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HOUSTON Medical Times

Bringing Healthcare News to the Forefront

February Issue 2013

American Heart Association's Go Red For Woman Turns 10

By Shelly Millwee and Delaina Johnson, American Heart Association

This February, American Heart Association's Go Red for Women movement will turn 10 years old. Since 2003, women have been fighting heart disease individually and together as part of this important health movement. They have proudly worn red, shared stories of survival and begun to understand the truth about women's hearts and how heart disease can be prevented. As a result of the campaign, more than 627,000 women have been saved from heart disease and 330 fewer women are dying per day.

"We should all feel empowered by this amazing accomplishment and use it as motivation to continue to fight this deadly disease. We can truly make a difference," said Amber Baker, Senior Vice President, American Heart Association. "Now is the time to shout louder, stand stronger and demand change. It's time to come together in a movement that is not just FOR women, but BY women."

Heart disease continues to be the number one killer of women taking approximately one in every three women's lives each year. These women are mothers, wives, sisters, daughters and friends losing their life every minute. Many are not aware that more women suffer from heart disease than all cancers combined.

Since 1949, the American Heart Association has spent more than $3.4 billion on research to increase our knowledge about cardiovascular diseases and stroke. The AHA's research programs have contributed to many important scientific advances, including the first artificial heart valve, techniques and standards for CPR, implantable pacemakers, treatment for infant respiratory distress syndrome, cholesterol inhibitors, microsurgery and drug-coated stents. Based on this research, the association is able to offer the following recommendations to encourage a healthy lifestyle:

- Be Active: By getting at least 150 minutes of moderate physical activity each week you can reduce your risk of heart disease. Without regular physical activity, the body slowly loses its strength and ability to function well. Being active is as important as reducing calories in helping you lose weight! And it's good for your heart, lungs, bones, muscles and mind. Regular physical activity helps lower your risk of heart attack, stroke, high blood pressure and other health problems.
- Body Mass Index: About 145 million American adults are overweight. Of these, more than 74 million are considered obese. Women who are overweight or obese are more likely to develop heart disease and stroke, even if they are young or have no family history of heart disease. Make it your mission to stop heart disease in women by achieving and maintaining a healthy weight. Obesity is unhealthy because excess weight puts more strain on your heart. It can raise blood pressure and blood cholesterol and can lead to diabetes. Losing weight is one of the best ways to reduce your risk of heart problems and other diseases.
- Healthy Eating: A healthy diet and lifestyle are some of your best weapons to fight cardiovascular disease. Nutrient-rich foods have vitamins, minerals, fiber and other nutrients, but are lower in calories. The American Heart Association recommends that you eat a wide variety of nutritious foods daily. Vegetables and fruits are high in vitamins, minerals and fiber - and

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Muscle building gets a boost with a blend of soy and dairy see pg 16

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Legal Health

Some Physicians See Temporary Increase in Medicaid Reimbursement

Marilyn Robertson, Associate Healthcare Attorney Brown McCarroll, L.L.P.

With the enactment of the Affordable Care Act (ACA), millions of Americans will be newly eligible to receive care through Medicaid and the new health insurance exchanges. ACA expanded eligibility for Medicaid to 133% of the federal poverty level in 2014. The ACA also required states to increase Medicaid payments equivalent with Medicare payments for the same primary-care services for 2013 and 2014. The federal government is financing 100% of the differential between the Medicaid fees in place as of July 1, 2009 and Medicare fees for 2013 and 2014. Centers for Medicare & Medicaid ("CMS") estimates approximately $11 billion will close the gap.

Despite Texas opting not to expand Medicaid under the ACA guidelines, some Texas Medicaid physicians will still receive higher reimbursement rates. Texas Medicaid rates for certain physician visits and vaccine administration changed effective January 1. Since the state was late promulgating the regulations, the state and the Medicaid Managed Care Organizations (MCOs) will be making retroactive payments to providers and services that qualify under these federal regulations. Note, this fee increase does not apply to the federally-qualified health centers and rural health clinics encounter rates because these facilities are reimbursed on a facility cost basis. However, those facility encounter rates will increase in 2013 due to the scheduled annual adjustments.

CMS and many physicians believe the rate increase is a step in the right direction to increase provider participation and support for the newly insured Medicaid beneficiaries. Nationwide, Medicaid fees will increase by an average of 73% in 2013, but the impact will vary among states. For example, six states (California, Florida, Michigan, New Jersey, New York, and Rhode Island) will more than double their current rates, while nine states will have fee increases of less than 25%. Only two states (Alaska and North Dakota) will not be impacted, as their Medicaid fees are already above Medicare levels. For Texas, the rate increase is approximately 66%.

While the temporary rate increases are encouraging, many specialty physicians were excluded from the enhanced payments and are clamoring for the policy to be applied more broadly. The ACA was fairly prescriptive in terms of the types of physicians who would qualify for this pay increase. Only physicians who deliver primary care services in the fields of family, general, internal or pediatric medicine are eligible, as are subspecialists of those fields. Eligible physicians must be board certified, or at least 60% of the codes they submitted to Medicaid in 2012 must have been for primary care services. CMS allows nurse practitioners and physician assistants to qualify for the pay increase, provided they are under the supervision of eligible physicians.

Conversely, some specialty physicians, such as oncologists and OB-Gyns, contend they should have been added to the list of specialties eligible for enhanced payments. Those physicians contend that CMS is overlooking their

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Mental Health

The Family, the Caregiver and the Aging or Ill Parent

By KRIS KERLIN, M.A. LPC-S, Founder of the Center for Stress Management

Many elderly adults work to maintain good health, but sometimes despite their efforts, they are still debilitated by health and mental health problems including dementia, bipolar disorder, obsessive compulsive disorder, delirium, Alzheimer's disease, that change their ability to care for themselves, the quality of their lives and their way of living. Some elderly who find themselves in this situation have little choice except to rely on their adult children as their caregivers.

Assuming the role of caregiver to a once active and vibrant parent who is now an aging parent that may be afflicted with a serious, chronic or long-term health or mental health condition is sometimes a challenge. This role reversal is emotional, life change and affects the parent, the caregiver and the family.

With more people living longer, becoming a caregiver to a parent is common. In the U.S. there are 65.7 million caregivers that make up 29% of the U.S. adult population providing care to someone who is ill, disabled or aged according to the Family Caregiver Alliance.

As both a professional caregiver working with patients and families affected by illness and as a caregiver to several special people in my own life, I have come to personally know the impact of aging and illness on families. When a parent ages or becomes ill, the impact is felt throughout the family system. For those caring for an elderly parent, there are some common issues that affect the entire family:

- Money. A shift in economic resources to increase support for the aging and ill parent. often households need to be combined or specialized housing that addresses the needs of the aging or ill family member needs to be sought. The cost of healthcare, which may have been a minimal expense previously, may become a primary expense.
- Relocation. The family or part of the family may need to relocate to access specialized care or to be in closer proximity to caregivers.
- Roles changes. Physical limitations from aging or illness may mean that tasks previously performed by the ill or aging parent (earning income, cooking, lawn care, family gatherings, child care, etc.) need reassigning or outsourcing.
- Emotions. The emotional climate of the family can change, especially if the aging or ill parent maintained the "emotional life" of the family. While some family members are bound to have conflict or different ideas about the parent's condition and how to handle it; this can also be a time of increased closeness and stronger relationships.
- Social interaction. Sometimes families build a bigger social, support group to meet the increased demands of caring for an aging or ill parent. Sometimes families withdraw from social interactions to conserve their energy for the increased demands of caregiving.
- Religion and spirituality. The spiritual life of the family may increase in importance as existential issues become a focus.

