

AUSTIN Medical Times

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June Issue 2018

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Securing Healthcare Information, The Right Way

By Mark Johnson
President, Xtrii

We see the headlines too often – another healthcare organization’s information systems have been breached and sensitive data has been stolen. Allscripts, Banner Health, UCLA Health, Premera Blue Cross, Anthem Blue Cross, and many others are recent examples. If these massive companies with their extensive technology teams can be exploited, it can make you wonder: “How secure is my healthcare information?”

Cybersecurity: A Growing Challenge For Healthcare

Hackers are now focusing on healthcare data and healthcare organizations as their top target. Industry experts are predicting that the cybersecurity challenge is likely to get worse, and that the damages will become even more devastating. When this happens, the company image and credibility is damaged, loss of customers, huge financial impact, and typically the CEO and top leaders are fired. In the case of a smaller organizations and physician practices, most can’t endure the damage and are ruined. Are you prepared to explain to your patients and regulators when sensitive, protected health information is compromised?

So, how can it be avoided? Why does this serious problem continue? Most organizations are not taking the right approach to cybersecurity.

Addressing Your Cybersecurity

To address your cybersecurity the right way, you need to properly assess your vulnerabilities and capabilities. Here are 10 common cybersecurity issues missteps/issues that organizations must address:

1. Inadequate Assessments: Too many organizations conduct assessments that are not comprehensive, and don’t



address the most pressing threats.

2. Inadequate employee training: Your employees are the front line of

“Hackers are now focusing on healthcare data and healthcare organizations as their top target. Industry experts are predicting that the cybersecurity challenge is likely to get worse, and that the damages will become even more devastating.”

your cybersecurity and are often the most vulnerable point. Most breaches occur through “human exploits” and/or “social engineering”. Cybersecurity experts agree that the best cybersecurity investment you can make is better employee cybersecurity training. How well prepared are your employees?

3. Putting too much faith in Paper Accreditation: Paper Accreditation doesn’t equal real-world security: Most of them miss the mark and give a false sense of security.

4. Misinformed decision-makers: To find the issues and execute the right actions, decision-makers need guidance from an unbiased, credible, cybersecurity expert.

5. Hackers don’t play fair: Today, hackers are constantly coming up with new techniques to trick employees into unknowingly provide the hacker access.

6. Hackers have a major advantage: Hackers only have to find ONE vulnerability in order to gain access to your systems and data. You have to protect the entire environment against ALL potential vulnerabilities.

7. Hiring a cybersecurity company without research:

It’s important for companies to research and hire the right cybersecurity expert with hands-on, real-world experience in healthcare technology/cybersecurity, which has prepared them to know the right questions and the right follow-up questions to ask specifically for your organization.

8. Being held up by cost concerns: A comprehensive cybersecurity assessment can be very affordable, if you select the right firm. For the best

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Financial Forecast

Some Ideas to Improve Patient Collections

By Reed Tinsley
CPA,CVA,CFP,CHBC

According to ACA International, 29% of adults have medical debt or trouble paying medical bills. From these numbers, it's apparent that something needs to be done to improve patient collections.

Some physicians are making the often times drastic switch to nontraditional payment programs in hopes of a remedy. But there are ways to improve patient collections while avoiding dramatic changes for your practice.

Give patients more payment options

Your practice benefits when patients pay their outstanding balance. So, if a patient wants to pay using a reasonable method, there shouldn't be any restrictions to doing so. This means allowing patients to pay by cash, check, debit/credit card and through an online payment portal.

This last option is critical as Americans move toward online bill paying because of convenience and also because today's patient is very tech savvy. Patients don't have to travel

anywhere or write anything by hand in order to pay their bills online. A 2006 New York Times article reported that 35% of Americans were paying bills online. One can only assume the number has risen dramatically since then.

Set a standard payment policy

Your practice should have a clear, standardized payment policy that patients are aware of. The reasons are two-fold: it provides backing during difficult payment discussions and gives patients a set of consequences for not paying.

When your collections staff is trying to collect payment from a patient having a standard policy reduces the patient's wiggle room. They don't have the option of saying "Oh, I thought I could pay it later," if it's clearly outlined in your policy.

And if your patients face consequences for not paying in a timely manner (the consequences are up to you), paying their medical bills becomes more important. If a patient doesn't pay their light bill their lights go out, which makes paying the light



bill a top priority. Make paying medical bills a top priority as well.

Finally, make sure your staff is accountable for implementing your payment policy. Is the front desk collecting copayments and deductibles? How is your business office collection staff doing? Make sure you have the checks and balances in place to monitor how well staff is implementing your collection policy.

Dangle a carrot for your staff

Try using an employee incentive program to boost your collection rate. An incentive program should offset

its own cost by increasing the revenue each collections employee brings in.

For instance, say each collector at your practice brings in \$2,000 in unpaid expenses each month on average. If you offer staff members a \$100 gift card if they increase that number to \$2,500, you'd bring in an extra \$400 per month in revenue from motivated employees who meet the goal. If some employees don't, there's no harm done.

The key is in planning the program

see Financial Forecast...page 13



Texas law now permits physicians to electronically prescribe controlled substances.

