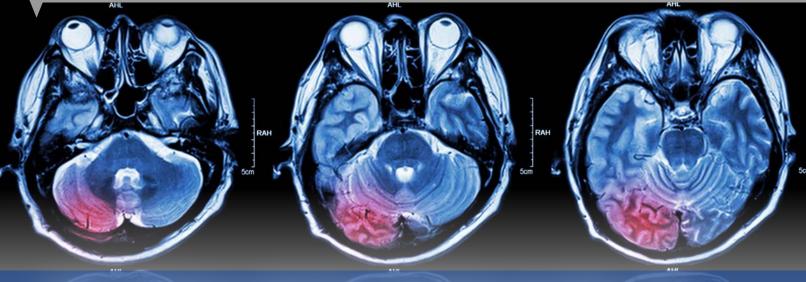


University of Arkansas for Medical Sciences

CONSULT

A Newsletter for Medical Professionals

FALL 2018



UAMS MEDICAL CENTER CERTIFIED AS FIRST AND ONLY COMPREHENSIVE STROKE CENTER IN ARKANSAS

UAMS Medical Center has become the first and only health care provider in Arkansas to be certified as a Comprehensive Stroke Center by The Joint Commission.

The Joint Commission is an independent, nonprofit organization that evaluates and accredits more than 20,000 health care organizations and programs in the United States.

"Achieving the standard of care required by The Joint Commission to be certified as a Comprehensive Stroke Center means a stroke patient at UAMS has a better chance here than anywhere else in the state of not only surviving but leaving our care with the best possible health outcome," said Martin Radvany, M.D., a professor and chief of Interventional Neuroradiology at the University of Arkansas for Medical Sciences (UAMS).

According to the Joint
Commission, the certification is
the most demanding accreditation
and is designed for those hospitals
that have the specific abilities to
receive and treat the most complex
stroke cases. It also means certified
hospitals can provide endovascular
procedures and post-procedural
care and have an emergency
department with a dedicated
stroke-focused program.

"Achieving Comprehensive Stroke Center designation places UAMS among the top stroke centers in the country that have the resources and highly skilled health care teams with advanced training to handle the most complex stroke cases," said UAMS Chancellor Cam Patterson, M.D., MBA. "I am extremely proud of our medical center and our stroke team for their dedication to achieving this designation to provide Arkansans with access to the most advanced stroke care possible.

"This is truly an extraordinary accomplishment that will save lives," Patterson said.

AR SAVES

The Comprehensive Stroke Center designation adds to UAMS' leadership in the area of stroke already established by the Arkansas Stroke Assistance though Virtual Emergency Support (AR SAVES) program.

AR SAVES allows 54 partnering emergency rooms across the state to consult with network neurologists 24/7 through two-way live video. The consultation allows doctors to quickly assess whether a stroke patient is a candidate for alteplase, the clot-busting drug that can be lifesaving and function-preserving for the patient.

For more information, visit ARSAVES.UAMS.edu.

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The UAMS Medical Center stroke team along, with other UAMS physicians and staff, recently achieved Comprehensive Stroke Center designation from The Joint Commission. UAMS Medical Center is the first and only health care provider in Arkansas with the certification.

Achieving Comprehensive Stroke Status

In July 2017, UAMS formed a team to work on getting the Medical Center ready for the Comprehensive Stroke Certification. A gap analysis was performed to show what points of care needed to be addressed for certification. Multiple aspects of the stroke program had to be documented as well.

An application for the certification was sent to The Joint Commission in August. In May, two commission surveyors conducted the comprehensive survey over the course of two days. They toured all areas that care for stroke patients. In addition, the surveyors reviewed files and chart reviews and interviewed staff and patients.

"This effort elevated the requirements of 24/7 coverage for all stroke providers at UAMS," said Matthew Mitchell, director of the UAMS Stroke Program. "It took everyone working in the program using all their experience and energy to achieve the highest possible certification. It was the culmination of years of work. We will keep giving our all to maintain this standard and to provide the best care for the state's stroke patients. Dr. Radvany, Dr. Day and I, along with everyone at UAMS, couldn't be prouder of our stroke team."

J.D. Day, M.D., is the chairman of the UAMS College of Medicine's Department of Neurosurgery and director of the neurosciences clinical program that includes the stroke service and multidisciplinary team leaders.

