MUSIC ICON

HUEY LEWIS
Still Rockin' After Knee Surgery

What a Girl Needs
Health Tips for Every Age and Stage of Life

Dine with the Docs
Think Pink at Our Breast Health Event

Jump Start Your Heart
Advanced Treatment for Rhythm Disorders

Get Smart
Choose From More Than 60 Health Classes
Write from the Top

Dear Friend of Palomar Health,

Our country’s health-care system has entered a new era with the enactment of federal health-care reform. This unprecedented legislation will result in many changes in how health care is paid for and provided for years to come.

At Palomar Health, we are focused on adapting to these changes as quickly and effectively as possible. This involves the pursuit of several long-term strategic initiatives. First, we are pursuing “Center of Excellence” status in key service areas such as cardiovascular care, orthopedics, neurosciences, rehabilitation and women’s services. These designations are determined by our payors and reflect new payment models that reward hospitals for increased quality, reduced costs, improved health of patients and enhanced coordination of care.

We are also hard at work expanding our network of primary care physicians through the growth of our foundation medical group, Arch Health Partners, and continued collaboration with our other affiliated local providers. We recognize that your doctor’s office is often the place where your health-care relationship begins, and we want to be part of the continuum of care that shapes your total patient experience.

And finally, we’re always striving to improve care coordination. Thanks to the miracles of today’s medicine, people are living longer and stronger with their ailments. This means we have to get better at how we connect the dots with long-term care. It’s not just about the hospital experience anymore – we’re taking a closer look at more effective management of chronic diseases and illness prevention.

At the end of the day, our goal is simple. Palomar Health wants to be your health-care home. Whether it’s caring for your heart, healing your hips or beating your breast cancer – we want you to want to choose us. And we’re committed to doing everything we can to make that a very easy choice.

To learn more about health-care reform, I invite you to visit the California Hospital Association at www.calhospital.org/health-care-reform or the White House at www.whitehouse.gov/healthreform.

In Good Health,

Michael H. Covert, FACHE
President and Chief Executive Officer
Palomar Health

---

Palomar Health Board of Directors: Back row, left to right, Jerry Kaufman, MPT, treasurer; Bruce Krider, director; Jeff Griffith, director. Front row, left to right, Linda Greer, R.N., secretary; Stephen Yerxa, vice-chair; T.E. (Ted) Kleiter, chairman; Aeron Wickes, M.D., director.
**inside this issue...**

**SPECIAL FEATURES**

4 **What a Girl Needs**  
From the childbearing years to menopause, women's health needs change throughout their lives. Take time to discover just what a girl needs to stay healthy throughout every age and stage.

7 **Dine with the Docs: Focus on Breast Health**  
October is Breast Cancer Awareness Month – time to think pink! Join Palomar Health physicians and Carol LeBeau for an evening focused on what's best for your breasts.

8 **Close Up With Carol**  
Baby-boomer rock star Huey Lewis is still kickin' it on stage after knee surgery. Check out Carol LeBeau's fun and informative interview with the 80s music icon.

10 **Give Pain the Cold Shoulder**  
Shoulders may not be weight-bearing joints, but the pain can still be excruciating. Discover one man's successful journey through two shoulder replacement surgeries.

11 **Love Your Limbs**  
Peripheral artery disease (PAD) affects nine million people in the U.S., but its symptoms can be elusive. Learn how to decrease your risk, and discover the latest options for treatment.

12 **Jump Start Your Heart**  
Does your heart race? Skip a beat? Feel aflutter? You may have a form of arrhythmia. Some are harmless, and some need treatment. Discover how Palomar Health's new Electrophysiology Lab can help you get your beat back.

14 **House Calls**  
Concerned about the link between Type 2 diabetes and heart disease? Wondering about the possible side effects of prostatectomy? Palomar Health physicians address these important health issues in our popular "House Calls" column.

15 **Coffee, or Cough Drops?**  
You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? Share the excitement as Palomar Medical Center welcomes Starbucks" and Sav-on Pharmacy by Albertsons" to its main lobby this fall.

16 **Bedside Care ... Anywhere!**  
Palomar Health is embracing mobile health with the advent of AirStrip ONE™, a new digital technology that allows physicians to access patient information quickly through their mobile phones, iPads or other digital devices.

17 **Analyze This!**  
Got a gumpy gait? There's an app for that and it's being used at Palomar Health's Outpatient Rehabilitation Services to help injured runners correct their stride. Learn more about this innovative intervention.

**Find a Doctor**

Finding the right doctor is easy at Palomar Health. Just call **800.628.2880** for a FREE referral. One of our friendly representatives will help you to select from more than 800 affiliated physicians according to your personal preferences and health insurance plan. You can also visit us online at [www.PalomarHealth.org/doctor](http://www.PalomarHealth.org/doctor).

**17 Managing Your Medications**  
Minding multiple medications can get complicated and confusing. Palomar Health Lifeline now offers the Philips Medication Dispensing Service – an easy-to-use pre-programmed dispenser with voice reminders and automatic call function if a dose is missed.

18 **Here We Grow Again**  
Since 2010, Arch Health Partners (AHP) has more than doubled in size to provide area residents with a complete network of medical care. Get the latest news from Palomar Health's foundation medical group.

19 **It Shouldn’t Hurt To Be a Child**  
Palomar Health’s Child Abuse Program needs your support. Learn what you can do to help keep North County’s kids safe.

---

*The views and opinions expressed throughout this publication are provided for informational purposes only and do not necessarily reflect those of Palomar Health. Featured articles and classes are not intended to substitute for professional medical advice, diagnosis or treatment, nor are they intended to reflect all possible opinions on a subject. We recommend that all patients seek the advice of their physician or other qualified health provider with any questions they may have regarding treatment options or a medical condition.*
Women’s health needs change throughout their lives. How to get a head start on good health, which health screenings to get and when, and how to know if something seems wrong—these are important questions with sometimes confusing answers.

Life events such as pregnancy and menopause also come with their own sets of important questions. A good place to begin a quest for answers is to partner with your primary care physician. “It’s important to establish a relationship with your doctor so that we can be proactive with your health care,” says Belinda Dure-Smith, M.D., a board-certified internist. “We want to provide answers for our patients. And, we want to prevent disease by offering screening tests, establishing a health-care plan and answering any questions. We can guide patients through their preventive care as well as treat their diseases.”

Women have many of the same health concerns as men, and some of the basic guidelines for healthy living apply to both. Eating a healthy diet, getting regular exercise and not smoking are all familiar guidelines for good health. How important are they? Some studies estimate nearly 35 percent of early deaths could be avoided just by doing those three things, according to the U.S. Department of Health and Human Services.

Women are at higher risk than men for some conditions including osteoporosis, migraines, gallstones, irritable bowel syndrome, depression, stroke, hypertension after age 50 and autoimmune disorders like multiple sclerosis. Illnesses specific to women include cancers of the cervix, ovaries and uterus.

Screenings
Screenings play a vital role in maintaining overall health. The history of the Pap smear to detect cervical cancer illustrates the importance of timely testing. Since widespread annual Pap testing began in the late 1940s, mortality rates for cervical cancer have plummeted by 70 percent, making it the most successful cancer screening story in history.

Today, the recommendation for a Pap test is every three years beginning at age 21. The human papillomavirus (HPV), a sexually transmitted disease, has been identified as the cause of most cervical cancers, so HPV testing combined with a Pap test is recommended every five years after age 30.

