



# STAY healthy

SPRING 2017

## A Leg Up

Mary Lou Valenta is pain-free after treatment for peripheral artery disease

## Raising the Bar

UHS redefines primary care to reflect changing consumer preferences

## Words that Heal

Language can ease the stigma of substance use disorders



UHS WILSON MEDICAL CENTER

UHS CHENANGO MEMORIAL HOSPITAL

UHS HOME CARE

UHS PRIMARY CARE

UHS FOUNDATION

UHS BINGHAMTON GENERAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP





Cancer Nurse Coordinator Ruth Manzer, RN, (at left) supported Sue Mikalajunas throughout her treatment.

# Journey Through Cancer

## Art by UHS patient to be featured on Lilly website

Sue Mikalajunas started a felt artwork project to occupy her mind as she was battling cancer. Now her 8-by-10-inch design in alpaca fiber has been selected for a national exhibition of artwork by oncology patients.

“This is a great honor, and I really appreciate everyone’s interest in it,” she said of the decision by Lilly Oncology to feature her art on its website in April.

Over the past decade, “Lilly Oncology on Canvas” has provided individuals affected by cancer an opportunity to tell their personal stories through art and narrative. In the past 10 years, more than 4,400 entries have been received, with hundreds of exhibitions held to feature the works.

In felting, the artist uses large needles to puncture a canvas and press in pieces of alpaca or merino wool. Ms. Mikalajunas, who has been felting for years, calls her creation, “My Journey Through Cancer.” It depicts a progression from a tunnel to flames to an open window. “It shows my resolve to emerge from that window a winner,” she said.

Ms. Mikalajunas was diagnosed with cancer three years ago, has had surgery at UHS Wilson Medical Center, and continues to receive chemotherapy at the UHS Cancer Care Center. She says her greatest hurdle in life has been coping with her cancer diagnosis and treatment, and everything that accompanies the process of dealing with the disease. She credits cancer nurse coordinator Ruth Manzer, RN, and the rest of the staff at the Cancer Care Center, with helping her on her long journey.

Ms. Mikalajunas noted that the felting project did indeed help her focus on something positive, and hopes the works of art created by her and other “Lilly Oncology on Canvas” entrants will be beneficial. “They may encourage other people who are going through the challenges of this disease,” she said.

>> **GET LINKED** to the “Lilly Oncology on Canvas” website at [uhsstayhealthymag.com](http://uhsstayhealthymag.com).

>> **THANK YOU FOR CHOOSING UHS.** Our goal is to provide you with excellent care. Please let us know how we are doing. If you receive a patient satisfaction survey, kindly fill it out and return it.

## Be PrEPared

### Medication can reduce risk of HIV

Pre-exposure prophylaxis (PrEP), a new medication regimen that can prevent HIV infection, is now available at UHS. The drug is designed for people who are HIV-negative but whose lifestyles place them at especially high risk of getting HIV, the virus that causes AIDS.

“PrEP is a daily medicine that can reduce a person’s chance of getting the virus,” said Scott Rosman, NP-C, AAHIVS, a nurse practitioner with UHS Primary Care Binghamton. “It can stop HIV from taking hold and spreading throughout the body.”

Daily use of PrEP reduces the risk of getting the virus

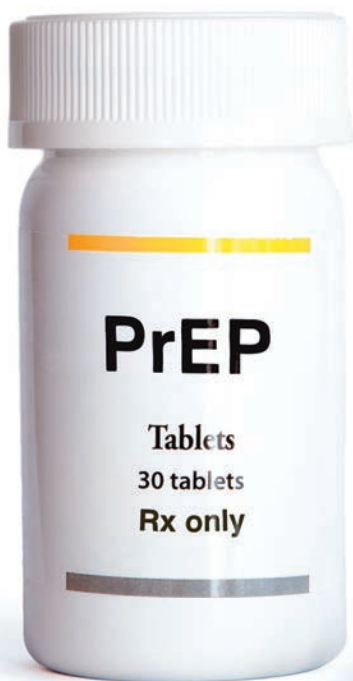
from sex by more than 90 percent and, among people who inject drugs, by more than 70 percent.