If you regularly write prescriptions for controlled substances, you may find value in upgrading your technology to comply with the federal and state regulations.



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Oncology Research

Convince Me: Why Should I Participate In A Clinical Trial?



By Lakshmi Balasubramanian, M.D., Texas Oncology Cedar Park

Meriam Eakin is alive because of a clinical trial. She is in remission from chronic lymphocytic leukemia thanks to a drug first tested by other cancer patients. She participated in a clinical trial to help prolong her own life, but ended up helping future cancer patients too.

For Meriam and other cancer survivors, new breakthrough treatments are saving lives, while often improving quality of life. Medical advances often follow clinical trials – research studies that require patient participants to examine how cancer responds to different medical approaches. This is how oncologists discover better ways to treat, diagnose, and prevent cancer. So why should you join a clinical trial? Here are seven reasons to consider:

1. A trial that fits you.

Texas cancer patients have access to hundreds of clinical trials that vary in purpose and scope. Research studies can focus on preventing or detecting cancer, or testing new treatments, such as drugs, surgical procedures, vaccines, or radiation therapy. Trials vary from 15 participants to several thousand patients depending upon the trial phase. Research phases determine drug dosage safety and best delivery methods, potential side effects, and treatment effectiveness. Chances are there's a trial that addresses what matters to you.

2. An all-volunteer cancer-fighting army.

Choosing to participate in research studies is a personal decision that should be made in consultation with your physician, including a thorough discussion of benefits and risks. Eligibility factors include age, gender, cancer type, stage, previous treatments, and overall medical history. Deciding to enter – or exit – a



trial is entirely up to the patient, but always with plenty of guidance from the medical team.

3. Yes, in my backyard.

Clinical trials in Texas are conducted at large academic institutions and in community-based cancer centers in dozens of locations – cities, suburbs, and small towns. Studies show patients who travel shorter distances to receive treatment are more likely to complete a treatment regimen. Participating in nearby research studies reduces stress, disruption, and costs of travel, and allows loved ones to play an active role in your healthcare.

4. Keeping close watch.

The Food and Drug Administration (FDA) is actively involved in every phase of research. Physicians closely monitor patients to see how they respond to new treatments compared to standard treatments. Cancer clinical trial patients receive a form of treatment. It is rare for patients to receive a placebo without any other treatment.

5. Cost matters.

Texas State law requires individual and group health plans,

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Dell Children's Celebrates The Opening Of The New Mental Health Unit

The Grace Grego Maxwell Mental Health Unit At Dell Children's Offers Coordinated, Comprehensive Care For Children And Teens

Dell Children's Medical Center of Central Texas celebrates the opening of the Grace Grego Maxwell Mental Health Unit at Dell Children's, a new facility providing comprehensive mental health services for children and teens all under one roof.

Dell Children's is part of Ascension, the largest nonprofit health system

in the U.S. and the world's largest Catholic health system.

"This new model for coordinated care will allow us to diagnose and treat children with mental needs before, during and after a crisis," said Dr. Sonia Krishna, Dell Children's child and adolescent psychiatrist. According to the Centers for Disease



From right to left: Elizabeth Fredeboelling Dell Children's Chief Nursing Officer; Sonia Krishna, MD, Dell Children's Child and Adolescent Psychiatrist; Kristi Katz, Executive Director of Dell Children's Medical Center Foundation; Andy Davis, Ascension Texas Chief Operating Officer; Craig Cordola, President and Chief Executive Officer, Ascension Texas; Marcella Maxwell - Donor Family Member; Deb Brown, Dell Children's Chief Operating Officer; Meena Iyer, Dell Children's Chief Medical Officer; Christopher Born, President of Dell Children's

Control and Prevention as many as one in five children under the age of 17 has a diagnoseable mental disorder.

The new Grace Grego Maxwell Mental Health Unit at Dell Children's includes 24-inpatient beds. The unit will also include an intensive outpatient program and a partial hospital program. The Texas Child Study Center, the outpatient component of the comprehensive program will continue to provide services and is run in partnership with the University of Texas.

In a dedicated pediatric-focused environment, child and adolescent

psychiatrists and psychologists will treat conditions like depression, suicidal ideation and bipolar disorder. The Rooster Teeth Healing Garden offers families and patients a dedicated basketball court, garden and covered area for relaxing outside the unit.

In January 2017, Nyle and Nancy Maxwell and their family announced a generous \$3 million challenge gift. The dollar-for-dollar gift was matched by the community. The Grace Grego Maxwell

