

JANUARY 2011



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Early Detection Key to Successful Pulmonary Hypertension Treatment

Although once thought to be a rare disease affecting mostly younger women, pulmonary hypertension is becoming more commonly recognized and diagnosed in all ages, both genders and even children.

Pulmonary arterial hypertension is a blood vessel disorder in which pressure in the pulmonary artery, the blood vessel that leads from the heart to the lungs, rises above normal levels.

"It can occur for genetic reasons or spontaneously," says Jean Elwing, MD, a UC Health pulmonary hypertension expert. "Pulmonary arterial hypertension can also be associated with several systemic diseases, such as scleroderma, lupus, rheumatoid arthritis, cirrhosis, HIV/AIDS, blood disorders such as sickle cell anemia, and congenital heart disease."

Elwing and her staff say that early detection is crucial.

"Pulmonary hypertension often goes unrecognized and is often under-treated," Elwing says. "It is a serious and life-threatening chronic disease that requires close monitoring. The quicker we diagnose the illness, the sooner we can impact the person's quality of life."

She says that several treatments are available, including oral, inhaled and intravenous therapies that can significantly improve the lives of pulmonary arterial hypertension patients.

"There's no way to prevent the



Jean Elwing, MD

development of this illness," Elwing says. "Recognition is the key."

Elwing says people should seek evaluation if they experience:

- Shortness of breath with exertion
- Fatigue
- Decreased exercise tolerance
- Chest pain
- Dizzy spells
- Fainting

She says echocardiograms are generally used to check for the illness, but a heart catheterization is needed for confirmation.

"The average life expectancy for someone with untreated pulmonary arterial hypertension who is diagnosed in the later stages of the disease is only about two and a half to three years," she says. "But if it's found in the early stages and treated, people can live a semi-normal life." ●

>> PATIENT APPOINTMENTS

Elwing sees patients at the UC Health Physicians Office in Clifton. For appointments or referrals, call (513) 475-8523.

The UC Health pulmonary hypertension team includes:

Jean Elwing, MD
UC Health Pulmonologist

Jennifer Gilkison, RN, BSN
Nurse Coordinator

M. Sue Huseman, RN
Research Coordinator

Amber Lanich, ACNP
Nurse Practitioner

Traci Stamatakos, RD
Dietician

UC Health physicians are conducting a number of **clinical trials** for pulmonary hypertension treatments. For information on trials that are enrolling patients, call (513) 558-7036.

Reflecting on Changes and Successes in 2010

AS WE EMBARK ON A NEW YEAR, we have many reasons to celebrate.

We have served 5 percent more patients this year than the previous. Our clinical faculty has grown to nearly 700 physicians and more than 150 non-physician providers. More of our clinicians are working at the West Chester medical campus where we have experienced a 20 percent annual growth rate for the last several years. Coupled with the rapid growth of the inpatient service at UC Health West Chester Hospital, opportunities to further expand our reach northward in the Cincinnati metropolitan area seem unlimited.

We have initiated the customer service program, "We Care." Feedback reflects appreciation for this customer-oriented service. Furthermore, we

have begun to systematically make UC Physicians more available for our staff and the staff of affiliated institutions through the "My UC Health" program. These are first steps that have been implemented toward achieving an integrated, physician- and patient-oriented health system that will be preferred by individuals throughout Cincinnati.

We achieved a positive FY 2010 fund balance and the first five months of FY 2011 are even more promising. This offers financial opportunity to develop new and improved programs and ensure that we have the infrastructure to support all the good things that you do.

We appreciate your hard work and innovative efforts to make the year a great success. We also invite you to look to 2011 as a time when we will have

even greater opportunities to enhance the UC Physicians/UC Health care agenda. The theme over the last year or two has been consolidation and integration, and we have an opportunity to do this in a broader way with University Hospital, West Chester Hospital, UC Health Surgical Hospital and Drake Center. The system that is being created will be the backbone for patients with complex and chronic health care needs throughout Cincinnati and the surrounding region. Please take pride in your stellar efforts.

UC PHYSICIANS ADMINISTRATION:
Andrew Filak, MD, Thomas Boat, MD, Lori Mackey, Tom Ducro, Peter Iacobell, Chris Ralston, Joe Bateman, Mike Sterling, Karen Adams and Joseph Fodor

We're all UC Health

Nancy Lintner

Diabetes and Pregnancy Nurse Practitioner

Connected

Connected is a monthly publication for physicians and staff of University of Cincinnati Physicians. Send your comments and ideas to ucpmarketing@ucphysicians.com or call (513) 475-8006.