To be a Comprehensive Stroke Center, a hospital or clinic must be able to provide 24/7 care for patients suffering from a stroke and any cerebrovascular disorder, including ruptured brain aneurysms and bleeding into and around the brain. The Joint Commission requires the provider hospital or clinic to have the following available to do that: an acute stroke team, neurointensive care unit beds for complex stroke patients, the ability to meet the concurrent needs of two complex stroke patients, and neurosurgical services. A center must be able to offer comprehensive diagnostic services; have on-site coverage by a neurospecialist for its neurointensive care unit; participate in patient-centered research that is approved by an institutional review board; and track, monitor and report performance measures.

To make a neurology referral, call 501-686-5838. To make a neurosurgery referral, call 501-686-5270. ■

September 2018 Message from Dr. Jansen



Dear Colleagues,

Investments in statewide telemedicine are bearing fruit in the lives of Arkansans from all walks of life. In 2010.

Arkansas was awarded a Broadband Technology Opportunities grant, enabling the creation of more than 420 telemedicine sites across the state. From that initial vision, some truly amazing tools for better health care have emerged.

Services such as Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS) have helped many women and their families through high-risk pregnancies, reducing the risk of travel. Many walking and talking Arkansans are direct beneficiaries of Arkansas Stroke Assistance through Virtual Emergency Support (AR SAVES), which connects emergency room doctors across the state with neurologists who can determine the appropriate and safe use of clot-busting medications to salvage brain function.

This method of virtual care is exploding. We are committed at UAMS to exploring more applications for its use. However, we don't just do it because it's "cool." We apply evidenced-based principles to assure that care is high quality and furthers our mission of providing the best to everyone in the state.

Sincerely,

Mark T. Jansen, M.D.

Medical Director UAMS Physician Relations & Strategic Development

Gut Club Meets Quarterly

The Nov. 29 meeting will feature a presentation on "Innovations in ADR Improvement and Removal of Large Polyps" from Harry R. Aslanian, M.D., professor, Department of Internal Medicine, Section of Digestive Diseases, Yale University School of Medicine

Meetings are 6-8 p.m., 12th floor, UAMS Jackson T. Stephens Spine & Neurosciences Institute. Details: Melanie Meyer at melanie@uams.edu or 501-686-8206.

News to **Know:** Updates from UAMS

Martin Radvany, M.D., Heads Interventional Neuroradiology

Martin G. Radvany, M.D., an internationally known leader in interventional neuroradiology



and specialist in vascular disorders of the brain and spine, has joined the UAMS Department of Radiology as professor and chief of

interventional neuroradiology.
Radvany was director of
interventional neuroradiology
at the Johns Hopkins Bayview
Medical Center and director
of the Endovascular Surgical
Neuroradiology Training Program
in the Johns Hopkins University
School of Medicine. He also
established the Interventional
Neuroradiology Program at
WellSpan York Hospital in
Pennsylvania.

To make a referral, call 501-686-5745.

Bruno Machado, M.D., Joins UAMS Urology

Urologist **Bruno Lopes Cancado Machado, M.D.**, has joined UAMS as a fellowshiptrained specialist in urinary system surgeries and minimally invasive endoscopic techniques.

Machado specializes in treating benign and malignant prostate



diseases, surgical bladder diseases and vasectomy reversal. He uses minimally invasive techniques to treat kidney, ureter and bladder stones.

He also screens for prostate cancer and uses the latest management practices for benign prostate enlargement and vasectomy procedures.

Machado completed a residency in general surgery at Hospital Geral de Nova Iguacu, Brazil, and a residency in urology at the Hospital Universitario Clementino Fraga Filho, Rio de Janeiro, Brazil. Machado completed a laparoscopic robotic surgery fellowship at the Clinique Saint Augustin, Bordeaux, France. *To make a referral, call 501-526-1000.*

Movement Disorders Adds Huntington's Clinic

The UAMS Movement Disorders Clinic is offering a monthly clinic for Huntington's disease, featuring a multidisciplinary approach for a one-stop shop for patients.

The clinic's multidisciplinary team includes movement disorder neurologists, nurses and nurse practitioners with expertise in Huntington's disease, social workers, nutritionists and speech and physical therapists. The clinic partners with neuropsychologists, psychiatrists and genetic counselors for quick referrals.

