

Medical Times

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Bringing Healthcare News to the Forefront

August Issue 2018

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The Future of Family Medicine

By Jennifer Larson

No one can predict the future, but family medicine physicians and leaders have high hopes for their specialty over the next several years.

They envision that more people and organizations will recognize and embrace the value of primary care--and its providers.

They hope that health insurance companies and other payers will align their payments and reimbursements to family medicine physicians and other primary care providers accordingly.

They expect that more family physicians will share their experiences with medical students and residents and encourage them to consider a career in primary care.

And every family medicine physician can be an active part of achieving these goals, according to Glen Stream, MD, MBI, president and board chair of Family Medicine for America's Health (FMAHealth), a collaboration among America's top family medicine organizations.

Stream likes to quote management consultant, educator, and author Peter Drucker: "The best way to predict the future is to create it."

"We have to band together as colleagues and advocate with health plans and to employers and governments to get them to understand the need to look at primary care differently and pay for it differently and better," he said.

Physician shortages and demand for family physician jobs

According to the latest data from the U.S. Bureau of Labor Statistics in May 2017, there are approximately 126,440 family medicine physicians in the country today. Most are based in physicians' offices; in fact, family physician jobs in medical offices account for more than 83,000 of the total.



But will there be enough family physicians in the future?

In spring 2018, the Association of American Medical Colleges (AAMC) predicted that the physician shortage

recruiting assignments, according to the 2018 Review of Physician and Advanced Practitioner Recruiting Incentives, although the overall number has declined in recent years.

The Merritt Hawkins team reports strong demand for primary care physicians at a growing number of settings, including physicians trained in family medicine who work at urgent care clinics or telemedicine-based practices. Family nurse practitioners have also been climbing the list of the most requested candidates on Merritt Hawkins' annual review.

The AAMC's 2018 report predicted that demand for physicians will increase in the long run, with more emphasis placed on achieving population health goals such as helping patients reduce excess body weight; improve control of their blood pressure, cholesterol and blood glucose levels; and stop smoking.

These types of goals are directly in line with the type of care that family medicine physicians provide.

“The Association of American Medical Colleges (AAMC) predicted that the physician shortage could range from 42,600 to 121,300 physicians by 2030.”

could range from 42,600 to 121,300 physicians by 2030. Primary care physicians, including those who practice family medicine, represent a sizeable chunk of that shortfall.

Thus, family physicians continue to be in demand.

For the 12th consecutive year, family medicine physicians topped the list of Merritt Hawkins' most requested

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Financial Forecast

Best Practices for Paying Off Medical Student Loans



By Marcellus Davis,
Morgan Stanley

determining your interest rates, and gauging the grace periods of each loan. From there, calculate your total debt altogether so you can determine how much you can contribute to tackle the debt.

Once you have calculated your total debt, establish a budget that includes your loan payments. Many see their loan payments as optional items in their financial plan. However, it is imperative that you build a budget that includes your loans. Neglecting to pay off your loans will result in accrued interest and can inflate the total amount you owe. Furthermore, seeing your loan payments as optional can damage your credit score, making it difficult to buy a car or home. Keep in mind, loans are not like other debts; for example, if you file for bankruptcy, you are still obligated to make payments on your student loans. Therefore, you are responsible for creating a realistic budget that differentiates between necessities and luxuries. Even if you can afford more luxury items right now, you should wait for that luxury lifestyle until you have paid down your debt.

If you are feeling burdened by your medical student loan payments, you are not alone. In fact, over 86% of graduates carry debt from their education. Furthermore, the median debt for graduates of public medical institutions is over \$119,000 while that for private school graduates is nearly \$150,000. Those numbers can be overwhelming. However, there is a light at the end of the tunnel. Here are some financial tips to help ease the anxiety of paying back your student debt.

In order to develop a plan to tackle your loans, you must first arm yourself with knowledge. In this case, you will need to know everything there is to know about your loans: if your loans are federally or privately sponsored,



Next, decide what kind of payment plan best fits your needs. If you are someone who prefers to make one payment on one loan every month, then you might consider consolidating debts. Consolidating your loans may free up additional capital on a monthly basis for you to save and/or allow you to pay additional payments to reduce your balance more quickly.

