

INSIDE Health Care

University of Cincinnati Medical Center

A photograph of two men in dark suits and red ties standing on either side of the University of Cincinnati Bearcat mascot. The mascot is a large, black and tan bear wearing a black t-shirt with 'BEARCAT' and a red 'C' logo, and a grey and black patterned skirt. They are in a modern hallway with large windows and informational displays.

University Hospital Now Called University of Cincinnati Medical Center

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Welcome to the Summer Issue of **Inside Health Care**

GREETING FROM LEE ANN LISKA PRESIDENT AND CEO OF THE UNIVERSITY OF CINCINNATI MEDICAL CENTER

Introducing a New Name and a New Leader

In December of 2012, University Hospital became the University of Cincinnati Medical Center (UCMC). For a long time we wanted our consumers, locally and across the nation, to know that we are connected to the prestigious University. Frankly, outside of Cincinnati, referencing "University Hospital" didn't identify who we were or our geographic location. This name change underscores our partnership with the UC College of Medicine and reminds people of our integration with UC Health's more than 700 physicians and their cutting edge research.

For me, this is a new job. I was appointed president and CEO in May, however I am no stranger to the medical center. I previously worked here for six years, serving part of that time as senior vice president of UCMC. For the last three years I was the COO of another regional healthcare system. I happily return to UCMC with a new perspective, bringing the expertise and vision I gained running a community-based system with the goal of building strong internal partnerships and a quality patient experience.

We have improved patient experience at UCMC, but I intend to take it to the next level. We need to meet today's health care demands by getting team members working together, engaging them and defining best practices. UCMC is doing very well, but we need to raise the bar especially with our publicly reported measures. Consumers are really focusing on those today.

I have always believed that we take care of patients through medicine, but we heal them through compassion. That means seeing through patients' eyes what they experience when they come through our door. Patients need to feel a real connection, not only to their providers, but with the non-clinical staff as well.

Finally, our name change emphasizes that we are indeed an integrated academic medical center and comprehensive health care system. Consumers should understand we are more than the place sometimes depicted in the media where trauma victims are brought and helicopters swoop in with the severely injured and sick. We are not just the destination for people who are chronically ill. We also do excellent primary care and great routine procedure in a setting known worldwide for its research and institutes, such as cardiovascular care, neuroscience, diabetes, cancer, solid organ and bone marrow transplants (see page 7).

An academic medical center is a complicated structure and that's why it's exciting; it's why I love working here. Partnering with the College of Medicine and physicians under the UC Health banner gives us a real opportunity to provide a true patient-centered experience.

Best in Health,

Lee Ann Liska
President and CEO
University of Cincinnati Medical Center



Therapy Dog Owner Gets Treatment *Where He Gave Comfort*

Bob Kehm was no stranger to the neurology intensive care wing at the University of Cincinnati Medical Center. For several months he had been visiting patients there. More precisely, Kehm accompanied his dog Jake, a Newfoundland, who had his own photo ID as a volunteer in the UC Medical Center pet therapy program providing comfort as he visits patients.

In January of 2012, Kehm, 62, of West Chester, had a seizure and found himself as a patient in the neuro intensive care unit at UC Medical Center. After undergoing surgery to remove a brain tumor, he was diagnosed with Stage 4 cancer.

"It was strange that I ended up in neurology after volunteering on that floor so often with Jake," Kehm says. "It was the only hospital Jake and I had ever been in."

"Bob had a tumor on the left side of the brain. He underwent radiation and chemotherapy. He has definitely done better than the average Stage 4 patient," says Dr. Richard Curry, a radiation oncologist at UC Health.

Dr. Curry has been amazed at how Kehm has handled his treatment. "There are many risks associated with chemo and radiation. Bob went through it without any side effects."

Kehm, a lifelong runner, was able to keep up his running schedule throughout his treatment. In fact, it was during a 5K run for brain tumor patients that Dr. Curry saw Kehm pass him during the race last fall. The two got together and figured they might make a great team for the CBS show "The Amazing Race" — a doctor and his star patient. Alas, there were no callbacks from casting directors, and Kehm says he can't blame them.

"If I were in their shoes, I'm not sure I want to take someone with a potentially short life span and send them thousands of miles away."

The prognosis for Stage 4 brain cancer is grim. "The average is a 14.6 month life span," says Kehm who is beating the odds now by several months. "I feel great and life is good at this point."