Family dynamics are also affected by the age and developmental stage of each person in the family as well as the relationship and attachment an individual has with the aging or ill parent. This is a major factor in how the parent responds to caregiving and the caregiver.

A few steps families can take to help make the caregiving transition easier:

see Mental Health page 18

Marketing Essentials

Will the Walgreens ACOs bring real competition to healthcare?

By Michael J. Krivich, FACHE, PCM

Last week with the CMS announcement of an addition 106 ACOs, scant attention was paid to who those ACOs were awarded too. Buried in the 106 new ACOs announcement, you will find the Walgreens Company had three market applications awarded to them in partnership with 3 physician groups. The ACOs are in Texas, Florida and New Jersey. Their employer worksite clinics have been certified as medical homes. It is rumored that Walgreens is making plans for their own private health insurance exchange. A formidable competitor in the retail clinic space, they just became the 800 pound gorilla in the room.

I have written about Walgreens eight separate times and their retail health efforts that would fundamentally change healthcare from a competitive and marketing standpoint. And for the most part the reaction has been "it's just a fad and the consumer won't go for it."

Are you paying attention now?

This make perfect sense and is another important development in the "retailization" of healthcare.

Who's brand do you think will make more of an impact when the time comes for people to enroll in ACOs, your hospital, health system or brand new name for the ACO, or Walgreens and the associated physicians?

Who has more brand impact and recognition when someone drives by, your hospital or a Walgreens?

Who provides better customer and patient experience, you or Walgreens?

Who completely understands the market, consumer healthcare needs and can price appropriately and aggressively the service to make it attractive to the healthcare consumer, you or Walgreens?

Who is going to be able to mount a formidable consumer marketing campaign that is research driven that will deliver the intended enrollments and ROI, you or Walgreens?

Anyhow, you get the idea.

There is a lot more and I for one do not doubt the ability of the brain trust over on Wilmot Ave in Deerfield, Illinois to pull this off and be successful along any number of quality, outcome or financial measures. After all, I worked for them for a couple of years as the senior marketing manager responsible for all specialty pharmacy marketing and understand how they think, work and accomplish things. So this isn't a surprise for me and makes perfect sense. Fits right in with the Take Care retail clinic, Workplace Health the employer worksite clinics, specialty pharmacy,home infusion, respiratory care and durable medical equipment businesses they have been building since 2007.

If you weren't serious about upgrading your marketing talent, resources and operations for getting ready for some real competition in healthcare, you better. Walgreens entry into ACOs changes the healthcare competition and marketing game.

Now, where are those hospitals, ambulatory surgical centers, free-standing diagnostic centers and nursing homes for sub-acute care that will build out their retail healthcare system? ▼

Money Matters

Where Do You Fall On The Fiscal Cliff?

By Margaret Sucré-Vail
Sucré-Vail Wealth Advisors

The American Taxpayer Relief Act (ATRA) of 2012 is far reaching for high income earners. I will review how the act affects Income, Capital Gains, Estate and Gift Tax Changes as well as Healthcare Surtax.

For individuals with incomes over $400,000 ($450,000 for married tax payers, $425,000 for heads of households) the new tax rates are 43.4% on ordinary income; maximum 40% estate tax rate; with dividends and capital gains taxes at a new rate of 23.8%. This includes the new 3.8% Medicare "surtax" due to the threshold amounts. (Single taxpayers - $200,000; Married taxpayers - $250,000 and Estates/ trusts - $11,950 i.e., top income tax bracket in 2013)

The new law makes permanent for 2013 and beyond the lower income tax and capital gains rates, notwithstanding the end of the payroll holiday.

In addition, a 0.9% health care surtax on wages and self-employment earnings for Single Taxpayers $200K/ Married taxpayers filing jointly $250K, there is no employer match on this tax.

Possibly, the best of all is the permanent fix to the AMT for tax years beginning after December 31, 2011. The new exemptions amounts for 2013 are projected to be $51,900 for single and head of household; $80,750 for married filing joint

as well as qualified widow(er)s, the exemption and phase-out amounts are indexed.

The new law is no grand bargain as was hoped for by the president and many lawmakers. The new law will serve as a stop-gap measure to prevent the middle income tax payers from higher taxes due to the expiration of the Bush –era tax cuts.

One area the legislation (ATRA) does not clearly address is how the new 39.6% ordinary income tax rate and the 20% capital gains rate apply to Trusts and Estates…..

Moreover, ATRA provides no threshold amounts at which the 39.6% bracket would start. Thus, the 39.6% bracket should not apply to trusts and estates. Our sources in Washington contacted the Joint Committee on Taxation about this question and were told without any explanation that the 39.6% rate applies to trusts and estates. Hopefully, the Joint Committee explanation will quickly clarify the issue.

The ATRA contains two significant

provisions that may impact Charitable Giving:

1.) ATRA revives the limitation on the itemized deduction (Pease Limitation) and the personal exemption phase-out (PEP) as income rises above the following threshold amounts for single Taxpayers $250K; Head of Households $275K; married filing jointly or surviving spouse $300K and married

filing separately $150K. These amounts are adjusted for inflation after 2013.

With the reinstatement of "Pease limitations," could impact and limit the economic benefit of charitable

see Money Matters page 19

New Technology

Top 5 Reasons 2013 Is The Year of Moving To The Cloud.

David A. Wanner
Executive Vice President
Corporate and Healthcare Strategic Alliances for Reach IPS

For the last 20 years I was a SVP & Chief Information Officer and worked in multiple hospitals, healthcare systems. I was responsible for overall strategic planning, capital budgets, implementations and cultural transformation for all the facilities. In that time, I had 2 main questions asked of me: "How can we support our IT system needs when technology changes so rapidly?" and "How can we implement technology while we need our capital dollars for brick and mortar projects?"

To respond to those questions, here are the top 5 reasons why 2013 is your year to move to the cloud.

1.Save on your capital expenses and increase your benefits over time.

A lot of people do not like to put out the capital it takes to get the software and hardware up and running, so the Cloud allows companies to turn things into an operational expense, more affordably upgrade to the most current technologies, and implement without all the capital expenditures that have to go on. As noted in a September 2012 report from Nucleus Research, switching from your on premise systems to the cloud reduces technical consulting costs by 40% and support personnel costs by 25%. Additionally, ROI is increased 1.7 times more than using your current on premise solutions. Physicians and Clinicians depend on real time data and real time access anyplace at any time.

2.Seamlessly work from anywhere and drive productivity.

The real benefit of the Cloud is the ability to access to your data no matter where you're personally located. This is

accomplished without having to incur additional resource costs and without the need for a host computer running at your location. As long as you have either a land based internet signal or a wireless signal, you can still securely access your data anywhere using any device of your choice.

3.No extra cost for security, disaster recovery or compliancy.

Everything is done in private clouds so when it comes to Hospitals, Clinics, ancillary facilities and their PHI data, there is no risk. Everything is HIPAA and SOX compliant. Disaster recovery is built in to the cloud, so there is no need to set up a disaster recovery plan or to spend extra money implementing a plan. The cloud is extremely secure. I think someone would have an easier time going into a hospital and hacking into their system at a premise level than they would getting into the Cloud, so that is a real benefit to users.

4.Go Green.