PrEP may benefit people who share needles or equipment to inject drugs. People — especially gay and bisexual men — who have an HIV-positive partner, have multiple partners whose HIV status is unknown, have unprotected sex, or recently had a sexually transmitted disease, are also candidates for PrEP.

UHS is collaborating with the New York State and Broome County health departments to inform and educate the public about the availability of PrEP. Offering the medication is one of the

ways UHS is working in tandem with a plan drafted by Gov. Andrew Cuomo to halt the AIDS epidemic in the Empire State. The plan aims to move New York from a history of having the worst HIV epidemic in the country to a future where new infections are rare and those living with the disease have normal lifespans with few complications.

>> **ARE YOU AT RISK?** PrEP is available at UHS Primary Care Binghamton. Call the PrEP coordinator at **762-3300** to find out if you are eligible. The PrEP coordinator will guide you through appointment scheduling, insurance and payment options, and follow-up.





# A Patriot Among Us

## UHS supervisor Tom Polhamus receives Patriot Award

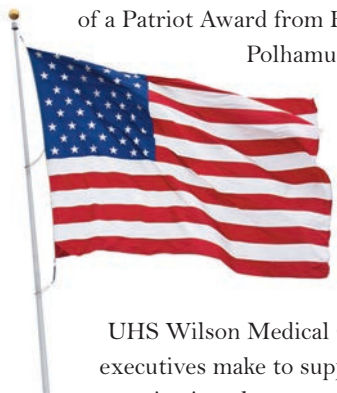
Tom Polhamus, supervisor of Support Services at UHS Hospitals, is the recipient of a Patriot Award from Employer Support of the Guard and Reserve. Mr.

Polhamus was nominated by one of his employees, Amber George, a patient transport aide. Ms. George said Mr. Polhamus has been immensely supportive of her and her husband, Douglas George, who is on active duty with the U.S. Army in Kuwait.

U.S. Air Force Major Gen. Tony German, commander of the New York State Air National Guard, presented the award to Mr. Polhamus at

UHS Wilson Medical Center. The award reflects the efforts employers and executives make to support citizen warriors and their families. UHS as an organization also was recognized for its longtime support of employees who serve their country in the Guard and Reserve or on active duty in the military.

Two UHS employees, Lt. Col. Jim Glass and Capt. Mike Reistetter, are currently on active duty with the Army's 691st Forward Surgical Team in Afghanistan. Last fall, UHS President Matt Salanger and Navy veteran Jane Locke, RN, raised the American flag on the campus of UHS Vestal. "The flagpole is dedicated in honor of all UHS employees who have served in the Armed Forces of the United States," Mr. Salanger said.



# Check It Out

## Get UHS Stay Healthy online and via email

You can now get the latest in health information delivered right to your email address, absolutely free. You'll receive easy-to-understand articles, advance notice of screenings and events, and tools to help you stay healthy — all neatly packaged as quick-to-read emails. Plus, you'll stay up-to-the-minute about what's new at UHS, your hometown healthcare system.

You can also read this magazine, enhanced with web exclusives, links to more information, archives and expanded articles, at [uhsstayhealthymag.com](http://uhsstayhealthymag.com). Quick-share buttons make it simple to post stories to your social media accounts.



>> **SIGN UP.** Enter your email address at [uhs.net/stayhealthynewsletter](http://uhs.net/stayhealthynewsletter). Your personal health information is always kept private and confidential. Each email will include an "opt-out" if you wish to discontinue receiving the emails.

# Making an Impact

BY MATTHEW J. SALANGER

According to the Healthcare Association of New York State (HANYS), the economic activity generated by hospitals and other healthcare institutions — through jobs and the purchasing of goods and services — makes up an impressive 10 percent of New York State's gross domestic product. Hospitals in New York stimulate the economies of cities and towns, thereby generating significant tax dollars.

Fulfilling their charitable missions, not-for-profit healthcare organizations cover the cost of care provided to people who have no means to pay. Hospitals subsidize care to low-income, elderly and under-served citizens, and continually invest dollars in beneficial health initiatives beyond their walls. In many parts of the Empire State, it's the local hospital or healthcare system that's the largest employer in the area. In every region, hospitals are among the top 10 private sector employers.