Dr. Curry says Kehm is part of a research trial in which half the patients are getting a new vaccine designed to train the body's immune



system to attack specific tumor cells. Half of those in the study are receiving a placebo. Neither doctor nor patient will know what Kehm received until the study is completed in two years.

"As a patient, you certainly agonize over that. You would like to know, but I understand the needs of the study," Kehm says. "I am indebted to the medical professionals at UCMC. We have been so impressed with their skills and bedside manners. A truly impressive team."

Kehm became involved with the pet therapy program after he suddenly lost his job of 35 years as the HR director for a company that went out of business. He obtained training for his Newfoundland through Therapy Pets of Greater Cincinnati.

"I have absolutely seen that Jake can help patients," Kehm says. "It's maybe just the reaching out of a hand to touch Jake, when a person hadn't moved much before."

Kehm just chuckles when asked if Jake has comforted him during his treatment. He does say his 165-pound buddy does not join him on runs.

"He's a very strong dog, but extremely slow and lazy," Kehm says with a laugh. "He doesn't do running."

As Kehm and Jake keep up their monthly visits to UCMC, Kehm continues to beat the odds of his cancer.

"It's one day at a time," Kehm said. "To this day, Jake and I still visit patients and we walk by the room I recovered in."



President Ono Shoot Hoops When You Can

University of Cincinnati President Santa J. Ono, PhD is an academic researcher in his own right, a biologist known for research in eye irritations and macular degeneration. He acknowledges that it has become harder to maintain a diet and exercise regiment since taking on the busy duties of UC president in this past year.

"I don't really have a routine program or diet that I follow," he says. "My exercise is shooting hoops in my driveway with my daughters and walking around at the mall when they go shopping. I also enjoy walking my dog Romeo with my wife Wendy around Mount Lookout and Hyde Park."

Health Tip

UC Health



Pictured left to right: Jim Kingsbury, President and CEO, UC Health and Santa J. Ono, PhD., UC President

Name Change Salutes a 190 Year-old Legacy

University Hospital Now Called University of Cincinnati Medical Center

For nearly 190 years, the University of Cincinnati College of Medicine has been linked with a hospital. In 1830, it was known as the Commercial Hospital and Lunatic Asylum. By 1915 it was called General Hospital and later became University Hospital.

Last year, the name was changed to make that historic, ongoing partnership obvious to all. In late 2012, University Hospital officially became University of Cincinnati Medical Center.

"We had three main reasons in mind," says James Kingsbury president and CEO of UC Health. "First, to geographically identify that we are in Cincinnati. There are a lot of 'university' hospitals out there. We also wanted to draw attention to our affiliation to the University and its College of Medicine with its excellent reputation and, third, to show we are the only academic medical center in the region.

Kingsbury says solidifying the hospital brand with UC's respected College of Medicine also helps the UC Medical Center's reputation nationally. "It helps with recruitment of high level residents and gives us a broader identity," he says.

For educators, like newly installed UC President Santa J. Ono, PhD., the name change symbolically salutes the region's medical education legacy.

"The College of Medicine and hospital trace their histories back to the same founder – Dr. Daniel Drake, one of the first medical educators to realize the best way to train physicians was in a real-world setting, that is, in a hospital. He founded the first truly academic hospital in America," says Dr. Ono. "What we now know as UC Medical Center is priceless in the education of physicians and a vital part in our educational mission."

Officials hope the name change cements in the public mind the rich symbiotic partnership between the University of Cincinnati, UC Health and UC Physicians.

While UC Health and the University are separate nonprofit entities, their partnership is very real. For example, there is substantial fund-

ing that comes from UC Health to support the College of Medicine's education and research programs, amounting to \$6 million last year. About 700 UC Health physicians hold various faculty positions at the medical college.

"Many of our graduates continue their post-graduate training in Cincinnati and many of these doctors remain here afterwards to practice in everything from primary care to neurosurgery," Dr. Ono says. "This all makes our community a better place to live."

Dr. Ono, a biologist with an academic research background, knows the value of exposing undergrads to real world experience.

"Our students receive unparalleled training and UC Health has access to new highly skilled healthcare professionals in each year's graduating class," Dr. Ono says. "The University of Cincinnati created co-operative education more than 100 years ago. This type of real world experience has been going on in healthcare even longer. It's part of our DNA."

