

Medical Times

AUSTIN

Bringing Healthcare News to the Forefront

December Issue 2018

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Dell Medical School Launches Data Hub to Accelerate Biomedical Research, Advance Health

Dell Medical School at The University of Texas at Austin is accelerating innovation and research by creating a Biomedical Data Science Hub to help solve complex research and clinical problems.

Imagine having a complicated scientific question: How do we predict who will be diagnosed with Type 2 diabetes based not only on clinical and family history, but also on lifestyle, community factors, work life and medical history?

The answer could improve the lives of millions because it could lead to early, simple, preventive interventions. That's the power of big data analytics in health care: It uses huge amounts of a population's data and state-of-the-art analysis methods to boil it down to a small core of information to potentially help prevent individual illnesses and large-scale epidemics, cure disease, personalize medical care, reduce expenses and more.

Currently, Dell Med's data core scientists are carefully extracting and curating health data from myriad sources to provide a fuller, more detailed picture of all the factors — clinical and nonclinical — that



affect our community. But the data are scattered and can be difficult and time-consuming to work with and understand.

The Biomedical Data Science Hub will tap into that data and figure out the best way to use that data effectively and efficiently to answer important, timely local questions, such as how to

prevent and best treat diabetes. It will help analyze the data to fully represent the target population, advise whether to use classical analyses versus the latest machine learning technique, and assist in identifying other resources at UT Austin that could help optimize

see Dell Medical... page 12

New Hearing Center at Dell Children's Opens Hearing Center at Dell Children's Offers Advanced Technology, Coordinated Comprehensive Care

Children with hearing loss have special needs as they learn and grow. Navigating and coordinating their care can be complicated and at times stressful. The new Hearing Center at Dell Children's Medical Center of Central Texas offers the first centralized, comprehensive care for diagnoses, treatment and therapy for people with hearing loss. The new center was featured on KXAN News.

Five out of every 1,000 children

are impacted by hearing loss, according to the Centers for Disease Control and Prevention. The center's family-centered team approach ensures that each patient and family receives seamless care, from initial evaluation to rehabilitation.

"The new center

see Dell Children's... page 14



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Financial Outlook

What are the Obstacles to Physicians Wealth?



By Gail Stalarow
Vice President
at Morgan Stanley

Many Americans stereotypically think of physicians as rich. And while, many doctors eventually enjoy a fruitful career, most physicians are not wealthy upon completion of medical school. There are many obstacles to gaining wealth and managing it as a physician.

Late Career Start

A physician's career starts later than most of their peers in other industries. While attorneys and accountants may also stay in school longer and incur more debt, a doctor's path through education is considerably longer. Moreover, depending on the specialty, a physician may be in school well into their 40's.

High Student Loan Debt

We all know that student loan debt is a real obstacle to starting savings. How can you begin to put money toward retirement when you are just trying to manage your student loan payments? In 2016, the average medical school debt was \$180,000 according to the Journal of the American Medical Association. Additionally, as young doctors begin to get married, have children, and buy a house, more debt can accrue as they borrow additional money or put expenses on credit cards, it can be overwhelming.

Unsuitable Savings Plans

Let's face it, doctors are not always the best at asking for help. Physicians are used to people asking them for the answers, and therefore, aren't always good at seeking out information for themselves. The problem is that doctors may follow bad or trendy financial advice or try winging it on their own. This may result in inappropriate investment plans, such as day-trading, disproportional stock allocations within asset classes, or taking on incorrect risk, be it too high



OR too low.

The Good News

The good news is that with a solid financial plan and smart preparation, everyone, including physicians, may be able to find positive outcomes. Luckily, there are strategies to help doctors focus on savings, allowing you to retire more comfortably. Follow some of these tips designed to help remove obstacles to wealth.

Start Saving Now

Although your career may get started later than your college roommate's, do not get bogged down in fear of your financial future. Start saving now. You most likely had a smaller salary as a resident. Once you are in private practice, you may be making a significant 6-figure income. Resist temptations to splurge until you have a steady savings plan.

Invest this money in your retirement. Additionally, ensure you are continuing to make payments on any debt, be it medical school loans, credit card bills, or other methods where you borrowed money.

Refinance your Student Loans

Do not get overwhelmed with your student loans. Come up with a plan to pay them off. You may want to refinance or consolidate your loans. The new loan will likely have a new minimum payment which may help you put money toward retirement or to your dream of opening your own practice.