All of this applies to UHS, the largest healthcare system and largest employer in our region, with more than 5,800 employees. According to HANYS, the combined economic impact of UHS Hospitals, UHS Chenango Memorial Hospital and UHS Delaware Valley Hospital on the communities they serve is more than \$1 billion a year. Annually, we directly and indirectly generate more than \$100 million in taxes, provide nearly \$79 million in community benefits and investments, and create some 7,800 jobs, within our own facilities and elsewhere.

We accomplish this consistently, year after year, even though up to 54 percent of our financial reimbursement is tied to Medicaid and Medicare, federal programs that don't cover the actual cost of care. What's more, hospitals never close, and never stop providing high-quality care that is centered on sustaining and improving the lives of patients. In 2016, UHS provided care to 1.2 million outpatients, treated nearly 90,000 patients in four emergency rooms and admitted more than 18,000 people for in-hospital care. Along the way, we delivered 1,800 babies.

A glance at these statistics shows the tremendous effect hospitals have on the lives of their communities. At UHS, we're proud that we're able to have such a positive impact on both the physical and the economic health of the Southern Tier. It's a responsibility we take seriously, through stewardship of our resources, a commitment to quality and an ongoing focus on exceptional patient care.

*Matthew J. Salanger, FACHE, is president and chief executive officer of the UHS healthcare system.*



# RAISING the bar →



## >> UHS REDEFINES PRIMARY CARE TO REFLECT CHANGING CONSUMER PREFERENCES

“Establishing a relationship with a primary care provider is something we strongly encourage UHS patients to do.”

—David E. Kwiatkowski, MD

>> **FIND DR. RIGHT.** To find a UHS primary care provider or Walk-In Center, visit [uhs.net](http://uhs.net) or call Nurse Direct at 763-5555.

Today's generations have different philosophies about healthcare. “We can no longer limit ourselves to thinking that healthcare only means a one-on-one relationship between patient and primary care provider. There's a segment of our population who still wants that relationship, but our younger generations want convenience,” explains Alan Miller, MD, president of the UHS Medical Group. “We have adapted to these generational changes in order to provide our patients the best possible care in the most efficient way.”

## When to walk in

UHS Walk-In Centers provide a valuable avenue for quality medical attention without an appointment. Here are general guidelines for when a walk-in center is the right choice:

- When you prefer the convenience of a Walk-In Center.
- When your primary care provider is unavailable.
- When you are feeling ill or hurt but there is no immediate, serious threat to health or life that requires Emergency Room services.
- When your schedule doesn't fit a typical primary care office appointment.

UHS now posts Walk-In Center waiting times online. To promote further convenience, patients will soon be able to phone ahead and "get in line" for a UHS Walk-In Center visit.



### BRIDGING THE GENERATION GAP

Changing with the times began by identifying each generation's healthcare delivery preferences.

> **MATURE/SILENTS**, born before 1946, typically prefer a one-on-one relationship with a primary care provider and rely on this one provider for healthcare information.

> **BABY BOOMERS**, born between 1946 and 1964, generally favor a relationship with their primary care provider. However, they also rely on the internet to connect with their providers and aren't opposed to the convenience of a walk-in clinic.

> **GEN-Xers**, born between 1965 and 1981, and **MILLENNIALS**, born between 1982 and 2000, want fast, easy and cost-efficient access to healthcare. "It's about being seen when they want to be seen and less about a provider/patient relationship," Dr. Miller says.

UHS is adapting to these generational differences by shifting to a healthcare approach that negotiates all channels of care and uses a collaborative medical team — including primary care providers, nurses, wellness coordinators, care coordinators, clinical staff and office personnel — to deliver coordinated care. A patient's UHS electronic medical record (EMR) helps to keep the healthcare team informed while providing linked information.

### CONNECTING THE DOTS

This medical model works most effectively and efficiently with a primary care provider at the center of care, explains David E. Kwiatkowski, MD, a family medicine physician and medical director of the UHS Medical Group. "Establishing a relationship with a primary care provider is something we strongly encourage UHS patients to do."

From the primary care provider outward, the evolving model of medical care uses teamwork and technology to drive continuity of care and promote preventive care.

When a patient's primary care provider is unavailable, a triage nurse steps up. "Providing your medical situation does not warrant going to the Emergency Room, the nurse may suggest an office visit with your primary care provider's colleague or recommend a UHS Walk-In Center," Dr. Kwiatkowski says. "In either case, the attending medical practitioner has full access to the patient's electronic medical record to promote continuity of care."

