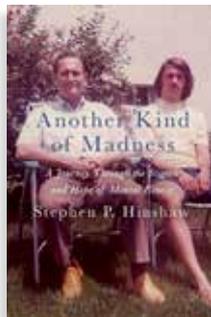
What if we've been spending more time on the wrong problem? Dr. Gundry highlights the most important issue that is diminishing our health – lectins – and offers simple hacks on how to easily detect and avoid them without sacrificing deliciousness.



## *Being Mortal: Medicine and What Matters in the End*

By Atul Gawande  
\$16, Henry Holt & Company

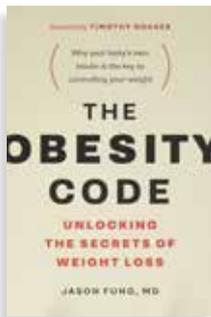
In this gripping page-turner, Gawande talks about the truths of being a practicing surgeon and recognizes some limitations of his profession, arguing for better quality of life for all patients, even in their last moments.



## *Another Kind of Madness: A Journey Through the Stigma and Hope of Mental Illness*

By Stephen Hinshaw  
\$26.99, St. Martin's Press

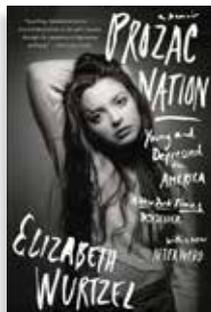
Hinshaw's newly released book is a deep and captivating memoir calling for an end to the dark stigmatization of mental illness. After living in a home full of secrets with a father who was routinely absent and hospitalized, he calls for a change in perspective about mental health through a moving family narrative.



## *The Obesity Code: Unlocking the Secrets of Weight Loss*

By Jason Fung, M.D.  
\$18.95, Greystone Books

Dr. Fung's exciting and provocative new book tells the secret to weight loss: insulin. The book offers five basic steps and some tricks of the trade on intermittent fasting to maintain one's own insulin levels so the reader can reach a healthy weight for good.



## *Prozac Nation: Young and Depressed in America*

By Elizabeth Wurtzel  
\$17, Penguin Publishing Group

In this book, now a major motion picture, Wurtzel recounts her time spent in a part of life full of anxiety, bouts of depression, new drug prescriptions, ever-changing music tastes and questionable coping methods as part of the overdiagnosed generation.

## *The River of Consciousness*

By Oliver Sacks  
\$27, Knopf Doubleday Publishing Group

*The River of Consciousness* is one of two books that reveal the unexplained ability to understand life and what makes us all human, written by an Oxford-educated wonder versed in literature, botany, animal anatomy, chemistry and history of most natural sciences.

## *Memory Rescue: Supercharge Your Brain, Reverse Memory Loss, and Remember What Matters Most*

By Daniel G. Amen, MD  
\$25.99, Tyndale House Publishers

By using a multifaceted strategy that includes diet changes, spiritual practices and stress-relief techniques, Dr. Amen clears the path for a healthier brain and reduces one's likelihood of developing Alzheimer's disease and other memory-loss conditions in the future.

## *Brain on Fire: My Month of Madness*

By Susannah Cahalan  
\$16, Simon & Schuster

Susannah Cahalan retells the powerful true story of her rapid descent into madness after she woke up one morning strapped to a hospital bed, unable to move or speak, without any certain clue of what happened or how she got there.

## *Fat for Fuel: A Revolutionary Diet to Combat Cancer, Boost Brain Power, and Increase Your Energy*

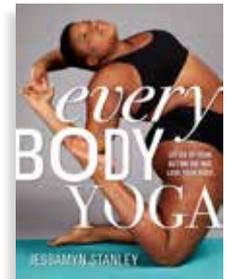
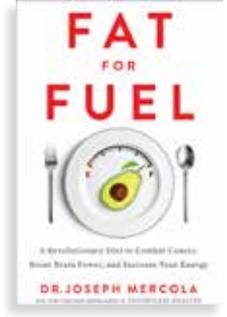
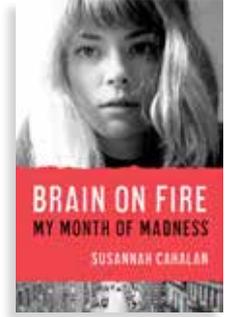
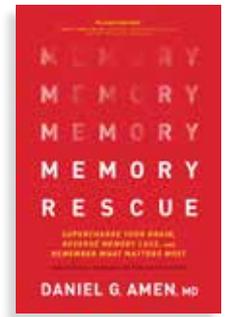
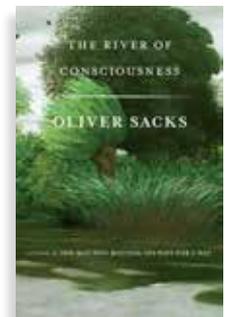
By Joseph Mercola, M.D.  
\$27.99, Hay House, Inc.

Dr. Mercola, best known for his book *Effortless Healing*, is back with an all-new guide about the power of metabolic processes and what it's really doing to you and your health by explaining what he calls the "ketogenic" diet.

## *Every Body Yoga: Let Go of Fear, Get on the Mat, Love Your Body*

By Jessamyn Stanley  
\$16.95, Workman Publishing

Stanley transcends stereotypes in this yoga how-to for readers of all shapes and sizes. Individuals interested in starting yoga or renewing their enjoyment of it are offered additional tools.



## In the News

### How running may or may not help the heart

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

The relationship between running and a healthy heart is actually a lot more complex than most people think. In this article, *New York Times* reporter Gretchen Reynolds talks about a string of recent studies that have shown that, in some cases, running frequently, particularly for long periods of time, can actually cause plaque buildup and other heart problems. Reynolds isn't saying that running is bad for you, just that the effects of running on the body are a bit more complex than some might think.