To make a referral, call 501-526-5443.

Sign up with EpicCare Link to Prevent Large Faxes

When patients are discharged from UAMS, continuity of care documents are sent to their primary care physician. These documents can be lengthy and can default to your fax machine. If you do not wish to receive faxes, sign up for EpicCare Link.

EpicCare Link is a web-based tool providing community physicians secure access to UAMS' Epic electronic medical record system to view patient medical records and receive electronic messages from UAMS physicians. For more information, visit UAMSHealth.com/MD.

Alternately, if you have an internet service provider, you can subscribe to a Health Information Service Provider such as State Health Alliance for Records Exchange (ShareArkansas.com) or Allscripts (Allscripts.com). After you join, provide UAMS with a list of all providers in your practice, along with their direct addresses. Do this by emailing Helpdesk@uams.edu with subject line: "Provider Direct Address."

(Continued on page 4)

Physician Relations

Physician Relations & Strategic Development Mark T. Jansen, M.D. mtjansen@uams.edu

Michael Manley, RN, MNSommanley@uams.edu

Director

Melanie Meyer, M.Ed melanie@uams.edu

Manager

Carla Alexander, M.Ed carla@uams.edu

Byron Jarrett & Brian Mann physicianrelations@uams.edu

CONSULT

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Editor

Amy Widner

Designer

Norma Edwards

Vice Chancellor for Communications & Marketing

Leslie Taylor



CONSULT

Quiz of the Month

QUESTION

A patient presents with polyarthritis. What is the best serological study to confirm or refute your suspicion of rheumatoid arthritis?

A: ANA

B: C-reactive protein

C: Anti-CCP antibodies

D: RF rheumatoid factor

A: C: Anti-CCP antibodies.

Anti-cyclic citrullinated peptides antibody assays are 67 percent sensitive and 96 percent specific for rheumatoid arthritis.

ANSWER

News to **Know:** Updates from UAMS

(Continued from page 3)

Free Patient Engagement Resources Available

How to Talk to Your Doctor and How to Talk to Your Child's Doctor - informative handbooks to improve doctor-patient communication - are available for free for clinics and hospitals in Cleburne, Conway, Faulkner, White and Van Buren counties thanks to a donation from BHP, an Australian energy company.

The materials were developed by the UAMS Center for Health Literacy.

For more information, contact Alison Caballero at 501-686-5463 or bacaballero@uams.edu.

Weekly Video Conferences Help With Opioid Addiction

The Medication Assisted Treatment Recovery Initiative for Arkansas Rural Communities (MATRIARC) program in the **UAMS Psychiatric Research** Institute holds weekly video conferences for community health providers about opioid addiction treatment.

Conferences are noon to 1 p.m. Fridays, with experts in addiction, therapy and case management.

Participants will also have the opportunity for in-person telemedicine consultations with an addiction psychiatrist from UAMS' Center for Addiction Services Treatment.

To connect to the video conference, email video@uams. edu or call 501-686-8666. For more information, contact Anner Douglas at ADouglas2@uams.edu or 501-526-8459, 833-872-7404.

CenteringPregnancy® Prepares Women for Birth

CenteringPregnancy prenatal care groups are now available at UAMS.

CenteringPregnancy brings together about 10 women with similar due dates for 10 group sessions with their doctor and other health care professionals. Together, they learn important information about how to care for themselves and their new babies.

For more information, visit UAMShealth.com/Pregnant.

Academic Appointments

Laura Hutchins, M.D., has been appointed interim director for the UAMS Winthrop P. Rockefeller

For a list of new physicians, visit UAMShealth.com/MD



Cancer Institute. Hutchins has served as director of clinical research at the Cancer Institute since 1998. Hutchins is a professor

in the Division of Hematology/ Oncology in the College of Medicine.

Susan Long, Ed.D., has been named dean of the UAMS College of Health Professions. Long has served as interim dean since late 2017. She has also been associate



dean for academic affairs since 2012. She is a professor in the college's dental hygiene program. She also serves as associate director for

clinical programs in the UAMS Center for Dental Education.