However, if you do not choose to consolidate, be sure to review other payment plans that might better suit your needs. There are plenty of plans to choose from ranging from Income-Based Repayment plans to Standard Payment plans. Whatever

method you decide to go with, you should consider paying down the loans with the highest interest rates first. Another option is to try to refinance your loans at a lower rate so more money goes towards paying down the debt and less goes to the lender.

Other tips include applying cash windfalls to the loan and using the student loan tax deduction for the interest you pay on your student loans.

If your goal is to stay on top of your student debt and pay it off quickly, consider these strategies. Even if things seem tight, an expert financial advisor can help you find ways to stretch your dollar when it comes to your budget.◆



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Legal Matters

Expanding Medicare's Settlement Conference Facilitation Program



Mark S. Armstrong, JD and
Michael M. Besser, JD
Polsinelli, PC

Under current federal law, an Administrative Law Judge ("ALJ") is required to conduct and conclude an appeal of a Medicare Qualified Independent Contractor ("QIC") reconsideration decision no later than 90 days after the request for hearing was filed. Despite the statutory requirement, according to the Department of Health and Human Services ("HHS") Office of Medicare Hearings and Appeals ("OMHA"), the average processing time for an appeal is currently over three years (1,205.8 days). In an effort to reduce the massive Medicare appeals backlog, OMHA recently expanded

its voluntary Settlement Conference Facilitation ("SCF") program.

SCF is an alternative dispute resolution process designed to bring Medicare Part A and Medicare Part B providers/suppliers and the Centers for Medicare & Medicaid Services ("CMS") together to discuss the potential of a mutually agreeable resolution for claims at the third level of the Medicare claim appeals process. SCF utilizes an OMHA-employed facilitator who relies on mediation principles to initiate payment negotiations in order to achieve a mutually agreeable resolution. The facilitator neither makes official determinations nor serves as a fact finder, but attempts to help the provider/supplier and CMS recognize the relative strengths and weaknesses of their positions. If a resolution is reached, a settlement agreement is executed and the request for hearing or review for the appeals covered by the settlement is dismissed. If an agreement is not reached, the appeals subject to the SCF will return to ALJ's docket in the order in which



the request for review was originally received.

For a provider or supplier to be eligible for the expanded SCF process, the provider or supplier must:

- Be a Medicare provider or supplier with an assigned a National Provider Identifier (NPI);
- Have 25 or more SCF eligible appeals pending at OMHA and the Medicare Appeals Council ("Council") combined; or, less than 25 SCF eligible appeals pending at OMHA or the Council and at least one appeal has more than \$9,000 in billed charges;
- Not have filed for bankruptcy and/or expected to file for bankruptcy;
- Not have or have had False Claims Act litigation or investigations or

other program integrity concerns, including pending civil, criminal, or administrative investigations pending against them.

For an appeal to be eligible for the expanded SCF process, the appeal, among other things, must:

- Involve request(s) for ALJ hearing or Council review filed on or before November 3, 2017;
- Arise from a Medicare Part A or Part B QIC reconsideration decision;
- Meet all jurisdictional requirements for OMHA or Council review for the eligible appeals;
- Include all pending OMHA

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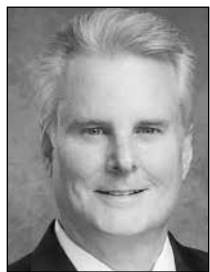
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New Technology

Password Protection Tips



By Mark Johnson
President, Xtrii

Technology and cybersecurity have rapidly evolved over the years, and your practices and protection need to evolve also. Technology hardware protection has improved over the years, so now hackers have shifted their focus from technical vulnerabilities to PEOPLE vulnerabilities. It's much easier for a hacker to trick you into unknowingly let them have access to your computer, password and/or sensitive information.

Hackers today target your sensitive and confidential information, and their top target is your healthcare information. There are many safeguards and techniques you can use to protect your healthcare data and other sensitive information, and a good place to start by improving your password protection.

Below are some of the top password-related threats, and how you

can protect against them.

