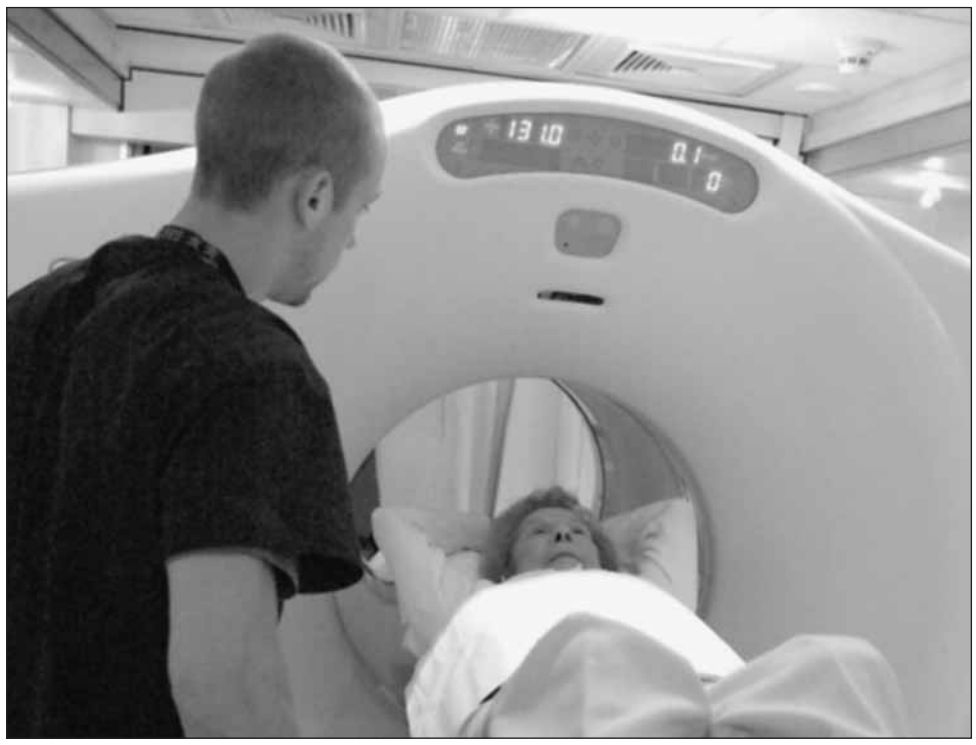
PRSRT STD
U.S. Postage
PAID
Permit #12
Indiana, PA

JULY 2007 • $3.00

Western Pennsylvania
Hospital News™
THE REGION'S MONTHLY HEALTHCARE NEWSPAPER



Mary Ann Gayarski, Canonsburg, undergoes a PET/CT scan. Kyle Lambright is the nuclear medicine technologist.

Canonsburg General Hospital Introduces 'Star Wars'-Type Technology

BY LOIS THOMSON

Dr. William Thomeier summed up the new PET/CT scanning procedure available at Canonsburg General Hospital by saying, "The whole is greater than the sum of the parts." Thomeier, Medical Director of Imaging Services, emphasized that the PET and CT scans on their own are "terrific," but said when they are combined, "You can't beat it."

Marilyn Kovach, Director of Medical Imaging Services and Cardiology and a technologist as well, described the two procedures and how they work together. "When we use a CT scanner we're looking at the anatomical detail in the body," she said. "And the PET scan provides metabolic detail, such as cellular activity. So when you combine the two, you get a complete anatomical view of an organ and the function, to look for growth or tumors or abnormal structures, along with cellular activity."

Kovach said this is important because cancer cells consume sugar at a faster rate than other cells that aren't cancerous. If that is occurring, "it creates a hot spot on the film and highlights a cancerous area."

In doing the PET portion, Kovach said the patient is injected with FDG, a type of glucose, that is also tagged with a radioactive substance.

"The sugar that is taken up in the body emits positrons. These positrons collide with the electrons in that area, and when they collide they give off a gamma radiation. That gamma radiation is then picked up by the scanner and the rays are converted into images. From those images, we see metabolic hot spots, which indicate a rapidly growing, or cancerous, tumor. So now with a PET/CT together, we have a complete picture."

Thomeier concurred. "It's like an overlay of images," he said. "The images are superimposed on one another so that there's no question as to what you're looking at. The CT anatomy is superb, but the PET scan anatomic depiction is not as sharp. But when you overlay the two sets of images, so that you get the information on the physiology from the PET scan superimposed right on the exquisite

Continued on page 17

Busy Agenda Drives Dr. Gurman in New AMA Leadership Position

BY RON PAGLIA

Dr. Andrew William Gurman

His musical tastes run from classical to opera, from folk to Pink Floyd. But chances are good you won't find that old standard, *Time On My Hands,* among the selections of Andrew William Gurman, M.D.

"I enjoy being busy, it's that plain and simple" Dr. Gurman, an orthopaedic surgeon in Altoona, said. "I like to be involved. I think it's important for physicians to be active in roles that go beyond the traditional realm of clinical care."

That point was emphasized on June 25 when Dr. Gurman was elected vice speaker of the American Medical Association's House of Delegates at the AMA's Annual Meeting in Chicago.

"I believe the AMA is, and must continue to be, the common voice of the house of medicine," Dr. Gurman said. "I plan to reach out to physicians and increase AMA participation, as well as promote the sharing of innovative ideas."

In doing so, Dr. Gurman's travel schedule is likely to pick up as he blends his AMA duties

Continued on page 6

Substance Abuse in the Elderly is a Growing and Under-Diagnosed Problem

BY NANCY KENNEDY

Dr. Neil Capretto

Substance abuse, especially alcoholism and the inappropriate use of prescription painkillers and sedatives, is a growing problem among older adults in the U.S. The problem, however, is frequently unrecognized by physicians and family members and rarely disclosed by older adults themselves. In addition, symptoms of substance abuse can easily be mistaken for symptoms of other medical problems. As a result, older adults with substance abuse problems are less likely to receive treatment and the problems can significantly affect both the quality and length of their lives.

"As a society and a medical community, we generally do a poor job in treating the elderly, " says Neil Capretto, D.O., Medical Director of Gateway Rehabilitation Center. "Once people retire, they become somewhat invisible and their problems are often overlooked. But older adults commonly experience depression, social isolation, declining health and multiple losses. The emotional pain of these experiences can be difficult to cope with and they may turn to alcohol to self-medicate."

Capretto says that there are basically two groups of older adults that are at risk for alcoholism. The first consists of those who started drinking at a younger age and find that as they age, the same amount of alcohol has double or triple the effect. These people experience "reverse tolerance" – rather than becoming more tolerant over time, they

Continued on page 33

Publishers Note...

Can't Stop Smiling

By Harvey D. Kart

Harvey with granddaughter Mackenzie and grandson Karter

It's both funny and curious the thoughts that overtake our minds sometimes. I recall, for example, the moment our daughter Kristen called to tell us she was expecting our second grandchild. There, tucked among the range of positive emotions I felt—joy, excitement, gratitude—there lurked a twinge of concern.

This wasn't the expected anxiety over whether everything would turn out as well as it did when Kristen brought our granddaughter Mackenzie into the world. I never take those blessings for granted but, as a rule, I deposit the associated worries at the doorstep of the Man Upstairs. Que sera, sera.

No, this feeling was unique and one that I hesitated to share, even with my wife Bernie. As strange as it may sound to those of you who come from families with multiple siblings, children, or grandchildren, my twisted logic told me that the connection I had with Mackenzie was so strong and so special that I couldn't possibly form another of equal fervor with a child I had yet to meet.

(I know what you're thinking already and I'll go ahead and spoil the ending by telling you that you're absolutely right. But, in my feeble defense, it should be noted that Kristen is our only child and no dad ever enjoyed a more special relationship than I have with her.)

Our grandson Karter arrived January 29, the unique spelling of his name being a tribute of sorts to my last name—not to mention a guarantee, if one were actually needed, that he would be included in my will. (My daughter is as brilliant as she is beautiful.)

Four months after Karter was born, Kristen, her husband Josh (whose standing with me climbed considerably when he signed off on the spelling of Karter's name), and the kids traveled from their home in Atlanta for an extended visit with us in Florida.

As soon as we greeted them, I felt one of life's little miracles happen: As quick as Karter captured my heart I could feel Mackenzie's hold on me grow even stronger. In other words, I had nothing to worry about all along.

At four months, Karter is able to look into my eyes as I look into his, and the connection between us definitely is there. (We're already mentally plotting against his parents as to which rules we can break without suffering some severe repercussions. We have to be careful here. They might even punish him, too.)

Karter is a non-stop smiler. And, no, it's not gas. He's a happy kid, and his happiness is infectious. When you're around him, you forget you have bills to pay, promises to keep, or a bad back to suffer.

Mackenzie, Karter, and I spent a great deal of our time at the beach, enjoying each other's company and forging a three-way bond that will last forever: he on my shoulders giggling; she at my side, playing in the water. At one point Mackenzie licks the ocean and says, "Harvey." (An admitted Baby Boomer and '60s survivor, I balked at being called "grandpa.")

I look down at her and she squeals, "French fries water!"

As Dean Martin said, memories are made of this. And I'm a lucky man.

Harvey Kart

You can reach Harvey Kart at (412) 856-1954 or hdkart@aol.com.

Fiduciaries: Beware of Those Hidden Costs

BY SYLVIA BELL

Sponsors of retirement plans are continually faced with many decisions relating to the plans they sponsor. Recently, several lawsuits have been filed for claims relating to those decisions. The purpose of this article is to provide a clearer understanding of how retirement plans are operated in order to determine how to avoid similar litigation.

You (sponsors) may have been told that if the plan provides for "self direction" you have fulfilled your fiduciary responsibility and are "off the hook." However, that advice does not go far enough to provide information that will help to avoid legal problems. Self direction is a technical way of saying that participants choose how they want to invest their salary deferral in the 401(k) plan. However, participants really only choose between funds that the plan sponsor selected to be in the plan. Hopefully, plan sponsors choose funds which performed well in the past as well as funds that have reasonable fees associated with them. Plan assets are really the crux of many of the recent lawsuits relating to 401(k) plans. Self direction and appropriate fiduciary action are necessary to avoid participant legal action.

The complaints in the recent lawsuits allege that the fiduciary failed to:

1. Effectively scrutinize the fee arrangements
2. Monitor the service provider arrangements
3. Adapt the operations as the plan assets increased.

Scrutinizing fee arrangements involves the plan sponsor interviewing two or more vendors and asking difficult questions about areas of which the plan sponsor may not be familiar. Often, decisions are made by an employee whose brother-in-law or fraternity brother sells a particular product and who assures the employer that the funds are great. The "selected vendor" may show charts that report the fantastic past performance and minimal fees, but all too frequently the discussion about the fees does not happen. Sometimes fees are assumed to be reasonable, but commonly the diligent review of fees doesn't happen to avoid an awkward conversation. Plan sponsors really cannot shirk this fiduciary issue without risking exposure to potential claims of breach of fiduciary duty.

Even when the employer attempts to perform the required due diligence to engage the vendor or third party administrator, he doesn't continue to monitor the service provider operations. He often just assumes that once the provider is selected his job is done and that the plan can operate that way indefinitely. Most plans grow and change and the service fees associated with them should be monitored periodically to determine if the selected service provider is still appropriate.

Plan operations may need to be changed periodically to accommodate the growth of plan assets. Large plan assets afford different types of options such as reduced fees or changing to lower cost institutional shares. Smaller plans often have no leverage to negotiate fee arrangements or to get sufficient information relating to fee disclosure. Plan sponsors should be aware of how the size of the plan assets affects the cost of operating the plan.

Case law dictates that when a fiduciary duty is imposed, equity requires a stricter standard of behavior than the comparable standard at common law. Generally, this means that a fiduciary has a duty to avoid situations where (1) there is a conflict between personal interests and fiduciary duty, and (2) the fiduciary duty conflicts with another fiduciary duty. It is obvious that the fiduciary must not profit from their fiduciary position without express knowledge and consent of those for whom the fiduciary is acting. It appears clear that knowing as much as possible about situations that may affect the growth of the plan assets is imperative to fulfill a fiduciary duty.

Anything less than full disclosure regarding the fees in the plan, prevents participants from fully understanding the cost of the products and services. The participant's lack of knowledge could potentially diminish their retirement benefits. For example, a participant may not know that there are fees associated with each trade that they make or that fees are imposed whether or not they trade at all.

For a participant selling stock valued at $50,000, a reasonable charge for that transaction would be approximately 1% ($500), but it is also very possible that the fee for the same transaction could be 2%. The difference between a fee of $1,000 and $500 may not make a significant difference in someone's retirement income. However, if that same transaction occurs several times over the life of an individual's retirement plan, it could make an appreciable impact.

The Department of Labor has taken the position that plan sponsors must know the direct and indirect compensation paid to all persons providing services to a plan. The idea that not knowing or ignoring the fee structure involved in the plan is expected for plan sponsors. Participant complaints claim that revenue sharing payments are plan assets and since plan fiduciaries are responsible for all plan assets, "not knowing" can arise to a breach of duty.

The standard that binds fiduciaries is "reasonableness." This standard applies to revenue sharing, communication and general operation of the plan. Protecting yourself from potential liability means involvement. Knowing the various facets of the plan and how the service providers and contracts in which the plan is a party affect the plan is required. Knowledge is the key to understanding which also seems to be the key to diligent fiduciary duty.

Protecting yourself from potential liability means involvement. Knowing the various facets of the plan and how the service providers and contracts in which the plan is a party affect the plan is required. Knowledge is the key to understanding which also seems to be the key to diligent fiduciary duty.

Sylvia Bell, JD, is Senior Manager of Employee Benefits at Alpern Rosenthal. She can be reached at (412) 281-2501, ext. 335 or at sbell@alpern.com.

