

Beemal Shah Named Chief Operating Officer (CEO) of Rockdale Medical Center
Page 5



HEALTHCARE PROFESSIONALS IN THE NEWS..... See Page 5

PSRST STD
U.S. Postage
PAID
West Palm Beach, FL
Permit #4595

Visit us online at www.atlantahospitalnews.com

Atlanta Hospital News[®] and HEALTHCARE REPORT

September 2011 Volume 6 • Issue 5 • \$3.00

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

Four Essentials Physicians Need to Do Today to Deter and Detect Back-Office Fraud

BY CHRISTOPHER BELKNAP, CPA AND RICK RUBIN, CPA

Do you currently have controls in place in your practice to deter and detect back-office fraud? Studies show that financial fraud, also known as back-office fraud, is on the rise. With the unstable economy, we believe that fraud will continue to be an issue across the business landscape. Even more disturbing, CFO magazine recently reported that healthcare

was one of the areas most susceptible to back-office fraud.

Not only do you manage the quality of care of your patients, but you also must manage the day-to-day operations of the practice, which causes physician owners to be a corporate officer, reviewing financial and operational matrixes of the practice. We use the word matrix with purpose: Assessing the financial health and operations of your practice is a multi-faceted analy-

Continued on page 12



Christopher Belknap



Rick Rubin

INSIDE THIS ISSUE:

■ **PROFILES IN LEADERSHIP**
Piedmont Healthcare CEO Timothy Stack Appointed Vice Chair of the Alliance
Page 2

■ **CMS Seeks Comments on New Medicaid Home Health Rule**
Page 3

■ **IN THE 1ST PLACE**
How Many Degrees of Separation?
Page 4

■ **Visiting Nurse Sponsors Free Workshop on Healthcare Reform at Emory Midtown Hospital**
Page 6

■ **The Eleventh Circuit Court of Appeals Weighs in on the Ongoing Legal Challenges to the Health Care Reform Law**
Page 7

■ REAL ESTATE, CONSTRUCTION



Health Care REIT Corporate Headquarters Awarded Prestigious LEED® Green Building Certification
Page 9

■ **ACCOLADES**
Grady Cancer Center Physician Honored by Commission on Cancer
Page 11

■ **Organizations Team Up to Create the Stop Childhood Cancer Alliance**
Page 12

■ **ADDICTION:**
Young in Recovery: What it Means to be a Young Adult Embarking on Recovery
Page 13

■ **Bipolar Disorder in Children: A Cause for Concern**
Page 14

ADDICTION

Addiction is a Disease, Not a Moral Failing

BY MICHAEL J KUHAR, PH.D.



Dr. Michael J. Kuhar

Research has helped us realize drug abuse and addiction are brain disorders rather than moral failings. They have been compared to diabetes, cardiovascular disease and other chronic diseases where the patient has some control. It has been known for a long time addiction is a chronic relapsing syndrome that can damage the lives of those who are vulnerable. Although the story is not yet complete, dramatic advances in research have revealed to us how

and why this happens.

The basis of the story is that drugs interfere with the normal functioning of the brain. Normal functioning involves a chemical signaling process called neurotransmission. In this process, a chemical neurotransmitter, such as dopamine, that functions as a signal or messenger, is released from one neuron onto the receptors on the next neuron. After activating the receptors, and when signaling is complete, the neurotransmitter is removed. This very effective process has evolved over millions of years.

When something goes wrong with the process, abnormal behaviors can occur. This is what happens when we take drugs. Drugs interfere with the normal process of neurotransmission in a way the brain cannot stop. This interference, repeated over time, results in a maladapted brain that is addicted to a drug. The brain needs the drug to feel normal, and the user experiences withdrawal if the drug is withheld.

Why is drug abuse so chronic? Is it something about the personality of the user? Personality

Continued on page 13

The Georgia Physicians Health Program

BY PAUL H. EARLEY, M.D., STEVEN M. LYNN, M.D. AND ROBIN MCCOWN

Soon, Georgia will join the ranks of almost every state in the U.S. by implementing their very own Physician Health Program. Is this a time to cheer? Why are we so late to the party? And what is a Physician Health Program?

Let's discuss the last question first. Physician Health Programs (PHPs) focus on the mental and addiction recovery health of physician providers in their state. They educate, refer to treatment,

and provide long-term monitoring of physicians who develop addiction and, commonly, mental health problems. By their nature and design, PHPs improve the health of all citizens by ensuring state-of-the-art prevention and oversight of its physicians.

Georgia is among the last states in the U.S. to institute a Physicians Health Program (PHP). It would be incorrect to assume that there is no statewide interest or expertise regarding physician health, as Georgia is the home for three nationally known programs for the treatment of addiction—more than any other

state in the union. Despite this fact, the sad truth is we have lagged behind almost every state in institutionalizing an independent PHP.

That is not to say that Georgia does not have a system for managing physicians who suffer from potentially impairing illnesses. The current program comes from Georgia law, the Unprofessional Conduct Rule 360-3.02(20). All providers and physician-patients must report to the Georgia board within 30 days of entering any organized treatment. If they fail to do so, they face board sanction. Such laws could be viewed as crit-

ical for the safety of the public; this was their original intent. However, physicians who develop a potentially impairing illness commonly wind up with sanctions on their license, loss of hospital privileges or access to managed care panels or loss of board certification. All these consequences can occur even if the physician has returned to health and is safe to practice.

One might be tempted to point a finger at the Medical Board; after all, they execute the Georgia law. Such finger-pointing is misdirected and inaccurate (and

Continued on page 14

WE LOOK OUT FOR THE
INSTITUTIONS THAT LOOK
OUT FOR ALL OF US



Constant changes make the practice of health care law more dynamic and demanding than ever before. Only a team of skilled and experienced attorneys can handle effectively the day-to-day needs of today's health care organizations. The comprehensive experience of our Health Care Team has made Smith Moore Leatherwood the firm of choice for health care organizations throughout the Southeast and around the country.

We have been in health care for over 25 years, and we know your business. Whether you need assistance with joint ventures, network development, regulatory compliance, certificate of need, HIPAA, physician relationships, managed care, or anything else that keeps you up at night, the attorneys of Smith Moore Leatherwood can help.



SMITH MOORE
LEATHERWOOD®

ATTORNEYS AT LAW

ATLANTA 404.962.1000	CHARLOTTE 704.384.2600	GREENSBORO 336.378.5200
GREENVILLE 864.242.6440	RALEIGH 919.755.8700	WILMINGTON 910.815.7100

Smith Moore Leatherwood LLP | Attorneys at Law
www.smithmoorelaw.com

Profiles IN LEADERSHIP

Piedmont Healthcare CEO Timothy Stack Appointed Vice Chair of the Alliance



R. Timothy Stack

President and CEO of Piedmont Healthcare, R. Timothy Stack, has been appointed Vice Chair of the Georgia Alliance of Community Hospitals (Alliance) Board of Directors. As Vice Chair of the Board, Stack will share his valuable knowledge on current issues affecting Georgia's community, Not-for-Profit hospitals including community benefit, hospital tax, and policy issues.

A long-time member of the Alliance Board, Stack has served as president and CEO of Piedmont Healthcare since December 2001. He earned a bachelor of arts degree from Bethany College and a master's in hospital administration from the Medical College of Virginia. A recipient of the 2010 American Hospital Association Grassroots Champion Award, Stack also received the 2008 Outstanding Alumnus Award by Virginia Commonwealth University's Department of Health Administration, as well as the 2008 American College of Healthcare Executives Senior-Level Healthcare Executive Regent's Award for significant contributions to healthcare management excellence. Earlier this year, he was elected to the American Hospital Association's Board of Trustees.

WellStar Health System Names Reynold J. Jennings as President & CEO



Reynold J. Jennings

The WellStar Health System Board of Trustees has selected Reynold J. Jennings as the System's next president & CEO.

Jennings previously served as the chief operating officer of Tenet Healthcare from February 2004 until December 2006, where he was responsible for operations of Tenet's 69 core acute care hospitals and other facilities in 13 states. He spent a total of 10 years with Tenet holding various positions, including vice chairman of Tenet Healthcare Corporation from January to August 2007.

Jim Budzinski, who has been serving as WellStar's interim president and CEO since September 2010, will return to his role as executive vice president and chief financial officer.

Jennings has had extensive experience as a hands-on hospital operations executive for nearly 35 years. He began his healthcare career in 1972 at Hamilton Medical Center in Dalton, GA, starting as a pharmacist and rising to the position of senior vice president and COO. From 1983 to 1991, he served as CEO of a number of acute care hospitals, including Doctors Memorial Hospital in Atlanta, which is now part of Emory Healthcare, Clearwater Community Hospital in Clearwater, FL, and Palms of Pasadena Hospital, a St. Petersburg, FL facility.

In 1991, he was promoted to senior vice president responsible for the company's acute care hospitals in Texas, Missouri and West Florida. In 1993, he left Tenet to join Ramsay Health Care Inc. as COO and then CEO, and played a key role in stabilizing the financial performance of that New Orleans-based multi-state behavioral hospital company. Jennings returned to Tenet in 1997 as senior vice president of the company's Gulf States Region.

Jennings has a master's degree in business administration from the University of South Carolina at Columbia (1985) and a bachelor's degree in pharmacy from the University of Georgia (1969).

Jennings is a life fellow of the American College of Healthcare Executives. He also served as secretary and board member of the American Federation of Hospitals and chairman of the board for both the Florida League of Hospitals and the St. Petersburg Hospital Council. Jennings served as chairman of the board of two Tenet affiliate corporations - Tenet Choices Inc., a Medicare HMO in New Orleans, and the Cleveland Clinic Hospital in Weston, FL.

Need help navigating Georgia's HealthCare Benefit System for needy Georgians?



(l-r) Laurie Harrison; Placement Coordinator and Carolyn Fagan, R.N.

Are you a Healthcare Professional working with:

- Elderly People with a limited income?
- Disabled persons who frequently visit your ER who are in a state of neglect?
- Families struggling with high cost of assisted living/nursing home care?

Find out how Georgia Medicaid can HELP!!

Call Laurie or Carolyn ... they will work with you to solve the problems of your Medicaid dependent patients.

Call (770) 466-7771
or visit www.georgiahealth.us



Georgia Health Services Network, LLC
... We know Medicaid

CMS Seeks Comments on New Medicaid Home Health Rule

Title XIX of the Social Security Act requires that individual States must provide certain basic services to categorically needy populations (specified in Act) in order to receive federal Medicaid matching funds. Home health care for Medicaid eligible individuals entitled to nursing facility care constitutes one of these mandatory services.

On July 12, 2011, the Department of Health and Human Services ("DHHS") released a proposed rule revising Medicaid home health service provisions. Specifically, the rule seeks to harmonize Medicaid home health service provisions with those of Medicare pursuant to the Patient Protection and Affordable Care Act of 2010. The central focus of these provisions involves a requirement that physicians document the existence of a face-to-face encounter with Medicaid eligible individuals within a reasonable timeframe prior to making a certification that home health services are required. In addition, the proposed rule alters and expands various definitions contained within the home health service provisions thereby expanding the nature and scope of available services.

The proposal requiring physicians to document a face-to-face encounter with an individual before certifying home health services seeks to maximize physician accountability for home health referrals. Under this rule, however, the certifying physician does not have to be the party that actually conducts the in-person review



BY JENNIFER TYLER, ESQ.

even though he/she is still required to document it. Rather, various non-physician practitioners including a nurse practitioner, clinical nurse specialist, or certified nurse-midwife working in collaboration with the physician as well as any physician's assistant working under the supervision of the physician can conduct the review. In addition, attending acute or post-acute physicians can fulfill the face-to-face encounter requirement so long as they communicate their clinical findings to the ordering/certifying physician. Note again, however, that the certifying physician must document the review.