1. Don't share your passwords with anyone. Your passwords are for your eyes only. Never provide your password or any sensitive information via email.
2. Use proper passwords that contain a combination of upper and lower-case letters, numbers, and special characters. Don't use your spouse's name, dog's name, or other easy to guess passwords. Hackers can use Facebook, Google, and other social media sites to gather family and public details about you.
3. Don't use the same password for your accounts: If a hacker is able to breach a company and steal your password, they will try that password for your bank, email and other accounts. Select a unique password for each account to limit the exposure and use a Password Manager to keep up with the unique passwords. The next tip will provide you Password Manager recommendations.
4. Use a Password Manager: Most people have numerous passwords to keep up with, and therefore they need a secure way of recording all



those passwords. A sticky note or a spreadsheet is not a secure means of protecting such sensitive information. Properly store your passwords with an encrypted Password Manager application, such as LastPass (www.lastpass.com), 1Password (www.1password.com), or eWallet (www.iliumsoft.com). They provide a mobile version for your phone, a PC/MAC version, and web version so that you will have your passwords available to you everywhere, the passwords will be synced up among all your devices, and you'll have the peace of mind that they are properly secured.

5. Use 2-factor authentication: Most email providers (including Gmail, Yahoo, and Microsoft), banks, and websites now offer 2-factor authentication. It's one of the most effective tools for protecting your account and sensitive information, and it's easy and quick to activate for your account.

For additional cybersecurity tips and insights, visit www.Xtrii.com. Mark is a global technology expert that has advised and led the top healthcare technology organizations for more than 30 years. He currently serves as the President of Xtrii, www.Xtrii.com. ♦



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Oncology Research Treatments Putting Chemo in the Backseat



By Allison Gorrebeeck, M.D., Texas Oncology—Austin North

Is chemotherapy for cancer treatment going the way of 8-track tapes and rotary dial phones?

While that overstates the situation, the trend away from chemo is clear as cancer care is changing rapidly.

Chemotherapy has been the primary way to treat cancer for decades, and its use will continue into the foreseeable future. But chemo's role as the centerpiece of most treatment regimens is expected to diminish

Multiple targeted therapies are available today. Some attack a single trait of the cancerous cell, while others attack several mutations within the cancer cells. Targeted therapies are often used in conjunction with other treatments including chemotherapy, radiation, and surgery.

Immunotherapy

Immunotherapy is one of most promising new frontiers in cancer care. This treatment boosts the body's immune system to fight cancer. Scientists design and create antibodies in a lab to target specific antigens in cancers. Once they're injected into a patient, the antibodies are on a mission to stop the 'bad' behaviors of cancerous cells. Because many immunotherapies do not affect healthy, normal cells,



over time as more innovative targeted therapy, immunotherapy, and radiation options continue to emerge. These new treatment methods attack specific cancer cells rather than a generic type of cancer and location. They also are producing better patient outcomes often with fewer side effects.

Targeted Therapy

Targeted therapies are advanced medicines that fight specific cancer with greater precision. Unlike chemotherapy, which focuses on all rapidly dividing cells, targeted therapies attack the specific genetic mutations that make cancer cells different from healthy cells.

Targeted therapies attack the genes, proteins, or tissue environment that contribute to cancer cells' growth and survival.

patients often experience fewer side effects.

CAR-T, or Chimeric Antigen Receptor T cell therapy, is a personalized therapy in which a patient's own blood cells are removed and reengineered in a lab to engage the immune system to attack cancer. The Food and Drug Administration first approved the CAR-T therapy in 2017 for specific types of lymphoma and leukemia after promising results during clinical trials. Earlier this year, Texas Oncology—Baylor Charles A. Sammons Cancer, in collaboration with Baylor University Medical Center, became the second facility in the state to provide groundbreaking FDA-approved CAR-T

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Healthy Heart Austin Celebrates 25th Anniversary of the Heart Walk



By Joel Rice,
Exec. Director,
Austin American
Heart and Stroke
Association

This year celebrates the 25th Anniversary of the Heart Walk. The American Heart Association's goal is to create a culture of health in our community and communities everywhere. The American Heart Association is working toward improving the cardiovascular health of all Americans by 20 percent, and reducing deaths from cardiovascular diseases and stroke by 20 percent by the year 2020.

The Heart Walk is held in 300 communities across the nation bringing together more than one million people on a mission to cure heart disease and stroke. More than a million people

across the United States are joining American Heart Association Heart Walks to take a stand against heart disease and stroke and help us all be Healthy For Good.

In October, more than 7,000 Central Texans will come together in Austin for the Austin Heart and Stroke walk, our annual free community-wide event. Each year, this walk celebrates all those touched by cardiovascular diseases and raises the critical funds that drive research and education. This year's Austin Heart & Stroke Walk will be held Saturday, October 20, 2018, at The Long Center in downtown Austin. The moment you contribute to the Heart Walk, your dollar is funding the kind of research that makes that ambition a reality.

