

HOUSTON Medical Times

Bringing Healthcare News to the Forefront

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Recent Federal Price Transparency Requirements for Hospitals and Plans



David A. King, J.D.
Rachel M. Roberson, J.D.
Polsinelli, PC

The Center for Medicare and Medicaid Services (“CMS”) recently implemented certain price transparency requirements for hospitals and health plans through various regulations, Executive Orders, and the federal No Surprises Act. CMS reasons that these requirements help Americans know the cost of an item or service (including covered items / services) before receiving it, and that this information will make it easier for consumers to shop and compare prices. We have not yet seen much data indicating transparency has impacted consumer behavior.

Each hospital must disclose on a publicly available website current standard charges for a) all items or services, the a) gross charges, b) discounted cash price, and c) payer-specific negotiated charge in a machine-readable format, and for a subset of 300 “shoppable” services, the current standard charges in a consumer-friendly list. These shoppable services are composed of 70 CMS-specified services and 230 hospital-selected services. Many hospitals have chosen to satisfy this shoppable services requirement by providing an online price estimator tool.



Likewise, plans and issuers must disclose on a publicly available website the costs of all items and services for in-network providers and the allowed amounts for, and billed charges from, all out-of-network providers in a

At least 14 hospitals have been assessed civil monetary penalties. And, while we are aware of activity by researchers to use the data provided by plans and issuers, to date, we are unaware of any audit or enforcement measures by any governmental agency against plans or issuers. Enforcement against plans and issuers may be complicated by the complexity of state insurance regulators and diversity of federal agency that oversee various types of health insurance coverage.

machine readable format, and an online price comparison tool (also available by phone, or in paper form, upon request) allowing an individual to receive an estimate of their cost-sharing responsibility for a 500 designate item or service from a specific provider. As of January 2024, plans and issuers are required to expand the price estimator to all items and services. CMS has been reviewing hospital websites and evaluation complaints made by members of the public and sent out over 1000 general warning letters or requests for corrective action plans (“CAPs”).

As of January 2024, plans and issuers are required to expand the price estimator to all items and services.

Additionally, the recently implemented federal No Surprises Act (“NSA”), effective January 1, 2022, imposes some lesser-known price transparency requirements on an individual patient-by-patient basis. These requirements apply to all provider types and regardless of whether the items / services are in- or-network. For uninsured (self-pay) patients, providers must furnish a good faith estimates (“GFE”) to the patient within a very

see Transparency ...page 14

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Content on the Texas Health Steps Online Provider Education website has been accredited by the Texas Medical Association, American Nurses Credentialing Center, National Commission for Health Education Credentialing, Texas State Board of Social Worker Examiners, Accreditation Council for Pharmacy Education, and UTHSCSA Dental School Office of Continuing Dental Education. Continuing Education for multiple disciplines will be provided for some online content.

Oncology Research

Guarding Your Heart During and After Cancer Treatment



By Andrew Jackson, M.D.,
The Woodlands
Texas Oncology

as emerging technologies and solutions. How Cancer Treatments Affect the Heart

In some patients, cancer treatments can present challenges to the heart's health, including damage to the heart muscle, leading to short- and long-term cardiovascular complications. According to a study published in the European Heart Journal, cancer patients have a higher risk of dying from heart disease and stroke than cancer, with 10% of cancer patients dying from cardiovascular problems.

Some chemotherapy drugs may disrupt the heart's normal function, affecting its ability to pump blood efficiently, leading to chemotherapy-induced cardiotoxicity (CIC). Cardiotoxicity can lead to heart problems including cardiomyopathy, heart attack, heart failure, arrhythmia, or fluid buildup around the heart.

Radiation therapy, vital in treating certain cancers, especially



Along with remarkable advancements in life-saving cancer care, medical researchers also are making major progress in mitigating the potential impact some cancer treatment can have on the heart.

While the vast majority of cancer patients will not develop treatment-related heart problems, it is important for patients and survivors to maintain heart-healthy habits as heart disease is the leading cause of death in the U.S.

To help patients make informed decisions, a wealth of information is available about cardiac risks associated with certain cancer treatments, as well

those in the chest area, can also affect the heart and its surrounding structures. Radiation-induced heart disease (RIHD), can lead to coronary artery disease, valve problems, or pericardial diseases.

While targeted therapies and immunotherapies aim for precision in attacking cancer cells, some may still have unintended effects on the heart. These treatments can interfere with the heart's electrical system or weaken the heart muscle, resulting in myocarditis (an inflammation in the heart), arrhythmias, or heart failure.

How Innovation is Protecting Heart

Health

The ongoing research and integration of innovative cardioprotective strategies offer hope in preserving heart health. As these approaches evolve, the goal remains to provide effective cancer treatment while prioritizing the long-term cardiac well-being of patients.