Top Ten Ways to Get Sued by an Employee
(And How to Avoid Them)


BY LAURA A. CANDRIS AND QUINN A. JOHNSON

Many employers believe that they will never be sued by an employee or former employee unless they violate a law. The reality is that employers are at risk of being sued by a disgruntled employee at any time, even when the employer did nothing "legally" wrong. Many, if not most, employees sue because they are angry about the way they were treated. Defending even frivolous litigation is costly, time-consuming and disruptive to the employer's operations. This article identifies ten common mistakes employers can make in dealing with their employees and provides tips on how to avoid them.

1. Fail to Train Your Employees

Management personnel need to know that they have the right and duty to make adverse employment decisions for lawful reasons, such as poor performance or misconduct, but they may not treat any employee worse than other similarly-situated employees based on any employee's protected status or activities. Additionally, managers should be trained about what other actions are prohibited and permitted by law. All employees should receive training about their duty to comply with laws prohibiting discrimination, harassment and retaliation and how to report problems.

2. Don't Document

One of the worst things you can do is fail to warn employees in writing. Paper is impressive: employers immensely reduce their risks of claims and liability when they document, in a writing to the employee, what the problem is and what the employee needs to do to save his/her job.

3. Don't Follow Your Handbook

If you have told employees in a handbook that they will be discharged only for certain reasons or only after certain procedures have been followed, then follow the rules and procedures the company has established. Obviously, employers should not issue rules they are not willing to follow. (Also, employers intending that employment relationships be "at will" should state that expressly — in handbooks, application forms and offer letters.)

4. Treat Employees Differently for No Good Reason

When employers elect to treat similarly-situated employees differently, they invite claims. If you decide that it is appropriate to treat two employees who did essentially the same thing differently, be prepared to demonstrate that you had a lawful reason for doing so, such as seniority or prior discipline, and that the company has a history of making such distinctions.

5. Lie

When you discharge or discipline an employee, be honest. Give the real reason(s) for the action. Either exaggerating the problem or giving a reason that you think is less likely to offend the employee will make it more difficult to win if a claim is filed.

6. Lose Your Temper

Never discharge or take other adverse action against an employee in anger. If you need to get the employee out of the work place, do so by suspending the employee until you can make a rational decision.

7. Fail to Investigate

Often, employers take action before knowing all of the facts. Rather than making a snap judgment, talk to the employee to get his/her side of the story, then investigate any unlawful motives or exonerating circumstances claimed by the employee. It is always better to do your own investigation up front than to live through the investigation a government agency or the employee's lawyer will do if a claim is filed.

8. Gossip

Don't set yourself up for a libel or slander claim. Limit your discussions of employees' problems or reasons for discharge to those who have a genuine need to know.

9. Fail to Fulfill Your Obligations

A sure way to trigger a lawsuit is not to pay employees all wages earned and owed. Pay employees all amounts due and fulfill all other obligations to discharged employees, such as, insurance conversion or COBRA rights.

10. Don't Bother to Get Your Decisions Reviewed

Employers should make sure that all tangible job actions (e.g., discharge and demotion) are approved by the decision-maker's superior and the employer's personnel professional. If your company does not have a personnel professional, review the decision with the company's employment law attorney. The cost of the time spent in having that review may save thousands of dollars later.

Laura A. Candris and Quinn A. Johnson are employment law attorneys at Meyer, Unkovic & Scott and can be reached at lac@muslaw.com and qaj@muslaw.com.

COVER STORY: *Busy Agenda Drives Dr. Gurman in New AMA Leadership Position*

Continued from page 1

with his myriad responsibilities as president and CEO of Blair Orthopaedic Associates and Sports Medicine in Altoona and the only hand surgery specialist between Pittsburgh and Harrisburg. He is a member of the Medical Staff at Altoona Hospital.

"My predecessor (as vice speaker) was on the road 90 days last year, so that may tell you something about what lies ahead," Dr. Gurman said laughingly.

His schedule notwithstanding, Dr. Gurman will be addressing familiar topics and challenges confronting medicine. They include, but are not limited to, the following"

■ **Rationing of Health Care:**

"More and more technology and pharmacy is becoming available, but all of this carries significant cost," he said. "At some point, these advances will be available only to those who can pay for them privately. We need to have a dialogue which includes all of the stakeholders in order to deal with how we allocate our health care resources and what level of care will be provided for everyone."

■ **Stem Cell Research:**

"This is an exciting technology which simply cannot be ignored," Dr. Gurman said. "We need to find a way to pursue this in a manner which does not ethically offend the sensibilities of those who have concerns regarding the sanctity of life. We need to look at possibilities which are acceptable to both, such as embryo sparing stem cell techniques. It is vital that we remain objective, that all sides be given the opportunity to be heard and that everyone be treated with respect."

■ **Caring for All of Our Citizens:**

"This actually has several subgroups: 44 million uninsured, racial, ethnic and socioeconomic disparities in health care and outcomes, a rapidly enlarging elderly population," he said.

Expanding on those positions, Dr. Gurman said the most pressing issues for physicians are the five items that constitute the AMS agenda – Medical liability reform, Medicare payment reform, Coverage of the uninsured and access; Lifestyle issues – i.e., obesity and diabetes; Regulatory relief.

"We need to be advocates for deliberate and thoughtful discussion and policy formulation on all of the issues by bringing everyone together for meaningful discussion," he said.

Safety and quality of care "are paramount" to the trusting doctor-patient relationship, Dr. Gurman said. Given the public scrutiny and concern in this area, he continued, the AMA needs to be "front and center in assuring ... that care is safe and effective."

"Our patient safety foundation is a terrific effort and we need to let more people know about it," he said. "We also need to assist our members in dealing with safety initiatives by making sure they are not overly burdensome and go against common sense."

What should/can be done to reduce fragmented care from the patients' perspective?

"We need to reimburse the primary care physician adequately to allow him or her to function as the coordinator of care," Dr. Gurman said.

Medical liability insurance is a major area of concern in Pennsylvania.

"The current medical liability climate in our state is making it extremely difficult to recruit new physicians," Dr. Gurman said. "It's not only a matter of physicians leaving, but also a problem in recruiting new physicians to come. I do believe the governor and the General Assembly are receptive to listening to our concerns and we will eventually find a solution to the problem."

Physicians in rural and small practices across the country have a particularly difficult time attracting new doctors and making their practices economically rewarding, he continued. And the solution might rest in Washington, DC.

"If we can get Congress to appreciate the extent of the problem, we may hope to be able to get them to provide sufficient incentives to attract physicians to rural areas," Dr. Gurman said.

On the matter of transparency, Dr. Gurman favors the concept but wants reassurance that information is accurately dispersed to the public. This would include performance and outcomes on such things as medical errors, infections, patient safety, and cost comparisons.

"As a practicing physician, I'm concerned about the validity and the context and the interpretation of the information that is being compiled and made available to consumers," he said. "Too often, we read or hear about statistics that have no real veracity because they were misinterpreted. The criticism that follows is not justified and can have very negative effects on hospitals and physicians. I have no problem with reporting to the public, but it has to be done in a fair manner."

Challenges facing physicians are plentiful, Dr. Gurman said. He cited such factors as practice viability, medical liability insurance, reimbursements and rising costs.

"Technology changes so rapidly and it is often difficult to keep up with it," he said. "It is extremely difficult to balance the process of running a cost-effective practice. The overhead can be crushing when you mix in all of the factors."

Public health issues also are at the forefront of Dr. Gurman's concerns.

"There are so many risk factors that affect our lives," he said in citing such lifestyle elements as smoking, lack of exercise, alcoholism, and overeating and unhealthy diets. "Physicians and hospitals can preach about how to avoid these risks, but people also need to take control of their own lives. Unfortunately, we live in a society where personal responsibility for one's own health is not reinforced. Awareness is increasing, but we still have a long way to go."

Championing the causes of healthcare and physicians is nothing new to Dr. Gurman, 55. Among his many activities, he has been a member of the AMA since his first year of medical school; served as speaker of the Pennsylvania Medical Society House of Delegates for fives years; is a member of the Board of Trustees and the Executive Board of the PMS and was president of the Blair County Medical Society.

"I learned early in my medical career that it is important to be involved," Dr. Gurman, a physician since 1980, said.

He was inspired by "many fine people, excellent physicians," most notably Dr. Betty Cottle and Dr. S. Victor King.

"They truly were mentors to me," Dr. Gurman said. "Dr. King is the one who brought me here."

In following their words of wisdom and guidance, Dr. Gurman remains confident that he can make an impact that will benefit physicians and, more important, their patients.

"I have no personal agenda other a passion to do a good job and be the best vice speaker of the House of Delegates that I can be," he said of his new role with the AMA. "I would hope to inspire others to become aware of the issues and help bring about change. I look forward to hav3ing the opportunity to advocate for the health and well being of all people."

For more information, contact Dr. Andrew W. Gurman, Blair Orthopaedic Associates, at (814) 942-1166.

Responding to Sicko

Because he hasn't seen the film, Dr. Andrew W. Gurman declined to comment on Michael Moore's new movie, Sicko. He did, however, call attention to the American Medical Association's position on the film.

In a statement from Edward L. Langston, M.D., chairman of the AMA Board of Trustees, the Association said:

"Physicians grapple daily with the shortcomings of our U.S. health care system, and we also marvel at the miracles that stem from its strengths. This movie addresses some of the core issue that AMA has been actively working on for years: the plight of the uninsured, the abuses of corporations that put profits over patients.

"We disagree, however, that the only solution is to give up and turn our health care system over to the government under a single-payer system. The AMA has a plan for covering the uninsured that builds on what's great in our system – world-class medical innovations and research, and health care professionals dedicated to the health of their patients. America's health care system is far from perfect, but by building on its strengths and expanding coverage to the uninsured, we can provide top quality health care to all Americans."

To read more about the AMA's plan to expand health care coverage to all Americans, visit www.ama-assn.org/go/insurance-reform.

ACMS PERSPECTIVE

The Mighty Merger

BY KRISHNAN GOPAL, M.D.

As patient advocates, the physicians of the Allegheny County Medical Society are closely scrutinizing the proposed merger of Pittsburgh-based Highmark and Philadelphia-based Independence Blue Cross.

Of primary concern is whether such a merger – which would result in a single company dominating more than 50% of the health insurance market in the state – will negatively affect patient care. We must examine the risk of the merger stifling competition in the health insurance market, resulting in an increase in health insurance rates and limiting access to medical care. Competition is essential because we should not rely upon one company to provide the best health insurance products for all consumers. Patients are best served when they have the ability to examine a variety of plans from more than one source in order for employers and individuals to find the best fit for their needs and budget.

We are encouraged that the merger plan is receiving serious attention from elected officials. Pennsylvania State Senator Don White (R-Indiana County, Chairman of the Senate Banking and Insurance Committee) recently held the first of several hearings regarding the proposed Highmark/IBC merger. In addition, he introduced House Bill 112 that would give the Pennsylvania Insurance Commissioner more authority over mergers involving non-profit health care insurers. On May 22, the state Senate approved House Bill 112 and sent the amended bill back to the House for concurrence. Although the Insurance Department would hold final approval or denial authority for a merger of non-profit health insurance companies, House Bill 112 establishes an Insurance Restructuring Public Interest Review Board comprised of representatives from the Auditor General's Office, the Administration, and the four caucuses of the General Assembly, as well as a policyholder to provide recommendations to the Department. It is difficult to believe that Pennsylvania law does not currently provide this regulatory oversight.

Ultimately the decision on the merger will come from the Pennsylvania Insurance Department and Governor Rendell. Possibly influencing approval is $650 million that Highmark and IBC say they would provide to help expand access to health insurance for Pennsylvania's uninsured population, according to their March 28 press release. Both insurers already contribute millions of dollars to community health initiatives throughout Pennsylvania. As physicians, we must ask these insurers to demonstrate specifically how this merger and a larger market share will benefit patients and not quash competition, increase rates and limit access to medical treatment.

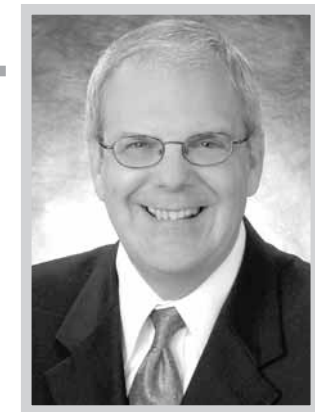
We are also concerned, of course, about the merger's impact on physicians from a business standpoint. The way that physicians are paid affects access to care as well as the Pennsylvania economy. In many cases, physicians are not paid directly by patients. Instead, physicians rely on payments in the form of reimbursements from private commercial health insurers, Medicare or Pennsylvania Medicaid. At present many reimbursements that physicians receive from health insurers are perilously low. These reimbursements are not keeping pace with the growing costs of running a medical practice, and maintaining a financially stable medical practice has become difficult for some physicians. Pennsylvania is facing serious shortages of primary care physicians and certain specialists. Because physician payment levels in Pennsylvania are low compared to reimbursements paid to physicians in other states, recruiting and retaining medical doctors to practice in the state has become a challenge. Such a competitive disadvantage feeds the physician shortage, which ultimately affects patients' access to care by a medical doctor. This merger may place additional strain on the stretched physician workforce across the Commonwealth. Physicians have limited ability to work with large insurers because we have no legal authority to negotiate as a group and no practical ability to negotiate as individuals with the large entities that dominate the insurance market.

How will the merger impact the local economy? Highmark and IBC maintain that the merged company would employ 18,000 people statewide and have an estimated $4 billion impact on state's economy. Highmark certainly provides a great many jobs in Pittsburgh. However, despite the claim that the merged company will maintain dual headquarters, will Pittsburgh ultimately lose yet another corporate leader?

As physicians and participants in organized medicine, the members of the Allegheny County Medical Society will advocate for the best interest of our patients. This merger should be permitted to move forward only if we are certain that the consolidation will enhance the provision of health care coverage and improve the economic environment regionally and statewide.