Finding the Right Investment Strategy for You

Take this time to ask questions and read up on the right investment

see Financial Outlook...page 14



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Legal Matters

NPDB Quietly Announces October 2018 Guidebook



Alexis L. Angell, JD and
Adam D. Chilton, JD
Polsinelli, PC

The National Practitioner Data Bank (“NPDB”) recently published an updated NPDB Guidebook. Unlike the previous April 2015 update to the 2001 edition, the NPDB did not issue a provisional Guidebook or provide opportunity for public review or comment. Most of the Guidebook is unchanged; however, there are significant revisions that potentially expand reporting obligations regarding adverse actions against practitioners’ clinical privileges, including the following:

• **New Language: Proctoring Reportable After 30 Days**

If proctoring is imposed as a result of a professional review action related to professional competence or conduct and the period of proctoring lasts for more than 30 days, the action must be reported to the NPDB.

• **New Section: Length of Restriction**

In an apparent response to the 2017 federal court decision in *Walker v. Memorial Health System*, No. 2:17-CV-00066-JRG, 2017 WL 514325 (E.D. Tex., February 8, 2017), the NPDB added a new section to Chapter E entitled “Length of Restriction” to the 2018 Guidebook. The section clarifies that any clinical privilege action that results from a professional review action that adversely affects a practitioner’s clinical privileges for a period of more than 30 days must be reported to the NPDB, regardless of the manner in which the restriction is written. Thus, the “restriction begins at the time a practitioner cannot practice the full scope of his or her privileges and is reportable to the NPDB once that restriction has been in place for 31



days.”

• **New Question and Answer 22: Agreement Not to Exercise Privileges May Be Reportable**

The NPDB takes the position that a practitioner’s “agreement not to exercise privileges” pending an investigation is a form of “restriction” that is reportable as an “acceptance of the surrender of clinical privileges or any restriction of such privileges . . . while under investigation.” This statement is a significant departure from past protocol because informal agreements not to exercise privileges pending an investigation have generally been understood to be non-reportable

if in effect for 30 days or less.

• **New Question and Answer 24: Reappointment Review May Be an Investigation**

A practitioner’s resignation of privileges and membership while a reappointment application is pending, or a withdrawal of the pending reappointment application, may be reportable if circumstances support that the practitioner was under investigation at the time of the resignation or withdrawal.

• **New Question and Answer 25: Quality Improvement Plans May**

see Legal Matters...page 14



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St. David's Healthcare Earns Approval to Classify Nursing As "Apprenticeable" Occupation

St. David's HealthCare is the first hospital system in the nation to receive U.S. Department of Labor approval to classify registered nursing as an "apprenticeable" occupation. As a result, the hospital system will begin applying the criteria for the apprenticeship program to its current Registered Nurse Residency program.

The Registered Nurse Residency Apprenticeship at St. David's HealthCare incorporates an evidence-based, structured framework for seasoned registered nurses to mentor new registered nurses. The transition from student to professional practice under the revised federal classification enables new nurses to gain additional training under the guidance of those with greater practical experience.

"This program has a direct effect on patient care, as it allows us to recruit newly licensed nurses and assist in their professional training and development as they transition from

nursing school to hospital-based care." Sheila Fata, chief nursing executive at St. David's HealthCare, said. "The residency enhances the competency of new nursing graduates by providing them with the support and hands-on training they need, ultimately improving patient outcomes and patient safety and leading to higher new graduate retention rates."

Additionally, the residency program reduces work stress and increases job satisfaction among those entering the field. It also builds a pipeline capable of producing more than 300 trained registered nurses.

"Now that St. David's HealthCare has laid the groundwork to ensure nursing is recognized and registered as an 'apprenticeable' occupation, hospital systems across the country can apply to develop similar residency programs," Fata said.

St. David's HealthCare



With more than 117 sites across Central Texas, St. David's HealthCare includes seven of the area's leading hospitals and is one of the largest health systems in Texas. The organization has been recognized with a Malcolm Baldrige National Quality Award—the nation's highest presidential honor for performance excellence. St. David's HealthCare is the third-largest private employer in the Austin area, with more than 10,200 employees.

