

Discover

UNIVERSITY OF CINCINNATI MEDICAL CENTER

HEALTH

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(From left) Charles Hatterer, MD, David Feldman, MD, PhD, and Louis B. Louis IV, MD, are part of the expert team that has launched the University of Cincinnati Medical Center's heart transplant program. Read more on pages 4 and 5.

 UC Health™



Measuring Up... in Quality, Safety, Customer Service and More

Measuring is a normal part of life. We measure lumber to build houses. We measure inseams to make alterations. We measure room dimensions to install flooring and furniture. And we measure the number of inches our

children and grandchildren have grown each year. Health care today also demands that measurement be an essential and integral part of continually improving and enhancing care and services provided to patients. As the region's only academic health system, UC Health must take the lead.

We put forth a tremendous effort at UC Health to measure the outcomes of our work, all of which we do for the benefit of our patients. UC Health utilizes detailed metrics that allow us to constantly measure and gauge our effectiveness in the critical areas of safety, quality, service, efficiency and growth. Measurement allows us to continually enhance the quality level of the care that we provide within the safest possible environment, while always striving to maintain exceptional customer service levels. This not only benefits our patients, but also contributes to cost effectiveness. We know the safest, highest-quality health care is also the most efficient. Therefore, we closely analyze the costs of our operations, including such things as medical supplies, which helps us avoid waste.

Finally, our goals for growth include purposeful efforts to extend our reach into outlying areas of the Tri-State by serving as a regional referral center to provide life-changing care to the most-critically ill or injured.

UC Health is the region's premier provider of advanced specialized medical care. We bring the most advanced care to area residents, right here close to home. This leadership is built on nearly 200 years of medical research, innovation, scientific discovery and the delivery of compassionate care. And measurement of progress is at the core of our achievements and our goals, which include:

- Building a healthier community and improving the quality of life for everyone we serve;
- Delivering an exceptional patient care experience;
- Providing a network of advanced medical specialists, innovative health solutions and accessible primary care for our staff and neighbors;
- Supporting the academic mission of the University of Cincinnati.

By measuring our progress toward our goals, we will ensure that we maintain our role and record of leadership and service, bringing the most advanced specialized care to our community.

Thank you,

Richard P. Lofgren, MD, MPH, FACP
President and Chief Executive Officer
UC Health

Unlocking the power of Placebo

A study from University of Cincinnati suggests if you believe a drug treatment is expensive, it works better—even if the treatment is a placebo.

"Patients' expectations play an important role in the effectiveness of their treatments, and the placebo effect has been well documented, especially in people with Parkinson's disease," says Alberto Espay, MD, associate professor, UC Department of Neurology & Rehabilitation Medicine. "We wanted to see if patients' perceptions of the cost of the drug received would affect the placebo response."

In the study, supported by Davis Phinney Foundation, 12 people with Parkinson's disease were told they would receive shots of two formulations of the same drug, one described as "cheap" and one described as "expensive." But all participants received a placebo. When people received the "expensive" drug first, their motor skills improved by as much as 28 percent versus 13 percent on the same test when they received the "cheap" drug.



The study's results could have an important impact in the treatment of conditions like Parkinson's.

"If we can find strategies to harness the placebo response to enhance the benefits of treatments, we could potentially maximize the benefit of treatment while reducing the dosage of drugs needed and possibly reducing side effects," Dr. Espay says.

Learn more about this remarkable study by visiting healthnews.uc.edu/news, then search "placebo."

baby
BEARCATS

Tiny Hearts, BIG Miracles



Kelly and Paul Kramer with 2-year-old twins Katie and Kenzie and sons Bradan, 8, and Owen, 5.



Kelly Kramer is the mother of two young boys, both of whom were delivered routinely, without complications. In 2013, however, Kelly became pregnant with twins and soon began to experience complications.

A vein was “in a bad spot,” Kelly explains, and doctors at University of Cincinnati Medical Center immediately began monitoring her to ensure the vein issue would not affect the growing babies.

Placed on bed rest, Kelly was monitored for two weeks at UC Medical Center and was discharged with strict instructions to help minimize complications. Just 28 weeks into the pregnancy and after only one week at home, it became clear that she would need to deliver her babies early—12 weeks short of normal gestation.