see Dell Children's...page 13



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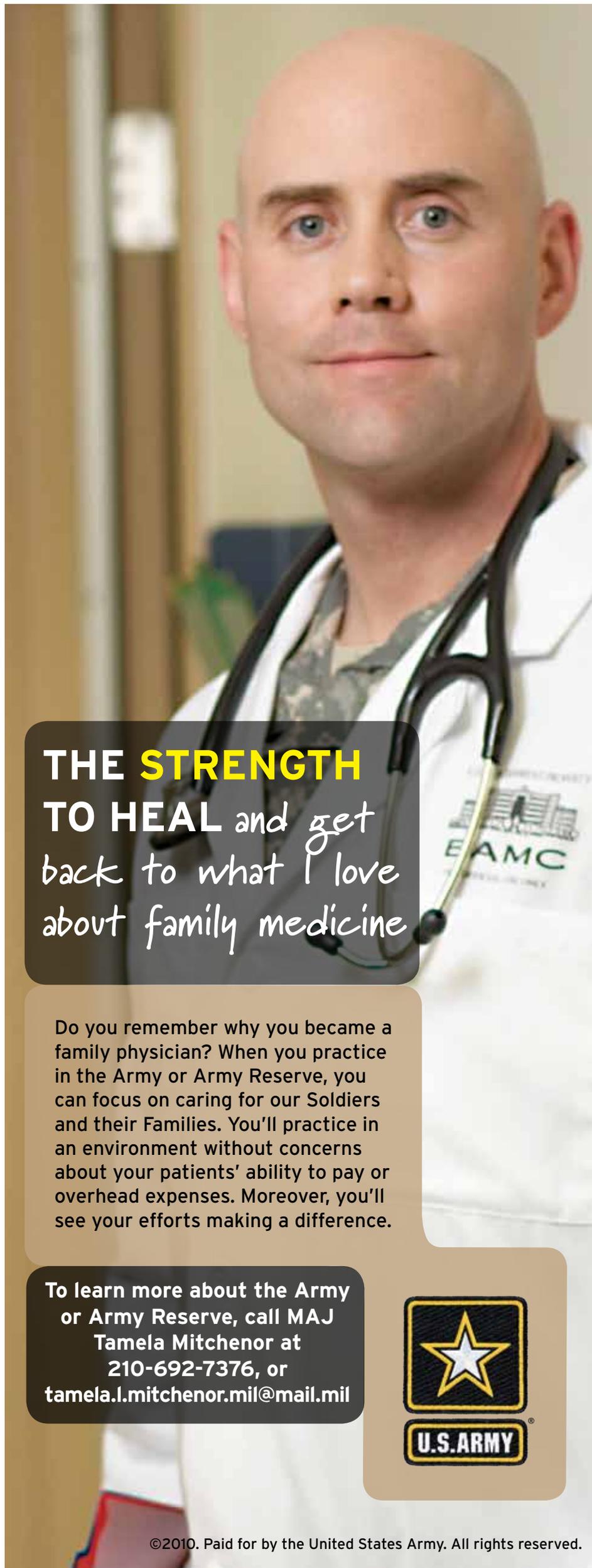
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Legal Matters

Cyber Security Insurance: Nine Questions to Ask to Determine Your Exposure



By Anthony W. Merrill, JD and Kathryn T. Allen, JD
 Polsinelli, PC

There is an increased interest in cyber security insurance for businesses amid frequent news of computer hacking, network intrusions, data theft, and high-profile ransomware attacks. Since cyber security insurance is relatively new to the market, many companies lack a basic understanding of what their policy covers and what it may not.

single greatest threat to a business' cyber security. Many cyber policies only cover the malicious theft or destruction of data from an outside source, but studies have found that many times it is employees who are unintentionally and unwittingly contributing to data loss and breach.

3. Does my policy cover cloud-related risks? Certain insurers have used "sub-limits" or lower limits of coverage that cap the amount available for claims specific to cloud-based risks for cloud users. Also note that some policies will have an exclusion for liability assumed through contract by the cloud provider. This means that your cloud provider may have far less liability coverage for your data than you assumed.



Questions to ask your insurer:

- 1. Does my policy cover my vendor's errors in addition to mine?** Vendor management is becoming increasingly important for businesses, especially those that deal with sensitive information (i.e. financial services or health care). It is important to identify whether your cyber policy covers your loss of data when it is in someone else's possession. For example, a policy may reference coverage for "your computer system" but the definition of "your computer system" might exclude (or not reference specifically) the cloud or networks run by third-parties.
- 2. Does my policy cover "inside the house" risks?** Employees are the

