

HealthLINK

WINTER 2023

YOUR CONNECTION TO HEALTH & WELLNESS

RESTORING THE RHYTHM

EXPERTS AT VALLEY HEALTH'S CARDIAC
ELECTROPHYSIOLOGY LAB HELP PATIENTS
MAINTAIN A HEALTHY HEARTBEAT

INSIDE:

Advances in nonsurgical
spinal care / The latest
cancer screening
guidelines / 2022
Community Benefit



 **ValleyHealth**
Healthier, together.

WELCOME

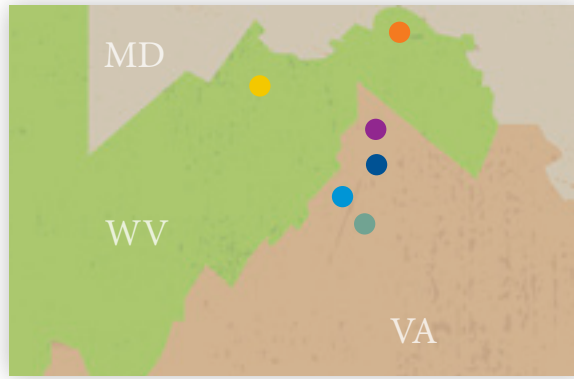
KEYS TO GOOD HEALTH

Staying healthy can often seem like an uphill battle, especially if you face illness, chronic disease or pain. Valley Health providers are enthusiastic proponents for early detection and prevention. You'll read about some of these efforts in this issue of *HealthLINK*—whether it's nurses in our Care Coordinator Program who help patients with chronic disease reduce hospital admissions, or our electrophysiologists, who treat arrhythmias before they become something more serious, such as heart failure, stroke or heart attack.

We hope this issue of *HealthLINK* motivates you to be an advocate for your health and your body—in the new year and beyond. Keeping up on your screenings, such as colonoscopies, mammograms and lung scans, can pinpoint health problems before they become serious, life-threatening issues. Maintaining communication with your provider, who can help you navigate through your concerns, and seeking help when your body tells you it is in trouble are keys to staying healthy.

Valley Health is committed to helping you in your health journey!

On the cover: Valley Health cardiac electrophysiologists Todd Teigeler, MD, and Daniel V. Alexander, DO, FHR, FACC.



Valley Health is a not-for-profit system of hospitals, services and providers. For more information about the many ways we serve the health and wellness needs of the community, visit valleyhealthlink.com/community.

Valley Health System includes:

- Winchester Medical Center (Winchester, VA)
- Hampshire Memorial Hospital (Romney, WV)
- Page Memorial Hospital (Luray, VA)
- Shenandoah Memorial Hospital (Woodstock, VA)
- War Memorial Hospital (Berkeley Springs, WV)
- Warren Memorial Hospital (Front Royal, VA)

Additional locations and services:

- Employer Health
- Outreach Lab Services
- Rehabilitation Services (Inpatient and Outpatient)
- Urgent Care and Urgent Care Express
- Valley Health Home Health | West Virginia
- Valley Health Medical Group
- Valley Health | Spring Mills
- Valley Health Surgery Center
- Valley Medical Transport
- Valley Pharmacy
- Wellness & Fitness Centers

For more information, visit valleyhealthlink.com/locations.



Valley Health System

Serving Our Community by Improving Health

HealthLINK

The magazine of Valley Health System
Serving the northern Shenandoah Valley and surrounding areas in Virginia, West Virginia and Maryland

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HealthLINK magazine is published three times a year. Its purpose is to provide health and wellness information to the community and to connect area residents with healthcare experts within Valley Health System.

Contact marketingmail@valleyhealthlink.com or 540-536-5325 to be added to our mailing list; view *HealthLINK* online at valleyhealthlink.com/news.

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VALLEY HEALTH LONG-TERM CARE SERVICES EARN HIGH MARKS



War Memorial Hospital's Extended Care Facility staff helped it earn five stars from the Centers for Medicare & Medicaid Services.

The Centers for Medicare & Medicaid Services (CMS) has awarded five stars—its highest mark—to War Memorial Hospital's Extended Care Facility and four stars to Hampshire Memorial Hospital's long-term care.

CMS developed its Five Star Quality Rating System to help healthcare consumers compare nursing homes while providing valuable information for those needing these services. Ratings are based on results and data from health inspections; staffing (number of hours of direct care provided each day); and quality measures such as falls, pressure injuries and other risks.

