New multidisciplinary clinic facilitates comprehensive, coordinated care for breast cancer patients

When a patient receives a breast cancer diagnosis, it can be a scary and confusing time. In addition to coping with the emotional and psychological effects, patients must prepare for the physical treatment of their disease, which can include chemotherapy, radiation and surgery. Keeping track of all the doctors, appointments and mountains of information can be overwhelming.

At the CAMC Breast Center, a new multidisciplinary clinic is now available that allows for more collaborative, comprehensive care of breast cancer patients. Breast cancer is one of the most commonly diagnosed cancers in West Virginia, but it is also highly treatable. "The good news is patients have many treatment options available, but every case is different, and it can be difficult to try to figure out which one is right for you," said Missy Bohan, RN, manager of the Breast Center. "The multidisciplinary clinic is available to help patients make those decisions with a team of experts and to guide them throughout their cancer journey."

"Treating cancer is a multi-stage process that involves the collaboration of many medical disciplines to provide comprehensive care for the patient," said Beverly Farmer, RN, CAMC Cancer Center director. "CAMC has found a way to provide that care in a more streamlined and collaborative way for our breast cancer patients."

The CAMC Breast Center Multidisciplinary Clinic operates out of the Breast Center on the third floor of the CAMC Cancer Center in Kanawha City. After a patient receives a positive diagnosis from a biopsy, her case will be reviewed by a multidisciplinary group of physicians who will discuss her case in-depth and develop an individualized treatment plan.

The patient is then scheduled the next week to come to the clinic and meet one-on-one with each of the members of her care team, which can include a breast surgeon, radiation oncologist, medical oncologist, plastic surgeon, genetic counselor and patient navigators. The patient is seen again in the clinic following her surgery or other treatment to determine next steps. Between clinic meetings with physicians, patients are, throughout treatment, encouraged to rely on their patient navigator throughout treatment. Navigators are available to help answer questions, coordinate services and provide support.

"The clinic allows the patient to receive comprehensive care and treatment in a single visit as opposed to multiple appointments," Farmer said. "It gives patients and their families the opportunity to speak one-on-one with each of their doctors, ask questions and see the whole picture of their care."

"The clinic allows for better coordination of care in a complex system," Bohan said. "We want these patients to know that they're not in this alone – we're all here to help them every step of the way."

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Mohamad Badawi, MD
CAMC Children’s Cancer Center also provides infusion treatment of other illnesses, including:
- Blood or genetic disorders
- Gastrointestinal disorders
- Immune disorders
- Endocrine disorders

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Ashley Meyer, DO

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Health care providers help link clinical and community services

CAMC and eight other health care providers in West Virginia have joined forces for a five-year Centers for Medicare & Medicaid Services (CMS) award to test an approach that aims to improve the health of our entire community.

The Accountable Health Communities (AHC) model is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs. The goal is to screen 75,000 Medicaid and Medicare beneficiaries in West Virginia for unmet health-related social needs, such as food insecurity and inadequate or unstable housing, which may increase the risk of developing chronic conditions, reduce an individual’s ability to manage these conditions, increase health care costs and lead to avoidable health care utilization.

By addressing critical drivers of poor health and high health care costs, the model aims to reduce avoidable health care utilization, impact the cost of health care, and improve health and quality of care for Medicare and Medicaid beneficiaries.

“The CMS cooperatives agreements are geared to increase resources and access to care,” said Christina Rios, CAMC Institute Research and Grants Administration. “We’re researching to see if we improve these conditions, will the community’s overall health and well-being improve?”

In West Virginia’s model there are nine participants: 49 clinical sites: Charleston Area Medical Center, Community Care of West Virginia, Highland Hospital, Jackson General Hospital, Minnie Hamilton Health System, Pocahota Center, Summersville Regional Medical Center, West Virginia Health Right, Inc. and WVU Hospitals and WVU Medical Corporation.

The target area is all 55 counties in the state. Partners in Health Network is serving as the “bridge organization.” The West Virginia OMMR Bureau for Medical Services, WVU Center for Excellence in Disabilities, WVU Institute for Community and Rural Health, The Benedum Foundation, WV Family Resource Network, West Virginia Medical Institute and By The West Virginia collaborated on the initiative.

“This is a true collaboration and the only statewide project selected to participate,” said Bob Whittet, executive director, Partners in Health Network.

These facilities will work together to assist high-risk beneficiaries with accessing needed services. The organizations will also provide community services, navigation services, as well as encourage community-level partner alignment to ensure that needed services and support are available and responsive to patient needs.

This AHC model will promote clinical-community collaboration through:
• Screening patients to identify certain unmet health-related social needs;
• Referring patients to community resources;
• Providing navigation services to assist high-risk patients with accessing community services; and
• Encouragement of alignment between clinical and community services to ensure that community services are available, accessible and responsive to the needs of patients.

“We know that innovation at the state and community level is essential to improve health outcomes and lower costs. In this model, we will support community-based innovation to deliver local solutions that address a broader array of health-related needs of people across the country,” said Dr. Patrick Conway, CMS Deputy Administrator for Innovation and Quality.

Outpatient Surgery Center opens

The new Outpatient Surgery Center located on CAMC General Hospital campus opened in September. The center offers patients the convenience of a new, patient-centered environment as well as the safety and specialties offered only in a hospital-based facility.

The innovative Outpatient Surgery Center aims to provide the best care and experience by using an interdisciplinary leadership approach to ensure the employees, surgeons and anesthesia professionals are all working together.

The center will consist of four procedure rooms, central services, pre-operative holding, post-anesthesia recovery and a registration area. The procedures done at the surgery center will be outpatient only. All surgeries requiring overnight stays will continue to be performed in the main operating rooms on CAMC’s four campuses.

Specialties currently using the facility include orthopedics, urology, plastic surgery, ophthalmology and general surgery. At capacity, the anticipated annual volume is expected to be 6,000 to 7,000 cases per year.

The center will open additional time in the other CAMC operating rooms, allowing for continued expansion of services and improved access to care for patients in our region.

Concert benefits addicted babies

The Aug. 26 concert was sponsored by West Virginia State University, the West Virginia Symphony Orchestra and CAMC Foundation.

The purpose of the concert was to raise awareness and money for the CAMC Foundation to treat infants born to opioid-addicted mothers at CAMC Women and Children’s Hospital.

“Our intention is to use the healing power of music to affect change for the youngest and most helpless populations, infants born to addicted mothers,” said WVU Associate Provost Scott E. Woodard, who conducted the concert.

This is the second year that WVU and the WVSO have joined forces to present a benefit concert. The first “Orchestra of the Hills and Chorus” performance took place in July 2016 to benefit three high school music programs devastated by the June 2016 floods.

Doctors, kidney donors, recipients, families and those on the waiting list celebrated a milestone in September.

Since 1987, the CAMC Kidney Transplant Center has provided a crucial service to patients suffering from kidney disease. As the only kidney transplant center in West Virginia, CAMC has transplanted more than 1,150 kidneys in patients ranging from 16 months to more than 80 years old.

To learn more about the services offered at the Kidney Transplant Center, visit camc.org/Kidney.
Smoking pot may not be as safe as you thought: Link between marijuana use and stroke

"Recreational" use

Despite being illegal in most U.S. states (including West Virginia), marijuana is one of the most commonly used recreational drugs in the country. Why? It’s easy to get, inexpensive and relatively safe. Or is it? It has been commonly thought that marijuana doesn’t have many side effects and is pretty safe, but new research suggests that may not be the case, said CAMC neurologist Konark Malhotra, MD, who completed a fellowship in vascular neurology and specializes in stroke.

A recent study published in The Journal of the Neurological Sciences found that marijuana users have significantly higher incidence of stroke, with the greatest difference in the 25 to 34 age-group. The study was based on a nationwide sample of patients, age 15 to 54, who were diagnosed with acute ischemic stroke from 2004 to 2011.

"The study actually found a 17 percent increased likelihood of having a stroke among younger adults who use marijuana, which is worrisome because that age group comprises a working class population that contributes heavily to society," Malhotra said.

How can marijuana increase your risk of stroke?

There are two types of strokes: ischemic stroke, where blood flow to the brain is blocked, and hemorrhagic stroke, which is bleeding in the brain. Ischemic stroke comprises about 85 percent of the total number of strokes.

"Anything that disrupts the flow of blood to the brain can cause a stroke, and that’s what tetrahydrocannabinol, or THC, the chemical responsible for most of marijuana’s psychological effects, does," Malhotra said. "THC causes blood vessels in the brain to narrow and decreases blood flow.

Malhotra has seen a rising connection between stroke and marijuana use at CAMC.

"I recently had a young patient who had been using marijuana for six or seven years," Malhotra said. "He experienced stroke symptoms involving left-sided numbness and weakness, only when he used marijuana. And the more pot he smoked, the more symptoms he noticed. Through neuroimaging, we found that he did have a stroke, and it was likely associated with the decreased blood flow to the brain caused by the marijuana.

Malhotra said fortunately the patient had minimal disability from the stroke and stopped using marijuana after the stroke.

Malhotra adds that patients who use marijuana also are at an increased risk of using other drugs, such as tobacco, cocaine, amphetamines and other hallucinogens.

"When you combine marijuana with other street drugs, you increase your risk of having a stroke even more," he warned.

Medical use

In April of this year, West Virginia became the 29th state to adopt a medical marijuana law. This means registered physicians will be allowed to prescribe marijuana (cannabinoids) for patients suffering from a list of medical conditions, including chronic diseases, spasms and seizures.

"Studies have shown that marijuana can be good for various neurological disorders," Malhotra said. "The main issue with the legalization of marijuana is understanding the difference between marijuana in its natural form as opposed to the synthetic, pure form of the drug.

According to the National Institutes of Health (NIH), synthetic cannabinoids refer to a growing number of man-made chemicals that are either sprayed on dry, shredded plant material so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

The NIH says these chemicals are called cannabinoids because they are related to chemicals found in the marijuana plant. Because of this similarity, synthetic cannabinoids are sometimes misleadingly called, "synthetic marijuana" or "fake weed" (and often go by the street names of "K2" or "Spice").

They may be marketed as "safe," legal alternatives to the natural drug, but because they can be made with nearly 100 different chemicals, their effects can be unpredictable, severe and even life-threatening.

"Synthetic marijuana can be very dangerous, so it’s very important for patients to know what they are using if they prescribe medicinal marijuana," Malhotra said. "Additionally, synthetic marijuana remains undetected in routine drug screening panels, which call for extra caution for physicians taking care of these patients."

Malhotra also said it’s important to weigh the side effects of marijuana use with its intended medical benefits. Side effects can include increased heart rate and appetite, impaired coordination and concentration, amnesias, panic attacks and depression.

"Close monitoring by physicians and patients is the key to getting the treatment right and ensuring that marijuana used for medicinal purposes is safe," Malhotra said.

Sources: "Recreational marijuana use and acute ischemic stroke: A population-based analysis of hospitalized patients in the United States" by Kavelin Rumalla, Adithi Y. Reddy and Manoj K. Mittal; Centers for Disease Control and Prevention; and "Recreational marijuana use is associated with an increased risk of stroke among younger adults: A population-based study," Malhotra said.

Furry friends provide comfort and cuddles to CAMC patients

When 175 lb. Newfoundland Moses Ray comes to visit the patients at CAMC Women and Children’s Hospital, his owners have to bring him at least 30 minutes ahead of schedule just to make it through all the staff and visitors in the lobby.

As soon as Moses’ paws hit the pediatric floor, patients and staff alike are instantly drawn to pet the gentle giant. Seven-year-old Moses and his 4-year-old brother Sampson (a 150 lb. Newfie) are part of the animal-assisted activities program at CAMC which has one main goal: help lift the moods of everyone they meet.

Moses and Sampson’s parents, Steve and Amanda Ray, bring the dogs to visit the pediatrics floor, Children’s Cancer Center and the Children’s Advocacy Center on a regular basis. Both dogs are certified by Therapy Dogs International and had to pass training tests to make sure they’re comfortable around medical equipment like crash carts and wheelchairs, and to test how obedient they are with their handlers. Both dogs passed with flying colors and have been visiting CAMC patients for the past two years.

"Mom Amanda said many times people are taken aback by the size of her dogs," said Steve Ray, Moses and Sampson’s parents. "It’s important to note that Moses and Sampson are very gentle dogs and they’re very loving, especially towards children and older adults with Alzheimer’s. They are very patient and just love being around children and will try to understand and interact with the medical equipment.

"Moses and Sampson have brought a lot of calm and joy to patients and families who come to visit kids on the pediatrics floor," said Amanda Ray.

Pet Partners, both national accrediting bodies that ensure proper training and health of the animals. If you have a certified dog and would like to learn about volunteer opportunities, contact Kristy Fidler at volunteer@camc.org.

To learn more about Moses and Sampson, you can follow them on Facebook.
CAMC, in association with the Center for Organ Recovery and Education (CORE), has created an educational program specifically targeted to critical care nurses for the care and management of potential organ donor patients.

The idea for the program started in 2013. Since then, there have been six classes training more than 50 nurses from eight different intensive care units in CAMC’s hospitals. The multi-disciplinary curriculum includes the transplant center and donor families. It empowers nurses to become donor champions and to correct process breakdowns and lost donation opportunities for the patient.

“Over time, we began noticing a lot of questions and misinformation,” said Sondra Hill, clinical quality specialist for neuro, ortho and trauma services. “We were losing potential donors, so we decided to focus on culture and education.”

This is the only program of its kind nationally. Health care providers across the country have contacted CAMC to use the curriculum.

Because of the class, staff understand the importance of identifying potential donors, timelines and preserving organs,” said Sande Egnor, nurse manager, neurosciences ICU, CAMC General Hospital. “Our program has increased yield by nearly one organ per patient. That’s about 30 more organs per year helping people.”

Egnor presented CAMC’s “Creating a Hospital Based Critical Care Nurse Certification for Organ Donor Management” at the International Society of Organ Donation and Procurement conference.

“Less than 1 percent of Americans are eligible to be donors. Twenty-two people die daily waiting for a transplant,” said Sarah Clemente, with CORE. “CAMC is making improvements through education and good patient management from the emergency room on.”

CAMC, in association with the Center for Organ Recovery and Education (CORE), has created an educational program specifically targeted to critical care nurses for the care and management of potential organ donor patients.

Locally developed curriculum gets international attention

Research offers hope to children struggling with weight

Overweight and obesity are now affecting one in every six children in the United States. West Virginia is ranked ninth in the U.S. for early childhood obesity and first for adults.

Obesity in children can lead to chronic disease such as high blood pressure, dyslipidemia, pre-diabetes and diabetes which previously occurred only in adults. This also leads to higher health care costs and medical spending.

Doctors in the CAMC HealthyKids Wellness and Weight Management Program recently assessed the current lifestyle habits and weight status of patients who participated in the program to determine if such a multidisciplinary approach would result in not only short term success but also long-term weight maintenance.

The results were much better than researchers expected with 91% of patients improving their body mass index (BMI). Even 7-9 years later, nearly 70 percent of HealthyKids graduates maintained and even lowered their BMI.

“Initially we thought we would find that some habits stuck and some didn’t,” said Jamie Jeffrey, MD, FAAP. “The big question was ‘did enough of these habits stick for patients to maintain a lower body mass index?’”

Body mass index (BMI) is a calculation (weight/height squared) that estimates lean body mass to fat mass. It is a good measurement for extra obesity in children because they don’t have large muscle mass-especially before puberty. The body mass index in children has to be plotted on a growth chart because it varies with sex (girl vs boy) and age. As children grow, so does their body mass index.

Jeffrey recently presented the findings at the American Academy of Pediatrics conference and the Southern Obesity Summit.

She says there are not very many long-term follow-up studies in the academic literature.

“I think the results will offer hope to children that struggle with their weight or suffer from chronic diseases like high blood pressure, high cholesterol, high triglycerides or pre-diabetes/type 2 diabetes,” Jeffrey said. “If all these conditions, weight loss by improving quality of diet and drinks and keeping active will help them feel better and lead a healthier lifestyle.”

Read more about the research and HealthyKids program at camc.org/HealthyKids.