Krishnan Gopal, M.D., President, Allegheny County Medical Society, can be reached at gopal@acms.org.

The Best Healthcare Executive I Have Ever Known:
Nicholas Jacobs, President and CEO, Windber Medical Center



NICK JACOBS

BY JAN JENNINGS

Over the past thirty-five years I have met so many great healthcare leaders. I will avoid mentioning twenty or thirty of them because I would be neglecting twenty or thirty others. Some of these great leaders have been close working partners; others have been ruthless competitors. Some have been dear friends; others have been nominal acquaintances. I never thought I would know one healthcare executive that stood tall above the rest. That has changed.

In 1999 I attended a family gathering in a little hamlet outside of Johnstown, Pennsylvania. At the time I was working as a healthcare consultant. I was introduced to a fellow by the name of Nick Jacobs and was told he was the CEO of a rural hospital in the area: Windber Medical Center. I never heard of it. We talked about his activities and his hopes and dreams for his 80 bed rural hospital. Some of what he said was so "fantastic" I wondered if he was completely bolted down. There was no bragging or horn blowing; he just talked about his quest to make healthcare better than it had ever been before.

Several years later I had the opportunity to serve Jefferson Regional Medical Center in Pittsburgh as President and CEO. There was one program referred to as the "Spiritual Life Department" that was truly special. It reminded me of my year's earlier discussion with Nick Jacobs.

I was motivated to pick up the telephone and call Mr. Jacobs for an onsite appointment at the Windber Medical Center. I was unprepared for what I found. While Nick Jacobs is committed to the humanities, he embraces the medical sciences in every conceivable way. How many rural hospitals have the following?

- The Windber Medical Center owns and controls a research facility that is at the cutting edge of genetics research in affiliation with the Walter Reed Army Medical Center and the Genome Project. Dozens of scientists at the M.D. and/or Ph.D. level have been recruited to a facility larger than the hospital to advance genetics research and improve the future of diagnosis and treatment. Of the 126 U.S. academic medical centers in the United States, there are few that have research facilities on a par with those supported by the Windber Medical Center.
- In a separate building is a Breast Care Center designed by and for women. The center has every conceivable technological advantage available to women. More interesting is the attention to detail to the humanities. The dedication to privacy and the emotional health of the patients is striking. The facilities are breathtaking. Over its short history, Windber Medical Center has amassed the largest inventory of breast tissue through biopsy in the United States enabling the potential to advance diagnosis and treatment of breast disease more rapidly than any facility on the face of the earth.
- Mr. Jacobs became concerned about the conditions that confound patients and family at the time or near the time of death. He appealed to the citizens of the little coal town of Windber and the money was raised to build a seven suite inpatient hospice with facilities that would rival any Ritz Carlton or Four Seasons Resort.
- Concerned about the quality of life in Windber, Mr. Jacobs spearheaded the construction of a building that houses one of the most beautiful fitness centers in the United States. There is an integrated pool for therapies best suited for water therapy and a Dean Ornish Program designed to reverse coronary artery disease. The success stories from the Dean Ornish Program would bring tears to your eyes.
- Windber is a coal town, but has little coal. The population is largely elderly and the community is economically challenged. The elderly residents previously congregated in a worn and sad senior citizens center. Through a real estate and financial transaction that would make your head spin, Nick Jacobs found a way to build a new senior citizens center with the best facilities that money can buy and make it available with free parking to all senior citizens of the area.
- By the way, the Windber Medical Center has an eighty bed hospital. You will not be surprised that they have a 16 slice PET/CT, a 3.0 Tesla MRI, 4D Ultrasound, hotel styled hospital rooms and other technologies rarely found in a rural hospital.

More remarkable than the technical mumbo-jumbo, the Windber Medical Center lifts your spirits the moment you walk in the door. The hospital was one of the early affiliates of Planetree, an organization committed to introduce the humanities into the hospital and its surrounds.

Here are a few of the accomplishments of the Windber Medical Center. Volunteers bake bread on the nursing units and serve it to the staff and patients. There is a sense of "home" when you stroll through the hospital. On an entirely optional basis, patients and staff have access to the following:

- Stress reduction programs
- Aromatherapy
- Massage Therapy
- Yoga
- Pet Therapy with the "Golden Girl Retrievers"
- 24 hour visitation hours
- Musicians perform in the hospital on a regularly scheduled basis funded by the Pennsylvania Council of the Arts
- Yamaha music programs (every nursing unit has a piano)
- Acupuncture
- Double Beds in the OB Suites for overnight stay by the spouse
- Meditation Garden Behind the Breast Center
- Walking trails on the hillsides
- Birdfeeders in view of each hospice guest
- The kitchen is "trans-fat free"
- Numerous fountains inside and outside the hospital
- An Inter-faith Spiritual Healing and Meditation Program
- A Greenhouse for patients and visitors

My editor worries when my articles are too long. This is but a small window into the soul of the Windber Medical Center.

I will stop. Before I close, I want to make sure I stay in touch with reality. Nick Jacobs has faced challenges and adversity, both personally and professionally. But when you meet with Nick Jacobs you know you have stood in the presence of humility and greatness. You will not be surprised to learn that FierceHealthcare recently honored the Windber Medical Center with the "2007 Hospital Innovators Award." Fierce-Healthcare is an internationally renowned digital daily newsletter published by FierceMarkets: www.fiercemarkets.com.

The greatest miracle is that his Board of Directors has been able to keep Nick Jacobs in Windber, Pennsylvania and the search firms of the United States have not been able to turn his head with money or fame. Nick, God Bless You.

Jan Jennings is the President and CEO of American Healthcare Solutions and can be reached at JJennings@americanhs.com.

Are Your Employees and Organization Aligned?

BY MARC CAMMARATA

It seems that at virtually every meeting on the subject of organizational development these days, the topic of "organizational alignment" comes up. Not wanting to be left out of the conversation, I had hoped to garner some insight into this subject by thinking about it in the context of auto mechanics. Now, I'm not the most astute person when it comes to reading an owner's manual let alone a mechanic's guide, so I decided to look up the meaning of the term "alignment" as it relates to automobiles.

What I learned on familycar.com is that alignment consists of adjusting the angles of an auto's wheels so that they are perpendicular to the ground and parallel to each other. The reasons for having the car's wheels in proper alignment are two-fold: to maximize tire life; and to ensure that the vehicle tracks straight and true when driving along a straight and level road (of which there are very few in this part of the country). Wheels that are out of alignment can cause the vehicle to pull to the right or left, can result in problems in straight line tracking, and/or lead to rapid tire wear to both tires.

So, it appeared to me that a car's wheels should be in proper alignment at all times in order for the vehicle to travel in a straight line and the tire tread to wear true and evenly.

The next question I pondered was: What does all of this alignment stuff have to do with organizational performance? This time, I went to Dictionary.com and looked up the definition of "alignment". There I learned the term means, among other things, "a state of agreement or cooperation among persons, groups, nations, etc., with a common cause or viewpoint." It was beginning to make some sense.

Seeking to add depth to this definition, I wandered upon the web site of Vanguard Consulting, a California firm specializing in organizational alignment. Where other than California could a consultant make a living helping clients with their organization alignment?

Ah, but I digress. It was at Vanguard Consulting's web site that I learned that alignment has to do with moving the organization down two interdependent paths, strategy and culture, that take it from mission and vision (the conceptual) to results (the tangible). The strategy path emphasizes what needs to be done; the strategic goals the organization will work toward, the objectives that groups and individuals must accomplish to carry out those strategies, and the activities that must be performed to meet goals and objectives. The culture path emphasizes how things should be done; the values that guide people in carrying out the mission and vision, the practices which reflect those values, and the specific, day-to-day behaviors that will represent the values and practices to others as people go about their work.

Thus, organizational alignment requires synergy between strategy and culture, and consistency between them. Values should be compatible with goals – an organization that values flexibility should think twice before setting goals focused on developing rigid control systems. Likewise, day-to-day behavior should be consistent with stated values – an organization that values responsiveness should not tolerate people answering customer service requests with the all too familiar, "that's not my job."

Aligned organizations require clarity of culture as well as clarity of strategy. Most organizations focus a disproportionate amount of time and resources on the latter, giving little more than lip service to the former. Perhaps it is because leaders do not know how to bring strategy and culture into alignment.

So, now the analogy can take shape. The body of the car can be likened to the organization's strategy (driven by management) and the tires to its culture (manifested in the workforce). The driver, senior management, picks the car's make and model and its options, including the tires. A driver would never buy a 2007 Strategymobile that specifies the use of 16" tires and attempt to outfit it with 17" tires. Not only would the car not run smoothly, there is a significant risk that the tire would explode, causing injuries or even fatalities.

So how is it, then, that virtually all healthcare organizations have clearly articulated their specifications (mission, vision, values, culture and strategy), but many do not take the time to align their hiring and performance criteria to those very specifications?

The need for the connection between strategy and culture is self-evident. The effects of the disconnect, where it exists, are all too apparent. Aligning employees with the organization is, as the saying goes, "not rocket science". Nor does one need to be a rocket scientist to bring it about. It just takes a little effort, a lot of will, and a good organizational mechanic. Perhaps therein lays the cause of any misalignment.

Marc Cammarata is President of M.A. Cammarata & Associates, a consulting firm providing human resources and operations management solutions to healthcare organizations. If you would like more information on this or other Human Resources topics, you can contact him at (412) 364-0444, macammarata@verizon.net, or www.macammarata.com.

MAKING ROUNDS

PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

Dr. Curt P. Conry Joins ACMH Hospital

Dr. Curt P. Conry

Curt P. Conry, M.D., a board-eligible neurosurgeon, has joined ACMH Hospital under the practice name of Western Pennsylvania Neurosurgical Associates. Originally from Sandusky, Ohio, Dr. Conry has been specializing in neurosurgery in the Pittsburgh region for the past three years. A graduate of Case Western Reserve University Medical School, Dr. Conry completed his internship and residency at Allegheny General Hospital, as well as his fellowship training in pain and functional neurosurgery. He is a member in good standing of the Pennsylvania Medical Society, the Allegheny Medical Society, and the American Association of Neurological Surgeons.

Neurology Services Added at Southwest Regional

Dr. Bruce Cotugno

Dr. Bruce Cotugno, Neurologist, of Adult Neurology, has joined the medical staff at Southwest Regional Medical Center. He specializes in Alzheimer's Disease, migraines, epilepsy, Parkinson's Disease, Multiple Sclerosis and EMG/NCV testing. Dr. Cotugno will be seeing patients at the new Central Greene Professional Center.

Dr. Cotugno received his Doctor of Medicine from New York Medical College. He is fellowship trained in electrophysiology and epilepsy and is certified by the American Board of Psychiatry and Neurology. He is also a member of the American Neurological Association.

University of Pittsburgh School of Medicine Names Pioneering Brain Tumor Surgeon as New Chair of Neurological Surgery

Dr. Amin Kassam

Amin Kassam, M.D., has been appointed chair of the department of neurological surgery at the University of Pittsburgh School of Medicine. Dr. Kassam is internationally recognized for pioneering techniques in endonasal brain surgery that allow complex tumors of the skull base and brain to be removed without incisions.

Dr. Kassam is associate professor of neurological surgery, director of the UPMC Center for Cranial Nerve Disorders and co-director of the UPMC Center for Cranial Base Surgery. He completed his medical and undergraduate education at the University of Toronto and his residency training at the University of Ottawa and then joined the faculty of the department of neurological surgery at the University of Pittsburgh in 1998.

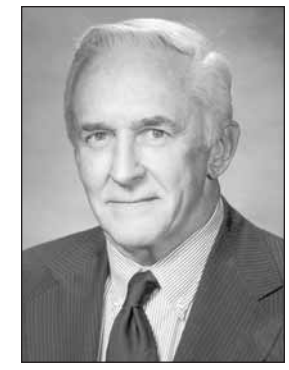
Concordia Visiting Nurses Announces Medical Director

Dr. Dhinesh John Samuel

Concordia Visiting Nurses (CVN) CEO Martin Trettel recently announced the appointment of Dhinesh John Samuel, M.D., as Medical Director for CVN and Good Samaritan Hospice.

Dr. Samuel has served Concordia Lutheran Ministries as part of Nallathambi Medical Associates since 2003. He is board certified in internal medicine and is a member of various medical associations, including the American Academy of Pediatrics, C.F. Reynolds History in Medicine Society, and the Christian Medical and Dental Society.

Allegheny County Physician Wins Pennsylvania Medical Society's Highest Honor



Dr. Albert B. Ferguson

A Pittsburgh doctor, who is hailed as an innovator for setting orthopedic standards, has been named the 2007 recipient of the Pennsylvania Medical Society's Distinguished Service Award. Albert B. Ferguson, M.D., who joined the Pennsylvania Medical Society in 1953, received a unanimous vote of the Medical Society's Board of Trustees in winning the award. To qualify for the award, a physician must demonstrate a lifetime of significant achievement, as judged by peers. Nominated for the award by Krishnan Gopal, M.D., current president of the Allegheny County Medical Society, on behalf of the county medical society, Dr. Ferguson was described as an orthopedic surgery pioneer, spending 33 years as a surgical innovator. He is credited with setting the standard for using metals in the body.

LECOM Dean will Head State Medical Committee

Dr. Silvia M. Ferretti

The Pennsylvania Osteopathic Medical Association (POMA) recently appointed Dr. Silvia M. Ferretti, D.O., Provost, Vice President and Dean of Academic Affairs at LECOM, to two leadership posts including Chair of the Physiatry and Rehabilitative Medicine Committee for its Bureau of Scientific Development. As a chairperson, Dr. Ferretti's responsibilities will include serving as a source for consultation, providing professional articles for The POMA Journal, discussing issues common to the specialty with other members, and making recommendations to POMA as deemed necessary.