“Women should be proactive in their health care and get all the recommended screenings,” says Damon Cobb, D.O., a board-certified obstetrician-gynecologist. “This is one of the most important things a woman can do for her health.”

Health in Your 20s and 30s
An important health concern, particularly for young women, is sexually transmitted diseases. Half of all new cases of STDs are among people ages 15 to 24, according to the U.S. Centers for Disease Control. Left untreated, STDs can cause infertility in women.

“Particularly in women who may not be in a monogamous relationship, I emphasize the importance of screenings for STDs, including Pap smears to test for HPV,” Dr. Cobb says. “The most common STDs are chlamydia and gonorrhea, which are easily treated if recognized early.”

During her 20s and 30s, a woman who builds a foundation of good health habits will reap rewards by lowering her risk of many illnesses. Developing healthy habits is also an advantage if a woman decides to become pregnant. “Eating a nutritious diet and getting vitamins are important to early fetal development,” Dr. Cobb says.
“And, proper weight gain also affects the baby’s health. More weight gain may lead to gestational diabetes in the mother and larger babies at birth. That can make birth more difficult and raises the risk of having a C-section.”

Women with gestational diabetes also are more likely to have overly large babies born with complications such as hypoglycemia. For women of normal weight, a weight gain during pregnancy of 25 to 35 pounds is recommended.

“I encourage my patients to remain active throughout their pregnancy, whether they like walking, yoga or some other exercise,” Dr. Cobb says. “Exercise helps with weight management as well as energy level throughout pregnancy and during labor.”

As women move into their late 30s, fertility becomes a hot topic. “Statistics show that 11 percent of women age 44 and younger will have impaired ability to become pregnant,” Dr. Cobb says. “Fertility rates noticeably decline over age 35 and then drop sharply over age 40. As women age, you’re going to see their number of eggs and quality of those eggs decline. But, there are several options available for assisted reproduction.”

♀ Health in Your 40s and 50s

One in eight women will have breast cancer sometime during their lives, so screenings are important to detect and treat it early, says Elizabeth Revesz, M.D., a breast surgery specialist.

For women in their 40s, breast cancer is relatively rare. But to spot it early, the American Cancer Society and several other medical organizations recommend that most women get a first mammogram at age 40 and then once a year. That differs from the U.S. Preventive Services Task Force, which recommends a first mammogram at age 50 and then every two years for most women.

Dr. Revesz recommends annual mammograms starting at age 40. “Women between age 40 and 50 still can have pretty dense breasts and that’s where we can miss breast cancer,” she says. “I think it’s important that we screen every year because breast cancer can grow a lot in two years.”

About 5 – 10 percent of breast cancers and 10 – 15 percent of ovarian cancers are caused by a mutation of the genes BRCA1 or BRCA2 (which suppress tumors). This mutation gained attention earlier this year when actress Angelina Jolie underwent a preventive double mastectomy at 38 because she carried the mutation and had a family history of breast and ovarian cancer. “Testing can be done at any age but should not be done without talking to a genetic counselor,” Revesz says. “A genetic counselor can determine what else may need to be tested and also will be able to say what test results mean for the patient and her family.”

Women may want to consider genetic counseling if they have:

- A close relative – mother or sister – who had breast or ovarian cancer before age 50
- A diagnosis of breast cancer before age 50
- A history of ovarian cancer
- Are of Ashkenazi Jewish heritage

For women in their 40s and 50s, menopause is another major concern. For some, the end of menstruation is an easy and welcome milestone. For others, symptoms can range from annoying to overwhelming. “It’s totally unpredictable whether you will have uncomfortable symptoms of menopause such as hot flashes, night sweats and vaginal dryness,” says Dr. Dure-Smith. “We don’t know why some women have hot flashes and others don’t.”

Women who smoke, exercise less or are more obese are more prone to symptoms, so lifestyle changes may help. Studies show that some women benefit from meditation, which naturally lowers body temperature, and acupuncture. For severe hot flashes, low-dose hormone replacement therapy (HRT) can be effective but should be taken with caution in consultation with your doctor. “The guide is to take the lowest dose of HRT for the shortest time possible,” Dr. Dure-Smith says. “Hot flashes and night sweats are not life-threatening so you don’t have to treat them. But for some women, they can be debilitating.”

♀ Health in Your 60s and Beyond

Women looking forward to active senior years should be vigilant about bone health to avoid osteoporosis, or bone thinning, which can cause fractures. Risk factors for osteoporosis include age, being female, thin build, being white or of Asian descent, and having a family history of osteoporosis. Bone density screenings are recommended at age 65, if not sooner.

Heart disease is the leading cause of death for women, so high blood pressure should be regularly monitored when women reach their 50s. The biggest risk factors for high blood pressure include family history, obesity, inactivity and smoking. “High blood pressure is asymptomatic but that doesn’t mean it isn’t serious,” says Dr. Dure-Smith. “Hypertension damages blood vessels, increasing the risk of heart attack, stroke, kidney disease and peripheral arterial disease. The things we can do are to lose weight, limit alcohol consumption, exercise, and not smoke. If that’s not enough, medications are needed.”

When estrogen levels decline after menopause, bone loss is accelerated,” says Dr. Dure-Smith. “The first two years after menopause is when there is the most rapid rate of bone loss. One of the most important things you can do to minimize the risk of osteoporosis is weight-bearing exercise like walking. Exercise is also good for maintaining strength and balance, which will lower the chances of falls. It is also important to get enough calcium and vitamin D.”

Continued on page 6
Women with bone loss should talk to their doctor about prescription medications that may help, adds Dr. Dure-Smith.

Some women at this age may find that a long-simmering problem will need to be addressed — pelvic floor disorder or incontinence. Symptoms can range from an unexpected urgency to pee, urinary or bowel leakage, to discomfort in the pelvis. The most common cause of pelvic floor disorder is giving birth vaginally, especially if forceps were used during delivery. The result is that the bladder, uterus, small intestine or rectum can fall (prolapse) and push against the walls of the vagina or cervix.

Many women live with nuisance symptoms, but about 11 percent of affected women will have symptoms significant enough that they seek treatment, says Gregory Langford, M.D., a board-certified obstetrician-gynecologist. “Most women who go to the doctor don’t usually bring up issues of pelvic floor disorders until their late 50s and 60s,” he says. “Some younger women may discuss symptoms if they relate to sexuality or incontinence during exercise.”

Treatments may include muscle strengthening and behavioral therapy, medication, temporary support device, or surgery. For relatively mild prolapse, particularly in younger women, the first approach after defining the problem is to try Kegel strengthening exercises. These involve repeatedly squeezing and relaxing muscles around the vagina, urethra and rectum. A physical therapist often can be helpful for women who have trouble identifying the correct muscles.

In severe prolapse, a removable device called a pessary can be fitted into the vagina to support prolapsed organs. “This option is usually used with older women who are not sexually active,” Dr. Langford says. “If these methods aren’t helping and the patient feels frustrated, that’s when we might talk about surgery.”

The number of surgeries is growing as women are living longer and wanting to stay active. Recurrence of pelvic floor disorders is frequent, and as many as 18 percent of women may face another surgery. Among surgeries, sacralcolpopexy is a gold standard for vaginal/uterine prolapse just as a midurethral sling is the gold standard for vaginal/uterine prolapse. In these operations, a mesh is attached to ligaments adjacent to the spine to support the prolapsed tissues.

Dr. Langford says some women just want to understand what’s happening with their bodies. “The threshold for intervention is what she thinks about her symptoms,” he says. “That’s our guide.”