St. David's HealthCare is a unique partnership between a hospital management company and two local

non-profits—St. David's Foundation and Georgetown Health Foundation. The proceeds from the operations of the hospitals fund the foundations, which, in turn, invest those dollars back into the community. Since the inception of St. David's HealthCare in 1996, more than \$430 million has been given back to the community to improve the health and healthcare of Central Texans.◆

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Oncology Research

Creativity and Cancer: Using Art To Help With Healing



By Jane Chawla, M.D.,
Texas Oncology-
Austin Central

It's no secret that enduring great challenges often ignites creativity. As renowned scientist Neil deGrass once said, "The most creative people are motivated by the grandest of problems that are presented before them." As an oncologist, I've seen many cancer patients turn to creative expression, sometimes almost unintentionally and often with great deliberation.

Every patient travels a unique, personal "cancer journey." It's different for everyone, but there are common threads – tightly bound and woven together like a colorful canvas – representing shared experiences. These shared experiences are sometimes

creative person, you may be surprised once you find an artform you enjoy.

Here are a few things to keep in mind as you find ways to use creativity to cope with cancer:

- **Find balance.** If fitting creative pursuits into your busy schedule feels impossible, it may be a sign it's time to slow down. Balance is key to health and wellness, particularly for those with cancer. You may not feel well every day, and it's understandable to want to use the days you're at your best to take care of your obligations. Setting aside time to explore your creative side in the midst of it all can help you find balance and relax.
- **Express yourself.** The decision to talk about your cancer is an intensely personal and private one. That's why some people choose to use art as a way of telling their story from their own unique perspective and in a unique way. Whether sharing your art widely or keeping



revealed through creative expression, or art.

Being creative can be therapeutic and may help with healing. Whether it's taking up a new hobby or musical instrument, joining a choir or dance group, writing, or taking art classes, there are countless opportunities for cancer patients to engage in artistic endeavor as a coping strategy.

What qualifies as art? The answers are as diverse as the patient journey itself – there's no right or wrong way of defining it. What matters is whether it supports the healing process and promotes a sense of emotional or spiritual wellbeing. Even if you don't think of yourself as an artist or a highly

it private, keep in mind there are no boundaries – just free expression of your thoughts and ideas.

- **Find a partner.** Finding a partner to join you in your creative pursuits is not only fun, it helps strengthen connections with those close to you. Family, caregivers, and friends are usually fair game, but don't shy away from joining a community art class or finding a local support network.

Interested in tapping into your creative side, but not sure what to do or where to begin? Check out your

see Oncology...page 12

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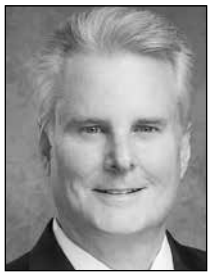
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New Technology Holiday Technology Gifts That Are Improving Healthcare



By Mark Johnson
President, Xtrii

It's that time a year. You are looking for the right gift for the special people on your holiday shopping list. And technology and gadgets are frequently listed on the gift lists. In the past, technology items were often just neat gadgets or novelties that were entertaining. But now, technology gifts can provide significant healthcare benefits. So, as you look for that special technology gift, consider one of the options listed in this article that has a healthcare benefit.

Smartwatch:

Smartwatches continue to evolve and provide new and improved health and tracking features. For example, the new Apple Watch 4



has many beneficial healthcare features, such as:

- Heart rate tracking – tracks your heart rate throughout the day and provides a history that can show heart rate ranges and anomalies.
- ECG functionality that is endorsed by the American Heart Association and approved by the FDA. While it won't replace a doctor's visit, it does add valuable insight.
- Activity monitoring – tracks your activity level and provides a history. How often are you working out? How long did you walk on the treadmill? What was your heart rate during the workout? It provides this helpful information that can help you monitor your

workouts and overall activity level. It even provides healthy reminders to stand-up throughout the day, or to relax and take some deep breathes.

All these features combine to provide a very helpful tool that can promote better health. There are numerous reports of people losing weight and improving their overall health by adding this technology into their life.

Voice assistants:

Voice Assistants, such as Amazon Alexa and Google Assistant, are changing the way you input and request information. They are more than just a convenience. They can also provide a lifestyle improvement for people that experience mobility or dexterity challenges.

The ability to request help, retrieve information, and interact using voice can be life changing for those with disabilities or elderly that are not able to use keyboards or traditional



technology methods.

If you need help or want to look up healthcare information, just ask your new Voice Assistant. Amazon offers a line of various Amazon Echo devices. Google and Apple have similar offerings.

