

# HOUSTON Medical Times

Bringing Healthcare News to the Forefront

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## Fertitta Family Pledges \$50 Million to UH College of Medicine to Propel ‘New Era of Health Care’

By Chris Stipes

Prominent businessman Tilman J. Fertitta and his family have pledged \$50 million to the University of Houston College of Medicine to ignite a new era of innovative and equitable health care in Houston and across Texas. In recognition of the legacy-defining support, the medical school is now named the Tilman J. Fertitta Family College of Medicine.

The longtime chairman of the UH System Board of Regents, Fertitta was instrumental in establishing the city of Houston’s first new medical school in nearly 50 years. Founded in 2019 on a distinct social mission to improve health and health care in underserved urban and rural communities where poor health outcomes are often more prevalent, the Fertitta Family College of Medicine educates students to provide compassionate, high-value care (high quality at reasonable cost), with a focus on primary care and other needed physician specialties. Building on the University’s legacy of excellence as a Tier One research institution, interdisciplinary research involving the community and other disciplines at UH

will propel improvements in patient care and health.

The gift will help address the state’s critical primary care physician shortage, especially in low-income and underserved communities, attract renowned scholars focused on health care innovation and establish support for the college and its faculty to pursue clinical and translational research, with an emphasis on population health, behavioral health, community engagement and the social determinants of health.

“Our family has such a passion for this medical school and its pursuit of health equity so everyone, regardless of race, ethnicity, zip code or socioeconomic status, has the same opportunity to be as healthy as possible,” said Fertitta. “My hope is that the Tilman J. Fertitta Family College of Medicine will be a game changer for the health and well-being of Texans by improving access to quality health



Tilman J. Fertitta

care, advancing medical knowledge and improving patient care through health and health care research.”

### Fertitta Family \$50 Million Gift

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## Coping with School Shootings

After countless school shootings, parents and children are terrified and confused. Parents and guardians struggle with explaining the terror to their children, while they also fear sending them back to school. Baylor College of Medicine experts offer tips for those struggling during this difficult time.

### Talking to your child

Before talking to your child about traumatic events, ask your child what they know about the event. According to Dr. Laurel Williams, child and adolescent psychiatrist, professor in the Menninger Department of Psychiatry

and Behavioral Sciences at Baylor and medical director for the Texas Child Mental Health Care Consortium, the biggest mistake parents make is when they have not had a chance to process it for themselves yet and start telling their children what they should be worried about. It may not be what the child was initially worried about, giving them a potential new worry or fear. If the child has not heard about the event, give them the appropriate amount of information based on their ability to handle difficult news.



“It is likely that kids have heard something, so inquiring about this and correcting any inaccurate information is an important first step. At the same time, limit exposure to media for everyone, but especially among children,” said Dr. Eric Storch, professor and vice chair in the Menninger Department of

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# Legal Matters

## When The Feds Find Out! Lack Of Data Security Leads To Novel and Hefty Settlements



By Iliana L. Peters, JD & John C. Cleary, JD  
Polsinelli, PC

The Federal Government continues ramping up enforcement of data security requirements by deploying significant new enforcement theories and tools in support of cyber and data security controls required by federal law. Specifically, the Department of Justice (DOJ) and the Federal Trade Commission (FTC) recently entered into settlements with private companies that underscore these cybersecurity mandates and the additional investment of resources devoted to enforcing them by the Federal Government.

**Why are these cases important?**

- The DOJ settlement is the first False Claims Act case involving DOJ's Civil Cyber-Fraud Initiative.
- The FTC settlement involves not only the current owner of the entity that experienced multiple data breaches, but also that entity's former owner.

First, the DOJ reached a court-approved settlement agreement with Comprehensive Health Services (CHS) to resolve allegations that CHS violated the False Claims Act by falsely representing to the State Department and the Air Force that it complied with contract requirements relating to the provision of medical services at State Department and Air Force facilities. Importantly, according to the DOJ, the factual representations and contractual requirements at issue pertain to CHS's commitment to provide HIPAA-compliant electronic medical records systems and support for the patient care required by the contract. DOJ alleged that CHS did not abide by these requirements and knew of lapses

in data security and system protocols. The DOJ stated that even when the issues came to light, CHS did not address them or report them externally, contrary to HIPAA requirements. A whistleblower, Dr. M. Shawn Lawlor, filed suit against CHS under the qui tam or whistleblower provisions of the False Claims Act on these and other issues. The DOJ joined the case and resolved it in this month's comprehensive civil settlement. Specifically, the DOJ's civil settlement resolves two separate actions brought against CHS under the False Claims Act.

The DOJ statement on these cases emphasized that the "investigation and resolution of this matter illustrates the government's emphasis on combatting cyber-fraud." Specifically, on "October 6, 2021, the Deputy Attorney General announced the department's Civil Cyber-Fraud Initiative, which aims to hold accountable entities or individuals that put U.S. information or systems at risk by knowingly providing deficient cybersecurity products or services,



knowingly misrepresenting their cybersecurity practices or protocols, or knowingly violating obligations to monitor and report cybersecurity incidents and breaches.

Second, the FTC entered into a settlement with the current and former owners of CafePress, an online customized merchandise platform, regarding allegations that CafePress failed to implement "reasonable security measures" to protect consumers' information and to notify individuals of "multiple" breaches. The FTC alleges that CafePress did not implement encryption, reasonable password protection, threat detection and response, security incident response, and appropriate data deletion. The

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# Houston Methodist Study Finds Clues About Concussions from The Gut

## Research Showed Microbiome May Be Used to Track Impact Of Injuries And Recovery Timeline

A recently published study by Houston Methodist scientists suggests telltale signs of concussions might be found in the gut. By taking blood, stool and saliva samples from 33 Rice University football players, the researchers were able to examine the diagnostic potential of the gut's microbiome. They say their findings demonstrate that a simple, objective diagnostic test could be developed to track the impact of concussions and signal when it's safe to return to action.

The findings of this study are described in a paper titled "Alterations to the gut microbiome after sport-related concussion in a collegiate football players cohort: A pilot study" appearing in the May issue of *Brain, Behavior, & Immunity – Health*, a peer-reviewed journal of the Psychoneuroimmunology Research Society with an emphasis on research that has translational impact and clinical implications. Sonia

Villapol, Ph.D., an assistant professor of neurosurgery at the Center for Neuroregeneration in the Houston Methodist Research Institute, is the corresponding author on the study.