Dr. Walther Heads MVH Emergency Department

Dr. Brenda L. Walther

Brenda L. Walther, M.D., has been named director of Emergency Medical Services at Monongahela Valley Hospital in Carroll Township. As chairman of the Department of Emergency Medicine, Dr. Walther will serve on the Executive Committee of the hospital's Medical Staff. Dr. Walther is board certified in family practice by the American Board of Family Practice and achieved board certification in emergency medicine by the American Board of Physician Specialties.

Mercy Orthopedic Associates Announces New Partner

Dr. Donald Ravasio

Dr. Donald Ravasio has joined Mercy Orthopedic Associates, a part of Mercy Primary Care, Inc.

Dr. Ravasio is board-certified in orthopedic surgery. He joins Drs. Jory Richman, Mitchell Rothenberg, and Gregory Habib of Mercy Orthopedic Associates.

Dr. Ravasio received his Bachelor of Science degree in human biology and a Doctorate of Chiropractic from the National College of Chiropractic in Lombard, IL. Dr. Ravasio received his Doctorate of Osteopathic Medicine from Lake Erie College of Osteopathic Medicine in Erie, PA. He completed his internship and orthopedic surgery residency at Memorial Hospital in York, PA.

Practice Valuations: Asset Value Versus Income Value

BY ALEX KINDLER, CPA/ABV, CPA, MBA

The typical reason for physicians to determine the value of their practices is to establish a price for a proposed sale of the practice or the likelihood of this prospect in the near future. Valuations may also serve a myriad of other purposes, such as determining the amount of credit that a financial institution should extend to the practice, a reasonable settlement amount in a lawsuit or the value of the corporation's stock if a physician is buying into the practice or wants to cash out. Finally, a valuation may be needed to comply with various accounting and tax regulations.

Some of the key factors affecting practice valuation are physician compensation, revenues, the valuation method chosen, managed care penetration, geographical location, tangible assets, tail coverage, specialty, financing, who the purchaser is, noncompete clauses, and profits.

There are two main categories of valuation methods: the asset value method and the income value method. Here is a summary of each of these two schools of thought.

1. Asset valuation: This methodology effectively treats the practice as a collection of assets that have a marketable value in a potential sale to a third-party buyer. Typically, an asset valuation is used if the practice is closing down.

The common types of asset valuation methods include: the book value method, the adjusted book value method, the economic balance sheet method, the liquidation method.

2. Income valuation: In contrast, an income valuation is based on the premise that the current value of a practice depends on the future value a typical investor can expect to receive from purchasing a share or all of the practice. Income valuations are the most widely used type of valuation. Generally speaking, income valuations are used for valuing practices that are expected to continue operating for the foreseeable future.

Income valuation methods include: the capitalization of earnings method, the discounted future income method, the discounted cash flow method, the economic income method, other "formula-based" methods.

Historically, financial statements and accounting records have provided the basis for determining value. All interested parties must analyze this information carefully as part of the valuation process. A physician may rely on a professional appraiser to prepare reports in a generally unbiased manner that is consistent with the framework of Generally Accepted Accounting Principles (GAAP).

The valuation methodology has an important effect on the ultimate value of a physician practice. For example, some studies have shown that the discounted cash flow method of valuation increases the value of the practice's goodwill, i.e., its reputation and ultimately the value of the practice. That is because the discounted cash flow method relies on forecasts of projected cash flows for the practice after acquisition. Other methods, e.g., revenue multiplier, earnings capitalization, rely on historical values.

Which type of method should be used? There is no wrong or right answer without a thorough analysis of all the facts. The answer will depend on factors such as the purpose of the valuation and whether the physician is the seller or prospective buyer. It may take a combination of methods to arrive at a multidimensional picture of a practice's true worth. A physician should understand that different valuation methods may produce different results and consult with qualified business advisers on the best way forward for a particular practice.

\Alex Kindler, CPA/ABV, CPA, MBA is partner of the accounting firm Horovitz Rudoy & Roteman. He can be reached at akindler@hrrcpa.com or (412) 391-2920.

Around the **Region**

Altoona Regional Finance Employee Retires with 35 Years of Service

Sally Young

Altoona Regional Health System employee Sally Young recently retired with 35 years of service. Young spent 34 of those years in the Finance Department.

Young began her employment with Altoona Hospital in May of 1972 in the Data Processing Department. She then moved to the position of Accounts Payable Clerk in September 1973 and was promoted to Accounts Payable Supervisor in January 1997.

Conemaugh Health System Welcomes New In-house General Counsel

Steve Birek

Leaders of the Conemaugh Health System are pleased to announce the arrival of Steve Birek, In-house General Counsel, Conemaugh Health System. Birek brings with him more than 30 years of experience as an In-house Counsel with federal government agencies, managed care companies, health insurers and health systems such as Albert Einstein Medical Center and Health System in Philadelphia from 1990 to 1994, currently a part of Jefferson Health System. Birek comes to Conemaugh most recently from New Jersey, where he served as In-house Counsel for Horizon Blue Cross Blue Shield.

Local Woman Receives Professional Certification

Rhonda Buckholtz

Rhonda Buckholtz, Practice Administrator for Wolf Creek Medical Associates, recently received her certification as an instructor through the American Academy of Professional Coders for Medical Coding Curriculum. Wolf Creek Medical Associates is the physician group that serves patients of Grove City Medical Center.

Buckholtz, a certified professional coder since 2001, is also a part-time instructor at Clarion University and through her recent certification, her classes will now be accredited.

Robert C. Jackson, Jr. Joins Family Hospice and Palliative Care Board of Directors

Robert C. Jackson, Jr.

Family Hospice and Palliative Care is pleased to announce that Robert C. Jackson, Jr. has joined its Board of Directors. Jackson is Chief Executive Officer of Grove City Medical Center.

West Penn Names Sherry Zisk Vice President, COO

Sherry Zisk

Sherry Zisk, MNEd, RN, CNAA, has been appointed Vice President and Chief Operating Officer for The Western Pennsylvania Hospital.

"Sherry has served as the chief nursing officer for the past 19 years and has had a very successful career in leading the Nursing Division," said Mark R. Palmer, President and Chief Executive Officer, The Western Pennsylvania Hospital.

Rose Gaglia, MPM, RN, CNAA, will serve as the interim vice president of nursing and chief nursing officer.

Shelly L. Farmer New Executive Director of The Residence at Hilltop

Shelly L. Farmer

Shelly L. Farmer, who has extensive experience in assisted living care, has been named Executive Director of The Residence at Hilltop in Carroll Township, a subsidiary of Mon-Vale Health Resources, Inc., parent company of Monongahela Valley Hospital.

In this capacity, Farmer, a Pennsylvania Certified Personal Care Home Administrator, will manage the two-story, 42,000-square-foot complex.

New Appointments at Concordia Lutheran Ministries

Sara Lemon

Lori Emert

Jaime White

Concordia Lutheran Ministries recently announced the promotion of Cynthia Reichenbacher as Director of Admissions for its Concordia at Cabot location and Concordia at Rebecca Residence facility in Allison Park. She formerly served as Admissions Coordinator for the Cabot campus. She has been with Concordia since June of 1995.

Sara Lemon was recently called to serve as a Deaconess at Concordia Lutheran Ministries, after completing a one-year internship with the organization. She is the first Deaconess ever commissioned at Concordia. Lemon is a graduate of Concordia University in River Forest, IL, where she majored in Theology and minored in Biblical Studies and Spanish.

Lori Emert has been promoted to Human Resource Manager for the Concordia at Rebecca Residence facility in Allison Park. Emert formerly served as Medical Secretary for the Concordia at Cabot campus. She has been with Concordia since December of 1999.

Jaime White has been promoted to Activities Director for Assisted Living. White earned a Bachelor of Science in Human Resources from Geneva College, an Associate degree in Occupational Therapy Assistance from Community College of Allegheny County, and her activities certification from the National Certification Council of Activity Professionals (NCCAP).

Astorino's Pittsburgh Office Grows

Beth Kocur

Robert E. Schirripa

Page F. Thomas

Matthew Brind'Amour

Melissa LaCarter

Astorino, a full-service firm providing architectural, engineering, interior design and design build-services, welcomes five new professionals to the firm's headquarters in Pittsburgh.

Beth Kocur recently joined Astorino as a Project Architect after working as a consultant with the firm's K-12 / Criminal Justice / Transportation studio for 14 months. She is a member of the American Institute of Architects (AIA) and is currently working on projects for the Pennsylvania Turnpike Commission and Canonsburg Library.

Robert E. Schirripa brings 30 years of experience to his new role as a Senior Construction Manager with Astorino's Design/Build studio. Rob is the Construction Manager on the $5.2 million Meadville Medical Cancer Care Center project.

Page F. Thomas relocated to Pittsburgh from Annapolis, Maryland to join Astorino as an Architectural Intern with the firm's award-winning Design Department. Page has worked with international clients on a variety of projects while living in Maryland, Virginia and Western Pennsylvania.

Matthew Brind'Amour relocated from Baltimore to join Astorino's Pittsburgh office as an Architectural Intern with the firm's Civic / Clubs / Religious / Residential Architecture studio. Since joining the firm, he has worked on the Usher Youth Camp project, Edgeworth Country Club Renovation, Northway Christian Community Church Renovation & Expansion and the major renovation of a private residence. Melissa LaCarter joined the firm as a Project Illustrator / Designer in the Residential Interiors studio shortly after graduating with a Masters Degree in Interior Design from the Florence Design Academy in Florence, Italy. She has worked on a variety of private residential projects, the Edgeworth Country Club addition and Walnut Capital's Bakery Square project.

The Washington Hospital Foundation Announces New Board Members

The Washington Hospital Foundation is pleased to welcome two new members to its Board of Directors.

Colin Fitch, Esq. of Washington – member, Law Firm of Marriner, Jones, and Fitch and William M. Stout of Eighty Four – president, Atlas Railroad Construction Company.

Officers for 2007 are Chair, Patrick G. O'Brien of Amity – executive vice president and COO, First Federal Savings Bank; Vice-Chair, Charles R. Guthrie of McMurray – president, Guthrie Belczyk & Associates, P.C.; Secretary-Treasurer, Shirley Hardy of McMurray – community volunteer; President, Telford W. Thomas of Washington – president and CEO, The Washington Hospital.

Altoona Regional Employees Promoted

Darlene Shields

Robert Fox

Altoona Regional Health System employee Darlene Shields has accepted the position of supply chain assistant information services coordinator in the Purchasing Department. Shields has worked as a buyer in the department for five years.

Robert Fox, R.N., recently accepted the nursing supervisor position for the night shift in Nursing Administration at Altoona Regional Health System. Fox, previously a clinical manager, also completed the Bachelor of Science in Nursing (BSN) degree program at the University of Phoenix.

Finance Department employee Joanne Pompa has been promoted to Accounts Payable Supervisor, Finance Department Director Betsy Kreuz announced. Pompa has worked as an Accounts Payable Clerk since July 22, 1998.

Joanne Pompa

Georgie Blackburn Elected as Treasurer for National Homecare Association

Georgie Blackburn

Local businesswoman Georgie Blackburn has stepped onto the national stage with her election to the American Association for Homecare's (AA Homecare) leadership team. At the organization's annual meeting in June, Georgie Blackburn was unanimously elected as AA Homecare Treasurer, and will serve on the Board of Directors and Executive Committee. As Treasurer, she will also chair the Finance Committee.

Before being elected to AA Homecare, Blackburn was president of the Pennsylvania Association of Medical Suppliers (PAMS) serving the term 2006-2007. Currently Blackburn is Vice President, Government Relations and Legislative Affairs for BLACKBURN'S. Since 2000, Blackburn has served on PAMS' Board of Directors and its Continuing Education/Membership Committee.

Grove City Medical Center Staffer Receives Appointment

Jane Cole

Jane Cole, certified provider credentialing specialist and certified professional medical staff manager, was elected Treasurer/Membership Chairperson of the Pennsylvania Association of Medical Staff Services; she has been actively involved in PAMSS for over ten years. Cole is currently serving as President of the Northwestern Chapter of Pennsylvania, a role she has maintained since 2005.

Michael Vernon to Lead WVU OB/Gyn Department

Michael Vernon

Michael Vernon, Ph.D., a specialist in endometriosis, infertility and assisted reproduction, has been appointed chair of the Department of Obstetrics and Gynecology in the West Virginia University School of Medicine.

Vernon joined the faculty in 2002 and has served as interim chair of the Department since January 2006. Vernon's research specialties include endometriosis, in-vitro fertilization, embryology, and infertility.

Advances in Cervical Cancer Screening

BY DR. JAN SILVERMAN

Cervical cancer is one of the most common female cancers with an estimated 490,000 cases reported annually worldwide. Although cervical cancer is usually curable if detected early, the American Cancer Society estimates that nearly 10,000 women in the U.S. will be diagnosed and about 3,700 will die of the disease.

New developments in cervical cancer screening and detection of cervical infectious disease have emerged in the past decade, providing physicians and health care providers with multiple options in screening for cervical carcinoma and managing cervical disease. New technologies have improved Pap testing, human papilloma virus (HPV) DNA detection, and chlamydia and gonorrhea testing. A vaccine preventing certain types of HPV, a common sexually transmitted virus that causes cervical cancer, has also been developed that has the potential to reduce the incidence of the disease.

Today in the U.S., more than 50 million women receive an annual Pap test to screen for cervical cancer. Great strides have been made in cervical cancer screening over the past century, beginning with the development of the "Pap smear" test by Dr. George Papanicolaou in the 1920's. The Pap smear, which was widely adopted in the 1940's, was a procedure in which sample cells from the cervix were collected and smeared onto a glass slide for careful review in order to detect cancerous and pre-cancerous cells. While the Pap smear reduced mortality from cervical cancer in the U.S. by approximately 70 percent, it was found to have limitations—not the least of which was a 20-40 percent "false negative" rate, meaning a sample is interpreted as normal when in fact, pre-cancerous or cancerous cells exist.