You're actually being greener and reducing your costs when implementing a Cloud environment by:

- Using less energy: If you're not buying SAN's or servers, you're also not buying the electricity needed to power these, as they require energy

see New Tech page 20

The Framework

New Texas Children's Pavilion for Women OB/GYN practice now open in Pearland

Texas Children's Hospital offers continuum of specialized care to Pearland community as OB/GYN practice opens next door to new facility for Texas Children's Pediatrics

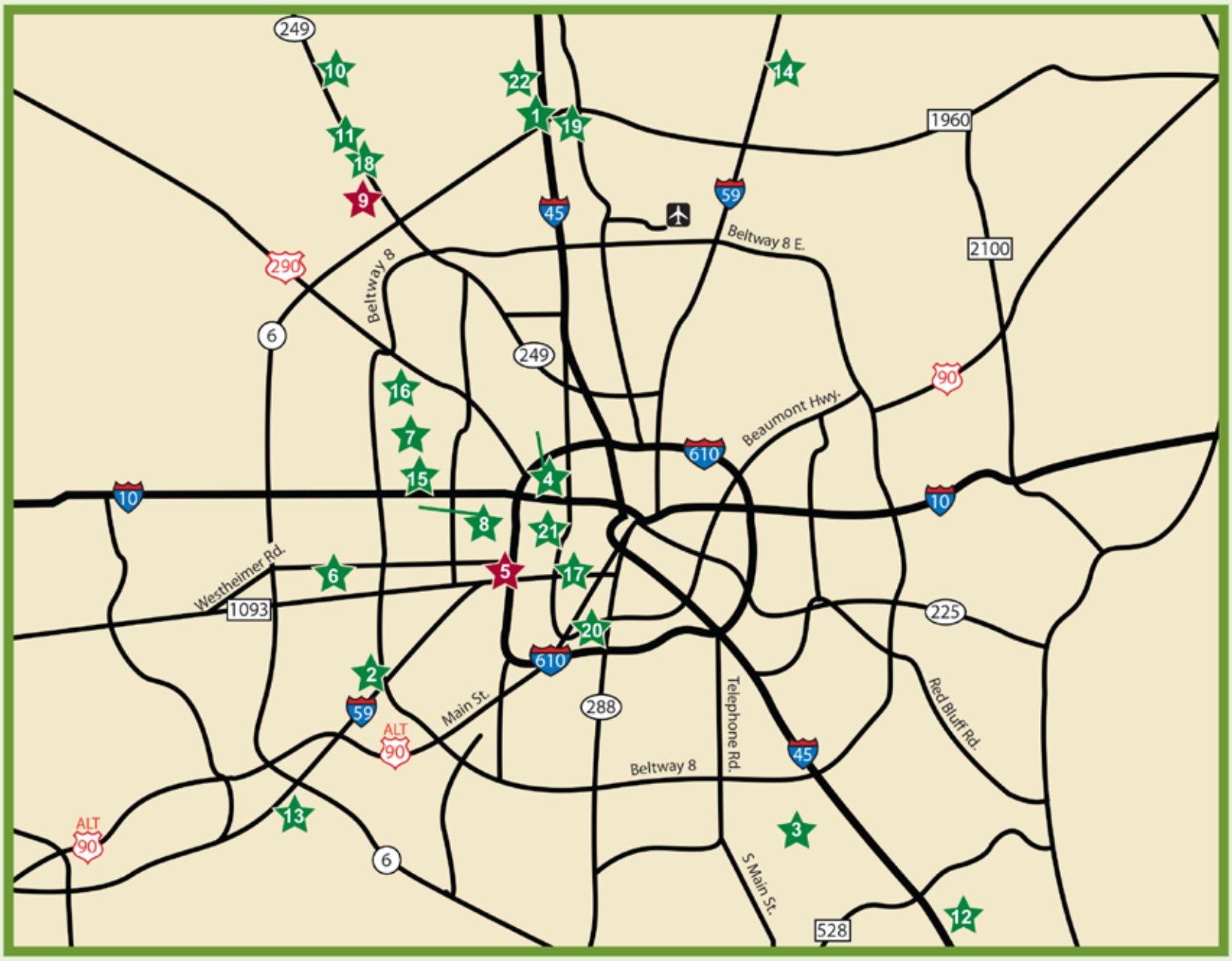
Texas Children's Pavilion for Women, Houston's premier hospital for women's, fetal and newborn health, opened its first community-based OB/GYN practice in Pearland recently. The new OB/GYN practice brings the Pavilion for Women's leading expertise closer to home by offering outpatient services, making it more convenient for women to receive preventative care, sub-specialty gynecology services and pre-natal checkups in their community. The new practice is located at 9003 Broadway Street in Pearland, next to the new location for Texas Children's Pediatrics Pearland, which opened on Dec. 17.

"Texas Children's Hospital expanded into obstetrical and gynecological care to fulfill our mission to improve long-term outcomes for babies and children by providing great care for their moms, even before they become mothers," said Cris Daskevich, senior vice president of Texas Children's Pavilion for Women. "By opening an OB/GYN practice next door to Texas Children's Pediatrics Pearland, we can provide the Pearland community with a continuum of specialized care starting before pregnancy and continuing throughout the childhood and adult years." Pearland was a natural choice for Texas Children's to open a community-based OB/GYN practice because of the area's dynamic growth rate and its proximity to Texas Children's main campus in the Texas Medical Center, Daskevich added.

The new OB/GYN practice is staffed by two Baylor College of Medicine OB/GYN physicians, Drs. Beth Davis and Kelly Hodges. In addition to a full range of regular gynecological and pre-natal care, the practice will soon offer sub-specialty services as well.

"Many of the women we care for at Texas Children's Pavilion for Women are currently driving to the medical center for their regular OB/GYN services," said Dr. Laurie S. Swaim, chief of gynecology at Texas Children's Pavilion for Women and division director of gynecology and obstetrics at Baylor College of Medicine. "With this new clinic, women in the Pearland area will only need to travel to the Pavilion for Women for more specialized gynecological care, surgery or delivery."

Located in the heart of the Texas Medical Center, Texas Children's Pavilion for Women is designed to care for a woman throughout her life and offers a full range of obstetrical and gynecological services, beginning before conception and continuing after delivery. The 15-story, $575-million state-of-the-art Pavilion for Women is one of the few hospitals worldwide to offer a full spectrum of maternal and fetal medicine services including an array of fetal diagnostic procedures and highly specialized fetal surgeries. Level II and Level III NICU care is provided in 36 private rooms, four of which are specifically designed to accommodate multiples. A two-story circular sky bridge connects the Pavilion for Women to Texas Children's West Tower and Clinical Care facilities, enhancing patient care by providing physicians, staff and patient families with rapid access to all patient care facilities.



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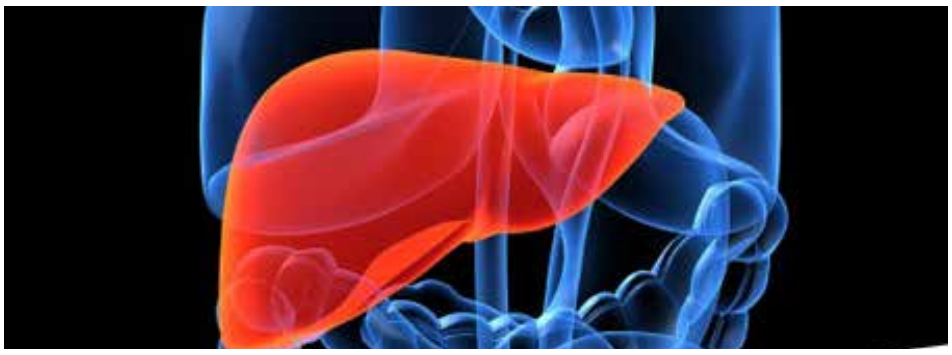
Hospital News

Survival Rates Exceed National Averages for Houston VA Liver Transplant Program



The survival rates for patients receiving liver transplants at the Michael E. DeBakey VA Medical Center (MEDVAMC) exceed national averages at statistically significant levels according to the Scientific Registry of Transplant Recipients.