Another important aspect underlying the face-to-face encounter requirement is the timeframe afforded to physicians to conduct and document such review – yet another measure designed to increase physician accountability. Moving away from the initial six month timeframe established under Medicare, the new rule would require that face-to-face encounters occur 90 days prior to the start of services under the Medicaid home health benefit or within 30 days after the start of services should the applicant's condition require immediate access.

Other important provisions of the proposed rule involve the addition and expansion of relevant statutory definitions. The revised definitions are designed to expand the scope of available services, and to provide States with more flexibility in serving individuals in different ways and in differ-

ent settings. The revised definitions will also help bring Medicaid's home health benefit into compliance with relevant statutory and case law including the Americans with Disabilities Act. According to DHHS, the current restriction of home health service to individuals who are homebound to the exclusion of other individuals in need of home health services ignores the reality that individuals living with disabilities can and do live and function in the community.

Thus, DHHS proposes the complete removal of the "homebound" restriction as it applies to the provision of home health services. Therefore, under the proposed rule, Medicaid home health services would not be confined to services furnished solely in the home therefore expanding the overall pool of qualified applicants. For example, a severely disabled child requiring constant nursing care would not only be able to receive those services in the home, but the nursing care would also be covered outside of the home, allowing the child to participate in community activities.

On a similar note, the proposed rule alters the statutory language relating to medical supplies, equipment, and appliances by eliminating "suitable for use in the home" and replacing it with "suitable for use in any non-institutional setting in which normal life activities take place." Further, the rule adopts a definition of supplies, equipment, and appliances to reflect this view that home health services are not strictly confined to the home. DHHS notes that developments in technology and service delivery have made it possible for individuals with even the most severe disabilities to participate in a wide variety of activities in the community with appropriate

support.

Under the DHHS' Regulatory Impact Statement (required for major rules with economically significant effects – typically \$100 million or more in any given year), the DHHS acknowledges that the above statutory alterations will save Medicare/Medicaid \$350 million between 2010 and 2014 and an additional \$870 million between 2010 and 2019. Further, the DHHS predicts that the additional medical supplies, equipment, and appliances authorized by the proposed rule could pass the threshold for economic significance and is seeking comment on the potential increased costs and benefits. DHHS is also seeking comment on the additional burden generated by the proposed "face-to-face" encounter rule. Comments are due September 12, 2011.

Finally, the DHHS is seeking comment on its finding under the Regulatory Flexibility Act that the proposed rule will not have a significant economic impact on a substantial number of small entities.

Small entities are classified as those having revenues of \$7 million or \$34.5 million in any given year. In addition, the DHHS is seeking comment for its finding under the Social Security Act that the proposed rule will not have a significant impact on the operations of a substantial number of small rural hospitals. Rural hospitals are designed as those hospitals located outside of a Metropolitan Statistical Area that have fewer than 100 beds.

For more information, contact Jennifer Tyler at (404) 962-3558 at Balch & Bingham LLP. Special thank you to William Crozer for assisting with this article.

GEORGIA CAMPUS – PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

CAMPUS ESTABLISHED 2005 • PCOM CHARTERED 1899



Offering Doctoral Degrees in Osteopathic Medicine and Pharmacy and Masters' Degrees in Biomedical Sciences and Organizational Development and Leadership

625 OLD PEACHTREE ROAD NW, SUWANEE, GA 30024
678-225-7500 • 866-282-4544 • www.pcom.edu



BY RUSS JONES

How Many Degrees of Separation?

The 1990 John Guare play, *Six Degrees of Separation*, was based on the theory that everyone in the world is just six acquaintances away from anyone else. This theory was further developed in the film trivia game, *Six Degrees of Kevin Bacon*, in which players try to link any actor, living or dead, to the famous actor within six films. So, what does this information have to do with the world of healthcare professionals? Well, if you are seeking to expand your network of contacts, plenty. In the twenty plus years of my work in the healthcare field, it appears that six degrees seems like a degree or two too many. But real the question is ... why does it matter?

The ability of an individual to create and maintain a network of contacts can be the difference in how careers advance and how quickly those advancements transpire. There is no question that some individuals are naturally better at this than others. Extroverts find making new acquaintances and engaging in conversations with strangers to be a comfortable, pleasant and energizing experience. Introverts typically find this activity to be uncomfortable and physically and mentally tiring. But no matter our personality type, there are enormous career advantages in building a network.

work.

To truly build a network of contacts, an individual must make a commitment to the task and remain committed – permanently. Without the long-term commitment, a short-term networking sprint will appear to be self-serving or transactional in nature. Many individuals do just this in a job search and when the search is completed, fail to diligently nurture the network that they have worked so hard to create. Or, they connect to individuals through social networking sites and feel that this activity alone will build a network they can count on. Without the personal commitment to meet people face to face these relationships are transactional in nature, not built to last.

Those interested in creating long-term relationships must nurture the relationship in order to maintain it. It is not a one-time transaction, but let's start at the beginning. How do people build networks? First and foremost, individuals must have an interest in people – not who they are or what position they hold, but a genuine interest in people. Without this authenticity, networking efforts will lose energy and ultimately end in failure. In order to have meaningful discussions with a growing network, we must gain important information during

the course of initial dialogues. If you attend a meeting in an individual's office, recognize that most offices are a reflection of the individual. The photos, books, artwork, furnishings and other office accouterments are keys to an individual's personal and professional life and an opportunity to determine common interests. Common interests are often the common denominator in beginning to develop long lasting relationships.

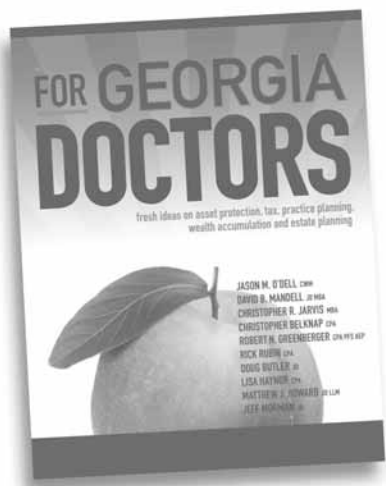
If you meet at a professional business function ask questions about their hometown, where they went to school, places where they may have worked in the past, personal interests and perhaps questions about their families. Always use good judgment when asking potentially sensitive questions. Building relationships are just that – building – there is a time and place for building and frequently it takes much time, perhaps even years to really get to know some people.

In Harvey Mackay's bestseller *Swim With The Sharks Without Being Eaten Alive*, he refers to the "Mackay 66" as the critical knowledge needed to "convert you from an adversary to a colleague of the people you are dealing with." As you gain insight into the individual, you should: remember

birthdays, send personal hand written notes and articles of interests. Definitely, do not waste individuals' time or ask for unrealistic favors, and be willing to assist them with their needs. Show courtesy, gratitude and engage in kind acts that they may not expect.

In the world of healthcare, it is apparent that there are clear connections between all who have spent a few years in the industry. Asking only a few appropriate questions can connect you and the people you know to nearly everyone in the field in a matter of a few minutes of casual conversation. Asking the right questions will make you re-think the question, "Are there really six degrees of separation? Or are there 5? Or 4?"

Russ Jones is a Partner at First Transitions, Inc a corporate-sponsored career transition and executive coaching firm specializing in the healthcare field. He can be reached at (630) 571-3311, (312) 541-0294 or at rjones@firsttransitions.com. Atlanta office managed by Chris Beck, can be reached at (770) 891-7866 or cbeck@firsttransitions.com. You can also visit the website at www.firsttransitions.com.



For
Healthcare
Professionals.
By
Healthcare
Financial
Experts.

HA&W's healthcare practice has co-authored *For Georgia Doctors*, a book that teaches doctors how to handle the unique challenges of practicing medicine in Georgia. Georgia doctors pay higher taxes than those in many states, face high liability risk, and deal with more managed care. With more than 150 years of combined experience, the authors can help you learn about everything from asset protection and estate planning to litigation and probate management.

For more information contact Rick Rubin, lead partner of HA&W's healthcare practice, at rick.rubin@hawcpa.com or 404-898-8207.

www.hawcpa.com

www.forgegiadoctors.com



HABIF, AROGETI & WYNNE, LLP
Certified Public Accountants and Business Advisors



ACCOUNTING AUDITING TAX SERVICES
WEALTH MANAGEMENT FORENSIC & LITIGATION
RETIREMENT PLAN ADMINISTRATION RISK MANAGEMENT
©2011 Habif, Arogeti & Wynne, LLP

Healthcare Team Training and Kennesaw State University WellStar School of Nursing Collaborate to Deliver Course for Global Patient Safety Innovators

Healthcare Team Training (HTT) and the Kennesaw State University (KSU) WellStar School of Nursing recently collaborated to deliver the Certified Master TeamSTEPPS® Trainer Course for healthcare professionals - which focuses on patient safety, patient satisfaction, and the reduction of medical errors - at the state-of-the-art WellStar College of Health and Human Services, WellStar School of Nursing.

The TeamSTEPPS - Strategies and Tools to Enhance Performance and Patient Safety is approved

for CEU credit through the Duke University Health System Clinical Education & Professional Development. The course incorporates the Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS principles, a teamwork improvement system that is the culmination of over 25 years of research and evidence on high performing teams and team performance designed to reduce medical errors in high-risk areas.

In this three-day, hands-on interactive course with simulation training, participants unlocked the power of teamwork to reinforce evidence-based safe behaviors and learn Master TeamSTEPPS® assessment, planning, training, facilitation, management, coaching, simulation and evaluation strategies to improve team performance in any healthcare setting. The goal of the course is apply exclusive action planning methods and provide easy-to-use tools for immediate and lasting impact of proven TeamSTEPPS® behaviors, resulting in increased patient safety and satisfaction, reduced risk and malpractice claims, and improved team communication and staff satisfaction, according to Stephen Powell, President and CEO of Healthcare Team Training.



Becky Heinsohn, Director of Patient Safety at the TMF Health Quality Institute in Austin, TX, and Dr. Nick Toff, an anesthesiologist from London, listen as Stephen Powell, CEO of Healthcare Team Training of Fayetteville, GA, explains the importance of healthcare professionals practicing high-risk, low-frequency events in simulation to improve patient safety and reduce the risk of hospital error.

Healthcare Professionals in the News

Sponsored by **FIRST** TRANSITIONS
www.firsttransitions.com

ARNALL GOLDEN GREGORY LLP

Arnall Golden Gregory LLP is pleased to announce that Hedy Silver Rubinger has been named chair of the Healthcare/Life Sciences Practice Group.

Rubinger is an expert on healthcare regulatory matters and represents a variety of healthcare providers, including nursing homes, assisted living facilities, continuing care retirement communities, hospitals, ambulatory surgery centers, ancillary service providers, and physicians as well as investors in healthcare.



■ Hedy Silver Rubinger

ATLANTA MEDICAL CENTER

Atlanta Medical Center has announced the following appointments to its medical staff: Atlanta Medical Center is pleased to welcome its newest laparoscopic and bariatric surgeon, Miguel del Mazo, M.D. Just prior to joining Atlanta Medical Center, he was a fellow in advanced laparoscopic surgery and bariatric surgery at the University of Miami.

Atlanta Medical Center is pleased to welcome its newest family medicine practitioner, Aerica Sadler Summers, M.D. Dr. Summers is now on staff at Inman Park Physicians of Atlanta Medical Center. Prior to joining Atlanta Medical Center, Dr. Summers was employed as an urgent care physician with Carolina Quick Care, after serving as an Environmental Health and Safety Manager with entities in Georgia, Louisiana and North Carolina. Atlanta Medical Center is pleased to welcome Holly Zywicke, M.D., and Gregory Alvin Cumberbatch, M.D., to its neurosurgery staff.