The advent of liquid-based cytology in the mid-1990s revolutionized the conventional Pap smear. Allegheny General Hospital utilizes the ThinPrep Pap Test which was the first liquid-based Pap test to receive Federal Drug Administration (FDA) approval in 1996 and was labeled as "significantly more effective" than the conventional Pap smear in detecting precancerous lesions. With a liquid-based test, such as the ThinPrep Pap Test, a fluid transport medium is used to prepare a slide that is clear, easy-to-read and free of obscuring blood, mucus and non-diagnostic debris. Testing for Chlamydia and Gonorrhea can be done out of the same sample, saving patient's time, repeat office visits and unnecessary worry. The ThinPrep Pap Test is the only liquid-based test FDA-cleared for this type of "reflex" testing.

In a continued effort to improve and expedite the review of Pap test slides, the FDA cleared the ThinPrep Imaging System in 2003 to make it easier for cervical cancer lesions and other abnormalities to be detected. With approximately one third of false negative Pap results being due to abnormal cells being missed or misclassified, the ThinPrep Imaging System is an interactive computer system that assists cytotechnologists and pathologists in the primary screening and diagnosis of ThinPrep Pap Test slides. Allegheny General Hospital recently implemented the ThinPrep Imaging System to improve diagnostic accuracy, which can lead to earlier detection of precancerous changes for women of Western Pennsylvania.

In June 2006, the FDA approved the first vaccine to protect against Human Papillomavirus (HPV), a common sexually transmitted virus that causes cervical cancer. While this advance in women's health is exciting, it is important to understand that the vaccine won't replace or eliminate a woman's annual Pap test which remains the gold standard for cervical cancer prevention.

The vaccine guards against four types of HPV, which are responsible for approximately 70 percent of all cervical cancers. The duration of protection provided by the vaccine is unknown. Therefore early detection through an annual Pap test remains imperative for all women – vaccinated or not. Additionally, HPV does not always lead to cervical cancer. Approximately 80 percent of sexually active people will be infected with HPV at some point in their life, and the infection goes away on its own 90 percent of the time.

Therefore, all women must continue to visit their physician for their annual exam, receive regular Pap tests and educate themselves to ensure they are receiving the most effective test available.

Dr. Jan Silverman, Professor and Chairman at Allegheny General Hospital, Western Pennsylvania Hospital (WPH), and the WPH-Forbes Regional Campus of the Western Pennsylvania Allegheny Health System, can be reached at (412) 359-6886 or jsilverm@wpahs.org.

The New CT: Faster Than a Beating Heart

It's the world's fastest CT (Computed Tomography) scanner. The impact of this revolutionary technological advancement is astounding, creating a new chapter in the history books of cardiac imaging. In March, Laurel Highlands Advanced Imaging (LHAI) in Johnstown became one of just a handful of free-standing imaging centers across the U.S. to offer the Siemens SOMATOM Definition Dual Source CT scanner.

This technology hinges around the engineering advancement of the Dual Source CT (128 slice), capable of scanning twice as fast as current 64-slice scanners. It works by using two x-ray sources simultaneously as opposed to one, touting the ability to freeze images of the heart with unprecedented speed and quality approaching that of catheter-based x-ray angiography.

"This dual source CT technology is revolutionizing cardiac imaging," says Dr. Anthony J. Scuderi, chairman of LHAI. "The SOMATOM Definition demonstrates leadership in innovative technology and clinical applications never before achieved. Because of it, we'll be able to detect significant coronary artery disease noninvasively, with high accuracy and independent of the heart rate."

For patients, this will mean earlier detection of diseases such as coronary artery disease, the most common serious health problem in the developed world. As technology evolves, imaging equipment is also becoming safer. The dual source CT, for instance, offers a 50 percent reduction in radiation exposure compared today's single source cardiac CT scanners. And the CT scanner's large opening and maximum table weight limit of 484 pounds enables the imaging of obese patients, something becoming more common as obesity rates continue to increase.

Cardiac care is just one application in which the Dual Source will benefit patients and provide more precise imaging technology to physicians.

"Looking to the future, this technology is also expected to revolutionize imaging in the fields of vascular disease, orthopedics, neurology, oncology, ENT and pulmonology," says Dr. Scuderi. "Because dual source technology permits the simultaneous scanning using two different kV energy levels, potential new clinical applications and research areas include direct subtraction of vessels or bone, characterization of tumor tissue and differentiation of body fluids."

(l-r) Dr. Anthony J. Scuderi, Chairman, LHAI, displays the SOMATOM Definition scanner, with Dr. Lisa Corrente and Dr. Howard Forman, both of LHAI.

Beam Me Up

BY NICK JACOBS

Dr. Kim Marley

Let me begin by stating with some degree of humility that I was NEVER an ardent follower of the series or the movies, Star Trek. Please don't hold that fact against me in your analysis of my intellectual capabilities, because I have many times been known to "Boldly go where no man has gone before."

Having said that, in that series, Captain Kirk would repeat our "beam me up" line as a command to his transporter chief when he needed to be quickly removed back to the ship.

The reason for this reference is that, in one of the Star Trek movies, Star Trek IV, the Voyage Home, the crew members have been taken back to 1986 to capture two whales. Before going after the whales, however, the crew has to rescue Chekov who has become ill, and the crew is seen running through a traditional hospital screaming, "We have to get him out of here … They still cut people!" Chekov is revived quickly by 23rd-Century technology, after which the crew is beamed to safety.

So, the topic of this article might also have been titled, "Come to Windber Medical Center, we try not to cut people as much."

Not only have we purchased millions of dollars worth of state of the art diagnostic equipment; PET/CT's, 3T-MRI, 4D Ultrasound and Digital Mammography that helps us prevent unnecessary surgeries, we have also spent hundreds of thousands of dollars on new surgical equipment in the past two years to ensure that our world class, minimally invasive surgeons have the latest and best surgical tools available.

Our lead surgeon in this area of Laparoscopic or minimally invasive surgery is Dr. Kim Marley, who came to us as the Chief of Minimally Invasive and Bariatric Surgery at Walter Reed Army Medical Center, where he taught the surgery residents there these procedures, as well.

How is this surgery done? A miniature camera is introduced into the body through a small incision and transmits images back to the video monitor, enabling the surgeon to diagnose and, if necessary, treat a variety of conditions. It is not uncommon for Dr. Marley to perform this surgery for hernia repair, appendectomy, gallbladder, GERD/anti-reflux, colectomy, adrenalectomy, splenectomy and gastric banding weight loss surgery.

We later found out that many of the surgeries result in a loss of significantly less than 8 cc's of blood, the amount you may bleed from just taking a regular aspirin! So, scanning and minimally invasive surgeries are just a few ways that the new technologies will help now and in the future.

Nick Jacobs, currently president of Windber Medical Center and Windber Research Institute is currently writing a book, Who Put the Heal in Healthcare and will be a regular contributor to this publication. Nick can be reached at jacobsfn@aol.com or visit windbercare.com.

front row (l-r): President and Chief Executive Officer of Mount Nittany Medical Center Thomas J. Murray, Head Coach Ed DeChellis, and Coaches vs. Cancer Executive committee member Frank Welsh. back row (l-r): Founder and President of the Bob Perks Cancer Assistance Fund Doreen Perks, Clinical Nurse Specialist Tara Baney, Coaches vs. Cancer Executive Committee member Elana Pyles, Jerry Derdel, M.D., and Coaches vs. Cancer Executive Committee Director Steve Greer

Coaches vs. Cancer Aids Medical Center in Cancer Comfort Measures

For some people facing cancer, pain is an unfortunate but very manageable side effect of dealing with their illness. To help manage this pain most effectively, Mount Nittany Medical Center employs the use of high tech IV pumps that specifically calibrate the correct and safe dosages to deliver these medications. The Penn State chapter of Coaches vs. Cancer recently presented the Foundation for Mount Nittany Medical Center with a check for nearly $11,000. These funds will enable the Medical Center to purchase additional pain pumps and a blanket warmer for patients who must endure an extended period of time on cold tables during radiation treatments.

Coaches vs. Cancer is a joint effort of the National Association of Basketball Coaches and the American Cancer Society, and the local Penn State chapter works year-round promoting awareness efforts and hosting fundraising activities to support individuals and families affected by cancer, as well as healthcare programs and resources for cancer patients.

How Many Slices Does It Take?

Non-invasive Cardiac Imaging: New Advances in Cardiovascular Care and Technology

BY ROSS SWANSON, RN MSN

CT Image Courtesy of GE

While the prevalence of cardiovascular (CV) disease has risen proportionately with the aging of the US population, at the same time, mortality rates related to CV disease have dropped over the last decade. This seemingly contradictory scenario can be attributed to several factors, such as greater access-to-care, increased use of statins, and improved technology.

Indeed, the diagnosis of CV disease has been much improved with recent advances in imaging modalities that allow detection by non-invasive means, which can lead to earlier, more effective treatment. Corazon believes that the advent of the multi-sliced CT (MSCT, commonly referred to as 64-slice CT) could have a great impact on the diagnosis of coronary artery (or other vascular) disease, even though many predicted the impact of this technology wouldn't be fully realized until 2009. As cardiovascular technology is continually refined and improved, the number of non-invasive medical imaging modalities could double over the next 10 years.

The 'gold standard' of detecting coronary artery disease (CAD) has been diagnostic cardiac catheterization ("cardiac cath"), an invasive procedure whereby a cardiologist inserts a catheter into a large artery and then advances it into the heart. The process of diagnosing CAD is now moving towards MSCT technology because the high-resolution images allow plaques to be viewed as they are just forming inside the blood vessel wall. Though traditional CT lacked the spatial resolution to adequately see coronary arteries and other small blood vessels in the beating heart, with an increase in the number of detectors to 64, resolution has improved to now allow a detailed view of coronary anatomy. This process, "Coronary Computed Tomography Angiogram" or CCTA, has generated much public interest, having been featured in segments on Oprah Winfrey and the TODAY Show.

Recent studies prove MSCT CCTA to be as reliable as the standard angiography in diagnosing vascular disease with the ability for rule-out 90% of the time. MSCT is even better at ruling-in vascular disease in greater than 92% of cases[1]. Furthermore, MSCT can even detect coronary lesions that have been missed through standard angiography. But, due to this highly-accurate sensitivity for CAD diagnosis, the cardiology industry has been abuzz that this "disruptive" technology will radically decrease volumes of diagnostic cardiac catheterizations.

To remain on the forefront of industry change, Corazon has partnered with Cardiovascular Innovations, Inc.[2] (CVI) to establish benchmarking data related to the use of MSCT and its impact in the clinical setting. According to the CVI Registry (12 participating sites in the US), initial results have revealed a 5% reduction in cardiac caths and an 8% reduction in nuclear volumes. However, angioplasty (interventional) procedures at all sites using 64-slice CT have increased between 6-16%. The MSCT is being used predominantly in patients with low-to-moderate risk factors, with the greatest indication being unspecified chest pain. As of today, this technology has NOT been granted acceptance as a screening tool by payors and professional organizations such as the American Colleges of Cardiology and Radiology.

In the last two years, MSCT technology has taken on several roles related to cardiac assessment in the full continuum of CV care, the earliest and most clearly-defined being the evaluation of chest pain. As a result, CCTA has also become the triage tool for risk-stratifying chest pain patients, replacing other non-invasive tests. Indeed, CCTA has the ability to greatly enhance patient throughput, as this test has both a rapid procedure and interpretation time when compared to cardiac cath. It has also been used as a clearance mechanism for patients prior to non-coronary cardiac surgery. Some facilities even use CT to evaluate patients post-procedure prior to discharge. For instance, one of Corazon's clients uses MSCT to evaluate the placement of endovascular stent(s) in the treatment of abdominal aortic aneur-ysm (AAA) repair as part of a routine care protocol.

So what does the future hold? The newest MSCT devices can now capture 256 slices, and have just begun trials in the US. With greater image quality in a shorter acquisition time, the 256-slice CT can completely scan the entire heart (and other large organs) in a single rotation of the 256 detectors. Early data reveals a 60-70% reduction in radiation exposure compared to standard CT.

Rigorous planning for the acquisition of MSCT is paramount for a hospital's success with this new technology. Corazon recommends that the ability to perform CCTA studies be treated as an entirely new service for the cardiovascular service line. There are fairly large capital expenses (typically greater than $1M) associated with the equipment, as well as considerations for physical space needs and additional staffing. Financially, CCTA can be a challenge, too.

Corazon has noted that reimbursement for CCTA has varied greatly by region, with payments determined by local coverage. As of 2006, CCTA has specific Category III CPT Codes, though these are without accompanying RVUs that determine reimbursement. Corazon predicts a more rapid adoption of this technology as payment mechanisms are refined. And finally, physicians who are appropriately credentialed to order and interpret exams are paramount.

Questions as to who 'owns' the new equipment, where it is located, and who performs and interprets the studies are still left for many hospitals currently evaluating the technology. Corazon recommends taking an objective approach to evaluate the clinical, quality, market share goals, and financial implications, always considering the cardiac patient's needs at the center of decision-making for MSCT technology.

Ross is a Director at Corazon, a national leader in specialized consulting and recruitment services for CV program development. For more information, call (412) 364-8200 or visit www.corazoninc.com.

[1] Ofer, A., et.al. "Multi-detector CT Angiography of Peripheral Vascular Disease: A Prospective Comparison with Intra-Arterial Digital Subtraction Angiography." AJR, 2003: 180 (3). 719-24.