The walk brings together corporate sponsors, walk teams, individual walkers, survivors of heart



disease and stroke and lifestyle change heroes who are all taking steps toward a healthier lifestyle while raising funds to combat heart disease and stroke, the No. 1 and No. 5 leading killers, respectively, of American men and women.

Our annual Heart Walk lets you see your dollars at work when you meet survivors of congenital heart disease,

heart attack, stroke and heart disease. Did you know that by participating in this annual walk you are making the difference that leads to big innovations and saving lives?

Funds raised through Heart Walk go toward groundbreaking

see Healthy Heart...page 13

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Bringing Healthcare News to the Forefront

Baylor Scott & White Health Now Offering Primary Care in San Marcos

Baylor Scott & White Health began offering primary care services at its clinic in San Marcos. Baylor Scott & White Clinic – San Marcos opened in January as the health system’s third location in Hays County and southernmost facility. This location expands access to high-quality, coordinated Baylor Scott & White

primary and specialty care for area residents. Clinic services include family medicine, pediatric gastroenterology and adult neurosurgery, as well as convenient access to diagnostic X-ray and laboratory services.

“With a clinic in Kyle and a hospital soon to open in Buda, we have demonstrated our commitment to Hays County,” said Colleen Sundquist, regional vice president of clinic operations, Baylor Scott & White Austin/Round Rock. “We’re proud to provide access to primary care services in San Marcos and excited to introduce the area to our integrated model.”

The Baylor Scott & White model provides greater care coordination using a single electronic medical record that allows hospital and clinic teams to work together seamlessly. “The coordinated model helps improve the patient experience and prevent unnecessary medical tests while aiming to reduce the time a patient spends in the hospital,” said Sundquist.

“San Marcos is a growing community with students, retirees and families of all ages, which is why I was excited to move from New Braunfels,” said Rachel McGinnis, family medicine physician, Baylor Scott & White Clinic – San Marcos. “I’m eager to begin building relationships with patients in the area to address their needs and help achieve their best possible health.”

Baylor Scott & White Clinic – San Marcos, at 1340 Wonder World Drive Suite 2300, San Marcos, TX 78666, will be open Monday- Friday

from 8 a.m.-5 p.m. It is located roughly 15 miles south of Baylor Scott & White Clinic – Kyle and 20 miles south of the future location of Baylor Scott & White Medical Center – Buda, scheduled to open in 2019.

The new clinic joins more than 30 Baylor Scott & White facilities spanning Travis, Williamson, and Hays counties to provide for care for Central Texans. For more information on Baylor Scott & White’s services in the Austin/Round Rock Region, visit: ATX.BSWHEALTH.COM◆



Dr. Rachel McGinnis.



Baylor Scott & White Clinic Lobby –San Marcos.

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Dell Children's Medical Center of Central Texas has been verified as a Level I Children's Surgery Center by the American College of Surgeons Children's Surgery Verification Quality Improvement Program (ACS CSV). This elite designation recognizes Dell Children's specialized pediatric care for the most complex surgical patients, from premature infants to adolescents.

Dell Children's is the only Level I children's surgery center in Central Texas and the eleventh children's hospital in the nation to achieve this distinction.

"Infants and children have specialized needs," said Nilda Garcia, M.D., FACS, surgeon-in chief and medical director of children's surgery at Dell Children's Medical Center. "The medical literature shows they have

better clinical outcomes when cared for in hospitals with appropriately trained personnel and equipment specifically tailored to their needs. This verification from the American College of Surgeons assures families that the team at Dell Children's is fully prepared to provide the highest-quality care, specifically designed to meet the needs of children."

Dell Children's is part of Ascension, the largest nonprofit health system in the U.S. and the world's largest Catholic health system.

Dell Children's offers highest level of surgical care, close to home

A Level I children's surgery center verification means that Dell Children's is specially equipped to provide patients and their families a robust level of surgical care, in all



major pediatric specialties for children of all ages, right here in Austin.

To become a Level I surgery center, Dell Children's met essential criteria for staffing, training, and facility infrastructure and protocols for pediatric surgical patients. The verification process also included an extensive site visit by an ACS team of experienced children's surgeons, anesthesiologists and nurses who review the center's structure, process, and clinical outcomes data.