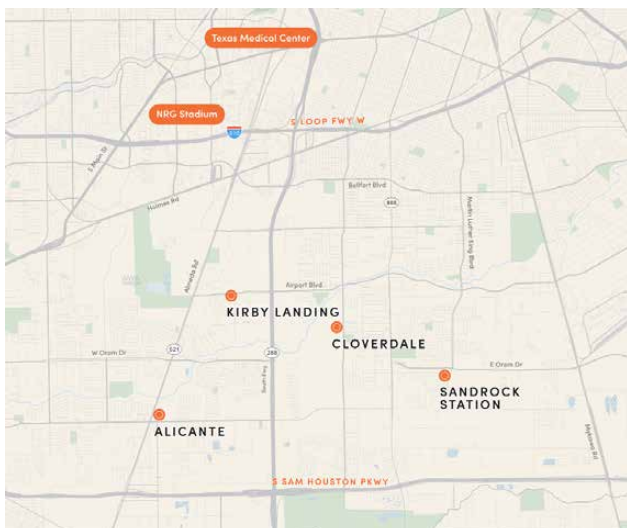
1. Cardioprotective Medications:

These medications aim to shield the heart from potential damage caused by chemotherapy agents without compromising the efficacy of cancer therapy.

see Oncology ...page 14

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UTMB School Of Public and Population Health Awarded Full, Five-Year Accreditation

This Achievement Marks the Second UT System School of Public Health to Be Accredited



UTMB School of Public and Population Health Team

The Following an extensive and rigorous review process, the Council on Education for Public Health has awarded the UTMB School of Public and Population Health its full, five-year accreditation, effective as of December 20.

“This is a momentous occasion,” said Dr. M. Kristen Peek, senior vice president and dean of the School of Public and Population Health. “We are extremely proud we can now say that UTMB is home to a school united, officially, with the vision of Health Equity For All.”

The Council on Education for Public Health is an independent agency recognized by the U.S. Department of

Education to accredit schools of public health, and public health programs that operate outside of schools of public health.

With the assistance of the educational leadership team, Dr. Cara Pennel, associate professor and associate dean for Academic Affairs with the School of Public and Population Health, spearheaded the efforts of the self-study that took place over the last two years.

The UTMB School of Public and Population Health, which formed in 2021, is now the second UT System school of public health

to be accredited. An accreditation by the Council on Education for Public Health is important because it ensures the interests of students and the public are protected, and graduating from such a program or institution enhances employability, as many employers prefer degrees from these institutions. The accomplishment also improves overall national reputation and caliber of students, thus opening doors to other potential certifications and funding opportunities.

“Thank you to all who have contributed to the school’s success: our students, alumni, faculty, staff, community partners and university leadership,” said Dr. Charles P. Mouton, executive vice president, provost and dean of the John Sealy School of Medicine. “The Council on Education for Public Health site visitors were greatly impressed by the team’s efforts, leading to the excellent report we received.” ♦

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Mental Health

UTSW Expert: Resilience Strategies Can Help Avert Holiday Blues

By Eric Storch, Ph.D

Considering therapy is a big step, and finding the best therapist for your needs is important to form a connection. A Baylor College of Medicine psychologist provides a path for finding a therapist.

“The field of psychology, psychiatry and psychotherapy has advanced over the years, and one of the ways it has advanced is by learning that certain therapies may work best for certain problems,” said Dr. Eric Storch, professor and vice chair of psychology in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor.

You should feel a sense of connection and comfort in disclosing things that are personal when speaking with a therapist. While opening up might be difficult, being able to do so comfortably is an initial good sign that you have found a good therapist.

At the first meeting, your therapist will ask questions about your situation, which will help them to conceptualize the problem while linking the best treatment option for that problem. The treatment plan should align with the therapies that have proved to work for that issue.

“Not every therapist is equipped to treat every problem. This is comparable to physicians. You wouldn’t see a cardiologist for a problem with your lungs, you would see a pulmonologist,” Storch said. “In psychotherapy, you want to be looking for people who have a particular expertise in a particular type of problem.”

Experts who treat OCD and anxiety like Storch often use cognitive behavioral therapy as it proves to be highly effective for facing fears. People exploring interpersonal dynamics might find a therapist with a different skillset. The therapist should discuss these treatment elements and discuss



evidence that supports doing a certain type of treatment.

Storch recommends looking into patient advocacy groups that provide sets of questions you might ask a therapist during the initial meeting. Some common initial questions include, “What is your treatment approach?” “What is the evidence that supports that approach for my presenting problem?” “How long will it take?” or “What are some of the techniques or components we do in treatment?”

“You can match up the answers with a trusted, vetted source to understand if this is the right treatment approach,” he said.

The relationship with your therapist should be a collaborative one with open discussion about the treatment approach, components and evidence supporting it. Finding a specialist can sometimes require a few tries until you find the right one.

“If you see someone and it just isn’t the right connection or they don’t specialize in the established treatment for your problem, it’s ok to move on. It’s all about finding the right fit that allows you to best actualize yourself,” Storch said. ♦



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Texas A&M University Breaks Ground on McAllen Expansion Project Nursing Education and Research Building Scheduled to Open In 2026



Rendering of Nursing Education and Research Building

Texas A&M University's expansion in the Rio Grande Valley hit another milestone today with the groundbreaking of the Texas A&M Health Nursing Education and Research Building at the Texas A&M University Higher Education Center at McAllen. The facility will be home to Texas A&M School of Nursing programs and Texas A&M School of Veterinary Medicine & Biomedical Sciences research and outreach.

Community leaders, lawmakers and clinical partners joined representatives from The Texas A&M University System and Texas A&M University to celebrate the start of construction.

The Texas A&M System Board of Regents authorized construction of the \$49.9 million facility in November. The growth is part of a broad commitment made by the regents and

Chancellor John Sharp to provide additional pathways for Rio Grande Valley students to earn a Texas A&M degree while staying close to home.

"We at the Texas A&M System are dedicated to the people of South Texas and Rio Grande Valley," Sharp said. "And that is why we are investing in the region — and its health — with a new facility for nursing and health-related research."

The Texas Legislature in 2021 approved \$29.9 million for the Texas A&M Health Science Center (Texas A&M Health) to support growth in student enrollment for in-demand fields like nursing. Texas A&M leadership earmarked \$20 million for the project.

The nearly 61,000-square-foot building will be constructed on

the west side of the Higher Education Center campus and includes four nursing classrooms, student study areas, a 10,000-square-foot clinical simulation center and space for a veterinary clinic and research laboratory.

The School of Nursing will first focus on offering its traditional Bachelor of Science in Nursing degree. The two-year, five-semester program has approval from the Texas Higher Education Coordinating Board to be delivered entirely in McAllen. The school expects to eventually enroll

approximately 50 students per semester, helping the valley and state address a critical shortage of nurses.

"Our clinical partners in the valley have made it clear that the future of public health is directly related to the availability of highly trained nurses who understand how to deliver care in this area," said Dr. Leann Horsley, dean of the School of Nursing. "Our Aggie nurses studying in McAllen

see McAllen Expansion ...page 13

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Ring in the New Year With a Goal-Oriented Mindset

Setting Health-Related Resolutions for 2024 Is a Simple Way to Start

By Chad Scott M.D.,
Family Medicine

For many older Americans, a new year often starts with resolutions that can lead to improvements in daily habits and better health.

In fact, according to a 2020 study, older adults who engaged in healthy lifestyle choices such as physical activity, not smoking, not drinking heavily, following the Mediterranean-style diet, and taking part in mentally stimulating activities, had a 60% lower risk of developing Alzheimer's disease.

As you consider changes and goals for 2024, here are five achievable resolutions that may help you start the new year on the right foot.

1. Pursue an active lifestyle. Staying active is an important goal. Adults can engage in activity at home including aerobic activity,

resistance training, yoga, walking, biking, dancing, and body weight, resistance band, or light dumbbell exercises. According to the Centers for Disease Control and Prevention (CDC), regular physical activity is vital for healthy aging. Disclaimer: Talk with your doctor before significantly increasing your activity level. This is especially important for those with underlying medical conditions. Ask about the amounts and types of activities that may be best for you.

2. Eat healthfully. Prioritize healthy eating and snacking. Potential benefits of healthy eating include living longer, strengthening bones, and lowering the risk of heart disease, Type 2 diabetes, and some cancers. Depending on how they are prepared, home-cooked meals may have lower levels of sodium, sugar, and fat when compared to



meals at a restaurant. If you have allergies or conditions that require a special diet, talk to your doctor about your meal plan.

3. Challenge your brain and stimulate your mind. Because aging can cause changes to brain size, vasculature, and cognition, according to the National Institute of Aging, it's important to keep your mind active. Living healthfully, both physically and mentally, may be one of the best defenses against the changes of an aging brain. Completing crossword

puzzles or playing games, such as chess, or enjoying a new hobby may be fun ways to keep your mind active. Talk to your doctor if you are worried about changes in your memory and thinking. They can help determine if those changes are normal or something more serious.

4. Stay connected with friends and family. The National Institute on Aging says older adults with strong social and community ties are more likely to live a longer life and cites

see New Year ...page 13

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Healthy Heart

11 Things to Know To Save A Life With CPR

By American Heart Association

When a heart stops, seconds matter. But too often, when someone has a cardiac arrest away from a hospital, people in a position to help don't.

Misunderstandings about CPR can keep people from acting. That costs lives. We asked experts to help clear things up.

You can't wait.

If you see a teen or adult suddenly collapse, call 911 and don't wait for professional rescuers, said Dr. Jose Cabañas, chief medical officer for Wake County, North Carolina.

Each minute that CPR is delayed decreases the odds of survival by about 10%, research has shown. But having

down hard and fast at 100 to 120 beats a minute. (That's the rhythm of the Bee Gees' "Stayin' Alive." You can also have someone search Google for "metronome" and enter "110.")

You don't need certification.

Training is great, and refresher courses are important, said Dr. Elizabeth Hunt, a professor of pediatric critical care medicine at Johns Hopkins University School of Medicine in Baltimore. But you "absolutely" do not have to have a card to perform CPR.