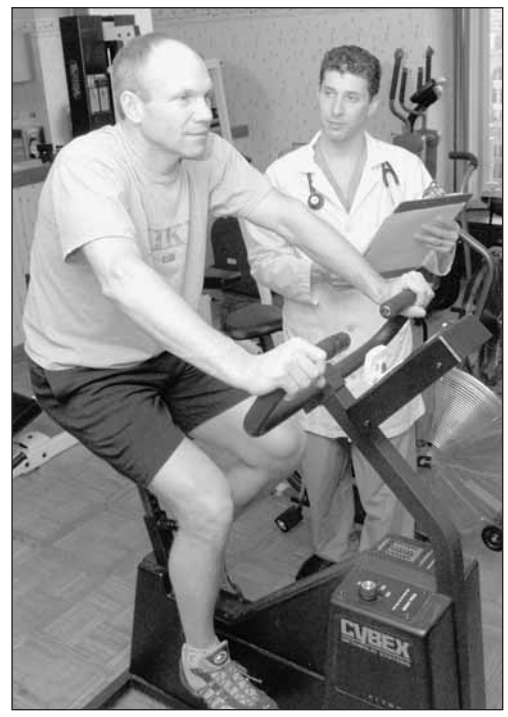
[2] Cardiovascular Innovations, headquartered in Beaufort, SC, assists cardiovascular care organizations with integrating and optimizing emerging services for their clinical and economic benefit. Visit www.cvinnovations.new for more information.

Mercy Joint Replacement Center Offers Hip Resurfacing Procedure

Kevin Deliman loves to run, ski and play power volleyball, but last fall, these activities became nearly impossible due to excruciating hip pain from advanced arthritis in his right hip caused by mild dysplasia at birth. Deliman's doctor told him that he was too young for a total hip replacement, but that he could be treated with medication and therapy. He also advised him to either curtail his activities or learn to live with the pain until he could undergo a total hip replacement.

"I cried in the doctor's office," remembers Deliman. "I'm an avid volleyball player, an expert skier, cyclist, tennis player and runner. I was in excellent shape and I did not want to have the top of my femur removed."

Not wanting to have a total hip replacement, nor wanting to postpone his training for the 2008 Senior Olympics, the 49-year-old Fox Chapel resident and businessman began to search for alternatives to total hip replacement surgery. After months of phone calls, doctor's visits, and research on the Internet, Deliman was days away from a scheduled hip surgery in India when he discovered that doctors at the Mercy Joint Replacement Center at The Mercy Hospital of Pittsburgh could provide the alternative he was seeking: the BIRMINGHAM HIP* Resurfacing System. The bone-conserving procedure resurfaces worn-out hips using longer-lasting materials which are said to better endure the active lifestyles of today's 40- and 50-year olds.



Dr. Ari Pressman with Kevin Deliman, the first patient in Allegheny County to undergo a Birmingham hip resurfacing procedure.

Hip resurfacing surgery featuring the BIRMINGHAM HIP* system has been available in Europe for a dozen years and was approved by the Food and Drug Administration last spring. Orthopedic surgeons at Mercy Hospital became the first physicians in Allegheny County trained to perform hip resurfacing featuring the BIRMINGHAM HIP* system—and Deliman became one of the first patients in Allegheny County to undergo this revolutionary new procedure at The Mercy Hospital of Pittsburgh.

Deliman underwent surgery December 6. The pain that he lived with for the nine months prior to his surgery disappeared following his surgery. Within six weeks of his surgery, Deliman said he experienced no pain and his recovery was progressing smoothly. Deliman is back to his regular exercise routine, which includes lifting weights and cycling on a stationary bike. These are activities that he was unable to do prior to his surgery due to the excruciating pain they caused. Deliman hopes to soon resume his training for the 2008 Senior Olympics.

Celtic Healthcare: Making Home Healthcare Easier for Physicians

We all look for ways to make our lives and jobs easier and use our time more efficiently. In a physician's office, making certain administrative and paper-intensive tasks quicker and easier means more quality time with patients (and maybe even getting home to our families sooner at the end of the day).

Celtic Healthcare, through its proprietary workflow management home healthcare software "CIBS" (Celtic Integrated Business Systems), has developed a way to provide its physicians just that with its new CIBS ePortal.

Any physician that utilizes Celtic Healthcare for their home healthcare needs can now do all their order signing online with an easy system that requires only an internet connection to Celtic's secure and encrypted ePortal site.

In addition to online order signing, physicians can also check their Celtic Healthcare patients' records quickly and easily to review nurse and therapy visit notes, medication profiles, lab results, and any other items on the patient chart. This not only offers more informed communication between physician, homecare provider, and patient, but also allows for ease of communication for on-call physicians that cover for each other. With a simple permission approval, physicians can share patient information as needed.

CIBS ePortal not only makes a physician's job easier and quicker, but can also help save money. To give you an example of CIBS ePortal benefits, if the physicians in a particular group practice refer 15 home healthcare patients per month to Celtic home healthcare, they are reviewing and signing approximately 1,080 orders per year. At 5 minutes per order and a rate of $150 per hour, this adds up to $13,500 in revenue lost in time spent signing orders. With online order-signing, this time is significantly reduced allowing physicians more patient time, thus resulting in more revenue.

CIBS ePortal is allowing Celtic Healthcare to not only provide the absolute best care and service to its patients and staff members, but to their physician clients as well. With an in-house Information Systems development team, Celtic Healthcare is able to quickly respond to end user suggestions or problems. "Understanding physician needs is key to building a useful platform." states Greg Teamann, Information Systems Manager. "Including the end users when identifying the requirements of the project and soliciting their feedback as they use it is vital to engineering meaningful software for our clients. This not only helps us develop a useful product, but greatly enhances user buy-in as their suggestions are heard and implemented."

Modern technology and new advances that will impact the delivery of healthcare have always been and will continue to be one of Celtic Healthcare's sustained competitive advantages. "Because of the efficient and effective flow CIBS affords processing clients from intake to insurance verification to quality assurance and billing, Celtic Healthcare will thrive and remain in the home healthcare forefront amidst the current proposed PPS (Prospective Payment System) refinements and continued Medicare cuts," states Arnie Burchianti, Founder and CEO of Celtic Healthcare, a self-professed technology junkie.

For more information on CIBS ePortal or Celtic Healthcare's full continuum of home healthcare services, call (800) 355-8894 or visit www.celtichealthcare.com.

COVER STORY: *Canonsburg General Hospital Introduces 'Star Wars'- Type Technology*

Continued from page 1

anatomic detail of the CT scan, it improves your diagnostic accuracy tremendously."

The best part is that this technology is now available at Canonsburg General Hospital. "The technology has been out there for a while, but this is the first we've had it," said Thomeier, who has been at Canonsburg since 1993. "Places like the cancer center at Allegheny General have this technology, and it's nice for a community hospital to have the same thing."

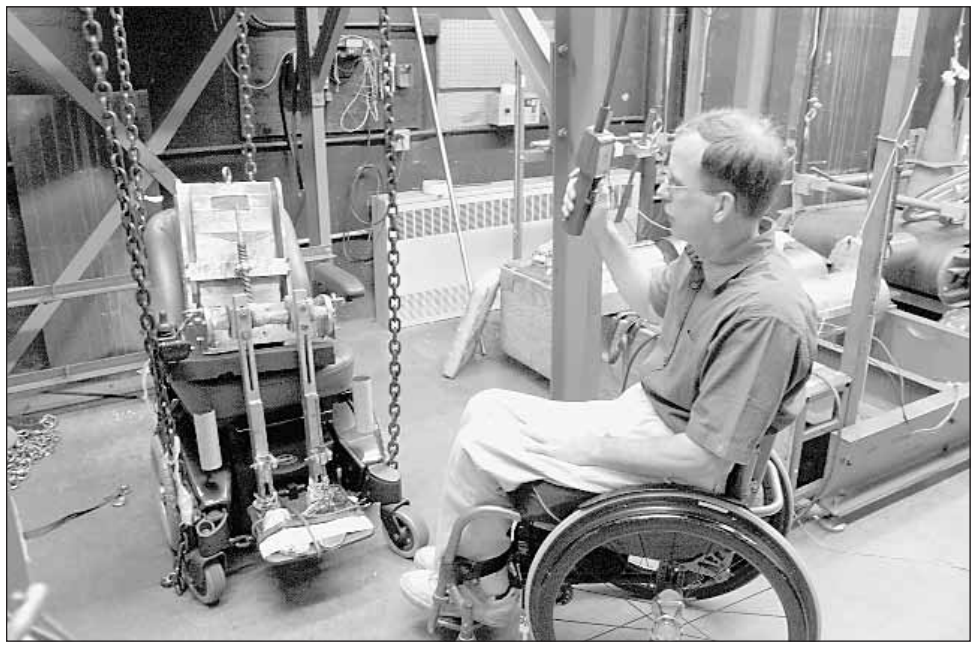
Kovach said the exam takes about two hours, but scanning time is 30 minutes. No pain is involved except for the prick of the needle to inject the FDG; there are no after-effects; and no one would be allergic to it. She added that diabetics need not worry about glucose being used. "It would take a million doses of FDG to equal one teaspoon of sugar," she said. "It really is the perfect substance to go into the body and be used for us to see the activity."

Thomeier emphasized that he did not want to downplay either of the scans individually. "They're both terrific modalities in their own right," he said. "It's just that, combined, the two of them are even better. In the past, we've had a PET scan on one panel and the CT scan on the adjacent panel, and you had to try to match it up in your mind's eye. Now you don't have to do that any more, you don't have to use your imagination.

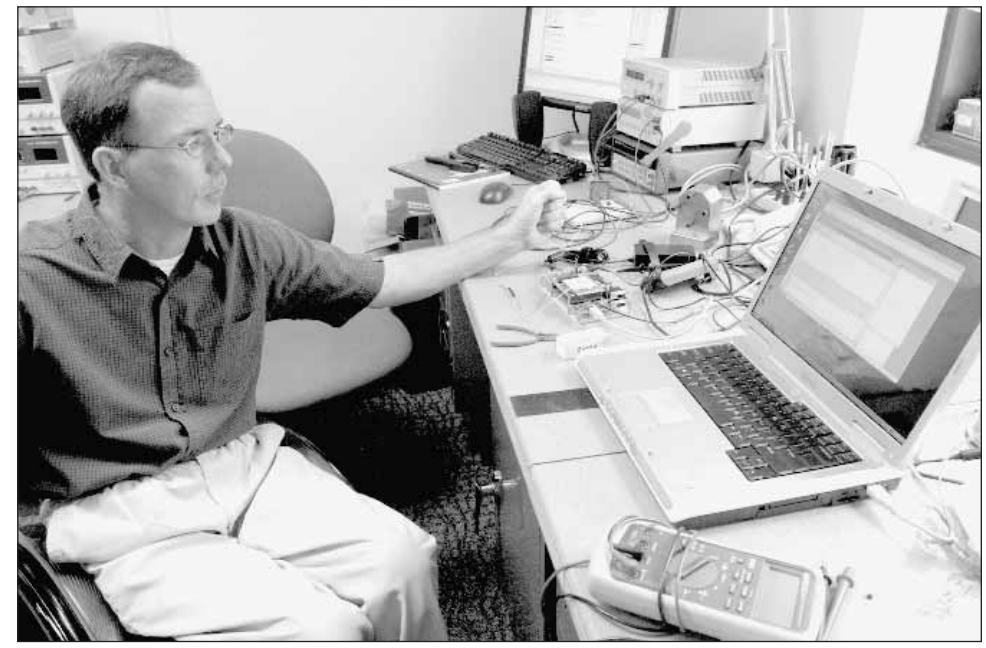
"It's really high-tech; it's Star Wars kind of stuff."

For more information, visit www.wpahs.org or call (724) 745-6100.

ADVANCES IN MEDICINE



Dr. Rory Cooper checks a new wheelchair by repeatedly dropping the wheelchair carrying a dummy weighing over 300 pound for ANSI/RESNA and ISO standards.



The Robotics Laboratory at HERL is in the beginning stages of designing a GPS tracking system for veterans using wheelchairs.

VAPHS Lab Creates Modern Technology to Improve Lives

Since 1994 the Human Engineering Research Laboratories (HERL) has been seeking the solutions to problems that exist for veterans and individuals who use wheelchairs and other forms of assistive technology. HERL's mission is to continually improve the mobility and function of veterans with disabilities through advancing engineering and clinical research in medical rehabilitation. Dr. Rory Cooper, the Director of HERL, states, "HERL can solve the problems other people can't solve." The research team has grown to eight laboratories staffed by over ten investigators, a team of engineers, machinists, clinicians, research specialists, and graduate and medical students. This expert team is comprised of bioengineers, exercise physiologists, robotics, epidemiologists, rehabilitation counselors, and physical and occupational therapists that are enthusiastic about helping veterans with disabilities.

Each of the eight laboratories is an essential contributor to the advancement of assistive technology. The eight laboratories occupy over 15,000 square feet with the latest state-of-the-art research instruments and machines. The labs are wheelchair testing, biomechanics and neuromotor, design and prototyping, electronics, activities of daily living, telerehabilitation, physiology, and robotics.

Wheelchair testing is one of the oldest of HERL's laboratories. This is the area that wheelchairs are put to the test to see if they meet the American National Standards Institute (ANSI), Rehabilitation Engineering & Assistive Technology Society of North America (RESNA) and International Standards Organization (ISO) standards. If the wheelchairs fail, they are retested and continuously reviewed. The biomechanics and neuromotor lab studies the stress, injury and pain wheelchairs place on the upper extremities. This lab's focus is to develop propulsion techniques and to reduce the amount of physical pain exerted on wheelchair patients. They are able to determine this by using infrared markers on a subject's arms, wrist, and hands.

The design and prototyping lab is the machine shop of HERL. This is where all the parts are created and assembled. In this lab there are numerous machines including welding equipment and highly sophisticated machines for cutting. The electronics lab contains circuit boards, microchips, and wires needed to design joysticks for powered assistive devices and dataloggers, used to record the distance and speed traveled by wheelchair users.

The activity of daily living laboratory is where assistive devices are tested in performing routine tasks and how they can navigate different surfaces. The researchers also observe what the wheelchair user experiences while rolling over various surfaces. The telerehabilitation lab uses videoconferencing and data transmission technologies to provide rehab services to people that do not have money, time, or ability to travel to receive the care they need.