To learn more about Women’s and Children’s Services at Palomar Health, visit www.PalomarHealth.org/women.

---

Ladies, Get Checked Out.

Preventive health screenings, like blood pressure and cholesterol, are key measures that can help determine your risk for developing chronic health conditions. Likewise, immunizations are keeping vaccine-preventable disease levels at or near record lows. Following is a guideline of recommended screenings and immunizations.

---

**Ages 20–39**

- **Blood Pressure**: Test at least every two years if normal (lower than 120/80), and more often if higher.
- **Pap Test**: Test every three years starting at 21. After age 30, have Pap and HPV tests every five years.
- **Cholesterol**: Talk to your doctor at age 20 about the need for a regular cholesterol test.
- **Diabetes**: Talk to your doctor about the need for a blood glucose screening if your blood pressure is higher than 135/80 or you have a family history of diabetes.
- **Chlamydia**: Get tested yearly through age 24 if you are sexually active or pregnant. After 25, get tested if you are at increased risk.
- **Gonorrhea**: Get tested if you are sexually active or at increased risk.
- **Syphilis**: Get tested if you are at increased risk or pregnant.
- **HIV**: Get tested for HIV at least once or if you are pregnant. Discuss your risk with your doctor.
- **Tetanus**: Get a Tdap shot (tetanus, diphtheria, pertussis) once and a Td booster every 10 years for the rest of your life.

**Ages 40–59**

- **Breast Cancer Screening**: Do monthly self-exams and talk to your doctor about mammograms starting at age 40.
- **Colorectal Cancer Screening**: For most people, screening starts at age 50.

**Age 60 and beyond**

- **Shingles Vaccine**: Get this at age 60.
- **Pneumonia Vaccine**: Get this at age 65.
- **Bone Density**: Get this screening for osteoporosis by age 65.
- **Influenza**: Anyone 6 months of age and older should get an annual flu shot. However, it is especially important for those 65 and older.

(Sources: U.S. Preventive Services Task Force, CDC, American Cancer Society)
Nearly 300,000 women will be diagnosed with breast cancer this year. About 40,000 will die.* While these numbers are sobering, we are encouraged by the advancements in research and medicine that provide for better screening, earlier diagnosis and more effective treatment.

This October, take time to learn what’s best for your breasts. Join Palomar Health board-certified physicians and host Carol LeBeau for a powerful education experience designed to help you “think pink” and take charge of your breast health. From breast anatomy and benign conditions to the latest options for diagnosis and surgical treatment, this event offers must-have information for every age and stage of life.

And gentlemen, you’re not off the hook. While breast cancer is much less common in men, more than 2,000 males will be diagnosed this year. Like Carol, 10News Anchor Bill Griffith is also a breast cancer survivor. Together, they will open the evening with a “He Said, She Said” perspective of their journeys through breast cancer. We’ll round out the night with an expanded Q&A session featuring additional medical professionals specializing in oncology, chemotherapy, radiation therapy, genetic testing and reconstructive surgery.

Space is limited. Register today!

Think Pink. Reduce Your Risk.
While the cause of breast cancer is unknown, certain factors are known to increase risk. Make lifestyle changes where you can, and follow your doctor’s orders for mammograms, clinical breast exams and breast self-exams. Learn more at www.PalomarHealth.org/breast.

Risk Factors:
- Aging
- Onset of menstruation before age 12
- First-time birth after 30, or never giving birth
- Personal history of breast cancer or benign breast disease
- Family history of breast cancer
- Radiation therapy to the breast/chest
- Breast tissue that is dense on a mammogram
- Hormone therapy after menopause
- Obesity
- Poor diet, little exercise, alcohol and smoking

* Source: American Cancer Society

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
My husband admits, his golf game needs a little work. But these days, no matter how ugly it gets on the greens, Tom comes home with a big smile on his face. Because for the first time in years, he's grateful to just be able to walk 18 holes without pain.

A year ago, knife-like pain in Tom's left knee from osteoarthritis had become so unbearable, playing golf was no longer an option. The searing bone-on-bone pain had not only taken away his favorite activity and much of his joy, my high-energy, tough-guy, former Navy pilot husband limped in agony just to cross the room.

At age 66, Tom had surgery to replace his ailing knee and a year later, he's a new man – joy-filled with a spring in his step and a pain-free swing off the tee.

According to the latest research, knee replacement surgeries have doubled over the last decade and more than tripled for those between the ages of 45 and 64. Hips are trending that way too.

“We the boomers are an active generation,” says James Bried, M.D., medical director of the Palomar Health Orthopedic Institute. “We exercise to maintain good health, but ironically, if you play vigorous sports, you’re more prone to injury.”

We're also living longer. And that’s good. But as Dr. Bried points out, more activity into our later years can lead to more wear and tear on the joints. Fortunately, the quality of technology to treat or replace painful joints has dramatically improved in recent years. With a success rate of 95 percent, new hips and knees can last 20 years or more.

That's especially true in hospitals with high volume, such as Palomar Medical Center and Pomerado Hospital who have each been designated as Blue Distinction Centers for Knee and Hip Replacement by Blue Cross and Blue Shield. Hospitals with the designation have met rigorous quality and safety standards, giving consumers a valuable tool to help make more informed health-care decisions.

But replacing a joint is not the first course of action for pain. According to Dr. Bried, who's performed more than 4,500 joint replacements, the spectrum of treatment for a sore knee or hip can include rest and time, and progress all the way to total joint replacement. In between you can add icing and often repeated cycles of anti-inflammatories, physical therapy and injections. “But,” says Dr. Bried, “if the pain persists and X-rays or MRIs confirm an injury, surgery may be the solution.”

According to Dr. Bried, Lewis’ pain would not go away without surgery. “We fixed the tear with an arthroscopic procedure,” says Dr. Bried. “He had a quick recovery and is back doing what he loves.”

Like millions of Americans, Lewis was an injured worker whose pain was getting in the way of doing his job and living his life. “Huey may be a major rock star,” says Dr. Bried, “but his is a common example of anyone whose knee is important for both recreation and vocation.”

Dr. Bried recalls the old joke about dealing with pain … the patient telling his doctor, “It hurts when I do this,” and the doctor replying, “then don’t do that.”

“Now we have a different approach,” says Dr. Bried. “Today, it’s about getting people back doing what they like without pain, whoever they are. I’m just glad Huey is feeling good about his knee and enjoying life.”

Check out my Q&A for more with Huey Lewis. – Carol LeBeau
In 1985, “Huey Lewis and the News” hit the Top 10 with “The Heart of Rock and Roll,” the first track on “Sports,” an album that sold more than 10 million copies. More popular than ever, the baby-boomer rock star is marking the 30th anniversary of “Sports” with a concert tour and release of a re-mastered CD.

In a recent interview, Huey Lewis shared with me how he’s still kicking it … and without knee pain thanks to Dr. James Bried.

Q&A with Huey Lewis

Carol: When did you first notice your knee pain?
Huey: On the golf course ... but it was a good shot!

Carol: How would you describe the pain?
Huey: It became a constant, dull pain that was sharp now and again.

Carol: How did the pain affect your live performances? Not to mention the rest of your life?
Huey: The pain bothered me on stage, but I could get the gig done. Mostly it was interfering with my golf game!

Carol: Is that what got you to the doctor?
Huey: Yeah. I was playing at Pauma Valley one day with my pal, Chuck. Chuck suggested that I see (Dr.) Jim Bried, the surgeon who repaired his knee and shoulder.