UHS has three conveniently-located Walk-In Centers, which require no appointments, provide onsite diagnostics such as X-rays and blood draws, as well as easy access and ample parking. Like traditional walk-in clinics, services focus on diagnosing and treating a broad range of non-life-threatening medical problems, such as cuts, coughs, fevers, flu, ear infections and vomiting.

However, UHS found the conventional retail walk-in clinic formula lacking and initiated improvements. For example, UHS Walk-In Center physicians, physician assistants and nurse practitioners can communicate directly with a patient's primary care provider. "Let's say you go to a walk-in with a sore throat and during the examination we see that your blood pressure is elevated," Dr. Kwiatkowski explains. "Our system alerts the patient's primary care provider to follow up with the patient, which introduces a potentially life-saving layer of care that retail clinics cannot provide."

Care coordination is also key to the team approach. Nurse care managers work alongside primary care teams.

### A clear picture

"Telehealth is another way we plan to improve the continuum of care for our patients' health," says Alan Miller, MD, president of UHS Medical Group. Telehealth involves speaking to the appropriate medical practitioner over the Internet to receive healthcare, health information or health education at a distance. Think Skype or FaceTime.

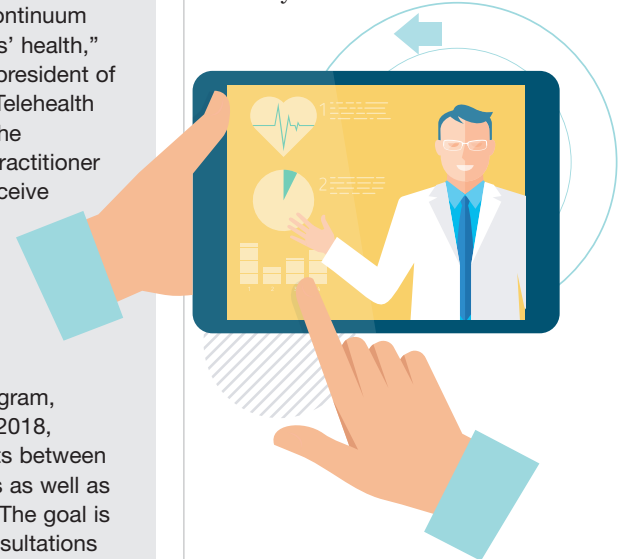
UHS is currently developing a pilot program, projected to debut in 2018, which will allow e-visits between patients and providers as well as provider-to-provider. "The goal is to promote virtual consultations between our rural health offices and UHS specialists, so every provider has access to every UHS resource," Dr. Miller adds.

"They phone patients when it's time to schedule a screening or annual exam, which is key for preventive health," says Dr. Kwiatkowski.

In addition, wellness coordinators work with patients through their primary care provider's offices to help them navigate the medical system. They help patients resolve barriers to care, such as insurance, nutritional needs and transportation to and from medical appointments. They also identify patients with chronic conditions, such as diabetes or hypertension, who are behind on testing or visits.

"Our wellness coordinators are also aware of the resources available in our community and have dramatically changed the care we're able to provide to our patients," Dr. Miller says. For example, wellness coordinators help connect patients to a variety of support groups, educational programs and events that help patients avoid disease and injury and promote healthy lifestyles.

"UHS has created an all-encompassing effort," says Dr. Kwiatkowski. "It starts in the primary care provider's office, but it's not just the clinical staff and the provider. The big picture includes our wellness coordinators, RN care managers, Walk-In Centers and leading-edge technology — working together to keep our patients and our community healthy." **SH**



>> **WEB EXCLUSIVE.** Learn how this team approach also helps care for healthcare providers at [uhsstayhealthymag.com](http://uhsstayhealthymag.com).



>> OUTPATIENT PROCEDURES  
TREAT PERIPHERAL ARTERY  
DISEASE BEFORE IT WORSENS

# A LEG UP

**M**ary Lou Valenta wasn't sure what was causing her leg pain. Other health issues, including diabetes and high blood pressure, overshadowed the nagging problem — until it got worse. Like a vise gripping her ankles, she says, it would disrupt her daily activities.