"Our residents are always our primary focus," says Shawna Athey, director of Patient Services at War Memorial's nursing facility. "We really work as a team to make our facility as homelike as possible." Athey says team members go above and beyond to engage residents and their families to bring meaning to their lives.

In addition to extensive clinical services, both hospitals offer a variety of activities including pen pal and adopt-a-resident programs.

"I'm very proud of everything we have accomplished at War and Hampshire," says Tom Kluge, president of both hospitals and senior vice president of Valley Health's Critical Access Hospitals. "Our communities are stronger and healthier because of the work our teams do every day."

To learn more, visit valleyhealthlink.com/longtermcare.

VALLEY HEALTH WELCOMES FAMILIAR FACE TO LEADERSHIP



Tonya Smith, FACHE, is Valley Health's new senior vice president of Acute Care and president of Winchester Medical Center.

Smith served in leadership roles at Valley Health and Winchester Medical Center earlier in her career, including director of Pharmacy, corporate director of Pharmacy and vice president of Operations and Ancillary Services. After leaving Valley Health in 2015, Smith served as the president of Munson

Healthcare's Cadillac Hospital in Cadillac, Michigan. In 2020, Smith added responsibility for Munson's five other community hospitals as president and assumed additional responsibility as the organization's lead executive for system integration.

"I am excited to be rejoining Valley Health and to have the opportunity to work alongside our amazing frontline team, medical staff and leadership," Smith says. "It is a homecoming of sorts for me and I am grateful every day to be here and for the warm welcome I have received."

Throughout her career, Smith has had success in developing enduring and trusting relationships with physicians; leading cultural transformation resulting in high-quality safety, patient experience and employee engagement; and increasing organizational effectiveness and system integration.

U.S. NEWS & WORLD REPORT RATES WMC AS HIGH PERFORMING

U.S. News & World Report recently ranked Winchester Medical Center as “High Performing” in 12 common adult procedures and conditions.

- Aortic valve surgery
- Chronic obstructive pulmonary disease (COPD)
- Colon cancer surgery
- Diabetes
- Heart attack
- Heart failure
- Hip replacement
- Knee replacement
- Kidney failure
- Lung cancer surgery
- Pneumonia
- Stroke

“High Performing” is the highest award a hospital can earn for U.S. News’ Best Hospitals Procedures & Conditions ratings. Nationwide, only 12 percent of hospitals earned the elite “Best” honors.

“This recognition is truly a testament to the dedication and skill of our providers and staff who come together each day to deliver safe, high-quality care for our patients,” says WMC Vice President of Medical Affairs Ken Janowski, DO. “High performing means our team is working effectively to provide the best outcomes for our patients. That’s always our top priority, and I’m pleased to have the quality of care we provide here at Winchester Medical Center affirmed by U.S. News & World Report.”



WMC RANKED AS ONE OF BEST MATERNITY HOSPITALS IN U.S.

Winchester Medical Center is once again on *Newsweek*’s annual list of the best maternity hospitals in the U.S. The 2022 list includes 350 hospitals—12 in Virginia—recognized for providing high-quality care to mothers and newborns.

Best Maternity Hospitals have low rates of early elective and C-section deliveries, promote breastfeeding, and follow important protocols to protect the health of moms and babies.

“We have an exceptional team of caregivers—physicians, midwives, nurses and educators—who work closely with families throughout their pregnancy and beyond, and are committed to following best practices in every aspect of care,” says Clarissa Merriner, MSN, RN, director of Women & Children’s Services. “We are honored to be recognized among the top maternity centers in the country.”

Newsweek partnered with Statista using data from a nationwide online survey of maternity care physicians, nurses, and managers. They also looked at key performance indicators, including cesarean and early elective deliveries and unexpected complications in term newborns, while taking in results from patient satisfaction surveys.

Winchester Medical Center welcomed more than 2,400 babies in 2021. Specialty services include high-risk pregnancy care, a 30-bed Level III Neonatal Intensive Care Unit, and an emergency NICU transport service.

To learn more, visit valleyhealthlink.com/birth.

NEW GUIDELINES FOR CANCER SCREENINGS

Learn how these simple tests could save your life

“Screenings increase the chances of catching potential cancers early, before they spread to other parts of the body,” says Liseli James, MD, a family medicine doctor at Valley Health Family Medicine | Spring Mills. “With cancer screenings, patients are able to receive lifesaving treatments, sometimes even before they develop any symptoms of cancer.”