Carol: What kind of treatment or therapy did you try before choosing surgery?
Huey: Just some ibuprofen ... and a few Negronis! (laughs)

Carol: Ultimately, you had an arthroscopic procedure to repair a torn meniscus. How’d it go?
Huey: It was simple! I went in. They started an IV. Next thing I knew I woke up.

Carol: Was there much “down” time?
Huey: No. Recovery was a piece of cake. I elevated my leg for one day and then went Christmas shopping!

Carol: Sounds like a positive experience.
Huey: Dr. Bried and his staff were great! Quick and efficient. Got ’er done!

Carol: And your golf game’s back? I hear you’re pretty good. Scratch?
Huey: I wish! I’m a 9 handicap.

Carol: I hear you love to fly-fish on your Montana ranch. Must be a lot more fun now without knee pain.
Huey: Definitely. In the water, your feet tend to get stuck down in the mud and it’s hard on the knees to pull them out.

Carol: So, we know you love golf and fly-fishing. What else do you do to stay in shape?
Huey: The gym as often as I can at home and on the road.

Carol: Any advice for other folks out there dealing with joint pain?
Huey: Negronis! (laughs)

Carol: You’re on tour through November … venues all selling out. What is it about your music that resonates with fans of all ages?
Huey: I think it’s my gorgeous voice! No, I like to think our songs are real and truthful.

Carol: My favorite HLN song is “Jacob’s Ladder.” What’s yours?
Huey: I’m not allowed to have a favorite. I’m selling them all!

Carol: What kind of music do you listen to?
Huey: I listen to a lot of big band stuff and a lot of jazz. My dad was a jazz musician.

Carol: He must have been proud of your success.
Huey: Yeah, but he kept it real. Once I called him to say my record went number one. He teased and said, “Oh, that’s too bad. The best stuff is never the most popular.”

Carol: What keeps you and “The News” band members together after all these years?
Huey: We pay well! Actually, four of us have been together for 35 years … the newest member for 12 years. We’re like brothers.

Carol: And, you’re still a major rock star. Is it true you don’t even have a tattoo?
Huey: Not that I’m aware of, but I haven’t checked my backside lately!

Carol: So, it really IS hip to be square?!
Huey: No! (laughs)

Carol: You’re on tour through November … venues all selling out. What is it about your music that resonates with fans of all ages?
Huey: We pay well! Actually, four of us have been together for 35 years … the newest member for 12 years. We’re like brothers.

Carol: Any plans after the anniversary tour? Maybe kick back a little?
Huey: We’ll work on some new material in the studio … be a little more relaxed, but we’ll still do some shows.

Carol: You’re one of few musicians to enjoy a successful multi-decade career. How does that feel?
Huey: I just wanna be able to play music for a living. Fortunately, we’ve been able to do that. I’m thankful.

Carol: So are we, Huey. So are we!

Huey Lewis on harmonica.
Paul Ross says he knows exactly what damaged his shoulders, eventually causing so much pain that he underwent two shoulder replacement surgeries last year at Pomerado Hospital.

“I have always been a very active person,” Paul says. “In school I participated in wrestling, baseball, football, weightlifting and power lifting – and I really beat up my joints.”

A devoted weightlifter, Paul pursued the sport into his 40s, even as his shoulders protested and he had arthroscopic surgery on both knees. “My shoulder was popping in and out of the socket,” he recalls. “It got to the point where the pain was unbearable.”

Paul had turned to board-certified Orthopedic Surgeon Brad Cohen, M.D., in 2005 for his knees and continued to confer with him about his shoulders. In April 2012, Dr. Cohen replaced Paul’s left shoulder and then performed a right shoulder replacement seven months later.

“Shoulder replacement surgeries are probably less common because knees and hips are weight-bearing joints that are more likely to be damaged,” says Dr. Cohen. “Patients may also try to live with shoulder pain because it doesn’t affect their mobility. We don’t walk on our shoulders.”

Paul said he opted for shoulder replacement surgery to stop hurting and to regain his active lifestyle. “These were very successful procedures from start to finish,” Paul says. “I am so glad I’m back to doing what I love. I still go to the gym and do cardio and yoga. On the weekend I bike, play tennis and even golf – with a full range of motion. The best part is that I can sleep again without tossing and turning from pain.”

Paul’s story is typical of many patients who choose shoulder replacement surgery, according to Dr. Cohen. “They definitely tend to be active,” he says. “And they come in with pain, pain, pain.”

Paul’s weightlifting had repeatedly stressed his shoulders and led to substantial osteoarthritis so that he could no longer lift his arms above his shoulders, Dr. Cohen says. Osteoarthritis is often a culprit in painful shoulder damage that restricts joint mobility.

Osteoarthritis is more common as we age, but can also be brought on by joint injury, repetitive stress on the joint, bone deformity or some diseases. Rheumatoid arthritis and chronic steroid use can also be significant causes of joint damage.

“Surgery should be the last option after first trying more conservative treatments,” Dr. Cohen says. “I usually have all my patients try treatments such as cortisone injections, physical therapy and anti-inflammatory medications first. If that doesn’t work, then we may consider surgery. If X-rays show a high level of arthritis, the patient’s level of pain is most important and guides what we do for treatment.”

Shoulder replacement surgery takes about 90 minutes. The patient usually is hospitalized for at least a day, although a patient occasionally may leave the same day as the procedure. That was the case with Paul Ross.

“I did both of his surgeries and he left the hospital the same day both times,” Dr. Cohen says.

Physical therapy is important for strengthening the muscles around the new shoulder joint and typically starts about four days after surgery, continuing for one to two months.

“The goal is for the patient to regain a full range of motion and at least the same activity level as before,” Dr. Cohen says. “Paul had lost at least 50 percent of his range of motion and now it’s fully restored. It’s amazing, really.”

To learn more, visit www.PalomarHealth.org/Ortho.
Advanced Treatment for Peripheral Artery Disease

When you’re out walking do you feel cramping, fatigue or pain in your calves that goes away when you sit down? Do your feet often feel cold? In one sense, you may be lucky.

Those are some early symptoms of peripheral artery disease, or PAD, a potentially deadly condition that affects nine million people in the United States. Only about 10 percent of people with PAD have early symptoms, though. Most people may only discover they have PAD when they have a stroke or heart attack, or get a non-healing leg wound that can lead to infection, gangrene, or even amputation.

Fortunately, once diagnosed, PAD often may be managed with lifestyle changes, medications or surgery, says Rod Serry, M.D., a board-certified interventional cardiologist who specializes in vascular disease. “A lot of people aren’t familiar with PAD, which is a blockage of the arteries, usually in the legs, that limits blood flow to the feet. This can lead to serious problems, including the risk of amputation.”

PAD is a form of atherosclerosis, or buildup of plaque in the arteries. Atherosclerosis can occur anywhere in the body and is called PAD when the blockage is in arteries of the arms, legs and pelvis. Your risk of developing PAD increases with age, smoking, diabetes, family history of PAD, high blood pressure or high cholesterol.

While there is no cure, you may slow the progress of PAD by not smoking, exercising regularly and eating a healthy diet.

Today, more doctors routinely screen older patients for PAD and treatments have advanced dramatically. “The techniques and technology to treat people with vascular disease are rapidly improving and are less invasive,” Dr. Serry says. “The ability to avoid amputation or a debilitating lifestyle is much greater.”