Editor

Amanda Harper

Marketing Director

Chris Ralston

Contributors

Katy Cosse

Angela Koenig

Katie Pence

Photography

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Nine years ago, at age 50, advanced practice registered nurse Nancy Lintner was encouraged by a friend to take up running. It was "a message to stay healthy," says Lintner, who has since participated in a half marathon and several sponsored walks. During that same time frame, she was encouraged by a professor at Wright State University to pursue an education beyond the bachelor's degree in nursing. The professor even offered her a graduate assistantship to help pay the way.

"I had this brainy idea that I was going to get my bachelor's and my master's at the same time, and I did it. I did high-risk obstetrical home health care, worked for the university and got my master's all at the same time. It was kind of crazy," says Lintner, who earned her master's of science in 2004 and became a board certified adult health clinical nurse specialist.

Suffice it to say that Lintner knows firsthand that encouragement works, and applies it in her professional life as well. In her role with UC Health as a diabetes and pregnancy advanced practice nurse at the Women's Health Center in the Hoxworth Building, she evaluates patients—prior to and during pregnancy—with type I and type II diabetes who must not only take medication, but practice self management such as monitoring blood sugar levels, following a prescribed meal plan and exercising.

"Sometimes it's difficult to get the patients to embrace their diabetes



and take control. These patients are complicated patients. It's not like you can see them and in 15 minutes fix their problem," says Lintner.

But then there is always the one who "gets it," she says, such as a

patient who recently came in during her first trimester with dangerously high blood sugar levels, between 300-500. Lintner changed her medication, put her on an insulin pump and continuous glucose sensor and taught her about the importance of consistent timing of waking up and sleep, meals and snacks, medication and exercising. The result: a normal vaginal delivery, with no complications for either mother or baby. ●

New Revenue Cycle Operation Aimed at Improving Patient Billing Accuracy

UC Physicians Patient Billing Office (PBO) has restructured in an effort to provide better service to our patients and clinical departments while improving operational efficiency.

“Internal medicine’s decision to transition their patient billing office to the UC Physicians PBO was the catalyst for re-engineering our revenue cycle operations,” says Joseph Fodor, director of revenue cycle. “We undertook the process in a manner consistent with

previously re-engineered departments within UC Physicians.”

Organizational changes—including recent success with combined UC Health third-party payer contract negotiations—created a need to consolidate payment posting to effectively operationalize new contracts.

“We need to operate as a single revenue team in order to be most effective as an organization,” says Lori Mackey, chief operating officer.

Key revenue cycle projects in the works include:

- **Single-statement billing:** By 2011, all professional fee charges will be entered into a single BAR (Billing and Registration) group and patients will receive comprehensive billing statements. Online bill pay is also available to patients.
- **Automated hospital information transfers:** The clinical practice group is working with UC Health’s corporate IT group to automatically transfer more of the hospital-based patient information for billing. Currently, this is done manually.
- **State-of-the-art billing system:** A contract has been signed by UC Health and UC Physicians to out-source access to a state-of-the-art IDX system. This will enhance functionality of the billing system.
- **Improving charge capture and registration data accuracy:** The PBO staff recently began entering charges into the Transaction Editing System (TES), a more sophisticated software application with the ability to verify that the diagnoses are compatible with procedure codes to reduce denials. The office is also working to automatically check patient identifying information (i.e., name and member number) against the stated insurance policy, which further ensures the accuracy of our insurance billing on the front end. ●



“We need to operate as a single revenue team in order to be most effective as an organization.”

**LORI MACKEY
CHIEF OPERATING OFFICER**

RE-ENGINEERING REVENUE CYCLE

In 2009, UC Physicians re-engineered its human resources, accounting and credentialing operations to form centralized service teams. The process for re-engineering revenue cycle was the same: A new organizational structure was developed, job descriptions were drafted and posted for application and current employees were encouraged to apply for positions within the new structure.

“All the existing revenue cycle managers employed by UC Physicians—both in the PBO and within the individual clinical departments—were encouraged to apply for numerous positions. The re-engineering process was limited to management roles, recognizing we would need to retain all staff in good standing during the transition,” explains Joseph Fodor.

UC Physicians formed an internal search committee—consisting of Fodor; Tip Ford, internal medicine executive director of business administration; Lori Mackey, chief operating officer; Marcia Miladinov, OB-GYN and orthopaedics executive director of business administration; and Angela Bryant, Penny Elder and Mike Sterling, of human resources—to review applications and conduct interviews.