UC Medical Center Neonatal Intensive Care Unit (NICU) is a Level III NICU facility, a designation earned only by hospitals equipped to provide intensive care for the smallest and sickest of newborn babies. The Level III NICU has a wide variety of staff on site, including neonatologists, neonatal nurses and respiratory therapists who are available 24 hours a day. The UC Medical Center NICU team was equipped and prepared to provide highly specialized care for the tiny Kramer babies.

Comfort During a Stressful Time

Kelly was in the labor and delivery unit 11 days before her girls were born. The twins stayed another seven weeks in the NICU after Kelly was discharged. Though Kelly and her husband, Paul, desperately wanted to, they couldn't be there around the clock.

“Having a child who is born early or born at term with complications is extremely stressful,” says Anne McIntosh, a physical therapist in the NICU.

“Naturally, I was nervous, irritated, angry, upset and scared,” Kelly says.

The experienced and compassionate team of care providers was there for Kelly and her family. Doctors and nurses helped ease her fears by explaining the best treatment approach for the newborns.

“They truly cared for the girls as their own,” Kelly says. “There were times when my husband couldn't be there with me. It was the nurses who were holding my hand and telling me everything was going to be okay.”

Flash forward two years—twins Katie and Kenzie are better than okay. “They are doing wonderfully,” Kelly says. “They're rambunctious, active 2-year-olds.”

Families Helping Each Other

In retrospect, says Kelly, “I think it would have been helpful to be able to talk with other families who had also experienced this situation. When you are looking at a three-pound baby with all these tubes and lines, you don't necessarily see the light at the end of the tunnel.”

Kelly wasn't alone in recognizing this need. McIntosh understood it, too.

McIntosh, along with fellow care providers and family members, formed Friends of Tiny Hearts, a group of NICU staff and former NICU parents who offer a forum to share experiences and provide support.

“We describe the equipment one might see in the NICU and explain the advanced care process,” McIntosh says. “We explain how to interact with your baby and how to build a connection, and discuss the importance of skin-to-skin contact and baby facial cues, among other topics.”

Today, Kelly Kramer is an active member of Friends of Tiny Hearts and frequently talks with other families who are experiencing a challenging pregnancy. “I can never repay the NICU team for everything they have given me. This is my small way of giving back.”

To learn more about Maternity Services, schedule a tour or register for childbirth education classes at UC Medical Center, please call (513) 584-1000, or visit UCHealth.com, choose “Healthcare Services,” and then select “Maternity Services (UC Medical Center).”

To learn more about Friends of Tiny Hearts, email tinyhearts@uchealth.com or call (513) 585-TINY (8469).

Cincinnati Heart Dream Team

Meet the physician leaders who have collectively built the region's only heart transplant program.



"Heart transplantation is part of a continuum of advanced cardiovascular care that UC Health offers to the community and the region. The program can be viewed as the apex of a pyramid, where increasing complexity of diseases, disorders and conditions are managed with advanced medical therapies, mechanical devices and, in those who are not improving, heart transplantation."

Richard C. Becker, MD

Professor of Medicine
Director, Division of Cardiovascular Health and Diseases
Director, University of Cincinnati Heart, Lung and Vascular Institute



"We've really made an effort to recruit the best talent that UC Health has to offer, and we've brought in people from all over the country to make UC Medical Center a regional as well as national referral center for advanced cardiac care."

David Feldman, MD, PhD

Professor of Clinical Medicine
Director, Clinical Services, University of Cincinnati Heart, Lung and Vascular Institute
Director, Advanced Myocardial and Circulatory Services, Division of Cardiovascular Health and Disease



"Heart failure affects more than 5 million Americans. Every year, 280,000 patients die from it. Without surgery or aggressive intervention, you can expect a 20 to 30 percent two-year survival rate when diagnosed with Class IV heart failure."

Louis B. Louis IV, MD

Associate Professor, Department of Surgery
Director, Mechanical Circulatory Support, University of Cincinnati Heart, Lung and Vascular Institute



"To be able to offer heart transplants in Cincinnati means that patients who would otherwise have to travel hundreds of miles away can have the procedure performed in their own community. Patients recover better if their family and friends are nearby and if they are in a familiar setting."