■ Dr. Miguel del Mazo



■ Dr. Aerica Sadler Summers



■ Dr. Holly Zywicke



■ Dr. Gregory Alvin Cumberbatch

CHILDREN'S HEALTHCARE OF ATLANTA

Children's Healthcare of Atlanta announces the recent addition of four pediatric cardiologists to the Children's Sibley Heart Center. Members of both the American Academy of Pediatrics and the American Heart Association, Shriprasad Deshpande, M.D., Eric Ferguson, M.D., Matthew Oster, M.D., M.P.H. and Tim Slesnick, M.D. join the group of 41 pediatric cardiologists.

Children's Healthcare of Atlanta announces the recent addition of a pediatric neurosurgeon and a neurosurgery fellow to the Children's Neurosciences Program. Both members of the American Association of Neurological Surgeons, Joshua J. Chern, M.D., Ph.D., and Christian B. Kaufman, M.D., will join the specialized team who cares for children with neurological disorders.



■ Dr. Joshua J. Chern

DEKALB MEDICAL

Cathleen Wheatley, MS, RN, CENP, has been named Chief Clinical Operations Officer and Chief Nursing Executive for DeKalb Medical. Most recently, Wheatley served as Senior Vice President and Chief Clinical Operating Officer. Cherie Kunik, MSN, RN, CPHQ, has been named Executive Director of Medical/Surgical Services at DeKalb Medical. Formerly, Kunik served as Director of Patient Care Services.



■ Cathleen Wheatley



■ Cherie Kunik

Margie Hunter, BSN, RN, has been named Executive Director of Women and Infants Services of DeKalb Medical at North Decatur. Prior, she served as Director of Women and Infants Services. Celeste Surreira, MS, RN, CEN, has been named Executive Director of Emergency and Critical Care Service at DeKalb Medical. Prior, she served as Director of Emergency Services and Preparedness. Scott McAuley, MS, RPh, has been named Executive Director of Ancillary Services (Respiratory, Pharmacy and Rehabilitation) at DeKalb Medical. Prior, McAuley served as Director of Pharmacy Services.



■ Celeste Surreira



■ Scott McAuley

Kim Bentley, MS, RN, CCRN, has been named Executive Director of Patient Care Services, DeKalb Medical at Hillandale. Previously, she was Chief Nursing Officer at Emory John's Creek for five years. Prior, Bentley served as a nurse in DeKalb Medical at North Decatur's Intensive Care Unit for 12 years, the last six as Clinical Nurse Supervisor. Lawrence Wade, RRT, has been named Director of Respiratory Care for DeKalb Medical. Wade served as Interim Director of Respiratory Care for nearly two years. Since joining our organization in 1989, Wade has demonstrated outstanding leadership and clinical skills in a number of roles including Senior Neonatal Respiratory Therapist, Neonatal Respiratory Care Coordinator and Neonatal Respiratory Care/Diagnostic & Blood Lab Supervisor.



■ Kim Bentley



■ Lawrence Wade

Jim Farmer has been named Manager of Plant Operations at DeKalb Medical at Hillandale. Farmer has managed both the Engineering department and Plant and Utilities department as the Engineering Supervisor since the departure of former Plant Operations Manager Jim Terry in April 2007.



■ Jim Farmer

EMORY JOHNS CREEK HOSPITAL

Emory Johns Creek Hospital (EJCH) announces that Anita Rich, RN, BSN, PCCN, was named discharge advocate for heart failure patients. Rich has extensive experience in cardiac care, with international exposure in reducing the rate of heart failure patient re-admission. She is a graduate of Emory University and has worked at Emory University Hospital for 30 years.

EMORY UNIVERSITY

Emory School of Medicine and Children's Healthcare of Atlanta recently appointed Saul Karpen, M.D., Ph.D., to be the chief of the Division of Pediatric Gastroenterology, Hepatology and Nutrition at the Emory-Children's Center, as well as the chief of the Division of Pediatric Gastroenterology, Hepatology and Nutrition in the Department of Pediatrics at the Emory University School of Medicine.

Karpen comes to Children's and Emory from Baylor College of Medicine and Texas Children's Hospital where he served as professor of pediatrics and the director of the Texas Children's Liver Center.

Suresh Ramalingam, M.D., director of the division of medical oncology in the Department of Hematology and Medical Oncology at the Winship Cancer Institute of Emory University and a leader of Winship's Discovery and Developmental Therapeutics Program, has been named chair of the thoracic malignancies committee for the Eastern Cooperative Oncology Group, one of the oldest and largest cooperative cancer groups in the country.



■ Dr. Suresh Ramalingam

Spero Karas, M.D., orthopedic surgeon at the Emory Sports Medicine Center, has been named Head Team Physician for the NFL's Atlanta Falcons.



■ Dr. Spero Karas

Karas is currently an associate professor in the Department of Orthopedics at Emory University School of Medicine, and directs the Emory Orthopedic Sports Medicine Fellowship Program. He serves as the orthopedic surgeon for Georgia Tech baseball and consulting team physician for Georgia Tech University, Emory University, Oglethorpe University and Perimeter College athletics.

FLOYD MEDICAL CENTER

Floyd Medical Center has announced the following appointments to its medical staff: Thomas Garcia, D.O., has joined Floyd Primary Care in Rockmart as a family medicine physician. Leia C. Dawson, D.O., has joined Floyd Urgent Care in Rockmart. Mark Paun, M.D., has joined Floyd Urgent Care in

Cartersville as a family medicine physician. Mark Paun, M.D., has joined Floyd Urgent Care in Cartersville as a family medicine physician. Lisa I. Griggs, M.D., has joined Floyd Urgent Care in Calhoun. Prior to joining Floyd, Dr. Griggs served as a family medicine physician in a private practice. Aldrich V. Mendoza, M.D., has joined Floyd Urgent Care in Cartersville.



■ Dr. Thomas Garcia



■ Dr. Leia C. Dawson



■ Dr. Mark Paun



■ Dr. Lisa I. Griggs



■ Dr. Aldrich V. Mendoza



■ Dr. Julaine B. Cross

Julaine B. Cross, M.D., has joined Floyd Urgent Care in Cedartown. She most recently served as a family medicine physician at Physicians Immediate Med in Hiram.

GORDON HOSPITAL

Gordon Hospital is pleased to welcome three new physicians to the community and to its active medical staff. The three new physicians are Andrew Hester, M.D., Joseph P. Johnson, M.D., and Joy A. Nwadike, M.D.



■ Dr. Andrew Hester

Dr. Hester has joined NWGA Orthopedics and Sports Medicine, located on the Gordon Hospital campus. Dr. Johnson recently joined Owasa Family Medicine. Prior to joining Owasa, Dr. Johnson served as Officer in Charge and Medical Director of a clinic at Ft. McPherson, GA serving the military medical readiness needs of approximately 8,000 active duty and reserve soldiers. Dr. Nwadike, who recently joined Northwest Georgia OB/GYN, is certified by the American Board of Obstetrics and Gynecology. From 2006 until recently, she was the solo physician in practice at Immanuel Women's Center, LLC in Chatsworth, GA.



■ Dr. Joseph P. Johnson



■ Dr. Joy A. Nwadike

ROCKDALE MEDICAL CENTER

Beemal Shah, has been named Chief Operating Officer (CEO) of Rockdale Medical Center (RMC), Conyers, Georgia. Shah most recently served as Chief Operating Officer at Regional Medical Center Bayonet Point in Hudson, FL. In addition to his operational leadership experience, he has also worked as a Management Engineer and a Planning Analyst in the healthcare industry.



■ Beemal Shah

Visiting Nurse Sponsors Free Workshop on Healthcare Reform at Emory Midtown Hospital

"Remember that line, 'it's not your Daddy's Cadillac?'" Weyman Perry, Vice President, Business Development, Visiting Nurse / Hospice Atlanta, asked the 130 people attending the workshop "Healthcare Reform Nuts & Bolts: How the Changes Impact You and Your Patients."

"Well," he continued, "it's not your Daddy's healthcare any more either."

Visiting Nurse was the lead sponsor of the free, day-long event for healthcare professionals. Attendees included social workers, nurses, case managers, and discharge planners.

Other sponsors were Care Medical, Coram Specialty Infusion Services, Personal Care, and Sunrise Senior Living. The seminar, which offered 4 CEU hours, was held at Emory Midtown Hospital.

Organized by CEU Concepts, the workshop was well-received by the overflow crowd and inspired many spirited discussions. "We hope to do more seminars like this," says Perry. "There is definitely a need for them in this rapidly changing healthcare arena."

Adds Anne McSweeney, LMSW, President of CEU Concepts: "Clinicians are eager to know more about the new law, but the media covers only the most sensational aspects. At this workshop, clinicians learned the finer details and how they impact them and their patients."

The program featured a stellar line-up of speakers including Anton Gunn, MSW, Regional Director of Region IV Office of the US Department of Health and Human Services (Georgia is one of eight states in the Region); Cynthia Zeldin, Executive Director of Georgians for a Healthy Future;

Tim Sweeney, Senior Healthcare Analyst at Georgia Budget and Policy Institute; and a panel of legislators: Senators Renee Unterman (R-Buford) and Curt Thompson (D-Tucker), and Reps. Valerie Clark (R-Lawrenceville), Pat Gardner (D-Atlanta) and Chuck Martin (R-Alpharetta).

The legislative panel's opinions on the Affordable Care Act were split fairly predictably along party lines. Unterman expressed the hope that a change in the White House and Congress will result in a repeal of the Act, while Gardner and Thompson championed the new law. The five legislators agreed, however, that doctors and other medical providers should be paid higher rates under the Medicaid program.

Audience members asked about dental care, which many felt has not been adequately addressed by the Affordable Care Act, portability of insurance coverage, and insurance coverage for undocumented workers.

Gunn launched the day with an accessible and entertaining explanation of the Affordable Healthcare Act. He emphasized that it is the law and that his department is mandated to begin implementing the law as written until directed otherwise.



Representative Valerie Clark (left) and Senator Renee Unterman discuss the new healthcare law at a day-long workshop for clinicians.



Weyman Perry, Visiting Nurse, welcomes seminar attendees.



(l-r) Representative Pat Gardner (D-Atlanta) and Valerie Clark (R-Lawrenceville); Senator Renee Unterman (R-Buford); Representative Chuck Martin (R-Alpharetta) and Senator Curt Thompson (D-Tucker) gave their opinions on the new healthcare law.

Zeldin provided in-depth information about insurance exchanges. According to her statistics, nearly two million Georgians are uninsured; one-fifth of the population. In raw numbers, only four states (CA, TX, FL, NY) have more uninsured people than Georgia. She explained the legislative issues; final legislation is expected in 2012 and if Georgia decides not to create an exchange, a federal exchange will be available for Georgia residents. Zeldin also pointed to primary care physician shortages in Georgia, particularly in rural areas, and the fact that Medicaid provider reimbursement rates are relatively low.

Sweeney provided valuable information on Medicaid in light of the new law. He

explained that Georgia is upgrading the antiquated Medicaid eligibility system: the state's FY 2012 budget includes a \$100 million bond to build a new eligibility system (90 percent federal funds). Children of state employees will now be eligible for Peach Care, and the state is embarking on efforts to "redesign" Medicaid.

Is There a Statistician in The House? CMS Implements Its Predictive Modeling Program

Predictive analytics are the wave of the future.