Speak with your healthcare provider about which screenings make sense for you, and make sure the following are on your radar.

BREAST CANCER: Regular mammograms—low-dose X-rays of the breast—can find breast changes before symptoms arise. According to the American Cancer Society:

- **Women of any age** should always bring their breast cancer family history to the attention of their primary care provider.
- **Women over 20** should get a clinical breast exam every three years. Any perceived change in the breast at any time should be brought to the attention of a primary care physician.
- **Starting at age 40**, women should receive an annual clinical breast exam with a mammogram. Regardless of family history, all women 40 and over should annually discuss screening mammography with their provider.

COLON CANCER: Colon cancer screenings were once recommended beginning at age 50, but experts now suggest starting at age 45. “Another development is that colonoscopy is no longer the only accepted method of colon cancer screening,” Dr. James says. “Methods such as

Cologuard and FIT [fecal immunochemical test] allow patients to screen for colon cancer with a stool sample passed in their own homes.” Cologuard is 92 percent effective, and if you’re negative, you can skip screenings for three years.

- **People over 45** should get a stool-based test annually or a colonoscopy every 10 years.
- **People at increased risk of colon cancer** should start screening earlier with a colonoscopy.

CERVICAL CANCER: A Pap smear helps detect changes to cervical cells so they can be treated before they become cancerous. An HPV test detects human papillomavirus, the virus that causes these cell changes.

- **People 21 to 29 years of age who have a cervix** should get a Pap test every three years.
- **People 30 to 65 years of age** should get a Pap test every three years, an HPV test every five years or a co-test (both tests) every five years.

LUNG CANCER: If you’re a smoker, getting screened for lung cancer is very important. Doctors use low-dose computed tomography (LDCT) to look for cancer. Screening recommendations were recently updated to include people with a lighter smoking history than before.

- **Adults age 50 to 80 with a 20-pack-year smoking history** should get an LDCT scan. A “pack year” is the number of cigarette packs smoked daily multiplied by the number of years the person smoked. Someone who smoked two packs a day for 10 years would meet the threshold, as would someone who smoked half a pack daily for 40 years. (Anyone who kicked the habit at least 15 years ago can skip this screening.)

→ Visit valleyhealthlink.com/cancer to learn more.



WELCOMING NEW PROVIDERS

→ RECRUITING AND WELCOMING HIGHLY QUALIFIED, COMPASSIONATE PHYSICIANS AND ADVANCED PRACTICE PROVIDERS TO THE VALLEY HEALTH TEAM IS AN ONGOING PRIORITY. WE KNOW HOW IMPORTANT IT IS TO HAVE A PROVIDER YOU TRUST, WHETHER FOR ROUTINE WELLNESS CARE, CHRONIC DISEASE MANAGEMENT OR ACUTE ILLNESS. WE ARE HONORED THAT EXCEPTIONAL AND SKILLED PROVIDERS CHOOSE TO CALL VALLEY HEALTH HOME.

FROM **AUGUST 2021 TO AUGUST 2022**, VALLEY HEALTH WELCOMED **21 NEW PHYSICIANS AND 43 ADVANCED PRACTICE PROVIDERS** TO THE VALLEY HEALTH MEDICAL GROUP.



277

YEARS OF MEDICAL EXPERTISE THESE PROVIDERS BRING WITH THEM.

20+

NUMBER OF MEDICAL SPECIALTIES REPRESENTED, INCLUDING FAMILY PRACTICE, INTERNAL MEDICINE, CARDIOTHORACIC SURGERY, NEUROSURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, VASCULAR SURGERY, OB/GYN, AND PEDIATRICS.

VALLEY HEALTH MEDICAL GROUP CONSISTS OF OVER **60 PRACTICES** AND MORE THAN **300 PROVIDERS** WHO CARED FOR OVER **180,000 PATIENTS** FROM **AUGUST 2021 TO AUGUST 2022.**

→ To learn more, visit valleyhealthlink.com/doctor.

CARE COORDINATORS AT YOUR SIDE

A team of nurse advocates empowers at-risk patients to live their healthiest lives



Care coordinators Lisa Poster, RN, and Desireah Burkholder, LPN, assist a patient.

