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on the cover Bridging the Care Gap

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Cover photo: Thomas Huber, MD, site director of the Pierre Rural Family Medicine Residency Program along with the program's first two residents, Gene Campbell, MD and Abby Serpan, MD. Photo by Sigrid Wald.

MED

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FROM US TO YOU

ELCOME to Fall and another edition of the region's premier publication for healthcare professionals.

On the cover this month...Healthcare leaders in South Dakota take a bold step to address physician shortages with the opening of the state's third family practice residency training site in Pierre. We talk to key figures behind the new program.

Also in this issue, you'll find expert advice on how to handle attorney request for medical records (what you don't know CAN hurt you), novel techniques for treating bunions and diagnosing heart attacks, photos from the SDAHO fall convention, a wrap up of all the region's medical news, and your fall/winter calendar of events.

We love to hear from you! If you know of a news item, event, or interesting person you think *MED* should cover, sent it our way at info@Midwest-MedicalEdition.com.

All the best, —Alex & Steff

2019 ADVERTISING DEADLINES

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NEXT ISSUE

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Handling Attorney Requests for Medical Records

BY DEAN MCCONNELL

NE OF THE CHALLENGES of being a medical provider happens when your world intersects with the legal world. It can place you in situations where confusion and concern may arise when deciding the proper course of action. A common example is when healthcare providers receive medical records request from an attorney.

These requests can occur in a variety of forms:

- When you are treating a patient involved in a motor vehicle accident, or a patient who is under investigation in a criminal situation such as a DUI or an assault and battery
- Custody battles between parents also result in requests for records from attorneys involved.
- Requests may involve an attorney investigating whether to bring a medical malpractice claim.

Different legal rules may apply depending on who makes the request, whether it is an informal request or a subpoena, or if the request is tied to a criminal case.

All of this can be very confusing, and before taking any action, providers need to understand the details of their specific situation. In addition, providers should consider legal assistance to ensure they are abiding by the appropriate requirements that can vary by state.

INFORMAL REQUESTS BEFORE A LAWSUIT

Who usually requests the records: The patient or the patient's attorney.

What to know: If the patient, or the patient's personal representative¹ asks that you send all or part of a medical record to an attorney, then the patient's "right of access" under HIPAA applies and the records must be provided as soon as reasonably possible, but no later than 30 days.

If unusual circumstances exist beyond the control of the provider, such that the records cannot be produced within 30 days, one additional 30-day extension may be obtained by notifying the patient of the unusual circumstances and that an additional 30 days will be required.

If the informal request for medical information does not come through the patient, then the provider must have a HIPAA-compliant authorization, signed by the patient, before care is discussed or copies of records are provided.

REQUESTS AFTER A LAWSUIT IS FILED

Who usually requests the records: One or more of the attorneys involved.

Informal requests: A HIPAA-compliant authorization signed by the patient or the patient's personal representative must be obtained before any information may be disclosed, oral or in writing.

Subpoenas: The provider will need to determine if it involves a civil lawsuit or a criminal case.

- Most subpoenas involve civil lawsuits including motor vehicle accidents, premises liability claims, and divorce and child custody issues.
- Subpoenas in criminal cases usually have a state or federal government entity or agency listed as a party and are signed by a deputy district attorney or assistant attorney general.

OUT-OF-STATE SUBPOENAS

Occasionally, providers receive subpoenas from out-ofstate attorneys or record retrieval services.

Generally, a subpoena, whether civil or criminal, is not valid in any state except the state in which the action is pending (unless the attorney goes through a process to get a state court to issue a subpoena for the out-of-state proceeding). Providing records to an invalid subpoena could result in civil claims for breach of confidentiality and administrative action for violation of HIPAA.

FOOTNOTE

1 Under HIPAA, a person authorized to act on behalf of the patient in making health care related decisions is the patient's "personal representative." Typically, this is a person holding a medical power of attorney. An attorney does not usually have the authority to make healthcare decisions for a patient-client and would not normally be a "personal representative."

Many providers are unfamiliar with the rules pertaining to responding to subpoenas. We encourage you to discuss these principles and educate your staff about properly responding to an attorney's request for information. If you have any questions, it is recommended that you speak with an attorney or contact your medical liability insurance provider if they are able to provide assistance in these situations. \blacklozenge



Dean McConnell, JD, is Senior Legal Counsel with COPIC, a leading provider of medical professional liability insurance.