"The Michael E. DeBakey VA Medical Center's program for the treatment of liver disease is among the most advanced in the country," said Samir S. Awad, M.D., Operative Care Line executive and an associate professor in the Michael E. DeBakey Department of Surgery at Baylor College of Medicine. "Given that we provide excellent care for Veterans with end-stage liver disease preoperatively and postoperatively, the ability to meet their transplantation surgical needs is a tremendous advantage."

According to the Scientific Registry of Transplant Recipients, the MEDVAMC Liver Transplant Program's one-year patient survival rate is 97.06 percent, compared to an expected survival rate of 90.30 percent and the national hospital average of 89.53 percent. The program's three-year patient survival rate is 83.33 percent, compared to an expected survival rate of 73.93 percent and the national hospital average of 79.85 percent. The expected survival rate reflects the health condition of the program's transplant patients.

Besides being the busiest surgery program in the Department of Veterans Affairs, MEDVAMC is well-known for tackling the most complex surgical cases, with patients usually older and in poorer health than other hospitals. Featuring advanced robotic surgery technology, the hospital's surgery department was the first VA to use a computerized, operating room real-time location system to improve the effectiveness and efficiency of day-of-surgery operations by directly coordinating and supporting surgeons, anesthesiologists, nurses, patients, family members, and related support personnel and activities.

"We see these patients first, and they are sicker than you can imagine," said Blase A. Carabello, M.D., Medical Care Line executive and the Moncrief Professor of Medicine and vice chairman in the Department of Medicine at Baylor College of Medicine. "Our extraordinary team of doctors, nurses, and support personnel truly give these patients a second chance at life."

The MEDVAMC transplant team, led by Liver Transplant Surgical Director John A. Goss, M.D. and Transplant Hepatologist Khozema Hussain, M.D., includes a full range of patient care and support personnel, and all are committed to achieving better-than-expected survival rates, according to Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., Medical Center Director.

"Our outstanding surgery program, our talented, top-notch staff, and our successful Liver Transplant Program were three of the reasons the DeBakey VA was recently approved by the Department of Veterans Affairs to establish a Kidney Transplant Center," said J. Kalavar, M.D., Medical Center Chief of Staff. "We constantly strive to provide Veterans the best health care anywhere."

The MEDVAMC Liver Transplant Program began in 2007 and performed its 50th procedure on November 19, 2012. Transplants are the most advanced treatment for patients with severe, end-stage disease with no other effective, available medical or surgical treatments, according to clinicians.

Liver transplant candidates must undergo detailed physical, laboratory, and psychological evaluations to ensure proper selection and therapy. Tests are done to confirm the diagnosis of end-stage liver disease, to rule out other potential treatments, and to assess the candidate's ability to tolerate surgery. ▼

Research

New blood vessels spur reprogramming scar tissue in damaged hearts

A cocktail of three specific genes can reprogram cells in the scars caused by heart attacks into functioning muscle cells, and the addition of a gene that stimulates the growth of blood vessels enhances that effect, said researchers from Baylor College of Medicine, Stony Brook University Medical Center and Weill Cornell Medical College, both in New York, in a report that appears online in the Journal of the American Heart Association.

"The idea of reprogramming scar tissue in the heart into functioning heart muscle was exciting," said Dr. Todd K. Rosengart, chair of the Michael E. DeBakey Department of Surgery at BCM and the report's corresponding author. "The theory is that if you have a big heart attack, your doctor can just inject these three genes into the scar tissue during surgery and change it back into heart muscle. However, in these animal studies, we found that even the effect is enhanced when combined with the VEGF gene."

During a heart attack, blood supply is cut off to the heart, resulting in the death of heart muscle. The damage leaves behind a scar and a much weakened heart. Eventually, most people who have had serious heart attacks will develop heart failure.

Changing the scar into heart muscle would strengthen the heart. To accomplish this, during surgery, Rosengart and his colleagues transferred three forms of the vascular endothelial growth factor (VEGF) gene that enhances blood vessel growth or an inactive material (both attached to a gene vector) into the hearts of rats. Three weeks later, the rats received either Gata4, Mef 2c and Tbx5 (the cocktail of transcription factor genes called GMT) or an inactive material. (A transcription factor binds to specific DNA sequences and starts the process that translates the genetic information into a protein.)

The GMT genes alone reduced the amount of scar tissue by half compared to animals that did not receive the genes, and there were more heart muscle cells in the animals that were treated with GMT. The hearts of animals that received GMT alone also worked better as defined by ejection fraction than those who had not received genes. (Ejection fractions refers to the percentage of blood that is pumped out of a filled ventricle or pumping chamber of the heart.)

The hearts of the animals that had received both the GMT and the VEGF gene transfers had an ejection fraction four times greater than that of the animals that had received only the GMT transfer.

Rosengart emphasizes that more work needs to be completed to show that the effect of the VEGF is real, but it has real promise as part of a new treatment for heart attack that would minimize heart damage.

Dr. Ronald G. Crystal, chairman and professor of genetic medicine at Weill Cornell Medical College and a pioneer in gene therapy, played an important role in the research.

"This experiment is a proof of principle," said Dr. Crystal. "We have shown both that GMT can effect change that enhances to activity of the heart and that the VEGF gene is effective in improving heart function even more. Now we need to go further to understand the activity of these genes and determine if they are effective in even larger hearts."

The idea started with the notion of induced pluripotent stem cells – reprograming mature specialized cells into stem cells that are immature and can differentiate into different specific cells needed in the body. Dr. Shinya Yamanaka and Sir John B. Gurdon received the Nobel Prize in Medicine and Physiology for their work toward this goal this year.

However, use of induced pluripotent stem cells has the potential to cause tumors. To get around that, researchers in Dallas and San Francisco used the GMT cocktail to reprogram the scar cells into cardiomyocytes (cells that become heart muscle) in the living animals.

Now Rosengart and his colleagues have gone a step farther – encouraging the production of new blood vessels to provide circulation to the new cells. ▼

Humble Surgical Hospital Physician Performs Successful Spine Surgeries Using Mazor Robotics' Renaissance™

Spine surgical teams at Humble Surgical Hospital have successfully performed two minimally invasive spine surgeries using Renaissance™ Mazor Robotics' guidance system over the past few weeks. The surgical team is pleased with both the clinical results and the integration of Renaissance™ into their spine surgery program.

