



Pictured, above: J.A. Lemley, MD; Brett Greenky, MD; Christopher Fatti, DPM; Emil Azer, MD; John F. Parker, MD; John Fatti, MD; Joshua Pletka, MD; Kevin Setter, MD; Nathan Everding, MD; and Robert Sherman, MD.

Pictured below: Naven Duggal, MD; Ryan Smart, MD; Scott VanValkenburg, MD; Todd Battaglia, MD; Walter Short, MD; Bradley Raphael, MD; Brian Harley, MD, Timothy Damron, MD; Warren Wulff, MD; and Irving Raphael, MD.

ORTHOPEDICS EXPANDS SERVICES, COVERAGE AT COMMUNITY CAMPUS

A new initiative brings together providers from Upstate Orthopedics and Syracuse Orthopedic Specialists to offer expanded orthopedic services at Upstate's community campus.

Dedicated orthopedic physician assistants will be available 24 hours a day, seven days a week, and the number of orthopedic surgeries performed at the community campus is expected to increase. This includes surgeries of the hand, foot/ankle, joints, shoulder and spine, as well as surgery for a variety of sports injuries.

A number of hip and knee surgeries will take advantage of the Mako Robotic Arm, the surgeon-interactive robotic arm technology introduced late last year.

Prior to surgery, Upstate University Hospital Community Campus Orthopedics offers patients a preoperative total joint replacement class, which focuses on preparing for surgery, what to expect during the hospital stay and what to expect after discharge. Patients recover from their operations on the sixth floor of the hospital.

"We're working together to optimize care and to benefit orthopedic patients, especially those on the West Side," said Joshua Pletka, MD, chief of orthopedics at Upstate's community campus.

To make an orthopedic surgical referral, contact Upstate Connect's physician line at 1-800-544-1605. ■



MOST INSURANCE PLANS PAY FOR LOW-DOSE CT SCANS TO FIND LUNG CANCER

Upstate University Hospital provides low-dose CT scans, done without contrast, to help locate lung cancers at the earliest, most treatable stages. Smokers and former smokers between ages 55 and 80 can undergo the annual lung cancer screening, which is now covered by most health insurance plans.

More than half of people with lung cancer die within a year of diagnosis, usually because the disease has advanced before it is detected. Lung cancers that are discovered at stage 1 or 2 have a good chance for cure through surgery or a combination of radiotherapy and/or chemotherapy.



Santiago Miro, MD

“It’s fascinating when we look at the history of lung cancer. We haven’t had a very significant impact on the terminal outcomes of lung cancer probably until now,” said radiologist Santiago Miro, MD, who leads Upstate’s lung cancer screening program.

He explained that a century ago, when radiography got its start, doctors believed X-ray usage would improve lung cancer survival. That did not happen. “We found the cancers before the patients became symptomatic, but the end point in large cohorts of patients did not show any advantage in survival.”

Studies of lung cancer screening using computerized tomography, however, have shown more than 80 percent of the cancers detected are stage 1 — and treatable or curable. He said mortality from lung cancer drops by about 20 percent in smokers and former smokers who undergo annual screening, but mortality rates also drop from other causes, since the CT scan sometimes finds cardiac calcifications, liver masses or other potentially life-threatening problems that can be treated.

The exams are quick and done with doses of radiation lower than is used for a diagnostic CT. Patients have to understand the propensity for false positives, since benign and malignant spots on the lung can appear similar.

“Sometimes we can make a distinction as radiologists. But sometimes the features of both a nodule that could be cancer, or is not, can be exactly the same. And those nodules will need further investigation.”



WHICH PATIENTS NEED ANNUAL SCREENING?

- **current smoker or quit within the last 15 years**
- **history of 30-pack year smoking**
- **men and women between ages 55 and 80**
- **no symptoms of lung cancer**

While the U.S. Preventive Task Force recommends annual screenings for people between age 55 and 80, the Centers for Medicare and Medicaid Services reimburses for people age 55 to 77. Miro said most insurance companies cover people from age 55 through 79.