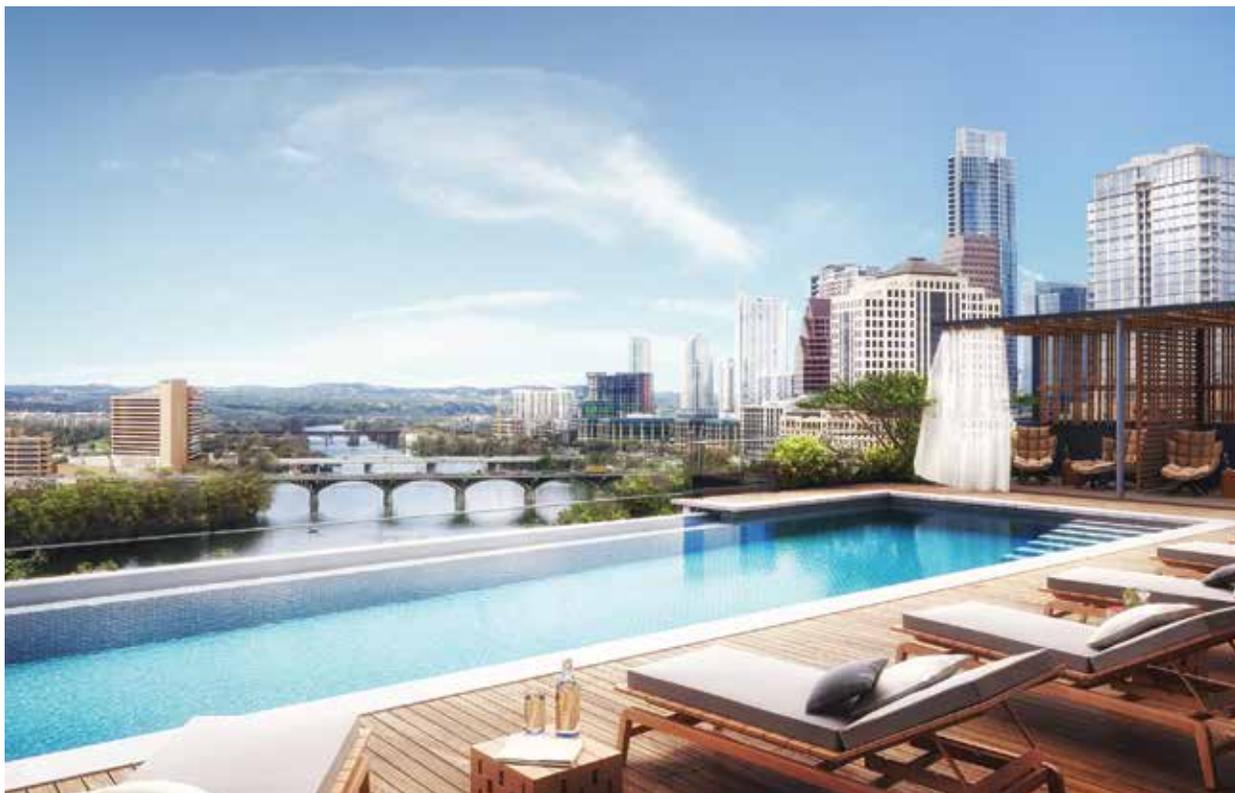
4. Does my policy apply retroactively? It takes an average of 256 days for most businesses to identify a malicious attack. If the attack occurred prior to you obtaining the policy, you may run the risk of your insurance not covering it. Some insurers will offer retroactive coverage for an additional premium.

5. Is my policy limited geographically? Some policies limit coverage to the United States or put restrictions on how far from your place of business events or incidents must take place in order to be covered. If you

see Legal Matters...page 13

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Attention Deficit Hyperactivity Disorder (ADHD) in Older Population

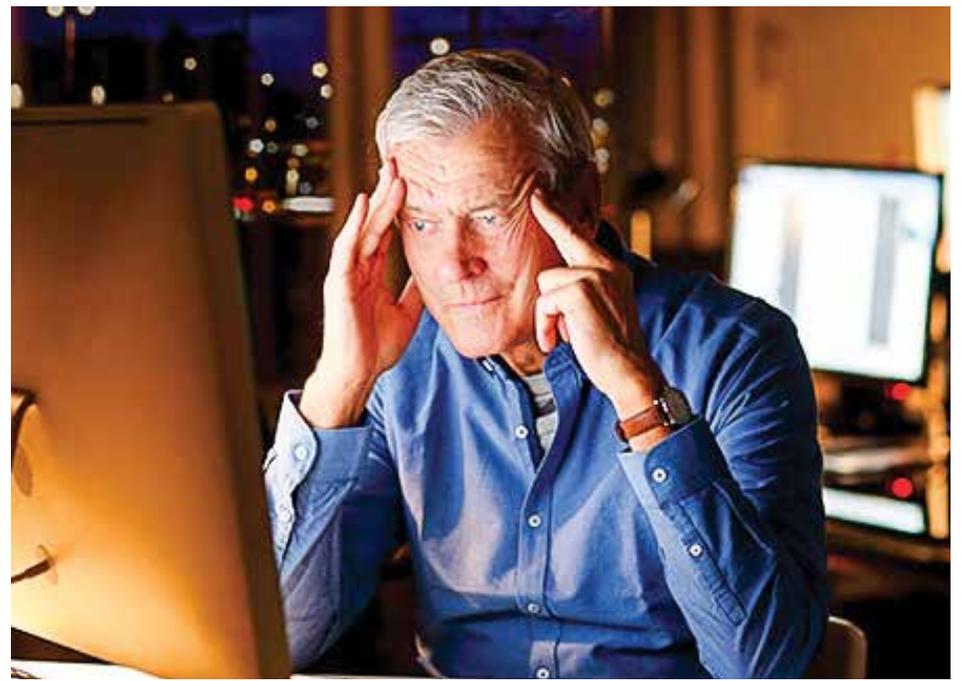
By Abimbola Farinde
PharmD

Background of Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity disorder (ADHD) is viewed as a psychiatric disorder that encompasses the symptoms of hyperactivity, impulsivity, and attention. Society became aware of the disorder around the mid-1800s when the German physician Heinrich Hoffman (1865) described through a nursery rhyme the case of "Fidget Phil" whose distractibility and hyperactivity disturbed those around him and interfered with his education. This incidence may be considered to be the first documented case of ADHD but many other individuals throughout history have been identified as having similar behaviors (e.g., restlessness, overactivity). Notable individuals in history include Alexander the Great, Genghis Khan, and Thomas Alva Edison to name a few. Studies have suggested that ADHD can be a chronic disorder with 60%-70% of individuals