While brain movement within the skull may cause injury to nerve cells, such microscopic cellular injuries are not visible on imaging tests like X-rays, CT scans and MRIs, which are more capable of finding injuries on the scale of skull fractures, brain bleeding or swelling. So, the most commonly used test for diagnoses of concussions relies exclusively on self-reported symptoms like blurry vision, dizziness, nausea and headaches, which can be very vague, subjective and often underreported by athletes who want to continue playing. This can make them notoriously difficult to diagnose.

The study, conducted over the course of one season, found a post-concussion drop-off of two

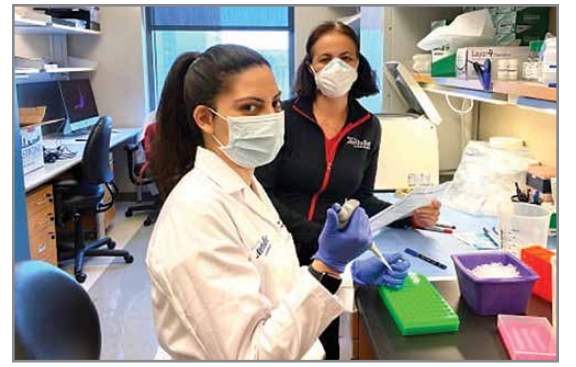
bacterial species normally found in abundance in stool samples of healthy individuals. It also found a correlation between traumatic brain injury linked proteins in the blood and one brain injury linked bacterial species in the stool.

While there have been dozens of brain injury biomarkers identified, there has been limited success in developing commercial blood tests sensitive enough to detect tiny increases in biomarker concentrations. However, the central nervous system is also intimately linked to the enteric nervous system, occurring in the intestines, and head trauma invariably leads to changes in the gut microbiota, Villapol said.

After a concussion, the injuries cause inflammation, sending small proteins and molecules circulating through the blood that breach the intestinal barrier and cause changes in the gut, affecting metabolism.

She said these changes in the microbiota could offer an opportunity to acquire a readout of the ongoing injury to the central nervous system.

"Until your gut microbiome has returned to normal, you haven't recovered," Villapol said. "This is why studying the gut is so useful. It doesn't lie. And that is why there is so



Drs. Sirena Soriano and Sonia Villapol are part of a research team that showed certain gut bacteria may be used to track the impact of concussions and timeline to recovery.

much interest in using it for diagnostic purposes."

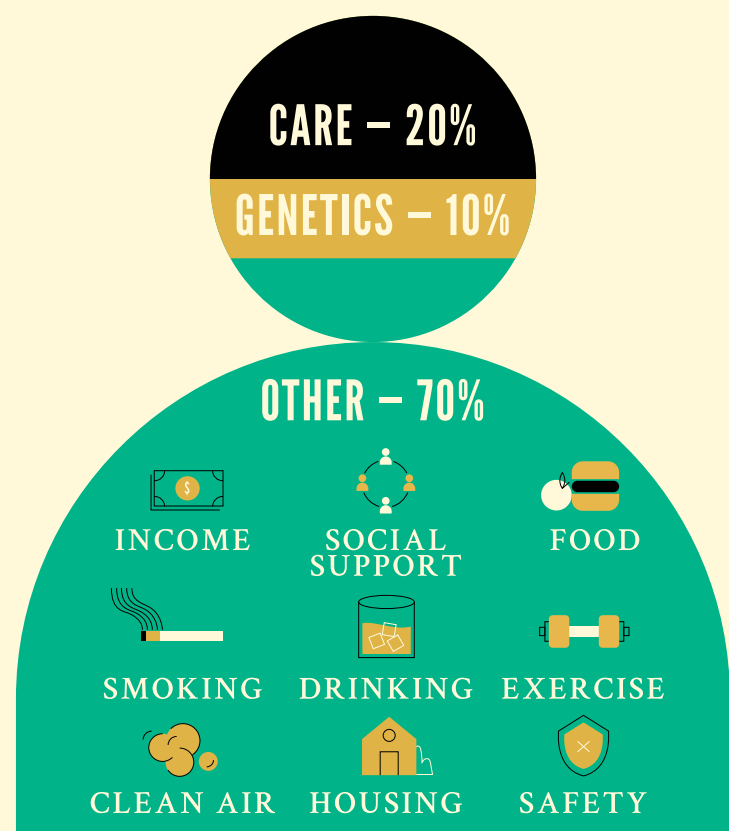
While only four of the players in the study were diagnosed with major concussions, the researchers say the results will need to be confirmed in a larger sample size. They also plan to conduct a similar study soon using women's soccer athletes, who similarly have frequent head trauma.

"Women and men don't have the same immunities or gut microbiomes, and as a woman and a mother of daughters, I would hate to be that researcher who only looks at men's issues while overlooking women," Villapol said. "Women soccer players have very high rates of concussions, as well, and all the same problems when it comes to existing diagnostic methods."◆

