

Yankton Drs. Among Best Chiropractors

BROOKINGS — The Best Practices Academy has identified high performing chiropractic physicians, who are leading the way for improved patient outcomes in a patient-centered care model, to participate in the Patient-Centered Connected Care Recognition, a program launched today by the National Committee for Quality Assurance (NCQA).

In an effort to promote improved working relationships between medical and chiropractic providers, program training focuses on integrated shared care planning, with providers working together for the best outcome for the patient. A growing number of choices are available for healthcare consumers in selecting care beyond a traditional primary care physician. Patient-Centered Connected Care recognizes this fact and ambulatory care providers that communicate and connect with other primary care providers as they deliver care to shared patients.

Among the innovative Doctors of Chiropractic identified by the Best Practices Academy and involved in this new recognition program are:

- Thomas D. Stotz, DC, FACO, FICC, James C. Fitzgerald, DC, FICC, Sheila K. Fitzgerald, DC, Thomas J. Stotz, DC at First Chiropractic Center with clinics in Yankton, Scotland and Bloomfield, Nebraska.

“We are very excited to bring value forward to patient care through this process,” says Dr. Scott Munsterman, CEO of the Best Practices Academy. “As health care delivery enters into a new phase of accountability, it is our goal to be a resource to the practices and partner with them on this journey.”

Value is important in the health care system. Insurance payers and states are increasingly rewarding practitioners who provide improved patient care and cost savings. The patient-centered medical home (PCMH) model of care — one in which care is centrally coordinated and tracked by one primary care provider — has become the standard by which primary care can achieve better patient care and lower costs.

“The American Chiropractic Association applauds the NCQA for their willingness to include chiropractic physicians in their newly developed Patient-Centered Connected Care Recognition program. Patient-centered, evidence-based, value-driven health care delivery is rapidly becoming the model of care preferred by both private and public payers. Best Practices Academy and the chiropractic practices listed above are to be commended for their collective foresight,” said Anthony W. Hamm, DC, FACO, ACA President

The Patient-Centered Connected Care Recognition Program aligns with that model. Sites that demonstrate they follow NCQA Patient-Centered Connected Care standards are positioned to earn an NCQA seal.

Avera Provides Video Doctor Visits

Do you need to see a doctor for an ache or pain? There's an app for that.

On June 20, Avera launched a new a mobile video visit that can be done over a smartphone, tablet or computer. AveraNow is offered by Avera as part of its growing direct-to-consumer, easy access points of care. Appointments are \$49, payable by debit or credit card and are available to all consumers in Avera's service area.

The service is available 24/7 for patients as young as age 2 into adulthood.

“Our patients can now get an AveraNow visit, from anywhere, at any time of the day or night,” said Tad Jacobs, DO, Chief Medical Officer for Avera Medical Group. “AveraNow gives people on-demand access to health care. The service is not limited to Avera patients.”

AveraNow's free mobile app is offered through the iTunes App Store, Google Play and other Android-based app distributors. Or, consumers can connect by logging onto a special web page at Avera.org/Now.

When consumers connect for a visit, they can fill out a checklist concerning symptoms, current medications and pertinent health history. AveraNow is appropriate for minor illnesses, such as colds, flu, bronchitis, allergy problems, rashes, urinary tract infections and sore throat. Most appointments last about 10 minutes.

Patients will get a real-time, two-way video visit with an Avera doctor or advanced practice provider. Some online health services treat patients without actually “seeing” them, based on their questionnaire and a phone conversation. Two-way video enhances the experience and provides better, safer care.

Providers review medical histories, answer questions, make diagnoses and prescribe medications, excluding controlled substances. If a visit is not appropriate for AveraNow, for example, anything requiring lab tests, X-rays or hands-on care, consumers are advised to go to primary care, urgent care or an emergency department for their care.

AveraNow providers follow evidence-based care protocols for high quality care.

Tractica, a market intelligence firm that focuses on human interaction with technology, reports that home health technologies like AveraNow will increase from 14.3 million worldwide in 2014 to 78.5 million by 2020. Data show that telemedicine, like video visits, can deliver quality outcomes comparable to in-person clinic visits. And on average, patients report a 96 percent satisfaction rate with this mode of health care delivery.

Market demand and patient satisfaction are also driven by the low cost of video visits. In fact, telehealth is one of the most cost-effective ways to see a doctor. The emergency room is the most expensive and least efficient way to provide non-emergent care, costing from \$1,500 to \$3,000 on average compared to \$130 to \$190 for a clinic visit, according to a 2011 study by the Centers for Disease Control. An AveraNow visit will be \$49.