### When healing's needed, seek out these immunity-boosting foods

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

With freezing cold winter weather comes weakened immune systems, and that means you're a lot more likely to get sick. This article suggests foods to eat to help readers boost their immune systems and stay healthy this winter – both for those who are looking to stay healthy, and for those who are already sick and looking to shorten their recovery time.

### A comprehensive guide to the new science of treating lower back pain

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

Whether from a previous injury, poor posture or just wear and tear, millions of Americans suffer from chronic back pain. In this article, journalist Julia Belluz reviews more than 80 scientific studies to find the best treatment for alleviating lower back pain, and how effective less-invasive practices like yoga and psychotherapy can be in comparison to surgery.

### The science of when: hack your timing to optimize your life

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

Upon the release of his new book, *When: The Scientific Secrets of Perfect Timing*, behavioral science writer Daniel Pink breaks down the science of timing, and how much of an impact that the right timing can have on things such as productivity, marital success and income.

### Eating before you go to bed is an awful idea

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

As much as consuming that leftover slice of pizza or pint of Ben and Jerry's before heading off to bed might seem like a good idea in the moment, it probably comes as no surprise that that's not the healthiest thing one can do before turning in for the night. In this article, *GQ* breaks down the results and limitations of a new study that further affirms the fact that eating before bed isn't objectively the best for your health.

### 100 of the best things in life that are totally free

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

The holidays are over, and that means that waistlines are considerably bigger and wallets are considerably smaller. This list gives readers some ideas for some cheap, fun things to do that

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

## Health Phone Apps

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



### Runkeeper

Free; iOS, Google Play

Both beginning runners and seasoned marathoners can stay motivated with this GPS running tracker. Users can set pace and distance goals, create personalized routines and share real-time progress with friends.



### Full Fitness

\$2.99, iOS

Developed by licensed fitness professionals, this catalog of hundreds of exercises is sorted by body region, target muscle group and required equipment. Each exercise includes detailed instructions, images and videos.



### Streaks

\$4.99; iOS

Break negative habits and form positive ones with this simple to-do list. Stay motivated to accomplish recurring tasks by building a streak of consecutive days, but don't break the streak or it resets to zero.



### 8fit

Free; iOS, Google Play

This pocket personal trainer and nutritionist creates workouts and meal plans tailored to your fitness goals. Its exercise programs, based on high-intensity interval training, speed up weight loss while building strength and endurance.



### Pacifica

Free; iOS, Google Play

Stress and anxiety don't have to define your day. Learn the basics of cognitive behavioral therapy, mindfulness and meditation at your own pace using the app's guided self-help paths. Users can track moods, sleep, exercise and thought patterns and even connect with a local therapist.



### Asana Rebel

Free; iOS, Google Play

Traditional yoga meets high-intensity interval training in this yoga-inspired fitness app. Choose from workouts targeting fat burn, strength, flexibility, balance and relaxation.



### Simple Habit

Free; iOS, Google Play

Taking time out of each day to simply relax and be present is tough with a busy schedule. Breathe easier with these five-minute meditation guides, designed to quickly calm your nerves on-the-go.



### MyWater

Free; iOS, Google Play

Drinking eight glasses of water a day is crucial to a healthy lifestyle. Keep track of your daily water, tea, coffee and milk intake and receive reminders to drink throughout the day.



### Mealime

Free; iOS, Google Play

Meal planning, grocery shopping and cooking can quickly become frustrating and time-consuming chores. This app streamlines the entire process with personalized weekly plans, automatically-generated grocery lists and healthful 30-minute recipes.



### Sway

\$2.99; iOS

This interactive meditation experience uses your phone to track your movement and offers feedback to improve your overall attention span. Whether you are lying in bed or at a bus stop, simply by moving your phone, the app will provide you with tasks geared toward helping you gain more focus. It is recommended to use this app with headphones for the best possible experience.

are completely free, ranging from something as simple as inviting friends over, to taking time to enjoy that first cup of coffee in the morning, to going on a hike with loved ones.

### When you're too functional to have your mental illness taken seriously

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

Psychologist Karen Lowinger shares her thoughts and experiences on being a high-functioning person with mental illness. Through relaying her experiences, she addresses the diffi-

culties with being taken seriously as a mentally ill person who is also high-functioning.

### It's suddenly cold out. Am I going to get sick?

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

In this article, reporter Katie Heaney explores the perceived connection between cold temperatures and the increased risk of getting sick. Per the story, the risk of getting sick in cold weather is higher, but that's not necessarily because of the temperature itself.

# ScenicOhio

Old Man's Cave

Courtesy of Explore Hocking Hills





# Let's Talk About Pelvic Pain

The Pelvic Pain Center at Bluffton Hospital is committed to identifying and treating chronic pelvic pain in men and women.

**Several common causes of pelvic pain:**

- Bladder pain
- Endometriosis
- Fibroids
- Hernia
- Irritable Bowel Syndrome
- Nerve entrapment
- Ovarian cysts
- Pelvic organ prolapse
- Pelvic adhesions
- Referred musculoskeletal



**Pelvic Pain Center**  
Bluffton Hospital  
419.369.2270

Schedule a consultation. We will listen.

139 Garau Street, Bluffton | [bvhealthsystem.org](http://bvhealthsystem.org)

**SPRING WILL BE HERE  
BEFORE YOU KNOW IT**



Soon those grey Winter skies will reveal 1,600 acres of landscape painted in sunshine. We're ready, are you? Spring is fast approaching, let us help you find your way. | [EXPLORELIC.ORG](http://EXPLORELIC.ORG)