with childhood hyperactivity remaining symptomatic into their adult years. It is now well known that even though ADHD is usually diagnosed in children it can persist into adulthood but research has not extensively examined it in older adults. Over several decades, ADHD has become a disorder that has gained much attention with descriptions of children who exhibited significant symptoms of the disorder and this only served to fuel its awareness by the media and ultimately the general public. Undoubtedly awareness has increased but ADHD in older adults remains an understudied and mostly unrecognized condition in comparison of their younger counterpart. The lack of increased awareness of the prevalence of ADHD among older adults may be attributed to the viewpoint that ADHD is a child's disorder but research has disproved this belief by determining that it can occur during the course of a person's lifespan.

Example Case Presentation of ADHD



An example case presentation of ADHD provides a glimpse into one of the most experiences of older adults who may have known in their minds that there was a problem for some time but was not able to put a label on their condition. Betty is a 75-year old woman who was diagnosed with ADHD at the age of 74 when she visited when outpatient geriatric psychiatric clinic for treatment of her generalized anxiety disorder. When Betty was given the diagnosis of ADHD she stated that the diagnosis

made sense to her because she recalled that it was if a light had been turned on in her brain. She explained that she felt different but did not think that it was ADHD all along. The diagnosis now provided her a name to go along with the condition that she knew existed. A review of Betty's past history included a childhood that consisted of difficulties with peer relations, getting in trouble

see ADHD...page 13

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Scott & White Medical Center – Temple Performs 500th TAVR Procedure

Program Continues To Grow As It Celebrates Six Years

Scott & White Medical Center – Temple, part of Baylor Scott & White Health, performed its 500th transcatheter aortic valve replacement (TAVR) procedure on a Waco resident, marking a major program milestone. View this short story: 500th TAVR

“This is a testament to our entire team’s commitment to providing quality care and dedication to serving patients,” said Timothy Mixon, MD, interventional cardiologist at Scott & White Medical Center – Temple. “Through their hard work, we have seen the program grow in six years and, more importantly, seeing patients have an opportunity to have a better quality of life.”

Since May 2012, the Temple TAVR program has performed the minimally invasive procedure on patients in Central Texas, including Austin, College Station, and from as far as Abilene. Approved by the

U.S. Food and Drug Administration in 2011, TAVR is a non-surgical alternative for patients with aortic stenosis which, according to the American Heart Association, is one of the most common and serious valve diseases. Aortic stenosis occurs when the heart’s valve narrows and reduces blood flow, causing the heart valve not to open fully.

“TAVR has made it possible for even the frailest of patients to improve their overall heart function,” said Mark Lawrence, MD, interventional cardiologist at Scott & White Medical Center – Temple. “We have seen advancements in TAVR and have been able to give our patients an opportunity to recover faster and with less risk.”

Those advancements became evident in December 2016, when a patient received a new aortic valve and was discharged later in the day. Typically, most patients can be



Doctors performing 500th TAVR Procedure

released within 24 to 36 hours after the minimally invasive procedure. As new aortic valves and techniques are refined, patients who are not candidates for open heart surgery or at low-risk benefit from the procedure.

“Each and every day we see new possibilities for patients suffering from severe heart disease,” said Chittoor Sai-Sudhakar, MD, chief of cardiothoracic surgery at Scott & White Medical Center – Temple. “The combination of our team approach to care and technology has allowed us to provide high quality care for heart patients.”

Baylor Scott & White has been an active participant in clinical trials helping with the assessment, implementation and advancements of TAVR. The program hopes the quality of life of heart patients improves as result of the medical community’s ongoing research work. The hospital joins other Baylor Scott & White medical centers — The Heart Hospital Baylor Plano, The Baylor Jack and Jane Hamilton Heart and Vascular Hospital in Dallas, and Baylor Heart and Vascular Services in Fort Worth collectively have performed more than 2,500 TAVR procedures.◆

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Financial Strain has Major Impact on Patients' Health Care Decisions

By Remekca Owens

Financial strain is the single most important factor in making health care decisions for low-income individuals, who often forgo care in favor of basic needs like food and rent, researchers in UT Southwestern's Center for Patient-Centered Outcomes Research (PCOR) found.

In addition, low-income individuals are often reluctant or too embarrassed to discuss their financial hardships and constraints with caregivers during office visits. As a result, physicians and caregivers frequently misinterpret that choice as noncompliance with medical care.

"Financial strain is the burden that prevents many low-income patients from being able to take better care of themselves," said lead author Dr. Oanh Nguyen, Assistant Professor of Internal Medicine and Clinical Sciences at UT Southwestern

Medical Center. "This financial strain can cause nonadherence to physician recommendations that appear to reflect a patient's lack of engagement in care. However, this 'nonadherence' is actually the result of rational and difficult trade-offs to cope with financial strain."

To combat the reluctance to discuss financial strain, physicians should take the lead in recognizing and "diagnosing" financial strain, the authors recommended.