A form of data mining used in fields as varied as meteorology, supply chain analysis, and marketing, predictive analytics involves using variables, or predictors, to predict future behaviors and trends. Predictive modeling is an umbrella term used to refer to the use of predictive analytics, outlier analysis, behavioral analysis, and other statistical techniques to predict behavior. Predictive modeling is used by credit card companies to detect fraudulent charges, by IT administrators to detect spam, and now by CMS to uncover potential fraud and abuse.

CMS is under increasing pressure to move away from the "pay and chase" model, in which CMS pays first and determines potential fraud later, to a more proactive, preventative approach that scrutinizes providers before they are approved as a Medicare provider and claims before they are paid. CMS received \$100 million through the Small Business Jobs Act of 2010 to further its experiment in predictive modeling, while the Affordable Care Act provides \$350 million over 10 years to bolster anti-fraud efforts, including predictive modeling programs. CMS has contracted with Northrop Grumman, a global security firm known best for its defense contract



BY ALLYSSON JONES LABBAN

work, to develop a predictive modeling system to identify high-risk claims, in conjunction with National Government Services and Federal Network Systems, a Verizon company. The Northrop Grumman contract is valued at \$77 million over one year with three, one year option renewals.

While an advanced understanding of statistical modeling is necessary to fully understand and evaluate certain predictive models, the concept is simple. Predictors are selected that correlate to future behavior or results in a particular category. For example, likely predictors for an auto insurance company seeking to predict how many of its insureds will be involved in an automobile accident include gender, age, and history of driving infractions. Those predictors are then plugged into a statistical model to predict the likelihood of automobile accidents among the insured population. Using the resulting prediction, the auto insurer can determine how much it needs to raise its rates to cover the expected number of accidents. Credit card companies also use predictive modeling to develop a profile of how, where, and to what extent you typically use your card so that they can quickly identify charges that are out of the norm and thus potentially fraudulent, a fact that some travelers have unfortunately discov-

ered when their credit cards are denied when trying to make purchases while on vacation in some far-flung locale.

On the health care front, CMS has indicated that some predictive models will be quite simple; for example, comparing where patients live to where they received treatment. If a provider in Rochester, New York treats a large number of patients from Reno, Nevada, such a pattern would draw CMS' attention. While one or two patients from Reno would not be statistically significant, a pattern of treating a certain type of patient may be an indication of fraudulent billing that would be flagged and investigated. CMS has also indicated that other predictive models will be much more complex, focusing on paid and denied claims to detect patterns indicative of potential fraud. The CMS predictive modeling program applies a risk score to "near real-time claims" and generates alerts regarding claims that carry a high risk score.

As with many new CMS initiatives, there are several unanswered questions. For example, while CMS has indicated that certain patterns determined through predictive modeling will be flagged and investigated, very little information is available regarding what those patterns or targets may be. It is also unclear how the investigations or audits will be carried out or whether claims payment will be put on hold until the investigation or audit is completed. We can safely say, however, that documentation "best practices" are critical. Sloppy, incomplete, or internally inconsis-

tent documentation may impact the predictors that are used to construct the predictive models, and will certainly make it more difficult for providers to contest the results of the predictive modeling. Additionally, providers should consider monitoring their own claims for patterns and outliers that may raise a red flag for CMS and be prepared to explain and demonstrate why such patterns and outliers exist.

CMS' predictive modeling effort is just one more tool in the federal government's growing fraud and abuse arsenal. Providers cannot assume that because they provide medically necessary services and file Medicare claims in good faith that they will be immune from fraud and abuse scrutiny. CMS' efforts to screen all claims submitted by all providers on the front end, regardless of the providers' compliance history, demonstrates the need for providers to frequently reevaluate their documentation and billing practices and ensure they are prepared to respond to a finding of outliers or questionable patterns in their submitted claims.

Allyson Jones Labban is an associate at Smith Moore Leatherwood, Greensboro office. She can be reached at allyson.labban@smithmoorelaw.com.

This article appeared in the July 2011 issue of Health Care Law Note, a publication of Smith Moore Leatherwood LLP.

The Eleventh Circuit Court of Appeals Weighs in on the Ongoing Legal Challenges to the Health Care Reform Law

On August 12, 2011, the United States Court of Appeals for the Eleventh Circuit rendered its 207-page opinion in *Florida ex rel. Bondi et al. v. HHS*, Case Nos. 11-11021, 11-11067, 2011 WL 3519178 (11th Cir. Aug. 12, 2011), the closely-watched case in which the States of Florida, Georgia and 24 other states (1) had filed suit challenging the constitutionality of the Patient Protection and Affordable Care Act ("PPACA" or the "Health Care Reform Law"). The decision of the three-judge panel, which held that the individual mandate provision of the Health Care Reform Law was unconstitutional, was split 2 to 1, with Chief Judge Dubina and Circuit Judge Hull in the majority and Circuit Judge Marcus dissenting.

Earlier this year, on January 31, 2011, the United States District Court for the Northern District of Florida, in a widely publicized decision written by District Court Judge Roger Vinson, had held that the individual mandate in the Health Care Reform Law - the provision that would require everyone to purchase health care insurance - was unconstitutional as



BY HOLLY A. PIERSON

exceeding Congress' powers under the Commerce Clause. *Florida ex rel. Bondi et al. v. HHS*, Case No. 3:10-CV-91-RV/EMT, 2011 WL 285683 (N.D. Fl. Jan. 31, 2011). In essence, the district court determined that Congress could not utilize the Commerce Clause to regulate "passive inactivity" -- here, the failure or refusal to purchase health care insurance. *Id.* at *21-29. Additionally, the district court held that this individ-

ual mandate provision could not be severed from the entirety of the Health Care Reform Law and that, therefore, because the mandate failed to pass muster, the entire bill was unconstitutional as a whole. *Id.* at *34-39.

In its opinion reviewing the district court's decision, the Eleventh Circuit agreed that the individual mandate exceeded Congress' constitutional authority under the Commerce Clause. 2011 WL 3519178 at *41-68. The Eleventh Circuit disagreed, however, with the district court regarding severability. It determined that the individual mandate was severable from the remainder of the law and permitted the rest of the Health Care Reform Law to

stand. *Id.* at 76-83.

The Eleventh Circuit's decision comes in the wake of a contrary decision by the Sixth Circuit Court of Appeals upholding the constitutionality of the Health Care Reform Law, including the individual mandate. *Thomas More Law Center v. Obama*, Case No. 10-2388, 2011 WL 2556039 (6th Cir. June 29, 2011). In that case, the plaintiffs sought a preliminary injunction against the implementation of PPACA, and the appellate court upheld the lower court's denial of that injunction. The Sixth Circuit determined, among other things, that the individual mandate provision was facially constitutional. *Id.*

Numerous other challenges to the Health Care Reform Law are pending in the lower federal courts(2), many of which involve the constitutionality of the individual mandate. In the cases in which the lower courts have ruled upon this specific issue, the results are similarly split. Compare *Mead v. Holder*, Case No. 10-950, 766 F. Supp. 2d 16, 2011 WL 611139 (D.D.C. Feb. 22, 2011) (upholding the mandate against constitutional challenge), *Liberty Univ., Inc. v. Geithner*, 753 F. Supp. 2d 611 (W.D.Va.2010) (same), with *Virginia ex rel. Cuccinelli v. Sebelius*, 728 F.Supp.2d 768 (E.D.Va.2010) (declaring the mandate unconstitutional).

This division in federal authority, partic-

ularly the split between the Eleventh and Sixth Circuit Courts of Appeals, renders it an almost certainty that the constitutionality of the Health Care Reform Law will be resolved by the United States Supreme Court. What is less certain is timing for when the challenge will be taken up, and what decision the Supreme Court will ultimately render.

Holly Pierson is Of Counsel in Morris, Manning & Martin's Healthcare, Fraud & Abuse Defense, and Commercial Litigation Practices. She can be reached at (404) 504-7665 or hpierson@mmmlaw.com.

(1) Another plaintiff in the case is the National Federation of Independent Business.

(2) An unofficial tally of those cases and the issues involved in each can be found at <http://healthcarereform.procon.org/view.resource.php?resourceID=004134>.

E-mail your administrative, staff and physician announcements to judy@hospitalnews.org



VISITING NURSE
HOSPICE ATLANTA

Georgia's Nonprofit Provider of Healthcare at Home



• Home Health, Palliative, Hospice & Care Management Services



• Serving Georgia for over 60 Years



• Nonprofit, Community Based



• Joint Commission Accredited

The Community is our Bottom Line

www.vnhs.org

Hospice: 404-869-3000
Home Health: 404-215-6000

HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Grady Hospital Opens New Walk-In Center

In an effort to decrease the growing number of non-emergent patient visits to its emergency room, Grady Memorial Hospital has opened its new Walk-In Center. Located just a short distance from the ER entrance, the nearly one million dollar facility was made possible through grants from area foundations.

The center includes eleven exam rooms, an on-site lab and a spacious waiting area. With nearly 100,000 patient visits on average each year to Grady's emergency department, the center's goal is to reduce the number of non-emergency ER cases by 25,000 to 30,000.

Patients coming to the emergency department seeking care for a non-emergent condition will be encouraged to visit the walk in center for timely, cost-effective care. Patient navigators will be utilized to help identify patients eligible for care in the new center and will help patients establish a medical home for follow-up visits.



Metro Atlanta Access Center Hosts Open House

Metro Atlanta Access Center (MAAC) recently held an open house celebration for medical personnel, legislators, staff and community members to learn more about services the center offers to End-Stage Renal Disease (ESRD) patients.

The open house provided an opportunity for the community to interact with vascular access specialists and receive educational materials about kidney disease, care and prevention. The center provides outpatient vascular access interventions and services for dialysis patients as well as procedures for peripheral arterial disease.



(l-r) Damien Augustin, Kimberly Foxworth, Zanobia Winstead, Dr. Angus Howard, Shibana Cutter, Dr. William Cleveland and Conzie Williams.

North Atlanta Surgical Associates Opens Ambulatory Surgery Center

The physicians of North Atlanta Surgical Associates (NASA) recently announced the opening of the first single-specialty general surgery center in Georgia at the Center Pointe Medical Office complex adjacent to Northside and St. Joseph's hospitals.

The new 7,764-square foot Ambulatory Surgery Center (ASC) includes two operating rooms, one minor procedure room, three pre-op bays, and six recovery rooms bays. Prior to opening, the ASC earned The Joint Commission's Gold Seal of Approval™ for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in ambulatory care organizations.

Northside Announces Plans to Relocate Hospital in Cherokee County

Northside Hospital has filed a Letter of Determination with the State's Department of Community Health to replace the 84-bed Northside Hospital-Cherokee in Canton, GA. The site of the replacement hospital will be near I-575 at the Ga. Hwy. 20 exit, near the Canton Marketplace development – less than three miles from its current location.

The original 64-bed facility was opened in 1962 by the Cherokee County Hospital Authority and was named R.T. Jones Regional Hospital. In 1997, Northside Hospital acquired 50 percent ownership interest in the hospital and re-named the hospital Northside Hospital-Cherokee. In 2009, Northside Hospital purchased the remaining 50 percent ownership interest in the hospital.

Due to the growing population and community utilization of the current facility and due to limitations and capacity constraints, Northside proposes to relocate the Hospital to land owned by Northside Hospital in a currently undeveloped area that will be known as Canton Place. The new site will have excellent visibility from major roads and thoroughfares, and there will be ample room for further expansion as the community's needs grow. The new facility will be state-of-the-art.