UAMS PHYSICIAN RECRUITMENT & PROVIDER PLACEMENT PROGRAM

The UAMS Physician Recruitment & Provider Placement Program has a team of placement specialists dedicated to serving the recruitment needs of our partner communities, UAMS Regional Campuses and UAMS faculty. Physician/provider opportunities are available in all specialties throughout Arkansas.

FEATURED JOBS

Family Medicine Faculty Opportunity: UAMS Northeast Regional Campus has an immediate opening for a boardcertified/board-eligible family medicine physician.

Psychiatrist Opportunities: Whether you are looking for an academic or private practice opportunity, we can connect you to one of the many psychiatry openings throughout Arkansas.

Rural Medicine Opportunities: Interested in practicing rural health? Opportunities are available throughout Arkansas, including: Arkadelphia, Dumas, Eureka Springs, Fordyce, Green Forest, Jasper, Lake Village, Lincoln and Lonoke, to name a few.

Recruitment services contact:

Carla Alexander: 501-686-7934 or carla@uams.edu

For a complete listing of job descriptions and opportunities, visit: MedJobArkansas.com









Eustachian Tube Dilation Procedure Provides Relief for Middle Ear Pressure



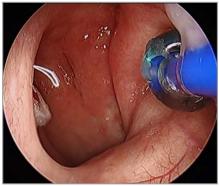
Alissa Kanaan, M.D., a UAMS otolaryngologist who specializes in endoscopic nasal and sinus surgery, is offering a new endoscopic nasal procedure called Eustachian tube balloon dilation for the treatment of Eustachian tube dysfunction, a condition that can cause ear pain, pressure and muffled hearing.

Using an endoscope and a Eustachian

tube balloon dilation device, Kanaan enters through the nose to the back of the sinus cavity where the Eustachian tube is located. After correctly aligning the endoscopic device,



The device is inserted into the Eustachian tube.



The balloon at the tip of the device inflates with water and dilates the Eustachian tube.

which has a curved, hook-like tip, she inserts it into the Eustachian tube. A balloon at the tip fills with water and dilates the Eustachian tube for two minutes.

"I've performed this procedure on several patients who have all reported they have experienced benefit from it," Kanaan said. "They hear better, their middle ear is not collecting fluid anymore, and they don't feel like their ear is under pressure all of the time. There is no pain related to the procedure and they are able to return to work the next day."

The procedure is performed under general anesthesia, but Kanaan anticipates that studies will confirm its safety as an out-patient

procedure and she will be able to serve patients in the clinic. Eustachian tube balloon dilation is appropriate for patients who:

- Have painful ear pressure.
- Cannot equalize ear pressure when flying.
- Have a history of radiation to their nasopharynx or their head and neck area.
- Have had mastoid or middle ear surgery who continue to experience recurrent fluid in their ears or are unable to equalize the pressure in their ears.

Kanaan sees patients in the Ear, Nose and Throat Clinic at the Jackson T. Stephens Spine & Neurosciences Institute at UAMS. To make a referral, call 501-526-1000. ■

PHYSICIAN PROFILE

LINDSEY SWARD, M.D.

Assistant Professor
Department of Obstetrics and Gynecology

What inspired you to become a doctor?



A personal experience with an orthopaedic injury as a young teen really inspired me. The anesthesiologist, who was a young female, was so kind and put me at ease. I remember thinking for the first time that I could

do that - I could be a doctor and take care of people physically and emotionally during tough times.

What do you like most about your specialty?

I take care of women of all ages. A lot of my patients are nervous at first, and I try to make the experience as pleasant as possible. Delivering babies is by far one of the best parts of the job. I consider it a privilege to get to be a part of something so important in a patient's life.

What makes you unique among your peers?

I love to teach – patients, medical students and residents alike. I consider education my way of advocating for women and women's health issues. I also spent a few years in private practice, so I have a deep appreciation for providers around the state who don't always have access to the resources we have here at UAMS. Because of that experience, I think I've been able to bring a unique perspective to the table.

What are your clinical specialties?

I am a board-certified obstetrician/ gynecologist. My practice is a mix of gynecologic care – preventive care, contraceptive management, surgical management of benign gynecologic conditions – and obstetric care – both of lowand higher-risk pregnancies.

How can doctors make referral to you?

For obstetrics transports and outpatient referrals, doctors can contact the ANGELS call center at 501-526-7425 or 866-273-3835.

