CRH Building Expansion to Enhance Services

Columbus Regional Hospital is building a new Emergency Department and expanding its Cancer Center.

“We know that an emergency trip to the hospital is not something anyone plans, but it’s important to have the best staff and facilities in place to serve our community’s needs when emergencies do happen,” says Jim Bickel, President and Chief Executive Officer of Columbus Regional Health. “Expanding our Cancer Center allows us to further extend the healing environment to allow more space for our patients and families undergoing cancer treatments.”

EMERGENCY DEPARTMENT CONSTRUCTION STARTING IN FALL

Emergency Department construction begins this fall and is expected to be complete by the end of 2015. The new two-story department will be to the east of the main hospital building and will more than double the size of the current space. The Emergency Department will be on the ground floor, with the second floor housing a unit for patients who need to be clinically observed by a physician while waiting on test results.

CANCER CARE EXPANDING AS NEED GROWS

Work also begins this fall to expand the Cancer Center, adding over 5,000 square feet to the existing center space to meet growing needs. The expanded center is expected to open in the summer of 2015.

Improved patient parking and traffic flow will be part of the $30 million campus construction project. There will be no interruption in cancer care or emergency care during construction.

New Partnership Designed to Enhance Care

Columbus Regional Health and Schneck Medical Center have joined forces to create a new partnership called inSPIRE Health Partners.

The new entity is a collaboration among the two hospitals, local physicians and other healthcare providers who will work together to improve population health, deliver a better patient experience and provide more affordable care.

As part of inSPIRE, participating providers will agree to take responsibility for patients’ comprehensive healthcare needs, both inside and outside of the hospital.

The inSPIRE name blends the location of the networks’ founding members and clinical providers, Indiana, and the fact that the organization intends to be a clinically integrated network. “SPIRE” draws on the network’s values: Service, Patient-centered, Innovation, Results and Excellence.

WellConnect: Take a Look Around

When it comes to your healthcare, fitness, and education, WellConnect has you covered. Do you know everything we offer?

CARE CENTER

WellConnect offers convenient walk-in care for minor illnesses, medical screenings and travel medicine. Just drop in if you have a case of the sniffles or need a quick check of your blood pressure or cholesterol.

We can also get you ready for international travel with immunizations to keep you healthy and safe. To see a list of services and prices, go to www.crh.org/wellconnect and click on the “Care Center” link.

Open to the public, WellConnect also offers a variety of innovative health and wellness services at the corner of Third and Washington Streets. We’re open Monday – Friday, from 7 a.m. – 7 p.m. and offer these services:

ARRAY OF CLASSES

Massage therapy can help to reduce stress, muscle tension and pain. To schedule an appointment, call 812-376-5104.

Lunch & Learns offer health education sessions and cooking demos.

Exercise classes, from beginner to advanced levels, are available. Passes are $2 per visit; no registration needed.

To learn more about our classes, visit www.crh.org/wellconnect and click on the “classes” link.

CONNECTION SPECIALISTS

Our Connection Specialists can help you navigate the healthcare system for yourself or a loved one. Call 812-343-9840.
Once you have decided to have joint replacement, you’re likely to have a lot on your mind.

One of the greatest concerns is probably the pain you should expect after surgery. Fortunately, Columbus Regional Health and the Joint & Spine Center are working on cutting-edge techniques to improve this aspect of your care.

Traditionally, a spinal block in combination with a general anesthetic was the main mode of pain control. Intravenous narcotics and oral pain pills have been used in the postoperative period to help pain control after surgery. These methods have had their problems, though, including excessive nausea and vomiting as well as low blood pressure and poor pain control.

**HEAD START ON PAIN CONTROL**

Today, the strategy has changed. We no longer wait for pain to occur and then respond to it. Anticipating pain and treating it during surgery has provided a markedly superior experience for our patients.

We are now avoiding the use of spinal anesthetics and decreasing narcotic use to eliminate many side effects. A multimodal approach has been developed that includes the use of nonsteroidal anti-inflammatory drugs (NSAIDs), intravenous acetaminophen, long-acting local numbing agents, and selective nerve blocks.

Intravenous NSAIDs and acetaminophen have been shown to decrease both postoperative swelling and pain without any of the stomach side effects that can occur with oral forms of pain control.

**PAIN ADDRESSED DURING SURGERY**

Most novel is the use of a new long-acting form of the numbing anesthetic agent bupivacaine. Your surgeon can inject it in your incision during surgery to provide up to 96 hours of pain relief without the blood pressure issues and the nausea associated with a spinal block. Peripheral nerve blocks are also being used to help decrease pain in the immediate postoperative period.