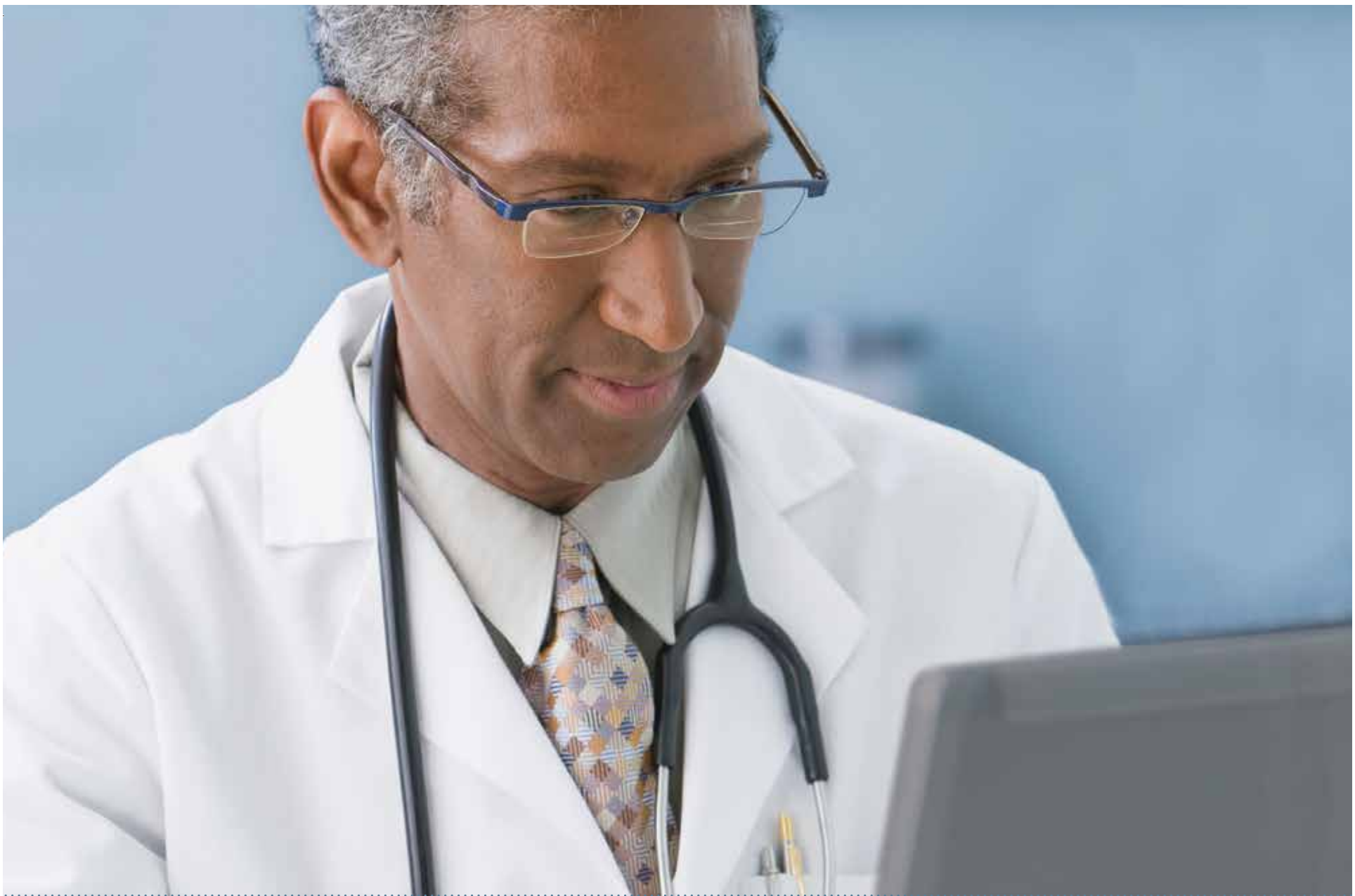
The first patient, Mrs. Donna Parker, was battling debilitating pain in her back. "Since I suffer from rheumatoid arthritis," Mrs. Parker shares, "I assumed the pain was related to that." But an MRI revealed a large cyst which was pressing up against her spinal cord. When she met with spinal surgeon Dr. Bonaventure Ngu, he recommended the cyst be removed immediately. Mrs. Parker, however, needed time. "My daughter was going to be married in a few weeks and I could not afford to be off my feet in recovery," she says. At her request, the surgery was scheduled for after the wedding. Mrs. Parker, whose husband is the pastor at Calvary Baptist Church in Conroe, had full confidence in Dr. Ngu, the hospital team and the new robotic equipment being used for surgery. "The doctor told me he had the robot scheduled at HSH – and that this new technology had much more precision and was more accurate. Everyone at the hospital helped me to feel reassured and confident in Dr. Ngu and the process – and that using the Mazor Robotics system was the best approach."

The second patient, Mr. Victor Loscuito, has suffered from back pain for over 30 years. "Some days I could barely get out of bed," he shares. Mr. Loscuito initially consulted Dr. Ngu in 2009 and at that time was diagnosed with two herniated discs and two levels of degenerative disc disease. By the time he was ready to go through with surgery, Mr. Loscuito's condition had worsened. "Dr. Ngu recommended Humble Surgical Hospital for the procedure and explained that it was the only hospital in the area to offer this advanced robotics system," states Mr. Loscuito. The results were instantaneous. "The morning after surgery I was walking around the hospital at 6 a.m." he marvels. "I coul d not believe how good I felt."

The prognosis for these patients is excellent. "Spinal procedures are usually complex," says Dr. Ngu, Orthopedic Surgeon at Premier Spine Institute in The Woodlands. "But these surgeries both went exactly according to plan, as confirmed by the postoperative imaging. In the past we would always worry about hitting a nerve when performing screw placement. With this system, we are more confident of our screw placement, with less chance of complications. I expect both Mrs. Parker and Mr. Loscuito to return to normal activity in a few weeks. These results are truly outstanding, considering that the expected recovery

see Mazor Robotics page 20

Tools and Implants are guided to the planned location with 1mm accuracy



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Muscle building gets a boost with blend of soy and dairy

Protein blend supplies prolonged delivery of amino acids to muscles, extending growth and repair

Drinking a beverage made from a blend of soy and dairy proteins after exercise can increase muscle growth, according to a study now online in the Journal of Nutrition. The study is the first to look at the effects of this combination of proteins on muscle protein synthesis.

University of Texas Medical Branch at Galveston researchers worked with human subjects who drank a protein blend of soy, whey and casein (a protein derived from milk) after performing resistance exercise. The three protein sources have complementary amino-acid profiles since they are digested at different rates. Results showed a more prolonged delivery of amino acids to muscles and extended muscle protein synthesis when subjects consumed the blend compared to a single source of protein alone.

"Sources of high-quality protein each have individual characteristics thought to offer unique advantages for muscle growth," said Blake Rasmussen, interim chairman of the Department of Nutrition and Metabolism at UTMB and principal investigator of the study. "This is the first study to test the effects of combining soy with the dairy proteins whey and casein for promotion of lean body mass gain."

Researchers based the composition of the protein blend on results from a recent pre-clinical study that demonstrated enhanced muscle protein synthesis in rats compared to another blend of soy or whey protein sources alone. The new human study used a blend of 25 percent isolated soy protein, 25 percent isolated whey protein and 50 percent caseinate.

This blend stimulated muscle growth to a similar extent as whey protein by elevating muscle protein synthesis and muscle cell growth signaling. The blend, however, increased the subjects' anabolic window, extending the higher rate of muscle protein synthesis longer than whey alone.

The beverages provided approximately 20 grams of protein from either the soy-dairy blend or whey protein containing similar amounts of leucine, a key amino acid involved in regulating muscle protein synthesis rates. The volunteers consumed the beverages following high-intensity leg resistance exercise. Researchers collected multiple leg muscle samples from each subject to determine changes in muscle protein synthesis over time (at rest and three and five hours after exercise).