"As only the eleventh children's hospital in the United States to achieve

Level I verification, Dell Children's Medical Center is in the top tier of medical facilities providing high-quality surgical care for infants and children," said Deb Brown, R.N., B.S.N., M.H.A., vice-president chief operating office at Dell Children's Medical Center. "We take immense pride in this achievement, as it underscores our commitment to providing the highest quality care to the children of Central Texas."◆

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Texas Agency Helps to Attract Pediatric Cancer Researcher to Dell Medical School

Made possible by a \$2 million recruitment grant from the Cancer Prevention and Research Institute of Texas (CPRIT), The University of Texas at Austin has hired cancer researcher John Powers, Ph.D., as an assistant professor of pediatrics at Dell Medical School. He will work closely with the medical school's Dell Pediatric Research Institute, Department of Oncology and LIVESTRONG Cancer Institutes; and with cancer researchers at the university's College of Pharmacy.

The recruitment grant comes through CPRIT's First-Time, Tenure-Track Faculty Member Awards, which aim to recruit distinguished cancer researchers to Texas institutions. To date, CPRIT has awarded \$1.98 billion in grants to escalate the fight against cancer.

Powers is an alumnus of UT Austin, where he received an

undergraduate degree in Microbiology and earned his Ph.D. in Molecular Genetics and Microbiology. He is currently a research associate in the Division of Hematology/Oncology at Boston Children's Hospital. His appointment at UT Austin begins Aug. 1.

"This is exciting news for Dell Med, the university and our local community, especially considering that cancer is the leading cause of death in Travis County," said Gail Eckhardt, M.D., chair of oncology and director of the medical school's LIVESTRONG Cancer Institutes. "We are building a powerhouse team focused on revolutionizing cancer care, and groundbreaking research is a critical part of this effort."

In his work, Powers focuses on understanding the underlying genetic mechanisms leading to pediatric neuroblastoma, a rare type of cancer



that forms in certain types of nerve tissue and often affects young children. In the U.S., neuroblastoma accounts for approximately 6 percent of childhood cancers.

Poor prognosis in neuroblastoma is frequently driven by a gene with the potential to cause cancer known as MYCN. Powers' research has led to a greater understanding of how this gene becomes amplified and dysregulated, a situation that leads to neuroblastoma.

"His novel discoveries have

opened several new avenues of cancer research, in particular identifying new therapeutic targets for treating this disease," said John DiGiovanni, Ph.D., a researcher at the Dell Pediatric Research Institute and associate director for basic research in the LIVESTRONG Cancer Institutes. "In addition to valuable expertise, Dr. Powers also brings an important

see Dell Medical School...page 14



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Future of Family Medicine

Continued from page 1

Shifting payment models could benefit family medicine

Family medicine physician David Hatfield, DO, and his colleagues with the Hatfield Medical Group in Arizona already focus on population health management and value-based healthcare delivery, so a shift toward value-based payments is a positive move for their type of practice. It acknowledges and rewards them for what they do to help people live healthier lives, while cutting costs.

The value-based care model is solid because it's based upon collected data, noted Jim Schafer, who serves as population health strategist for Hatfield Medical Group. "Value-based care isn't going away," he said.

In the future, payment models could be refined to acknowledge everyone's need for primary care while differentiating it from insurable events,

suggested Stream.

He explained that people need ongoing care—including prevention and wellness—that starts at birth and continues throughout their lives. Many also need consistent management of chronic illnesses that tend to develop with age.

Payment for this type of ongoing primary care could be separated from insurance-based payment for events, like care for a person who was injured in a car accident and needed trauma services or suffered a stroke and needed rehabilitation.

"We are advocating for a greater understanding of how primary care can help with not just individual people and families, but communities and the whole country—and for the payment system to recognize that," said Stream.

If payment is better aligned with the care that family physicians provide,

it could be an incentive for more young doctors to consider this specialty, and possibly make a dent in the predicted shortage. That could strengthen the primary care workforce.

Hatfield wants young doctors to know that they can make a real difference in people's lives if they choose to practice family medicine.

"If you love relationships, then go into primary care," he said.

Where will family medicine jobs be?

So where will those future family physician jobs be?

An ongoing trend toward physician employment, and away from private practice ownership, may continue to affect family medicine physicians.

An updated study on physician practice arrangements released by the American Medical Association (AMA) in May 2017 noted that it's becoming

less common for physicians to own an independent practice.