Jacobs expects AveraNow to quickly grow in popularity. “Access to a telemedicine provider can prevent an ER visit on a Saturday night or prevent the need to arrange travel, childcare, or time off from work for an office visit during the week,” said Jacobs. “While AveraNow is not designed to replace the need for a relationship with a primary care physician, it can serve as a convenient and cost-effective option.”

Avera is working with American Well, the largest national telehealth company, which developed the most downloaded telehealth app of 2014, according to app analytics by App Annie. A recent Harris Poll survey commissioned by American Well found that 64 percent of patients are willing to participate in a video visit with a health care provider. Of those that were willing to visit with their doctor over video, 61 percent said convenience was a factor in this decision.

“Telehealth is revolutionizing health care delivery,” said Danielle Russella, President of Customer Solutions at American Well. “Almost overnight the entire industry is embracing technology differently. Video doctor visits provide so many benefits, including: improved access and convenience, decreased cost and, most importantly, an easier way for ongoing patient/doctor communication and follow-up care. All of these things can lead to improved health outcomes and more satisfied patients. Avera is known for their innovative approach to caring for patients and the community. The launch of AveraNow is a significant step in the industry's widespread adoption of telehealth.”

Visit Avera.org/Now to learn more.

The Thrill Is Back (Sort Of)

BY MICHAEL ROIZEN, M.D.,
AND MEHMET OZ, M.D.

King Features Syndicate, Inc.

The father of psychoanalysis Sigmund Freud once asked, “What does a woman want?” The pioneering sex researcher Alfred Kinsey puzzled over women's desires. Well, lately, if online bloggers are to be believed, one possible answer to both is: “A version of men's little blue pill to help ease sexual dysfunction!”

There are no medications approved by the Food and Drug Administration to relieve hypoactive sexual desire disorder in women. HSDD is defined as a deficiency or absence of sexual fantasies and lack of sexual desire that triggers distress or relationship problems. Yet it affects about 33 percent of women, perhaps because of childbirth, emotional or hormonal problems, reactions to medications, medical conditions or procedures. Current treatment consists of a hit-or-miss collection of suggested lifestyle changes (drink less, exercise more, shed extra weight, avoid simple sugars and saturated fats, get enough sleep), treatment of medical or psychiatric issues, hormone therapy and/or marital counseling.

That may be changing: On its third review of a medication for HSDD called flibanserin, the FDA's advisory committee recommended approval. It's not a new drug; it was originally used to treat depression by acting on the brain's dopamine and serotonin receptors. How it improves HSDD is unknown. Unfortunately, it's only 10 percent more effective than placebo. So if it's ultimately approved, it's just a baby step in the right direction.

If you have HSDD, don't wait for flibanserin: Talk to your gynecologist about possible causes and ways to ease your distress. Everyone deserves to enjoy intimacy and the physical and emotional benefits it bestows.

COMBAT OBESITY STARTING IN PRESCHOOL

Norman “Chubby” Chaney seemed amusing in the “Our Gang” comedies of the 1930s and '40s as an overweight child (he was 3 feet, 11 inches tall and weighed 113 pounds). In part, it was because there just weren't many. Today nearly 18 percent of kids ages 6-11 are obese, as are 21 percent of those 12-19! Obesity is common and not funny, especially when it comes to children.

A lot of factors contribute to this epidemic (hormone disruptors in receipts and plastics, changes in your intestinal bacteria due to processed foods, the digital sit-and-stare-at-a-screen revolution, inner-city environments, high fructose corn syrup, sugary drinks). It can seem hard to keep your child from becoming overweight. But a recent study from Seattle Children's Hospital might indicate a good place to start: in your preschool.

Researchers found that U.S. preschoolers get only around 48 minutes of active play a day, when they should be getting two hours or more. And this contributes to everything from being overweight to learning and behavior problems. But when preschoolers play actively indoors (remember duck-duck-goose?) or run around outside for even an hour a day, behavior and learning improve, and so does naptime.

So if your child is in day care:



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

- Help arrange for parent volunteers to come play active games with the kids.
- Set up excursions to local parks where kids can explore and play.
- Provide day care workers with activity-based CDs or videos that will get kids up and moving.
- And suggest using the Cleveland Clinic's Food Is Knowledge program for pre-K to first grade.