Charles Hattemer, MD

Professor of Clinical Medicine
Interventional Cardiologist, University of Cincinnati Heart, Lung and Vascular Institute



"The cardiovascular community has reached a point where patients with advanced, complex heart valve disease can be offered surgical and non-surgical options to provide optimal care. Our team approach to evaluation and treatment is based on specialized training and clinical expertise. We believe that this is the formula for achieving great, individualized care."

Satya Shreenivas, MD

Assistant Professor of Medicine
Director, Structural Heart Disease Program, University of Cincinnati Heart, Lung and Vascular Institute

The Heart of the Matter:

Transplant Program Boosts Tri-State Heart Care

University of Cincinnati Medical Center has launched the region's only adult heart transplant program. Long a leader in heart care, UC Medical Center will continue to be a regional destination for men and women with the most serious heart problems.

With the transplant program, patients in need of a new heart will no longer need to travel to hospitals outside the region to receive this delicate, life-saving surgery. Adults who received heart transplants as children can continue receiving care at UC Health.

University of Cincinnati Heart, Lung and Vascular Institute—directed by Richard C. Becker, MD, cardiologist and Mabel Stearns Stonehill endowed chair and professor of the UC division of cardiovascular health and disease—has recruited nationally respected heart surgeons to direct the transplant program.

Louis B. Louis IV, MD, cardiovascular surgeon, and David Feldman, MD, PhD, transplant cardiologist, lead the team, which includes specially trained surgeons, cardiologists, intensive care physicians, nurses, pharmacists, respiratory, physical and occupational therapists, psychiatrists and social workers.

A heart transplant is considered only after all other treatments have been exhausted. In 2014, more than 2,600 heart transplants were performed in the United States.

“An effective heart transplant program requires an effective heart failure treatment program,” says Charles Hattemer, MD, interventional cardiologist. “After all, only a tiny fraction of people with heart failure will receive a new heart. A heart transplant is just the most effective way to treat those people who come to us with heart disease.”

With heart failure, increases in blood volume and pressure over time cause the ventricles in the heart to stretch or harden, reducing their capacity to take blood in or pump it out. Underlying causes for heart failure include coronary artery disease, diabetes, obesity, hypertension and cigarette smoking.

A patient with the most serious level of heart failure is unable to carry on physical activity without discomfort, according to Dr. Louis. “Shortness of breath, even at rest, is the primary symptom of Class IV heart failure,” he explains. “Those are the people the heart transplant program will now be able to help.”

“Our faculty and staff understand the level of commitment and expertise required to offer high-level, complex care,” Dr. Becker says. “It inspires all of us to know that collectively we can make a difference.”

15: Estimated number of
transplants
to be performed
each year by **UC Health**
Surgeons

42,000 people in the
UC Health service area will need
treatment for heart
failure this year according to
the American Heart Association

Newer Devices Increase Length and Quality of Life

Most heart disease patients receive treatments far less extreme than a transplant.

One such treatment offered at the University of Cincinnati Medical Center is the left ventricular assist device (LVAD), an implanted device that continuously pumps blood into the body.

Once used exclusively as bridge therapy before a transplant, the LVAD is now often a long-term, effective solution to keep people alive and well even when a transplant is not an option.

And with good reason: “The survival rate of a patient with an LVAD is 80 percent through two years,” says Louis B. Louis IV, MD, cardiovascular surgeon at UC Medical Center. “You’re not just giving them back more time, you’re taking someone who wasn’t able to do anything, and now suddenly they are able to get back to doing what they love.”

“We operate for two reasons, to alleviate symptoms and to extend life,” Louis says. “We accomplish both of those with the LVAD.”

For more information about the Heart, Lung and Vascular Institute, visit UCHealth.com/heart.

At Risk for Lung Cancer?

Early Screening Could Save Your Life



UC Health has launched Greater Cincinnati's first lung cancer screening program.

A 2011 national trial that used low-radiation CT scans to detect lung cancer in at-risk individuals found that early screening could reduce lung cancer deaths by 20 percent.



Valerie Williams, MD
Thoracic Surgeon

"To date we have screened more than 300 patients and detected cancers that may otherwise not have been found until a more advanced stage," says Valerie Williams, MD, a thoracic surgeon for UC Medical Center, and assistant professor of surgery in the division of thoracic surgery for the UC College of Medicine.