"We believe our findings will help physicians better recognize the signs and symptoms of financial strain in patients, so that they can create a safe environment for patients to overcome their embarrassment by discussing these concerns and work with their patients to develop the best plan of care that works within the patient's financial means," said Dr. Nguyen. "For



instance, discussing which medications cost more or less and which are safe to skip or stretch if necessary."

Researchers conducted 12 focus groups among individuals seeking services at Crossroads Community Services, a local nonprofit organization providing food assistance and other support to low-income families. Most participants were in their 40s and 50s. Sixty-seven percent were women, 5 percent were white, 38 percent were black, and 56 percent were Hispanic.

Findings from the PCOR study appear in the Journal of General Internal Medicine.

Next steps include development of analytic algorithms to help health care teams recognize when an individual may be unable to adhere to medical recommendations due to the presence of financial strain and other unmet basic needs. ♦

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Survey: Most Physicians Favor Medicaid Work Requirements

By Phillip Miller
Merritt Hawkins

How do physicians feel about a new federal policy that allows states to require applicants to work or seek a job in order to obtain Medicaid benefits?

Merritt Hawkins recently sent a one-question survey to physicians nationwide to obtain an answer to this question. It was one in a series of single-question surveys Merritt Hawkins has been sending to physicians regarding various healthcare issues of the day.

Over half (56.6 percent) of physicians responding to the survey said they feel very favorably about the policy, while 17.8 percent indicated they feel somewhat favorably. By contrast, only 9.2 percent of physicians said they feel very unfavorably toward the policy while 8.4 percent said they feel somewhat unfavorably. The remaining eight percent of physicians indicated they feel neither favorably

nor unfavorably about the policy.

The survey was conducted by email in early March and was completed by 667 physicians. According to experts in statistical response analysis at the University of Tennessee, the survey has a margin of error (MOE) of <1.0%.

Three states, including Kentucky, Indiana and Arkansas, are proceeding with the work requirements policy. In Kentucky, able-bodied Medicaid applicants 19-64 years old will be required to put in 80 hours of community engagement a month to qualify for Medicaid benefits, working, going to school, training for a job, or volunteering. The policy in Indiana and Arkansas has similar requirements.

One clear takeaway from the survey that many physicians would like to move away from the Medicaid status quo. Medicaid can be a problematic program for independent physicians who own their own practices, as it often pays less than what it costs physician to provide care. For employed



physicians who may be paid in part on quality, Medicaid also can be a challenge. Many Medicaid patients have complicated health problems that may be caused by societal forces that are beyond a physician's ability to address. It is difficult to achieve good outcomes for these patients, and doctors who see poor, more complex patients can be financially penalized for doing so under quality-based payment models.

The new survey contrasts with another single-question survey Merritt Hawkins sent physicians last

August, asking doctors where they stand on single-payer. The majority of physicians responding to that survey indicated they are in favor of single payer. Combined, the two surveys suggest physicians may not be against government payers in principle, but that many do take issue with Medicaid.

I would be happy to hear what readers think about Medicaid work requirements and the general direction physician and other healthcare payments should take. ♦



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Healthy Heart

Stroke Prevention Drug Combo Shows Promise, Study Says

If you've had a minor stroke or a transient ischemic stroke (TIA), taking the clot-preventing drug clopidogrel along with aspirin may lower your risk of having a major stroke within the next 90 days, according to new research published in *The New England Journal of Medicine*.

An international study of 4,881 adults in 10 countries who either had a minor stroke or a TIA showed that people who took clopidogrel plus aspirin had a 25 percent lower risk of a major stroke, heart attack or death from blood clots within the three months after the first incident, compared with those who took aspirin alone.

"The study gives us solid evidence that we can use this drug combination to prevent strokes in the highest-risk people, but not without some risk of bleeding," said lead author Clay Johnston, M.D., Ph.D., dean and professor of neurology at Dell Medical School at The University of Texas at Austin.

Both minor stroke and TIA are warning signs that a person has a 3 to 15 percent chance of having a more severe stroke within the next three months. Minor stroke is one that results in mild, nondisabling symptoms. TIA, often called a warning stroke or mini-stroke, is caused by a temporary blockage in a blood vessel to the brain that often dissolves or dislodges on its own to stop symptoms. More than a third of U.S. adults have had TIA symptoms, according to the American Stroke Association.

The study also showed a small increase in the risk of hemorrhage in the clopidogrel-aspirin group compared with the aspirin alone group. For every 1,000 patients treated with the combination, an extra five major bleeds would be expected but with 15 fewer strokes and other major ischemic events. Because the bleeding events are generally reversible, the overall benefit outweighs the risk for most patients,



Johnston said.

"Of the 33 major hemorrhages that occurred in these 4,881 patients, more than half involved the gastrointestinal tract, and none of them was fatal. These largely preventable or treatable bleeding complications of the treatment have to be balanced against the benefit of avoiding disabling strokes," said co-author J. Donald Easton, M.D., professor of neurology at the University of California, San Francisco School of Medicine.

One previous trial in this area

showed that clopidogrel plus aspirin was effective in lowering risks but did not find the risk of hemorrhage.

"The results of this large international trial, when added to the results of previous research, provide evidence to support the use of clopidogrel plus aspirin for 90 days among patients with minor ischemic stroke and high-risk TIA treated within 12 hours," said Ralph Sacco, M.D., M.S., professor of neurology at Miller School of Medicine at the University of Miami.