Ms. Valenta couldn't walk from her car through a parking lot without stopping every 10 to 20 feet to relieve the pain. Dancing at her son's wedding hurt her legs as well. "Boy, did I pay for that!" she says.

When excruciating pain began to wake her at night, a doctor diagnosed her with restless leg syndrome and prescribed sleep medication. But it didn't help.



Mary Lou Valenta is pain-free after stenting restored better blood flow to her legs.

## A STEALTHY DISEASE

Recurring fatigue, pain and heaviness in the leg muscles can signal a blood flow problem called peripheral artery disease, or PAD, says Adam Cloud, MD, board-certified vascular surgeon at UHS. PAD is caused primarily by atherosclerosis, a condition that can damage the blood vessels leading to the arms, legs, stomach and head. It is often first noticed in the legs,

where it causes discomfort or weakness during activities such as walking and climbing stairs.

PAD is a common problem and age is a big risk factor. According to the U.S. Centers for Disease Control and Prevention, 12 to 20 percent of people in the U.S. who are older than age 60 have the disease. It often goes undiagnosed or misdiagnosed until it causes worsening symptoms, says Dr. Cloud.



## Simple tests help diagnose PAD

A vascular specialist can use non-invasive, in-office tests to diagnose PAD or rule it out. In some cases, imaging may be ordered to assess blood vessel damage and help determine the most effective treatment. Tests for PAD include:

- A physical exam
- A blood pressure test at the arm and ankle (ankle-brachial index, or ABI)
- Blood flow measurement using a handheld Doppler or ultrasound device
- Angiography, using CT or MRI and a contrast dye to view the blood vessels

“Many people needlessly tolerate symptoms when there may be a simple solution to the problem,” he explains. “Instead, they learn to avoid the activities that cause pain, and put off getting care. Over time, their condition worsens and surgical intervention may become necessary.”

That’s what happened to Ms. Valenta. It took a health emergency to find the cause of her pain.

### FINDING THE CULPRIT

At age 54, Ms. Valenta had a heart attack and underwent bypass surgery. At that time, a gangrenous wound was discovered on the bottom of her foot. Without good blood flow, the wound couldn’t heal, putting her at risk for a life- or limb-threatening infection.

Ms. Valenta was then diagnosed with PAD. UHS vascular surgeons performed an angioplasty procedure to

open the blocked leg veins and stabilize her condition. The surgeons also performed an endarterectomy to clear plaque that had formed in her carotid arteries. This procedure can reduce the risk of stroke. Ms. Valenta says she felt immediate relief from the pain that had been plaguing her for years. With proper blood flow restored, she could focus on healing from her bypass surgery and from the foot wound.

After a year of recovery, Ms. Valenta’s leg pain began to return, and UHS vascular specialists recommended a more permanent solution. Small devices called stents were inserted into the problem vessels to keep them open.

The procedure changed her life, says Ms. Valenta. The leg pain hasn’t returned in the 11 years since. She is no longer kept awake at night and can once again enjoy her hobbies, including shopping at the mall. “I can walk quite a distance now with no pain,” she says.

### CATCH PAD EARLY

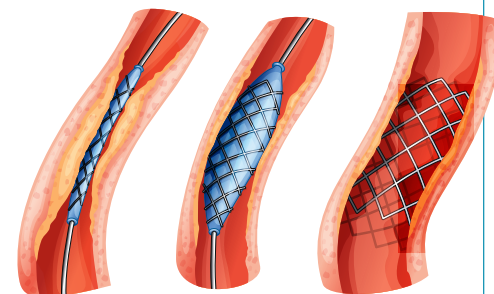
A vascular specialist can often diagnose PAD using in-office, non-invasive diagnostic tests. If needed, CT or MRI imaging may also be used to view the blood vessels.

In its early stage, PAD may be managed with lifestyle changes and medication. In later stages, a vascular surgeon can open or clear blocked vessels to relieve symptoms and prevent damage to the leg or other affected areas of the body.

