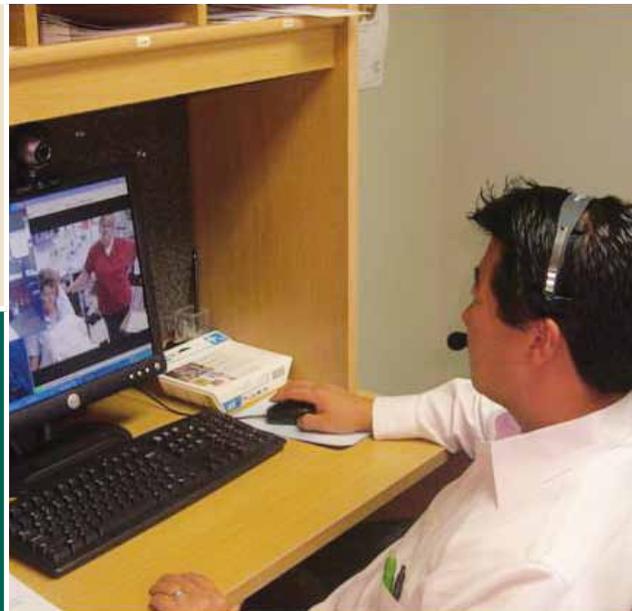
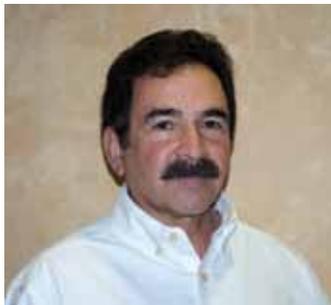


Health Matters

at Aspen Valley Hospital

Winter 2010



Inside

- State-of-the-art stroke treatment
- Healthcare pricing explained
- Mammogram recommendations

Count on Aspen Valley Hospital for advanced stroke treatment

New telemedicine program provides 24/7 neurology support to AVH emergency staff

Each year an estimated 700,000 Americans suffer a stroke, and every minute treatment is delayed can mean the difference between life and death or permanent disability. Having a neurologist available to examine patients and consult with emergency physicians to support a proper diagnosis means that vital stroke treatment can begin more quickly.

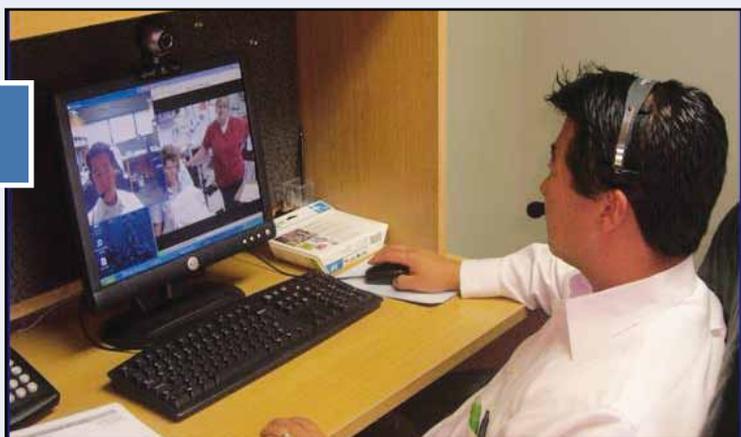
With the Colorado Digital Online Consultant (CO-DOC) Telemedicine Program offered through the Colorado Neurological Institute (CNI), Aspen Valley Hospital (AVH) emergency room staff will now have instant round-the-clock access to stroke-trained neurologists via the Internet. This innovative, state-of-the-art program can lead to faster diagnosis and treatment for stroke patients.

When every minute counts

The only FDA-approved treatment for ischemic stroke — which is the permanent destruction of an area of brain tissue resulting from an inadequate supply of blood and oxygen — is the clot-breaking medication called tissue plasminogen activator (t-PA). Research has shown that stroke patients who receive t-PA within three hours of the onset of symptoms are 30 percent more likely to recover with little or no disability. Currently fewer than 5 percent of stroke patients in Colorado receive t-PA within the required three hours of the onset of stroke symptoms — a statistic that mirrors the national average. However, according to Dr. Chris Fanale, Medical Director of the CNI Stroke Center as well as the CO-DOC Telemedicine Program, the rate of treatment for patients in hospitals where physicians consulted a neurologist through CO-DOC is 20 percent.

Unfortunately, t-PA treatment can cause adverse effects and, therefore, shouldn't be administered unnecessarily.

"Administering t-PA can increase the risk of bleeding, so it isn't always appropriate," explains Dr. Fanale. "Having a neurologist available in real time for consultation and CT scan interpretation helps emergency physicians make timely decisions about stroke treatment for their patients."



With the new telemedicine technology, Dr. Chris Fanale, (left) Medical Director of the Colorado Neurological Institute Stroke Center in Denver, can consult in real time with emergency physicians and patients at Aspen Valley Hospital.