"Previous research examined only single sources of proteins and did not match the protein sources for leucine content, which is thought to trigger muscle protein synthesis," said Paul Reidy, a graduate student in Rasmussen's lab and first author on the study. "The extension of the anabolic window may also be important for the aging muscle."

Nineteen healthy young adults participated in the randomized, double-blind trial. The study was funded by DuPont Nutrition & Health, makers of the soy ingredient included in the protein blend studied. ▼

Understanding heart attack and heart failure

While a heart attack can lead to heart failure, the two are separate heart ailments with different causes and prevention methods. Doctors at Baylor College of Medicine explain the two heart events and offer some prevention tips.

"Heart attacks are usually acute in onset and result from sudden interruption, complete or near complete, of blood flow to a segment of the heart due to a clot obstructing the coronary artery," said Dr. Hani Jneid, assistant professor of medicine at Baylor College of Medicine and interventional cardiologist and the Michael E. DeBakey VA Medical Center. "Heart failure results from either a weak heart muscle that is unable to pump blood forward or a stiff heart muscle that is unable to relax and accommodate

normal blood flow throughout the body without increased pressure inside the heart."

While some symptoms for both heart events are similar, symptoms develop over a longer period of time during heart failure.

A gradual shortness of breath is a hallmark of heart failure. This can occur when you exert yourself or when at rest. A build up of fluid in the lungs or lower extremities (edema) and abdomen is also sometimes seen. There can also be a persistent cough or wheezing as well as fatigue and weakness.

The most common symptom for a heart attack is chest discomfort – usually pain, tightness or a feeling of fullness or heaviness. It is also associated with shortness of breath, nausea and lightheadedness.

"Any chest discomfort should be reported to your doctor. It is also important to ask your doctor about what risk factors you might face," said Jneid.

Since the two heart events have different causes, some prevention methods differ.

Heart attack prevention centers on avoiding a buildup of atherosclerosis plaque (deposits of fat and other substances in the lining of the artery wall). One way to control this is by changing your diet.

Jneid suggests following the American Heart Association recommended-diet for patients with heart attacks, which is similar to a Mediterranean diet. This consists of fruits and vegetables, non-fat dairy products whole grains, beans, legumes and olive oil, along with eating fish a couple times a week.

"Measuring and treating cholesterol and blood pressure is also important," said Jneid. "Medications, along with diet changes, are usually needed."

Since one of the symptoms of heart failure is fluid buildup in lungs or extremities, prevention consists of cutting down salt intake and controlling blood pressure. Some patients must also monitor their water intake and are usually prescribed diuretics. A healthy diet is also advised since heart failure shares many of the same risk factor for heart attacks.

"Most importantly, you should see a doctor regularly to check your risk factors such as cholesterol and blood pressure," said Jneid. "By talking with your doctor you will be able to find the right prevention or treatment methods for your needs." ▼

American Heart Association's Go Red

Continued from page 1

they're low in calories. Unrefined whole-grain foods contain fiber that can help lower your blood cholesterol and help you feel full. Eat fish at least twice a week - eating oily fish containing omega-3 fatty acids (salmon, trout and herring) may help lower your risk of death from coronary artery disease. Choose and prepare foods with little or no salt. Aim to eat less than 1,500 milligrams of sodium per day.

- Stop Smoking: Smoking is the most preventable major risk factor of our No. 1 killer - heart and blood vessel diseases. The long list of diseases and deaths due to smoking is frightening. Thousands of nonsmokers, including infants and children, are harmed by exposure to cigarette smoke. Even if you don't smoke, you could become one of the nearly 443,000 smoking-related deaths every year.

These are just a few things that you can do to reduce the risk of heart disease for yourself or a loved one. If you want to become part of this groundbreaking movement and join us, change your porch light to a red bulb, put a flag in your yard and tell the women in your family the importance of being heart-healthy. During the past 10 years of the Go Red for Women movement so much has been accomplished but we still have a long way to go. To learn more about Go Red for Women and how to get involved, visit goredforwomen.org ▼

Legal Health

Continued from page 3

role in delivering primary care services because their services do not meet the traditional definition of primary care. However, in many instances, an oncologist assumes the majority of a cancer patient's primary care due to the frequency and intensity of patient visits required. In Texas, more than 40% of deliveries are in Medicaid where the services are provided by OB-Gyns. Nevertheless, CMS did not allow those specialists to be included with the specialists receiving enhanced payments.

Unquestionably, there are also concerns that a two-year pay increase is not adequate to bolster access to care for Medicaid patients on a long-term basis. It is undeniable that access-to-care issues will resurface unless Congress permanently funds and extends this provision. CMS has requested additional data from the states to evaluate the impact of the temporary pay increase. In the event that raising payment rates corresponds to an increase in physician capacity within Medicaid, a strong case will be made to extend the pay increase.

Summary:

- Reimbursement increase only for 2013-2014
- Eligible physicians - with a specialty designation of family medicine, general internal medicine, pediatrics or a related subspecialty providing certain primary care services.
- Eligible physicians must be board certified in their specialties or have submitted in 2012 at least 60% primary care services codes.
- Physician assistants and nurse practitioners are eligible, if supervised by eligible physicians.

Marilyn Robertson is an attorney with Brown McCarroll LLP. Her practice includes advising clients on payor reimbursement, compliance with fraud and abuse statutes, Stark, HIPAA and EMTALA, assisting physician groups, hospitals and ASCs with state licensure, CONs and Medicare certification; and advising providers on corporate issues. ▼

Mental Health

Continued from page 4

- Communicate clearly with aging or ill parents as well as the family to make the decision to assume the responsibility as caregiver.
- Allow aging parents to make daily decisions whenever possible especially since the loss of independence and decision making can be scary or depressing for them.
- Keep aging or ill parents in the loop by discussing medical decisions, and every day issues and solutions.
- Maintain the child-parent dynamic by asking for advice, even while they are helped by a caregiver.
- Ask for help from siblings, medical providers and even hospice care.
- Talk with a parent's physician(s) to create a plan for medical care that you can follow and share with an aging parent and other caregivers so that everyone understands how the doctor wants to proceed medically.
- Be realistic about the extent of your patience, abilities and other responsibilities.
- Be good to yourself. You are an everyday hero on the hero's journey. Asking for help when the stress gets to be too much is not a sign of weakness. Caring for a senior loved one is likely to cause emotional and physical stress. Take a break, rest, eat well, keep medical appointments, get some exercise and take time to meditate.

Families and individuals that are caring for an elderly parent are in a challenging position. It is recommended at any stage of caregiving to include the assistance of a licensed counseling professional. This can help families and their parent prepare for and manage the emotions, changes and wellness that caregiving can bring.

KRIS KERLIN, M.A. LPC-S is the founder of the Center for Stress Management and a volunteer counselor with the Pro Bono Counseling Program at Mental Health America of Greater Houston. She specializes in helping people manage the emotional and lifestyle impact of having a physical illness. In addition to working with patients living with chronic pain and cancer she has also helped caregivers and family members of those managing illnesses. ▼

Money Matters

Continued from page 6

deductions realized by taxpayers. Specifically, the new law reduces the taxpayer's otherwise allowable itemized deductions. However, investment interest, medical expenses and casualty, theft & wagering losses deductions are not included. (Included are the deductions for charitable contributions)In particular, it may be more tax efficient for a taxpayer to prepay pledged payments to charities using distributions from his or her IRA in 2012 and 2013.

["Pease Limitation" was first incorporated into OBRA in 1990 and it is named after former Congressman Donald Pease.]