The first step is getting screened for PAD with a test called an ABI, or ankle-brachial index. An ABI compares blood pressure in the ankle and arm. A normal result would show similar blood pressure in both limbs. If someone is diagnosed with PAD, their doctor may prescribe medications to control high blood pressure or cholesterol.

When surgery for PAD is required, procedures performed by vascular specialists at Palomar Health include:

- **Angioplasty.** A catheter with a deflated balloon on the tip is passed into the narrowed artery. The balloon is inflated and a stent is placed to keep the area open.
- **Bypass.** A vein from another part of the body, or a synthetic vein, is attached above and below the blockage, diverting blood flow.
- **Atherectomy.** A catheter with a tiny rotating blade is inserted into the artery to shave off plaque and remove it.
- **Endarterectomy.** An incision is made along the length of blocked artery so the plaque can be delicately pulled out.

Deep Dive

Healing Wounds with Hyperbaric Medicine

The Palomar Health Wound Care Centers in Poway and San Marcos offer a comprehensive approach to treat patients with chronic, non-healing wounds – a common complication of peripheral artery disease (PAD). Among the services available is Hyperbaric Oxygen Therapy (HBOT), which can speed healing using a pure oxygen environment.

“The risk for non-healing wounds increases with PAD, diabetes, obesity, venous disease, immobility, and other medical conditions,” says Brad Bailey, M.D., co-medical director. “Anyone with a wound that hasn’t improved within four weeks with conventional medical treatment is a candidate for our care.”

HBOT was first used to treat divers with decompression sickness, but became recognized for effectively treating conditions including non-healing wounds, burns, skin and bone infections, and gangrene. The patient lies on a gurney in a large see-through pressurized chamber for about 90 minutes and breathes in pure oxygen. The patient’s blood then transports oxygen at 15 to 20 times the normal concentration to the body’s tissues, enhancing the natural healing process.

“This is a well-studied treatment covered by Medicare and all major insurers,” says Dr. Bailey, a certified wound specialist who is board-certified in Undersea and Hyperbaric Medicine. “Patients usually have treatments five times a week for one month. After each treatment they can continue with normal activities.”

To learn more about services provided at the Palomar Health Wound Care Centers, visit www.PalomarHealth.org/wound.

Glenn Sherman nearly lost his right foot due to peripheral artery disease and a bacterial infection. Thanks to the coordinated limb-saving care he received at Palomar Health Wound Care Centers, Glenn avoided amputation and reclaimed his active, enjoyable life. Read the full story at www.PalomarHealth.org/Sherman.
They can be unnerving sensations: a racing heartbeat, an uncomfortable flutter in the chest, the feeling of a skipped beat. Occasional irregular heart rhythms are common and often harmless. But some arrhythmias can be dangerous and demand medical treatment.

In February, Palomar Medical Center opened its new Electrophysiology (EP) Lab with the most advanced equipment available to diagnose and treat heart arrhythmias.

“The EP Lab allows us to deliver therapies that weren’t available before in this area. It gives patients more options,” says Navinder Sawhney, M.D., a board-certified electrophysiology cardiologist and medical director of the EP Lab. “The lab has been in great demand, with five times more patients than we anticipated this first year.”

At the lab, EP mapping creates a 3-D view of the heart and the electrical activity that coordinates blood-pumping action between the four chambers of the heart. In many cases, patients have extra electrical connections that cause problems. The mapping allows cardiologists to spot the source of an abnormal heart rhythm and treat it.

“The normal heart rate is 60 – 100 beats per minute,” Dr. Sawhney says. “In many of these patients, 160 – 200 beats per minute is not uncommon and is potentially dangerous.”

In a procedure called radiofrequency ablation (RFA), a catheter is inserted into a vein in the patient’s leg and guided into the heart.

“Once the problem is found, the catheter delivers radiofrequency energy to heat up that area of heart tissue to ablate (cauterize) it so it stops behaving abnormally,” Dr. Sawhney says. “The patient will usually go home the same day of the procedure or the next day depending on the type of arrhythmia that was ablated.”

RFA offers a treatment for patients who don’t respond to medication or don’t want to be on medication permanently. The success rate for RFA is about 95 percent for patients with supraventricular tachycardia (SVT) and atrial flutter. For atrial fibrillation, the success rate is up to 85 percent, Dr. Sawhney says.

Patients with atrial fibrillation should expect to take medication to regulate heart rate and to thin the blood for at least two months after RFA. Most patients with SVT are cured and no longer require any medications for arrhythmia. “If you have SVT, one option is to take medications for the rest of your life,” Dr. Sawhney says. “Another option is to go into the hospital for a day and be cured for the rest of your life.”

To learn more, visit www.PalomarHealth.org/heart.
Nancy Healey, 73, underwent radiofrequency ablation (RfA) at Palomar Medical Center in March 2013 to treat the atrial fibrillation she was diagnosed with four years ago.

She had been taking blood thinners and Sotalol, a medication to improve heart rhythm. Then symptoms worsened.

“I sing in a choir and, oddly enough, it would usually happen in church,” Nancy recalls. “I would feel faint and break into a cold sweat.”

She was prescribed a second drug to help regulate her heart rate. But that slowed her heart too much and made her miserable. “It took away the fainting feeling but I felt horrible – slow and tired and not thinking clearly,” Nancy says.

A heart monitor she wore for 24 hours showed an abnormally low heart rate while on the medications. Her doctor suggested RfA and referred her to Dr. Sawhney at the EP Lab. Nancy was familiar with RfA.

“Some of my friends have had it,” she says. “When Dr. Sawhney said I wouldn’t be awake for the procedure, I said, ‘Let’s do it!’ ”

Nancy stayed overnight at Palomar Medical Center after the procedure. She recalls the first couple of days as a little “intense” but soon felt well on her way to a full recovery. After her procedure, a cardiac monitor she wore for two weeks recorded no abnormalities. “I’m very glad I had it done,” Nancy says. “I feel fantastic. My energy level is unbelievable. I swim laps, which I couldn’t do before, and can keep up with the things I want to do. I can vacuum again – for better or worse.”

To learn more about the Electrophysiology Lab and other cardiovascular services at Palomar Health, visit www.PalomarHealth.org/heart.

New Doc on the Block

Palomar Health Welcomes Cardiothoracic Surgeon

Cardiothoracic Surgeon Surin Mitruka, M.D., joined Palomar Health’s foundation medical group, Arch Health Partners, in August and has privileges to practice medicine at Palomar Medical Center. His arrival is the result of continued focus to expand the scope of cardiovascular care services at Palomar Health.

Dr. Mitruka has broad experience in the field, serving most recently as chief of cardiothoracic surgery at Dominican Hospital in Santa Cruz, Calif. Prior to that, he was chief of cardiothoracic surgery at Eisenhower Medical Center in Rancho Mirage, Calif., and co-director of the Smilow Heart Center.

Dr. Mitruka specializes in the surgical treatment of adult cardiac, thoracic and vascular disease, and has developed particular expertise in minimally invasive surgeries for atrial fibrillation and heart valve disorders. He says he is pleased to have joined Palomar Health, particularly as health care nationwide attempts to move from disjointed patient care toward a more coordinated approach for treating the whole patient.

“That treatment approach is rapidly becoming the new model in health care, and Palomar is well ahead of the curve,” Dr. Mitruka says. “I’m pleased to partner with Palomar Health because I share the vision of the administration and the medical leadership in what they want to achieve.”

Focus on the Future: Cardiac Valve Program

Palomar Health is scheduled to start a cardiac valve program in early 2014, offering the most advanced tests for earlier and more thorough detection of heart valve disease.