Improve Communications:

Need to check on an elderly family member or someone with a disability. Video conferencing technology makes it easier to communicate with them, and visually see their health status. The new video

see New Technology...page 12

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Healthy Heart

Updated Guidelines Suggest a Lifetime Approach to Managing Cholesterol



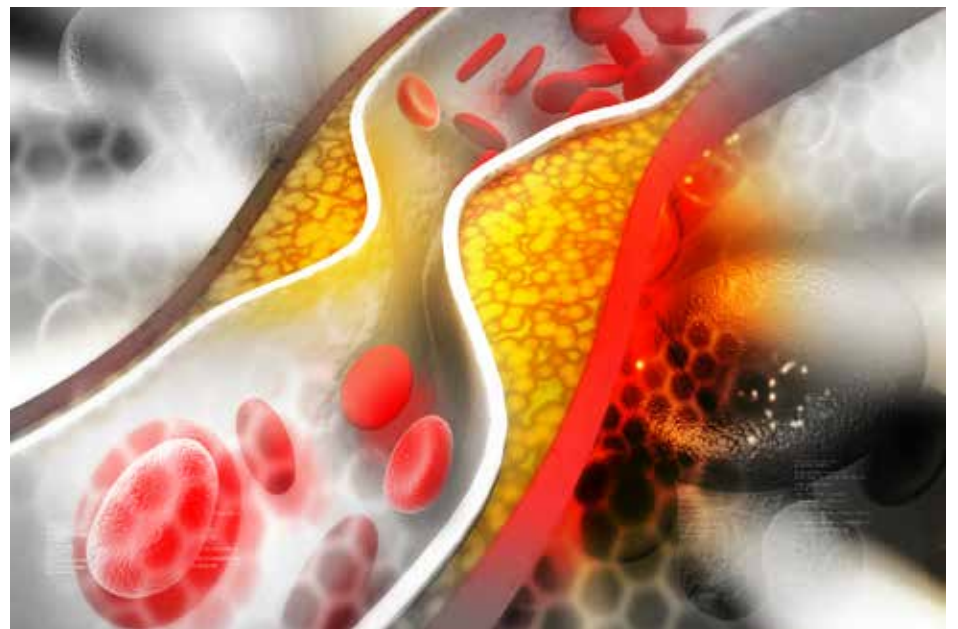
By Joel Rice
American Heart Association

In Austin we are grateful for all the support year round our volunteers and donors give to us. Part of your dollars fund ground-breaking research for healthier living. Last month the updated cholesterol guidelines were presented at the American Heart Association's 2018 Scientific Sessions conference in Chicago, the premier annual global forum for the latest advances in cardiovascular science for researchers and clinicians.

More personalized risk assessments and new cholesterol-lowering drug options for people at the highest risk for cardiovascular disease are among the key recommendations in the updated cholesterol guidelines.

These updates reinforce the importance of adopting a healthier lifestyle and ultimately prevention. They help identify those who may be at risk for cardiovascular disease and address those risks early. Having high cholesterol, at any age, can increase a person's lifetime risk for heart disease and stroke. A healthy lifestyle is the first step in prevention and treatment to lower that risk.

Nearly one of every three adults in America have high levels of low-density lipoprotein cholesterol (LDL-C), considered the "bad" cholesterol because it contributes to fatty plaque buildups and narrowing of the arteries. About 94.6 million, or 39.7 percent, of American adults have total cholesterol of 200 mg/dL or higher, while research shows that people with LDL-C levels of 100 mg/dL or lower tend to have lower rates of heart disease and stroke, supporting a "lower is better" philosophy.



The guidelines now urge doctors to talk with patients about "risk-enhancing factors" that can provide a more personalized perspective of a person's risk, in addition to traditional risk factors such as smoking, high blood pressure and high blood sugar to address under or over-estimated risk in some individuals. Risk-enhancing factors include family history and ethnicity, as well as certain health conditions such as metabolic syndrome, chronic kidney disease, chronic inflammatory conditions,

premature menopause or pre-eclampsia and high lipid biomarkers. This additional information can make a difference in what kind of treatment plan a person needs.

Recognizing the cumulative effect of high cholesterol over the full lifespan, identifying and treating it early can help reduce the lifetime risk for cardiovascular disease. Selective cholesterol testing is appropriate for

see Healthy Heart...page 12



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St. David's Medical Center, Including Heart Hospital of Austin, Named Among Nation's 50 Top Cardiovascular Hospitals by IBM Watson Health



In November, St. David's Medical Center, including Heart Hospital of Austin, was named one of the nation's 50 Top Cardiovascular Hospitals by IBM Watson Health™. This is the fifth year the combined hospital campuses have earned this distinction. Prior to being consolidated under

St. David's Medical Center, Heart Hospital of Austin was recognized with this honor six times.