For gynecologic referrals, doctors can contact the UAMS physician call center at 501-526-1000.

MEDICAL CASE STUDY

Maxillofacial Reconstruction and Osseointegrated Dental Implant Prosthetics

INITIAL CONTACT

A 67-year-old male patient had been treated with radiation and chemotherapy 15 years previously for a squamous cell carcinoma at the base of his tongue. He presented at UAMS in October 2015 with swelling in his right jaw and was diagnosed with radiationinduced sarcoma. Mauricio Moreno, M.D., a head and neck surgeon in the Department of Otolaryngology - Head & Neck Surgery, resected the tumor and nearby tissue, including soft tissue, teeth and part of the jawbone. Moreno reconstructed the patient's jaw at the time, using a metal frame and bone and skin grafts from the patient's leg.

The reconstruction - though successful - did not restore the patient's ability to eat solid food. Additionally, because of radiation at the site, the patient had developed osteoradionecrosis - bone death - which had damaged many of his remaining teeth.

The patient worked with Laurence J. Howe, D.D.S., a dentist and assistant professor in the UAMS Center for Dental Education, and John K. Jones, M.D., D.M.D., an oral and maxillofacial surgeon and assistant professor in the Department of Otolaryngology, to restore his teeth and ability to eat.

ASSESSMENT

With advancements in cancer treatments and surgical techniques, patients are increasingly surviving head and neck cancers, but they are often left with structural limitations that impact daily life. Teeth and portions of jawbone are often removed, and high-dose radiation damages remaining tissue and teeth.

These patients benefit from dental reconstruction, but traditional implants require deeper bone than is available with a typical bone graft. Adhesive dentures are often unusable for these patients because of dry mouth.

Dental implant prosthetics are an emerging solution and have high success rates in native bone and bone grafts and in both radiated and non-radiated bone.

Many of the procedures involved can be performed in the clinic, and some without sedation. Typically, patients need to wait at least three months after their tumor removal surgery before proceeding with a dental rebuild.

The patient was beyond that waiting period and opted for the implants.

PROCEDURES

3D cone beam computed tomography was used to plan the diameter, length and position of the implants.

Jones' role in the treatment of the patient was to manage his lockjaw and scar tissue, which prevented full range of motion and presented challenges for the procedures. Jones also prepared the soft tissue over the bone graft, because the skin was too thick. Jones thinned this tissue and the patient was allowed to heal for three weeks.

Jones removed the patient's unrestorable teeth, leaving one on the bottom native jawbone to serve as a guidepost later during the creation of the dental prosthesis.

Jones inserted the metal bone screws (implants) into the bone graft and native bone, being careful to avoid the metal bone graft frame.

After about eight weeks of healing, Howe made impressions of the patient's mouth, which he used for planning and sent to the dental lab, where the implant prostheses were created. He used wax and plastic bite rims to set up the correct positioning of the teeth, which was challenging because of the patient's limited ability to open his mouth because of scar tissue.

Meanwhile, Howe worked to restore the patient's upper jaw, including crowns on some remaining viable teeth and a removable partial denture. Once the top row of teeth were complete,



The resected tumor, soft tissue, teeth and jawbone

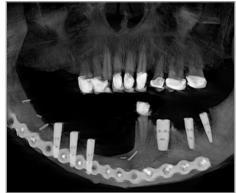


The patient during the jaw reconstruction surgery, with the metal jawbone attached

(Continued on page 7)



The patient during the jaw reconstruction surgery, with metal jawbone and bone graft attached



An X-ray of the remaining native teeth on the top row, the implanted metal on the bottom row, and the one remaining guidepost tooth near the center



The metal implants seen inside the mouth



The final fitting

the guidepost tooth on the bottom jaw was removed and the patient was allowed to heal for two or three weeks. An impression was made of the upper jaw to continue working on correct placement for the implant teeth on the bottom row.

The wax and plastic bite rims were used for the implant teeth arrangements. Impressions were made of the implants to fabricate the connecting bars. With the position of teeth and implants set, then the bar could be fabricated.

Everything was finalized after two fittings. The implants are held in place with a metal bar designed for plastic attachments.

FOLLOW-UPS

The patient regained the ability to chew and eat solid food and reported a much improved quality of life.