“We relied on objective individual scoring and ranking of each candidate following interviews and a review of other personnel information, including past performance evaluations, to select final candidates,” says Bryant, the human resources representative for UC Physicians core support services. ●

Microvascular Hand Surgery Experts Join UC Health Team addresses issues with both orthopaedic and plastic surgery skills

From traumatic accidents and complex nerve injuries to routine nerve compression problems like carpal tunnel, the UC Health hand surgery team is ready to address the full spectrum of hand and upper extremity injuries.

UC Health recently added a new dimension to its surgical services, with



Ying Chi, MD, completed her fellowship in hand and microsurgery at the University of California, Irvine–Kaiser Permanente. Her expertise centers on nerve compression and entrapment injuries as well as tendon and ligament injuries.

Conditions treated by the UC Health reconstructive and orthopaedic hand team include:

- **Appendage fractures**
- **Arthritis-related injuries**
- **Brachial plexus nerve injuries**
- **Congenital hand/arm disorders**
- **Nerve compression and entrapment injuries (carpal, cubital and radial tunnel)**
- **Tendon and ligament injuries**
- **Traumatic hand injuries**

the recruitment of two hand specialists: Ying Chi, MD, with UC's department of orthopaedics and sports medicine, and David Megee, MD, who is in the department of surgery's plastic, reconstructive and hand division. Both joined the UC Health faculty practice group in late 2010.

Megee and Chi are fellowship trained in microsurgery for the hand, which equipped them with the required finesse and experience to deliver better outcomes for patients with hand and upper extremity injuries.

Both will take call for traumatic hand and upper extremity injuries through a unique partnership between UC Health plastic surgery, orthopaedic surgery, otolaryngology and oral surgery and Cincinnati Children's Hospital Medical Center. The collaborative relationship allows University Hospital and Cincinnati Children's to offer referring physicians 24/7 access to a specialist for consults on traumatic injuries to the hands and upper extremities as well as the face for both adults and children. ●

PLASTIC SURGERY has at its core the blending of reconstructive and cosmetic surgery. Surgical principles of soft tissue and bone manipulation are applied to correct congenital differences or defects after trauma or treatment for cancer. Examples include hand replantation, reconstructive brachial plexus surgery to improve arm sensation and breast reconstruction after mastectomy.

ORTHOPAEDIC SURGERY involves conditions associated with the musculoskeletal system. Surgeons use both surgical and nonsurgical interventions to treat trauma, sports injuries, degenerative diseases (like arthritis), infections, tumors and congenital disorders. ●



David Megee, MD, completed his fellowship at Washington University in St. Louis, where he obtained extensive experience in brachial plexus injuries which can impact limb function. ●

>> PATIENT APPOINTMENTS
Megee sees patients at the UC Health Physicians Office in West Chester and University Hospital in Clifton. For appointments or referrals, call (513) 475-8881.

Chi sees patients at the UC Health Physicians Offices in Clifton, Montgomery and West Chester. For appointments or referrals, call (513) 475-8690.

Help Protect Your Hearing at All Ages

Loud concerts as well as high-volume electronic devices can cause harm

Though technology has provided many ways to enhance hearing once it's lost, your natural hearing capacity is a limited resource: If you damage the hearing cells enough, they won't heal back to their original state.

"Exposure to noise damages the tiny hair cells in the inner ear," says Stephanie Lockhart, an audiologist with UC Health. "Damage can be the result of short, intense noise, but it can also accumulate after regular exposure to loud sounds over time. And once the damage has occurred, it is permanent."

While we all know that concerts and power tools are a problem, the constant sound from our earbuds and ever-present phones can do harm, too. Lockhart says it's crucial to do what you can now to protect your hearing. Your future self will thank you.

When to See An Audiologist:

- If your ears hurt after being in a loud place, or if you experience ringing or buzzing for more than a day or two after being exposed to loud noise.
- Your hearing suddenly becomes sensitive or changes.
- If you work around loud noise or participate in noisy activities, Lockhart recommends an annual hearing test to monitor your hearing.
- You're interested in custom earplugs—your audiologist can help you decide on the appropriate style and can take the impressions and order the earplugs for you. •

How do you know if the sounds around you are dangerous?

- You must raise your voice to be heard.
- You can't hear someone three feet from you.
- Speech sounds muffled or dull after leaving the noisy area, or you leave with pain or tinnitus (ringing in the ears).
- People around you can hear the sound from your headset or cell phone.

How can you protect your hearing or your child's hearing?