Detecting lung cancer early is critical. As Kevin Redmond, MD, an oncologist with the UC Cancer Institute and professor emeritus of radiation oncology for the UC College of Medicine, says, "If you have symptoms of lung cancer—coughing up blood or chest pain, sometimes accompanied by pain within organs where the cancer has spread—it's usually at a late stage."



Kevin Redmond, MD
Oncologist

Late-stage lung cancer treatments involve chemotherapy and radiation therapy along with minimally invasive surgery, whereas lung cancers caught early often require only surgery and have far better survival rates.

You could qualify for a lung cancer screening if you have smoked more than a pack a day for 20 years (or two packs a day for 15 years) and are 50-79 years of age or have a family history of lung cancer. The cost of a comprehensive screening is \$99.

To learn more about the UC Health lung cancer screening program, call (513) 585-LUNG (5864) or visit UCHealth.com/lungcancer.

GOOD HEALTH = A Healthy *Sex Life*

Aging can challenge a healthy sex life.

For men, the ability to get and maintain an erection is often a barometer of overall vascular health.

According to R. Bruce Bracken, MD, a UC Health urologist and professor of urology for UC College of Medicine, impotence usually means arteries are blocked, a condition called arterial sclerosis, which is the root cause of heart attacks and strokes.



R. Bruce Bracken, MD
Urologist

"If you are able to have an erection, it's a good sign," says Dr. Bracken. "But if you are impotent, chances are you're overweight, have diabetes or take hypertensive medications. You have to be healthy to be able to have sex."



Lisa Larkin, MD
Internist/Women's Health Specialist

Women's issues are different, explains Lisa Larkin, MD, medical director of UC Health Women's Center in West Chester; associate professor of obstetrics and gynecology for UC College of Medicine; and director of midlife women's health and primary care. "Female sexuality is based on the biopsychosocial model with four overlapping components: biology, psychology, interpersonal relationships and your religious or social upbringing."



Sex can become more complicated after menopause. "About 40 percent of midlife women experience decreased libido, problems lubricating, inability to have an orgasm or experience pain during sex. But only 12 percent are distressed by it," says Dr. Larkin.

That relatively small percentage of women distressed by changes still accounts for millions who want help. As physicians and patients more openly discuss sexual health, numbers likely will rise.

In essence, good health and good sex are closely linked. Challenges in the bedroom could be a sign of a more significant physical or psychological issue.

To learn more, visit UCHealth.com/urology or UCHealth.com/women. To receive the name of a urologist or a women's health specialist, visit UCHealth.com and select "Find a Physician."

Taking The Fall *Seriously*

Falls are both the leading cause of injury and death for people over 65, says the American College of Surgeons.



Amy Makley, MD
Trauma Surgeon

"Hearing and vision often changes with age, which increases the risk of a fall," says Amy Makley, MD, trauma surgeon with UC Health division of trauma and critical care surgery and assistant professor of surgery for UC College of Medicine. "Other factors include co-morbid conditions such as diabetes or heart disease, medications that interact with each other, sedentary lifestyles that cause loss of muscle and bone mass, or weakness from other medical injuries."

Hip fractures are the most common result of a fall, and brain injuries can occur as well. Many older adults are on prescribed blood thinners, meaning a small cranial wound could become fatal.

University of Cincinnati Medical Center is the region's only Adult Level I Trauma Center, which means patients have direct access to multidisciplinary teams of specialists as well as the most advanced technology.

"We have incredible resources here," Dr. Makley says. "We have an in-house trauma team that is readily available at all times, in addition to a staff of experienced nurses and therapists. The emergency rooms are equipped to take care of trauma patients efficiently and effectively."

Late one night, 82-year-old Richard Holden took an ill-fated step in his home. "Instead of turning into the bedroom, I took a step into the darkness," Richard says. "I fell down the staircase, 19 steps all the way down to the bottom."

Richard's wife, Brenda, immediately called for an ambulance. By the time it arrived, Richard's head wound was bleeding profusely. He also had a thigh contusion, five fractured ribs and a fractured thoracic vertebra.

He received immediate care from the trauma team, was admitted to the hospital, started physical therapy and a few months later, was playing golf and walking with his wife.