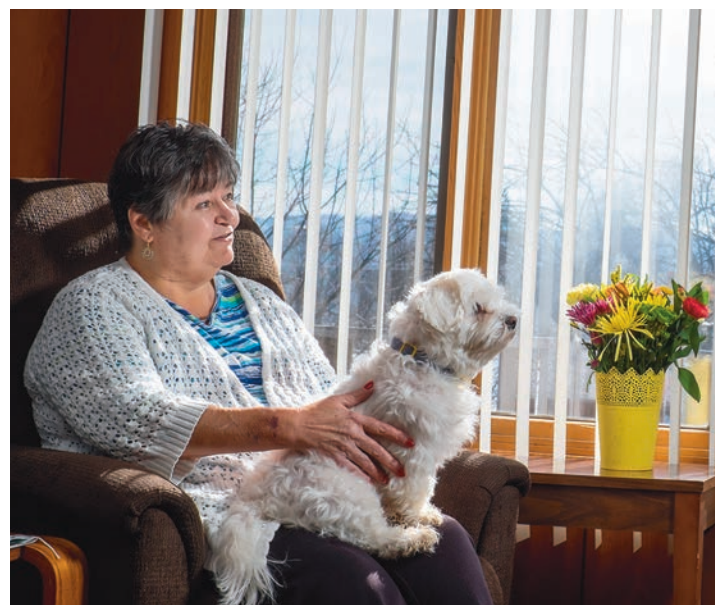
Treatment can prevent symptoms from becoming severe and even life-threatening, says Dr. Cloud. As in Ms. Valenta’s case, lack of blood flow to the limbs can lead to skin wounds and ulcers that don’t heal. Untreated PAD can eventually result in the loss of a leg and an increased risk of coronary artery disease, heart attack and stroke.

## Angioplasty provides PAD relief

UHS vascular surgeons perform angioplasty and stent placement to open vessels blocked by PAD, restoring blood flow and alleviating painful symptoms. These minimally invasive procedures are often performed using local anesthesia, and patients may go home the same day. Here’s what to expect on the day of surgery:



- Patients may be given medications to relax and to prevent blood clots.
- Local anesthesia is applied to numb the treatment area.
- While viewing the vein under X-ray, the surgeon guides a small catheter into the blocked blood vessel.
- Another catheter is guided in with a small balloon that is inflated when it reaches the blocked area, opening the vessel. The balloon and catheters are then withdrawn.
- If a stent is prescribed, the surgeon inserts it along with the balloon. The stent opens as the balloon expands. The stent remains after the balloon is withdrawn, helping to hold open the vessel indefinitely.



Ms. Valenta encourages others to get aches and pains checked out immediately rather than risk worsening health. She believes that better management of her blood pressure medication and quitting smoking earlier in life would have helped her avoid these health emergencies.

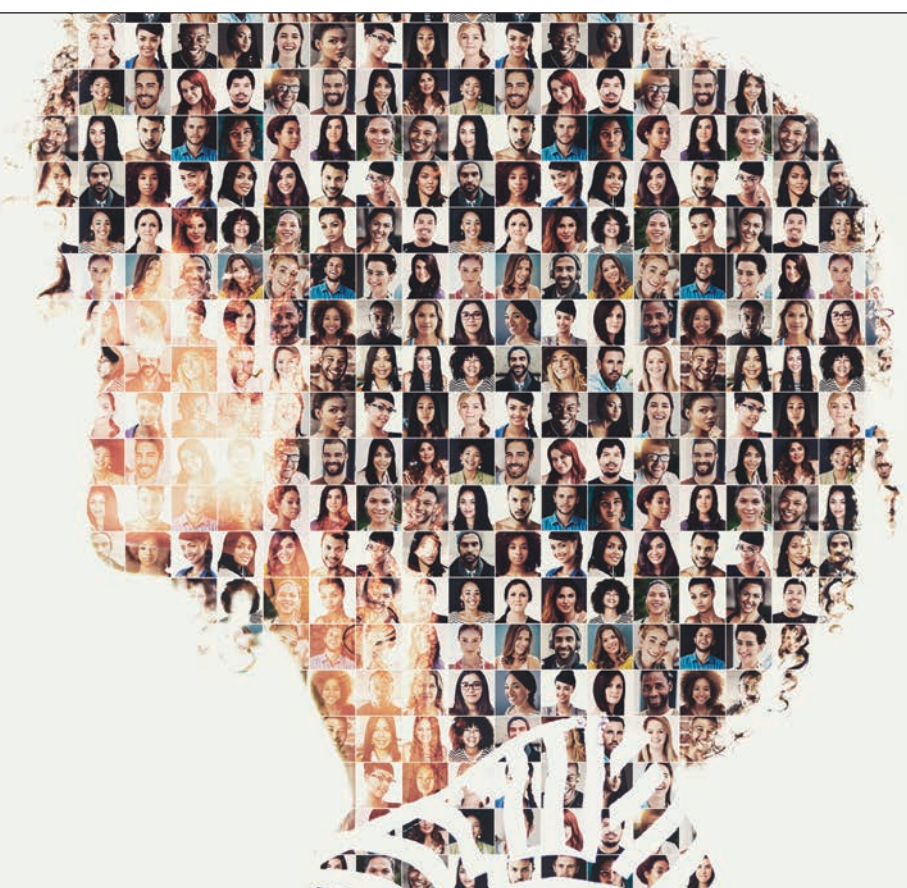
“Listen to your body, it’s trying to tell you something,” she advises. “People don’t realize the kind of help that is out there. One small procedure might save your life.” **SH**