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THIS MONTH ONLINE

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MidwestMedicalEdition.com is no ordinary website. It's designed to be a full-service hub for the entire South Dakota regional medical community. In addition to reading the most up-to-date medical news, here are just a few of the other things you can do from our website:

- Search an online calendar of local events
- ✤ Register for events and CME opportunities
- Add your own event to the online calendar
- Search a comprehensive directory of service providers
- Add your practice or business to the directory
- Search nearly a decade's worth of articles by category, title or keyword
- Access any past issue of MED Magazine
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Exclusive articles

Quarterly Coding And Billing Reviews And Your Internal Audit Plan

By Eide Bailly

If your facility is struggling with developing a properly risk based internal audit plan within resource limitations, you are not alone. With the myriad of changes that happen each year in healthcare and the subsequent risks that are presented, it is imperative to develop an internal audit plan that fits the needs of your organization.

Security On Point: Avoid Falling Victim To A Digital Ransom Attack

By James Maguire, High Point Networks

In August, a customer contacted High Point Networks and was looking for assistance to recover from a ransomware attack. In this exclusive article, security expert James Maguire shares what happened and highlights tips to help other companies keep from falling victim to the same type of attack.

The Elephant In The Room: Courageous Leaders Need To Stand Up To Incivility In The Healthcare Workplace

By Laurie Drill-Mellum, Constellation Mutual

We know incivility when we see it, when we hear it, and by marking how we feel when we witness or experience it. The challenge is less about identifying it than about ensuring a culture and leadership committed to addressing it. It's time we stand up and address the "elephant" in our house of medicine, the better to focus on the better world we know is possible.

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[ARTICLE PREVIEW]

Fellowship-Trained Colorectal Surgeon Brings Cutting Edge Training To Sioux Falls



Even growing up in Chicago and a decade of training in Pennsylvania could not prepare Jesse Guardado, MD, for his first taste of South Dakota weather last April.

Surgical Institute of South Dakota's newest surgeon had to drive through the aftermath of a surprise spring snow storm to his interview after his plane was diverted from Chicago to Omaha.

Fortunately, the icy weather did nothing to dampen his enthusiasm for his new position as the only fellowship-trained colorectal surgeon on Avera's Sioux Falls campus.

"I just couldn't pass up the chance to do pure, elective colorectal cancer surgery in this region," says Guardado, the son of first-generation Mexican immigrants who raised him and his two brothers in Chicago. "This was a unique opportunity."

Go online to read the entire article from Surgical Institute of South Dakota.



South Dakota Healthcare Leaders Gather for SDAHO '19

The 93rd annual Convention of the South Dakota Association of Healthcare Organizations (SDAHO) took place September 18 to 20 in Sioux Falls. Healthcare leaders from around the state gathered at the Sioux Falls Convention Center to learn, be inspired, and network.

MED's Steffanie Holtrop and Alex Strauss led breakout sessions on "Content Marketing: What You Need to Know" and "Helping Medical Professionals Prepare for Interviews". When they weren't presenting, they were meeting new and current clients at the Vendor Fair.

Check the website for the full gallery of photos from the event

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Bridging here by a lex strauss

OM HUBER, MD, is used to being something of a pioneer in South Dakota medicine. The long-time Pierre physician was among the first residents to graduate from the Sioux Falls Family Practice Residency program some 40 years ago.

Now, the Pierre native is part of another pioneering effort to increase the number of primary care physicians in the state. He is site director for the newly-established Pierre Rural Family Medicine Residency Program (PRFMRP).

"I was asked if I would be willing to 'help' get this established and I said, 'Sure, I'd like to help'. Now I'm the director!" jokes Huber. Then he gets more serious about the potential impact on the future of healthcare in South Dakota.

"Honestly, this is probably one of the best things that has happened to me in my career," he says.

The Same, But Different

Like the residency training sites in Sioux Falls and Rapid City, the Pierre program is a joint effort of Avera and Sanford and is overseen by the Center for Family Medicine. But unlike Rapid City or Sioux Falls-based residents, PRFMRP doctors will learn to practice hundreds of miles away from many specialty services and facilities.

"A fair number of people who come to the Sioux Falls program with the goal of practicing in a rural community end up changing their minds and staying in Sioux Falls," observes Mark Huntington, MD, PhD, Director of the Center for Family Medicine and program director for both the Pierre and Sioux Falls programs. "Part of it is not having that comfort level of practicing in an area with more limited resources."

