



VIDANT HEALTH™

MEDICAL REPORT

ADVANCED CARE AND DIAGNOSTIC NEWS
FOR PHYSICIANS AND HEALTH CARE PROFESSIONALS

SPRING 2017



Mark Rumans, MD, MMM

Message from the Chief Medical Officer

Welcome to spring. At least we all hope it is finally here.

We are very excited about the upgrade to our EHR system, which we are calling OneTeamCare, and the benefits it will provide for providers, patients, families and communities who depend on us.

Over 20 years ago, Dr. Walter Pories published evidence that a type of bariatric surgery led to a long-term remission of diabetes symptoms. Now, the official journal of the American Diabetes Association, *Diabetes Care*, has said the operation should be considered as a way to treat Type 2 diabetes in patients.

A new multidisciplinary, cleft palate team at Vidant Medical Center is bringing treatment of the birth deformity back to eastern North Carolina. We are pleased that Dr. Yifan Guo, who completed fellowship training in craniofacial surgery at Johns Hopkins University, is leading the team.

Treatment of peripheral arterial disease starts with managing risk factors. That's the message Dr. Steven Powell wants to get out to regional physicians through a series of lectures that will be recorded and archived on the Eastern AHEC website.

Drs. Sabeen Abid and Kara Regan have joined Vidant Gastroenterology in Greenville. Drs. Abid and Regan join Drs. Eslam Ali, Glenn Harvin, Hamza Khalid and William Leland at the practice.

Feel free to contact me at CMO@VidantHealth.com.

OneTeamCare

Enhancing the
patient experience
by transforming our EHR

Starting August 2017

As Vidant Health evolves and adapts to the changing needs of the health care industry, we continue to look for ways to improve — both as an organization and in our ability to impact health and well-being across eastern North Carolina while providing the very best in patient care.

An important part of this equation is our electronic health record (EHR). As an early adopter of this technology, Vidant blazed a trail in many respects. But early adoption also hindered our ability to maximize our EHR for all patients across the system.

In order to better serve our patients — and create an improved, more efficient process for clinical staff and providers — we are transforming our EHR. This transformation, known as *OneTeamCare*, will improve efficiency and in turn, our care of patients.

If you engage with our EHR you may have noticed some changes that are already in place:

- New dedicated advance care planning note type enables clinicians to find advance care planning notes faster
- New prescription/discharge order preference lists for the Emergency Department provides more intuitive defaults for discharge medications
- Streamlined physician workspace minimizes clutter and requires fewer clicks
- Most frequently used documentation flowsheets are now more readily available, with less scrolling

Our work will continue to unfold in the coming weeks and months as we work toward the broader transformation of our EHR on August 12.

Health care can be scary. There are a lot of changes happening, a lot of things we can't predict or control.

This we can.

We're excited about what OneTeamCare means for you — the providers who use our system — and the benefits it will provide for the patients, families and communities who depend on all of us.

Treating risk factors critical for PAD

Whether you call it peripheral vascular disease or peripheral arterial disease, one thing is certain. Treatment starts with managing risk factors.

That's the message Dr. Steven Powell, chief of vascular surgery at East Carolina Heart Institute (ECHI), wants to get out to regional physicians. To that end, he's delivering a series of lectures about PAD during the next several months at ECHI. Physicians may attend in person or listen to an archived recording. Either way, they can receive CME credit. Go to EasternAHEC.net/continuing-education for more information.

He's also traveling the region speaking at physician meetings about PAD and the importance of recognizing it and treating patients' risk factors.

"I've realized what we see happening to our patients in the region . . . is they come over here with vascular disease and they're sicker than ever and they're not taking their meds or they've never been on meds," Dr. Powell said.

"If you have a patient who has atherosclerosis and you control their risk factors, you've made an impact on their life, their quality of life and probably their longevity," Dr. Powell said.

He says PAD tends to be poorly understood by doctors and lay people alike, leading to less recognition of the disease and less treatment of factors that cause it: high cholesterol, hypertension, diabetes, obesity, lack of exercise and smoking.

But his main concern is overly aggressive treatment in the form of too many operations, angioplasties and stent placements. Dr. Powell's goal is to treat patients with medicines and other approaches before they need those procedures.

"We're committed to making sure the patients understand they must treat their risk factors," he said. "All those interventions are expensive, and they're all invasive procedures."



Steven Powell, MD



Health care is number one industry for data breaches

According to Symantec, the health care industry is increasingly at risk for security breaches because of the value of the information it encompasses. As a result, it has become the number one industry in data breaches. While electronic health records have distinct advantages over paper records, access to this information poses an opportunity for cybercriminals — and a challenge for those entrusted to protect it.

This is happening because cybercriminals are more sophisticated, better trained and better funded than IT professionals. The data that we hold is worth more than credit cards because health care data cannot be changed and has long-term value. Also, mobility and the extensive use of the internet permeates our everyday practices.