2.) The act extends through December 31, 2013 the provision allowing tax-free distributions from IRA accounts to Public Charities, by individuals age 70 ‰ or older up to a maximum of $100K per taxpayer for years 2012 & 2013. For an IRA distribution to charity to be effective for 2012, a taxpayer may direct a distribution of up to $100,000 from his or her IRA to charity before February 1st and retroactively treat the distribution as occurring in 2012. Alternatively, if a taxpayer received a required distribution from his or her IRA in December 2012, the taxpayer may make distributions to one or more public charities before February 1 and exclude from

income the amount of those contributions up to $100,000. These provisions in particular require input from the IRS.

With regards to extension of tax incentives, not only was the Bush tax rates scheduled to expire at the end of 2012, but also numerous tax incentives. Prior to EGTRRA, married taxpayers sometimes paid more tax than two unmarried individuals. EGTRRA helped married couples in two ways: 1.) Setting the standard deduction for married couples at twice the deduction for single individuals. 2.) Increased the 15% marginal tax bracket to twice the amount of the 15% bracket for an unmarried individual, ATRA extends both provisions.

he standard deduction for single Marriage Penalty Relief, ttaxpayers in 2013 is $6,100. With the extension it is $12,200, or twice the standard deduction for single taxpayers ($12,200/$6,100). In 2013, the 15% bracket for single taxpayers is projected to end at $36,250 and the 15% bracket for married taxpayers filing jointly at $72,500.

The biggest surprise of all is the federal estate, gift and GST tax rates, the exclusion amount and portability. The Act made permanent the $5.12ML exclusion for estates of decedents dying after December 31, 2012, (indexed for inflation) and a maximum tax rate of 40%. Portability allows the estate of a decedent who is survived by a spouse to make an election permitting the surviving spouse to apply the Decedents Spousal Unused Exclusion amount (DSUE) to that spouses own transfers during life and death. Sequestration imposed by The Budget Control Act of 2011 is delayed for 2 months. One half of the delay would be paid for by allowing Roth 401K conversions. Under prior law, taxpayers had to be at least 59 ‰ or leave their employer to convert a traditional 401(k) to a Roth 401(k). The legislation lifts these restrictions, claiming to raise $12 billion in revenue over 10 years. This raises revenue in short term but likely to be revenue neutral or a revenue loser long-term.

There are several other layers to the ATRA that was not covered in my summary, such as state & local deductions, child credits, earned income credits, education incentives, individual extenders, business tax provisions & extenders, energy incentives, and amendments to the Affordable Care Act. ▼

New Technology

Continued from page 8

for cooling in your dedicated rack space or data center. Average savings reflect $3,800 per year and this rapidly moves up depending on number of devices.

- Using less space: With centralized locations for private cloud computing, large organizations don't need to dedicate large areas of physical space to house their own IT equipment. Reclaim your computer room which is most likely now in your key clinical area.
- Using less IT hardware: Cloud computing allows you to use fewer servers, towers, monitors, and other hardware components to accomplish the same tasks. Rather than an organization needing to build and upgrade their own central network of servers to house information, they can rent space on cloud servers.
- Creating less IT hardware waste: Using the cloud, older computers need to be replaced less frequently. This is because all of the processing power and programs are run on the cloud, not "run" on the computer. This reduces disposal costs and landfills and reduces the cost of buying new hardware.

5.Advances in internet stability help increase production.

A lot of people worry about what would happen if their internet connection were to be severed and think, "I'm not going to have access to my systems". In today's world, quite honestly, if you look at the amount of time your internet is down, it is very miniscule compared to the amount of problems that could occur on your server. Good cloud companies work with their customers to come up with contingency planning. That way, they can either have 3G, 4G or some sort of satellite access or some rollover internet to fall back on in order to keep the system running.

My professional advice is just to take a look at the Cloud. Be very open minded and look at this technology because 3 years down the road, I really feel everything is going to be on the Cloud. I think the days of building new data centers are pretty much over.

Comments or questions to author can be e-mailed to fgolda@reachips.com ▼

Mazor Robotics

Continued from page 14

time for such procedures is usually four times long."

Humble Surgical Hospital is the first in North Houston to offer this new form of spine surgeries to patients and one of the pioneers in the country to adopt this state-of-the-art technology. "We see Mazor Robotics technology as ushering in a new era in spine surgeries, the same way laparoscopies transformed general surgery in the '90s" says Debbie Cormier, Chief Administrative Officer at Humble Surgical Hospital. "We are proud to to be the exclusive provider of this technology for The Woodlands, Humble, Spring, Conroe and Cleveland."

Renaissance™ is Mazor Robotics' surgical guidance system for spine surgeries, ensuring consistent accuracy to 1 mm (1/25 inch) and a high level of safety for patients. Before entering the OR, surgeons use Renaissance™ to pre-plan the optimal surgery in a CT-based 3D simulation of the patient's spine. During surgery, Renaissance™ guides the surgeon's hand and tools to the precise pre-planned location with utmost accuracy. Investigators of a recent 14-site international multicenter study published in the peer-review journal Spine concluded that Mazor Robotics technology "offers enhanced performance in spinal surgery when compared to freehand surgeries, by increasing placement accuracy and reducing neurologic risks." It also enables minimally invasive surgery with lower radiation.

Since opening its doors in 2010, Humble Surgical Hospital has performed close to 800 spinal surgeries. The physician-owned facility has a reputation as an established leader in spine surgery as well as in adopting the latest technologies for patient care. ▼

Finding – and fighting – the fat that fuels cancer

UT Southwestern research examines role of certain fat cells in tumorigenesis

Scientists at UT Southwestern Medical Center have made a key observation regarding how fat cells (also referred to as adipocytes) interact with tumor cells and thereby allow a cancer to thrive in dense breast tissue or fatty livers.

Fat cells near tumors secrete a variety of extracellular factors, some of which boost tumor development and progression, the UT Southwestern researchers report in the November issue of the Journal of Clinical Investigation.

The correlation between obesity and various solid and hematological cancers – along with other diseases like diabetes, osteoarthritis, and cardiovascular disease – has long been known. The ongoing challenge – and the focus of this latest investigation by Dr. Philipp Scherer, Director of the Touchstone Center for Diabetes Research at UT Southwestern – is to identify which extracellular factors are most important in driving tumor growth and to determine how to target them.

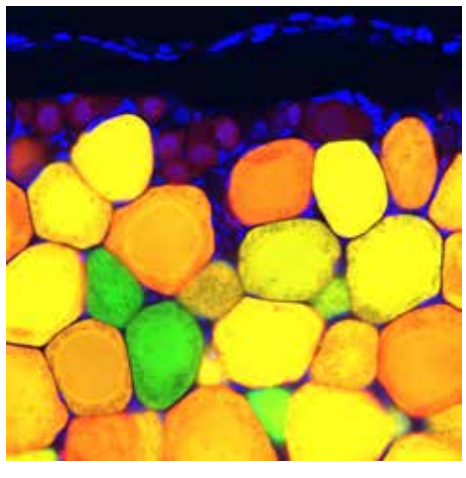
The UTSW research has found that endotrophin is a fat cell-derived extracellular factor that fuels the growth of breast tumors in mice. Working with the lead author, Dr. Jiyoung Park, assistant instructor of internal medicine, Dr. Scherer showed that blocking endotrophin secreted by the rodent's fat cells had a remarkable effect on breast cancer tumors: blocking endotrophin with an antibody not only reduced tumor growth, but also prevented the cancer from metastasizing to other parts of the body.