Floyd Medical Center to Lease Polk Medical Center, Construct Replacement Hospital

Citizens of Polk County will be getting a new hospital to replace the current Polk Medical Center under an agreement reached by Floyd Medical Center, the Hospital Authority of Floyd County and the Cedartown-Polk County Hospital Authority. The three entities have entered into an agreement in principle in the form of a Memorandum of Understanding to lease the assets of Polk Medical Center to the Hospital Authority of Floyd County beginning January 1, 2012. The agreement provides for the renovation and enhancement of existing Polk Medical Center and equipment as well as the construction of a replacement hospital by 2016, all at no expense to the Hospital Authority of Cedartown-Polk County, and further expansion of medical services to citizens of Polk County. Operations of both the existing Cedartown hospital and future replacement facility will be managed by Polk Medical Center Inc. (PMCI), a newly formed non-profit organization beginning January 1, 2012. Governance of the hospital operations will remain local. Six members of the Cedartown-Polk Authority will serve on a new, nine-person board of directors that will govern PMCI. All funds earned by PMCI will stay in Polk County for the benefit of the hospital. Under the agreement, Floyd will offer employment at Polk Medical Center to all current employees of PMC who apply with no loss in pay, benefits or seniority.

Novice or Expert?
Generalist or Specialist?

Given the choice, would you pick a novice generalist or an expert specialist?

For 38 years, longer than any other firm in the Southeast, Meadows & Ohly has provided real estate services to physicians and hospitals.

Today:

- We manage property on 22 hospital campuses.
- We provide property management services to over 2,000 physicians in 670 practices.
- We manage and lease 3.5 million square feet of medical office space.
- More than 15 million patients visit our facilities each year.
- We have developed 55 medical office buildings.

Your hospital has a choice, consider the **expert specialist**.

Strategic Planning

Property Management & Leasing

Lease Audit & Compliance Review

Asset Optimization

Construction Management

330 PHYSICIANS CENTER
WINNER of the 2010 TOBY AWARD

678.282.0220
www.meadowsandohly.com

“COMMITTED TO EXCELLENCE”

Partnering with the community to provide the highest quality of care for patients suffering from behavioral health and addictive diseases.

Peachford Hospital is conveniently located in Dunwoody Georgia and is available 24/7.

For a free assessment or referral please call (770) 454-2302.

Health Care REIT Corporate Headquarters Awarded Prestigious LEED® Green Building Certification

Health Care REIT, Inc. announced that it has been awarded LEED® Platinum, which is the highest such recognition established by the U.S. Green Building Council (USGBC) for the company's efforts to make its Toledo corporate campus a model of energy efficiency and sustainability. LEED is the nation's preeminent program for the design, construction and operation of high performance green buildings.

Health Care REIT also announced the launch of its Green Arrow Energy Management Program, a new tenant program that promotes and rewards environmentally-conscious business practices for clients and tenants at company-owned facilities. The Green Arrow Energy Management Program is yet another in a series of sustainability and energy management initiatives supported by the company.

"During the last several years, we have positioned Health Care REIT to be the premier investor, developer, property manager and thought leader in senior housing and health care real estate. We are honored to be recognized by the U.S. Green Building Council for our commitment to identifying and implementing the most effective energy management and sustainable business strategies for our Toledo headquarters campus," said George L. Chapman, Chairman, Chief Executive Officer and President of Health Care REIT.

The design features of Health Care REIT's high-performance corporate headquarters include a green roof system, use of natural lighting, solar field, retention pond, thermal storage, FSC-certified (Forest Stewardship Council) wood, automated building controls, real time energy metering, solar thermal panels and a comprehensive recycling program.

The key energy efficiencies for Health Care REIT's corporate headquarters include:

- 32 percent reduction in energy consumption
- 40 percent reduction in water usage



- 100 percent reduction in potable water for irrigation
- 78 percent of construction waste diverted from landfills
- 20 percent of electricity supplied by PV solar array
- 84 percent of space receives natural light

The Green Arrow Energy Management Program, which will be implemented by the company's industry-leading property management group, is designed to increase energy conservation and promote sustainable, green practices. The program is intended to improve the delivery of health care by providing more healthful work and care environments. The fundamental elements of Green Arrow are the incorporation of sustainable business practices, renewable energy usage and sustainable development and construction initiatives among Health Care REIT's clients.

"Energy management and sustainability are integral to Health Care REIT's relationship investment strategy. The Green Arrow program demonstrates Health Care REIT's unwavering commitment to deliver innovation to our clients by providing them with knowledge and capabilities to achieve lower energy cost and sustainable facility operations. We believe that these efforts will result in lower occupancy costs – savings that positively affect their bottom line," said John T. Thomas, Executive Vice President – Medical Facilities.

The pursuit and accomplishment of LEED certification for its newly-renovated corporate headquarters, as well as the implementation of its new Green Arrow program, demonstrate Health Care REIT's industry-leading capabilities, as well as its ongoing commitment to sustainable business practices and environmental initiatives.

For more information about Health Care REIT's LEED Platinum award and the Green Arrow program, including an interactive map highlighting the sustainability elements of the corporate headquarters and a video interview with Health Care REIT management, visit the sustainability page on the company's website at <http://www.hcreit.com/sustainability>.

CRL CONTRACTING, INC.



- ▶ CRL Contracting Inc. takes a unique position in providing construction services because we approach renovations with a customer service emphasis.
- ▶ We have been providing quality medical restorations for over a decade.
- ▶ Today's physicians wear many hats such as Practice Administrator, Human Resource Advisor, and Bookkeeper; let CRL Contracting Inc. wear your medical construction hat.
- ▶ Please visit our website for a gallery of successful projects.



www.crlcontracting.com

American Cancer Society Awards \$96,009 Breast Cancer Grant to Northside Hospital

The American Cancer Society's South Atlantic Division has awarded a grant of \$96,009 to Northside Hospital for a pilot program, aimed at improving the quality of care for breast cancer patients. The goal of the grant is to eliminate barriers to effective breast cancer care by combining patient navigation with an innovative patient management data base called the Rapid Quality Reporting System (RQRS). RQRS is designed to promote evidence-based cancer care at the local level. By offering a web-based data collection and reporting system that interfaces with the hospital's own cancer registry operations, RQRS provides Northside's patient navigators with near real-time information on their breast cancer patients. By forwarding RQRS alerts directly to the navigators, Northside staff can more effectively assist patients who are experiencing delays to treatment or other barriers to care.

Ben Massell Dental Clinic Partners With St. Joseph Mercy Care Services

The Ben Massell Dental Clinic (BMDC), the century-old provider of dental care to Atlanta's neediest population, is expanding its services beyond oral care and mental health. Thanks to a new collaboration with Saint Joseph's Mercy Care Services, the BMDC will now be offering general health screenings to patients. The health screenings, for such conditions as heart disease, high blood pressure and diabetes, will be provided through a mobile coach that will come to the clinic on a regular basis. At the same time, Mercy Care Services, a federally qualified health clinic that also includes a dental facility, will outsource its denture services to the specialists at the BMDC.

Electromagnetic Navigation Bronchoscopy Uses GPS-like Technology

Floyd Medical Center has a new tool available to reach and diagnose spots on patients' lungs. Electromagnetic navigation bronchoscopy combines a high-tech navigation system with a tiny catheter to locate and biopsy lesions deep in a patient's lung. Floyd is only the second Georgia hospital to use this minimally invasive tool, which uses a patient's natural airways to access lesions that previously were hard to reach. The procedure is used biopsy lung lesions or spots previously revealed by X-ray, Computed Tomography (CT) or Positron Emission Tomography (PET).

Typically, patients who have spots or lesions on their lungs had the options of major surgery to remove a section of the lung, traditional bronchoscopy, which does not reach deep into the lung, needle biopsy or watchful waiting. Two-thirds of all lung lesions are outside the reach of bronchoscope.

Chattahoochee Tech Announces Two New Health Programs

Chattahoochee Technical College announced the official launch dates of its two newest programs. Now available to students will be study Health Information Technology and Occupational Therapy Assistant programs at the associate of applied science levels. The two new programs are the latest in a long line of successful certificate, diploma and degree programs offered at Chattahoochee Technical College.

Both programs are scheduled to begin the January 2011 as the college begins its second semester. Interest has been high in both, as current and prospective Chattahoochee Technical College students apply for the spots in the inaugural classes.

The Occupational Therapy Assistant Program will be offered out of the college's Austell Campus. The program will take approximately five semesters to complete once all prerequisites are accomplished.

For more information, visit www.ChattahoocheeTech.edu or call (770) 528-4545.

WellStar Kennestone Hospital Designated an "Epicenter" for Training Surgeons in Gynecologic Robotic Surgery

WellStar Kennestone Hospital has been designated as an Robotic Epicenter by Intuitive Surgical Inc., the maker the daVinci® Si Surgical System, for gynecological surgery because of its commitment to excellence in robotic surgery. Kennestone is one of only 21 hospitals in the country to earn this designation and becomes a destination for surgeons from around the country to observe and learn robot-assisted gynecological procedures.

Physicians from around the country will come to Kennestone to observe Gerald Feuer, M.D., of Southeastern Gynecologic Oncology, LLC, who is one of 23 Epicenter surgeons in the nation. Dr. Feuer, an innovator in robotic surgery, performs more robot-assisted surgery for gynecologic cancer than any other surgeon in the United States and has worked closely with WellStar to build a physician and staff training program. Because of the benefits offered by robotic surgery, it has the potential to make certain "open," or abdominal, gynecologic surgeries obsolete, Feuer said.

Genetic Counseling Masters Degree Program Launched at Emory School of Medicine

Emory University School of Medicine is launching a new Academic Health Professions Program in Genetic Counseling. The two-year program, housed in the Department of Human Genetics, combines cutting-edge coursework with multiple and varied clinical experiences. Graduates will receive a Master of Medical Science in Human Genetics and Genetic Counseling. The program, directed by Cecelia Bellcross, PhD, MS, CGC, has received accreditation through the American Board of Genetic Counseling.

Applications are now open for the first class beginning summer of 2012. Visit http://genetics.emory.edu/gc_training/ for further information.

Henry Medical Center and Piedmont Healthcare Agree on Terms of Partnership

The Boards of Directors of Henry Medical Center and Piedmont Healthcare and the Hospital Authority of Henry County announced that they have approved the detailed terms for the addition of Henry Medical Center to Piedmont Healthcare. The relationship will involve a long-term lease of assets from the Hospital Authority of Henry County and a newly reconstituted Board of Directors of Henry Medical Center, which will become a subsidiary of Piedmont Healthcare. Over the next 90 to 120 days, necessary regulatory approvals will be pursued prior to the signing of definitive agreements, with projected "go live" of the new organization by January 2012.

Pfizer and National Nursing Organizations Issue Free Health Guide for Uninsured and Underinsured Atlantans

Pfizer Inc issued a free resource guide designed to connect uninsured and underinsured residents of the Atlanta Metropolitan region with affordable health care. The Atlanta Regional Health Guide: Resources for the Uninsured (the Guide) is the result of a collaboration with the National Association of Hispanic Nurses (NAHN), National Black Nurses Association (NBNA) and Pfizer Helpful Answers (PHA). The Guide is available in English and Spanish, and can be obtained free at local community health centers, or by contacting NAHN, NBNA or 1-888-720-1337.

Emory Expert Offers Tips for Coping with Life-Threatening Illnesses in New Book

Receiving a life-threatening diagnosis is often considered one of the most difficult things a person can go through, causing feelings of fear, worry and loss.

In her new book, *Leaves Falling Gently: Living Fully with Serious and Life-Limiting Illness Through Mindfulness, Compassion and Connectedness*, Susan Bauer-Wu, PhD, RN, FAAN, associate professor of nursing at Emory's Nell Hodgson Woodruff School of Nursing, offers practical guidance on using mindfulness meditation for coping with physical pain and life changes or when faced with serious conditions such as cancer, Alzheimer's disease or caregiver stress.