"I advocate getting training," said Hunt, who helped write a 2022 AHA scientific statement on lay responders and CPR. "But it is not necessary to save a life."

Don't waste time checking for a pulse.



a bystander perform CPR doubles or triples the chances of somebody surviving, said Cabañas, who helped write the American Heart Association's 2020 CPR guidelines.

The steps for responding to a cardiac arrest, according to the AHA, are:

- Check for responsiveness.
- Call 911 or, if other people are on hand, have a second bystander make the call. 911 operators can guide rescuers through CPR.
- Begin CPR while a second bystander retrieves an automated external defibrillator, or AED, if one is nearby. Do not stop CPR to go look for an AED.

To perform CPR, place the heel of one hand in the center of the chest. Place the other hand on top and interlock the fingers. Push straight

If you see someone collapse, Hunt said, shake the patient gently and ask, "Are you OK?"

If they are not breathing or are breathing with "agonal breaths," when breathing is abnormal or it appears the person is gasping for air, start CPR.

People used to be told to check for a pulse. "But lay providers don't need to do that," Hunt said. Find the spot in the middle of the chest – "essentially, between the nipples" – and start pressing hard and fast.

Don't be squeamish.

Roughly 350,000 U.S. adults experience an out-of-hospital cardiac arrest annually in the United States, according to AHA statistics.

see Healthy Heart ...page 13

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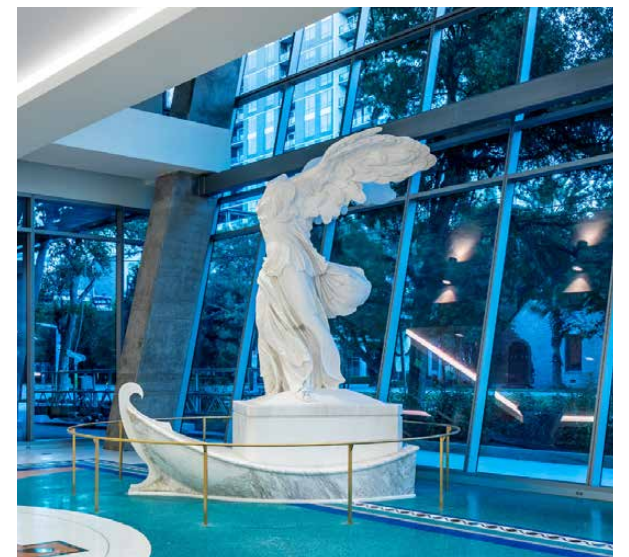
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Melanoma Overdiagnosis Soars Among White Americans, Study Finds

About 83,000 Patients Overdiagnosed in 2018 Alone, Say Researchers

More than half of all melanoma diagnoses among white Americans may be overdiagnosed, according to a new study led by a researcher at Dell Medical School at the University of Texas at Austin.

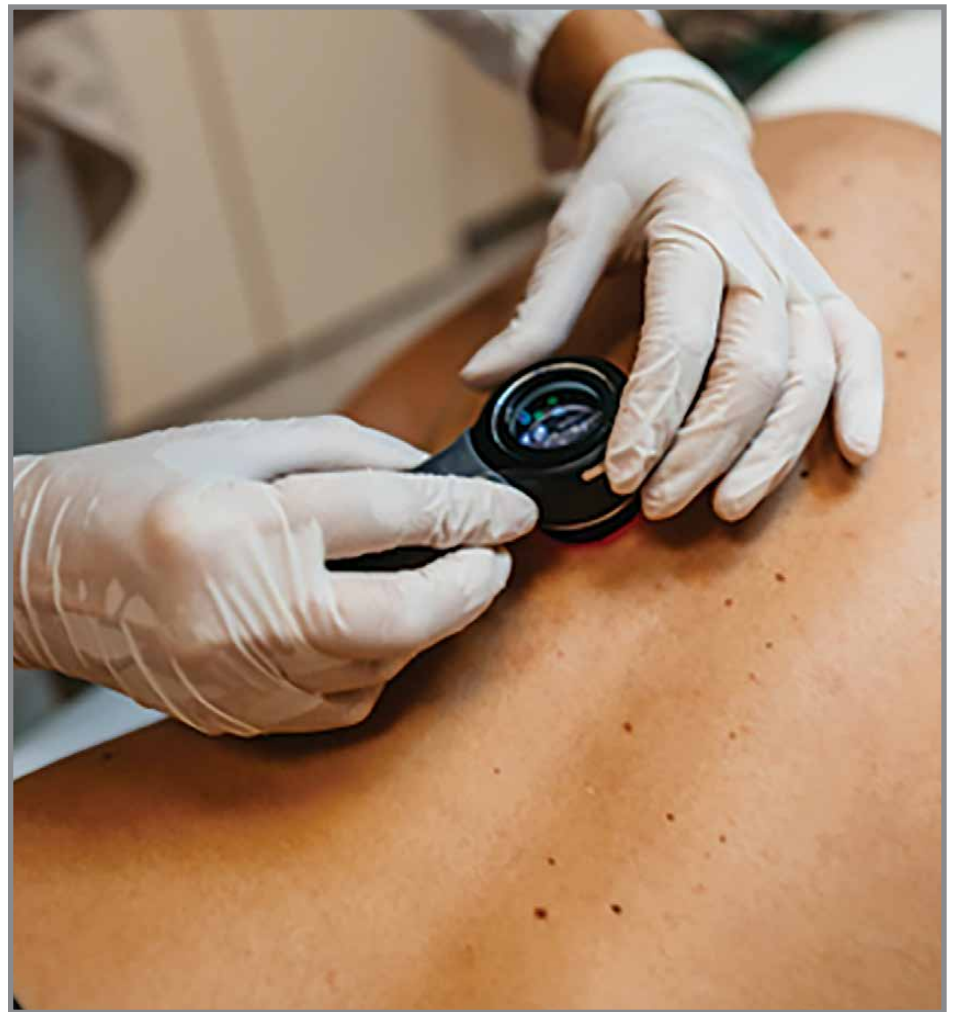
“Cases of cutaneous melanoma have risen significantly in the U.S. over the last 40 years, without an equivalent rise in mortality—which points to overdiagnosis,” said Ade Adamson, M.D., M.P.P., lead author of the study and an assistant professor in the Department of Internal Medicine at Dell Med.