“The heart valve program will incorporate a sophisticated algorithm that helps physicians and staff screen echocardiograms for heart valve disease,” says Paul Patchen, R.N., district director of Interventional Services for Palomar Health.

Many echocardiograms are done for other reasons and valve disease can be overlooked, Patchen says. The heart valve program will screen those echocardiograms and notify the patient’s primary care physician if a cardiology/cardiovascular consultation is recommended. The specialists can then collaborate with the primary physician and patient to determine the best course of action.

The heart has a valve at the exit of each of the four chambers of the heart to keep blood moving forward with each heartbeat. Valve disease occurs when one or more valves don’t open or close properly. Valve disease often doesn’t have symptoms, but may cause stroke, blood clots, heart failure or sudden cardiac arrest.

“Our overall cardiovascular program offers multiple options for the treatment of valve disease,” Patchen says. “The heart valve program is another service to provide comprehensive care at Palomar Health.”

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
I have heard that Type 2 diabetes can lead to heart disease. How can I reduce my risk?

We know that diabetes can double a person’s risk of heart disease and that two-thirds of people with diabetes die from heart disease or stroke. So, it’s important for you and your doctor to monitor your cardiovascular health while managing your diabetes.

Diabetes is a disease in which the mechanism for managing blood sugar (glucose) levels has gone wrong. Ordinarily, the body sends glucose to every cell, where insulin turns it into energy. In Type 2 diabetes, the cells either don’t produce enough insulin or become resistant to insulin.

Left untreated, high glucose levels can lead to fat (plaque) buildup in blood vessels and arteries. Your heart works harder to keep blood circulating, increasing pressure on artery walls. Blood flow may be reduced to your organs, limbs or brain. This can lead to heart disease, stroke, kidney failure or loss of limbs.

The risk factors for diabetes and heart disease point to valuable lifestyle changes you can make. Overweight/obesity is a primary risk factor for Type 2 diabetes, along with lack of exercise, family history, and impaired glucose tolerance. Heart disease risk factors include conditions common among people with uncontrolled diabetes – high blood pressure, high cholesterol, obesity, inactivity and smoking.

Start with these important steps: Lose weight. Don’t smoke. Get exercise that raises your heart rate at least 30 minutes a day, five days a week. And, eat a low-fat diet rich in fruits and vegetables. Stress can also lead to elevated blood sugars and blood pressure, so try healthy stress-busters such as yoga, meditation, walking or gardening.

If these steps aren’t enough to control your blood glucose levels, talk to your doctor about oral medications or insulin therapy.

I am a 60-year-old man with prostate cancer and concerned about erectile dysfunction after prostatectomy. What should I know?

Radical prostatectomy is often the treatment of choice in the early stages of prostate cancer. The surgery removes the entire prostate gland plus some surrounding tissues. In the first months after surgery, most men experience erectile dysfunction (ED) simply because their body is healing.

Long-term complications with sexual function have dropped dramatically with improved surgical techniques that preserve the nerves controlling the ability to have an erection. Studies have shown that as many as 70 percent of men who have had nerve-sparing surgery regain potency. That percentage can be higher for younger, sexually active men.

Post-surgical ED depends on your age, sexual activity before surgery, and if it is possible to leave the nerves responsible for erection intact. Men experiencing potency problems after surgery have several treatment options. Popular medications such as Viagra, Cialis and Levitra relax muscles in the penis so blood can flow in and cause an erection. Other options that stimulate blood flow are MUSE – a tiny medicated pellet inserted into the tip of the penis, and Caverject – a medication self-injected into the penis. A mechanical suction vacuum to draw blood into the penis is another option, as is a penile implant.

After surgery, a healthy diet and regular exercise reduces fatigue, boosts your energy and brightens your outlook. All of that can help you resume sexual activity.

So, don’t let concerns about ED stop you from addressing your prostate cancer. If you and your doctor decide that a prostatectomy is warranted, be assured that most men are able to enjoy an active sex life afterward.
Palomar Medical Center Welcomes Starbucks and Sav-on Pharmacy

You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? It’s happening for the first time in California as Palomar Medical Center (PMC) welcomes well-known retailers Starbucks™ and Sav-on Pharmacy by Albertsons™ to its main lobby this fall.

“At Palomar Medical Center, the patient experience extends well beyond the walls of the hospital room,” says PMC Chief Administrative Officer Gerald Bracht. “Partnering with our friends at Starbucks and Sav-on was a natural fit because they offer added comfort and convenience to our patients and guests. These services will simply enhance their total experience – and that’s what we strive for every day.”

The new Sav-on Pharmacy by Albertsons will feature the same friendly pharmacy services you would expect from any community location. Patients leaving the hospital can purchase necessary medical supplies and fill prescriptions before discharge so they can focus on their most important task – recovery. The store will also be stocked with a variety of florals, gifts, reading materials, snacks and over-the-counter medical items.

“This is a full-service pharmacy capable of meeting all medical and prescription needs,” says Albertsons Store Operations Specialist William Wuertz. “We are excited to synergize with the staff at Palomar Medical Center and really become part of the full continuum of care for patients.”

And for coffee lovers, the new Starbucks “bistro-style” location will offer all your favorite brews in one cozy spot, perfect for those seeking a moment of respite. The store will carry a complete menu of handcrafted beverages and a majority of the bakery items, sandwiches and treats found at any Starbucks store.

Both locations are scheduled to open in mid-October and will be managed by Albertsons, who Palomar Health has a long standing partnership with through its four local PALOMAR HEALTH expresscare clinics. (See ad below.) Operating hours for each will be daily from 8 a.m. – 8 p.m. [3]

Did You Know? Pomerado Hospital is the home of a Subway™ sandwich shop. The new store, located adjacent to the main lobby, has been serving tasty meals to a record number of customers since opening earlier this year. Eat fresh!

You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? It’s happening for the first time in California as Palomar Medical Center (PMC) welcomes well-known retailers Starbucks™ and Sav-on Pharmacy by Albertsons™ to its main lobby this fall.

“At Palomar Medical Center, the patient experience extends well beyond the walls of the hospital room,” says PMC Chief Administrative Officer Gerald Bracht. “Partnering with our friends at Starbucks and Sav-on was a natural fit because they offer added comfort and convenience to our patients and guests. These services will simply enhance their total experience – and that’s what we strive for every day.”

The new Sav-on Pharmacy by Albertsons will feature the same friendly pharmacy services you would expect from any community location. Patients leaving the hospital can purchase necessary medical supplies and fill prescriptions before discharge so they can focus on their most important task – recovery. The store will also be stocked with a variety of florals, gifts, reading materials, snacks and over-the-counter medical items.

“This is a full-service pharmacy capable of meeting all medical and prescription needs,” says Albertsons Store Operations Specialist William Wuertz. “We are excited to synergize with the staff at Palomar Medical Center and really become part of the full continuum of care for patients.”

And for coffee lovers, the new Starbucks “bistro-style” location will offer all your favorite brews in one cozy spot, perfect for those seeking a moment of respite. The store will carry a complete menu of handcrafted beverages and a majority of the bakery items, sandwiches and treats found at any Starbucks store.

Both locations are scheduled to open in mid-October and will be managed by Albertsons, who Palomar Health has a long standing partnership with through its four local PALOMAR HEALTH expresscare clinics. (See ad below.) Operating hours for each will be daily from 8 a.m. – 8 p.m. [3]

Did You Know? Pomerado Hospital is the home of a Subway™ sandwich shop. The new store, located adjacent to the main lobby, has been serving tasty meals to a record number of customers since opening earlier this year. Eat fresh!