Using multiple techniques specifically designed for each individual has greatly improved patient satisfaction and has allowed patients to participate in therapy more quickly and efficiently.

Of course, oral pain pills are also available if and when needed. Understanding how to control your pain postoperatively is important to maximize your outcome. At CRH, we are working on the latest approaches to postsurgical pain management that comes with an excellent hip or knee replacement experience.

Join Dr. Tannenbaum for his next Joint Pain Seminar on October 2 from noon to 1 p.m. at Mill Race Center, Columbus. Register at crh.org/events or by calling 1-800-699-1019. You can also view our online joint pain seminar at www.crh.org/joint.
8 TIPS for Choosing Health Insurance

It isn’t easy choosing health insurance, whether your employer offers it or you’re buying it yourself. Nearly half of all employers with 200 or more employees offer more than one plan, all with different premiums, co-payments, benefits and deductibles. Use these tips to make sure you choose the right insurance for you and your family.

1 CONSIDER YOUR HEALTH
If you have one or more medical conditions that require ongoing care, such as diabetes or heart disease, or if you have expensive prescriptions, you want a plan with a lower deductible and lower co-payments. You’ll pay a higher premium, but your overall out-of-pocket costs may be lower.

2 MONTHLY PREMIUMS
A premium is the amount of money you pay each month to have health insurance. The lower your monthly premium, the higher your out-of-pocket costs will be. When purchasing a plan with a low premium, the insurance plan typically covers 60–70 percent of medical costs after the deductible. When you pay a higher premium, the insurance plan will typically cover 80–90 percent of medical costs after the deductible.

3 LOOK AT OUT-OF-POCKET COSTS
Let’s look at what it would cost if your child broke an arm and the medical charges totaled $2,000 after the deductible.

Low Premium. Insurance will cover 60 percent of the bill or $1,200. Your out-of-pocket cost equals $800.

Higher Premium. Insurance will cover 80 percent of the bill or $1,600. Your out-of-pocket cost equals $400.

4 REVIEW THE PROVIDER LIST
Your insurance plan will pay for services received by healthcare providers they have contracted with.

Columbus Regional Health Contracted In-Network Health Plans

Aetna / PPOM
Anthem BCBS *
Champva
ChoiceCare *
Encircle
Encore *
Humana *
Humana Medicare Advantage
IU Medical Advantage
Managed Health Services – HIP
MDWise *
MDWise – HIP
MDWise – Hoosier Alliance Plan
MDWise Exchange
Medicaid
Medicaid Care Select PCCM
Medical Mutual / SuperMed *
Medicare
Multiplan / PHCS
Mutual / United of Omaha
PPOM *
Sagamore
SIHO (Southeastern Ind. Health Org.)
Tricare
Tricare for Life Medicare
United Healthcare *
United Healthcare Medicare
*We do not participate in all plans under this provider.

Questions?
If you have questions, contact the member services department of your health plan or talk with your human resources department to confirm what hospitals, doctors and clinics are covered under your plan.

Columbus Regional Health’s Patient Financial Services department is also happy to help.

Feel free to contact us at 812-376-5315 or 800-841-4954 with questions about in-network providers.

We want to help you understand your health plan and determine your coverage.
These providers are called “in-network” or “preferred providers.” It is very important to contact your insurance company to find out if your doctor or hospital is an in-network provider. It will likely cost you more to see an out-of-network provider.

5 READ THE LIST OF BENEFITS
All individual and small business plans have to cover hospitalization, emergency services, lab tests, maternity and newborn care, mental health and substance abuse treatment, outpatient care (doctors and other services received outside the hospital), pediatric services (including dental and vision care), prescription drugs, preventive services, and rehabilitation services. Your employer’s plan, however, may differ, so be sure to read through the plan’s Evidence of Coverage.

6 LOOK AT THE DRUG LIST
All plans have a formulary, a list of medications they cover and the co-payment for each. If you take prescription medicine, check the list to see if your drug is on it and how much refills will cost. If your medication isn’t on the formulary list, you may have to pay for it in full.

7 ASK THE RIGHT QUESTIONS
Call the member services department of the health plan you’re considering or talk with someone in your human resources department and ask:
• Can I go to any doctor, hospital, clinic or pharmacy I choose? How much does it cost to go out of network?
• Are specialists such as eye doctors and dentists covered?
• Are pregnancy, psychiatric care and physical therapy covered? What about home care or nursing home care?
• What is the most I’ll have to pay out of my own pocket to cover expenses?
• How are disputes about a bill or service handled?