With the next nearest non-critical access hospital more than 150 miles away in Mitchell, Pierre-based residents are likely to get very comfortable with limitation during the three-year program. PRFMRP residents will spend their first year in Sioux Falls to take advantage of higher volumes and advanced technology. Then they will relocate to the city of 14,000, for the remaining two years.

"This part of the state is different from both Eastern and Western parts of the state," says Huber. "We have bigger distances to deal with. You get used to driving distances, stocking up, thinking ahead, or doing without. You have to be ready for whatever comes at you."



Site director Dr. Thomas Huber with the PRFMRP's first two residents, Gene Campbell, MD, and Abby Serpan, MD. "If it works, they will all have gone to places of need," says Huber.

Pierre Sits in a 'Care Gap'

The American Academy of Family Physicians predicts a national shortage of 44,000 primary care doctors by 2035. The PRFMRP is the result of a state task force charged with finding ways to address the worsening shortages in rural areas of South Dakota. As more older rural doctors near retirement, and fewer younger ones stand ready to take their place, a growing number of communities could be left with no access to primary care.

Statistics suggest that graduates who train for more than six months in a rural area are 10 times more likely to practice in a rural setting (Can J Rural Med, 2005). Given that most new family physicians settle within a hundred miles of their residency program, Pierre was seen as a perfect training ground for a new batch of rural-ready doctors.

"If we look at a map of health professional shortage areas in our state, Pierre is pretty much in the middle of it," says Dr. Huntington. "If you draw a 100 mile radius around the two programs we already have, there is a huge area of underserved counties between them."

Rural Practice Training Ground

Although PRFMRP residents are not required to commit to practicing in a rural community after training, that is clearly the expectation.

"I have told prospective residents that the entire aim

of the program is to fix a problem that exists in this state," says Dr. Huber. "I tell them 'I want to see you in Ipswich or Winner or Gregory. If you don't think that is what you want, you may not be a good fit."

The first two residents include a woman whose hobby is trapping and harvesting furs and a veteran of the Special Forces. If they do choose to practice in a rural setting, these physicians will face unique challenges, such as being the only doctor for miles around, needing to know how to leverage telemedicine, and caring for friends and neighbors.

"In a small town, you are taking care of people who are not anonymous to you," says Dr. Huntington. "It is so important they learn how to balance professional and personal relationships before they are on their own. By training people in that environment, we hope they will be less intimidated to practice in a rural environment."

Eighty percent of the three hundred and fifty graduates of the Sioux Falls Family Medicine Residency program practice in South Dakota or bordering states. But, with just two doctors entering the Pierre program each year, it will take many years to determine if the investment in the PRFMRP has paid off.

"We need at least four or five sets of residents to graduate before we will know if this is successful," says Dr Huber. "If it works, they will all have gone to places of need. That is our hope." \diamond

News & Notes

South Dakota | Southwest Minnesota | Northwest Iowa | Northeast Nebraska



AVERA

The Avera on Louise Health Campus at 69th and Louise welcomes its first patients on October 29. Two connected buildings, including the five-story Avera Specialty Hospital and three-story Avera Medical Group building, comprise 260,000 square feet. The buildings house internal medicine, urogynecology and rheumatology, as well as an imaging center, full laboratory and infusion bays. The second floor of the clinic is dedicated to orthopedics and the third floor to gastroenterology. There are eight state-of-the-art operating rooms on the hospital side and 24 private inpatient rooms.



KEVIN POST,

Kevin Post, DO, has accepted the role of Avera Medical Group's Chief Medical Officer when Tad Jacobs, DO, retires at the end of 2019. Dr. Post has served in a variety of

leadership roles, including Primary Care Service Line Steering Committee, LIGHT Steering Committee for physician and advanced practice provider well-being, Physician Champion and trainer for several electronic medical record conversions and upgrades, and physician advisor to help other physicians with clinical documentation and utilization review.

The Walking Forward program, along with a team of collaborators, has received a five-year grant of \$3 million

from the National Cancer Institute for a two-phase study to advance palliative care in Northern Plains American Indians. Walking Forward was the brainchild of radiation oncologist Daniel Petereit, MD, of Regional Health and is now administered by Avera.

BLACK HILLS



Bobbi Rae Thuen, MD, board-certified Family Medicine Physician, has joined Regional Health Medical Clinic on 13th Avenue in Belle Fourche. Originally from Minot, North Dakota, Dr. Thuen graduated from the University of North Dakota School of Medicine and Health Sciences. She spent the past three years working as the Medical Officer for Standing Rock Indian Health Services in Fort Yates, North Dakota.