The physiology lab implements specific exercises for those individuals with lower extremity disabilities. These are modified for different fitness levels and the amount of strength each patient is able to exert. The last lab in HERL is the robotics laboratory and is also the newest. This lab has recently invented the Smart Power Assistance Module (SPAM) for power wheelchairs. This is to assist powered wheelchairs to detect and steer away from obstacles and drops for patients with visual impairments.

HERL is currently designing a Smart Wheelchair Component System (SWCS) for the visually and mobility impaired veterans. The goal of this wheelchair is to give independent mobility to these veterans that make it impossible to move independently using a white cane, guide dog, or other traditional mobility aid for the visually impaired. Another HERL project underway is the development of a robotic walker for elderly veterans with visual impairment. These walkers will contain sensors and obstacle avoidance algorithms. These are only two of the numerous projects HERL is currently enduring.

The future of HERL focuses on the importance of training students and new scientists as well as getting more involved with international work. People with disabilities are in the world using wheelchairs that are just barely fitting their needs. The HERL research team will continue until they are the leader of research and development that increases the mobility and function of all individuals with disabilities.

Rory Cooper, Doctor and Scientist, Makes Life-changing Strides for People with Disabilities

Dr. Rory Cooper

The vision of the Human Engineering Research Laboratories (HERL) began when Rory Cooper was abroad in Germany serving in the Army. In July of 1980, Dr. Cooper endured a spinal cord injury during a bicycle accident. He began in a wheelchair that was bulky, heavy, and greatly limited his mobility. He quickly recognized the need for vast improvements in the design of wheelchairs. Therefore, he rerouted his motivation and efforts into wheelchairs. Within six months after his accident, he enrolled in California Polytechnic State University for electrical engineering where he received a bachelor of science and master's degree in engineering. He received his Ph.D. from University of California at Santa Barbara and gave his dissertation on the invention of the SMART wheel, a technical device that allows researchers to collect data from a wheelchair subject. At California State University, Dr. Cooper established the Human Engineering Laboratory that focused on researching wheelchair design and use.

Dr. Cooper was offered an employment opportunity to move to Pittsburgh to link the University of Pittsburgh School of Health and Rehabilitation Sciences and VA Pittsburgh Healthcare System together. Dr. Cooper renamed and relocated his research lab to the Human Engineering Research Laboratories (HERL) to VA Pittsburgh's Highland Drive division. Dr. Cooper was unexpectedly paired up with Dr. Michael Boninger. The two have turned into an unbeatable research team. While being the Director of HERL, Dr. Cooper is also a professor for the University of Pittsburgh Department of Physical Medicine and Rehabilitation and Orthopedic Surgery, the Bioengineering and Mechanical Engineering, and Department of Rehabilitation Science and Technology. He states that the best part of his job is working with his students in the laboratories.

Dr. Cooper has authored or co-authored more than 150 peer-reviewed journal publications. He is also the author of two books: "Rehabilitation Engineering Applied to Mobility and Manipulation" and "Wheelchair Selection and Configuration." He also recently had a new book published as a co-editor with 2 colleagues earlier this year. The title is "Introduction to Rehabilitation Engineering." His two philosophies for his success is "under promise and over deliver" and "be the only one to do the thing you do." Dr. Cooper continues to provide technology improvements, guidance, and inspiration for veterans with physical disabilities.

Defining Personalized Medicine

BY MICHAEL N. LIEBMAN, PH.D.

Windber Research Institute, in collaboration with the Joyce Murtha Breast Care Center of Windber Medical Center and Walter Reed Army Medical Center, is attempting to develop the practice of Personalized Medicine to extend beyond treating the patient who is sick, to treating the individual who is still healthy. We call this Preventive Personalized Medicine.

While the goals for preventive medicine are well understood, the healthcare in the United States has not fully embraced the practice because of its relationship with multi-payer systems. Windber's unique relationship with the US Military Health System (Tri-Care)

And with its international partners in the Netherlands, UK, Greece and Germany have presented it with the opportunity and challenge to understand the potential for preventive medicine. The extensive molecular research in genomics, proteomics and informatics underway at Windber Research Institute provide for a convergence of preventive medicine with personalized medicine in a unique manner, and with a focus on women's health, e.g. breast, ovarian, endometrial and cervical cancers, cardiovascular disease, diabetes, obesity, menopause. A key component of this has been WRI's innovative development of databases and analytical tools that support the integration of patient characterization at the molecular level with clinical data and diagnostic imaging (digital mammography, 64-slice PET/CT, 3T MRI and 4-D ultrasound), and the ability to provide this simultaneously to the physician, to support their decision making process, and to the laboratory researcher. Development of this direct linkage between the clinic and the laboratory are essential to identify everyday medical problems and present them to the highly sophisticated research scientists for problem-solving and rapid return into enhanced patient care and outcome.

Although personalized medicine has generally focused on the use of genomic and genetic information to help determine treatment options for patients presenting with diseases such as cancer, etc, Windber believes that this only touches the surface of the potential for improving an individual's healthcare, starting before disease presents in the patient, to establish an optimal profile and schedule for patient follow up, diagnostic evaluation as well as recommendations for modification to lifestyle and environmental exposures and experiences. It can be easily understood that many diseases, e.g. cancer, diabetes, cardiovascular disease, evolve over time in a patient rather than occur in an instantaneous event such as trauma. Because of this, a patient's risk for a given disorder will also not be constant over time and it becomes critical to evaluate an individual's personal health record and exposures and lifestyle patterns as well to best evaluate their risks for future disease. The ability to capture, analyze and interpret the complex data associated with a patient over their lifetime, including their genetic make-up, are all part of Windber's approach to patient care. In addition, Windber has a world-class tissue repository containing more than 25,000 highly annotated breast samples along with 20,000 other specimens to support these research efforts.

Research Associate, Sean Rigby retrieves a specimen from WRI's world class tissue repository.

Windber is focused on improving the decision-making process for the physician and patient interaction as it is committed to improve the quality of life for the patient as well as their family.

Michael N. Liebman, Ph.D. Executive Director, Windber Research Institute and President and Managing Director, Strategic Medicine, Inc., can be reached at (814) 361-6932 or m.liebman@wriwindber.org.

MVH Begins Image Guided Radiation Therapy to Enhance Cancer Treatment Services

Monongahela Valley Hospital is continuously evolving and refining the oncology services delivered at its Sweeney-Melenyzer Regional Cancer Center by continually instituting effective and technologically advanced cancer treatments for residents of the region. At MVH, Image Guided Radiation Therapy (IGRT) is the latest front line approach in battling cancer.

This is a cutting edge ultrasound-based technology called Image Guided Radiation Therapy allowing radiation oncologists to use greater precision in tumor localization before the delivery of radiation therapy. The specific piece of equipment used is called BAT® (B-mode Acquisition and Targeting) which provides increased image sensitivity with greater tissue contrast resolution for easy to read quality images. The ultrasound probe and a 3-D tracking system with a touchscreen-based treatment room interface, combine to pinpoint targets rapidly and accurately at the time of a radiation therapy treatment.

Mohsen A. Isaac, M.D., Medical Director of Radiation Oncology at MVH, monitors Radiation Therapist Marcie Moessner as she orients the ultrasound probe for image accuracy during a patient's radiation therapy treatment.

The high performance BAT® system is an excellent way to view and target internal organs. It promotes increased accuracy during patient positioning and enhances safety in providing a more concentrated dosage to the affected area during treatment.

IGRT accurately shows the real-time location of the intended target. From time to time, targets, such as the prostate, can move depending upon certain situations and can change position from day to day. The prostate position may vary depending on several factors. Current bladder volume, gas, fullness of rectum, coughing or even laughing can change the position. Once the target is located, the BAT® system allows the radiation oncologist to fine tune the patient position by providing information necessary for accurate positioning.

Mohsen A. Isaac, M.D., Medical Director of Radiation Oncology at MVH says, "Image Guided Radiation Therapy is a very effective treatment that provides a hard-dose of radiation to the affected area, it lowers the chances of damage to healthy tissue and its accuracy allows intense radiation to the target thus increasing the chances of a cure. Another benefit of IGRT is that there is limited disruption for the patient. There are virtually no limitations for the patient either before or after the procedure and patients are treated and released quicker," Dr. Isaac said. "The cutting-edge technology in radiation treatment over the past 10 years has changed dramatically, it is a new era for radiation procedures and it is providing better outcomes for patients," said Dr. Isaac.

PEDIATRICS

Empowering Couples to Best Help their Children with Disability or Illness

In the evaluation or treatment of children with disabilities or significant illnesses, knowledgeable service providers often view parents as valuable sources of information but may not always consider the intricate interplay between a child's disability and relationships within the family. As part of a system in which the members are intertwined, behaviors observed in a child may represent just the tip of the iceberg regarding family dynamics that are complex and will affect outcomes for children in terms of educational, social or therapeutic and medical interventions for children. This column addresses touches on some of these issues and the role that the health provider can play in empowering families.

Some parents experience significant adjustment issues in coming to terms with their child's disability or illness and may feel grief, shame, anger, guilt, helplessness or ignorance triggered by this unanticipated change in their life plan.

Despite the fact that they may love their child very much, they may need to mourn the loss of the child and life they dreamed about having. In order to move forward in a way that facilitates the best of possibilities for their child, parents individually and together as a couple need to understand what can't be changed, what can be addressed proactively and how to move forward. In doing so, the parent's perspective on the world, the ways in which they view life circumstances, and their ability to be proactive … are critical. Reframing a situation and changing (not lowering, just changing) expectations for their child and for each other is an important step for many families.

Couples who have children with disabilities experience significant stress in their attempts to recognize, comes to terms with, and support and nurture their child.

Laura Marshak (right) and Fran Prezant

Sometimes there is stress at the earliest stages in agreeing on whether there is or isn't a problem, identifying what it is and determining the best course of action.

Divorce rates for couples in more "typical" families are at an all time high and some sources indicate that the divorce rate for couples who have children with disabilities is even higher. There is no doubt that these couples are at increased risk when a child has a disability. In Married with Special Needs Children (Woodbine House 2007), co-authors Laura Marshak and Fran Prezant discuss stressors identified by several hundred parents who responded to questions and interviews about stress that impacted their relationships.

Although they spoke with many resilient couples whose family remained intact or even thrived, most spoke freely about the fact that stresses when parenting children with disabilities is like parenting -amplified and magnified. Lack of diagnosis, information overload, financial issues, time constraints, becoming overwhelmed and handling unpredictability are among those issues discussed in the book.

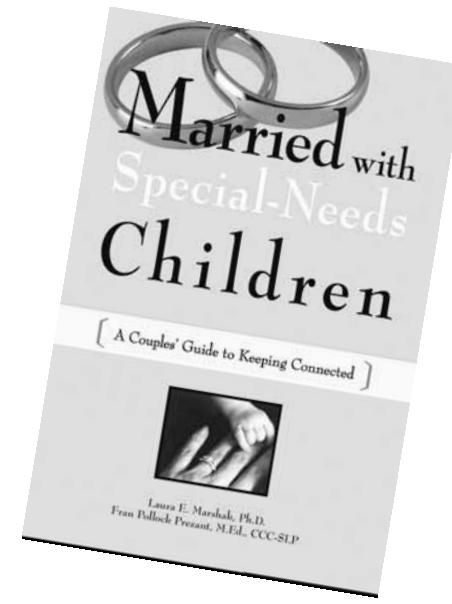
Their cumulative effect on couples, in light of dealing with disability issues, places families at higher risk for relationship problems which in turn affect the child. Many parent comments reflected that this was not what they expected or planned. After all, how many of us "plan" to have children with disabilities?

The well being of parents affects the well being of the child. As parents are the gatekeepers, facilitators, advocates, social organizers and nurturers for their children who face atypical challenges, their mental outlook is important. Why is this information relevant to pediatric specialists and providers whose job it is to treat the "child"? Health and service providers within their own roles can act to alleviate rather than heighten parental stress. They have the potential to enhance self efficacy and capacity rather than helplessness, they can help parents to view events or circumstances as challenges rather than threats and they can foster resilience which will in turn improve the likelihood that as far as the child goes, the home front is covered. Connecting parents to outside resources that may include information and training about the disability, support groups, counseling and respite care, may all work to improve future outcomes for the child in your current care.

In their book, the authors use the analogy of taking an airline flight and hearing the stewardess instruct passengers about safety procedures. Parents are told that if the oxygen masks drop from above, they should put them on first … then take care of their children. The obvious reasoning is that if the parents are compromised themselves, they will not be able to effectively help their children. Recognition and acknowledgment of individual and couple needs in dealing with their child's disability will support parent coping and optimize outcomes for children.

Fran Prezant is the Director of Research and Evaluation at the National Center for Disability Services (aka Abilities!) in New York. She can be reached at fprezant@abilitiesonline.org.

Laura Marshak is professor of counseling at Indiana University of Pennsylvania and also has a private counseling practice in Pittsburgh. She can be reached at marshak@iup.edu. Married with Special Needs Children is available at www.woodbinehouse.com.



Memorial Medical Center's Office of Community Health Teaching Young Bicyclists to 'Use Their Heads'

Memorial Medical Center's Office of Community Health (OCH), based in Johnstown, is working hard to raise bike safety awareness, one student at a time.

In May, Bicycle Safety Month, the OCH conducted five school-based bike derbies, sponsored by PA Safe Kids. These events, held during school hours, were designed for children in grades kindergarten through sixth grade. A total of 2,070 elementary students participated and 772 new helmets were distributed. Students were asked to bring in their own bike helmets to be checked for proper size and condition. Those who brought in a helmet were rewarded with either an entry into a prize raffle for a new bicycle, sponsored by the school, or, in Catholic schools, the students were eligible for a dress down day.

"The goal is to teach children and parents the importance of wearing a helmet and overall bike safety," says Donna Erickson Wehner, RN, CEN, Injury Prevention Coordinator, Office of Community Health. "Many people don't realize that something as simple as making your child wear a bike helmet can reduce their risk of head injury by as much as 85 percent and their risk of brain injury by 88 percent."