8 CHECK THE PLAN’S QUALITY
The National Committee for Quality Assurance ranks health plans across the country based on their clinical performance, member satisfaction and results from NCQA surveys. Visit ncqa.org and type “rankings” in the search bar.

CRH Physicians Recognized for Quality

Congratulations to our physicians and their practices with Columbus Regional Health Physicians for achieving national recognition by the National Committee for Quality Assurance (NCQA) for their outstanding Patient-Centered Medical Home practices:
• Columbus Adult Medicine
• Columbus Family Medicine
• Columbus Internal Medicine Associates
• Doctor’s Park Family Medicine
• Kavelman Family Medicine
• Nashville Family Medicine
• Rau Family Medicine
• Sandcrest Family Medicine

NCQA national recognition demonstrates high-quality, patient-centered medical care. Patient-Centered Medical Home is an approach to provide coordinated, holistic care for patients, instead of the more traditional approach of episodic care. These primary care physicians are seeing better health outcomes for patients, quicker access for appointments and overall improved experience.

To schedule an appointment with one of our primary care physicians, please visit www.yourcarepartner.org.

Check to See if Your Doctor Works With Your Health Plan

Be sure to contact your physician’s office to determine if your physician is contracted with your health plan. Below is a listing of Columbus Regional Health primary care physician practices:

COLUMBUS FAMILY MEDICINE
3581 Central Avenue, Columbus
812-376-9601

COLUMBUS ADULT MEDICINE
2326 18th Street, Suite 210, Columbus
812-372-8426

COLUMBUS INTERNAL MEDICINE
4050 Central Ave., Columbus
812-376-9427

COLUMBUS PEDIATRICS
1120 North Marr Road, Columbus
812-376-9219

DOCTORS PARK FAMILY MEDICINE
3201 Middle Road, Columbus
812-372-8281

KAVELMAN FAMILY MEDICINE
2326 18th Street, Suite 120, Columbus
812-372-1570

KOOPMAN FAMILY MEDICINE
3581 Central Ave., Columbus
812-372-0137

NASHVILLE FAMILY MEDICINE
103 Willow Street, Ste. B, Nashville
812-988-2223

RAU FAMILY MEDICINE
2326 18th Street, Ste. 220, Columbus
812-378-7474

SANDCREST FAMILY MEDICINE
3203 Middle Road, Columbus
812-373-2700

For a complete physician listing, visit www.crh.org.
For women like me — women who lost young mothers to breast cancer back in the early 1980s, years seemed to go by as we mapped out breast cancer risks without much new information surfacing. But today, we are learning and seeing more.

One in eight American women will develop breast cancer. Some of these women have a strong family history of breast cancer passed down through family genes. This is known as hereditary or familial breast cancer.

We can look at the BRCA1 and BRCA2 genes now to get a clear picture of which are genetically linked. But 80 percent of breast cancers are known as sporadic. That means they happen without a true genetic link. Now, though, we have additional DNA testing available to help predict when we might see a sporadic breast cancer.

**KNOW YOUR RISKS**

It’s important that all women know their clinical risk for breast cancer. Women may be asked certain questions, including age, how old they were when they started their periods and age when they first gave birth to a child.

By knowing all these things and putting together a risk profile, we can tell a woman her likely chances of developing breast cancer over five years and her lifetime. We can also use genetic testing to look for a genetic link to breast cancer. We can now use both to get the clearest risk assessment ever.

Looking separately at clinical risk factors and genetic testing helps us put the pieces together, but looking at everything together truly gives women a clearer, brighter picture. We know, too, that finding a genetic link to breast cancer will enable a woman to have full preventive health care options for managing risk. This may include preventive mastectomies with breast reconstruction, medications or intensive screening. A woman chooses what’s right for her life and family. We know, too, that those sporadic breast cancers found early have a very high survival rate — better than in the early 1980’s.

**RISKS VARY THROUGHOUT LIFE**

As a woman gets older, she goes through many changes that can affect her risk of developing breast cancer. We know that estrogen in a woman’s body — necessary for normal growth, childbearing, controlling menstrual periods, and heart and bone health over her lifetime — can also contribute to breast cancer risk. The lifetime production of estrogen can lead to increased risk. Breast cancer risks increase every year as a woman ages.

Breast cancer occurs in younger women, but the women most at risk of the disease are women over 40. All women ages 40 and over should have a yearly screening mammography. Medicine and science have shown us new factors that may be associated with breast cancer.