Greg Balko, MD, ER physician at AVH, couldn't agree more. "Dr. Fanale and his colleagues are specialists in stroke diagnosis and treatment at one of the busiest certified stroke centers in the state," says Dr. Balko. "Having the benefit of their consultation at the time we're examining the patient will help us make a faster, more accurate diagnosis, as well as help us determine the appropriateness of administering t-PA."

How CO-DOC Telemedicine works

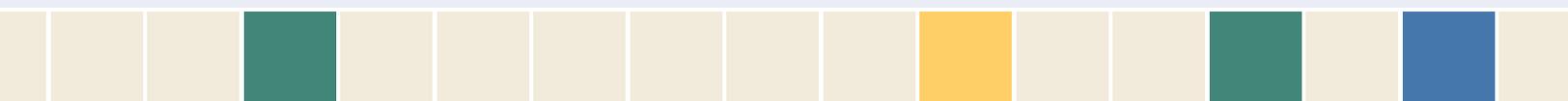
When an AVH emergency physician contacts the neurologist on call, the telemedicine system is activated, enabling remote communication via an Internet-based, HIPAA-compliant monitor with high resolution video and audio capabilities. The CO-DOC system has dramatic zoom capabilities and near real-time communication with perfect audio and video synchronization. "It's as close to a hands-on exam as we can get without actually being there," says Dr. Fanale. "With this technology, I can 'be' at a hospital hundreds of miles away in a matter of minutes — overcoming the hurdles of time and distance that can mean life or death for some people."

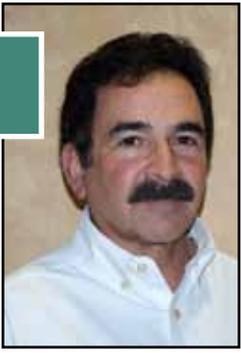
Lee Shaughnessy, project manager for the telemedicine program at CNI, explains that while improved stroke treatment is the program's primary goal, stroke symptom awareness is an important component as well. "The best technology won't save lives if people don't recognize the signs and symptoms of a stroke and promptly seek medical care," emphasizes Lee. "Currently we're working with 10 hospitals throughout Colorado in smaller or more remote areas. AVH is our 11th partner hospital, and we are excited about our role in stroke education, prevention, diagnosis, and treatment in the Aspen area."

Time is brain! Know the symptoms of a stroke and act quickly

Stroke symptoms appear suddenly and without warning. Call 911 immediately if you or someone with you experiences sudden symptoms such as:

- Numbness or weakness in the face, arm, or leg, especially on one side of the body
- Confusion
- Difficulty speaking or understanding what someone else says
- Dizziness
- Loss of balance or coordination
- Severe, unexplained headache
- Trouble walking
- Vision difficulties in one or both eyes





Meet Aspen Valley Hospital's Radiologist Charlie Brown, MD

Dr. Charlie Brown is certified by the American Board of Radiology. He is a graduate of the University of Texas and completed a residency in diagnostic radiology at the University of North Carolina and an internship in internal medicine at the University of Missouri Medical Center. Most recently Dr. Brown was with Atlantic Radiology Associates in Savannah, Georgia. He was the radiology residency program director at Memorial Health University Medicine Center and an assistant professor of radiology at Mercer University School of Medicine in Savannah. Welcome Dr. Brown!

Calendar of Events

Free "Brown Bag" Lecture Series
Cancer prevention, early detection, and state-of-the-art treatment

Wednesdays, March 3, 10, and 17
 11:30 a.m. - 1 p.m. at The Given Institute
 100 East Francis, Aspen

Blood Drives

Tuesday, March 23 and Tuesday, May 18
 11 a.m. - 3 p.m.

Community Health Fair

Friday, June 4 • 8:30 - 11:30 a.m.

Blood tests only at After-Hours Medical Care in Basalt

Saturday, June 5 • 8:30 - 11:30 a.m.

Blood tests only at AVH

Sunday, June 6 • 8:30 - 11:30 a.m.

Blood tests and all screening stations at AVH

Call 544.1296 for more information.

Thank you, Taylor Liebmann

Many dedicated people serve Aspen Valley Hospital (AVH) throughout the year — employees, physicians, volunteers, board members, outside experts — but few have served AVH like Taylor Liebmann.

Taylor joined the AVH volunteer organization after moving to Snowmass 14 years ago. There he served as president and treasurer. With his background in business and finance, he also volunteered as a community representative on the hospital finance committee, the audit committee, and the housing committee.

In 2005, he was treasurer of a PAC in support of the hospital mil levy. He has been a board candidate, health fair volunteer, and advocate of the AVH master facilities plan. His photographic works adorn the hallways of our hospital and have appeared in hospital publications.

After 12 years as a volunteer at AVH, Taylor decided to come back to work. He is now employed in the ER, registering and discharging patients, trying to alleviate their anxiety, and generally helping them feel comfortable.