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Financial Forecast Continued from page 3

carefully. Analyze your numbers, so you can find the point at which your practice can offer a motivating incentive to employees while increasing overall revenue.

Be persistent, not annoying

There is a fine line in collections between reminding your patients that they need to pay their bills and

harassing them. The FTC's Fair Debt Collections Practices Act (FDCPA) draws the line.

You should call patients to remind them of their debts and try to work out payment, but you must call during "reasonable" hours per the FDCPA. Between 8 a.m. and 9 p.m. are considered reasonable hours. Also,

calling by phone too frequently is in violation of the FDCPA, although what constitutes as too much is not defined. Violating the FDCPA can leave you open to a lawsuit.

Remind any collections staff to remain cordial in all interactions with patients. Patients are more likely to work toward payment with someone

friendly, rather than with someone they find threatening.

As it's the last step in the revenue cycle management, it's essential to improve patient collections. It would be a shame to let all the steps leading up to collection go to waste.◆

Legal Matters Continued from page 6

are using cloud-based services, those servers could be located outside of the U.S. or could be thousands of miles from your business' headquarters.

6. Does my policy cover physical breach? Claims relating to a cyber attack on your systems are covered, but what about physical breaches? Phone systems, security cameras and other systems that are controllable through the internet are all exploitable. It is important to have a clear understanding of which insurance product covers the physical aspect of a breach.

7. Who is my contact in the event

of breach? A set claims process following a cyber-security incident is something an increasing number of insurers are implementing. It is important to understand your insurer's policy and know who your point of contact will be in the event of a breach.

8. Can I get a reduction in premiums if I implement certain policies/procedures? Many insurers will offer you lower premiums or renegotiate your existing premiums if you can demonstrate you have taken concrete steps to manage your information security risks.

9. Does my policy cover PCI-DSS Assessments? One of the more common, and expensive, cyber liability risks is card payment processing information. The Payment Card Industry Data Security Standard (PCI-DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover. From these standards, the credit card industry sets assessments

for data breaches involving credit card information, and fines and penalties for violation of the PCI-DSS. Coverage for such liabilities often requires a specific policy or coverage type.

The question of whether other insurance policies provide coverage for cyber incidents is hotly contested, but one that can be expensive to litigate. For that reason, it is important to fully understand existing coverage of cyber incidents.◆

ADHD Continued from page 8

with her teachers and parents, patterns of disobedient behavior, and saying what she thought before taking time to consider the potential consequences of her actions. Betty believes that her subsequent diagnosis and treatment of ADHD helped her to learn how to better manage her impulses and accept her condition as part of who she is, and not view it as a negative aspect of who she is as a person. This case serves to illustrate a case where self-acceptance

resulted from the diagnosis of ADHD and led to Betty learning more about herself and how to better control the symptoms of the disorder.◆

Dell Children's Continued from page 5

Mental Health Unit is named after Nyle Maxwell's mother, a longtime volunteer at Dell Children's.

Kristi Katz, executive director of Dell Children's Medical Center Foundation said, "The new Grace Grego Maxwell Mental Health Unit

would simply not be opening without the generosity of this community. As a mom and member of Dell Children's staff, I am proud to know that I live in a place that wants to continually do better and be better."◆

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Healthcare Info

Continued from page 1

value and results, don't just select a common "brand name", select the best expertise and the best fit for your organization. When you consider the staggering cost of being hacked, the cost of a cybersecurity assessment is a very wise investment.

9. Thinking cybersecurity is only an IT problem: Cybersecurity is a company-wide responsibility. The Board of Directors, the CEO, and everyone in the organization must be properly educated, prepared, responsible, and focused on cybersecurity.

10. Not putting in the time: Take time to craft the appropriate, comprehensive plan, and sustain your cybersecurity focus: Engage a cybersecurity advisor that will help you quickly assess your needs, address your risks and sustain your protection. Your organization is counting on it!

Cybersecurity is vital for your future and doing it the right way makes all the difference.

Mark is a global technology leader that has advised and led the top healthcare organizations for more than

30 years. He currently serves as the President of Xtrii, www.Xtrii.com.◆

Oncology

Continued from page 4

HMOs, state Medicaid health organizations, and state employee health benefit plans to cover the cost of care associated with clinical trials as they would for patients receiving standard treatment. Insurance providers cannot legally cancel or refuse to renew coverage due to a patient's clinical trial participation. Also, costs not covered through insurance are sometimes covered by the clinical trial sponsor.

6. Cancer research needs you. Only 3 percent of eligible adult cancer patients participate in clinical trials. That low participation rate slows research development substantially and means that many eligible cancer patients may be missing out on more

effective treatments. To continue major progress in improvements in cancer care, researchers need more patients to participate.

7. Help yourself. Help others. Clinical trials allow patients to be actively involved in their healthcare through new treatments and expert medical care. Patients who participate in trials are on the frontlines of cancer research, helping to discover new prevention and treatment options that could mean the difference between life and death for future patients.

Cancer survivor Meriam knows firsthand that ongoing progress in cancer care depends on patients willing to test new drugs and treatments for themselves – and for future generations.