The primary causes of these breaches are lost or stolen laptops, mobile devices and tablets, as well as paper forms of personal health information (PHI) inappropriately handed to the wrong patient. Social engineering attacks (phishing, spam, etc.), have become more targeted and much more difficult to recognize.

According to statistics, 2015 was deemed the year of the health care hack. According to the Office of Civil Rights (OCR), there were 253 health care breaches that affected 500 or more individuals with a combined loss of over 112 million records. In 2016, there were 13 OCR HIPAA settlements totaling over \$23 million.

Recently, Children's Hospital of Los Angeles reported that a laptop stolen from a physician's car contained PHI for nearly 3,600 patients of the hospital and Children's Hospital of Los Angeles Medical Group. The PHI stored on the laptop included names, addresses, medical record numbers and additional clinical information.

Our best defense against these situations is education. We have to be constantly aware of the risks and how to reduce those risks by incorporating best practices into our daily routine.



Contact our Ambulatory Referral Center in one of these ways to schedule a patient

EHR: Referral@Direct.VidantHealth.com

Fax: *Specialist Request Form* to 252-847-3337

Phone: 252-847-0097

Team brings cleft palate care back to region

A new cleft palate team at Vidant Medical Center is bringing care and treatment of the birth deformity back to eastern North Carolina.

Dr. Yifan Guo, who last year completed fellowship training in pediatric craniofacial plastic surgery at Johns Hopkins University, is leading the team. He holds faculty appointments with Brody School of Medicine at East Carolina University and ECU School of Dental Medicine. The team includes pediatric dentists, a speech pathologist, an otolaryngologist, a pediatric neurosurgeon and others.



Yifan Guo, MD

Vidant Health's region experienced 125 cases of cleft lip and palate between 2006 and 2010, according to statewide figures. The closest treatment was in the Raleigh-Durham area, so patients had to travel a fair distance.

That affects patient care, Dr. Guo said. "The No. 1 problem is distance to the center," he said, citing a study by University of North Carolina at Chapel Hill. "If you live an hour away, the chance of you following up, of you getting good care is low, especially if you're a Medicaid patient."

"Our numbers are higher than Charlotte," he added. "There's definitely a need here."

When a cleft lip and palate is detected — even prenatally — Dr. Guo is available to educate parents about what's happening and what the next steps are. Surgical

procedures can be planned over several years as children grow. The team approach helps assure coordinated care. "The only way to provide it is to have everyone work well together and make the experience easy for the patients," said Dr. Guo.

Dr. Guo said cleft lip and palate are "no longer something that identifies the child. They should have normal speech and normal function. They will have a minor scar that will not define who they are. They won't be limited by the deformity. Those are the tenets of modern cleft care."

For more information, contact Dr. Guo at guoy16@ecu.edu or refer patients through the Vidant Ambulatory Referral Center. See information at bottom of opposite page.

ADA says weight-loss surgery a standard of care for some diabetes

More than 20 years ago, Dr. Walter Pories published evidence that the Greenville gastric bypass, the version now used around the world, led to a long-term remission of diabetes symptoms. Now, the official journal of the American Diabetes Association, *Diabetes Care*, has said the operation should be considered as a way to treat Type 2 diabetes in patients who are obese.

"The thought was always that diabetes was an incurable, progressive disease, but with a fairly simple operation that takes about an hour, you can cure it," said Dr. Pories, the founding chair of the Department of Surgery at Brody School of Medicine at East Carolina University. "We found that diabetes disappears completely between two to four days after surgery."

Beginning in 1980, the outcomes of 837 patients who had weight-loss surgery at Pitt County Memorial Hospital, now Vidant Medical Center, were recorded and studied by a group of ECU physicians led by Dr. Pories. In 1995, he reported hard evidence that diabetes was no longer a hopeless disease but could be reversed by bariatric surgery. Gastric bypass is now established as an effective and safe therapy for morbid obesity and its associated conditions. And no other therapy has produced such durable and complete control of diabetes mellitus.

In eastern North Carolina, 11 percent of the population suffers from diabetes,

surpassing state and national averages. According to the ADA, 1.4 million people in the U.S. are diagnosed with diabetes every year.

It affects African-Americans at a rate 1.7 times greater than non-Hispanic whites, according to the ADA. And a quarter of all people with diabetes don't know they have it, says the National Institutes of Health. Dr. Pories, 87, is still on the ECU faculty

and was recently honored as an *Icon in American Surgery* by the American College of Surgeons. He is the first North Carolina surgeon to receive this honor.

The *Diabetes Care* article was published in June.

If you have a patient who might benefit from bariatric surgery, contact our Ambulatory Referral Center.

Photo: Cliff Hollis, ECU News Service



Dr. Pories poses with his artwork hanging in the Brody Medical Sciences Building.