Regional Health Rapid City Hospital's Emergency Department moved to its new location on September 11. The move marked the opening of the new 44,000-square-foot Emergency Department. The new ED will allow caregivers to treat more than 40 patients at a time. It will also include a larger drive-through ambulance garage and rooftop helicopter pad that is a short elevator ride to the Emergency Department.

The Regional Health Foundation presented six awards to groups, companies and individuals for their philanthropic spirit during the recent **Regional Health Foundation** Gala at the Rushmore Plaza Civic Center at the end of August. More than 400 community members attended the banquet, an event that raised more than \$117,000 for the John T Vucurevich Cancer Care Institute.



NICOLE Kerken-Bush

Regional Health has promoted Nicole Kerkenbush to the position of Chief Nursing & Performance Officer. Kerkenbush, who has been part of Regional Health leadership since 2016, holds Masters Degrees in Healthcare Administration and Nursing from the University of Washington. She will continue to serve as Vice President of Patient Care Services at Regional Health Rapid City Hospital. Her focus will include recruitment and retention of nurses and patient care champions, as well as support system quality initiatives.



JOY Mueller



JOSEPHINE Davis

Regional Health recently welcomed two new family medicine physicians to the Regional Health Medical Clinic in Sturgis. Joy Mueller, MD, and Josephine Davis, MD, are both originally from the Black Hills area and are certified in Family Medicine. Dr. Mueller graduated from USDSM and completed the **Regional Health Family** Medicine Residency in Rapid City. Dr. Davis completed her Family Medicine Residency at the University of Nebraska Medical Center in Omaha.

New state-of-the-art technology at Regional Health Medical Clinic 10th Street in Spearfish offers more precise bone density measurements to better diagnose osteoporosis

and more accurately monitor patients in treatment. The GE iDXA device is the first of its kind in clinical use in South Dakota. The scans produce hi-resolution images that allow caregivers to do a more comprehensive spine analysis, track the progression of osteoporosis, and assess the effectiveness of treatments.



SANFORD

Sanford Health recently unveiled its vision for downtown Bismarck, which will feature a state-of-the-art, all-inclusive heart hospital adjacent to the existing medical center. The heart hospital will combine heart services in one location, as the health system continues to develop the region's premier heart program. Since 2015, Sanford has added more than 15 providers to its heart team in Bismarck, including an electrophysiologist who will start later this year.



Medtronic has received Breakthrough Device designation from the FDA for the Valiant TAAA Stent Graft System for minimally invasive repair of thoracoabdominal aortic aneurysm (TAAA).

The system under evaluation in these trials was developed in collaboration with Patrick Kelly, MD, a vascular surgeon and inventor specializing in complex vascular disease who is executive director of commercialization at Sanford Health.

SIOUXLAND



JEANNE RASMUSSEN

Jeanne Rasmussen, ARNP, has joined UnityPoint Clinic Family Medicine and Pediatric Infectious Disease - Sergeant Bluff.

Rasmussen received her BSN from the University of Iowa College of Nursing and her MSN from Morningside College in Sioux City. She joins providers Eileen Barto, MD, Ashlesha Kaushik, MD, Cynthia Lewin, ARNP, and Jason Losee, DO.



NEAL Khurana

Interventional Radiologist, Dr. Neal Khurana has joined Midlands Clinic, PC, in Dakota Dunes.

Dr. Khurana received his MD from the Chicago Medical School at Rosalind Franklin University. He completed his Diagnostic Radiology residency followed by a fellowship in Vascular and Interventional Radiology at Rush University Medical Center in Chicago. He is dual board certified in Diagnostic and Interventional Radiology and has special interest in minimally invasive treatment of peripheral artery disease for limb salvage, chronic venous disease including complex IVC filter retrieval, uterine artery embolization for uterine fibroids, and minimally invasive repair of spine compression fractures.

MercyOne Siouxland Medical Center has been recognized, for the second year in a row, among the nation's best hospitals by US News & World Reports as a high performing medical facility for colon cancer surgery. MercyOne Siouxland's colon cancer surgery score is based on multiple data categories, including patient outcomes, volume, nurse staffing and readmission prevention.