"When a person is diagnosed with a serious illness, they often feel they have lost control, and they worry that they still have much to do," says Bauer-Wu who is also a Georgia Cancer Center Coalition Distinguished Scholar. "My goal is to help people cultivate mindfulness, compassion and a sense of connectedness - to loved ones and with what matters most - so that they can live well despite challenges beyond their control."

Bauer-Wu has studied the effects of meditation on patients and caregivers for more than 12 years. Her research has shown that meditation can bolster physical and mental health.

TIPS FOR PRACTICING MINDFULNESS

An easy way to remember how to be mindful in the course of a busy day or when you are worried, angry, or uncomfortable is to STOP:

- S - Stop and slow down.
- T - Take a few slow, deep breaths, noticing the sensations of your inhale with your chest and belly expanding and then the release with your exhale.
- O - Observe your thoughts and notice how you are feeling
- P - Process with awareness and kindness.

For more information about Bauer-Wu's book, visit www.bit.ly/LeavesFallingGently.



Susan Bauer-Wu

MCCG Introduces enFLOW® IV Fluid/Blood Warming System

The Medical Center of Central Georgia (MCCG) recently successfully introduced the GE Vital Signs enFLOW® IV Fluid/Blood Warming System into the hospital. This warming device allows MCCG to use state-of-the-art technology for keeping patients warm during their stay. Patients with lower core body temperatures have increased potential for post-operative infections, increased need for blood transfusions, increased length of stay, and are an increased cost for hospitals. This high-performance system helps deliver fluids or blood at a continuous 40 degrees Celsius from the end of the warming device to the patient's IV site.

Saint Joseph's Announces Acquisition of Preeminent Practices

Saint Joseph's Health System (SJHS) is proud to announce Georgia Vascular Clinic and The Vascular Institute of Georgia are joining Saint Joseph's Medical Group (SJMG). Like Saint Joseph's, Georgia Vascular Clinic (GVC) and the Vascular Institute of Georgia (VIG) share strong roots within metro Atlanta and northern Georgia.

Grady Cancer Center Physician Honored by Commission on Cancer

Sheryl Gabram, M.D., recently received an Outstanding Performance Award for going above and beyond the scope of the normal duties of serving as a Cancer Liaison Physician (CLP) between the Georgia Cancer Center for Excellence at Grady Health System and the American College of Surgeons Commission on Cancer (CoC). As a Cancer Liaison, Dr. Gabram is serving a three-year appointment and is among a national network of more than 1,600 volunteer physicians who are responsible for providing leadership and direction to establish, maintain, and support their facility's cancer program. Cancer Liaison Physicians are an integral part of cancer programs accredited by the CoC.

Dr. Gabram is the deputy director of the Grady Cancer Center and director of its Avon Breast Center.



Dr. Sheryl Gabram

Sandy Holland Earns Extra Mile Award

Sandy Holland, R.N., has been awarded the hospital's prestigious Extra Mile Award.

"Sandy is one of the hardest working nurses I have ever worked with," says Raina Sanford, director of the Radiology Department at Gordon Hospital. "She always goes above and beyond the call of duty to make sure that the patient has the best experience while in our care. Her care and compassion for people in need is extraordinary and I feel blessed to have her as my employee."

Holland, who has been employed by Adventist Health System since 1974 and Gordon Hospital since 1991, received her LPN in 1978 and her RN in 1998 from Dalton College.



Sandy Holland

Henry Medical Center Employee Named Social Worker of the Year

Shy Sharif, MSW, social services coordinator at Henry Medical Center's Laurel Park Skilled Nursing and Rehabilitation facility, has been named the 2011 Social Worker of the Year by the Georgia Health Care Association's Georgia Society of Nursing Home Social Workers.



Shy Sharif

Sharif has served as Laurel Park's social services coordinator since March 2006. For the past six years, Sharif has also been very active with the Georgia Health Care Association (GHCA). She is currently serving the organization at the state level as vice president of GHCA's Georgia Society of Nursing Home Social Workers. Sharif has previously served the organization at the local level as a past president and vice president of the Georgia Society of Nursing Home Social Workers' Metro Atlanta Council. She is a member of the Clayton State University Advisor Board - Geriatric Certificate Program.

Beverly Flowers, R.N., Named Second Quarter, 2011 Associate of the Quarter at Emory-Adventist Hospital at Smyrna

Emory-Adventist Hospital at Smyrna (EAH) recently selected Beverly Flowers, R.N., as the Second Quarter, 2011 Associate Of The Quarter. Beverly joined EAH in 1998 and currently works as a Registered Nurse in the ICU. "I started working at EAH



Beverly Flowers

in August of 1998. I've been a RN for 37 years and because of the uniqueness that can only be found at EAH, I have remained here longer than any other place of employment during all of these years," said Beverly.

YOU LOOK OUT FOR YOUR

— patients, —

AND WE'LL LOOK OUT FOR YOU.

When you chose to go into health care, chances are it wasn't for the legal, regulatory and reimbursement issues. But that's OK, because our attorneys are experienced in dealing with these issues and even better at avoiding them altogether. Put us to work. It'll make it a lot easier to get back to yours.

BALCH
& BINGHAM LLP

Philip Sprinkle 404/962.3573
Adrienne E. Marting 404/962.3580

ALABAMA • MISSISSIPPI • WASHINGTON, D.C. • GEORGIA

www.balch.com

The following language is required pursuant to Rule 7.2, Alabama Rules of Professional Conduct: No representation is made that the quality of legal services to be performed is greater than the quality of legal services performed by other lawyers.

Atlanta's Monthly Healthcare Newspaper

PO Box 812708
Boca Raton, FL 33481

Phone: (404) 448-1080

Fax: 404-393-5645

E-mail: jfelix@atlantahospitalnews.com
www.atlantahospitalnews.com

JOSH FELIX
Publisher

JUDY GRAMM
Assistant Editor

CAROL FELIX
Business Manager

JMC GRAPHICS
Art/Production
adsjmcgraphics@aol.com
(412) 835-5796

Contributing Writers

Laurie Bailey
Lisa Bianco
Ron Cichowicz
Barbara Fallon
Pamela A. Keene
Ron Paglia
Vanessa Orr
Lois Thomson

SISTER PUBLICATIONS

Chicago Hospital News
Josh Felix, Publisher
jfelix@chicagohospitalnews.com

South Florida Hospital News
Charles & Carol Felix, Publishers
sflahospitalnews@aol.com

**TO REACH US
FOR ADVERTISING
OR EDITORIAL**

Call (404) 448-1080
or e-mail: jfelix@atlantahospitalnews.com

REPRINTS

Call (412) 835-5796
or e-mail: adsjmcgraphics@aol.com

SUBSCRIPTIONS

One Year \$30
Two Years \$45
Three Years \$60
Subscribe online at
www.atlantahospitalnews.com

**LOOK FOR OUR NEXT
ISSUE IN OCTOBERE-mail your**

Editorial Submissions
to judy@hospitalnews.org

All rights reserved. Reproduction in whole or
part without written permission prohibited.
Copyright © 2011

Cover Story: Four Essentials Physicians Need to Do Today to Deter and Detect Back-Office Fraud

Continued from page 1

sis. If you do not have the luxury of hiring a controller or CFO, you are not alone. However, you need to be aware of one of the key aspects of your job. According to a 2010 survey by the Association of Certified Fraud Examiners, key fraud-prevention measures can reduce losses significantly. For example, simple fraud training for employees, managers and executives results in a 50 percent reduction in the amount of losses. It is time for you to implement anti-fraud measures to protect the financial health of your practice.

HERE ARE THE TOP FOUR THINGS YOU CAN DO TODAY:

1. Tighten Internal Controls

Internal controls are established to minimize the opportunity of fraudulent transactions from taking place and to maximize your ability to detect fraud. The first item to consider is the most coveted and susceptible asset to fraud, cash. Every month, a bank reconciliation should be timely prepared, printed and provided to you. Copies of checks should be retained with the statement and spot-checked with bills approved to be paid. You should be receiving a copy of the monthly bank statement at home or electronically. This will provide you with an original source document. You should review the disbursements on your bank statements.

Additionally, a practice should implement a separation of duties policy. It's tempting in a small- to medium-sized practice to consolidate all financial operations under one person, but that gives too much authority to a single employee. By separating job functions, there are more checks and balances in place. This concept separates job functions that would otherwise present opportunities for deception to occur. For example, an employee authorized to make payments to vendors should not be performing the bank reconciliations. It would be effortless to cut a check to a personal credit card, personal utility company or fictitious vendor and conceal the transaction. Consider creating a flowchart to understand how transactions involving cash are handled in your practice. Be sure to set up usernames and passwords for employees that use billing or accounting software packages. Flowcharts are of great assistance in setting up internal controls for safeguarding cash.

2. Compare Budget--to-Actual Results

Of course, you should have a budget and compare actual results from monthly financial statements. This will allow you to monitor and identify trends or variances in the practice, such as a sudden spike in an expense or a dip in collections. A significant number of practices use QuickBooks to manage their accounting. If you do not have a CPA compiling your financial

statements, you can generate financial reports from QuickBooks to review. Most reports within QuickBooks can be memorized, which simplifies the selection of the report within the software and allows the report to be tailored to your liking. As for most physician owners, it would be extremely beneficial for you to take a class that explains financial statements. This will create a broader understanding of how transactions and operations in your practice are inextricably tied to financial reporting.

3. Conduct a Monthly Financial Check-up

If you have outstanding patient receivables and do not actively collect your aging balance, you may never see the money. Think about your bills in accounts payable. If you fail to pay a bill, you will hear from the vendor. This is evidence of the vendor's collection department doing their job; you should expect the same performance from your receivable staff. Additionally, patient receivable balances should not be written off without proper approval. Another control within accounting systems is to turn on an audit trail, permitting the software to track users' actions in the program and allows an administrator to review what transactions an employee entered, deleted or modified.

4. State Antifraud Policies Upfront

A practice should consider an employee handbook that communicates an anti-fraud program. Each employee should be asked to sign it. Honesty and an ethical code of conduct should, quite simply, become part of your culture. This mindset should exemplify a zero tolerance level for fraud. Before placement, background checks should be performed on prospective employees. Lastly, an employer should discuss employee dishonesty coverage with their insurance agent to protect them in the event a fraud or deception is discovered.

As a physician-owner, your title expands beyond that of physician. You are also CFO, controller and manager. Business owners rely on professionals to help with assessing internal controls and ensuring their businesses are operating as efficiently as possible. As CPAs and Business Advisors, HA&W has the resources to help physicians understand and manage these issues. Please feel free to call or email us. We are more than happy to share our expertise with you to make you as successful as possible.

Christopher Belknap is a Manager at Habif Arogeti & Wynne, LLP.
He can be reached at (770) 353-5090 or
chris.belknap@hawcpa.com.

Rick Rubin is an ABS Partner at Habif Arogeti & Wynne, LLP. He
can be reached at (404) 898-8207 or rick.rubin@hawcpa.com.

Childhood Cancer Organizations Team Up to Create the Stop Childhood Cancer Alliance



BY GRAINNE OWEN

Did you know that September is National Childhood Cancer Awareness month? Did you know that cancer is the leading cause of death by disease among U.S. children from birth to age 15? Each year, more than 10,000 new cases of childhood cancer are diagnosed—approximately 46 children and adolescents every day. The Stop Childhood Cancer Alliance wants to see these statistics change. We hope to be the driving force in increasing awareness of childhood cancer and enhancing support for children fighting this disease—and the clinicians and researchers who are helping them. The 13 members of the Stop Childhood Cancer Alliance are all organizations with a goal to care for children living with cancer and to cure the disease.