Lakshmi Balasubramanian, M.D., is a medical oncologist at Texas Oncology—Cedar Park, 1401 Medical Parkway B, Suite 412, in Cedar Park, Texas.◆

Healthy Heart

Continued from page 12

"This trial is likely to change practice since most clinicians and patients are usually willing to accept the increased risk of hemorrhage to offset the disabling impact of a stroke."

The research was part of the Platelet-Oriented Inhibition in New TIA and minor ischemic stroke (POINT) trial — a randomized, double-blind, placebo-controlled trial conducted between May 2010 and December 2017. It included patient information from 269 sites in 10 countries throughout North America,

Europe and Australia. Patients were included if they had a minor stroke or a transient ischemic stroke and were at high risk of having a major stroke.

"It's likely we will see more patients who have had a TIA or a minor stroke receiving the combination of clopidogrel and aspirin in the future," Johnston said. "If you've suffered from a minor stroke or TIA, it's important to see a physician immediately, even in the emergency room, to ensure you're taking steps to avoid a potentially debilitating stroke later on," he said.

"There are several tests that need to be done right away to determine the cause of the event and to make sure the best treatments are started as soon as possible."

Clopidogrel, known by the brand name Plavix, is a platelet inhibitor commonly prescribed to people who have peripheral artery disease or who have had a recent heart attack or stroke to prevent future cardiac or stroke events.◆

AUSTIN
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Bringing Healthcare News to the Forefront

**Published by Texas Healthcare
Media Group Inc.**

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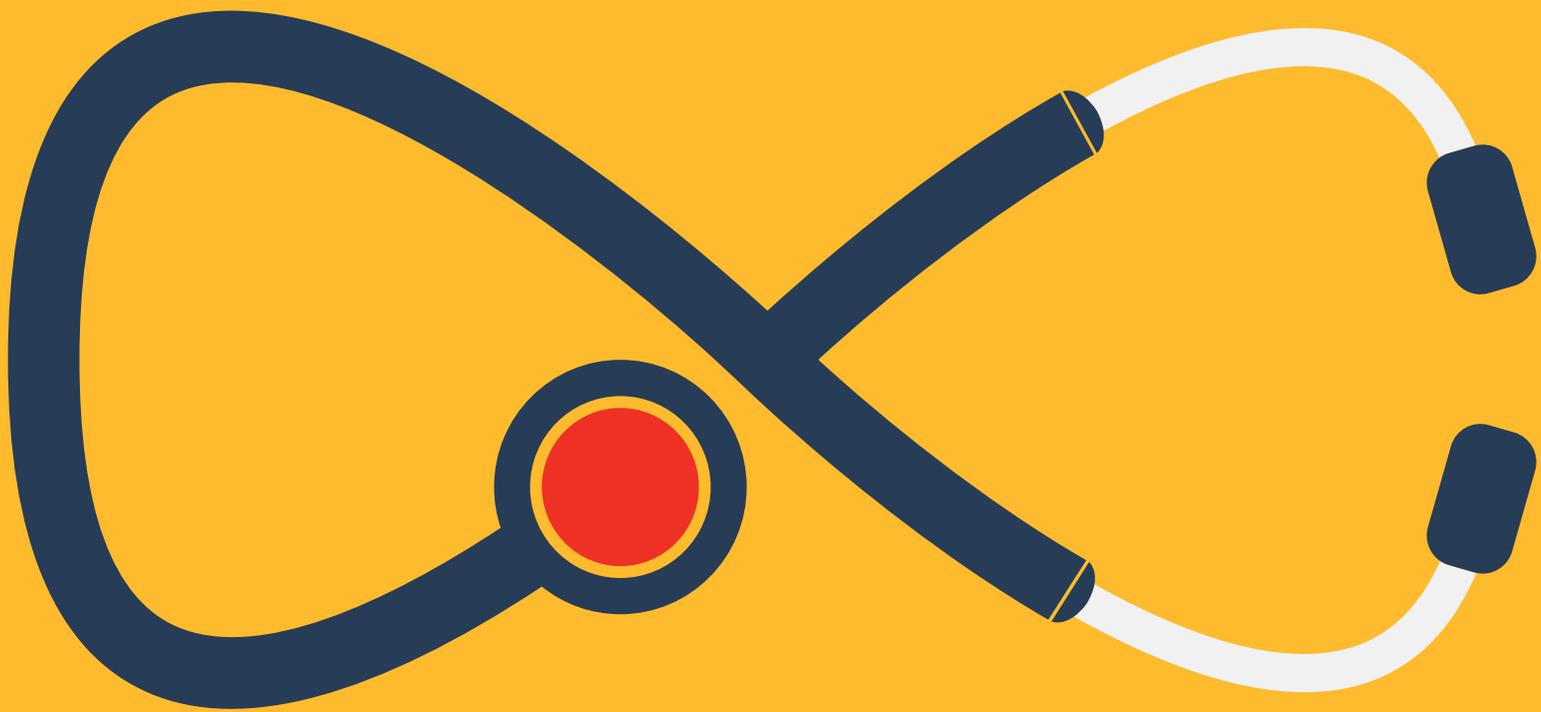
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