You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? It’s happening for the first time in California as Palomar Medical Center (PMC) welcomes well-known retailers Starbucks™ and Sav-on Pharmacy by Albertsons™ to its main lobby this fall.

“At Palomar Medical Center, the patient experience extends well beyond the walls of the hospital room,” says PMC Chief Administrative Officer Gerald Bracht. “Partnering with our friends at Starbucks and Sav-on was a natural fit because they offer added comfort and convenience to our patients and guests. These services will simply enhance their total experience – and that’s what we strive for every day.”

The new Sav-on Pharmacy by Albertsons will feature the same friendly pharmacy services you would expect from any community location. Patients leaving the hospital can purchase necessary medical supplies and fill prescriptions before discharge so they can focus on their most important task – recovery. The store will also be stocked with a variety of florals, gifts, reading materials, snacks and over-the-counter medical items.

“This is a full-service pharmacy capable of meeting all medical and prescription needs,” says Albertsons Store Operations Specialist William Wuertz. “We are excited to synergize with the staff at Palomar Medical Center and really become part of the full continuum of care for patients.”

And for coffee lovers, the new Starbucks “bistro-style” location will offer all your favorite brews in one cozy spot, perfect for those seeking a moment of respite. The store will carry a complete menu of handcrafted beverages and a majority of the bakery items, sandwiches and treats found at any Starbucks store.

Both locations are scheduled to open in mid-October and will be managed by Albertsons, who Palomar Health has a long standing partnership with through its four local PALOMAR HEALTH expresscare clinics. (See ad below.) Operating hours for each will be daily from 8 a.m. – 8 p.m. [3]

Did You Know? Pomerado Hospital is the home of a Subway™ sandwich shop. The new store, located adjacent to the main lobby, has been serving tasty meals to a record number of customers since opening earlier this year. Eat fresh!

You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? It’s happening for the first time in California as Palomar Medical Center (PMC) welcomes well-known retailers Starbucks™ and Sav-on Pharmacy by Albertsons™ to its main lobby this fall.

“At Palomar Medical Center, the patient experience extends well beyond the walls of the hospital room,” says PMC Chief Administrative Officer Gerald Bracht. “Partnering with our friends at Starbucks and Sav-on was a natural fit because they offer added comfort and convenience to our patients and guests. These services will simply enhance their total experience – and that’s what we strive for every day.”

The new Sav-on Pharmacy by Albertsons will feature the same friendly pharmacy services you would expect from any community location. Patients leaving the hospital can purchase necessary medical supplies and fill prescriptions before discharge so they can focus on their most important task – recovery. The store will also be stocked with a variety of florals, gifts, reading materials, snacks and over-the-counter medical items.

“This is a full-service pharmacy capable of meeting all medical and prescription needs,” says Albertsons Store Operations Specialist William Wuertz. “We are excited to synergize with the staff at Palomar Medical Center and really become part of the full continuum of care for patients.”

And for coffee lovers, the new Starbucks “bistro-style” location will offer all your favorite brews in one cozy spot, perfect for those seeking a moment of respite. The store will carry a complete menu of handcrafted beverages and a majority of the bakery items, sandwiches and treats found at any Starbucks store.

Both locations are scheduled to open in mid-October and will be managed by Albertsons, who Palomar Health has a long standing partnership with through its four local PALOMAR HEALTH expresscare clinics. (See ad below.) Operating hours for each will be daily from 8 a.m. – 8 p.m. [3]

Did You Know? Pomerado Hospital is the home of a Subway™ sandwich shop. The new store, located adjacent to the main lobby, has been serving tasty meals to a record number of customers since opening earlier this year. Eat fresh!

You may be used to seeing a drugstore and coffee shop on every street corner, but what about inside your local hospital? It’s happening for the first time in California as Palomar Medical Center (PMC) welcomes well-known retailers Starbucks™ and Sav-on Pharmacy by Albertsons™ to its main lobby this fall.
in providing health care to patients, quicker is usually better. No one knows that more than physicians who face the daily challenge of caring for patients in more than one location at any given time. With the advent of new digital technology called AirStrip ONE™, Palomar Health physicians will be able to overcome distance by accessing patients’ clinical information – electronic health records, test results, EKGs, X-ray exams, and more – from their mobile phones, iPads or other digital devices.

Palomar Health’s Chief Medical Information Officer Ben Kanter, M.D., and Chief Innovation Officer Orlando Portale have been working closely with AirStrip to bring the new product to the health-care market. Palomar Health had already devised the MIAA – Medical Information Anytime Anywhere – that makes electronic health records available to caregivers over their digital phones. In partnering with AirStrip, which had created a way to access patient monitoring including cardiac and fetal waveforms, the two entities are delivering a complete package of resources and applications to physicians.

“Mobile health is definitely one of the hottest topics in medical technology,” adds Dr. Kanter. “With AirStrip ONE, we are taking a major step forward, improving our abilities to manage health care for patients both inside and outside of the hospital. We’ve built a way to get mobile medical data out there to help physicians make the right decisions at the right time. In the future, we want to tie in patients and nurses to the system as well. Our goal is to improve communications for the entire team.”

Dr. Kanter expects to have the AirStrip system in place at Palomar Medical Center, Palomar Health Downtown Campus and Pomerado Hospital within the next 12 months. “With the new program, Palomar Health will become the only health system in the United States providing this kind of cutting-edge mobile technology – technology it helped develop,” Dr. Kanter says.

AirStrip was launched by an obstetrician in Texas who wanted to see his patients’ fetal wave forms without being in the hospital. That application alone greatly improves the safety of babies who might be in distress, Dr. Kanter says.

This fall, your employer may offer an open enrollment period for health insurance. This brief window of opportunity allows you to make changes to your insurance coverage. Consider a health plan that provides you access to a Palomar Health physician. With more than 800 affiliated physicians, we have the perfect fit for you. For a FREE physician referral, call 800.628.2880 or visit www.PalomarHealth.org/doctor.
Managing Your Medications
New Pill Dispenser Service Safeguards Dosing

For many people, remembering to take their medications can be complicated and confusing. That's especially true for seniors, who often juggle multiple prescriptions every day.

One national survey* shows that among seniors who take prescription drugs, more than half take at least five pills a day and another 25 percent take 10 to 19 pills daily. Forgetting doses? More than half of those surveyed admitted they do.

That's worrisome, since studies show as many as one in 10 hospital patients are admitted as a result of not taking their medications correctly. To help seniors safeguard their health and independence, Palomar Health Lifeline is now offering the Philips Medication Dispensing Service.

“This provides a lot of benefits both for seniors who want to live independently and for their families,” says Jennifer Allen, Palomar Health Lifeline supervisor. “It can be hard to remember when to take medications. Our goal is to reduce the risk of complications that can result from medication mistakes.”

The new Lifeline program provides seniors with an easy-to-use Philips Medication Dispenser that holds up to six pre-programmed doses per day with voice reminders. The dispenser will also automatically call a family member or caregiver if a dose is missed.

The caregiver puts the medications into individual cups and loads them into the dispenser. Philips then programs the machine to dispense the medication cups according to the schedule the caregiver provides. The machine’s voice alert and flashing light notifies the senior when a dose is ready. If the medication isn’t taken within 90 minutes, the pills are moved to a reserve bin to prevent a later overdose and the caregiver is called.