We've made great strides in the search for a cure for childhood cancer over the past 25 years, but we have to do much more to save the lives of countless children. These wonderful organizations within the Stop Childhood Cancer Alliance are stimulating research, caring for kids with cancer, raising awareness of the disease – and want others to join in the fight to save lives. Founding members of the Stop Childhood Cancer Alliance include: The Aflac Cancer Center of Children's Healthcare of Atlanta, Aflac Inc., Atlanta Ronald McDonald House, Blue Skies, Brain Tumor Foundation, Camp Sunshine, CURE Childhood

Cancer, Curing Kids Cancer, Georgia Cancer Coalition, Ian's Friends Foundation, Imagine It! The Children's Museum of Atlanta, The Leukemia & Lymphoma Society, and Lighthouse Family Retreat.

Georgia Gov. Nathan Deal signed a proclamation on August 30 at an event just for children battling cancer and to declare September Childhood Cancer Awareness month. Throughout the month, the Alliance hopes to utilize traditional and social media to encourage people to learn more about childhood cancer and to get involved by educating others, volunteering or making donations through member organizations. In addition to Georgia's Governor and member organizations, celebrities like Ryan Seacrest and Cindy Crawford are lending their support to the cause through social media channels like Twitter and Facebook.

To find out more about the Stop Childhood Cancer Alliance and how to get involved through member organizations, visit www.stopchildhoodcancer.org. Every person you educate, every hour you volunteer and every dollar you donate makes a difference.

Grainne Owen, Founder and Executive Director, Curing Kids Cancer, can be reached at grainne@curingkidscancer.org.

Young in Recovery: What it Means to be a Young Adult Embarking on Recovery

Coming to treatment can be a difficult decision: leaving the comforts of your home, being away from loved ones, putting jobs on hold, etc. But being young in recovery often presents its own unique challenges. That is why Talbott Recovery offers a unique program for individuals approximately 18-26 years old.

It is generally agreed that young adults who suffer from addiction have more difficulty achieving (and maintaining) sobriety than their adult counterparts. Often, our young adult patients require additional structure, guidance, and accountability. A critical element of Talbott's Young Adult Program is that it is designed to meet the specific needs of a young adult in treatment. It consists of a healthy balance between therapy and much needed



BY KATIE MYERS,
LCSW

accountability. We are able to utilize a system which allows us to take a therapeutic approach while still allowing natural consequences for behaviors to take place in a structured environment.

Another component of the Young Adult Program is the Family Department. Family counselors meet weekly with patients and their family members to identify and work through family of origin issues that often play a significant role in the young adult's

current life and addiction. This also speaks to the unique challenges family members of a young adult in recovery face. Being a parent of a young adult patient presents with the normal fears, but there are often additional worries, especially for those young adults living at home prior to coming to treatment or being supported by their parents. Family counselors walk family members through the often scary, but relieving,

experience of their loved one being away at treatment. New ways of communication can be established and healthy and appropriate boundaries can be set with the help of a family therapist. There is often a gap between the young adult in treatment and the family members back home. Talbott family counselors work hard to become the bridge that connects the two.

Part of bridging that gap is inviting family members to a family workshop while their loved one is in treatment. During that time families learn about the disease of addiction, the neuropsychological aspects of addiction, and the 12-Steps through lectures. They also learn about forgiveness, co-dependency, communication and the importance of continuing care. There are also multi-family groups each day where group members often report feeling "supported and that they weren't alone in this struggle." When asked "What did you find to be most helpful?" One family member wrote, "Understanding the disease of addiction and learning to care more for myself/needs." Another parent wrote, "To

understand that addiction is a neurological disease and that it is not simply a moral weakness. And I felt so supported during group with others who were like me!"

When completing Talbott's program, young adults often don't know what direction to go in. Some are overwhelmed with legal consequences that limit their options, others know they cannot return to that big university where they used to "party." Some come to the realization that they need to be more responsible, move out of mom and dad's house, and become independent. An invaluable component to our program is the option to stay in our transitional living environment call Talbott Transitional Living or TTL. This often gives the young adult additional time to work on recovery in an environment with others who are doing the same. One TTL community member said, "It's the stepping stone I need before I go back out into the 'real world.'"

Katie Myers is a Licensed Clinical Social Worker at Talbott Recovery Campus. For more information, visit www.talbottrecovery.com.

Kennesaw State in Vanguard of Addiction Recovery Programs on U.S. Campuses

Kennesaw State University's success in building a rapidly growing program to support students with addictions has catapulted the university into a leadership role in a movement to firmly establish addiction recovery communities on college campuses across the nation.

For the past four years, Teresa Johnston has led the development of Kennesaw State University's Center for Young Adult Addiction and Recovery (CYAAR), which provides students with alcohol, drug, food, gambling and other addictions a unique social community model to support their recovery.

With the exponential growth of the collegiate recovery community at KSU — from three students when it launched in 2008 to 50 students this fall — and the addition of alcohol and drug education and intervention services, the center is poised to

become a national resource for research in young adult addiction and recovery.

Johnston, a licensed counselor and CYAAR director, has turned her attention to the goal of institutionalizing addiction and recovery services in higher education. She is a co-facilitator, along with colleagues at Texas Tech University, of a meeting to form an executive board and map out the vision, mission and strategies for the national Association for Recovery in Higher Education (ARHE). Representatives of seven institutions with active recovery communities will convene for the first association meeting in Lubbock, Texas.

The association will support the work of recovery communities operating on 20 campuses nationwide, with several institutions set to open centers during the 2011-2012 academic year. With the growing interest nationwide in collegiate recovery,

Johnston said there is a need for a national approach to support the rapid pace of growth.

The leadership role that Kennesaw State University is taking is a big step toward increasing national awareness about the growing issue of young adult addictions, the need for campus-based recovery services and the growing response by higher education, Johnston noted.

"There is a great momentum, even from the federal government, to make certain that young people with addictions get the services and support they need in an academic setting," Johnston said.

Evidence is mounting that a growing number of students in recovery would like to continue their education and remain in recovery. A recent national survey of 148 students participating in recovery communities at five campuses revealed that 61 per-

cent said recovery support was important to their enrollment decision. Students participating in the survey also rated satisfaction with the university's recovery support program higher than other campus services, including advising, support skills, sports and recreation, cultural events and campus social life.

Johnston noted that while there are several models of support for students in recovery, KSU provides a social model of support designed to help students achieve a full, mainstream college experience in a safe environment. The center does not provide recovery housing for students but concentrates instead on providing services to help facilitate integration into the collegiate community through academic advising, recovery meetings, weekly seminars for relapse prevention and community building and the opportunity for scholarships.

Cover Story: Addiction is a Disease, Not a Moral Failing

Continued from page 1

traits are involved to some extent, but the way to understand addictive behavior is to look at the brain because the brain is the organ of behavior. Repeated drug taking changes the brain — for a very long time. Brain scans of drug users who have stopped taking drugs have revealed certain receptors in brain are reduced for many months, maybe even years. These receptors are in brain regions known to help us feel good and rewarded. This long-lasting change in brain chemistry is key for understanding why addiction is so long lasting. If we could find treatments that would prevent or reverse these long-lasting chemical changes, then it is likely we could help addicts stay

away from drugs or recover faster. We haven't yet achieved that, but at least we now know to look at specific long-lasting changes in the brain.

Another question is why are drugs so powerful that they gain control over our behavior? Again, brain scans have shown us parts of the brain affected by drugs are the same parts associated with survival drives, such as eating, drinking and mating. The fact our brains are so powerful in directing our survival behavior explains why drugs can be so powerful in directing our drug-seeking behavior.

Because the basis of addictive behavior is a chemically changed brain, medications are able to block, mimic or reverse

these chemical changes and cure or mollify addiction. In fact, we have been very successful in developing medications to treat addictions to various drugs, but much more needs to be done. There are medications for treating nicotine, alcohol and opiate addiction, but none, for example, for treating cocaine or methamphetamine addiction. These successes are only some of the benefits of years of research, which also promises more help in the future.

These aforementioned discoveries have placed the problem of addiction in the realm of brain chemistry, just like epilepsy and Parkinson's disease. We have made much progress in treating drug addiction,

and, as we learn more about the brain, we hope for even greater progress. All of us can contribute to the solution of the drug abuse problem. We can adopt a helping and respectful attitude toward treatment, research and help for drug users. Importantly, we need to fight the stigma of addiction that prejudices many and that prevents many from getting enough help to fully recover.

Dr. Michael J Kuhar, Yerkes National Primate Research Center of Emory University, can be reached at (404) 727-1737 or mkuhar@emory.edu.

Bipolar Disorder in Children: A Cause for Concern

For years, psychiatrists have accepted that children were not to be given a diagnosis of bipolar disorder until the mid-to-late teenage years. Researchers, however, are learning that the disorder can develop very early in life, even in infancy. In such cases, the illness is known as early-onset bipolar disorder. Left untreated, it can lead to grave consequences.

Early-onset bipolar disorder is especially worrisome because it is more chronic than adult-onset bipolar disorder. Children with bipolar disorder tend to cycle back and forth between mood stages more frequently, with fewer well periods in between. Also, once the illness starts, episodes tend to recur and worsen without treatment, a process known as the "kindling effect". Signs and symptoms to expect in a bipolar child include alternating mood and behavior changes. In addition to periods of depression and mania typically associated with adult bipolar disorder, the pediatric version can also include "mixed episodes", or ones in which a child experiences both manic and depressive symptoms. Other signs to look out for include changes in sleeping



BY KRISTEN
MCLEAN, MPH

or eating patterns and complaints of psychosomatic pains like headaches or stomachaches. Children with bipolar disorder also commonly experience separation anxiety, irrational fears, and/or extreme bouts of rage.

Bipolar disorder, among other devastating mental illnesses, is a severe public health problem. The time between onset of symptoms and proper treatment can be as much as 8-10

years, and even longer for pediatric-onset cases. Untreated, children with early-onset bipolar disorder may experience declining performance in school, difficulty maintaining social relationships, and inclinations toward self-harm. The suicide rate in untreated bipolar disorder is estimated to be 30 to 60 times higher than that of the general population. In fact, the lifetime mortality rate of bipolar disorder from suicide is higher than that of some childhood cancers.

Because the signs and symptoms of bipolar disorder manifest themselves differently in children as compared to adults, pediatric cases are often misdiagnosed or undiagnosed altogether. Furthermore, bipolar disorder can look

like other illnesses such as mood disorders or, commonly, attention deficit/hyperactivity disorder (ADHD). Discouragingly, it is estimated that approximately one-third of all children diagnosed with ADHD are actually suffering from bipolar disorder. In addition, approximately 50% of children diagnosed with depression actually have early-onset bipolar disorder. Such misdiagnosis can be dangerous, as treatment with stimulants or antidepressants may do more harm than good; triggering mania, aggression, or chronic irritability.

As is clear, prevention and early intervention are crucial. Because child psychiatrists are scarce (a study commissioned by the American Academy of Child and Adolescent Psychiatry in 2006 estimates that there are only 128 child psychiatrists per every 100,000 young people in Georgia) and few have extensive experience treating children with bipolar disorder, it is important that healthcare providers familiarize themselves with the illness and stay abreast of new findings.

Mental health screening is an important component of prevention and early intervention. Pediatricians, for example, could provide annual mental health screenings to all children using a systematic approach. By asking questions specifically aimed at diagnosing bipolar disorder, they may be able to catch cases

that would otherwise go undiagnosed. This process also includes asking parents for a family history of mental illness. Due to the paucity of child psychiatrists in this country, it is imperative that pediatricians and other healthcare providers that work with youth step forward to fill this need by making necessary changes within their practice.