Helping patients achieve their health goals includes more than just direct patient care. Valley Health nurses known as care coordinators get to know the whole patient—their medical records, medications, living situations—to help identify challenges, offer solutions and reduce avoidable hospital admissions. Patients are referred to them by the physicians and are often on Medicare.

Desireah Burkholder, LPN, shares how the members of the Care Coordinator Program help higher-risk patients—those with two or more chronic conditions—get the support they need.

Q: HOW DO YOU IDENTIFY A PATIENT'S NEEDS?

A: Our goal is to help reduce hospitalizations and ER visits by increasing communication between us and the patients. If the patient has had multiple ER visits, that's something we need to look at. We are their advocates. We work hard for them.

We have a list of questions we ask: Can you afford your medications?

Can you afford food, rent and electricity? Are you exercising? There are also questions about abuse, anxiety, depression, and social connections.

Q: WHAT FORMS OF SUPPORT DO YOU OFFER PATIENTS?

A: We ensure that they are educated about their medication, have all their medication refills and that they're following up on testing. If they have any questions about their care, we fill in the blanks. If a patient is upset, then I just listen. They might tell me something that they're reluctant to tell the physician because they're embarrassed.

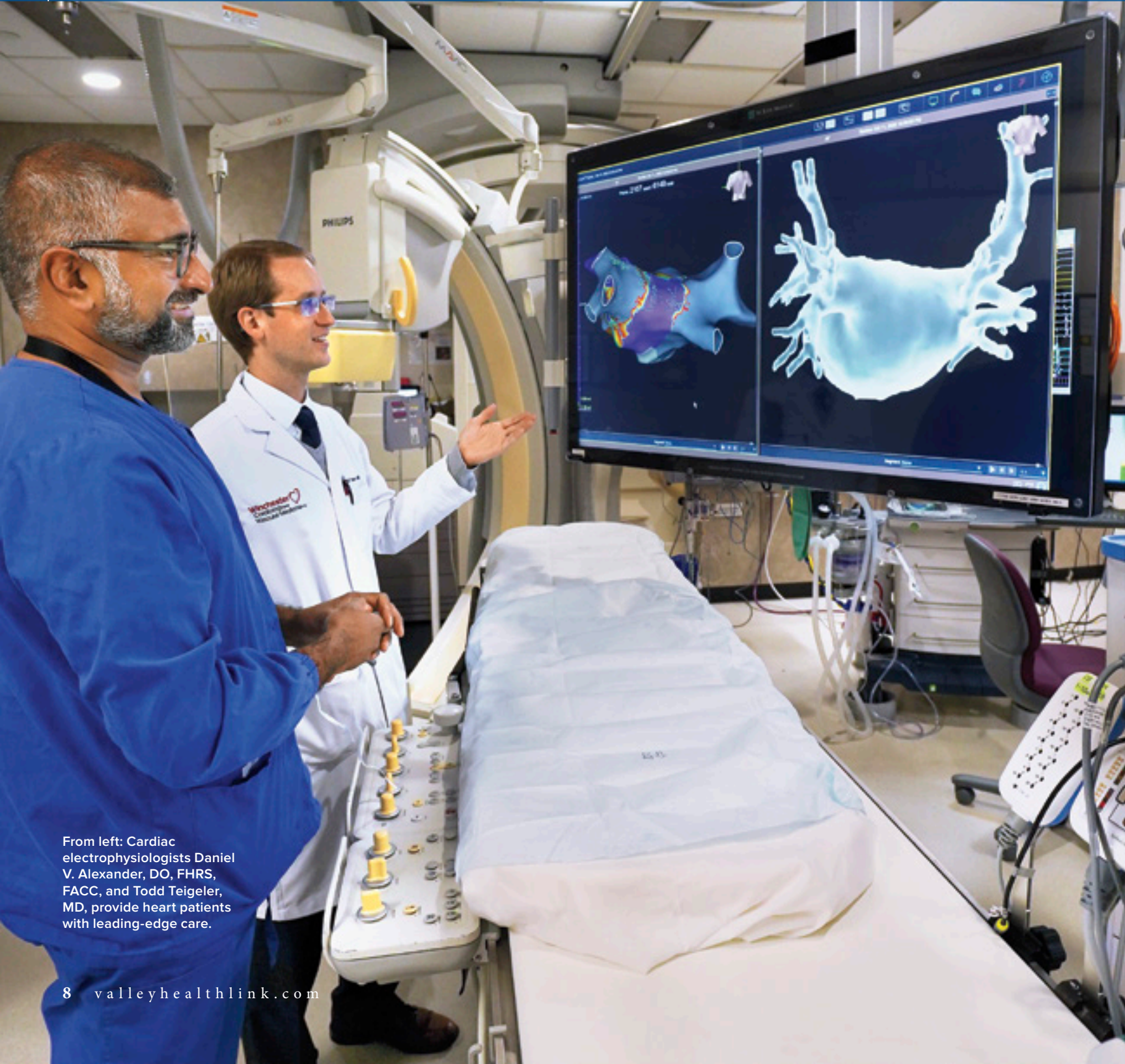
We also arrange transportation to appointments. We make sure that they have proper care at home. We try to get [homeless patients] into shelters or provide them with resources for apartments. We connect patients with community resources and make sure we're following up with them after their hospital stay.