St. David's Medical Center, including Heart Hospital of Austin, is one of three Texas hospitals to earn this designation and the only hospital in Austin to be recognized this year.

This designation is especially significant because 30 of this year's Top 50 Cardiovascular Hospitals were teaching hospitals, and only 20 were non-teaching hospitals, including St. David's Medical Center.

"We are honored to be recognized among the 50 Top Cardiovascular Hospitals in the nation once again, as it underscores our commitment to providing the highest level of cardiovascular care," David Huffstutler, chief executive officer of St. David's HealthCare, said. "This designation is the direct result of the dedication of our physicians, nurses and staff."

The Watson Health 50 Top Cardiovascular Hospitals study uses 2016 and 2017 Medicare Provider Analysis and Review (MedPAR) data, 2017 Medicare cost reports (2016 if 2017 reports were not available) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare

data published in the second quarter of 2018. Hospitals were scored in key value-based performance areas: risk-adjusted mortality, risk-adjusted complications, percentage of coronary bypass patients with internal mammary artery use, 30-day mortality rates, 30-day readmission rates, severity-adjusted average length of stay, wage- and severity-adjusted average cost per case and, new this year, CMS 30-day episode payment measures.

If all cardiovascular providers in the U.S. performed at the level of this year's winners (based on Medicare patients only), results industry-wide

see Top 50...page 14



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Improving Patient Outcomes After Heart Attack

Research Finds that a Common Protein May Help “Fine Tune” Inflammation Following a Heart Attack—and Determine How Well the Patient Will Do

By Christina Sumners

An American has a heart attack about every 40 seconds. Many factors contribute to how well a patient does after a heart attack, or myocardial infarction, to use the technical term. The two biggest factors are the size of the initial infarction (the obstruction of the blood supply) and the efficiency

times, it is greater than it should be and actually causes harm. Balancing the inflammatory response is the key—and the challenge.”

Chang’s approach involves a protein called RhoE, which might be able to fine tune that response. Using an animal model that doesn’t have any



of the recovery process.

One way to improve the recovery process might be to fine-tune inflammation after a heart attack, and researchers at the Texas A&M Institute of Biosciences and Technology uncovered a potential new approach in the journal *Circulation*. There are possible ways to improve recovery, and those are exciting because they significantly reduce heart attack patient mortality and the associated severe complications, such as arrhythmia and aneurysm, and make the healing process of the injured heart smoother.

“After a heart attack, there is a massive inflammatory response, which is a double-edged sword,” said Jiang Chang, MD, PhD, professor at the Institute of Biosciences and Technology Center for Translational Cancer Research and corresponding author of the paper. “The body built this inflammatory response to rescue tissue and repair injury, but many

RhoE, he and his team were able to show that lack of this protein causes an intense inflammatory response and poorer heart function.

In fact, the researchers created a patient-oriented model to test whether reducing RhoE could mimic what happens in patients with a poor prognosis after a heart attack and found that it could. This is likely due to the excessive inflammation, which leads to larger infarctions, decreased contractility of heart muscle and increased risk of death.

“This is a new biomarker that can help predict the patient’s outcome, but perhaps more importantly, it is also a potential new therapeutic target,” Chang said. “We hope to be able to finish these preclinical studies in the next four years, and then we may be able to move potential new drugs targeting RhoE into clinical trials.” ♦

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Dell Medical Continued from page 1

the study's potential so the results could quickly and efficiently inform clinical and public health practice.

"To increase the pace of innovation in health, high-quality data needs to be ubiquitous and analysis much richer, and that's what we're trying to achieve with the data hub," said Clay Johnston,

M.D., Ph.D., dean of the medical school.

"UT already has so much strength in this area, and now it's about directing that toward the key questions in health including addressing health inequities in our community," Johnston said.

"The Biomedical Data Science Hub is the next natural component to complement Dell Med's data core, because that's how we will be able to target the right problems with the right approaches and know whether the improvements made are actually working for individuals and the community as a whole," said Bill

Tierney, M.D., chair of Dell Med's Department of Population Health.◆

Oncology Continued from page 6

local community center or local events calendars for resources near you. You may also find resources and information online about creativity as a way of coping with cancer. Perhaps the easiest way is to simply get started. Find a creative project and pursue it.