"Not all fat is bad, but endotrophin happens to be more abundant in unhealthy fat tissue," Dr. Scherer said. "In the context of tumor growth, fat cell-derived endotrophin stimulates the growth of blood vessels that in turn feed cancer cells and enables the tumor to grow more rapidly.

"As we gain weight, we not only have an increased risk of developing cancer, but we also decrease the chance of successfully fighting the tumor," Dr. Scherer said.

The researchers said future efforts will explore various pathological settings to establish whether this blocking approach is a viable strategy in the clinic.

The study received support from the National Institutes of Health, the National Cancer Institute, and the Department of Defense Fellowship. ▼



Physicians: Undo Dual-Eligible Cut Harming Patient Access

Stop Medical Emergency for Medicare/Medicaid Patients

Dozens of physicians from across Texas took time away from their medical practices to ask state leaders to reinstate cuts that harm access to care for thousands of Texas' dual-eligible patients. Dual-eligible patients are old enough to qualify for Medicare and able to qualify for Medicaid assistance because of their income.

Texas Medicaid slashed program funds over a year ago at the direction of the 2011 Texas Legislature, creating a medical emergency for hundreds of thousands dual-eligible patients and the doctors who care for them.

"The increased regulation and low Medicaid payments are forcing doctors to leave the Valley or retire early," said Victor Gonzalez, MD, Hidalgo-Starr County Medical Society president, and member of the Texas Medical Association (TMA) and Border Health Caucus (BHC). "It's impossible to recruit young physicians." The ophthalmologist lost six young physicians he trained and who received retina fellowships under his program. Dr. Gonzalez explains, "When the health care infrastructure collapses, it hurts all patients in the community and in neighboring cities. If patients can't get care in a Harlingen emergency department (ED), they will end up in a San Antonio, Houston, or Dallas ED at a much greater expense."

For nearly a year, TMA and BHC physicians organized rallies, met with state leaders, and lobbied to get the cuts reversed. BHC is a confederation of county medical societies that work together to improve patient care and public health throughout South Texas. Many of the BHC doctors take care of large percentages of elderly, low-income patients.

"Texas must fully reinstate the Medicaid cuts to ensure dual-eligible patients receive the health care they need to survive," said Stephen L. Brotherton, MD, TMA's president-elect. "We must take another step to stop Texas' medical emergency that's harming access to care for thousands of patients and their doctors."

Background

Medicare and Medicaid pay dual-eligible patients' medical bills, with Medicare paying a majority of the tab. In January 2012, Texas Medicaid stopped paying the patients' Medicare deductible, which was $140 — this year its $147. Medicaid also stopped paying the patient's coinsurance (due if Medicare's payment to the physician exceeded what Medicaid pays for the same service, which is usually the case). The coinsurance had been an 80/20 split, with Medicare paying 80 percent of the patient's doctor bill and in most cases, Medicaid paying the remaining 20 percent.

These cuts affected approximately 320,000 dual-eligible patients in Texas, who are the oldest, sickest and most frail, and who rely on regular physician care and prescription medications. Doctors kept seeing these patients even though Texas Medicaid was not paying the patients' deductibles nor fully paying all of the 20-percent coinsurance. Many doctors were forced to tap savings, obtain loans, cut staff, retire early, or move away. Some patients lost their doctor altogether.

Other patients were more fortunate, like the 5,000 dual-eligible patients of Javier A. Saenz, MD, a family doctor in La Joya, Texas. "For months early last year he worked 12 hours every day, caring for his patients' needs the best he could, while the State of Texas paid him basically nothing for providing all of that care," said Dr. Gonzalez. "He exhausted his personal savings account of $50,000 and took out bank loans so he could keep his doors open and continue to care for the people of his community."

Part of the Cut Restored

Finally last week, under the direction of the Texas Legislative Budget Board, the Texas Health and Human Services Commission restored coverage of the Medicare deductible for dual-eligible patients in 2013.

"That's a start," said Dr. Brotherton, pleased that some relief has arrived. But the 20-percent coinsurance cut remains.

"We're asking state leaders and lawmakers to fully restore the funding for our Medicaid-Medicare dual-eligible patients," said Luis M. Benavides, MD, the Border Health Caucus vice chair. "Our patients need us."

TMA is the largest state medical society in the nation, representing more than 47,000 physician and medical student members. It is located in Austin and has 120 component county medical societies around the state. TMA's key objective since 1853 is to improve the health of all Texans. ▼

Graduate students learning firsthand about urban public health in India

Urban public health is one of the most pressing yet neglected issues facing the developing world. Just ask the graduate students from the Texas A&M Health Science Center (TAMHSC) School of Rural Public Health who are currently in the slums of Mumbai, India.

Graduate student receives a "Bindi" on his forehead .

Graduate students experience urban public health outreach in Mumbai, India.

"The poverty problem in the urban slums is even worse than in rural areas," says Wei-Chen Lee, a doctoral student. "What we are experiencing here in the slums makes us more grateful for what we have."

During their three weeks overseas, students are being exposed to the socio-economic situation in Mumbai related to public health systems and their effectiveness in an area of the world with an explosive population growth. Students are learning firsthand of community specific health issues that include disease patterns and causes, as well as general urban health issues and trends

"Having been there a few months ago, the public health concerns these folks face every day are daunting," says Craig Blakely, Ph.D., M.P.H., dean of the TAMHSC-School of Rural Public Health. "I am looking forward to seeing the energy the students bring back to their studies having been exposed to conditions that are simply not easily located at home. We are excited about our expanding global reach and look forward to working more closely with the handful of other schools aggressively working to improve population health in developing countries across the globe." ▼

Texas Children's Hospital

Today at Texas Children's Hospital, baby Audrina Cardenas was discharged after a 3 1/2 month stay in the hospital. Audrina was born with her heart outside her chest, a very rare diagnosis known as ectopia cordis. Dr. Charles D. Fraser (heart surgeon, surgeon-in-chief), Jr., Dr. Larry Hollier (plastic surgeon) and Dr. David Wesson (general surgeon) performed a life-saving surgery on her second day of life to repair her heart. Eight out of one million babies are diagnosed with this rare condition each year and 90% of those children will not survive, but Audrina has defied the odds and is doing very well. Audrina left the hospital with an external heart shield that she will wear moving forward to protect her heart as she grows. In a few years, Audrina will have surgery to place a more permanent protective shield inside her chest wall. She will be followed regularly by Dr. Carrie Altman and the cardiology team at Texas Children's Hospital. ▼

Dr. Charles Fraser, surgeon-in-chief at Texas Children's Hospital, meets with Ashley "Mom" to examine the heart shield that will protect Audrina's heart as she grows.

Audrina Cardenas' surgeons Dr. Charles Fraser and Dr. David Wesson, her cardiologist Dr. Carrie Altman and her physical and occupational therapists walk Audrina out of the hospital to wish her well after her 3 ½ month stay.

Houston Medical Times
Bringing Healthcare News to the Forefront

Published by Texas Healthcare Media Group Inc.

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Early Detection Leads to Early Prevention

Small hearts can conceal big challenges, especially when it comes to congenital heart defects. It's one of the most common birth defects in the U.S. and the leading killer of infants with birth defects. Let's give our children a healthy start in life by supporting a simple, non-invasive screening for all newborns.

Tell your legislator to support pulse-oximetry testing for all newborns.
Get involved at **YoureTheCure.Org**

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