Palomar Health and Mayo Clinic.
Working Together. Working for You.

Against All Odds
Surviving an Abdominal Aortic Aneurysm

Palomar Paws
Man’s Best Friend at the Bedside

Dine with the Docs
Get Smart at Our Brain Health Event
Write from the Top

Dear Friend of Palomar Health,

What an exciting time to be a part of Palomar Health! While our organization has celebrated many significant wins over the years, with this issue of The HealthSource, I am proud to share one of the bigger achievements I have had the pleasure of witnessing during my eleven-year tenure – membership in the Mayo Clinic Care Network.

Who could have predicted that from our humble beginnings in 1933 as a small hospital serving the farming community of Escondido, would grow a comprehensive health system now in collaboration with one of the most prestigious names in health care in the world.

And, perhaps most noteworthy, we achieved this significant growth and recognition without losing sight of the most important thing – taking care of people. Our patients are our passion, and everything we do will always center around them.

As you will learn through the article on pages 4 – 5, membership in the Mayo Clinic Care Network simply enhances the level of care that our physicians and staff provide to our patients. It means that for the most hard-to-solve cases, our doctors have access to Mayo Clinic expertise so our patients can receive the very best care, right here at home.

I hope you’ll share in our excitement of what this relationship means to you, your family and your community. In the words of Mayo Clinic founder Dr. William W. Mayo, “I look through a half-opened door into the future, full of interest, intriguing beyond my power to describe.”

I can’t wait to see what’s next.

In good health,

Michael H. Covert, FACHE
President and Chief Executive Officer
Palomar Health
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Roger J. Acheatel, M.D., (left) cardiologist and chief of staff at Pomerado Hospital; and Richard C. Engel, M.D., (right) anesthesiologist and chief of staff at Palomar Medical Center and Palomar Health Downtown Campus; celebrate Palomar Health’s membership in the Mayo Clinic Care Network. They represent more than 800 affiliated physicians, many of whom will have access to Mayo Clinic expertise through the new collaboration. Learn more on pages 4 – 5. (Photo by Martin Mann)

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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.

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
More is usually better, especially when it comes to patient care. Now, thanks to a unique collaboration with the prestigious Mayo Clinic, Palomar Health patients will benefit from access to more medical research and information, additional expert opinions on complex cases, and experienced advice on hospital programs and protocols.

In early December 2013, Mayo Clinic formally announced Palomar Health as the newest member of the Mayo Clinic Care Network, a program designed to help people gain the benefits of Mayo Clinic knowledge and expertise close to home.

As part of the Mayo Clinic Care Network, Palomar Health physicians have access to a variety of tools that connect them directly to Mayo Clinic specialists, as well as Mayo’s latest research and treatment recommendations.

“I think membership in the Mayo Clinic Care Network will benefit not just the care provided to our patients, but also it will help facilitate improvements in practice on the part of our clinicians at Palomar Health,” says Michael Covert, president and chief executive officer of Palomar Health. “Working with this network will take our health-care practice to a new level and validate the quality of our physicians here.”

Mayo Clinic established the network about three years ago for like-minded organizations that share the goal of improving the delivery of health care in their communities. Palomar Health is the 24th member of the Mayo Clinic Care Network and the first in California.

“Mayo Clinic does not aspire to acquire or merge with medical centers around the country. Instead, “We believe the right direction is to share Mayo Clinic knowledge with others so more people in more places can benefit from the specialty knowledge and expertise of Mayo Clinic and still stay close to their home,” explains Dr. Decker.

Criteria for membership includes a mutual interest in the commitment to patients and a focus on excellence.

“We realized that Palomar Health is similarly aligned around patient care excellence and that shared focus is a key ingredient of the Mayo Clinic Care Network,” Dr. Decker says. “At Palomar Health, you have great doctors. We don’t want to interfere with them. Instead, we want to be a resource so that most care can remain local and patients avoid unnecessary travel.”

The vetting process took nearly a year and involved a Palomar Health team visit to Mayo Clinic in Arizona and, later, several Mayo Clinic visits to Palomar Health.

“For the past 150 years, Mayo Clinic has used a model of care that brings teams of experts together to focus on the care of each individual patient. We want to share that model of care,” says Wyatt Decker, M.D., Mayo Clinic vice-president and chief executive officer of Mayo Clinic in Arizona. “Mayo has a long history of collaborating with other medical providers to help deliver the best possible care for patients. It’s a valued part of our culture.”

Palomar Health is proud to be the first health-care system in the state selected to join the Mayo Clinic Care Network, Covert says. “They don’t accept everyone. You have to meet a level of practice that Mayo thinks is essential to strong collaboration. I think it’s a
very positive and beneficial relationship,” he says. “As this unique relationship grows in the future, it can only enhance the care we provide.”

Membership in the Mayo Clinic Care Network provides participating physicians with new tools and resources in specialty areas where Mayo Clinic’s knowledge and expertise may be helpful. The result is patients and physicians have greater peace of mind, and most care can remain local.

“Becoming a member of the network allows us to work closely with a nationally acclaimed organization and avail ourselves of multiple opportunities to work with the physicians of Mayo Clinic,” says Roger Acheatel, M.D., Arch Health Partners cardiologist and chief of staff at Pomerado Hospital.

Palomar Health-affiliated physicians have the opportunity to use some of the best resources of Mayo Clinic including ‘eConsults’ to connect with Mayo physicians and ‘AskMayoExpert’ to access a medical database developed by Mayo specialists.

Although Palomar Health patients will not be seen or treated by Mayo Clinic doctors, their physicians can consult directly with Mayo specialists about complex care and best practices.

“By having access to more than 4,000 clinicians in the Mayo Clinic (system), Palomar Health patients will realize that their physician is able to tap into another body of medical expertise,” says David Hayes, M.D., medical director of Mayo Clinic Care Network. “This additional resource may help patients avoid unnecessary travel for additional medical opinions.”

There is no additional cost to patients for the tools and services of the Mayo Clinic Care Network consultation. Each health-care organization, as a member of the network, pays a subscription fee based on the clinically-based services they use from Mayo Clinic.

And, patient privacy is always a priority. Safeguards are in place to protect patients’ health information. Anything shared with Mayo Clinic related to patient care is sent through a secure electronic connection and remains confidential. Medical records will be shared only at the request of a doctor and with the patient’s consent.

“This is an exciting time for health care in our community,” Shaw says. “Membership in the Mayo Clinic Care Network is a benefit to our patients and speaks volumes about what Palomar Health does on behalf of our community.”

To learn more, visit PalomarHealth.org/Mayo.
It all started with a little backache, the kind many of us experience when we overdo it at the gym or sit too long at the computer.

But, several hours later, when John Metz’s pain became so severe that he screamed out in agony and begged his wife to call 9-1-1, he suspected his life was in danger.

“The pain was relentless,” says the 62-year-old Poway resident. “I thought I was dying.”

John was suffering from a ruptured abdominal aortic aneurysm, often called a “triple A.” And, in fact, he easily could have died if it weren’t for the quick and skillful procedure performed at Palomar Medical Center by Vascular Surgeon Alexander Salloum, M.D., and his team.

An abdominal aortic aneurysm (AAA) is a weakened and bulging area in the lower part of the aorta, the major blood vessel that supplies blood to the body. A ruptured AAA can cause life-threatening bleeding, just as John was experiencing.

The aorta lies on top of the spine, so when the aneurysm ruptured, John felt the pain in his back, Dr. Salloum explains.

“About 90 percent of patients with a ruptured triple-A die before they get to the hospital. Of those 10 percent who do make it to the hospital, half will die within 30 days,” Dr. Salloum says. “The odds were definitely against him so we had to move fast.”

Meanwhile, John’s wife Julie was being prepared for the worst.

“I was told that John’s chance of survival was very slim. When he went into surgery I thought it would be the last time I would see him,” she says, getting emotional when telling the story. “When Dr. Salloum came out (of surgery) I expected bad news. But all he said was, ‘he’s all fixed.’ That was it. And, that’s when we all started cheering.”

John and his family were amazed not only by the speed of the procedure, but also by the fact that John’s life-threatening situation was remedied without one incision.

“Within two hours from the time Dr. Salloum got the call about John’s emergency, John was fixed,” Julie says. “It was a miracle.”

The “old school” repair for a triple-A rupture is to open up the abdomen and repair the problem directly. Another surgical procedure often used is to make incisions at the groin through which a catheter is inserted into an artery in the leg to deliver a repair.

However, Dr. Salloum chose the most minimally invasive technique possible – a percutaneous repair, in which there are no incisions.

The percutaneous approach involves a tiny needle puncture at the groin through which a stent graft is delivered, which “relined or repiped the hole inside the artery,” Dr. Salloum explains.

The percutaneous access allows for faster recovery and less risk of infection and other post-surgery complications. And, because the procedure was minimally invasive, no general anesthesia was used.

“His blood pressure was so low, that I knew if I put him to sleep, he wouldn’t have made it. So, we used a local anesthesia instead, and it worked out well,” Dr. Salloum says.

Dr. Salloum credits the advanced technology at Palomar Medical Center, along with the experienced surgical team, with being able to treat John so quickly and effectively.

Palomar Medical Center offers a hybrid room, which is both an operating room and a cardiac catheterization lab.

“It amazes me how much technology has changed over the last decade, enabling us to do so much, so efficiently. I basically coordinated this
entire procedure in my car with my Bluetooth while driving to the hospital,” Dr. Salloum says. “By the time I arrived at the hospital, we had it all set. We had already reserved the (hybrid operating) room, the team was there and organized, and we were ready to go. This kind of coordination never could have happened even a few years ago.”

John’s recovery period was only three or four days and without much discomfort. In fact, the only pain medication he took after the surgery was an acetaminophen.

Although John will have to be monitored once a year because of the stent placement, he doesn’t have to live his life any differently. Today, he says he feels “great, and very lucky.”

“Except for the pain (leading up to the surgery), everything about the experience was great. The hospital is a great place and Dr. Salloum really knows what he’s doing,” John says. “Dr. Salloum is a wizard of a surgeon. It’s a miracle that I’m still here, all thanks to him.”

John and Julie are also quick to sing the praises of the nursing staff on the 6th floor. “They were the most fantastic nurses. They were helpful and friendly and always had the time to talk and explain things,” Julie says. “The hospital, Dr. Salloum and staff turned our nightmare into a miracle.”

An abdominal aortic aneurysm (AAA) is a life-threatening condition that too often occurs without warning.

“Screening is the only tool available for triple-A prevention,” explains Vascular Surgeon Alexander Salloum, M.D. “There are no symptoms ahead of time. Patients usually present by death.”

AAA Risk Factors:

- **Age.** Triple-A’s occur most often in people 60 and older.
- **Tobacco use.** The longer you’ve smoked or chewed tobacco, the greater your risk.
- **Atherosclerosis.** This buildup of fat and other substances that damages the lining of a blood vessel, also increases the risk of AAA.
- **Being male.** Men develop abdominal aortic aneurysms much more often than women do.
- **Family history.** People who have a family history of AAA are not only at higher risk for the condition, but also tend to develop aneurysms at a younger age and are at increased risk of rupture.

AAA Signs and Symptoms:

- Sudden, intense and persistent back and abdominal pain
- Pain that radiates to the legs or back
- Sweating
- Clamminess
- Nausea
- Vomiting
- Low blood pressure
- Fast pulse
- Loss of consciousness

If you think you could be at risk, ask your doctor about screening options appropriate for you.

Some artery blockages can be so severe and difficult to penetrate with traditional catheters, that patients often have resorted to invasive and risky bypass surgeries or amputations with lengthy, painful recoveries.

In the past, surgeons have had to rely solely on X-rays as well as touch and/or feel to guide catheters through complicated blockages.

The Ocelot system, used first in San Diego by Palomar Health, now allows surgeons to more accurately navigate through chronic total occlusions (CTO) thanks to optical coherence tomography (OCT), which produces images from inside the artery.

“This allows me to better see ‘the road’ as I’m ‘driving’ through the artery,” Dr. Salloum says. “Ocelot increases the probability that we can go through the center of the artery.”

Surgeons at Palomar Medical Center can use Ocelot to help restore blood flow in completely blocked arteries in patients’ legs through a simple two-millimeter skin incision, helping to avoid amputation.

Ocelot is the first CTO crossing catheter that uses OCT technology to access exact regions of the peripheral vasculature where blockages occur, while simultaneously providing physicians with visualization for real-time navigation during an intervention.

“Ocelot is minimally invasive and can help save patients from amputations and bypass surgeries,” Dr. Salloum says. “Patients can often leave the hospital within hours and return to normal activities within a few days.”

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
The silence was deafening as I entered the church office. Most Sunday mornings, the church hub is abuzz with chatter, activity and lots of laughter. Within minutes, I learned what had cast a pall over the place. Overnight, John Boyle had suffered a heart attack.

Thankfully, the much-loved husband of our associate pastor, Mary Allman-Boyle, got to the hospital in time and was recovering from a procedure in which stents were placed in two of John's severely clogged heart arteries.

"I didn't feel quite right that Saturday night," John told me months after his health scare. "I didn't think it was serious, but when Mary heard my uncharacteristic whining, she called 9-1-1."

Pastor Mary's decision may have saved her husband's life. Amazingly, John's heart attack happened just as they arrived in the hospital ER, "the best place in the universe to have a heart attack," laughs John.

Further tests revealed blockages in two other arteries and John was told he'd need additional stents placed in the near future.

But following what he calls a "healthy dialog" with his doctor, the 61-year-old real estate attorney decided to hold off on the procedure, opting instead to try making a few lifestyle changes first.

Six months after his heart attack, I ran into John on the church patio … barely recognizing the fit, lean healthy guy with the enormous smile standing before me.

Highly motivated by his brush with death, John had made some radical changes in his lifestyle, most notably in the way he ate. For months, John has totally embraced a whole food, plant-based diet. The results have been dramatic.

Formerly big on burgers and breakfast burritos, John now enjoys veggie soups and omelets, and big bowls of oatmeal topped with fruit, nuts, almond milk and a little sugar. He admits making the dietary changes wasn't easy at first, but now says he feels so good, he could never go back.

Lean and mean and walking the greens on the golf course twice a week, John also bicycles and lifts weights. He says his taste buds have changed and he doesn't even miss meat and cheese. "If you don't eat fat," says John, "you don't wear it!"

The best part? In a few short months, John has been able to eliminate most of his blood pressure medication. His total cholesterol is now 110 and he's lost more than 25 pounds.
While John’s story may sound too good to be true, it comes as no surprise to Robert Stein, M.D., a cardiologist with Palomar Medical Group in Escondido.

“To all my patients who have gone through a heart event, I point out that changing lifestyle through exercise, diet and medications can dramatically reduce the risk of subsequent heart events,” Dr. Stein says.

In some cases, according to Dr. Stein, those lifestyle adjustments mean a patient’s risk can actually become as low as the population as a whole.

That’s what keeps John Boyle motivated. A diet rich in beans, rice, vegetables and fruits helps him take control of his life where he can. “I can’t do anything about my genes,” John explains, “but I can do something about my lifestyle.”

When I asked John if he ever feels deprived, he grinned, “Not when there’s Chunky Monkey for dessert!” Surprised? Me too, until I tasted John’s healthy alternative to the popular ice cream flavor. Dee-LiSH! (Recipe below.)

John may have given up a little dietary fat, but he certainly hasn’t given up a moment of fun. “I love life and I want to stay active.”

Check out my Q&A for more with Dr. Stein. — Carol LeBeau

Q&A with Dr. Stein

February is heart health month … the annual, stark reminder that heart disease is the leading cause of death. The good news? Studies overwhelmingly show cardiovascular disease can be prevented — even reversed — by following a heart-healthy lifestyle.

I chatted recently with Cardiologist Robert Stein, M.D., to learn more about how to avoid heart problems in the future by adopting a healthy lifestyle today.

Carol: When it comes to heart disease, aren’t we just victims of our genes?
Dr. Stein: Genetic predisposition is important, but it’s just a predisposition – not necessarily destiny.

Carol: So, can a healthy lifestyle really change destiny?
Dr. Stein: Absolutely, but lifestyle is more than just diet and exercise. There’s smoking cessation, a good working relationship with your doctor and the relationship between mind and body.

Carol: How so?
Dr. Stein: When people are excessively stressed, they may be in no mood to follow through on other lifestyle changes.

Carol: Like exercise?
Dr. Stein: Yes. Most experts recommend lots of exercise for those 18 to 65, including 30 minutes, 5 days a week minimum of moderate aerobic activity. Same goes for older adults with the addition of strength and flexibility exercises twice a week.

Carol: How about diet?
Dr. Stein: I follow the American Heart Association’s guidelines and recommend a diet with whole grain and high fiber with fruits and vegetables. Saturated fat should be less than 7 percent of total calories.

Carol: What’s your opinion of the Mediterranean and/or plant-based diets?
Dr. Stein: Studies of the Mediterranean diet (more olive oil and nuts) have shown lower blood sugar, blood pressure and cholesterol compared to a standard, low-fat diet. Plant-based diets are very effective, just difficult for some to comply with.

Carol: Speaking of compliance, any advice on how to stick with lifestyle changes?
Dr. Stein: Find something that resonates with you. Pick an activity you enjoy. Same goes for dietary changes. I’ve had more than one patient use smart phone apps to measure calories and successfully lose weight.

Carol: After a heart attack, how important is rehab?
Dr. Stein: Extremely important. Patients who go through rehab have a 25 percent lower chance of dying than those who don’t attend. We have an excellent cardiac rehab program at Palomar Health.

Carol: Good advice. How ‘bout you? How do you stay heart-healthy?
Dr. Stein: I eat smart and enjoy sculling in Mission Bay. Just wish I had more time.

John’s “Chunky Monkey” Dessert

Place in a blender:
6 dates
2 frozen bananas
6 ounces almond or soymilk
1 large tablespoon pure peanut butter
1 tablespoon unsweetened chocolate

“Add ten ice cubes,” says John, “and you end up with a delicious dessert that’s a lot like ice cream!”

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
When doctors found a tumor in Phyllis Brown’s lung and then another in her brain a few months later, she was given treatment options. She refused most of them.

“They talked about surgery and about chemotherapy and I said ‘no way,’ “ says the Fallbrook resident. “I saw how my sister suffered with chemotherapy and I said I’d rather die than go through that.”

The one option she did agree to was radiosurgery. And, today Phyllis is thankful she did. “I had no pain, not one day of nausea and I feel fantastic,” says the spry 81-year-old.

Stereotactic radiosurgery is a very precise high-dose radiation treatment which typically targets tumors 3 centimeters or smaller.

“Once the radiation dose is delivered, very little (of the tumor) can live,” says Brian Volpp, M.D., a board-certified radiation oncologist and the medical director of San Diego Radiosurgery located at Palomar Medical Center. “In many cases, radiosurgery accomplishes what surgery essentially does, but it’s not invasive.”

Unless radiosurgery is treating a metastasis from another cancer site, this new technology often eliminates the need for chemotherapy, Dr. Volpp says.

San Diego Radiosurgery treats cancers of the brain, spine, pancreas, prostate, kidney, liver and lung. During a radiosurgery session, the patient lies on a treatment table while the device moves, treating all areas of the tumor, without ever touching the patient.

The pinpoint accuracy of Novalis Tx, the radiosurgery system used at San Diego Radiosurgery, minimizes damage to healthy tissue and allows physicians to treat difficult-to-reach tumors which may have been hard to treat in the past.

By delivering high-dose radiation beams that match the shape of the tumor being treated, radiosurgery also significantly reduces treatment time. A typical session takes about 20 minutes, reducing potential errors that can occur in longer-lasting procedures. The number of treatments varies depending on the tumor size, location and shape. Typically, only one to five daily sessions are required.

Since no anesthesia is used with radiosurgery, most patients go home immediately after treatment and resume normal activities. There may be slight side effects, such as fatigue, but it is usually minor and temporary.

“In appropriate cases, radiosurgery is a better option than surgery or traditional radiation, which requires a lower dose, but is given every day for up to two months,” Dr. Volpp says. “It’s overwhelmingly more popular than other treatments with patients.”

A few years ago, radiosurgery was used primarily on older patients or those who couldn’t tolerate conventional surgery. “However, now we’re doing more radiosurgery on younger patients because it’s so effective and so much less invasive,” Dr. Volpp says.

In 2012, San Diego Radiosurgery performed about seven treatments per month. In 2013, that number increased to about 10 per month.

Phyllis received radiosurgery treatment for both her lung and brain tumors. Today, her brain tumor is completely gone and her lung tumor is “basically eradicated and the lymph nodes which were targeted are shrinking down,” Dr. Volpp says.

Phyllis calls her experience at San Diego Radiosurgery “amazing.”

“After smoking for 60 years, getting cancer wasn’t really a surprise and I was ready to die,” she says. “But, radiosurgery and Dr. Volpp saved my life.”
Healing and comfort don’t always come with a medical degree. Sometimes the tranquility and quiet joy a dog visit brings to a patient is the best prescription.