To make a referral to the Dental Clinic, call 501-526-7619. To make a referral to the Head & Neck Clinic, call 866-826-7362. ■

Online Appointment Registration

For faster, easier, more convenient patient appointment registration:

- Log on to UAMSHealth.com/MD
- Go to the online appointment request link, complete the form and submit.

The Appointment Center will contact you to assist with your appointment request.

UAMS Appointment Center • 501-526-1000

Laurence J. Howe, D.D.S.



Assistant
Professor
UAMS Center for
Oral Health and
Dental Education
College of Health
Professions

Education

Doctorate of Dental Surgery, University of Tennessee Center for Health Sciences College of Dentistry, Memphis, Tennessee

John K. Jones, M.D., D.M.D.



Assistant
Professor
Department of
Otolaryngology
- Head & Neck
Surgery
Department
of Surgery Division of Plastic

and Reconstructive Surgery College of Medicine

Education

Doctor of Dental Medicine, University of Florida College of Dentistry, Gainesville, Florida

Medical degree, University of Texas Health Science Center, San Antonio, Texas

Residency

Oral and maxillofacial surgery, University of Texas Health Science Center, San Antonio

Fellowship

Facial cosmetic surgery, American Academy of Cosmetic Surgery, Seattle, Washington





4301 W. Markham St., #727 Little Rock, AR 72205



ADDRESS SERVICE REQUESTED



LearnOnDemand.org

A resource of the UAMS Center for Distance Health (CDH), the LearnOnDemand.org web portal offers health care professionals the flexibility of earning continuing education (CE) credits on their own schedule, through an expanded array of teleconferences and online courses.

- Track all educational hours and credits earned inside or outside the program
- Ensure compliance with the CE requirements for the national accrediting organizations for physicians and nurses
- Earn certificates of attendance for a variety of other disciplines

LearnOnDemand.org

For information on LearnOnDemand, contact: **cdheducation@uams.edu** or **1-855-234-3348**.

To request speakers or topics or to learn more about how the UAMS Physician Relations & Strategic Development team can help you, visit **UAMShealth.com/MD**

All classes now FREE!

OCTOBER 2

Neurogenic Bowel

Tom Kiser, M.D.

Department of Physical

Medicine and Rehabilitation

OCTOBER 9

New Drug Updates

Rachael McCaleb, Pharm.D., BCPS College of Pharmacy

OCTOBER 16

Chronic Pain: Challenges and New Innovations

Johnathan Goree, M.D. Department of Anesthesiology

OCTOBER 23

Cervical Spondylotic Myelopathy: Diagnosis, Natural History and Treatment

Samuel Overley, M.D. Department of Orthopaedic Surgery

OCTOBER 30

Professional Development The Patient Experience

Stephen A. Dickens, J.D., FACMPE SVMIC

NOVEMBER 6

Pressure Ulcers

Tom Kiser, M.D.

Department of Physical

Medicine and Rehabilitation

NOVEMBER 13

Update of Infertility Treatment: Focus on PCOS, Obesity and Age Gloria Richard-Davis, M.D.,

FACOG
Department of Obstetrics
and Gynecology

NOVEMBER 20 -CANCELED DUE TO HOLIDAY

NOVEMBER 27

Professional Development The Future of Digital Health

Cam Patterson, M.D., MBA
UAMS Chancellor
Special Venue: I. Dodd
Wilson Building Lecture
Hall, Room 226
Special

DECEMBER 4

Essential Tremor: How to Distinguish from Other Tremor Disorders and Manage

Rohit Dhall, M.D. Department of Neurology

DECEMBER 11

Sickle Cell Update

Collin Montgomery, APRN Adult Sickle Cell Program

DECEMBER 18

Barrett's Disease

Benjamin Tharian, M.D., MRCP, FACP, FRACP Department of Internal Medicine

DECEMBER 25 -CANCELED DUE TO HOLIDAY

Location!

In support of improving patient care, University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the health care team. The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1.0 AMAPRA Category 1 $Credits^{TM}$. Physicians should claim only the credit commensurate with the

extent of their participation in the activity.

The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1 ANCC contact hour. Nursing contact hours will be awarded for successful completion of program components based upon documented attendance and completion of evaluation materials.