The emotional and physical toll

cancer takes can hinder a patient's desire to do something unfamiliar or different. It's also hard to find motivation when energy isn't easy to come by, particularly during treatment. Yet I am constantly inspired by my patients who use art in its various forms to help them cope and tell their own

truths about their cancer experience on their terms. I'm proud to work for a network that supports patients as they find new ways to express themselves on their cancer journey.

Jane Chawla, M.D., is a medical oncologist at Texas Oncology–Austin Central, 6204 Balcones Drive in

Austin, Texas. For more information, visit TexasOncology.com.◆

New Technology Continued from page 8

communication offerings are very affordable and easy to operate. Here's a few options to consider:

- Modern smartphones have built-in video calling capabilities, such as Apple Facetime on iOS phones, or Google Duo for Android phones.
- Amazon Show – Voice assistant that also provides video conferencing and a "drop-in" feature.
- Desktop video conferencing: Just simply use the webcam built into your laptop or add a webcam to your PC. Then use a video

conferencing service such as Skype or Zoom to connect you with one or more family and friends. Both Skype and Zoom offer free service options.

Bring the whole family together for a face to face conversation this holiday season with this easy to use technology.

Telemedicine

To provide convenient access to medical care for someone that is remote or is challenged with traveling to a physician's office, check out

the rapidly improving telemedicine options. Offerings such as Teladoc.com bring the doctor to you.

When you are shopping for the right gifts this holiday season, consider these technology ideas that can bring better health and convenience to your loved ones. Happy Holidays!

Mark Johnson is a global technology leader that has advised and led the top healthcare organizations. He currently serves as President of Xtrii, www.Xtrii.com. For additional information on healthcare technology

and to see more of Mark's technology tips and insights, visit www.Xtrii.com.◆

Healthy Heart Continued from page 9

children as young as two who have a family history of heart disease or high cholesterol. In most children, an initial test can be considered between the ages of nine and 11 and then again between 17 and 21. Because of a lack of enough evidence in young adults, there are no specific recommendations for that age group. However, it is essential that they adhere to a healthy lifestyle, be aware of the risk of high cholesterol

levels and get treatment as appropriate at all ages to reduce the lifetime risk of heart disease and stroke.

This lifespan approach to reducing cardiovascular disease risk should start at an early age. Kids may not need medication but getting them started on healthy behaviors when they're young can make a difference in their lifetime risk. When high cholesterol is identified in children,

that could also alert a doctor to test other family members who may not realize they have high cholesterol, because awareness and treatment can save lives.

The 2018 guideline updates aim to provide all Americans with the chance to live longer, healthier lives by recommending more detailed risk assessments to help health care providers better determine a person's

individualized risk and treatment options. For more information on how you can take steps to lower your cholesterol go to – <https://www.heart.org/en/health-topics/cholesterol/about-cholesterol>.◆



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- Dog spa with bathing and grooming options



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Dell Children's Continued from page 1

provides a wide range of auditory, diagnostic and therapeutic care for children and adults in one location," says Corrie Roehm, M.D., director of the Hearing Center at Dell Children's.

"From diagnoses to speech therapy, every step of the way our team is able to help them reach their full potential."

Located in the Strictly Pediatrics Building next to Dell Children's, the center offers the following services, all under one roof:

- Hearing aids and bone-anchored hearing devices

- Cochlear implant candidacy evaluations and mapping services
- Both medical and audiological management onsite
- Rehabilitative hearing care such as speech and auditory-verbal therapy
- Coordination of complex hearing care to include educational, individual and family counseling ♦

Financial Outlook Continued from page 4

strategy for you and your family. You are an expert in the medical field; allow financial professionals to guide you on saving, investing, and debt reduction. One size does not fit all. However, you can do simple things like max out your 401(k) or IRA and ensure your

investments are diversified. Educate yourself and become financially literate. Additionally, you may also want to seek guidance from a financial advisor.

By following these tips and staying on top of your savings, retirement, and

investment plans, doctors can take steps towards a comfortable retirement and enjoy the fruits of their labor in their post-medical career years.♦

Legal Matters Continued from page 4

Be Reportable as Restrictions and May Qualify as Investigations

Here, the NPDB states that if a quality improvement plan is (1) a result of a professional review action relating to a practitioner's competence or conduct, and (2) restricts the practitioner's privileges for more than 30 days, the plan itself may be reportable itself as a restriction of privileges.