"I am an active individual; I've seen AVH from both inside and out," says Taylor. "I've had some ER visits and a few surgeries including two plates and five screws that remain in one knee. I know exactly what it's like to be a patient. That's why I'm proud to serve as an employee now, and to have been with the hospital for many years as a volunteer."

Taylor, your contributions to AVH are appreciated by many. We thank you!



Taylor Liebmann at his desk in the ER.

The cost of healthcare

AVH prices aligned with others in the area and state

There is no question that healthcare is expensive. In fact, healthcare spending per U.S. resident is among the highest of all industrialized nations. Healthcare reform is a focal point for our President, and our nation is engaged in a great debate about the future of healthcare in America.

The cost of healthcare is driven by chronic disease, technology, prescription drug prices, defensive medicine, regulatory requirements, research ... and on and on. At Aspen Valley Hospital (AVH), we recognize that we can't solve the problems of the nation's healthcare system, but we can strive for value — the right combination of quality and price.

Quality — in terms of safety, state-of-the-art diagnostics, and treatment options — is addressed on a daily basis by our staff. Price is addressed on an annual basis under the guidance of Chief Financial Officer Terry Collins.

Terry explains two factors involved in setting prices at AVH:

- **Medical supplies** and **pharmaceuticals** are priced according to the market. Through our VHA* purchasing agreements, AVH buys products at prices comparable to large metropolitan hospitals and receives information about the "markup" other hospitals are applying. "We have chosen to price at the average rate, thus assuring that we are neither high- nor low-priced for like products," notes Terry.

- Charges for **services** are evaluated by a national consultant (Cleverley and Associates). Inpatient and outpatient prices are compared to our closest competitors, as well as all of Colorado and the United States. Acuity of illness and injury is factored into the evaluation. "The latest study demonstrated that AVH prices are aligned well with other hospitals in the region and the state," Terry says. "Prices are also slightly lower than national prices."

Terry cautions that hospital pricing is complex, and it is extremely difficult to do an apples-to-apples comparison. "It is for this reason," he explains, "that we sometimes hear that our prices are significantly higher or lower than other hospitals."

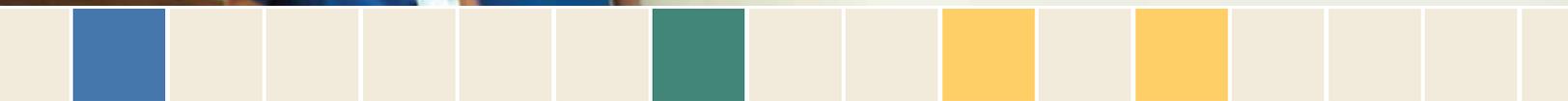
In addition, disparities may occur for individual tests and procedures. With over 8,000 items in AVH's "charge master," any one item may vary greatly when compared to other hospitals. "If we become aware of a large discrepancy, we adjust as needed," says Terry. "The important point is that, overall, we are priced competitively and fairly."

*VHA is a nationwide organization comprised of non-profit community hospitals.



"The important point is that, overall, we are priced competitively and fairly."

— Terry Collins, AVH Chief Financial Officer



This publication in no way seeks to diagnose or treat illness or serve as a substitute for professional medical care. Please see your physician if you have a health problem.

Para solicitar "Health Matters" en español, llame al 544.1543.

When should you get a mammogram? Trust your doctor's advice

Recently, the U.S. Preventive Services Task Force (USPSTF) issued revised mammogram guidelines stating that women should begin getting routine mammograms at the age of 50 and repeating the test every two years. The group no longer recommends routine screening mammograms beginning at age 40. However, the American Cancer Society, American College of Radiology, Society of Breast Imaging, and many other respected professional organizations continue to recommend mammograms starting at the age of 40, with subsequent screening mammograms every year thereafter.

How should women react to this conflicting advice? Calmly. The mammogram is one of modern medicine's most powerful tools against breast cancer. A robust body of clinical-trial evidence shows that routine screening of women in their 40s saves about as many lives as screening of women in their 50s. According to Lora Barke, DO, Medical Director and breast imaging specialist at Invision Sally Jobe and on staff at Aspen Valley Hospital (AVH), the breast cancer death rate in the United States has decreased by at least 30 percent since 1990, primarily due to screening mammography.

"These new guidelines from the USPSTF, if taken to their logical conclusion, will lead to diagnosing later stage cancer resulting in more drug therapy, more radiation therapy, and more late-stage intervention," says Dr. Barke. "Screening mammograms save lives, and regular mammograms should remain an important part of women's annual preventive healthcare beginning at age 40."

In a statement issued regarding the new guidelines, U.S. Department of Health and Human Services Secretary Kathleen Sebelius reiterated, "My message to women is simple: Keep doing what you have been doing for years — talk to your doctor about your individual history, ask questions, and make the decision that is right for you."

Whatever you and your doctor decide about your mammogram screening schedule, AVH provides the latest technology in digital mammography for detecting breast cancer early.

Lora Barke, DO, Medical Director and breast imaging specialist
at Invision Sally Jobe and on staff at Aspen Valley Hospital.