“Overdiagnosis happens when a melanoma is diagnosed that is actually harmless. That means the patient may undergo expensive, unnecessary treatments that may do far more harm than good,” said Adamson.

The research, published today in the journal *BMJ Evidence-Based Medicine*, found that an estimated 49.7% of melanomas diagnosed in white men and 64.6% in white women were overdiagnosed in 2018—a total of about 83,000 cases. Using national data from 1975 to 2018, researchers also found that the lifetime risk of being overdiagnosed with melanoma increased over the years.

A large proportion of overdiagnosed melanomas are in the earliest stage (Stage 0 – also known as melanoma in situ). The authors estimate that 89% of melanoma in situ are overdiagnosed in white men and 85% in white women in the U.S.

“This study shouldn’t dissuade people from getting concerning moles evaluated for melanoma,



especially if you are high risk,” said Adamson. “However, my hope is that it informs how people receive a melanoma diagnosis and brings

awareness to the phenomenon of overdiagnosis as an unintended consequence of screening.”◆

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Financial Forecast

Maximizing Your Impact via Charitable Giving



By Grace S. Yung,
CFP®
Midtown Financial
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Charitable giving is a powerful way to make a positive impact on the world, and individuals have various options to contribute while they are alive. Beyond the traditional methods of writing a check or making an online donation, there are innovative ways to give that can leave a legacy. There are diverse avenues through which individuals can support charities

custodian. By doing so, individuals can ensure that a portion or the entirety of their retirement savings goes to the chosen charity, offering a tax-efficient method of giving.

Non-Retirement Accounts:

Like retirement accounts, non-retirement accounts like savings or brokerage accounts can also have designated beneficiaries. Through Payable-On-Death (POD) designations, individuals can specify charities as beneficiaries, allowing the assets to transfer directly to the organization upon the account holder's passing. This approach simplifies the process and avoids probate.

Charitable Lead Trusts (CLTs):



during their lifetime, including making charitable organizations beneficiaries of retirement and non-retirement accounts, setting up trusts, utilizing life insurance, and considering Donor Advised Funds.

Direct Contributions and Volunteerism:

The most straightforward method of giving to charities during your lifetime is through direct contributions. This includes writing checks, making online donations, or contributing through crowdfunding platforms. Additionally, volunteering time and skills can be a valuable way to support causes that resonate with you.

Retirement Accounts:

Another effective way to support charitable causes is by naming a charitable organization as a beneficiary on your retirement accounts, such as a 401(k) or an IRA. This can be done by filling out a beneficiary designation form provided by the account

Conversely, charitable lead trusts (CLTs) allow individuals to support charities during their lifetime while eventually passing the assets to heirs. In a CLT, the charity receives income from the trust for a set period, after which the remaining assets go to the designated beneficiaries. This strategy can be advantageous for individuals who want to support a cause immediately but also provide for their loved ones in the future.

Charitable Remainder Trusts (CRTs):

For those looking to create a lasting impact while still retaining an income stream, charitable remainder trusts (CRTs) can be a viable option. A CRT allows individuals to place assets into a trust, receive income for a specified period or for life, and then have the remaining assets go to the

see Financial Forecast...page 14

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Houston Methodist The Woodlands Welcomes David Bernard as New CEO

David P. Bernard, MBA/MHA, FACHE, senior vice president, Houston Methodist, officially assumed the role of chief executive officer of Houston Methodist The Woodlands Hospital effective Jan. 1, 2024.

Bernard has vast experience within Houston Methodist, having started his career in the rigorous administrative fellowship program at Houston Methodist in 2000. He worked his way up to vice president at Houston Methodist Hospital and served in that role for 12 years. He has experience across various finance and operational leadership roles and built world class clinical, research and education programs. Bernard also led the DeBakey Heart & Vascular Center and the J.C. Walter Jr. Transplant Center to becoming nationally recognized centers of excellence.

“It has been an honor to

serve within our values-based organization for nearly 24 years. I love Houston Methodist and our mission to serve others by providing unparalleled safety, quality, service and innovation,” Bernard said. “I am excited to help build upon the outstanding work started by my amazing predecessor, Debbie Sukin, and make our institution the very best it can be and serve our community. Houston Methodist The Woodlands will continue to lead medicine and bring the consistency and quality of service that our patients have come to expect.”

Bernard joins Houston Methodist The Woodlands after previously serving as CEO of Houston Methodist Baytown since 2015.

“In the past eight years, [Houston Methodist] Baytown has thrived, recently rising from No. 104 in Vizient’s quality and safety rankings to No. 2 for two consecutive years.

Not only has he led the improvement of care but has shared his talents and passions to rally the hospital’s employees and physicians around a shared mission,” stated Marc L. Boom, president, and chief executive officer of Houston Methodist, in an email to all employees. “David is a very experienced leader and HMTW will be in great hands. I am excited to see what David can accomplish there.”

Bernard is excited to begin his new role and develop new relationships across the region as the leader of Houston Methodist The Woodlands hospital.

“The future of our hospital is bright,” Bernard said. “We have an amazing culture and I look forward to



David P. Bernard, MBA/MHA, FACHE, senior vice president, Houston Methodist, officially assumed the role of chief executive officer of Houston Methodist The Woodlands Hospital effective Jan. 1, 2024.

working with our team to grow with our community, set new standards in care and service and introduce new and effective innovations to continue leading medicine in Montgomery County.”◆



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McAllen Expansion

Continued from page 6

will enjoy access to expert faculty, cutting-edge simulation training and clinical experiences right here in the communities they will serve upon graduation.”

The School of Veterinary Medicine & Biomedical Sciences unit will serve as an important resource for VMBS faculty and students researching transboundary infectious diseases, large

animal biosecurity, zoonotic diseases, veterinary public health and bilingual public outreach in South Texas.

“This new facility will offer a home base for VMBS faculty and students conducting important research and outreach while also expanding our ability to facilitate programmatic partnerships on the border,” said Dr. John R. August, Carl B. King Dean of Veterinary Medicine at Texas A&M. “Additionally, through the McAllen facility, we can further our efforts, and Texas A&M’s land-grant mission, by promoting animal health in

underserved communities, enhancing student recruitment, providing specialized patient consultation in the Rio Grande Valley through telemedicine, and promoting border health.”

The Higher Education Center at McAllen opened in 2018 and currently offers nine undergraduate degree programs. The Texas A&M Health Science Center has offered education programs in McAllen since 2004.

“It is a major focus of the Higher Education Center at McAllen to be accessible to students and serve

the needs of our community,” said Manny Vela, associate vice president and chief operating officer of the Higher Education Center at McAllen. “By collaborating with Texas A&M Health, we are fulfilling our shared goal of expanding academic offerings to the Rio Grande Valley, especially in industries that are of such great demand.”

The Nursing Education and Research Building is expected to be open for the spring 2026 semester.◆

New Year

Continued from page 7

research stating that isolation can contribute to high blood pressure. Even a virtual visit is better than no visit at all if a face-to-face visit isn’t possible.

5. **Nurture an interest.** People who

engage in activities or hobbies may feel happier and healthier, according to the National Institute on Aging. Learning new skills may also help increase cognitive function. Music, theater, dance, and creative writing are just some ways that older adults may be able to help improve their well-being through hobbies. These specific interests may help with memory,

boost self-esteem, reduce stress and increase social interactions.

6. **See your doctor.** While New Year’s resolutions such as watching what we eat or starting a fitness routine are common, prioritizing and scheduling a wellness visit with a primary care physician is an important first step. Having regular checkups and preventive

screenings, that are separate from visits due to illness, injury, or routine care for ongoing medical conditions, may help catch health problems early, helping you live a healthier and longer life.◆

Healthy Heart

Continued from page 8

But bystanders, or lay rescuers, administer CPR in only about 40% of cases. Research shows people in low-income and predominantly Black neighborhoods are less likely to receive bystander CPR than those in predominantly white neighborhoods with higher income, and women are less likely to receive CPR than men.

Chest compressions might require opening or cutting away someone’s bulky clothing or removing a bra to reach the middle of their chest or apply AED pads. “It is important that people also have an image of how they would do that,” Hunt said, because even though it may be a little uncomfortable, they can save a life.

Don’t fret about mouth-to-mouth.

If you’re wary of breathing into a stranger, don’t, Cabañas said. These days, training emphasizes hands-only CPR for the first few minutes, which has been shown to be as effective as conventional CPR with rescue breaths in the first few minutes after cardiac arrest in adults and teens.

Mouth-to-mouth resuscitation – two rescue breaths after every 30

compressions – is important, however, for infants and children and if someone’s heart stopped because of choking or drowning, Hunt said. “But if you don’t know how to do it, compressions-only is still great,” she said.

Don’t worry about hurting someone.

One of the biggest misconceptions about CPR, Cabañas said, is that you can harm someone in cardiac arrest.

“The biggest risk is not doing something,” he said. Whether it’s concerns about legality, propriety or breaking bones, “I would emphasize that there is actually more potential harm by not doing or participating in providing bystander CPR when somebody collapses in front of you.” Good Samaritan laws protect people who step in to provide lifesaving care.

Hunt puts it this way: If someone’s heart has stopped, “they’re already dead.” So any problems caused by CPR are not as bad as not doing CPR.

Don’t be afraid to move them.

If someone falls in a twisted position, you might have to straighten them out to get them on their back, Hunt said. If they are on a bed or couch, it is best to lower them to the ground so that CPR can be performed on a firm surface.

You’re likely to use it on someone

you know.

Some people think they’ll never need to use CPR, Cabañas said. They’ll say, “My family’s healthy,” or they think it’s unlikely they’ll encounter anybody who needs help. “And that is not the case.”

Research shows more than 70% of cardiac arrests happen in a home or private residence. So learning CPR should be part of any family’s safety plans, Cabañas said.

Learning can be simple.

Taking a CPR course will help people know how to respond, Cabañas said.

“There’s multiple ways to learn CPR these days,” he said. You can learn the basics from a free AHA video and get hands-on training through a community center or fire department. (Some airports and medical centers have hands-only training kiosks.)

You’re qualified to use an AED.

AEDs can shock a heart back into rhythm but, as with CPR, need to be used quickly. You should scout out where to find one in places you frequent.

If a place you visit lacks one, Cabañas recommended talking with the manager. If you acquire one for your own facility, register it with the local EMS system so that 911 dispatchers

know where to direct people.

Some AEDs might say they are for trained personnel only. Ignore that, Hunt said. With voice and visual prompts “they were designed to be used by someone who’s never seen them before,” from sixth graders to senior citizens.

It’s not all on you.

Saving people from sudden cardiac arrest takes a community effort, Cabañas said. “When we see jurisdictions and cities and countries that have a higher survival rate, it’s because the community engages and the community is participating in those efforts.”

That also means you don’t face an emergency alone, he said. Other lay responders, 911 dispatchers, first responders and medical workers all are part of the chain.

“You’re not alone,” he said. “There’s going to be other people that will be around to support you in that mission of trying to save somebody’s life.”◆

Transparency

Continued from page 1

short timeframe. The patient may dispute any amount billed that is \$400 or more than the GFE amount through the NSA's patient-provider dispute resolution process ("PPDRP").

A failure to comply with this requirement is subject to \$10,000 monetary penalty for each violation. At this point, we understand that CMS is engaging in inquiries with providers in response to patient complaints regarding the GFE. However, we are

unaware of any financial penalties having been imposed on any provider for failure to comply with this requirement.

Similarly, the NSA requires plans to furnish an advanced explanation of benefits ("AEOB") to commercially insured patients 3 days before the service or upon request if the service has not been scheduled. This would also require providers to send estimates of the scheduled item

/ services to the plan so that the plan could furnish the AEOB. However, CMS is delaying enforcement of these AEOB requirements until subsequent rulemaking. Nonetheless, providers should be prepared to, at some point, send estimates for both uninsured (self-insured) and commercially insured patients. ♦

Oncology

Continued from page 3

2. Advanced Imaging Techniques: Imaging technologies, such as echocardiograms and cardiac MRIs, aid in early detection of cardiac changes, enabling timely interventions to prevent further complications.

3. Precision Medicine and Biomarkers: By analyzing the individual genetic makeup and biomarkers of cancer, oncologists can tailor effective treatments that are less harmful to the heart.

4. Proton therapy: Treatments like ultra-precise proton therapy limit potential impact outside the targeted tumor, avoiding the heart and lungs. According to a study, proton therapy consistently demonstrates the lowest average

dose of radiation to the heart in treatments of the breast, chest wall, and nearby lymph nodes.

How Lifestyle Changes and Supportive Care Help

Integrating lifestyle interventions is important when it comes to the heart. Encouraging patients to adopt healthy habits not only supports overall well-being but aids in maintaining heart health during and after cancer treatment.

- Eat a healthy diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats; limit processed foods and excessive sodium
- Exercise or engage in regular physical activity as able
- Manage stress through techniques

like meditation, journaling, or deep breathing

- Steer clear of tobacco and limit alcohol consumption

When it comes to the heart and cancer treatment, balancing the effectiveness of cancer therapies with the preservation of heart function is essential to improving the long-term cardiovascular health of cancer patients. By understanding potential cardiac risks, preventive measures, and lifestyle modifications, healthcare providers and patients can make informed decisions when it comes to matters of the heart. ♦

Financial Forecast

Continued from page 11

chosen charity. This method provides both philanthropic benefits and potential tax advantages.

Life Insurance:

Life insurance can be a powerful tool for charitable giving. Premiums on life insurance policies are typically a fraction of the death benefit. This tool is popular because it uses power of leverage to increase the dollar amount to pass on. By naming a charitable organization as the beneficiary of a life insurance policy, individuals can

ensure a substantial future donation to the chosen cause.

Charitable giving is not limited to the act of writing a check. Individuals have a myriad of options to make a positive impact during their lifetime, ranging from direct contributions and volunteerism to more complex strategies like trust arrangements and life insurance policies. It is recommended for one to work with a CERTIFIED FINANCIAL PLANNER™ professional to help

you explore these various avenues. A CFP® practitioner can help you tailor your philanthropy to align with your values and create a legacy that extends far beyond your lifetime. Whether it's supporting causes close to the heart or addressing pressing global issues, the power to make a difference lies in the hands of those who choose to give. ♦

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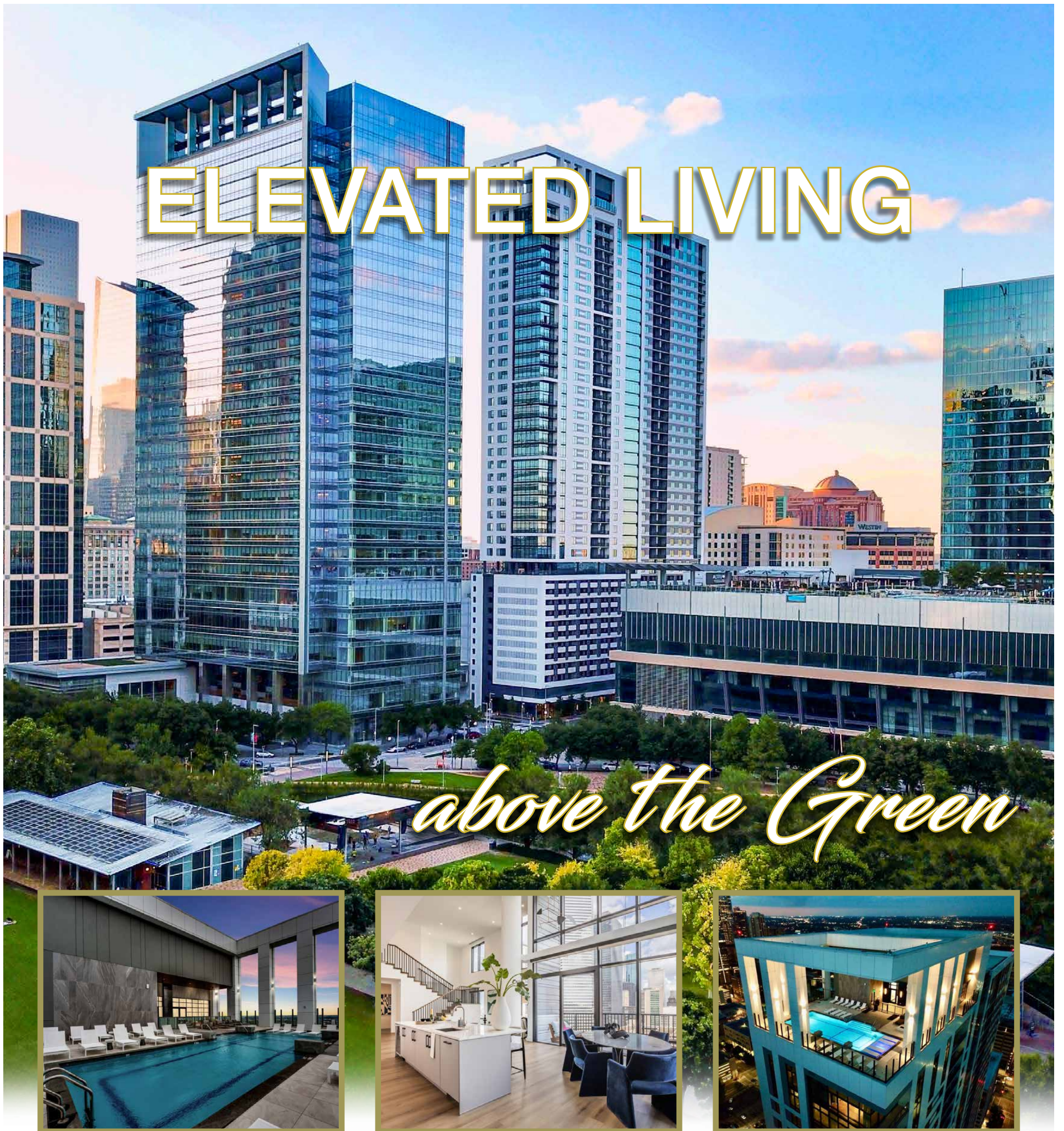
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Emotional Support

Breast cancer can be emotionally draining, but your patients don't have to face these challenges alone. We are here to listen to them and provide emotional support to help you cope with their feelings and other concerns.

Resources

Our educational resources, including our **About Breast Cancer** section on **Komen.org** features the latest evidence-based information that is regularly reviewed by an expert panel of researchers, practicing clinicians and patient advocates.