While statistics show just how beneficial helmets can be, unfortunately, only approximately 41 percent of kids ages five to 14 wear helmets when participating in wheeled activities, and more than a third of children who use helmets wear them improperly.

The program addresses both issues. Students that needed a bicycle helmet were required to bring a signed permission form from their parents requesting a new helmet. This step helped confirm that parents were aware of the program, so they could help reinforce the importance of helmet use. Students who brought in a helmet that fit incorrectly or was in disrepair were given a new helmet. A bike safety obstacle course was also created for first through sixth graders. However, the derbies involved not only elementary students, more than 20 students in higher grades and approximately 75 parents assisted at the five derbies, where a total of 53 adults were trained on how to properly fit a helmet.

"This is an example of how together, getting our OCH staff, teachers, parents and students involved, we can effectively educate and promote bike safety," says Wehner.

Since piloting the bike derbies in 2005, the OCH has reached 3,665 elementary students throughout Cambria County and has distributed 1,313 helmets. A pre and post-program study of young cyclists is completed before and after each event to monitor and evaluate the program's effectiveness.

Students at Blacklick Valley Elementary School prepare for the bicycle obstacle course

For more information or to create a program in your community, contact Donna Erickson Wehner RN, CEN, at the Office of Community Health, (814) 534-6007 or dwehner2@conemaugh.org

PROFILES IN PEDIATRICS

Jerry Vockley, M.D., Ph.D.
Chief, Division of Medical Genetics
Children's Hospital of Pittsburgh of UPMC

After decades spent building a career as an internationally recognized geneticist, Jerry Vockley, M.D., Ph.D., returned to his hometown of Pittsburgh and established one of the nation's leading Medical Genetics programs at Children's Hospital of Pittsburgh of UPMC.

Dr. Vockley, a native of Duquesne, PA, became chief of the Division of Medical Genetics at Children's in 2004.

Under his leadership, Children's Division of Medical Genetics has grown to become one of the country's foremost centers for the treatment and research of genetic diseases. It now includes five clinical geneticists, five genetic counselors, a nurse practitioner, a metabolic dietitian, a social worker and an entire research team. The division offers both an Inborn Errors of Metabolism Clinic and a General Genetics Clinic.

This team provides diagnosis, evaluation, treatment and management of a range of genetic conditions, such as birth defects, chromosomal abnormalities, specific genetic syndromes and inborn errors of metabolism. Children's also has been selected as a follow-up center for patients identified through Pennsylvania's state-mandated newborn screening program.

The Medical Genetics research program is dedicated to providing a deeper understanding of the fundamental issues underlying these disorders and developing better therapeutic approaches.

Dr. Vockley is an expert in the field of inborn errors of metabolism, rare genetic defects in specialized proteins called enzymes that perform chemical reactions in the body. An enzyme deficiency leads to chemical imbalances that have disastrous health consequences and can be fatal.

Through research, Dr. Vockley has been involved in the identification and characterization of six new inborn errors of metabolism, two of them in the last year alone at Children's.

Dr. Vockley also is a professor of Pediatrics at the University of Pittsburgh School of Medicine and professor of Human Genetics at the university's Graduate School of Public Health.

He earned a bachelor's degree in biology from Carnegie Mellon University in 1978 and completed his medical degree and a doctorate in genetics at the University of Pennsylvania School of Medicine, Philadelphia, in 1984. Following his residency in pediatrics at the Denver Children's Hospital in 1987, he completed a fellowship in pediatrics and human genetics at Yale University School of Medicine. In 1991, Dr. Vockley joined the faculty of the Mayo Clinic School of Medicine, where he was engaged in teaching, clinical service and research and served as chair of the department of Medical Genetics until he joined Children's.

Drs. P. David Adelson and Deborah Holder
Children's Hospital of Pittsburgh of UPMC's Epilepsy Center

Among Pittsburgh's top docs, P. David Adelson, M.D., F.A.C.S., F.A.A.P., and Deborah Holder, M.D., are two of the leading experts in pediatric epilepsy surgery. The approaches used at Children's Hospital of Pittsburgh of UPMC's Epilepsy Center have made it one of the country's most well-developed programs.

The center's distinctive therapies have dramatically improved quality of life for children with epilepsy enabling them to develop to their fullest potential. Therapies used in the center have decreased the amount of medications patients are on and the side effects they experience.

Children's Epilepsy Center is the only center in the region able to provide comprehensive evaluation and surgical treatment options for children with intractable epilepsy, and has served as a model for other centers across the United States. The center has state-of-the-art neuro-imaging resources, including the latest generation MRI scanners, magnetoencephalography and video electroencephalography (EEG) monitoring suites.

Dr. Adelson is recognized nationally and internationally as one of the foremost experts in pediatric neuro-injury in children and is director of the Pediatric Neurotrauma Center at Children's. Dr. Adelson also is the A. Leland Professor of Neurosurgery/ Pediatric Neurosurgery and is Vice-Chair of Research at the University of Pittsburgh School of Medicine and director of surgical epilepsy at the university's Epilepsy Center. His research interests include epilepsy and neural injury, specifically brain, spine, brachial plexus and peripheral nerve injury.

Dr. Holder, certified by the American Board of Psychiatry and Neurology in Neurology with Special Qualifications in Child Neurology, is the director of Children's Pediatric Epilepsy Surgery Program and Assistant Professor of Pediatrics at the University of Pittsburgh School of Medicine. Her research interests include pediatric epilepsy surgery, particularly preoperative evaluation and outcomes based on age, location and etiology.

Children's Epilepsy Center offers a multidisciplinary team of medical professionals from Children's and the University of Pittsburgh's departments of Neurosurgery, Neurology, Neuro-Radiology, Nuclear Medicine and Neurophysiology, who provide high-quality care for children with all types of seizure disorders. And, Children's Pediatric Neurosurgery Division is considered one of the top programs of its kind in the country. This reputation can be attributed to the division's extraordinary productivity, first-rate scientific investigations and exceptional patient outcomes.

Victor O. Morell, M.D.
Chief, Division of Pediatric Cardiothoracic Surgery
Children's Hospital of Pittsburgh of UPMC

Every year, families of more than 8,000 children choose the specialists in the Heart Center at Children's Hospital of Pittsburgh of UPMC to care for their most delicate of hearts. The experience of the specialists in the Heart Center have made Children's one of the nation's most well-known pediatric cardiology and cardiothoracic surgery programs.

Directing the team of cardiothoracic surgeons in Children's Heart Center is Victor O. Morell, M.D., chief of the Division of Pediatric Cardiothoracic Surgery and surgical director of Pediatric Heart Transplantation since 2004.

At Children's, Dr. Morell has continued the hospital's pioneering tradition of heart surgery, from the use of ventricular assist devices to transplantation. Under his surgical leadership, Children's has performed five ABO incompatible heart transplants in the last year. ABO, or "mismatched," heart transplants involve transplants in infants using hearts of donors with incompatible blood types. This is possible because infants' immune systems have not yet developed certain antibodies that would cause acute rejection in older children.

In the laboratory, Dr. Morell is co-investigator of a National Institutes of Health-funded research initiative to develop an implantable pediatric ventricular assist device (VAD). For patients in heart failure, VADs perform the pumping action of the heart and act as a life-saving bridge until a donor heart becomes available for transplant.

Until the pediatric VAD is developed, Dr. Morell and colleagues have relied on a rarely used device know as a Berlin Heart. The pediatric Berlin Heart has been used in the United States only on a very limited basis; in each case with emergency approval from the Food and Drug Administration. Only a few dozen cases have been performed in the United States, with Children's performing four of them.

In addition to his surgical leadership, Dr. Morell is an educator, serving as associate professor of Pediatric Cardiothoracic Surgery at the University of Pittsburgh School of Medicine.

Dr. Morell earned his bachelor's degree in biochemistry from Purdue University and his medical degree from the Ponce School of Medicine in Ponce, Puerto Rico. His residencies and fellowships were completed at Robert Packer Hospital-Guthrie Clinic in Sayre, Pa., the University of Massachusetts Medical Center, Children's Hospital Boston and the Great Ormond Street Hospital for Sick Children in London. Before joining Children's Hospital of Pittsburgh, Dr. Morell served as chief of Pediatric Cardiothoracic Surgery and director of the Pediatric Cardiac Intensive Care Unit at St. Joseph's Children's Hospital of Tampa.

Hepatitis and Cancer – The Ignored Connection

BY DR. JAMES L. BOYER, M.D.

The recent news has been heartening – the number of cancer deaths in the United States has been dropping. This is wonderful news. However, an important side note has been ignored in all the positive coverage. Deaths from liver cancer have increased over the past few years.

An estimated 16,780 Americans will die of liver cancer this year – nearly 46 people each day. This is an increase of 580 deaths from the disease since 2006, and 4,000 deaths more than ten years ago. It is estimated that more than 19,000 new cases of liver cancer will be diagnosed in 2007. This is over 1000 cases more than the previous year and 6,000 more than 1997.

The majority of liver cancer can be linked to cirrhosis of the liver. Unfortunately, people often think of cirrhosis as just a disease caused by alcohol. The reality is cirrhosis is merely a term for scarring of the liver. Many liver diseases eventually cause cirrhosis, most notably hepatitis B and C.

The American Liver Foundation estimates that over four million Americans have been infected with the hepatitis C virus and another 1.4 million have chronic hepatitis B. These are very disturbing numbers. But you are more likely to see a story about bird flu than hepatitis on the evening news.

There is no doubt in my mind that hepatitis is the most neglected dangerous disease in the United States. I suspect that this is because it does its damage so quietly. A person can suffer from hepatitis B or C for years without realizing the terrible damage their liver is taking. But most of this damage can be avoided.

Hepatitis B can be prevented with a vaccine. The vaccine is now a regular part of newborn care throughout the country, yet many adults have never been vaccinated for this disease. And new treatments for hepatitis C are proving very effective, helping to prevent much of the liver damage the disease causes.

But people don't consider that they may have hepatitis. Testing for hepatitis is quick and simple. And once a person has been discovered to have one of the diseases, treatment can begin very quickly. But these diseases are often only diagnosed after the liver has been seriously damaged.

America needs to start taking liver disease as seriously as it takes heart and lung diseases. Liver disease is increasing dramatically in the United States. It is estimated that within 20 years hepatitis C will cause more deaths than the AIDS. We must raise the awareness of liver disease so that people will get tested and get treatment.

Dr. James L. Boyer is the Ensign Professor of Medicine and Director of the Liver Center at Yale University School of Medicine and Chairman of the Board of Directors of the American Liver Foundation. For more information, visit www.liverfoundation.org.

Hospital CEOs See Doctor Shortage as a Serious Problem

At a time when the federal government is considering budget cuts to physician and nurse training, hospital chief executive officers are expressing concern over shortages of physicians and nurses, a new survey indicates.

More than two-thirds of the 400 hospital CEOs who responded to the survey identified physician shortages as a serious problem that must be addressed soon, while over three-fourths said the nurse shortage is a serious problem. Among respondents, 82 percent agreed with the statement that the U.S. has too few physicians, and 96 percent agreed that the U.S. has too few nurses.

Asked if the training capacity for physicians and nurses should be increased, 96 percent of respondents favored an expansion of physician training, and 99.5 percent favored expanding the output of nurses. Only three percent of responding hospital CEOs said that there is no shortage of physicians in the U.S. and less than one percent said that there is no nurse shortage.

The survey was conducted on behalf of the Council on Physician and Nurse Supply by AMN Healthcare, the nation's largest healthcare staffing company. Located at the University of Pennsylvania, the Council is composed of health care leaders dedicated to bringing physician and nurse supply in line with the nation's needs.

Eighty-six percent of hospital CEOs surveyed are currently recruiting physicians, while 89 percent are currently recruiting nurses. Of those recruiting physicians, 81 percent are seeking primary care doctors while 74 percent are seeking specialists. The majority of those recruiting nurses (54 percent) prefer to hire nurses with four-year baccalaureate degrees. According to 94 percent of responding CEOs, recruiting physicians is difficult and/or challenging, while 86 percent indicated that recruiting nurses is difficult and/or challenging.

The Council has voiced concern that the proposed 2008 federal budget calls for significant cuts in funds for training both physicians and nurses. Given the emerging shortage of physicians and the continued shortage of nurses, the Council recommends that Congress consider ways to increase rather than diminish physician and nurse supply.

"This is a time when more national resources should be devoted to training U.S. doctors and nurses," notes Richard "Buz" Cooper, M.D., co-chair of the Council. "To reduce funding for physician and nurse training at this critical time would be a profound mistake."

Building a Resource for the Community.

Part of what makes The Commons at Squirrel Hill Nursing and Rehabilitation Center unique is our dedication to providing vital community resources. It's part of who we are as a nonprofit organization. As such, we continue to develop educational outreach as well as specific clinical programs to meet the needs of our community. From providing experienced ventilator and respiratory programs, to in-house hospice, extensive wound care, rehabilitation and long-term care, The Commons at Squirrel Hill is committed to providing vital services, now and in the future. We invite you to learn more by calling or scheduling a tour with Suzanne Machek at 412-287-8408.

The Commons at Squirrel Hill

SKILLED NURSING & REHABILITATION

2025 Wightman Street, Pittsburgh, PA 15217 • thecommonsatsquirrelhill.org

Your Community Resource for Skilled Nursing and Rehabilitation Healthcare.

Improve Health Care Delivery

By strategically partnering with Amerinet, the journey to total spend management p
health care delivery and effectively control overall operating costs.

Supported by a competitive portfolio of purchasing contracts, Amerinet is unequale
customer service and field support — all strategically designed to ensure you are m

Amerinet delivers practical solutions to real problems.

For more information on **Total Spend Management Solutions** from Amerinet, visit w
Customer Service Center at 877-711-5600.