Daily visits by Hoku and Madeline, two volunteer canines with Palomar Paws Therapy Dog Program, were just what the doctor ordered for Neal DeGarmo last summer. As the result of a traumatic head injury, the 27-year-old Ramona man spent more than six weeks at Palomar Medical Center.

“After the accident, my son had problems with cognition and remembering things,” says his mother, Debbie. “But, of all the things he did remember, he remembered the dogs visiting him in the hospital.”

Palomar Paws, formerly known as Rx Pets, is a volunteer program designed to bring a little more TLC into the hospital setting. Patients look forward to the four-footed visitors with as much anticipation as the two-footed kinds. The day of his brain surgery, Neal was nervous and frightened. To help ease his anxiety, Palomar Paws brought the dogs to visit Neal and even rode to the surgical room with him.

“It was a huge comfort to him. Neal just kept petting the dogs and it really helped him relax,” Debbie says. “The surgery and rehab were all a great success, and I attribute much of that success to the dogs being there for my son.”

There are currently 30 dogs volunteering with Palomar Paws. Cathy Mayer, a professional dog trainer and volunteer coordinator for the program, hopes to have 60 dogs enrolled in the hospital visitation program by June 2014.

“A dog’s presence in the room is very calming. From itty-bitty dogs like Chihuahuas to big dogs like St. Bernards, they are petted and just hang out with patients and family,” Mayer says. “If it’s OK with the patient, the dogs can even get on the bed with them.”

When patients are admitted into the hospital, they are asked as part of the registration process if they would like to have dog visitations. And, Palomar Paws doesn’t just help the patients, it also assists dog owners who want their own pet to be a therapy dog.

Mayer takes potential therapy dogs through a controlled evaluation at the hospital and if the dog passes the test, she helps the dog get certified.

Volunteer Carol Orlando knows first-hand the joy and comfort her dog Button brings to patients. “The difference the dog makes is like night and day,” Carol says. “We walk in and (the patient) isn’t smiling or is looking sad. But as soon as they see Button, they light up. It’s so rewarding. And from the look on Button’s face, she loves it, too.”

Catch the Volunteer Spirit

Palomar Health has over 40 volunteer opportunities at three facilities including Palomar Medical Center, Palomar Health Downtown Campus and Pomerado Hospital.

There are currently more than 600 volunteers who provided over 1,500,000 service hours in 2013.

The most requested volunteer positions include:
- Surgical Waiting Room
- Birth Center
- Shuttle Driver
- Ambassador
- Emergency Department
- Family Waiting Room
- Chaplains
- Pharmacy
- Palomar Health expresscare Clinics
- Activities Assistance at Villa Pomerado Skilled Nursing Facility
- Lobby Volunteer Receptionist
- Music Therapy Program (Coming Soon)

To learn how you can make a difference in your community, call Palomar Health Volunteer Services at 442.281.4074 or visit www.PalomarHealth.org/Volunteer.
Gisela Holladay rarely allows anything to slow her down. However, when her arthritic hips caused her excruciating pain, she had no choice but to curtail her activity. That’s when she decided to take action, with the help of Orthopedic Surgeon Thomas Knutson, M.D.

“If something needs to be done, I’m the type of person who just does it. So, when I knew I’d be facing the replacement of both hips, I asked to have them done at the same time and I’m so glad I did,” says the 77-year-old retired teacher and assistant principal who lives in Rainbow. “I’m equally glad that Dr. (Thomas) Knutson is the one who did the surgery. The man is absolutely a miracle maker.”

Gisela’s surgery was performed at Palomar Medical Center, and less than three months later she was living it up on a cruise – exercising, hiking and dancing in high heels.

“I felt wonderful. The minimally-invasive surgery and hospital experience were incredible,” she says. “After surgery, I didn’t even need any pain medicine. The nurse told me that none of Dr. Knutson’s patients need pain medicine.”

Dr. Knutson, a board-certified orthopedic surgeon with Arch Health Partners, routinely uses the anterior approach for hip replacement. The surgery is performed through a four-inch incision in the front of the hip and is usually considered minimally invasive.

However, Dr. Knutson’s not a fan of the term “minimally invasive” because then it becomes “all about the size of the incision,” he says.

“It’s not just about the size of the incision, it’s about how it’s done underneath. I use this technique because it allows me to go between the muscles and not cut as many. And, it’s more preserving of the hip capsule so the patient won’t have as many restrictions as they would with a conventional hip replacement (requiring a 10-inch to 14-inch incision at the side of the hip),” he says. “Since this approach is a little less traumatic for the patient, the patient recovers more quickly and is able to walk without ambulatory aids sooner.”

Dr. Knutson performs more than 100 hip replacements a year, all with the less invasive anterior approach. “When this approach first came out, we only did it on thin people. But, it has so many advantages that we use it on everyone now,” he says.

How do you know when it’s time for a hip replacement?

“If you experience more pain than you can tolerate despite (pain medication) and your life becomes too limited because of the pain, then do the hip replacement,” he says. “But it has to be your decision.”

A hip replacement usually lasts 15 to 20 years, depending on the patient’s size, age and activity level.

“After hip replacement, you can pretty much go back to living your life the way you did before. We encourage patients to use good judgment,” he says. “You can ski, play golf, walk, hike – just don’t go overboard. We just want your new hip to last.”

Gisela is a walking (and dancing) example of the happy, active life after hip replacement.

“Since my hip replacement, I feel like there’s nothing I can’t do. I go to the gym, lift weights, hike and I feel marvelous,” she says. “My double hip replacement is the best thing I could have done, and Dr. Knutson is the best person to have done it.”

HEAL YOUR HIPS FREE CLASS!

Palomar Medical Center, Café Alcove Thursday, March 6 6 – 7:30 p.m.
Orthopedic Surgeon Thomas Knutson, M.D., will discuss the causes of hip deterioration and advanced options for treatment. To register, call 800.628.2880 or visit www.PalomarHealth.org/Classes.
FEE: Free – registration required
Stamp collecting or bird watching were never hobbies that interested Michael Blume. Instead, the 54-year-old carpenter was fascinated by guns and miniature cannons, which he spent hours firing into empty fields near his home in Rincon.

However, his favorite pastime came to an abrupt and frightening halt last September when a cannon malfunctioned, firing the back of the weapon through his upper arm, taking bone, muscle and tissue with it.

“It was practically severed. I thought they’d have to take the arm,” Michael says. “But Dr. Patel was amazing. He rebuilt my entire arm and put it all back together again.”

For Hand and Upper Extremity Surgeon Arush Patel, M.D., this case was quite an unusual introduction to his career with Arch Health Partners, Palomar Health’s affiliated medical group.

“When the patient came into the ER at Palomar Medical Center and the trauma surgeon called me, I could hardly believe it,” Dr. Patel says. “But he was lucky that all the nerves were intact.”

Five surgeries later, which included inserting plates and 11 screws, along with skin and bone grafts, Michael is slowly regaining use of his arm and hand.

In physical therapy since his last surgery, Michael says it will take a full year before his arm and hand are completely functional again. “I am amazed that he was able to do what he did with my arm,” Michael says. “Dr. Patel works wonders. He’s very good at what he does.”

Dr. Patel completed his orthopedic surgery residency at the University of Southern California and a fellowship in hand/upper extremity and microvascular surgery at University of California, San Diego.

Although successful at repairing cannonball injuries, much more common to Dr. Patel’s medical practice as a hand surgeon is treating carpal tunnel problems, for which he offers a choice of two surgical techniques.

“I can use the mini-open technique or the endoscopic technique with a small incision at the crease of the wrist, which is less invasive,” Dr. Patel says.

With the endoscopic, the patient can return to work more quickly because there is less disability from the incision. But, in the long term, the result is exactly the same.

“I leave it up to the patient and the majority choose the mini-opening,” says Dr. Patel. “It has a bit bigger incision, but it’s tried and true.”

Dr. Patel also treats many fingertip injuries, often the result of saws and other tools.

In addition, he specializes in fragment specific fracture fixation in which he inserts plates and screws at the specific points of the problem. “This offers better fracture fixation and more stability and better alignment of the bone,” says Dr. Patel.

Other common procedures Dr. Patel performs include wrist and elbow arthroscopy, tendon reconstruction, ganglion cyst removal, trigger finger release and wrist replacement.

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Being ill or recovering from surgery is never easy for anyone. That’s why Palomar Health Home Caregivers, the only hospital-based, non-medical agency in San Diego County, is here to help.

Home Caregivers recently began offering two new programs that are improving access to care for the communities we serve.

The first is “Rides with Care,” a two-hour transportation service available for a nominal fee. Rides with Care provides patients with transportation home from the hospital and also offers transports to doctors’ appointments and medical treatments. In addition, drivers will assist with prescription pick-ups and general errands.

“Instead of taxi vouchers, this is just a much nicer way to send patients home,” says Tara Pardo, Palomar Health Home Care manager. “We make sure they get home comfortably and settled in with a qualified caregiver.”

Evi Paytas, 64, has used Rides with Care several times, not only for herself but also for her special-needs son, Ryan, and says she’s “sold on the service.”

As the caretaker and driver for family and friends, she had nobody to pick her up from a day-surgery appointment. That’s when she called Rides with Care.

“This sweet little gal, Jenna, came into the recovery room, wheeled me to the car, and drove me home,” says Evi, of San Marcos.

“But, what impressed me most was that when we got home she sat me down, helped me settle in and asked if she could fix me anything to eat. It was fabulous. I was blown away by the great service.”

In fact, Evi was so pleased that she had Rides with Care take her son Ryan to a doctor’s appointment. “It was wonderful. Chazelle picked him up in a convertible and he loved it. She even held his hand while he had his ears cleaned,” Evi says.

Rides with Care has provided hundreds of rides to patients since the program started early last year. It has been well received not only by patients and families, but also by the hospitals and doctors’ offices.

“Transportation can be a significant obstacle for patients – especially seniors,” Pardo says. “This is a great option for anyone who needs a ride to and from the hospital or a medical appointment.”

Last April, the “Going Home Senior Care Program” was also implemented. This program provides discounted assistance to patients age 65 and older who are recovering from surgery, or discharged from the hospital or a nursing home. The cost is half of the regular price for the first 30 hours of care within the first 30 days. Patients and their families can use the caregiving services in 4- to 24-hour shifts per day.

Whether recovering from hip surgery or the birth of a baby, having the support of experienced personal care assistants can help patients maintain independence at home safely and comfortably. Palomar Health Home Caregivers offers comprehensive in-home care, 24-hours-a-day, to North County residents who need assistance with their activities of daily living. Available services include:

- Personal Care
- Companionship
- Overnights
- Sitter Services
- Hospice Care
- Alzheimer’s Care
- Home Safety Measures
- Light Housekeeping
- Shopping, Errands, Transportation
- Meal Preparation
- Incontinent Care
- New Mom Assistance
- Respite Relief for Family
- Medication Reminders
- Comfort Measures
- Live-in Service

To learn more, visit www.PalomarHealth.org/HomeCare, or call 760.796.6860.
Covered California is the new marketplace established for California under the federal Affordable Care Act (ACA), where you and your family can compare health coverage options and choose the one that best fits your needs and budget.

This marketplace allows you to shop online or over the phone to find the right insurance option.

“The ACA aims to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage and reduce cost to individuals,” says Marjorie Drobatschewsky, director of managed care at Palomar Health. “The law requires new minimum standards regardless of pre-existing conditions. ACA is intended to lower both future deficits and Medicare spending.”

Here are the answers to some commonly-asked questions about the program:

**How do I meet the requirements for Covered California?**
Legal California residents are eligible to buy insurance through Covered California. However, if you have access to affordable health insurance through another source such as an employer or government program, you may not qualify for financial assistance through Covered California.

**When does Covered California enrollment begin and end?**

**What type of plans are offered?**
There are four main plans, labeled bronze, silver, gold and platinum, with bronze providing the least amount of coverage and platinum the most. As you move from bronze to platinum, premiums rise but your coverage improves and out-of-pocket costs go down. San Diego County health plans include Sharp Health Plan, Kaiser, Blue Shield, Molina and Health Net.

**Will I be able to keep my same doctor when I purchase health insurance through Covered California?**
Each health insurance plan has a specific list of doctors and hospitals that are considered in-network providers for covered services. Palomar Health is included in the Sharp Health Plan network. Palomar Health is currently reviewing and in discussions with other plans for an effective date of Jan. 1, 2014, Drobatschewsky says. Directories of doctors and hospitals will be available at www.coveredca.com.

**Do I have to buy my insurance through the Health Benefit Exchange of Covered California?**
No. Insurers will continue to offer plans outside the system. If your insurance is through an employer, you don’t have to do anything. Buying via the exchange probably wouldn’t make sense in this case.

**Am I eligible for financial assistance?**
Perhaps. Covered California says an individual making up to $44,680 could qualify for a tax credit. A family of four earning up to $92,200 may be eligible. Generally, the more you make the less you get in subsidies.

**Can I be denied coverage due to my health?**
Your coverage can’t be dropped or denied because of a chronic or pre-existing condition. Insurers will be prohibited from using your medical condition or history to determine how much your health insurance will cost. But you must buy the insurance during open enrollments to receive this protection.

**Do I have to have medical insurance?**
If you don’t buy insurance, expect a penalty that will come due with your taxes. These “shared responsibility” penalties are being phased in. In 2014, it’s 1 percent of income or $95, whichever is more. In 2015, the percentage goes to 2 percent or $325. In 2016 and beyond, it’s 2.5 percent or $695.

**Can I use Covered California in conjunction with Medicare parts A, B and D?**
Individuals who are eligible for Medicare will not be eligible to receive premium assistance through Covered California. Medicare supplement insurance (Medigap) plans will not be offered through Covered California.

For more information, visit www.coveredca.com or call 800.300.1506.

**Convenient care when you need it.**
Get more from your grocery store. Quality health care is available where you shop seven days a week. No appointment is needed and most visits take about 20 minutes.

To learn more, call 888.738.2452 or visit PalomarHealth.org/expresscare.
I need a birth control alternative to the pill. What other options are available?

There is something out there for everybody. To decide what method is best for you, you need to consider what fits your lifestyle and health history. And, talk with your doctor about any health conditions and concerns so they can make the best recommendations for you.

Here are some options for consideration:

**Condom.** A condom offers a barrier method to birth control. It is the only method which helps to prevent sexually transmitted diseases (STDs).

**Depo-Provera Injections.** Made up of the hormone progestin, the injections are a convenient birth control method, given every three months.

**The Patch.** The birth control patch (Ortho Evra) is a tiny skin patch that’s changed weekly. It prevents pregnancy by delivering a continuous amount of estrogen and progestin through the skin.

**Vaginal Ring.** The NuvaRing is a flexible vaginal ring which contains the same hormones as many birth control pills and is inserted manually into the vagina. After three weeks the ring is removed for one week, during which time you’ll have your period.

**IUDs.** There are three FDA-approved intrauterine devices (IUDs) available. The ParaGard doesn’t use hormones and is kept in place for 10 years. Two other types of IUDs, the Mirena and Skyla, release progestin to prevent pregnancy.

**Birth Control Implant.** A matchstick-sized rod is inserted in the arm which releases progestin to prevent pregnancy.

**Tubal Ligation.** Often referred to as “having your tubes tied,” tubal ligation is a procedure (sometimes surgical) in which the fallopian tubes are blocked, tied or cut, thus preventing fertilization. This is considered a permanent birth control method.

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I’ve struggled with obesity for years. What are my options for pursuing weight loss surgery?

Today, people have very effective, successful and life-saving weight loss surgery choices, provided that along with the surgery, they make the needed changes to their diet and lifestyle.