Going forward, UC Health last year unveiled an ambitious five-year plan ("Plan Twenty One Seven"), a collection of 20 initiatives aimed at refocusing existing programs and expanding in other

areas. Kingsbury says the plan calls for a capital investment of some \$200 million and bringing in 100 new physicians in virtually every area and specialty.

Meanwhile, Dr. Ono is excited about growth areas involving the College of Medicine and UCMC, especially in the area of cancer research through the UC Cancer Institute. The college has recruited 17 new faculty members who will be involved with the Institute and has committed \$42 million to cancer-related activities in recent years, including several phase-one trials with the first in-human testing of promising new drugs.

"These efforts will greatly help increase access to the best care and latest treatments for people in this community," Dr. Ono says.



A-Fib Doc Keeps Hearts Properly Wired

A-fib Ablation Technique Becoming Routine *at UCMC*

Dr. Alexandru Costea knows literally what makes the heart tick.

As a cardiac electrophysiologist, Costea studies the electrical impulses of the heart, a process he compares to understanding the electrical wiring in a home. Each contraction of the heart is preceded, or triggered, by an electrical impulse. As a good electrician, he understands when things aren't firing quite right.

Electrophysiology is a field that has resulted in breakthrough treatments of atrial fibrillation, the most common type of heart arrhythmia, often just called A-fib. At the University of Cincinnati Medical Center, Costea and his team have been on the cutting edge of medical know-how, performing A-fib ablation, now a routine procedure to treat the condition but considered experimental 15 years ago.

In 2006, when he first started doing A-fib ablations, Costea says his team did maybe one a month and the procedure took up to seven hours.

"Now our team at UCMC does four to five a week and it takes maybe two hours or so," says Costea, Director of Electrophysiology Laboratory at UCMC.

Historically the mechanism that caused A-fib was not well understood. Breakthrough research in 1998 better explained the heart's electrical system. "Once this was established people started to work on developing a technology that was safe enough to correct A-fib," Costea says.

That technology involves moving catheters through the heart to look for what might be called short circuits. A magnetic field tells doctors where the catheters are and allows with a precision of less than a millimeter to go to the point of interest.

"It functions like a GPS of the heart," says Costea. "With these imaging procedures we are able to localize the short circuit, cauterize it, and correct the A-fibrillation."

The surgery is usually formed with endoscopic equipment, meaning only small incisions are needed. This avoids the riskier open-heart approach.

When the heart's electrical impulses misfire, patients may feel palpitations and heart flutters, perhaps causing dizziness, shortness of breath, and loss of energy. Untreated, it can lead to stroke or heart failure.

"To pinpoint where those arrhythmias are coming from is the focus of our work," Costea says. "Fortunately technology has evolved over the last 30 years; that lets us access the heart with these specialized mapping catheters."

Arrhythmias are usually treated with a variety of drugs that can have risks over time. Costea says the benefit of an A-fib ablation procedure is that the problem can be fixed with a 70 percent success rate, eliminating the need of taking medication for years.

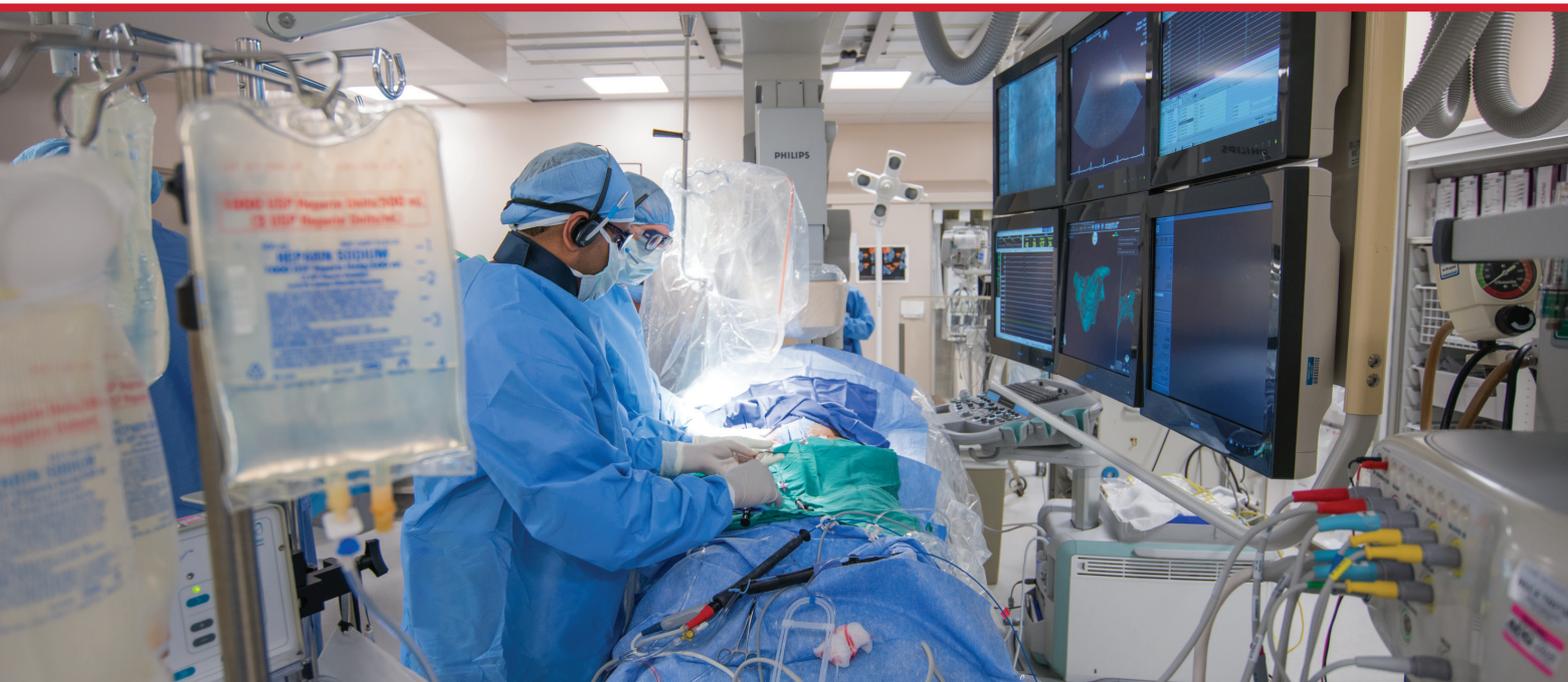
A number of factors go into determining whether a patient is a good candidate for A-fib ablation, including overall health and whether there are any serious underlying problems that need to be understood.

"The ideal candidate is someone 40-50 years old, otherwise perfectly healthy, who suddenly starts experiencing episodes of A-fib," Costea says. "They are going to want something definitive done."

Costea says it is still not fully understood what causes A-fib, but many people seem to be predisposed to the condition.

Costea believes the population of A-fib ablation candidates may be somewhat underserved in Greater Cincinnati because primary care physicians are not always aware of the advances in the field, or they may think it's a procedure confined to only the largest medical centers on the coasts.

"Sometimes it's just very hard for the general practitioner to stay on top of everything. But a lot of people need to know these procedures exist right here in Cincinnati," says Costea. "We have a very experienced team at UCMC. We do a high number of these with consistent success and we have collaboration with international centers that have been doing the procedure even longer than we have in the U.S."



George L. Strike Bone Marrow Transplant Center Program Is *Unprecedented for the Region*

Highly individualized patient care, meaningful family partnerships and a comprehensive, all-inclusive treatment facility.

Those are the key elements of the new George L. Strike Bone Marrow Transplant Center in the Hoxworth Building at the University of Cincinnati Medical Center.

Launched over the last year, the Bone Marrow Transplant Program (BMT), part of the UC Cancer Institute, has quickly put UC Medical Center on the map as a world-class destination for bone marrow treatment.

That is in part due to the arrival last summer of Dr. Elias Anaissie of UC Health. He is the Director of the UC Cancer Institute Hematologic Malignancies and Bone Marrow Transplantation Program and John and Gladys Strauss Endowed Chair in Cancer Research and professor of hematology oncology at the University of Cincinnati College of Medicine. Dr. Anaissie recruited several accomplished physicians in the transplant field.

Since last fall, the UCMC team has successfully performed more than a dozen successful transplants in cancers of the blood, or bone marrow that affect 140,000 adults annually in the U.S.