Patients can schedule a screening by calling 1-315-464-8668. Physicians can contact radiologist Santiago Miro at 315-464-7439. ■

IDEAS FOR GETTING PATIENTS TO ACTUALLY TAKE THEIR MEDICINE

Illness, death and annual health costs of billions of dollars result from people not taking their medicines as prescribed. This age-old problem, called non-adherence, happens all over the world, said Upstate psychiatry resident Swati Shivale, MD, who researched the issue with Mantosh Dewan, MD, distinguished service professor of psychiatry and behavioral sciences.

Their paper, published in *The Journal of Family Practice* last summer, says up to 30 percent of patients with cancer or other acute illnesses and up to 60 percent of patients with chronic illnesses neglect to take their medications as prescribed. They may take medicines incorrectly or not at all.

Non-adherence can lead to worsening of acute and chronic conditions, or death, said Shivale.

It can leave patients and doctors frustrated, said Dewan, adding that “the sad part is, even if you have the best technology, the best system, and you get the diagnosis right and the treatment right, non-adherence can defeat everything.”

The solution they suggest is for doctors to carefully explain conditions and treatment options to their patients, being sensitive to how and when the information is conveyed. Dewan suggests sending patients home to consider treatment options with loved ones, and having them return for another appointment to discuss decisions.

He said doctors should ask patients to state their understanding of the disease they have and the treatment they’ve chosen, “so you support their version of the truth.”

“It’s a team effort,” Shivale said.

Their paper includes a table with suggested language that is designed to maximize adherence before writing a prescription, while writing a prescription and during follow-up visits.



Mantosh Dewan, MD

Swati Shivale, MD

During follow-up visits, doctors should assume that patients have not been taking their medications properly. The table suggests nonjudgmental language such as: “Would you remind me what medications you’re taking and when? Many people find it difficult to remember to take this pill every day. How has that been for you?” Dewan said such an approach can help reduce feelings of blame and encourage patients to speak about what prevents adherence. Doctors can also explicitly ask patients about adverse effects, especially the more embarrassing ones.

“You’ve got to work with the patient,” he said, “and the patient is in charge because it’s their life, and their disease and their treatment.” ■

WHAT DOCTORS CAN DO:

- Give patients treatment options, ensure that they participate in discussions of treatment and empower them to reach “informed collaboration” as opposed to informed consent.
- Ask patients to tell you in their own words what they understand about the treatment they have chosen.
- At each follow-up visit, anticipate non-adherence, ask nonjudgmental questions about missed medication doses and sexual adverse effects, and offer simple solutions.

Source: “The Art and Science of Prescribing,” *The Journal of Family Practice*, July 2015



A LOOK AT THE HEROIN EPIDEMIC

Many of the people caught up in today's heroin epidemic began with prescription pharmaceutical opioids for pain. Some took their own pills until they ran out. Others experimented with medicine from a family member or friend. Eventually, they discovered heroin, which costs less than prescription pain medicine.

Christine Stork, an associate professor of emergency medicine and a doctor of pharmacy at the Upstate Poison Center, said physicians are prescribing fewer opioids for long-standing pain, which helps reduce access to prescription opioids. But society lacks a good way of helping patients with chronic pain who no longer get their prescription opioids. That's partly why people turn to heroin.

The New York Times reported recently that death rate from drug overdoses is climbing at a much faster pace than deaths from other causes. Statistics from the Centers for Disease Control and Prevention and the National Center for Health Statistics show an average of 15 overdoses per 100,000 deaths in 2014, with more than 61 percent of overdose deaths involving opioids. Those numbers are up from nine overdose deaths per 100,000 deaths in 2013.

Locally, overdose deaths have soared. Heroin deaths increased nearly 31 percent in 2015, over 2014, prompting Onondaga County Health Commissioner Indu Gupta, MD, to call the epidemic of heroin and prescription painkiller abuse a "public health crisis."

Opioid analgesics such as heroin relieve pain by altering a person's perception of their body's pain signals, Stork explained. They stimulate an area in the brain that is associated with

reward, which causes users to crave more of the drug. With prolonged use, the sites where the opioid works become adapted, and then it requires more of the drug to get the desired effects.