In addition to screening, healthcare providers can increase prevention and early intervention of childhood mental illnesses in the following ways:

- Stay educated about psychiatric illnesses and the latest treatments
- Improve public awareness of child mental health issues
- Decrease the stigma associated with childhood mental illnesses when talking to parents
- Maintain ongoing access to child psychiatry specialists for case consultation
- Maintain access to emergency psychiatric appointments for patients in crisis

For more information on childhood mental illnesses and screening, contact Sarah Schwartz or Kristen McLean at Mental Health America of Georgia at sarah@mhageorgia.org or kristen@mhageorgia.org

A Law Firm with
National and
International
Reach



Learn more:
www.mmmlaw.com

For more
information on our
Healthcare Practice,
please contact any
of our team:

**More Effort.
More Dedication.
So You Succeed More.
Grow
Achieve**

Patients in need of medical care turn to you. Healthcare providers in need of legal services turn to us. We combine legal experience with industry knowledge to give you the peace of mind needed to focus on what's important - quality medical care.

Bob Threlkeld
Atlanta, GA
rthrelkeld@mmmlaw.com

Rusty Ross
Savannah, GA
rross@mmmlaw.com

Mac Hunter
Atlanta, GA
jhunter@mmmlaw.com

Jennifer Monroe
Atlanta, GA
jmonroe@mmmlaw.com

Michele Madison
Atlanta, GA
mmadison@mmmlaw.com

Ward Bondurant
Atlanta, GA
wbondurant@mmmlaw.com

Holly Pierson
Atlanta, GA
hpierson@mmmlaw.com

Doing more, for you.

Atlanta • Beijing • Raleigh-Durham • Savannah • Taipei • Washington, DC
3343 Peachtree Road | Suite 1600 | Atlanta, GA 30326 | 404.233.7000

Cover Story: The Georgia Physicians Health Program

Continued from page 1

rude, our mothers might say). The real culprit comes from antiquated laws that hamstringing the medical board. Their actions in mental health and addiction cases are limited to the issuance of private and public consent orders, suspensions and revocations. A more enlightened system combines a statewide Physicians Health Program with the existing regulatory power of a state medical board. The PHP directs the care of physician-patients with potentially impairing illnesses, shepherding individuals who so suffer into rehabilitative care. The Medical Board is pulled into a case when the PHP cannot manage a given individual (often due to the impaired judgment of a severely ill physician-patient). Research from other states demonstrates that PHPs increase the number of physicians seeking treatment and encourages them to enter treatment earlier in the course of their illness. This, in turn, increases public safety and improves the health throughout the state.

A group of us has been working to change the system for nearly a decade. At first, little changed. However, in January 2009, the Georgia psychiatric community, addiction community and interested attorneys gathered to form the Georgia PHP Initiative Committee. The platform of a Georgia PHP was presented to the Medical Board, the Medical Association of Georgia, MAG Mutual (the largest malpractice carrier in Georgia) and several of the large hospital systems. Work groups of physi-

cians and health advocates gathered to learn about the efforts in other states in the U.S. The first bill reached committee but died there. Finally, thanks to the persistent tireless efforts of the GPPA's legislative affairs' consultant Lasa Joiner and members of the Georgia Medical Board, SB 252 passed Georgia House and Senate in the spring of 2010. The bill was signed into law on May 28, 2010.

The Medical Board next drafted rules for the PHP which, by design, is an independent organization. The ensuing steps are the issuance of an RFP and awarding of the contract for the PHP. Several groups may apply. Our group is the Georgia Professional Health Program, Inc., a not-for-profit organization formed under a 501c3 (pending). Whoever is awarded the contract, the biggest hurdle is funding. The law, as enacted, provides no state funding for the PHP. Funding for treatment and monitoring will have to come from the physician-participants. Funding for education and prevention will have to come from the generous donations of parties who have an interest in public health and the health of Georgia physicians. We ask each of you to consider financial help to this vital and uniquely Georgian effort. Oh, and don't forget to cheer!

For more information, contact Robin F. McCown, Executive Coordinator, GA Society of Addiction Medicine, at gsam.rmccown@gmail.com.

DATEBOOK

October 15

Three Rivers Run

The Floyd Healthcare Foundation is hosting the inaugural Three Rivers Run on Saturday, October 15, at 8:30 a.m. The race will begin at Floyd Corporate Support Center at 420 E. Second Ave., and will wind through downtown Rome and along the new Kingfisher Trail and pedestrian bridge. Runners and walkers can register online through www.active.com or contacting Floyd Healthcare Foundation. For more information, contact Cheryl Shippey, at cshippey@floyd.org or (706) 509-3290.

October 15

Winship Win the Fight 5K

Runners and walkers, take your mark on October 15 for Atlanta's newest 5-K. The Winship Cancer Institute of Emory University will hold its inaugural "Winship Win the Fight 5K" on Saturday, October 15. The run/walk will begin and end at Emory University's McDonough Field complex on Asbury Circle on the west side of the Emory campus. Register early at <http://winshipcancer.emory.edu/winship5K>.

October 19-21

GNA Professional Development Conference

The 2011 GNA Professional Development Conference & Membership Assembly will take place at the Marriott Northwest Atlanta, October 19-21. The program will begin with a one and a half day CE conference on Wednesday and Thursday followed by the GNA Membership Assembly on Friday. A huge Exhibit hall and a Banquet to remember will round out your overall experience. For more information, visit www.georgianurses.org.

October 21

GA Pediatric Practice Managers and Pediatric Nurses Associations Meeting

Georgia Pediatric Practice Managers and Pediatric Nurses Associations will hold a meeting on October 21 at the Crowne Plaza Ravinia, Atlanta. This meeting will feature sessions on CPT coding, pediatric liability, retaining the office patient base, working with the Insurance Commissioners Office, childhood headaches, food allergies, MRSA and Multi Drug Resistant Organisms, communicating successfully as a healthcare team, and childhood obesity. For more information, visit www.gaaap.org or call Kasha Askew at (404) 881-6067.

October 21

Heart of the Community Golf Tournament

On Friday, October 21, Redmond Regional Medical Center will sponsor the 8th annual Heart of the Community Golf Tournament. The tournament will be held at Stonebridge Golf Course in Rome and will begin with a boxed lunch at 11:00 a.m. and a shotgun start at 12:00 noon. For more information, visit <http://www.facebook.com/HeartoftheCommunity> or call Lisa Ingram at (706) 802-3732.

October 21

Health Fair

Join Gwinnett Medical Center and Partnership Gwinnett for their quarterly health fair, All About Wonder Women: A morning of health and beauty just for women, on October 21, 7:30 - 9:30 a.m., at Gwinnett Technical College, 700 Building (Busbee Center), Lawrenceville. Health exhibits, door prizes and a panel of physicians that will answer your questions about cosmetic surgery, robotic surgery, cancer care, heart health and women's imaging which includes varicose vein treatment and UFE. RSVP registration at gmc-rsvp.org.

October 31

"Aging Well for People of Color"

The Emory University Alzheimer's Disease Research Center, Emory Center for Health in Aging and the Registry for Remembrance present a free community forum, "Aging Well for People of Color" on Monday, October 31 from 9:30 a.m. to 2:00 p.m. at The Carter Center, 453 Freedom Parkway, Atlanta. This forum brings the community together for education on many aspects of healthy aging, including memory loss, cognitive dysfunction, nutrition and exercise. To register for this event, e-mail your RSVP to R4Rcommforum@gmail.com.

November 1

Hit 'Em for Hemophilia Golf Tournament

The 29th annual Hit 'Em for Hemophilia Golf Tournament will be held Tuesday, November 1 at Chateau _lan Winery and Resort in Braselton, GA. Sponsored by Hemophilia of Georgia in partnership with the Atlanta Braves, the Hit 'Em for Hemophilia Golf Tournament is recognized as one of the premier charity golfing events in the United States. For more information, visit www.hog.org/golf or contact (770) 518-8272 or vamccarty@hog.org.

November 1-3

Hospice Executive Certificate Program

GHPCO is partnering with CAHSAH to bring the Hospice Executive Certificate Program to Georgia Tuesday, November 1 - Thursday, November 3 at 4:00 p.m. at the Omni Hotel at CNN Center Atlanta. The Hospice Executive Certificate Program uses a case study approach for hospice administrators and senior managers that have a minimum of three years of administrative experience. Each day offers you opportunities to listen to an expert in the field of strategic, financial and legal issues. You will then move on to the actual implementation and analysis of each particular topic. This engaging format allows for point/counter-point discussions with expert speakers and your hospice colleagues. For more information, visit http://www.cahsah.org/educational_events/11HECP.asp.

November 3-5

Pediatrics on the Parkway

Pediatrics on the Parkway will be held November 3-5 at the Cobb Galleria Centre, Atlanta. CME meeting in pediatric topics plus pre-conference seminars on Vaccine Hesitancy, Coding & Practice Management, Developmental Pediatrics, and Adolescent Medicine. Sponsor: Georgia Chapter-American Academy of Pediatrics. For information, visit www.gaaap.org or contact Jaime Rice Searcy at (404) 881-5091 or jrice@gaaap.org.

November 8-9

Hospice Certification Review Course for RNs and LPNs

GHPCO presents a 2-day workshop to provide review of materials and information prior to taking the Certification examination for Hospice and Palliative Nurses (both RNs and LPNs). Course material is based on the approved curriculum authorized by the Hospice and Palliative Nurses Association, with additional supplemental materials provided for review and study. The workshop will take place November 8-9 at Columbus Hospice, 7020 Moon Rd. (testing window is in December). Go to www.ghpco.org/conf.html to access registration link.

At VITAS, the Focus is on Life

VITAS brings quality of life to the end of life for Alzheimer's patients and their families.

VITAS relies on a team of hospice experts:

- physician
- nurse
- hospice aide
- social worker
- chaplain
- volunteer

Each brings his or her skills, compassion and focus on life to this very important time of life.

Innovative
Hospice Care®
VITAS

Find out how VITAS can help you care for your patients or residents with Alzheimer's.

1.800.93.VITAS • 1.800.938.4827 • VITAS.com • twitter.com/VITASHospice



Need a reason to choose Evercare™ Hospice and Palliative Care?

How about seven?

Within our power, we are committed to providing the best hospice and palliative care experience available. That commitment is expressed in our Seven Point Pledge.

Evercare Hospice & Palliative Care pledges to:

- 1.** Admit all hospice-eligible referrals the same day, unless requested otherwise. Patients deserve timely care and action, especially as they approach end-of-life.
- 2.** Provide direct, extensive physician involvement in the care of each patient. Experts highly trained in hospice and palliative care are involved and available to make personal visits.
- 3.** Achieve acceptable pain control on all patients. No patient should live in pain. That's why we place such an emphasis on delivering pain management in a timely and caring manner.
- 4.** Respond to all patient-related calls within 15 minutes, 24 hours a day, 7 days a week. A patient's condition doesn't take a day off, and neither do we.
- 5.** Provide a hospice staff presence at the time of death. We'll be there at this important time, as we have throughout the process, to provide comfort and support.
- 6.** Maintain an Unrestricted Options Philosophy regarding patient admissions. We believe in making hospice care available to all those who are eligible.
- 7.** Offer palliative care consults and advanced care planning services. These continuing health care services are important, so we offer expertise in both areas.

Questions?

For questions or referrals, call Evercare Hospice and Palliative Care at:

 **1-877-273-5534**

 **www.EvercareHospice.com**

 **Evercare™**
Hospice & Palliative Care

Services are provided regardless of patient's ability to pay.

Evercare™ Hospice and Palliative Care is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regards to race, sex, religion, color, age, national origin, disability, sexual orientation or other protected factor. Evercare Hospice and Palliative Care is offered by Evercare Hospice, Inc.

© 2011 Evercare