MED



TINA LOFT

Tina Loft has joined the MercyOne Siouxland team as EMS/Stroke Coordinator. Loft earned her BS in nursing from Morningside College. She began her nursing career at MercyOne Siouxland in 2008 and worked primarily in the cardiac service line as a staff nurse and case manager.



UnityPoint Health is launching a new mental wellness program for middle and high school students in Iowa and Illinois. The interactive

digital course, called Mental Wellness Basics, will equip students in grades eight through 10 with the knowledge and skills necessary to build, maintain and promote positive mental health in themselves and their peers. The new program builds upon the successful launch of the UnityPoint Health Prescription Drug Safety Program, which reached more than 2,000 students in Iowa and Illinois during the 2017-2018 school year.



PHANI SURAPANENI

Phani Surapanen, MD, a general cardiologist with an emphasis in non-invasive imaging, has joined the MercyOne Siouxland Heart and Vascular team. Dr. Surapaneni received her Bachelor of Medicine and Bachelor of Surgery at Sri Devaraj Urs Medical College, in Kolar, India and did a cardiovascular fellowship at Michigan State University. She trained on cardiac pacemakers and pacing at Michigan State University and in Internal Medicine at SUNY Downstate Medical Center in Brooklyn.



Jessica Hughes has been named the Director of **Finance at MercyOne** Siouxland. Hughes graduated from Briar Cliff University with a BS in accounting and human resource management. She worked in public accounting after graduation before moving into healthcare finance. Hughes was a finance director for the last 11 years and is working on her Master's in Healthcare Administration.



MercyOne Siouxland Medical Center has joined The Food Bank of Siouxland to help in the fight against hunger. MercyOne Siouxland has agreed to sponsor one of the Food Bank trucks that distribute and pick up food for 11 counties in the region. A ribbon cutting and reveal ceremony was held September 6 at The Food Bank of Siouxland in Sioux City.



LEA MATHISON

Lea Mathison has accepted the position of MercyOne Siouxland Trauma Program

Manager. Mathison obtained her Associate's Degree in nursing from Western Iowa Tech Community College. She is pursuing her BSN at the University of Chamberlain. Mathison has been an RN at MercyOne Siouxland for the last 7 years and has worked in Behavioral, Post-Critical and the Emergency Department. She has been an instructor for ACLS, PALS, TNCC, BLS and Basic Arrhythmia.

INDEPENDENTS & OTHERS

Aberdeen was recently welcomed into the Dementia Friendly America (DFA) network of communities. Dementia friendly communities foster the ability of people living with dementia to remain in community and engage & thrive in day-to-day living. The Aberdeen DFA action team estimates it will take 1½ to 2 years before all phases of the process are complete and a toolkit has been completed for the community.

The College of Healthcare Information Management Executives (CHIME) recently announced that Children's Hospital & Medical Center in Omaha has earned 2019 CHIME HealthCare's Most Wired recognition. The Most Wired program conducts an annual survey to assess how effectively healthcare organizations apply core and advanced technologies into their clinical and business programs to improve health and care in their communities. Children's will use the report and scores to identify strengths and opportunities for improvement. **Photo:** MercyOne colleagues, Lea Greathouse, Mary Hendriks, and Jenna Rehnstrom participate in the Siouxland Chamber ribbon cutting ceremony at The Food Bank of Siouxland.



Becky McManus has been named COO of Yankton Medical Clinic, PC.

BECKY

MCMANUS

McManus has been an employee of Yankton Medical Clinic for 13 years, serving as director of operations at Vermillion Medical Clinic for the past six. McManus has a BS in healthcare administration from Mount Marty College and an MS in administrative studies from USD. She previously served as the administrator of both Sunset Manor in Irene, South Dakota and Wakonda Heritage Manor in Wakonda, South Dakota.



Brenda Rueb has been named director of external operations of Yankton Medical Clinic.

PC. In this new position Rueb will oversee the operations of Vermillion Medical Clinic, Yankton Medical Clinic, PC, Ear, Nose & Throat, Yankton Medical Clinic, PC, Norfolk and the audiology department. Rueb has a BS in business administration-management from USD and served as administrator of Ear, Nose & Throat Associates, PC, before they joined Yankton Medical Clinic early this year.



Madonna Rehabilitation Hospitals welcomes Dr. Beth Rawlings as a staff physician for its Lincoln, Nebraska Campus. A

Lincoln native, Rawlings received her MD from the University of Texas Health Science Center at Houston and completed an internal medicine residency at the University of Nebraska Medical Center in Omaha. Rawlings is board certified in internal medicine and brings 10 years of experience as a hospitalist at CHI Health St. Elizabeth where she also served as chief medical officer and medical director of the Care Navigation Clinic.