People with chronic pain who use heroin run the risk of experiencing hyperalgesia, where they feel as though they are in greater pain, Stork said.

Heroin typically is snorted or injected, although its vapor may also be smoked. It decreases central nervous system activity, resulting in a decreased level of consciousness and, eventually, decreased activity in the body's breathing center.

The opioid antidote naloxone can be lifesaving if it is administered when the patient is first discovered to not be breathing adequately. CVS pharmacy earlier this year announced it would start providing the drug without a prescription.

Stork pointed out that naloxone does not treat addiction, and it does not last a long time. Any patient who is administered naloxone should be evaluated in a hospital emergency department. ■



Christine Stork, PharmD



NEW UV TOWERS TAKE AIM AT GERMS

Ultraviolet radiation is the latest tool in Upstate University Hospital's ongoing effort to prevent hospital-acquired infections.

The Surfacide system, which went into operation in early February, will be employed after patient rooms get a standard cleaning with a heavy-duty disinfectant. The extra layer of protection is first being used in rooms where a patient had *Clostridium difficile* or other drug-resistant infections. Later the machines may be used in public restrooms, elevator cars and operating rooms.

Studies have shown that implementing UV cleaning reduces infection rates and improves patient safety, said Paul Suits, director of infection control. He says the environmental cleaning staff are "essential to the hospital's goal to provide a clean, safe environment to our patients."

The system consists of three lamps, or "towers," that emit short-wavelength ultraviolet (UV-C) light, which can kill or inactivate microorganisms. The towers are wheeled into an unoccupied room and positioned so their light will reach the maximum amount of surfaces. Curtains are drawn, and doors are shut. The cleaning staff activates the unit from outside the room, using a tablet, and the rotating towers bathe the room in UV-C light.

The light could damage unprotected eyes or skin, which is why it is activated remotely. Sensors turn off the lights if anyone enters the room during the cleaning, which lasts about 20 minutes.

People from infection control, clinical engineering and environmental health and safety worked together to select the Surfacide system.

While hospitals are not required to use UV disinfection, "It's really the next step," said Jason Rupert, assistant director of outpatient operations and materials for environmental services. "You send a cleaner in to clean a room, and the expectation is that they wipe every inch of every surface in the room. But really, that's tough to do. There's room for error, as good a job as our cleaners do."

Currently, cleaners wipe down a room with a disinfecting solution that has to leave surfaces wet for several minutes. All rooms will continue to be cleaned this way, with some getting the UV in addition.

Sue Murphy, director of environmental services, praised the Surfacide unit as "an evidence-based disinfection system that helps us fight the war against multi-drug-resistant organisms." ■

CENTRAL LINE INFECTION RATES IMPROVE

Upstate University Hospital was recently praised by the state Health Department for reducing central-line infections in intensive care units. Those infection rates dropped by 70 percent in 2014, the state noted in a January report on hospital-acquired infections in New York. The hospital was singled out for "outstanding work" and its multifaceted approach in fighting infections, which stemmed from a task force established three years ago.



Tavontae Cannon, a member of Upstate's housekeeping staff, inspects the new ultraviolet cleaning towers at Upstate University Hospital.

Upstate will receive \$575,000 to establish precision medicine, the latest innovation in personalized health care. This method compiles a wide range of data on patients and their conditions from various sources, then uses that information to tailor treatment specific to that patient. The award comes from the SUNY Performance and Investment Fund.

Precision medicine is the foundation of the SUNY Institute for Precision Cancer Research, Education and Care, a new initiative of Upstate and its partners, which include SUNY Oswego, Onondaga Community College and the SUNY College of Environmental Science and Forestry.

The program is projected to launch this year, with the facility located near the Upstate Cancer Center in the **CNY Biotech Accelerator** (right) and the Institute for Human Performance, after remodeling.



Surgeons at Upstate University Hospital performed more kidney transplants in 2015 than ever before. Eighty **kidney transplants** were performed last year, marking a 17-percent increase over the 2014 total of 63.