THE DOWNSIDE OF ELECTIVE C-SECTIONS

Diva and “The Voice” judge Christina Aguilera scheduled an elective cesarean procedure during her 37th week of pregnancy in 2008, when she gave birth to her first child Max. She's not alone. Almost 27 percent of all births in the U.S. are C-sections in low-risk situations such as Aguilera's. (“Low risk” is defined as single births, with babies in a good position, at 37 or more weeks of gestation.)

And although C-sections can be life-saving for women and newborns, doctors are trying to reduce the use of elective C-sections. Two new studies show why.

Besides the risks associated with surgery and anesthesia for both mother and baby (repeated fetal anesthesia exposure is a long-term risk to a baby's brain development), a National Vital Statistics Report shows that mothers need transfusions for C-sections at more than three times the rate of vaginal births; intensive-care admissions were almost six times higher for first-time cesarean deliveries; and by far the highest rates of ruptured uterus and unplanned hysterectomy occur with repeat cesarean deliveries.

Plus, a new study from New York University shows that the child may be at increased risk for Type 1 diabetes (up 19 percent), asthma (up 1.6 percent) and obesity (up 3.6 percent) later in life, perhaps because the child doesn't pass through the vaginal canal, where a newborn picks up important bacteria for a healthy gut biome and immune system. So before scheduling an elective C-section, make sure you talk with your doctor about all of the risks and benefits for you and your child.

SEX AND APPLE'S NEW HEALTHKIT APP

Apple recently announced that the update of iOS 9 will allow its HealthKit app – in a new category called “Reproductive” Health – to track your sex life (frequency and what contraceptive you used) on your iPhone or Apple Watch. Women will be able to monitor their menstrual cycle and record info on basal body temperature, cervical mucus quality and spotting. That'll make the HealthKit a digital rhythm-method tracker or fertility booster, depending

USD, Sanford Offers New Paramedic Training Program

VERMILLION — The University of South Dakota and Sanford Health are working together to fill the need for paramedics in rural health care facilities across the state and region.

Beginning this fall, a paramedic training program will be added to USD's Health Sciences major. It will be offered to students on the Vermillion campus or attending the University Center in Sioux Falls who are already EMT-certified and enrolled with the university's Health Sciences major. The five-semester specialization program will provide certification to students who successfully complete the training.

“We are excited here because it is an area that students have expressed interest in pursuing,” said June Larson, an associate dean and professor in the School of Health Sciences. “Being able to offer this in collaboration with Sanford is a great opportunity for students.”

Courses will be held in Sioux Falls three times per week under the direction of Jon Bohlen, EMS outreach coordinator at Sanford Health and course director of the collaborative paramedic program, and his colleagues.

“If you're getting a four-year

degree anyway, you can pursue this and come away from it with paramedic certification,” said Bohlen. “You can't really put a price on the experience.”

Here are some details about the program:

Q: What is this program?

A: The USD/Sanford Paramedic Program is a new addition to the Health Sciences major. It consists of 43 credit hours and is part of the 120 required for a student to graduate. Successful completion will result in both paramedic certification and a Bachelor of Science degree in Health Sciences.

Q: Who can enroll?

A: The program is open to any nationally registered EMT student who is an enrolled student as a Health Science major. Students on campus, at the University Center in Sioux Falls or otherwise associated with the university are able to enroll.

Q: Who does the Health Sciences major include?

A: There are 10 departments and programs within the School of Health Sciences: Addiction Studies, Dental Hygiene, Health Sciences Major, Medical Laboratory Science, Nursing, Occupational Therapy, Physical Therapy,

Physician Assistant, Public Health and Social Work. Many students who seek a major in Health Sciences plan to pursue graduate education in one of the professional programs. Others seek to work in the health care industry or in a public health field. In addition, there are students who have previously completed associate degrees in areas such as radiologic technology, occupational therapy assistant, physical therapy assistant and diagnostic medical sonography, as a few examples who wish to complete a bachelor's degree in the health field.

Q: When is the program available?

A: Enrollment will be open in the fall semester of 2015 with roughly seven to 10 spots available.

Q: Where will the program take place?

A: Classroom courses will

be held Tuesday and Thursday in the Health Sciences Center in Sioux Falls in the late afternoon/evening hours. Labs and simulations will occur on a select Saturday each month. A mobile simulation lab will then bring the experiences to Vermillion as the program progresses and more on-campus students enroll.

Q: Why is this important?

A: The shortage of certified paramedics, in rural areas especially, is huge — and growing. Cities in the state and region are experiencing a shortage of certified paramedics and EMS responders, forcing EMTs to pull nurses from hospitals for use in ambulances and emergency calls. With a specific program for paramedic certification, USD and Sanford will provide trained individuals to areas in need.

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