Yevgeny Zadov, DO, MHA, joined Madonna's Omaha Campus as a board-certified staff physiatrist for its Madonna Rehabilitation Hospital in September. He earned his DO from New York College of Osteopathic Medicine and completed his residency at

completed his residency at Long Beach Medical Center in Long Beach, New York. He also has a master's degree in health administration. In addition to serving patients recovering from brain injury and neurological conditions, Zadov will also run an outpatient concussion and brain injury clinic.

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MED

Happenings around the region



Brown Clinic, PLLP, in Watertown welcomed three new providers in

the past few months. Board certified family medicine physician Joseph P. Oro, MD, joined the clinic in July. He brings with him 15 years of primary care experience from Washington State. He received his MD from Ross University and did his Family Medicine Residency at the University of Kansas – Wichita.



RACHEL E. Leiseth



ABBY L. Simon

Rachel E. Leiseth, PA-C, and Abby L. Simon, PA-C, joined Brown Clinic in September. Leiseth did her undergraduate work at SDSU and earned her master's degree from USD. Simon earned both her undergraduate and graduate degrees at USD. Both Simon and Leiseth hold certifications through the AHA of BLS; ACLS and PALS. Ms. Simon is also an active member of the Army National Guard and holds a National EMS Certification.

The Spencer area Breast Cancer Awareness Walk took place on Sunday, October 6 at Spencer Hospital. The theme for this year's event was "Lean on Me". The walk was sponsored by Avera Medical Group Spencer, Avera Home Medical of Spencer Hospital, Northwest Iowa Surgeons, Abben Cancer Center and Spencer Hospital.





Dakota Dermatology recently welcomed Stephanie Stelton, PA-C to the team. Stelton is a graduate of UDS's Physician Assistant program and has spent the last seven years working with a dermatology practice in Florida. She returned to Sioux Falls to be near family and has joined Dakota Dermatology where she practices general dermatology along with dermatologic surgery.



Prairie Lakes welcomes Speech Language Pathologist, Shelly Holida to the Rehabilitation Services department. Holida, who is a native of the area, received her BS in Communication Disorders and her MA in Speech Language Pathology from USD. She serves outpatient, inpatient, and home health patients.



MARY Nettleman

Mary Nettleman, MD, Dean of the USD Sanford School of Medicine and VP of USD's Division of Health Affairs, has won the Elizabeth and Emily **Blackwell Award for Outstanding Contributions** to Advancing the Careers of Women in Medicine. This national award is presented by the American College of Physicians. Under Nettleman, USD's medical school has initiated concerted efforts to encourage South Dakota students to pursue medical education. Increasing the number of women physicians in the state is a central objective.



Make-A-Wish South Dakota has added three new members to its board. New community board members include Jessica Aguilar with Sanford Health, James Entenma of, J&L Harley-Davidson, and Steve Morgans of Myers Billion, LLP. All three new board members are based in Sioux Falls. Prairie Lakes Healthcare System in Watertown is one of only 86 hospitals nationwide to receive the American College of Cardiology's NCDR Chest Pain—MI Registry Silver Performance Achievement Award for 2019. The award recognizes Prairie Lakes' success in implementing a higher standard of care for heart attack patients.

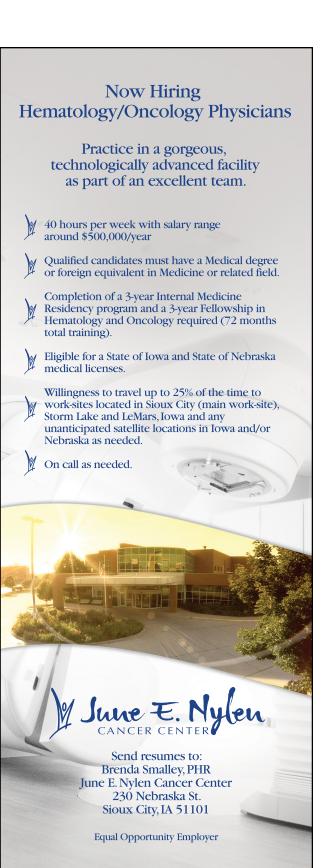
Vance Thompson Vision recently became one of the first practices in the world to complete a successful cataract surgery with the RxSight Light Adjustable Lens (LAL) since its approval by the FDA. The LAL, made of photoreactive silicone,

is a three-piece foldable intraocular lens (IOL). Its prescription can be adjusted and reshaped after implantation with special UV light treatments. In addition, thanks to the US approval of a new technology, Vance Thompson Vision is also offering AcrySof IQ PanOptix Trifocal Intraocular Lens (IOL), the first and only trifocal lens for patients undergoing cataract surgery,