**>> IS IT PAD?** To schedule an appointment with Adam Cloud, MD, or another UHS vascular specialist, call **763-8100**.

“Many people needlessly tolerate symptoms when there may be a simple solution to the problem.”

—Adam Cloud, MD

# WORDS that heal



>> LANGUAGE CAN EASE THE STIGMA OF SUBSTANCE USE DISORDERS

Imagine how you might feel if you were seeking treatment for diabetes or asthma, and you were treated like you didn't deserve help or your illness was your own fault. You might think twice about getting help or filling your prescription, which could have profoundly detrimental effects on your health and well-being.

You might not consider blaming someone for getting cancer or the flu, but addiction is often a different matter. Instead of being treated like they have a disease, those with substance use disorders are often treated as

undeserving of help, as potential criminals, or as if they've made the choice to be addicts.

It is exactly this stigma, and the language used to describe substance use disorders, that the addiction treatment programs at UHS are trying to change. A new campaign to end the stigma surrounding addiction aims to guide both caregivers and the public toward using words that heal, rather than harm.

Julia Hunter, MD, assistant medical director of Addiction Medicine at UHS, is among those spearheading the campaign. "We're trying to focus

very carefully on the language that we're using because of the implication that it has," Dr. Hunter says. "If the medical community doesn't even use the right words, we can't get people to understand that this is a disease."

Dr. Hunter was moved by a study in which clinicians used very different words to describe people affected with drug or alcohol addiction, such as "abuser" rather than "user." Those words ultimately affected how the patients were treated when they sought help, as well as how successful the patients were in treatment and recovery. "Negative

language makes it more difficult for people to seek and to stay in treatment. We need to begin by calling addiction a disorder, not a choice," says Dr. Hunter.

The campaign began with posters in and around UHS facilities that show different types of people, reinforcing that there is no one "type" of person who suffers from addiction disorders. A student, an athlete, a skateboarder, a businessperson, someone with multiple tattoos, any of these individuals may be struggling with addiction.

A chart that lists language to use or not use will be distributed



Julia Hunter, MD

to local media outlets so that they can learn the correct language and use it when reporting on addiction. Bringing caregivers and the community together to end stigma is vital in long-term treatment for substance use disorders, says Dr. Hunter. **SH**

## Stop the stigma!

The language we use to describe addiction can either hurt or heal. To best help those seeking treatment or recovery, use language that doesn't victimize, hurt or blame.

INSTEAD OF SAYING THIS	SAY THIS
Addict/substance abuser/drug abuser	Person with a substance use disorder
Alcoholic	Person with an alcohol use disorder
He/she is clean	He/she is in recovery, or he/she is not currently using substances
He/she is dirty	He/she is currently using substances
Replacement/substitution (as in methadone or other treatment)	Medication-assisted treatment, medicine or medication

>> **HELP IS HERE.** UHS offers comprehensive services for substance use disorders, focusing on the treatment and well-being of each patient. Both inpatient and outpatient options are available at multiple locations. For more information about addiction treatment and services, call **762-3232**. Call **865-2115** for addiction treatment at UHS Delaware Valley Hospital.