We know that women should watch their weight, limit obesity and exercise regularly while limiting their alcohol intake to decrease their breast cancer risk.

In 2014, the hope is very real. We know so much. We have digital screening mammography for women’s regular use beginning at age 40, allowing us to see much better than analog films. We have breast MRI that allows women with dense breast tissues to have better views of the dense tissue or to see a cancer more clearly to look for additional disease. We have breast ultrasound, clinical breast exams by physicians, breast self-exams and better diagnostic mammography.

All this paired with chemoprevention (medications that reduce breast cancer risk), and more knowledge about diet/exercise, smoking cessation and reducing/eliminating alcohol intake make for the brightest year toward the best breast health plan ever.
The countdown is on for the second Mill Race Marathon, with organizers expecting more runners and offering more prizes at the Sept. 27 event.

“As the health leader in our community, the Mill Race Marathon is a perfect fit with our mission and values,” says Columbus Regional Health CEO Jim Bickel. “Columbus Regional Health is pleased and proud to be a sponsor of this marathon that certainly has its origins in health and fitness. It has been exciting to see more people getting active through walking and running programs to prepare for this community event,” he adds.

Pre-race activities include the Health and Fitness Expo and the Kids Fun Run on Friday, Sept. 26, at Mill Race Park. After the races on Saturday, runners and families can head over to the “Finish on Fourth Street” after-race party and celebration, set to kick off at 11 a.m.

The Mill Race Marathon serves as a qualifier for the Boston Marathon. All proceeds will benefit Reach Healthy Communities and the Columbus Park Foundation. Registration is open online at MillRaceMarathon.com.

Quick Apple Crisp

**INGREDIENTS**
- ½ cup graham cracker crumbs
- ½ cup quick oats
- 2 tablespoons brown sugar
- 1 teaspoon cinnamon
- 2 pounds apples (about 6, medium size)
- ½ cup water
- 1 tablespoon butter

**DIRECTIONS**
In a small bowl, mix graham cracker crumbs, oats and brown sugar. Wash and peel apples. Quarter them; cut out core and seeds. Slice apple quarters. Spread apples in a 12-by-8-inch baking pan. Add ½ cup of water to the pan.

Sprinkle cinnamon and topping mixture over apples. Dot with butter. Bake at 375 degrees for about 45 minutes or until apples are soft and topping is browned.

**PER SERVING:**
Serves six. Each serving contains about:
- 134 calories
- 1 gram protein
- 3 grams fat, no cholesterol
- 28 grams carbohydrate
- 3 grams fiber
- 44 milligrams sodium

For more crunch, add ½ cup of chopped walnuts, which adds 38 calories, 1 gram protein, 4 grams fat, 1 gram carbohydrate, and no cholesterol, fiber, or sodium to each serving.

To get more great recipes, follow us on Pinterest at www.pinterest.com/crhpinterest.
What’s Behind That Back Pain?

Are you wondering what’s causing your aching back? Here are five potential culprits:

1. **Too Much, Too Soon**
   Your back may ache after your first workout in a while or a day of aggressive yard work. You may have pulled or strained a muscle or ligament. Movements that involve bending, lifting or twisting are among the most likely to trigger back pain. But even too much sitting can lead to discomfort. Back pain from overuse usually resolves on its own within a few days.

2. **Disk Injuries or Degeneration**
   As you age, the flat, round disks between each vertebra break down. You may feel pain as they lose their cushioning ability and rub against each other. This is degenerative disk disease. When the jelly-like filling squeezes out of the hard outer coating of the disk, it’s called a herniated disk. The pressure of fluid against the outer ring can cause lower back pain, while leaked fluid can irritate nearby nerves, causing discomfort.

3. **Alignment Problems**
   Scoliosis, an abnormal curve in your spine, often develops during childhood or teenage years. But it may not cause pain until much later. Alignment problems don’t always begin in your back. Pain or deformities in your foot or ankle can change the way you walk, stretching ligaments and tendons. Pain and arthritis that reaches into your lower back can follow.

4. **Fractures**
   You can break a vertebra during a fall or other accident. But most commonly, fractures develop as a result of the bone-thinning disease osteoporosis.

5. **Health Issues in Other Parts of Your Body**
   Conditions that affect other organs — from kidney stones to sexually transmitted infections — can also cause back pain.

Attend our next back pain seminar at 5:30 p.m. on Oct. 28 at Hotel Indigo, Columbus. **Seating is limited and registration is required.** Register by calling 800-699-1019.