Huron Regional Medical Center has announced the addition of a second nursing education program at Huron Community Campus thanks to an innovative partnership with Southeast Technical Institute, HCC, the Huron Nursing Taskforce, and several donors and foundations in the region. Southeast Tech will expand their satellite nursing education program in Huron by adding a practical nursing diploma with classes scheduled to begin January 2020. Classes will be delivered face-to-face at HCC with clinicals at local healthcare facilities.

WEB EXTRA Read More

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Black Hills Doctor Redefining Bunion Treatment

APIDUS BUNIONECTOMY has long been a mainstream protocol for treating bunions (hallux valgus). But, even though it can often provide effective and longlasting correction of the most common forefoot deformity, many patients who needed it chose not to have it.

"It was a great procedure with a low rate of recurrence but it carried a lot of baggage," says Rylan Johnson, DPM, a board certified foot and ankle surgeon with Regional Health.

The Lapidus procedure fuses the joint between the first metatarsal and the small bone in the midfoot called the medial cuneiform. Cartilage surfaces are removed from both bones and hardware is placed to facilitate fusion. The problem is that putting any weight on the foot in the first two weeks after surgery can significantly lower the odds of success.

surgery. Photos courtesy Dr. Johnson.

X-rays

taken before

and after

Lapiplasty 3D bunion

correction

"If a patient walks prematurely, the union rate goes down," says Dr. Johnson. "The previous







non-union rate was usually around 8 to 10 percent. So we had to select candidates very carefully. It excluded a large portion of the population."

That's why about a year ago, Johnson became the first in the state to begin using a new procedure involving a patented titanium biplanar

plating system developed by Treace Medical Concepts, Inc. With the new Lapiplasty 3D bunion correction system, patients can bear weight immediately and can be out of a walking boot and back into shoes in 6 to 8 weeks. That's about the time many Lapidus patients were just putting their walking boot on.

"There is some load to the joint, but that spurs on healing like an external fixator would," explains Johnson. "We are healing almost by secondary boney union."

The system is called '3D' bunion correction because it allows the surgeon to correct the problem on three different planes instead of just two. Research shows about 87 percent of bunions are misaligned in all three dimensions.

"The results are more predictable, precise, and reproducible," says Johnson.

Although the 3D bunion correction system is more expensive and time consuming, the superior results have made it Johnson's go-to procedure for all patients with bunions, regardless of age, mobility, etc.

"The fusion rates are much better and there is less chance of recurrence," he says. "Previously, you would still have this somewhat angular metatarsal. Now we are able to go back and actually get an anatomical correction, restoring better function and range of motion."

"I think this is going to become the benchmark. It has redefined how I treat bunions." \diamond

WEBEXTRA Read More

) Visit the website for more details on the Lapiplasty 3D bunion correction system.

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Emily Leech (I) and Jen Robinson in the Regional Health Rapid City Hospital lab.

LAB LEADERS HOPEFUL THAT NEW TEST WILL CATCH HEART ATTACKS EARLIER

EGIONAL HEALTH Laboratories has introduced a new high-sensitivity cardiac troponin I test for patients who come to their hospitals and clinics with cardiac symptoms that could be early signs of a heart attack.

Like most US hospitals, Regional has used troponin I tests for some time. But the new, more sensitive test will allow doctors to better assess the damage done to the heart muscle and more quickly determine the best course of action.

"Troponin I is a protein in the heart muscle that helps your heart contract," says Laboratory Supervisor Jen Robinson, part of the team that helped bring the new test to Regional. "If you have an underlying heart problem, your troponin I level is elevated and we can see that in your blood."

The problem is that even healthy hearts can produce some extra troponin I, such as after endurance exercise or with certain illnesses. Standard troponin I tests are not sensitive enough to distinguish between a "normal" elevated level and a level that indicates heart attack. This has been a special problem for women, whose smaller hearts naturally produce less troponin I.