Q: CAN YOU GIVE AN EXAMPLE OF HOW YOU HELPED A PATIENT IN A UNIQUE SITUATION?

A: Navigating with insurance companies can be confusing, especially when you're feeling sick. I've been on the phone for three hours with an insurance company because a patient had questions. If they don't know how to apply for Medicaid, we tell them the steps. There's a lot that we do behind the scenes that many people don't know about. Anything that they need, we try to advocate for. We're trying to treat the person inside and out, not just as a single diagnosis.

The Care Coordinator Program is available at three physician offices in Winchester, two in Front Royal, one in Strasburg, and one in Woodstock. The program will expand throughout the Valley Health service region in 2023.

KEEPING THE



From left: Cardiac electrophysiologists Daniel V. Alexander, DO, FHRS, FACC, and Todd Teigeler, MD, provide heart patients with leading-edge care.

BEAT

→ EXPERTS AT VALLEY HEALTH'S CARDIAC ELECTROPHYSIOLOGY LAB HELP PATIENTS MAINTAIN A HEALTHY HEARTBEAT

Electrical impulses control the pace and rhythm of your heart around the clock, every day of your life. But like faulty electrical wiring in your home or car, problems with your heart's natural electrical system can cause trouble. Heartbeats may speed up, slow down or become wildly irregular. These disturbances, or arrhythmias, can cause fatigue or fainting, boost risk for a stroke, or even be fatal.

One in 18 Americans has a heart arrhythmia. Some are brief and harmless; others are more serious. If you have one, you may feel nothing at all—or notice symptoms such as palpitations, lightheadedness, fatigue, chest pain, or shortness of breath.

The Cardiac Electrophysiology Lab in Valley Health's Heart & Vascular Center at Winchester Medical Center specializes in diagnosing and treating heart problems caused by arrhythmias. "Heart disease and high blood pressure are the leading causes of heart arrhythmias in the United States, but other disorders and genetics can also be responsible," says cardiac electrophysiologist Daniel V. Alexander, DO, FHRS, FACC, medical director of the Winchester Medical Center Electrophysiology Clinical Council.

The lab, the first in the region when it opened in 2009, was the first in the state to be accredited by the Intersocietal Accreditation Commission (IAC) in cardiac electrophysiology—demonstrating Valley Health's commitment to the highest-quality patient care for arrhythmias.

“It's all to bring the heart back into a healthier rhythm and control risks so people can lead their lives with peace of mind.”