- **Wear hearing protection.** You can purchase custom earplugs or use over-the-counter plugs or earmuffs. Always protect your ears when participating in noisy activities like lawn mowing, leaf blowing, shooting, hunting or attending concerts.
- **Lower the volume.** Lockhart recommends the "1/2 volume rule"—keep personal listening devices set to no higher than half the available volume. Take short breaks from the devices to give your ears a rest.
- **Be a good consumer.** Look for hairdryers, power tools, etc., with lower noise ratings. "Be careful with children's toys," says Lockhart. "Some toys with sirens, etc., can emit up to 90-decibel sounds. Listen to them before you buy them and look for toys with volume controls."
- **Don't be around loud sounds for too long.** If you don't have hearing protection, move somewhere else. Plug your ears (or your children's ears) with your fingers when emergency vehicles pass by. •

"DAMAGE CAN BE *the result of short, intense noise*, but it can **also accumulate** after regular exposure to loud sounds *over time*. And

ONCE THE DAMAGE HAS OCCURRED, it is PERMANENT."

Stephanie Lockhart
UC Health Director of Audiology



Stephanie Lockhart

>> PATIENT APPOINTMENTS
Lockhart sees patients at the UC Health Physicians Office in Clifton. For appointments or referrals, call (513) 475-8453.

in brief

'Best Doctors in America' List

Cincy magazine recently published the Cincinnati-area list of physicians named to the "Best Doctors in America" list. This is a national database produced and distributed by a company

with the same name. Physicians were included based on the result of an extensive, confidential peer-review process. More than 150 UC Health physicians were named to the list. To see the full list, visit ucphysicians.com.

Whittenburg Named Radiology Department Administrator

Carl Whittenburg has been appointed clinical department administrator of the department of radiology. Since September 2008, he has served as senior business administrator for the cardiovascular diseases division and pulmonary, critical care and sleep medicine division within the internal medicine department, leading efforts to expand cardiology services at UC Health West Chester Hospital and successfully recruiting several new physicians to both divisions. He is working on projects to expand sleep medicine services at UC Health University Hospital and



Whittenburg

convert outpatient practices to hospital-based services.

New General Counsel for UC Physicians

Drew Botschner will be leaving his post as chief legal counsel for UC Physicians to pursue other opportunities in January. Botschner joined UC Physicians in 2004 after previous experience as general counsel for the Deaconess Health System and as a partner in a company that owned long-term care facilities. Charlie Pangburn, associate general counsel for the UC Academic Health Center, will take over for Botschner, splitting his time between the two organizations. •



Botschner

Holiday Spirit at UC Health

UC Health served as sponsor of the West Chester-Liberty Chamber Alliance holiday luncheon. The networking event was attended by community and business leaders. UC Health attendees included (left to right): Jennifer Garcia, Pamela Kinane, Tammy Benzinger, Kevin Joseph, MD, Paula Hawk, Rachael Epps, Ron Rohlfsing and Grant Wenzel.



Photo: Len Kaitman Photography



Thomas Boat, MD, was among senior leadership who served breakfast to UC Health University Hospital staff members in December. The breakfast was held as a sign of holiday spirit and continued appreciation for hard work. •

Radiology Renovation Moving Forward



The UC Department of Radiology celebrated completion of the largest portion of its phase-1 facility renovation with a dedication of the new patient reception, registration and waiting area in UC Health University Hospital. In addition to the improved physical space, radiology has introduced a paging system to improve patient flow and communication. The overall goal of radiology's multi-phase, multi-year renovation project is to create more patient-friendly spaces that are convenient for patients and improve the working environment for radiologists and support staff. •

Five Transplants Completed in Three Days

UC Health-based liver transplants up from 2009

It's a good thing surgeons like to be busy.

This past October, UC Health's liver transplant surgeons performed five liver transplants in three days, from Saturday, Oct. 23, to Monday, Oct. 25.

It continued the program's trend in 2010, surpassing last year's number of liver transplants. Since the program's founding in 1968, its specialists have performed more than 500 liver transplants, serving as the only adult liver transplant program in the Tristate.

"We have a very experienced team who produces excellent outcomes—often with high-risk patients," says Amit



Tevar

Tevar, MD, director of liver transplant services at UC Health University Hospital.

According to the nationwide database Scientific Registry of Transplant Recipients,

the UC Health University Hospital liver transplant program records an average of 90 percent graft survival after one year, 5 percent higher than the national rate.

The team was recently joined by Justin Burns, MD, a hepatobiliary and transplant surgeon trained at the Mayo Clinic.

Liver transplant patients spend an average of two to three months on the center's waiting list, one of the shortest wait times in the country and shorter than any other program in Ohio. To make more patients aware of their options for transplantation, surgeons work closely with hepatologists and other departments to manage patients with liver failure prior to their transplant. While most of the program's patients have advanced hepatitis viruses, autoimmune liver disease, hereditary liver diseases or other conditions causing liver damage or failure, there's

a growing percentage of pre-transplant patients with liver cancer.