The machine also can be programmed to give voice reminders for medications that are not able to be loaded in the machine, such as eye drops or insulin. It has the capacity for up to 40 days of medication, and the caregiver will get a reminder call three days before the dispenser needs to be refilled. Safety features include a locking cabinet and 18-hour battery backup.

The Philips Medication Dispensing Service costs $75 for installation and $75 per month for service. For more information, or to learn about the Philips Lifeline Medical Alert Service, call 888.704.2774 or visit www.PalomarHealth.org/lifeline.

*2009 survey conducted by Kelton Research on behalf of Medco Health Solutions.
Here We GROW Again

Arch Health Partners Doubles Physicians in Three Years

The last three years have been very active at Arch Health Partners (AHP). Since formed in 2010, the multi-specialty medical group has expanded from 40 physicians to more than 80 and grown from two locations to nine.

“The benefit to the public has been enormous,” says AHP Executive Director Victoria Lister, FACHE. “Arch Health Partners provides residents with a complete network of care – from primary-care physicians to outpatient diagnostics and treatment services, as well as access to specialists who utilize Palomar Health facilities.”

That was precisely the vision in April 2010, when Palomar Health joined with Centre for Health Care to launch AHP. The venture created the beginning of an integrated system of primary care and specialty physicians affiliated with Palomar Health.

When the partnership began, AHP had two locations – one in Poway and one in Ramona. Since then, additional physicians have joined the group and new offices have opened in Poway, Escondido, San Marcos and 4S Ranch. They also opened an Urgent Care Center in Ramona earlier this year that brought the first diagnostic radiology services to that area.

“Our four-year plan is to grow primary care and add key specialty physicians to support Palomar Health’s Centers of Excellence,” Lister says. “Not only have we expanded our primary-care services in key geographic areas, we have also experienced growth in the specialty areas of orthopedic surgery, cardiology, breast surgery, ENT (ear, nose and throat) and cosmetic dermatology.”

Pany Robinson, M.D., was among seven family physicians in Escondido to join Arch Health Partners in February, creating the new AHP Escondido Family Medicine practice.

“We want to be a strong presence in the community and be able to give our patients access to quality specialists and hospitals in our local area,” Dr. Robinson says. “Our patients no longer have to travel to San Diego or the coast for hospital services. And being in a large network has expanded the types of insurance we accept.”

Dr. Robinson says she is especially impressed by AHP’s commitment to providing physicians with the resources needed to give patients top-quality, evidence-based care. “When management wants to help physicians give the best care, it doesn’t get better than that,” she says.

So, what’s next for Arch Health Partners?

In addition to welcoming new Orthopedic Surgeon Daniel Barba, M.D.; Cardiothoracic Surgeons Robert Reichman, M.D. and Surin Mitruka, M.D. (see page 13); and Hand Surgeon Arush Patel, M.D.; Lister says the organization’s four-year plan includes opening new offices in Escondido, along the Highway 78 corridor and south of Poway.

“Our goal is to add 10 to 15 new primary care providers to the Arch Health Partners network each year for the next four years,” Lister says. “After that, we will evaluate what is still needed to meet the health-care needs of Inland North County.”

To learn more, visit www.ArchHealth.org.

Connecting the Dots

AHP Care Management Helps Patients Coordinate Care

Navigating who to see and where to go for various health needs can be a daunting task. That’s why the Care Management team at AHP assists patients with obtaining coordinated, streamlined care. This may include arranging home-health care services and specialized medical equipment rental for patients being discharged from the hospital, or making necessary follow-up appointments and providing condition-specific education opportunities. Staff work closely with a patient’s primary care physician to help ensure all needs are met.

“Our growing Care Management Team provides outpatient support for people with chronic diseases – offering counseling for conditions such as diabetes, hypertension, high cholesterol and weight management,” says AHP Chief Medical Officer Scott Flinn, M.D. “In addition, we are expanding our anti-coagulation clinic to all of our primary-care offices through integration of pharmacists from Palomar Health. Our growth also includes a group of geriatricians who see patients at Palomar Health’s Villa Pomerado skilled nursing facility in Poway and other facilities in the region.”

It Shouldn’t Hurt to Be a Child

The Child Abuse Program at Palomar Health Needs Your Help

It’s hard to talk about. The only way to cope for many is by looking away; to pretend it isn’t happening.

For nearly 30 years, the staff of the Child Abuse Program (CAP) and the Sexual Assault Response Team (SART) at Palomar Health has chosen to not turn away. They’ve devoted their lives to caring for those most vulnerable in our community: children who have been abused.

Haven’t heard of the Child Abuse Program? Many people haven’t. In fact, no one wants to find themselves here. And yet since 1984, Palomar Health has quietly funded the work done by physicians, nurses and child advocates to help those suffering from abuse.

The Child Abuse Program is the first stop on the road to safety by law enforcement professionals throughout North San Diego County. It is the place where a child’s story is first heard, documented and believed — where kind, patient, highly-trained staff handles the delicate task of interviewing children who are often stunned, traumatized, distrustful and scared. When necessary, physical examinations are performed and evidence is gathered in a quiet, safe and comfortable place.

The Child Abuse Program at Palomar Health grew out of a national movement in the early 1980s to improve the quality of child abuse investigations. Palomar Health initially joined forces with the city of Escondido and local law enforcement agencies to open a small center where children could be evaluated – avoiding a trip of up to two hours to San Diego. Today, the program works with a multitude of San Diego County law enforcement agencies from Solana Beach up to Camp Pendleton and from Rancho Peñasquitos to the Indian reservations.

On average, about 500 victims are assisted by the program each year, and services and resources are provided to their families. The program is open to all children and families who have been in contact with law enforcement agencies that make a request for the program’s services.

The Child Abuse Program, a member and supporter of the National Children’s Alliance, has received national accreditation as a Child Advocacy Center. In its nearly 30 years, it has evolved into a multidisciplinary program that is recognized as one of the best forensic interview programs in the nation.

Today, faced with dramatic cuts in health-care reimbursements, sequestration cuts and smaller grants made from foundations, the Child Abuse Program is bracing for losses that must be made up with private support. Although the program has a fee-for-service for some of its procedures, it has been budgeted and quietly funded by Palomar Health to operate at a loss.

Child Abuse Program specialists are called upon for nearly every case in North San Diego County that involves allegations of child abuse or a sexual assault. Experts not only engage victims using highly-trained and specialized interview skills that can be submitted in expert testimony, but law enforcement agencies consider the program vital to the prosecution of a criminal case.

Without the program, hundreds of children a year will need to be driven far from their homes to police stations, hospitals and Child Protective Services where they will be asked to repeat their story in various settings – adding unnecessary trauma.

“I believe child abuse is everyone’s responsibility. Their welfare will dictate the quality of our community’s future.”

— Catherine McLennan, MSW
Supervisor, Child Abuse Program at Palomar Health

Please Give.
Your support today can minimize the trauma, help take predators off the streets, and keep our children safe from abuse.

Help the Child Abuse Program to continue to provide the qualified services needed to care for these innocent children. To make a gift, visit www.PalomarHealthFoundation.org or contact Kimberly Cardoso at 760.739.2961 or Kimberly.Cardoso@PalomarHealth.org.

To learn more about the Child Abuse Program at Palomar Health, call 760.739.2150 or visit www.PalomarHealth.org/CAP.
For a physician referral, or to register for a class, call Palomar Health at 800.628.2880.

FOLLOW US ON: