



ISSUE 1 / 2019

Stay Healthy

YOUR RESOURCE FOR HEALTHY
LIVING AND WELLNESS

EXTENDING CARE

Expanding our rural
cardiac services

NAVIGATING ADDICTION

Strong support helps
patients get back
on track

Dale

NEW HOLLAND
AGRICULTURE

Keeping the *Flow*

The latest treatments for valve disease
helped Dale Smith recover faster

Walking in your shoes



At UHS, we strive every day to create an outstanding patient experience, one that is positive and memorable. We call it “The UHS Way.” And to reinforce our commitment to exceptional care, we have just launched a multimedia communications effort called

“Walk In My Shoes. UHS delivers your care your way.”

As the region’s healthcare leader, we are aware that you and other patients, residents and customers want ready, hassle-free access to affordable care, from people who remember them, listen to them and respond to them in a trustworthy and effective way.

We want you to be aware of what we promise—and what you can expect us to deliver: We will continually expand our capabilities to better meet your changing needs, rather than make you go out of your way for us. We will make the resources of UHS, the region’s most respected and complete healthcare system, work for you, rather than having you work hard to get what you need. And we know what never changes: your awareness of how well we put your interests above our own.

Throughout 2019, we will be announcing a number of new and improved healthcare features, designed with you in mind, including a greater focus on team care, call-ahead and online scheduling at Walk-In Centers, online bill review and much more.

So look for our “Walk in My Shoes” messages on TV, in the paper and elsewhere. In the coming months, you’ll be learning more about “The UHS Way” of offering new services to make your experience more convenient, efficient and pleasant. It’s our way of saying: “We go out of our way to give you your care ... your way.”

John M. Carrigg
PRESIDENT & CEO OF UHS



YOUR CARE YOUR WAY

Learn more about our new campaign on our website, nyuhs.org, and view our latest commercials and ads to get an idea of how this dynamic campaign is starting.



extending care

UHS provides cardiac specialty services to those in rural areas

Expanding access to heart care has long been a goal of the UHS Heart & Vascular Institute and that includes increasing the heart services available at UHS Chenango Memorial Hospital and UHS Delaware Valley Hospital. Cardiologists at these locations stay connected to their partners in Binghamton, creating a continuum of care for their patients. And now, UHS Sidney is also part of that network.

James O’Brien, MD, FACC, cardiologist at UHS Cardiology Norwich has seen firsthand how important this extended care can be. “For the people who frequent the Sidney clinic, this now provides significantly more access to potentially life-saving healthcare,” says Dr. O’Brien. “No longer do people have to drive two hours round-trip in order to have their heart looked at.”

Rotating visiting specialists, including surgeons and OB-GYNs, along with cardiac care team members, travel to Sidney. In addition to a weekly visit from Sue Button, MSN, ANP-BC, nurse practitioner, Sreekanth Kondareddy, MD, cardiologist at the UHS Heart & Vascular Institute, also visits Sidney once a month to

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LEARN MORE

Find out more about the UHS Heart & Vascular Institute at nyuhs.org/care-treatment/heart-vascular-care.



MORE UHS CONTENT ONLINE

WEB-EXCLUSIVE CONTENT

Binghamton was recently named one of the top 10 small cities for healthcare. Read this story and extended versions of other stories on stayhealthyuhs.org.

GET THE LATEST NEWS

Sign up for our e-newsletter, direct to your inbox, to receive the latest UHS updates and stories from our community. Visit nyuhs.org.

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see patients and provide even more help to the people living there.

“The people who live in Sidney are very happy that they now have this extra access to care, not only from the cardiologists, but also all specialists who visit,” says Dr. O’Brien. “We’re bringing the treatment to them to make everything easier.”

At UHS Delaware Valley, Keyoor Patel, DO, cardiologist with the UHS Heart & Vascular Institute, sees patients weekly and serves as the clinical director of UHS Delaware Valley’s Cardiopulmonary Department and its certified Cardiac/Pulmonary Rehabilitation Program.

“Many of the more basic tests are offered locally, reducing the patients’ need to travel a long distance,” says Dr. Patel. “Having the cardiopulmonary rehabilitation program available in the local community is especially helpful. Although the beneficial effect of the program on patients’ lives is substantial, it would be very difficult to attend if not available locally.”



+ James O'Brien, MD, FACC



+ Keyoor Patel, DO

Cutting Down Colon Cancer



Learn more about finding and treating this common type of cancer

To mark National Colon Cancer Awareness Month, which takes place every year in March, Amine Hila, MD, gastroenterologist affiliated with UHS Hospitals and UHS Chenango Memorial Hospital and director of the Department of Medicine at UHS Hospitals, explained some of the dangers and myths surrounding colorectal cancer and screenings.

“Family history, particularly if there is a first- or second-degree relative with history of colon cancer, significantly increases the risk of cancer,” says Dr. Hila. “Smoking and eating a low-fiber diet consisting of a lot of red meat can increase your risk as well.” However, Dr. Hila says that even if you don’t have these risk factors in your life, everyone is susceptible to colon cancer, and physicians generally recommend colon screenings beginning at age 50.

For many people, colon screening comes with preconceptions about the procedure, or even stigmas attached to it. The biggest fear people have with colonoscopies, says Dr. Hila, is the preparation.

“We have preps that are much, much gentler now,” he says, particularly compared to what some have experienced in the past. “It’s a lot more tolerable; patients experience much less discomfort associated with the preparation.” And for the actual procedure, patients are sedated. “People are asleep throughout the entire process, so they feel no pain,” says Dr. Hila.



+ Amine Hila, MD

3 SIMPLE STEPS

We asked Amine Hila, MD, gastroenterologist at UHS, how people can reduce their risk of colon cancer. Dr. Hila says there are three simple ways to improve and stay on top of your colon health:

1. Eat healthy.
2. Don’t smoke.
3. Get screened.



Become a valued member of our team

If you’d like to be appreciated and rewarded for your knowledge and skills, join our team today! UHS is a dynamic organization composed of talented and dedicated professionals just like you who want to make a difference in people’s lives. We have positions open in our hospitals, primary care offices, specialty care offices, walk-in centers, home care agencies and senior living.





keeping the FLOW

The latest treatments for valve disease helped Dale Smith recover faster

“On New Year’s Eve—my 43rd wedding anniversary—my wife told me, ‘You’re going to the emergency room.’”

—DALE SMITH

Whether it’s after a particularly spicy meal or a few too many salty snacks during a sporting event, many people have “heartburn.” While it’s a common occurrence, you may not realize recurring feelings of heartburn can be a symptom of something more serious—heart disease. This is what happened to Dale Smith, a 64-year-old resident of Lisle, New York.

Late last year, Mr. Smith experienced a couple months of continually feeling ill, but he attributed it to heartburn and anxiety. By the first of the year, at the urging of his wife, he decided to ring in the New Year by visiting the hospital.

“On New Year’s Eve—my 43rd wedding anniversary—my wife told me, ‘You’re going to the emergency room,’” he says.

While at the Emergency Department, Mr. Smith experienced what he calls “one of his episodes” that he assumed was heartburn. After several tests—including a CT scan from his abdomen to his chest—it was

discovered that Mr. Smith had an aneurysm in his aortic root, the section of the aorta that is attached to the heart. Since an aortic aneurysm widens the aorta and can lead to rupture and life-threatening bleeding, Mr. Smith was admitted to UHS Wilson Medical Center and scheduled for surgery.

ADDRESSING THE ANEURYSM

An aneurysm like Mr. Smith was diagnosed with is a common aortic condition, especially in people with hypertension or high blood pressure. The aorta is the large artery that originates from the heart and carries blood from the heart to the rest of the body. Conditions that affect the aorta can also affect one or more of the heart’s four valves. When these types of valve conditions happen, the rest of the body may not receive adequate blood flow, leading to serious complications.



+ Daniel Beckles, MD



✦ After treatment for multiple heart valve issues, Dale Smith was able to return to work as a service manager for a local tractor dealership.

Other procedures performed at the UHS Heart & Vascular Institute include transcatheter aortic valve replacement (TAVR). This minimally invasive procedure allows a new valve to be inserted into a patient without the damaged one being removed.

MINIMIZING RECOVERY

The UHS Heart & Vascular Institute offers all of these techniques as minimally invasive procedures and has also expanded to include treatment for patients with conditions affecting any of the four heart valves, not just the aortic valve.

“We offer personalized care for all patients and use minimally invasive surgery when it makes the most sense for the patient,” says Dr. Beckles. “Even open heart surgery can be done in a minimally invasive fashion, never splitting the sternum.”

This is important, because minimally invasive surgery allows for less bleeding and scarring and a faster recovery time than traditional surgery, where surgeons cut through the sternum, or breast bone.

Mr. Smith’s surgery was considered open heart surgery, and after a brief recovery period in the Cardiac Care Unit, he says he was feeling healthier than he had in several years and was able to return to his work as a service manager at a local tractor dealership. “I got the best care I could have asked for,” he says. “I was very happy with everybody who was there. I took some veggies and fruits to the doctors and nurses as a thank you for the phenomenal care.”



Cardiovascular disease accounts for about 1 in 4 deaths in America. To learn more about how UHS can help you fight heart disease, visit nyuhs.org/care-treatment/heart-vascular-care or call 763-6580.

Daniel Beckles, MD, UHS cardiothoracic surgeon, explains that common valve conditions include valvular stenosis, which occurs when valve tissue stiffens; the narrowing of a valve; and valvular insufficiency, which is also known as “leaky valve” and occurs when a valve can’t close completely. Aneurysms, like the one Mr. Smith had, happen when an artery weakens and begins to bulge.

The UHS Heart & Vascular Institute treats these aortic and valve conditions using the latest surgical techniques to repair or replace compromised valves. They also focus on minimally invasive approaches, which cause less pain and fewer complications, and help patients recover faster. These approaches also contribute to a high level of effectiveness across the different procedures performed. When Mr. Smith was brought to UHS for open heart surgery, surgeons created a graft, which implanted a new aortic valve into his heart, using a technique called the Bentall procedure. This repaired his diseased aortic root.

SIGNS OF HEART VALVE DISEASE

Valve disease, with or without an aneurysm, can sneak up on you. Being aware of risk factors and symptoms will help you recognize it before it damages your body. If you have any of the following risk factors or symptoms, consider talking to your doctor about valve disease (or other heart conditions):

Risk Factors

- Hypertension or history of high blood pressure
- History of heart murmur
- Family history of heart disease

Symptoms

- Shortness of breath
- Chest pain and pressure
- Heart murmur (as diagnosed by your physician)
- Swelling in your legs
- Fainting, dizziness or lightheadedness

NAVIGATING

A strong support system and an engaged team can make all the difference for people with substance use disorders

addiction

“Julie,” a woman in her 20s whose name has been changed in this article for privacy, fell into opioid addiction gradually, the way many people do. At age 18, right out of high school, she was first introduced to prescription drugs by an ex-boyfriend and wasn’t aware of their addictive nature or the harm they can do.

“At 20, my life started falling apart,” Julie says. “I was stealing money from my mom, going to work just so I could have enough money to buy some more, and that was what my life revolved around.”

Around that time, Julie first got evaluated for the UHS medication-assisted treatment (MAT) program, which is part of the New Horizons Outpatient Services clinic. However, Julie wasn’t ready and didn’t return to UHS for treatment until about a year later, when she found out she was pregnant.

EXPANDED SERVICE

Julie’s pregnancy spurred her to visit the UHS clinic and begin MAT. In addition to MAT, UHS also provides pregnancy services through the clinic to make access to care easier for patients. This is just one way that UHS encourages community members to get treatment and engages with patients as they go through treatment.

“We have a lot of innovative programs in our addiction medicine program,” says Julia Hunter, MD, MPH, FASAM, addiction medicine specialist at UHS. “One is the pregnancy program and, in addition to treatment, we provide education about pain control, breastfeeding and other topics, as well as support groups. Particularly important is our postpartum support group, because that is a very vulnerable time for women. When they’re no longer pregnant, the risk of relapse is high.”

Julie experienced this firsthand after giving birth.

“I still used every once in a while,” she says. “I felt better and I felt good and had no need to use, but my

brain felt like I still wanted to. It was like a reward for doing better. I would have dreams where I woke up, and it felt like I was still using.”

She explains that failing drug tests at the clinic and knowing that she was disappointing her counselor, her mom and her family was “the worst feeling.” At that point, something clicked for her, and she started to get more help.

SUPPORT WHEN YOU NEED IT

The addiction medicine team at UHS focuses on engagement. When patients aren’t engaged with their treatment and the people providing that treatment—such as counselors, nurses, doctors, administrative staff and others—they are more likely to stop or postpone treatment.

“That’s one of the things that’s different with our treatment program compared to others,” says Calvin Brown, MAT program manager at UHS. “Treatment for chemical dependency is mostly short-term— inpatient is 14 days and outpatient is four to six months. We have patients for 20 years, so the relationships you develop are strong bonds over many years and patients come to us with all sorts of problems. It’s a big part of why we can be effective in doing other services in addition to treating addiction.”

UHS uses a “hub and spoke” model for its addiction treatment, where the clinic is the hub and the spokes are different services and specialties throughout the UHS System.

“We have a team here of very experienced counselors, physicians and nurses that can monitor and manage medication and then send patients to other services, such as primary care providers or specialists,” says Dr. Hunter. “That allows us to maximize the impact of our expertise.”



Julia Hunter, MD, MPH, FASAM

 **A HUB FOR CARE** The UHS Addiction Medicine Program offers a wide range of services to make sure everyone gets the support they need. To learn more, visit nyuhs.org/care-treatment/addiction-medicine.

For Julie, connecting to Alcoholics and Narcotics Anonymous meetings, as well as group therapy in the UHS MAT clinic, provided her the support she needed to break through feelings of isolation due to her addiction.

“I felt like I wasn’t alone,” she says. “I heard stories from people who were sober for four or five years. At the beginning, I didn’t think that was possible. It made me understand I was an addict, and now I’m sober, but it also made me realize there was more to me that I didn’t understand.”



FINDING HOPE

Truly understanding her condition was important to Julie, because she has always had an interest in science and, in particular, understanding how the brain works. Her counselors and doctors at UHS helped her understand the biological underpinnings of addiction, setting the stage for her next life goal.

This May, Julie will receive her undergraduate degree in biology and she plans to go on and pursue a master’s degree, either in healthcare administration or nursing.

“[When I was using,] I believed I was a bad person, and I felt like I wasn’t deserving of love,” says Julie. “But where I am now is a complete 180 from that point. I can actually sleep at night, my son is healthy and I feel good about myself. I have a list of goals that I’ve accomplished and more that I want to accomplish. The help I’ve received at the clinic has been a positive force for me.”

After battling her way out of addiction, Julie’s future for herself and her family is bright. And her story is just one of many.

“A lot of the conversation around opioid use disorder paints this disease as a hopeless condition,” says Alan Wilmarth, administrative director of Behavioral Health at UHS. “But I think it’s essential that we begin to talk about the fact that there is hope. That hope is real and people do recover from this disease.”

TAKING THE FIRST STEP

In September 2018, the UHS Addiction Medicine Program launched an innovative new initiative aimed at increasing engagement and making treatment easier to access for patients. Called “Open Access,” this program allows people with substance use disorders to receive an assessment with no appointment needed.

“You can come in and do an evaluation, and if you need treatment, you generally start the next day. We know it takes courage for people to take that first step, so we want to address people’s needs in the moment,” says Debby O’Brien, New Horizons Outpatient Program manager.

Open Access is available at 10 Mitchell Ave. in Binghamton, every Monday through Friday, from 9 to 11 a.m. and 1 to 3 p.m., except for Wednesday afternoons. To register in advance, call 762-2901. To learn more, visit nyuhs.org/care-treatment/addiction-medicine.

keys to the kitchen

Kitchen tools to help you cook tastier, more healthful, meals

Preparing and cooking meals at home is a good way to eat more healthfully, because you can control the ingredients and amounts of food going into the meals, as well as how much you spend. While cooking can feel like a daunting task, there are kitchen appliances that can help you cook well and save time. Here are four that Kelvin Lee, MS, RD, CDN, clinical dietitian at UHS, recommends:

ELECTRIC PRESSURE COOKERS.

If you don't have time to prepare ingredients in the morning, consider using an electric pressure cooker. Because they cook at such high temperatures, pressure cookers significantly lessen cooking time, helping you to serve and eat meals more quickly when you get home. "I've made pulled chicken and pulled pork—which usually take hours if you use the traditional low-and-slow method—in as little as 20 minutes," says Mr. Lee. Many electric pressure cookers also double as slow cookers.



SLOW COOKERS.

These have been around for decades, but they are still one of the best ways to prepare meals in advance, says Mr. Lee. If you have time in the morning to prepare the ingredients and place them in the slow cooker, you'll have a meal ready for you when you get home after a long day.

AIR FRYERS.

While not completely necessary, air fryers are great for people who love fried food but want to make these normally high-fat dishes a little lighter. Air fryers use fast moving circulated hot air, instead of oil, to crisp up food, which preserves taste and texture but cuts down on fat. Preparation and cleanup are also easy—some air fryer components can be taken apart and placed in the dishwasher.



MICROWAVES.

"This is a bit of a twist," says Mr. Lee, "but it makes sense, because we all have them in our homes and already know how to use them." Microwaves are handy and time-saving, particularly if you make a large batch of something like stew or chicken and rice, which can be saved in containers and reheated later. Mr. Lee recommends using glass containers over plastic, because they are sturdier and contain fewer chemicals. Make sure you're reheating leftovers to 165 degrees Fahrenheit using a food-grade thermometer, to reduce the risk of foodborne illness. "The technology behind microwaves preserves much more of the nutrients in the foods," he adds.