"We are seeing a greater number of patients with liver failure and cancer who are undergoing successful liver transplantation," says Tevar.

UC's Hepatobiliary Tumor Board brings together specialists in radiology, medical oncology and hepatology to put together a multidisciplinary team approach for these patients. •

LIVER TRANSPLANT SPECIALISTS

Justin Burns, MD *Surgery*

Maria del Pilar Hernandez, MD *Hepatology*

Tiffany Kaiser, PharmD *Research*

Nyingi Kemmer, MD *Hepatology*

Steven Rudich, MD, PhD *Surgery*

Kenneth Sherman, MD *Hepatology*

Amit Tevar, MD *Surgery*

E. Steve Woodle, MD *Surgery*

Stephen Zucker, MD *Hepatology*



Courtesy of UC Department of Surgery

The UC Health University Hospital liver transplant program records an average of 90 percent graft survival after one year, 5 percent higher than the national rate.

"We have a very experienced team who produces excellent outcomes—often with high-risk patients."

*Amit Tevar, MD, director of liver transplant services
UC Health University Hospital.*

Clinical Trial Enrolling Liver Failure Patients

Through its affiliation with the UC College of Medicine, University Hospital's liver transplant team is enrolling liver failure patients in a Food and Drug Administration clinical trial on a new technology called ELAD—Extracorporeal Liver Assist Device—the first human cell-based artificial liver. Similar to a heart-lung machine or kidney dialysis, ELAD is designed to stabilize liver function in patients with acute liver failure by processing toxins and synthesizing proteins that are key products of normal liver function, possibly providing a bridge to transplant or recovery. **To learn more about the trial**, call Tiffany Kaiser at (513) 558-0821. •

HOW WE MAKE A DIFFERENCE

Complex Jaw Reconstruction Helps Patient with Stage-4 Mouth Cancer

In 2008, James Joseph (J. J.) Lail took a leap of faith aimed at improving the lives of others. He left the security of his suburban teaching job in Loveland, Ohio, and moved with his wife, Amanda, and two young children to the city of Monterrey in northeastern Mexico

That life-changing moment instantly expanded his family from four to 12. Through the faith-based nonprofit organization Back 2 Back Ministries, the Lails became foster parents to eight orphaned teenage boys. Their mission is to help orphaned and impoverished children overcome their life circumstances and break free from a cycle of poverty.

Shortly after embracing this gratifying new life purpose, Lail began experiencing pain and swelling in his mouth. Routine tests with his dentist ruled out common problems like cavities and he was referred to a periodontist, where he had more testing that led to taking antibiotics to knock out any underlying infection.

"Unfortunately, it became clear after about 18 months of tests and treatment without relief that something else was going on, and I was referred to an oral surgeon for a biopsy," recalls Lail.

That is when he experienced another life-changing moment: a stage-4 squamous cell carcinoma diagnosis. The cancer had invaded his right jaw and affected a portion of his face and inner lip.

"The next day I was on a plane back to Ohio to seek a second opinion and find an oncologist." He was referred by two family friends—an oral surgeon and an ENT doctor—to Yash Patil, MD, and Keith Casper, MD, at UC Health. They are the only head and neck surgeons in the Greater Cincinnati area fellowship trained in microvascular reconstructive surgery.

Patil and Casper removed the cancerous tissue and bone, and then performed a microvascular free tissue transfer to reconstruct the portions of Lail's face and jaw affected by the tumor. The technique involves using existing skin, tissue and bone from another part of the body—in Lail's case, the lower leg—to build a new jaw and restore function.

"This is very delicate surgery. It involves using a microscope to meticulously connect small blood vessels to give the tissue graft a blood supply that will allow it to survive. We use a suture finer than a human hair," explains Patil. "The procedure generally lasts six to eight hours. By taking time to properly reconstruct our head and neck cancer patient, they have the best possible cosmetic result and function."

Lail finished radiation therapy in late October and returned to Mexico in mid-November. ●

J. J. Lail was referred to Yash Patil, MD, and Keith Casper, MD, at UC Health, the only head and neck surgeons in the Greater Cincinnati area fellowship trained in microvascular reconstructive surgery.



Casper



Patil

>> PATIENT APPOINTMENTS
Casper and Patil see patients at the UC Health Physicians Office in West Chester and Barrett Cancer Center in Clifton. For appointments or referrals, call (513) 475-8400.



J. J. Lail (standing)

Courtesy of J.J. Lail



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