UC Medical Center's sister institution, West Chester Hospital, is an accredited Level III Trauma Center. Along with UC Health Air Care & Mobile Care, UC Health offers a community-wide continuum of care second to none.



Jay Johannigman,
MD, Chief, UC Health
Division of Trauma

"It's unique to have a Level I center partnered with a Level III center in the same system and staffed by the same personnel," explains Jay Johannigman, MD, chief of the UC Health division of trauma and critical care surgery, and professor of surgery for the UC College of Medicine. "UC Health has transformed into a regional trauma system with multiple platforms to serve the people in our community. It's a distinct advantage."

Tips for Staying Safe at Home

- 1. Keep Active:** Physical activity can prevent a fall by improving strength, balance, coordination and flexibility.
- 2. Light Up Your Home:** Keep lights on around your home to avoid tripping on objects that are difficult to see, especially at night.
- 3. Eliminate Hazards:** Remove boxes, obtrusive tables, loose rugs and, most importantly, electrical cords and wires that might cause you to trip.
- 4. Use Assistive Devices:** Use a cane or a walker, install hand rails on staircases, grab bars in the shower and use non-slip mats in the kitchen and bathroom.



After experiencing a serious fall in his home, Richard Holden received life-saving care from the UC Health trauma team. A few months after physical therapy, he was back to playing golf and taking walks with his wife, Brenda.

To receive a Fall Prevention Guide for Older Adults published by the UC Health Trauma Services Injury Prevention Program, please call (513) 584-5382.

Discover Health is a quarterly magazine published by University of Cincinnati Medical Center to provide accurate and timely health information. It is offered as a health education tool featuring news and stories centered around academic-based, discovery-driven health care—it is not a substitute for consultation with a personal physician. UC Medical Center is located at 234 Goodman Street, Cincinnati, OH 45219. For more information, call (513) 584-1000 or visit UCHealth.com. You can also like us on Facebook at [Facebook.com/uhealthcincinnati](https://www.facebook.com/uhealthcincinnati) or follow us on Twitter @UC_Health. If you do not wish to receive future issues of this publication, please email UCMC-PR-Marketing@UCHealth.com.

A Community Cornerstone *for 100 years*

University of Cincinnati Medical Center recently celebrated 100 years in its historic Clifton location. Altogether, the area's premier medical institution has brought together doctors to serve the community and people around the globe with cutting-edge research and a culture of excellence in care for nearly 200 years.

The Clifton medical campus has supported important "firsts:"

1916: The first bachelor's degree program in nursing was created in collaboration with University of Cincinnati College of Nursing.

1942: UC chemical engineering professor George Rieveschl received a patent for inventing diphenhydramine, better known as the brand name Benadryl.

1951: Cardiologist Samuel Kaplan, MD, Chemist Leland Clark and Surgery Professor James Helmsworth, MD, developed the world's first functional heart-lung machine.

1960: UC College of Medicine faculty member Albert Sabin, MD, developed the first oral polio vaccine.

1961: Leon Goldman, MD, a dermatology professor known as the "father of laser medicine," opened the country's first medical laser laboratory at the university.

1970: UC College of Medicine created the first emergency medicine residency program for medical students in the United States.

1984: A UC College of Medicine neurosurgeon was the first surgeon to receive Food and Drug Administration approval to use the YAG laser to vaporize previously inoperable brain tumors.

1984: The first multi-disciplinary stroke team in the United States was established at UC Medical Center serving 15 area hospitals.

2002: A UC College of Medicine team attracted international attention for identifying two genes that show a risk of heart failure 10 times greater than the risk faced by people without the genes.

Now, *the next century*

Already one of the nation's top teaching hospitals, University of Cincinnati Medical Center is part of the integrated UC Health system, with a strong continuum of care. West Chester Hospital, the Lindner Center of HOPE Mental Health and Addiction Center and the Daniel Drake Center for Post-Acute Care are also critical components of an important strategy to serve the community.

"We have specialists, multidisciplinary teams of experts and the infrastructure," says Lee Ann Liska, president and CEO, UC Medical Center. "With the addition of our continuum of care, we are carrying UC Medical Center's tradition of excellence into the future."

For more information, visit UCHealth.com/University-of-Cincinnati-Medical-Center/.