The study found that practice ownership for physicians declined from 53.2 percent in 2012 to 47.1 percent in 2016. At the same time, a growing number of physicians took on employed positions; that percentage grew from 41.8 percent in 2012 to 47.1 percent in 2016.◆

Healthy Heart

Continued from page 8

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Our annual Austin Heart and Stroke walk is a pet-friendly, family-friendly walk and is free and open to the public. We have a competitive 5K chip-timed race as well for runners and it has a \$40 registration donation. By participating in the Heart & Stroke Walk, you help build the healthier future envisioned in our mission.

We are looking forward to you lacing up and joining us for the 2018 Austin Heart and Stroke Walk. The event opens at 7:00am. The timed 5K Race starts at 8:30am and the 5k Walk begins just after that, at

9:00am. For more information or to register for the walk, visit www.AustinHeartWalk.org.

For More Information--

The 2018 Austin Heart & Stroke Walk is made possible by Healthy For Good™ platform sponsors Texas Mutual and Seton, and is presented by Abbott and Samsung, with dozens of local companies, community groups, church groups, and families participating and supporting at all levels. For a full list of sponsors, please visit www.AustinHeartWalk.org.

For healthy lifestyle tips, tools and hacks you can actually use to get Healthy For Good, visit www.heart.org/healthyforgood. Join the movement!◆

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Legal Matters

Continued from page 4

and Council appeals associated with a single NPI and corresponding Provider Transaction Access Number (“PTAN”);

- Not be scheduled or have had conducted an ALJ hearing;
- The billed amount of each individual claim must be \$1,000,000 (one million) or less.

⇒ Settlement agreements with individual claims, or extrapolated overpayments, of \$100,000 or less will be fully executed when CMS and the appellant sign the settlement agreement.

⇒ Settlement agreements with any individual claims, or extrapolated overpayments, in excess of \$100,000 (and up to

\$1,000,000) will be subject to U.S. Department of Justice (DOJ) approval prior to full execution by CMS and the appellant.

- Not be involved in OMHA’s Statistical Sampling Initiative;
- Not be actively engaged in a CMS Low Volume Appeals settlement option, the QIC Demonstration Project, or the CMS Serial Claims Initiative;
- Not involve items, services, drugs, or biologicals billed under unlisted, unspecified, unclassified, or miscellaneous healthcare codes;
- Not involve payment disputes; and
- Not arise from a QIC or ALJ dismissal order.

Expanding the SCF program is

a recent attempt by HHS to address the backlog of Medicare appeals. Providers or suppliers who participate in the SCF program should have realistic expectations as they approach the “settlement” process and should carefully consider the strength their claims. Because the ALJ overturns more than half of the alleged overpayments, it may be prudent for some providers/suppliers to forego the expediency of the SCF program and continue waiting for an evidentiary hearing before the ALJ, despite the present backlog of appeals.◆

Oncology

Continued from page 6

therapy for large B-cell lymphoma.

Vaccines are another form of immunotherapy. Physicians remove immune cells and create a vaccine specific to individual patients and their cancers. The vaccines may boost the immune response. They can also help prevent recurrence, because the immune system has a “memory” of how it previously fought diseases.

Radiation

With major technological advancements, radiation oncology is light years ahead of where it was 10 to 15 years ago. For example, highly targeted stereotactic body radiation

therapy (SBRT) can now be used to treat stage IV metastatic breast cancer. Proton therapy – an ultra-precise form of radiation – is another treatment option for some patients with cancer in highly sensitive areas.

Patients should speak with their doctor about whether targeted therapy, immunotherapy, or radiation – or a combination of treatment methods – is the most effective, appropriate option for their cancer.

While chemotherapy remains the primary form of cancer treatment, it is increasingly taking a back seat to more precise, effective, and safer

alternatives.

Sanjay Sethi, M.D., is a medical oncologist at Texas Oncology—Sugar Land, 1350 First Colony Blvd. in Sugar Land, Texas. ◆

Dell Medical School

Continued from page 11

interdisciplinary and collaborative approach to his work.”

Collaboration is key to achieving Dell Med’s goal of more quickly translating research discoveries into

better health outcomes for patients, said Chris Webb, Ph.D., the school’s associate dean for research and chief research officer. “Beyond recruiting for expertise, we are interested in

attracting researchers to UT Austin who will thrive in a collaborative environment.” ◆

AUSTIN
Medical Times
Bringing Healthcare News to the Forefront

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

Editor

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