Rainer Gruessner, MD, who joined Upstate in September as its new transplant chief, said the recent growth in transplant cases is linked in part to increasing referrals from physicians across the region.



Upstate is expanding the transplant services to include pancreas and islet transplants.

Mark Reza Laftavi, MD, joins the Upstate faculty as director for the **Pancreas Transplant Program** at Upstate University Hospital.

Laftavi is accepting new adult and pediatric patients for all types of abdominal transplants, including kidney, pancreas, liver, intestine and islets. He also cares for patients with chronic pancreatitis who want to be evaluated for total pancreatectomy and islet auto-transplantation.



Previously, Laftavi was an associate professor in the transplant program at the University of Buffalo. He earned his medical degree at Shahid Beheshti School of Medicine in Tehran. He completed his training at Claude Bernard University in France, at the University of Minnesota in Minneapolis, at Rush University in Chicago and at Mount Sinai School of Medicine in New York.

He spearheaded the research effort in Buffalo, publishing more than 350 papers in national and international journals. His research interests include multi-organ transplant surgery (liver, pancreas and kidney) and the immunology of organ transplantation.

Reach him for referrals by calling the transplant center at 315-464-5413.



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As it has since 2000, Upstate hosted the annual Lions Days this January, attracting almost 60 **Lions Club International** members from across New York state for lectures and training related to vision care.

Optometrist Edward Cordes, pictured, spoke about vision screening for children from 6 months to 6 years in Upstate's Neuroscience Research Building. Members also heard from Upstate researchers and toured Upstate labs.

The Lions Club has donated more than \$250,000 to **Upstate's Center for Vision Research**. Last year, two Lions Club members purchased a \$15,000 piece of equipment for vision researchers at Upstate.



John Epling Jr., MD, associate professor and chair of family medicine at Upstate, has been appointed to the U.S. Preventive Services Task Force, a national panel that issues evidence-based recommendations on clinical preventive services.

He is one of four new members to the 16-person task force, whose members serve four-year terms. The director of the Agency for Healthcare Research and Quality, part of the U.S. Department of Health and Human Services, makes the appointments.

In addition to his duties in family medicine, Epling is also an associate professor of public health and preventive medicine at Upstate. He has directed courses in and teaches family medicine, evidence-based medicine and clinical prevention.

Epling's principal research interests include evidence-based medicine and the translation of research into practice, quality improvement and human performance technology, and

technology integration in medical education and practice. His clinical research areas of focus include clinical preventive services, such as screening, vaccination, preventive medication and behavioral risk counseling, as well as intimate-partner violence.

He got his medical degree at Tufts University School of Medicine after majoring in Russian studies at Brown University. He completed his residency in family medicine at the Medical University of South Carolina College of Medicine.



Upstate Orthopedics now offers a Walk-in Hand and Arm Clinic from 3 to 4:30 p.m. Monday through Friday at the Upstate Bone and Joint Center, 6620 Fly Road in East Syracuse.

Patients with acute hand/upper extremity injuries — such as fractures, simple lacerations, burns, crush injuries and sprains and strains of the fingers, hand, wrist, forearm, elbow and shoulder — will be treated by board-certified orthopedic hand and upper extremity surgeons and midlevel providers.

In addition to the Walk-in Hand and Arm Clinic at the Upstate Bone and Joint Center, Upstate Orthopedics also offers a Sports Medicine walk-in clinic and OrthoNOW!, an urgent

after-hours orthopedic care program.

The Sports Medicine Walk-in clinic is available weekday mornings. Patients with sports injuries must arrive by 7:30 a.m. The clinic is offered for a limited time before regular office hours.

OrthoNOW! is an after-hours walk-in program, available from 5 to 8:30 p.m. weekdays and 9 a.m. to 2:30 p.m. Saturdays and offers immediate care for sprains and strains, minor fractures and dislocations, sports-related injuries and injuries that do not require stitches.

Upstate Orthopedics participates with most major health insurers. Request an appointment by calling 315-464-8600.