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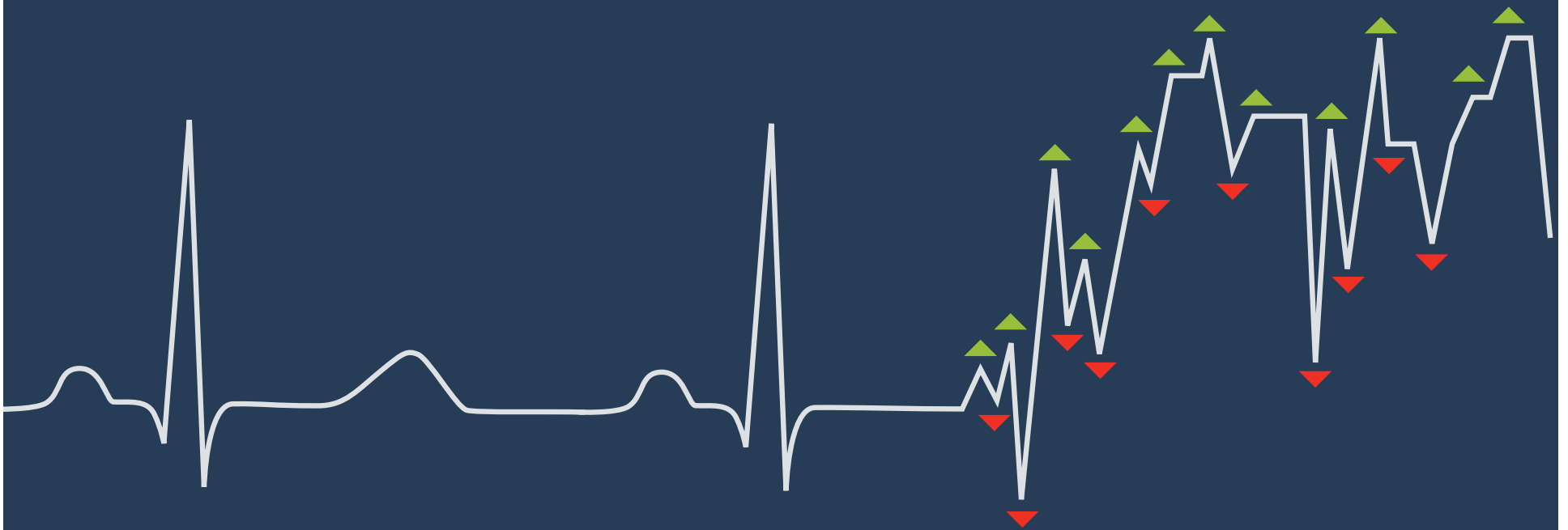


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UH POPULATION HEALTH

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# Oncology Research

## Cancer in the Workplace: Tips to Support Co-Workers with Cancer



By Branden Hsu, M.D.,  
Texas Oncology

Cancer patients often experience emotional and physical changes – these commonly include increased anxiety, fear, depression, and fatigue. Supervisors and co-workers should expect these changes and make arrangements to support the patient and each other during the treatment process.

Remember that just as each member of your work team has unique skills and personalities, your cancer patient colleagues will have different reactions and needs. Learn and respect your

### What to Say (and Not Say)

It's always a challenge to know what to say to someone going through a difficult situation. The standard "Let me know if I can do anything" might be heartfelt, but it places the onus on the patient to follow up. Instead, it's usually more helpful to offer specific support to your colleague. You might offer to update the co-worker on office happenings, assist on a special work project, take over a routine task, or

even research resources to assist the patient. During brief conversations, focus on topics the patient enjoys discussing. Discussing work activities or other normal issues helps ensure that cancer isn't the main topic of every discussion.

There are also some things co-workers should avoid telling a cancer patient:

- Don't offer unsolicited advice. It is best to simply respect the patient and their choices.
- Don't tell the patient about other people you know who were affected by cancer, especially if the outcome was negative.
- Don't say "I know how you feel" unless you specifically had the same cancer treatment. It's better to listen to the patient.
- Don't tell the patient to "cheer up" or to "stay positive." It might come across as insensitive or insulting. It could also add more pressure to an already stressed patient.
- Don't engage in long phone calls or conversations. Cancer patients

usually need rest, but the patient might be too polite to say so.

### How to Help

Providing consistent, ongoing, and practical support to co-workers can be an important source of encouragement to a colleague throughout cancer treatment. If a patient is open to sharing their cancer journey, following are a few practical tips to show you care:

- Send notes. Short, personalized cards reminding patients that they are missed and that "work isn't the same without them" can lift spirits far more than an expensive gift.
- Prepare gift baskets. A customized collection of work-related trinkets or comforting items will help the

see Oncology ...page 14



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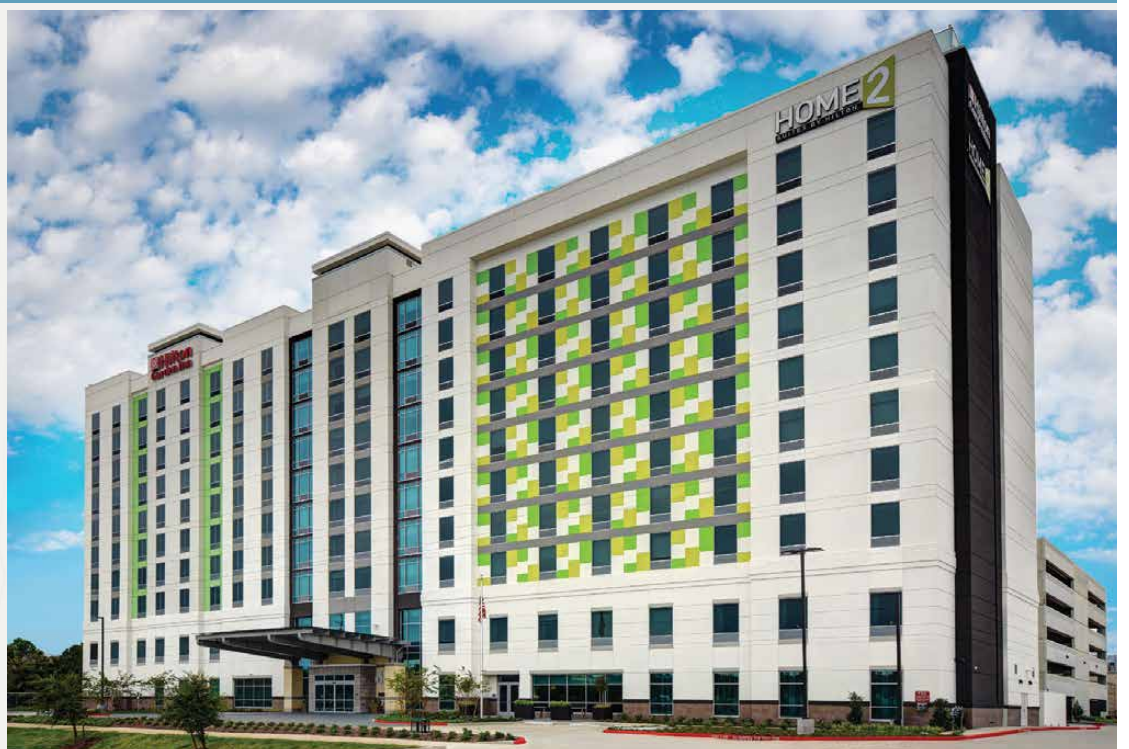
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## Healthy Heart

### Lay Rescuers Who Do CPR Are Heroes and Survivors, New Statement Addresses Their Perspective

By The American Heart Association

A new Scientific Statement from the American Heart Association, published in the Association's flagship, peer-reviewed journal *Circulation*, details the experience of lay people who have performed cardiopulmonary resuscitation (CPR). The Statement assesses their perspectives on training, their motivation to take action, and the psychological impact of witnessing and responding to a cardiac arrest.

"We need to listen and learn from the experiences of lay responders to truly improve how we train, encourage and support future responders," said Chair of the statement writing group Katie N. Dainty, Ph.D., Research Chair at North York General Hospital and an associate professor in the Institute of Health Policy, Management & Evaluation at the University of Toronto in Canada.

The skill to perform CPR and use a defibrillator are the foundational components of preparing laypeople to respond to cardiac arrest. People also

need to feel emotionally prepared to respond when they witness a cardiac arrest.

"Nearly half a million people each year suffer cardiac arrest outside the hospital, meaning there is a high likelihood of an event happening during working hours, in the office," says Kelly Youngblood, Executive Vice President & CFO, MRC Global, 2022 Chair Houston Heart Challenge, and current member of the Greater Houston AHA Board of Directors. "CPR training is a crucial component to employee health and wellbeing programs, ensuring staff are equipped to handle a lifesaving emergency when called upon to do so for a colleague."

There is research about the effectiveness of bystander CPR, as well as on the amount and type of training that seems to be most effective. However, only a few studies have been conducted to understand why people do or do not take action to perform CPR, and what it is really like, from the rescuer's perspective, to respond in a cardiac arrest emergency. The statement



suggests these perspectives are critical to improve the training, motivation and experience of lay responders and, in turn, potentially raise the rate of bystander CPR.

The need for support for lay responders after performing CPR is also an important message of the statement. Studies document varying physical and emotional responses from people who have assisted during a cardiac arrest, highlighting the fact that the psychological impact is not insignificant.

Responders have cited exhaustion, guilt, flashbacks, sleep disturbances, self-doubt, anger, sadness and fear. A positive outcome to performing

CPR mitigated some of the emotional responses; however, psychological responses were wide-ranging and individualized. In situations with a failed resuscitation attempt, PTSD symptom scores were twice as high for responders as those for non-witnesses.

"We need to help responders understand what happened, how much they helped and to work through how they may feel afterward. We sincerely hope this statement will be the beginning of a reframed conversation about how to engage with, support and train lay responders moving forward," said Dainty.

For more CPR resources visit [CPR.Heart.org](https://CPR.Heart.org) ♦

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## Hospital News

### Encompass Health Announces Plans to Build a 60-Bed Inpatient Rehabilitation Hospital Near Texas Medical Center

Complementing local acute care services, the future hospital will serve patients recovering from debilitating illnesses and injuries, including strokes and other neurological disorders, brain injuries, spinal cord injuries, amputations and complex orthopedic conditions. In addition to 24-hour nursing care, this hospital will offer physical, occupational and speech therapies to restore functional ability and quality of life. Care will be provided by highly specialized nurses, therapists and physicians.

The hospital will feature all private patient rooms, a spacious therapy gym with advanced rehabilitation technologies and an activities of daily living suite, cafeteria, dining room, pharmacy and therapy courtyard.

“We are excited to expand and grow our rehabilitation services in Houston, Texas,” said Frank Brown, president of Encompass Health’s Southwest region. “Through the new inpatient rehabilitation hospital, we will provide our patients with coordinated and connected care that

meets them where they are in their healthcare journeys and makes a positive difference in their lives.”

The planned hospital, once opened, will become part of Encompass Health’s national network of inpatient rehabilitation hospitals and home health and hospice agencies. The Company’s Texas footprint includes 26 inpatient rehabilitation hospitals; a future hospital in Amarillo, Texas; one hospital under construction in Prosper, Texas; 51 home health locations; and 15 hospice locations.◆



### UTMB Drug Discovery Partnership Awarded \$56 Million Grant

Thanks to a \$56 million grant, the University of Texas Medical Branch and global health care company Novartis will enhance their work together to discover drugs to fight off the next pandemic.

The grant comes from the National Institute of Allergy and Infectious Diseases (NIAID) and is one of nine such grants awarded by NIAID to establish Antiviral Drug Discovery (AViDD) Centers for Pathogens of Pandemic Concern.

“We must prepare for

the next pandemic by working together across governmental, non-governmental, academic and private sectors to develop an arsenal of countermeasures,” said Dr. Pei-Yong Shi, a professor in the Department of Biochemistry & Molecular Biology and VP for Research Innovation at UTMB and one of the leaders of the partnership. “This project is built on an ongoing collaboration between Novartis and UTMB. Combining our world-leading virology research

capabilities with the state-of-the art drug discovery technologies at Novartis, we have a real opportunity to discover safe and effective drugs against viruses with pandemic potential.”

The partnership, dubbed the UTMB-Novartis Alliance for Pandemic Preparedness (UNAPP), will focus on coronaviruses, flavivirus and henipavirus, three major classes of viruses with pandemic potential. SARS-CoV-2 is the now well-known coronavirus responsible for the COVID-19 pandemic. Flaviviruses include Zika, West Nile, and yellow fever, among others. Henipaviruses include Nipah and Hendra virus, both highly virulent emerging pathogens with the potential to cause outbreaks in humans.

“The COVID-19 pandemic has

shown us how important it is to be prepared,” said Dr. Charles Mouton, Executive Vice President, Provost and Dean of the John Sealy School of Medicine at UTMB. “Through his hard work and ability to both innovate and collaborate, Dr. Shi is making sure we are on the cutting edge of research and discovery so that when the next pandemic hits, we have the antiviral drugs necessary to respond.”

The partnership’s projects will include looking at well validated drug targets as well as phenotypic screening, which will allow for the discovery of clinical drug candidates as well as new targets that will advance the fundamental understanding of the biology of the viruses.◆

### Vital Heart & Vein Names Gay Nord, MHA as New CEO

Vital Heart & Vein, a leading provider of cardiovascular and vein health, has named Gay Nord as its new chief executive officer.

In her new role, she will oversee operations of Vital Heart & Vein’s current and future locations and spearhead the organization’s growth and development.

Nord most recently served as CEO for Hospital Corporation of America (HCA) Florida West Hospital for several years. Prior to HCA Florida West, she served in the same capacity at St. Luke’s Medical Center in Houston and HCA’s Methodist Hospital and Methodist

Children’s Hospital in San Antonio.

Additionally, Nord has served in key leadership positions at HCA’s Overland Park Regional Medical Center in Overland Park, Kansas, and HCA’s Kingwood Medical Center in Houston.

With extensive experience in creating physician partnerships, service line development, and cardiovascular services, Nord has established a track record for leading organizations to unprecedented growth and expansion.

“Without question, Nord is the ideal choice to lead Vital Heart & Vein to the next level. Her bold

and transparent leadership, coupled with her strategic mindset and an excellent record of success, will continue to propel the organization forward into the future,” said Mazen Ganim, M.D., founding partner of Vital Heart & Vein.

“I am honored to lead an organization like Vital Heart & Vein known for its commitment to providing high quality and compassionate care to its patients,” said Nord. “Over the last 24 years, Vital Heart & Vein has established itself as a leading cardiovascular and vein treatment provider. I look forward to working with the phenomenal physicians and employees at Vital Heart & Vein and playing a role in its future growth and success. I consider it a privilege to join an organization dedicated to providing exceptional care to their patients.”

A member of the American



Gay Nord, CEO Vital Heart & Vein

College of Healthcare executives, Nord received her Bachelor of

Business Administration from the University of Houston and her Master of Science in Healthcare Administration from Texas Woman’s University.◆

## Mental Health

### The Link Between Thyroid Dysfunction and Anxiety

If you're suddenly experiencing anxiety when you never have before, you may be surprised to learn that it could be due to thyroid dysfunction.

The thyroid gland acts as the control center for your body. Thyroid hormones produced in the thyroid gland communicate with your brain, heart, and other organs and muscles to properly use energy.

While anxiety is widely known as a mental health disorder, when it comes on suddenly without any history of anxiety, it may be tied to a physiological issue such as hyperthyroidism.

There are two types of thyroid dysfunction:

- **Hypothyroidism**, which occurs when your thyroid gland is underactive and doesn't make enough thyroid hormone, resulting in a slower metabolism.
- **Hyperthyroidism**, which occurs if your thyroid gland is overactive and produces too much thyroid

hormone, which causes your metabolism to be excessively fast.

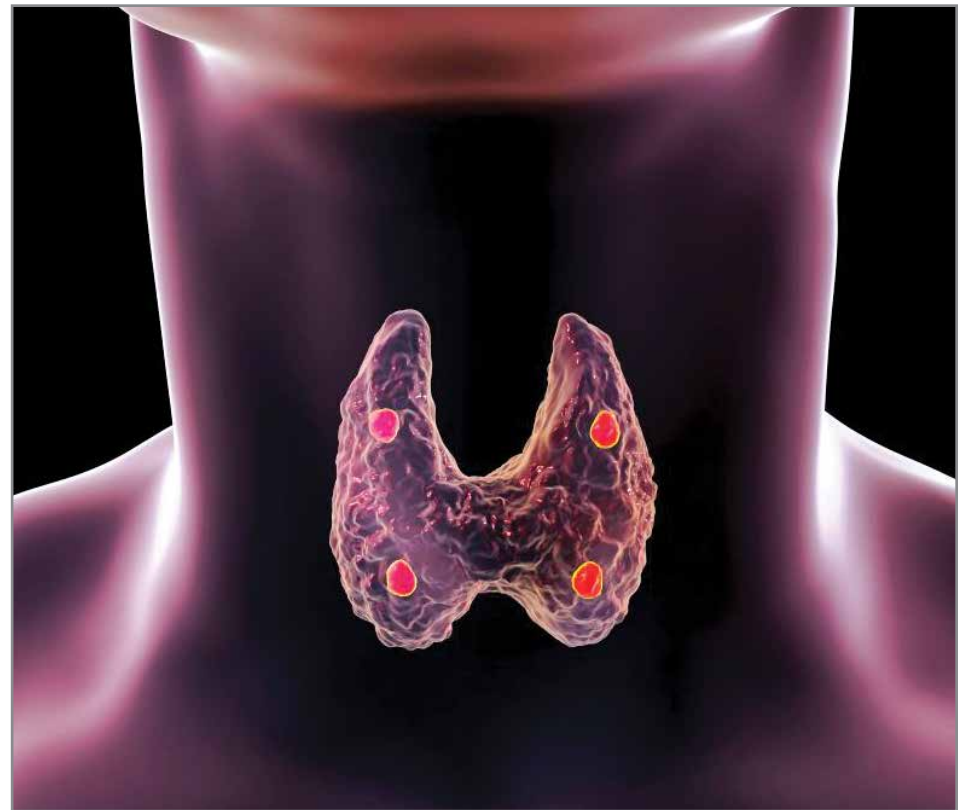
Both types are more common in women than men.

The most common cause of hypothyroidism is Hashimoto's disease, an autoimmune condition in which the immune system makes antibodies that may destroy thyroid cells and stop them from making the thyroid hormone. The most common form of hyperthyroidism is Graves' disease, in which your body produces an antibody that may overstimulate your thyroid gland.

#### The Thyroid/Energy Link

Any dysfunction of the thyroid may cause anxiety, but most often the culprit is hyperthyroidism. Although hypothyroidism is commonly associated with depression, it may also cause anxiety.

The thyroid hormone is pivotal to the creation and regulation of neurotransmitters like serotonin.



Low serotonin levels are linked to:

- **Depression**
- **Anxiety**
- **Mood swings**

When your thyroid isn't functioning properly, these neurotransmitters become erratic, potentially causing anxiety and

panic attacks. Feelings of anxiety may worsen after discovering you have a thyroid disorder, but a physician can help treat this condition.

Please discuss with your primary care physician if you are feeling any changes in energy level, or new or worsening anxiety.◆



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## Financial Forecast

### Financial Planning for Inflationary and Recessionary Times



By Grace S. Yung,  
CFP  
Midtown Financial  
Group, LLC

When it comes to planning ahead for retirement, it can be difficult at best to determine exactly how the stock market, and the economy as a whole, will perform. That's why it is important to hope for the best, but plan for the worst.

The last great recession had a significant negative impact on savings and investments for many people. In fact, for some retirees, they had to come out of retirement and go back to work to help supplement retirement income. So, putting a strategy in place now can help you prepare ahead of time and in turn, help reduce the stresses that come with financial uncertainty at a time when you should be enjoying life.

#### How Inflation Can Impact Your Current and Future Lifestyle

The price of goods and services have been at 40 year highs and the Fed has started to raise interest rates from their historical lows to help curb inflation.

Inflation has been a key topic in the news lately, and naturally people are worried about a possible recession. During a recession, there is generally a decline in industrial and trade activity.

Some of the major implications that can come with recessions include:

- Job losses and unemployment
- Drop in real estate values
- Decline in investment values

#### How to Prepare for Current and Future Inflation

There are several ways that you can plan for rising prices, as well as for reduced work hours (or even a complete job loss), should a recession occur. Some of the key tips for preparing for future inflation can include the following:

- Cutting unnecessary expenses
- Saving your or your spouse / partner's income
- Diversifying your income sources
- Expanding your skills
- Diversifying your investments

One of the best financial

strategies that you can implement to prepare for a recession – or even if you just simply want to save more money every month – is to cut out unnecessary expenses.

Although many people don't like the word "budget," creating a list of your essential and non-essential expenses can make a big difference in terms of keeping tabs on where your money is going, as well as with showing you where you may be able to trim some of your outgo. The money that you save can be used to put into your retirement savings, emergency fund, or other area where it may be accessed if needed.

If you have a spouse or partner, and you both generate income from a job or business, you could make a goal of paying your living expenses using one of your incomes and then use the other's incoming cash flow to set aside in a savings or investment account to grow over time – for a rainy day. This could help to provide you with an additional financial "cushion" down the road to keep up with taxes and inflation.

Diversifying your income sources



can be another viable method of preparing for a possible recession in the future. In this case, you may be able to take a hobby – such as graphic design or fiction writing – and turn it into an income-producing business.

If you or your spouse or partner were to pass away unexpectedly, the amount of household income for the survivor could be greatly reduced, especially if there was one main breadwinner. Therefore, it is important to put some income replacement strategies in place as well when planning.

To get started on these strategies, or to obtain a second opinion on a plan that you already have in place, working with a CERTIFIED FINANCIAL PLANNER™ can be extremely beneficial. ♦



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# Impact Of High Deductible Health Plans on Health Care Utilization

## Study From School of Public Health Finds That Lower-Salary Employees Have Higher Rates of Acute Care Utilization And Spending

By Tim Schnettler

Rising health care costs affect almost every American at one time or another. From the cost to obtain coverage to paying for care, a larger share of costs is shifted toward individuals, including those who obtain coverage through employer-sponsored health plans.

The financial impact from the rising costs is particularly burdensome for low-salary employees who may not have the resources to afford care in high deductible plans. This in turn

goal of the study was to describe if we can observe difference in health care use within a single employer, where all employees have access to the same resources and insurance network.”

To accomplish this, Ukert and the research team looked at commercial medical claims data and administrative human resource data from a large employer from 2014 to 2018. The researchers linked the administrative data—details on salary and other benefit choices—to each employee in each year with medical claims.

The team found that employees



leads to putting off and, in some cases, completely neglecting their health care.

A new study led by Benjamin D. Ukert, PhD, assistant professor in the Department of Health Policy and Management at the Texas A&M University School of Public Health, has found that lower-salary employees enrolled in an employer-sponsored high deductible health plan (HDHP) have higher rates of acute care utilization and spending but lower rates of primary care spending compared to high-salary employees at the same employer.

Additionally, the results of the study, “Disparities in Health Care Use Among Low-Salary and High-Salary Employees,” which was published recently in the American Journal of Managed Care, suggest that HDHPs discourage routine physician-patient care among low-salary employees.

“There is little evidence displaying how employees at the same employer may have differential health care use patterns,” Ukert said. “The

earning less than \$75,000 had lower health care utilization and spending than higher-salaried employees. The researchers also found that lower-salary employees utilized and spent less on preventive measures such as outpatient visits and prescription drugs.

However, low-salary employees have significantly higher rates of utilization on preventable and avoidable emergency department visits and inpatient stays.

“What was striking is that the concentration of types of visits was different for low-income individuals compared to higher wage earners,” Ukert said. “One could have expected that they use less care, but foregone care seems to be concentrated among traditional check-up and primary care visits that are relatively cheap.”

The merits of high deductible health plans have been debated because the burden of the costs is placed on the plan holder, which encourages health

see Health Plans ...page 14

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## Prepare Now Before Disaster Strikes

### Having A Plan Is Critical to Keep You and Your Loved Ones Safe During A Natural Disaster

By Ramin Bajoghli, M.D.

Emergencies, such as natural disasters or health crises, are potentially dangerous. Be sure you're prepared to keep yourself and your family safe.

Unfortunately, statistics show that not everyone is as prepared as they could be. According to Federal Emergency Management Agency (FEMA) research, despite 80 percent of respondents to the 2019 National Household survey saying they had gathered enough supplies to last three or more days, only 48 percent said they had an emergency action plan.

Planning ahead is critical. Hurricane season begins June 1, and the Centers for Disease Control and Prevention (CDC) recommends that those living in coastal areas prepare now.

Include these essential items in your family's emergency plan:

- ▲ **Write emergency numbers on paper.** Place these numbers near the phones in your home or on the refrigerator. In addition, program the numbers into your cell phone.
- ▲ **Prepare an emergency supply kit.** It's hard to know what you may need in an emergency, so having an emergency supply kit is essential. There may not be time to gather the supplies you need once disaster strikes. In your emergency supply kit, include the following items:
  - Food and water. Include three days' worth of nonperishable food items that are easy to store and prepare and water (1 gallon per day for each person and pet in the home).
  - Medications. If you are able



and your pharmacy plan allows, try to have at least a two-week supply of all prescription medications for every individual in your home. If that is not possible, refill your medications regularly and keep them in a place that is easily accessible.

- Power sources. You'll need flashlights, lanterns, extra batteries, and external power sources that can be charged in advance of a hurricane.

- Important documents. Medical documents, wills, passports, and personal identification should be kept together and easily accessible.
- ▲ Locate the nearest shelter and plan your evacuation route. Be prepared to evacuate if and when instructed by local officials. Have a plan in place for pets, such as identifying ahead of time shelters, pet-friendly hotels, or relatives/friends who live outside the evacuation area.◆



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# UH College

## Continued from page 1

### Breakdown:

- \$10 million funds five endowed chairs for faculty hires who are considered national stars in their fields with a focus on health care innovation. This portion of the gift will be matched one-to-one as part of the University's "\$100 Million Challenge" for chairs and professorships, doubling the endowed principal to \$20 million.
- \$10 million establishes an endowed scholarship fund to support endowed graduate research stipends/fellowships for medical students.
- \$10 million will cover start-up costs for the Fertitta Family College of Medicine to enhance research activities including facilities, equipment, program costs and graduate research stipends/fellowships.
- \$20 million will create the Fertitta Dean's Endowed Fund to support research-enhancing activities.

The gift officially launches a \$100 Million fundraising campaign for the Fertitta Family College of Medicine to support scholarships, faculty recruitment and operational needs for equipment, programs, student success initiatives and more. University of Houston President Renu Khator hopes the gift will inspire others to consider contributing to Houston's newest "crown jewel."

"Tilman Fertitta and his family have made a visionary investment, so it is only fitting this new, ambitious and forward-thinking medical school should bear the Fertitta name. It will have a remarkable and lasting impact on Houston and the world. Thanks to the Fertitta family's amazing generosity, the financial security and longevity of the medical school is cemented for generations to come," said UH President Renu Khator.

### Game Changer

Fertitta is the sole owner, president and CEO of Fertitta Entertainment which owns the restaurant giant Landry's, the Golden Nugget casinos and hotels, and the NBA's Houston Rockets. He is considered one of the foremost authorities in the restaurant, gaming, entertainment and hospitality industries and is a New York Times best-selling author, while also leading numerous civic boards in Houston.

He has served on the UHS Board of Regents since 2009, was elected chairman in 2014 and has served ever since. Last year the governor reappointed him to the Board for another six-year

term. In 2016, Fertitta donated \$20 million, the largest individual donation ever to UH Athletics, to help transform the UH basketball arena into a modern-day sports venue now called the Fertitta Center.

"Tilman Fertitta is a visionary leader and staunch advocate of the University of Houston, evidenced by his remarkable commitment that will bring our medical school to national prominence and the forefront of medical education," said Dr. Stephen J. Spann, founding dean of the Tilman J. Fertitta Family College of Medicine. "Naming a medical school is a rare opportunity that not only creates lasting momentum for the University, but more importantly, ensures people who desperately need access to health care get it."

Last year, the Fertitta Family College of Medicine became an official member of the Texas Medical Center, the largest medical center in the world. It will have an estimated regional economic impact of \$377 million by 2029 and will expand health-related research at the University of Houston by an estimated 400% over the next 30 years. To help support and guide its operations, key partnerships have been forged with HCA Houston Healthcare, Humana, Blue Cross and Blue Shield of Texas and others.

"With this gift to the medical school, we not only want to improve the lives of Texans, but also help propel the University of Houston to the upper echelon of public universities in the nation," said Fertitta.

### Filling the Gap

Mistrust in the medical system among marginalized communities, and other factors including poverty, have contributed to a gap in access to health care nationwide. By addressing the societal factors that affect their patients' health – such as food insecurity, the environment, employment and housing – doctors trained at UH will help eliminate health disparities and create a more equitable health care system.

A significant shortage of primary care physicians also contributes to that gap – Texas ranks 47th in the nation for active primary care physicians. There will be an estimated shortage of 3,375 full-time equivalent (FTE) primary care physicians in 2030, according to the Texas Department of State Health Services.

An analysis by the American Public Media Research Lab in 2021 found 249 of Texas' 254 counties have areas of shortages of primary care physicians. In 228 of them, the entire county has a shortage, nearly double the amount observed in 2019.

To address this troubling trend,

the Fertitta Family College of Medicine aims for at least half of its graduates to choose to practice primary care, when only about 20% of medical students do so nationwide. The intended impact is improved health outcomes for our communities resulting in decreased sick time, increased productivity, lower medical costs and better quality of life.

Bolstering the ethnic diversity of the physician workforce to ensure that it reflects the population is another priority. Of the 60 students in the medical school's first two classes, 67% are from underrepresented groups in medicine and more than half come from a low socioeconomic background. In contrast, only 13% of all students accepted to U.S. medical schools are Black or Hispanic/Latino. At full enrollment within the decade, the college will have 480 students.

### Community Impact

The vision to transform population health and health care equity starts near the UH campus in Houston's East End and Third Ward. These communities have some of the poorest health outcomes in Harris County. The medical school has established community working groups comprised of community-based organizations, health care and social service providers, churches and other community members, which meet monthly to ensure a collective approach to community health and well-being.

The college's innovative curriculum emphasizes community and population health, primary care, behavioral and mental health, and preventive medicine. Students are consistently and longitudinally exposed to primary care settings and practice. For example, the Household-Centered Care program pairs an interprofessional student team with a family living in an underserved community throughout the four years of the curriculum. Also, because of the significant need to increase the number of physicians practicing in rural areas, students are required to participate in a four-week clinical learning experience in rural Texas.

Medical student and native Houstonian Jalyce Taylor, a member of the college's inaugural class, is passionate about becoming a physician who will address health disparities because members of her family live in medically underserved communities.



Construction on a new \$80 million building to be completed this summer.

"I have an opportunity as a physician to provide equitable care to people and to be the change that I want to see in this society," said Taylor.

Since last fall, the college has also launched two community-based medical clinics staffed by faculty physicians. The Family Care Center on the UH campus offers affordable, comprehensive primary care and behavioral health services to anyone, regardless of income, residency status, employment, health insurance coverage or ability to pay. A sliding fee scale is available according to household size and income.

In Southwest Houston, where nearly one in three people live below the federal poverty level and the uninsured rate is five times higher than the rest of the nation, the college operates a direct primary care clinic on the campus of Memorial Hermann Southwest Hospital. Patients receive broad spectrum primary care services for a flat membership fee of \$60 per month, expanding access to care for the uninsured.