• New Question and Answer 31: Requirement to Operate with a Qualified First Assistant May Be Reportable

The NPDB addresses a specific example in new Question 31 regarding whether the requirement that a surgeon operate "only with a qualified

first assistant" for more than 30 days is a restriction of privileges and requires reporting. If such a requirement is "imposed on one specific surgeon, is a professional review action about professional competence and [or] conduct, and runs for more than 30 days," it is reportable as a restriction of privileges.

• New Question and Answer 46: Lapse of Privileges During an Investigation is Reportable

Question 46 provides the following example: A physician is up for reappointment and the Medical Executive Committee recommends non-renewal. The physician is entitled to a hearing based on the recommendation, but the hearing cannot occur before the physician's privileges lapse at the end of their two-year term. Under the new

guidance, such a non-renewal of privileges is reportable to the NPDB at the time of non-renewal, even though the hearing has not been held, as a non-renewal while under investigation.

• New Question and Answer 49: Reporting a Court Order Changing a Prior Report

The NPDB describes a reporting entity's obligation once a court order has changed a hospital's initial adverse clinical privileges action.

Determining whether an action taken against a practitioner must be reported to the NPDB is highly fact-specific and many circumstances need not be reported. Nevertheless, the NPDB's 2018 Guidebook update reemphasizes that the NPDB reporting mandate will continue to be interpreted broadly.♦

Top 50 Continued from page 10

could amount to more than 10,300 additional lives saved, \$1.8 billion saved and 2,800 additional bypass and angioplasty patients without medical complications.

The winning hospitals were announced in the November 5th edition of Modern Healthcare magazine. For more information, visit 50TopHospitals.com. St. David's Medical Center

St. David's Medical Center, which is part of St. David's HealthCare, is a full-service medical center offering comprehensive medical care at three locations—St. David's Medical Center, Heart Hospital of Austin and St.

David's Georgetown Hospital.

Located in Central Austin, St. David's Medical Center includes a 374-bed acute care hospital and a 64-bed rehabilitation hospital providing comprehensive inpatient and outpatient care. It is home to the internationally renowned Texas Cardiac Arrhythmia Institute and St. David's Neuroscience & Spine Institute. The hospital provides a complete range of women's services, including its acclaimed maternity unit, maternal-fetal medicine, a high-risk maternal and neonatal transport team, the region's largest Level IV Neonatal Intensive Care Unit and The Breast Center; complex surgical services; a comprehensive Bariatric Surgery Center; and a 24-hour emergency department. In 2018, St. David's Medical Center was named among

the Top 50 Hospitals in the nation by Healthgrades.

Heart Hospital of Austin, which is part of St. David's HealthCare, is a 58-bed hospital and one of the highest performing cardiovascular facilities in the nation, specializing in the diagnosis and treatment of cardiovascular disease. It features a comprehensive 24-hour emergency department; an advanced Executive Wellness Program; five operating rooms (ORs), including two hybrid ORs; three catheterization labs; and two electrophysiology labs. It is home to one of the largest non-academic cardiovascular research programs in the world.♦

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How to Talk to your Healthcare Provider about Cholesterol and Heart Disease



If you have high LDL cholesterol, understanding your risk for heart disease is one of the most important things you can do.

By working together, you and your healthcare provider can decide the best treatment plan for your specific needs.



These Questions Can Help You Start the Conversation

- What do my cholesterol numbers mean? Do I have a cholesterol goal? Do you think my cholesterol levels are due to my lifestyle, to my family history, or a combination of both?
- How long will it take to reach a healthier cholesterol level?
- How often should I have my cholesterol levels checked?
- Do you think I'm at risk for a heart attack or stroke? Are my family members at risk?
- What else contributes to my risk?
- Is this something I should be concerned about now?
- What lifestyle changes can I make now to lower my risk for heart disease? Do I need to lose weight, and if so, how much? Are there foods I should eat or avoid?
- In addition to lifestyle changes, are there medications that I can take to lower my risk?
- Is there something I can do to help prevent a heart attack or stroke? Will I need to take cholesterol-lowering medicine?
- If statins or other medications are important for me, how will I know if they're making a difference? When would you like to see me next?
- What resources can help me learn more about this?

For more information go to - www.heart.org/cholesterol

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