"Our program at UC Health is a commitment to individualized care unprecedented in the bone marrow transplant world. Highly personalized therapy defines our program," says Dr. Anaissie, who jumped at the chance to come to Cincinnati to start his own program, using his patient-centered, Supportive Care model.

"We're up and running. We're developing transplantation research that is very strong. We have experts not just in transplant tools, but in the diseases as well."

Bone marrow transplantation, first used in 1968, allows physicians to treat diseases once thought incurable, such as leukemia, lymphoma and myeloma. The procedure allows the replacement of stem cells in bone marrow that are producing defective or immature blood cells. The abnormal cells are destroyed with chemotherapy or radiation, and then the damaged bone marrow is replaced after the treatment.

Dr. Anaissie says the UC Health clinic is attractive for patients because it is one-stop shopping.

"All aspects of care are on the same floor in the Hoxworth building, including testing, stem cell collection, and transplantation. All support services are in one place. We also have a team of experts who are highly specialized in dealing with infections. Preventing and managing complications is absolutely critical."

Among the components that Dr. Anaissie feels distinguishes the UC Health bone marrow experience:

-- There is a true working relationship with the patient and the caregiver or family members. Dr. Anaissie believes such participatory medicine is crucial in bone marrow treatment. "Patients and their families have to be part of the team," he says. "They frequently alert us to identify problems.

-- There is a focus on short- and long-term quality of life issues to manage the complications of chemotherapy and BMT. "Unfortunately, in cancer therapy, this is not always done with the necessary commitment," Dr. Anaissie says.

-- The one-stop care in a dedicated outpatient hospital setting reduces the risk of infections that patients who are admitted through a traditional hospital setting might face. "Treatment requires that we get to know our patients—their goals, wishes, social and financial concerns—to make sure we are addressing it all," Dr. Anaissie said. "Our treatment philosophy is driven by the patient's holistic needs—medical, spiritual, and emotional. Decisions are made in partnership between the care team, patient, and family, starting with the initial diagnosis and throughout the complete care cycle."

The Bone Marrow Transplant Program Clinical Office is located in the Hoxworth Center, 3130 Highland Avenue, Cincinnati, OH 45267. You can reach them at 513.584.5432, email Dr. Anaissie at elias.anaissie@uc.edu, or visit their website at uccancer.com/blood.

Dr. Anaissie



Pictured below, left to right: Stan Chesley, Dr. Stephen Medlin DO, Tara Mink, Dr. Brian Gibler M.D, Jim Kingsbury, Dr. Frank Smith MD, Dr. Elias Anaissie MD, and C. Francis Barrett.



Inside Health Care is a quarterly magazine published by the University of Cincinnati Medical Center to provide accurate and timely health information. It is offered as a health education tool featuring news and stories centered around academic-based, discovery-driven health care - it is not a substitute for consultation with a personal physician. The University of Cincinnati Medical Center is located at 234 Goodman St, Cincinnati, OH 45219. For information, call (513) 584-1000, visit www.UCHealth.com, or visit us on Facebook at [Facebook.com/uhealthcincinnati](https://www.facebook.com/uhealthcincinnati).

Bringing Mobile Diagnostic To A Community Near You

The University of Cincinnati Medical Center unveiled a new 40-foot diagnostic vehicle featuring screenings with 3D imaging. The van was made possible through a gift by Western & Southern CEO, John Barrett. Equipped with state-of-the-art mammogram equipment and offering several other screening tests, this is no ordinary mobile mammogram van.

"The technology gives radiologists far more information. They can hone in on areas they are concerned about and pick up on potential issues much earlier," says Tana Casper, vice president of Diagnostic & Professional Services. "That means fewer women will be asked back for a second exam. The radiologist will have much more information up front. That will reduce a lot of needless anxiety for women who would otherwise get a callback for what is usually a false alarm."

The diagnostic van offers more than mammograms, Casper says. It will be equipped with ultrasound imaging to diagnose a number of issues, including bone density, and will also be able to perform EKG and blood pressure tests.

Part of our mission at UCMC is to partner with corporations and organizations to offer screenings to their associates. This will allow businesses to provide their employees with a convenient and time effective way to be proactive with their health.

For more information, to schedule a screening, or to host the van at your workplace, please call (513) 585-VANN (8266) or visit us at UCHealth.com



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