### New Building Opening Soon

The first two classes of 60 medical students are currently taking classes in the Health 2 building on campus, the medical school's temporary home until construction on a new \$80 million building is completed this summer.

The three-story, 130,000-square-foot building is located on 43-acres of previously undeveloped campus land that will be part of a future life sciences complex along Martin Luther King Boulevard. The building will feature a state-of-the-art anatomy suite, clinical skills lab, patient examination rooms, simulation center, large team-based learning classrooms, small group meeting rooms, faculty and administrative offices and dedicated social and study spaces.

"I am so thrilled with everything our medical school has accomplished in such a short period of time and truly believe this is only the beginning of the transformational impact it will have on so many Texas communities," said Fertitta. ♦

## Coping

### Continued from page 1

Psychiatry and Behavioral Sciences at Baylor.

Storch also states that parents should normalize their child's reactions. Be on the lookout for:

- Extreme distress reactions
- Change in behavior
- Sleep problems

#### What parents can do

Williams encourages parents to keep their child's routine, which is more helpful for children than not sending them to school.

Parents who are upset and distressed about a tragic event should

speak with an adult they trust to digest how they feel – that way, if your child sees you upset, you know how to speak with them about it.

“Children can sense if you're upset, so if you don't share what is bothering you, you might actually make your child worry more. Don't outpour everything so you frighten them, but don't hide it either,” Williams said.

#### Coping as a teacher

For teachers, sharing how they feel after a school shooting is an important first step. As schools revisit their safety protocols, they will start learning how to feel safe in the classroom again. Loss of control is very overwhelming for anyone including teachers, so understanding how to feel

safe is important.

#### Coping as a survivor

Survivors of similar events might feel triggered after hearing of school shootings. They should work with someone they trust and feel safe with, so when something triggers them, they can revisit coping skills used in the past. Coping can be individualized, and there is not one way to deal with trauma.

“Trauma leaves a mark in your body and mind. It is not something you get over, but something you go through. There is no right way to deal with the trigger to your trauma but acknowledge that you can get help and you are not alone,” Williams said. ♦

## Legal Matters

### Continued from page 3

FTC's settlement requires CafePress to implement additional security controls, and, notably, requires its former owner, Residual Pumpkin Entity, LLC, to pay a half million dollars to compensate small businesses and other victims of the data breaches.

According to the FTC's statement on the case, CafePress knew that it had vulnerabilities in its systems as early as January 2018, when CafePress determined that certain accounts had been hacked, at which time CafePress took no other action besides closing the accounts at issue and charging the victims a \$25 account closure fee. Further, the FTC stated that CafePress used consumers' email addresses for

marketing, even though its consumer policies stated that consumer information would only be used to fulfill orders.

#### Takeaways

The Federal Government will utilize a strong and growing array of tools to enforce cybersecurity mandates and requirements, whether in the federal contractor community or the private sector as a whole. The Government also indicates that this stepped-up enforcement will continue. As such, the Government will inevitably find out if a company does not have adequate data security controls or did not provide notifications as required by federal law in the event of a data breach and can be expected to take action against any and all entities involved in the lack of compliance, including both current and former business owners. As such, at a minimum, these cases

show the importance of:

- Ensuring a robust data security compliance program that implements all applicable data security requirements;
- Making complete and accurate representations of fact about data security when bidding for government contracts (or other contracts) and in the course of undertaking administration and performance of such contracts;
- Maintaining and following a thorough incident response and breach notification plan;
- Reviewing all government contract requirements related to data security and prioritizing compliance with such requirements; and
- Responding to employee reports and complaints about data security in a meaningful way. ♦

## Oncology

### Continued from page 6

patient stay connected to their team.

- Deliver food. If you know the patient's favorite food, offer to

drop off lunch or dinner at a time convenient to the patient.

- Make time. Brief visits (including virtual visits), sharing music, or watching a favorite TV show with the patient demonstrates genuine concern.

For a colleague with cancer, returning to “normal” likely includes

resuming their pre-cancer work routine. But during treatment, adjusting work responsibilities and encouraging patients through appropriate words and actions, can have a positive impact on your colleague's cancer experience and recovery. ♦

## Health Plans

### Continued from page 11

care shopping and can lead to the reduced utilization of care, particularly among individuals making a low salary.

Those in favor of HDHPs argue that the plans tend to have lower total premiums and lower out of pocket premiums for employees, retaining the traditional value of insurance,

protecting employees from large health care expenses with limits on out-of-pocket spending.

On the other side, opponents of HDHPs argue that employees having to face the full cost of their health care can discourage necessary and preventable health care services, especially when the deductible for families can reach more than \$4,000. This can lead to delayed diagnosis of health conditions

and the potential to miss the window and benefits of early diagnosis or prevention.

“The study provides a first step to understand how socioeconomic characteristics impact health among employed individuals,” Ukert said. “We display disparities where many have not thought to find them.” ♦

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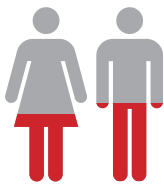


# Women need CPR, too!

More and more people are surviving cardiac events — **BUT NOT WOMEN.**

## Numbers tell the story

In a 2017 study of more than 19,000 people who had cardiac events:



Only **39% of women** received CPR from bystanders in public compared to **45% of men.**



Men's odds of surviving a cardiac event were **23% higher than women's.**

## Why?

Women who have cardiac arrests are more likely to:

- Have cardiomyopathy, a disease of the heart muscle
- Have non-schockable rhythms that cannot be treated with an AED
- Be older and live at home alone

*Plus, a few common fears and myths may prevent them from getting help.*

## THE PROBLEMS:

CPR + ♀ = ?

Even in training environments, some people are less likely to use CPR or an AED on female avatars

"I will cause physical injury"

"I will be accused of inappropriate touching"

"I will get sued if I hurt a woman"

## Fears

## Myths

Many believe that women:

- Are less likely to have heart problems
- Overdramatize incidents

## AHA'S RESPONSE:

To help overcome the problems and fears AHA is:

**RAISING AWARENESS** about cardiac arrest in women.



### IMPROVING TRAINING

AHA's CPR training addresses gender-related barriers to improve bystander CPR rates for women. This includes representation of women in our training materials and informational videos.

### ADVOCATING

to improve the response to cardiac arrest for everyone. Good Samaritan laws offer some protection to those who perform CPR.



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