"Previously, any number in a man or woman was considered positive," says Robinson. "But now we have a reference range. And the ranges for women are much smaller than they are for men." Although the standard troponin I test has helped to improve the prognosis for men after heart attacks, the prognosis for women has remained steady. The more sensitive test could change that. In a European study, this new assay increased diagnoses of myocardial infarction in women by 11%.

The new test is also likely to speed up treatment time for all patients. Instead of having to wait three hours to have their second blood draw, they can be tested again in just one hour.

"We should be able to rule in or rule out heart attack sooner," says Emily Leech, Director of Laboratory Services for Regional Health. "Either they will be able to go home from the ED sooner or we are going to be able to say 'Yes, you are definitely having a heart attack' sooner."

The high-sensitivity test has become the new standard for diagnosing MI in Europe, where it has been in use since 2010. While the new test is not yet universally available in the US, and US studies are still limited, Leech and Robinson believe it represents the future of cardiac care.

"We would rather be on the front end of trying something new for our patients," says Leech. "We are willing to say yes because this is best for our patients and the communities we serve."

The new test has been in use at Regional Health since mid-October. 🚸

EITHER THEY WILL BE ABLE TO GO HOME FROM THE ED SOONER OR WE ARE GOING TO BE ABLE TO SAY 'YES, YOU ARE DEFINITELY HAVING A HEART ATTACK' SOONER.

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[INTERVIEW] Emily Griese, PhD

Sanford Researcher Helps Health Systems Work Better for Patients

IKE THE HUMAN BODY, health systems are complex systems comprised of many interconnected parts. And, as with the body, it takes effort to comprehend and optimize their inner workings. Research scientist Emily Griese, PhD, Sanford's Director of Population Health, understands this better than most. Griese was recently selected by Academy Health, one of the country's largest healthcare research societies, to join a national steering committee on health systems.

We spoke with her about the appointment and her research

MED: What do you see as the value of being a part of this national committee?

EG: Academy Health is focused on how healthcare systems impact the health of patients. Researchers are often coming up with ideas in a silo. The goal of Academy Health is to come alongside healthcare systems and learn what they are doing and where we need more evidence and more rigor and more science. So it is very pragmatic. That's what drew me to them.

MED: What is health services research? Can you give an example?

EG: We know that about 5 percent of patients account for 50 percent of the spending on medical care. We have always wanted to address those patients and figure out how we can decrease their high utilization. I was able to start inserting some evidence-based research and practices other health systems have used to address this population. Then I was there to help them come up with a meaningful question that will become a research study to tell us whether we are actually helping these patients.

MED: How does it help you to be connected to other healthcare systems through AH?

EG: I always want to be learning what other



healthcare systems are doing. For instance, regarding the high utilization patients, some other health systems have done things like put in additional case managers or built buildings to triage their highspend patients, etc. We are also going to have our own experiences to share. This can help new systems bring evidence into their own systems and become more rigorous.

MED: How does your own background inform your work?

EG: My background is in community health. So I bring a lot of my learning from the community into our healthcare system. For instance, I look at how things like food insecurity or housing insecurity play a role for people coming to the healthcare system for something like substance abuse. \diamond

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MED

UPCOMING EVENTS

NOVEMBER 8

7:30 am-3:30 pm

37th Annual North Central Heart Cardiac Symposium

Location: Sioux Falls Convention Center

Information:

averacontinuingeducation@avera.org 605-322-7879

NOVEMBER 14

7:30 am-3:00 pm

Building Resiliency: Caring towards Self and Others in the Contemporary World of Work

Location: Mount Marty College Auditorium Information: avera.cloud-cme.com

NOVEMBER 14

8:00 am-4:30 pm

2019 Sanford Diabetes Symposium

Location: Delta Hotel by Marriott, Fargo Information & Registration: 800-437-4010

DECEMBER 6

7:30 am-5:00 pm

Avera Fourth Annual Geriatrics Symposium

Location: Classroom 148-149, Pasque Place, Sioux Falls

Information: averacontinuingeducation@avera.org 605-322-7879

DECEMBER 6

9:00 am-5:30 pm

Sanford Wound & Ostomy Care Conference: Advance Wound Care

Location: Hilton Garden Inn, Fargo

Information: https://www.sanfordhealth.org/ classes-and-events

SAVE THE DATES:

March 26 Sanford Perinatal Neonatal Women's Conference, Sioux Falls April 2 Pediatric Trauma Symposium 2020 April 30 Sanford Kidney Symposium 2020

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