To be eligible for bariatric surgery, patients must have a BMI (body mass index) of 40 or above (about 100 pounds overweight for men or 80 pounds for women) or a BMI of 35 or higher along with co-morbidities for obesity. These co-morbidities include Type 2 diabetes, high blood pressure, degenerative joint disease due to excess weight and sleep apnea.

Patients considering weight loss surgery should have already tried supervised weight loss programs without success. Today, surgeons use two different types of bariatric surgical procedures – restrictive and/or malabsorptive surgery.

During restrictive procedures, the stomach holding capacity is reduced by either removing a part of it or by placing a restricting band around it, which limits the amount of food it can hold and causes you to feel full. The two restrictive surgery techniques are gastric banding (such as lap band surgery) and sleeve gastrectomy.

Malabsorptive surgery adds a second component to the restrictive procedure, creating a situation where the already small amount of ingested food passes through the digestive tract without being absorbed, which makes it harder for the body to gain calories. The typical restrictive/malabsorptive surgery is gastric bypass.

The type of surgery performed depends on the patient’s weight, co-morbidities and personal preferences. Full recovery ranges from one to three weeks. However, losing weight after surgery is far from automatic – it takes commitment to lifelong changes. Surgery will give you a great jumpstart to weight loss, but it will only give you the desired outcome when combined with a healthy diet and lifestyle.
Each day, we are powered by the most extraordinary and complex creation in the universe – the three-pound human brain. Home to your mind and personality, your brain stores cherished memories and future hopes. It orchestrates your ability to have purpose, passion, motion and emotion. But do you know how to keep it healthy?

Join Palomar Health board-certified physicians and host Carol LeBeau at Vintana in Escondido for a unique learning experience designed to help you get to know your brain. From headaches and stroke, to memory loss and sleep disorders, we have the information you need to protect and care for your cranium. Enjoy a healthy dinner, browse exhibits and take advantage of free health screenings.

Space is limited. Register today!

**SCHEDULE OF EVENTS:**

- 5 – 6 p.m.  Exhibits and Health Screenings
- 6 p.m.  Healthy Dinner
- 6:30 – 8 p.m.  Physician Presentations
- 8 – 8:30 p.m.  Question & Answer Session

To register, or for more information, call 800.628.2880 or visit www.PalomarHealth.org/Classes.
Palomar Health is launching a new online patient portal, MyPalomarHealth, in January to help you manage your care privately and securely when it's convenient for you. Using MyPalomarHealth, you can access your health information 24 hours a day, 7 days a week.

MyPalomarHealth is available at any Palomar Health hospital registration location. You can also register for MyPalomarHealth at the Medical Records department located at Palomar Health Downtown Campus. Once registered, you will receive a custom invitation via email with instructions on the sign-up process.

If you do not sign up for MyPalomarHealth during registration, you may visit Registration again at any time during your stay to request an invitation and sign up for a MyPalomarHealth account.

To view a family member's record in MyPalomarHealth, a patient who is a parent, guardian or designee can log into his or her own personal MyPalomarHealth account and then view health records for minor children and adult patients. To request proxy access, visit Medical Records at Palomar Health Downtown Campus. On your child's 12th birthday, the parent proxy view will automatically be terminated.

Once enrolled, visit www.PalomarHealth.org/MyPalomarHealth at any time to sign in to your account.

For more information, please contact Medical Records at 760.739.3280.

Key features include:

- View your health summary.
- Access trusted health information resources.
- View scheduled hospital-based medical appointments.
- View and download portions of your medical record to other specified providers and/or hospitals.
- Send a secure summary of your medical record from Palomar Health's Electronic Health Record (EHR).
- View test results. (i.e. Lab results)
- Update your personal information.
- Pay a bill. (Coming soon)

Excellent Care in North County

With over 200 highly trained Kaiser Permanente physicians and a broad range of specialty services at Palomar Medical Center, you’ve got great care close to home.
There are many reasons why Sheila Ansani Colton is motivated to give her time, treasures and talent in support of Palomar Health.

“Doctors were always very good to my parents,” says Sheila. “Later in life, my husband died of cancer. His cardiologist, Dr. Roger Acheatel, was amazing and journeyed him through the difficult stages. When I went through cancer treatment, years ago, I was also cared for with expertise and compassion.”

In appreciation of the doctors and nurses who have touched her family through the years, Sheila has made a planned gift in support of Palomar Health. She also volunteers at Palomar Medical Center, helping to ensure that other patients have similar great experiences.

“Our community is growing,” says Sheila. “I believe in our hospital and the idea of having advanced care that is competitive in our region – that’s why I give.”

Find your reason to give. To learn more about charitable gift planning, contact the Palomar Health Foundation at 760.739.2787 or visit www.PalomarHealthFoundation.org.
Palomar Medical Center
2185 Citracado Parkway
Escondido, CA 92029
442.281.5000

Palomar Health Downtown Campus
555 East Valley Parkway
Escondido, CA 92025
760.739.3000

Pomerado Hospital
15615 Pomerado Road
Poway, CA 92064
858.613.4000

Pomerado Outpatient Pavilion (POP)
Jean McLaughlin Women's Center
15611 Pomerado Road
Poway, CA 92064
858.613.6120

For a physician referral, or to register for a class, call Palomar Health at 800.628.2880.

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