—TODD TEIGELER, MD

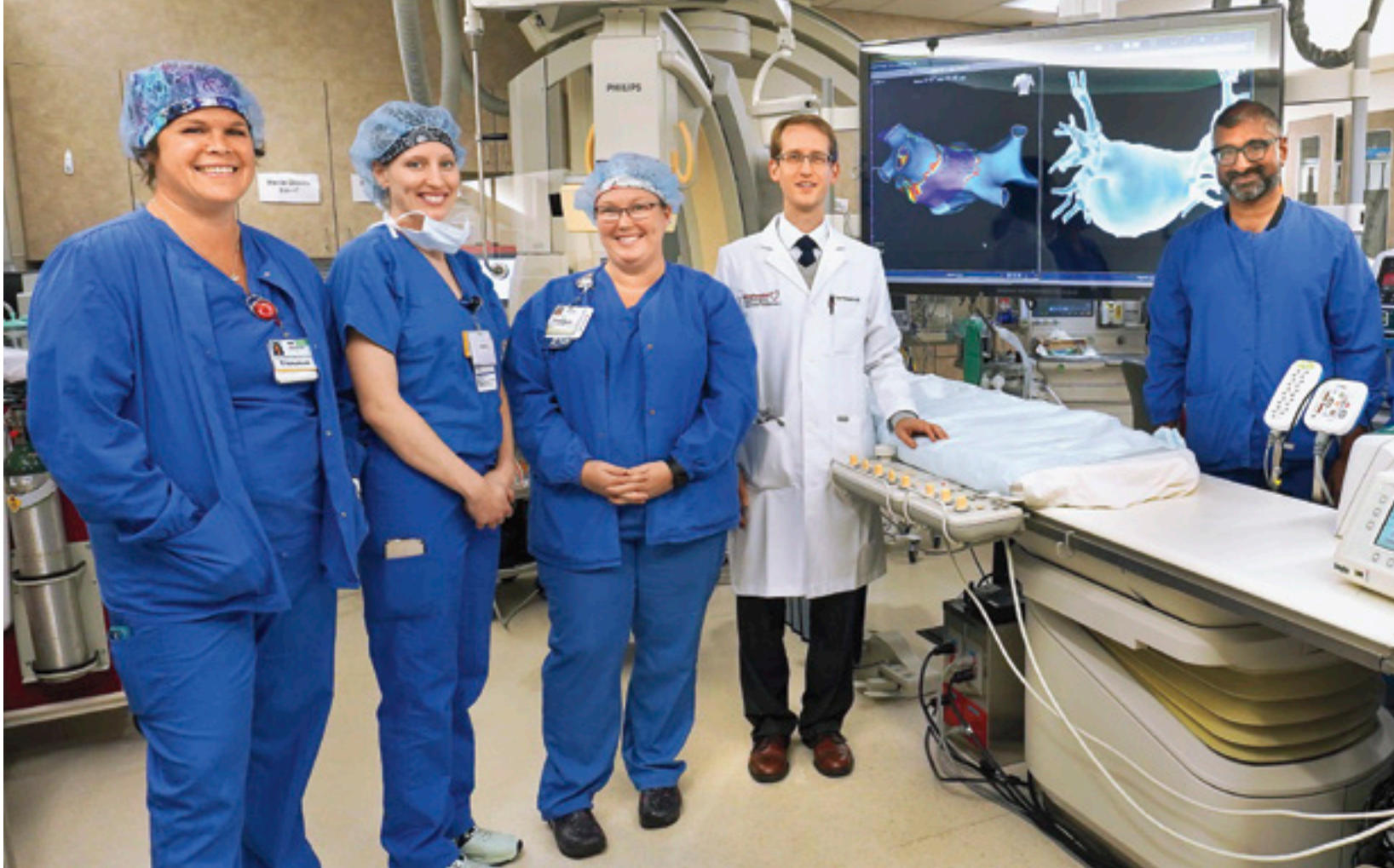
What happens there? “We follow and monitor patients and, when needed, treat arrhythmias with medications and with procedures such as ablation and the implantation of pacemakers, defibrillators and other devices,” says cardiac electrophysiologist Todd Teigeler, MD. The team also has a comprehensive device clinic that provides maintenance and monitoring of implantable cardiac devices and monitors. The clinic receives reports from a patient's device via Bluetooth and provides remote analysis and detection of possible future complications. “It's all to bring the heart back into a healthier rhythm and control risks so people can lead their lives with peace of mind.”

Here's what to know about the most common types of arrhythmias:

ATRIAL FIBRILLATION: CONTROLLING OFFBEAT RHYTHMS

Six years ago, Kip Walton discovered he had atrial fibrillation during a routine physical with his primary care doctor. “I was very heavy and out of shape, so I thought that was why I sometimes felt so tired and out of breath just carrying the vacuum cleaner up the steps or doing yardwork,” says Walton, 56, of Front Royal, Virginia. “But it was AFib. My heart sometimes felt like it was wobbling or racing fast. The really dangerous thing is that with atrial fibrillation, blood can coagulate in your heart. Clots can form and get pushed to the brain, causing a stroke.”

Atrial fibrillation (AFib) is the most common heart rhythm disorder, affecting about 20 million to 25 million Americans. About 60 percent of the electrophysiology team's patients have AFib. The condition boosts risk for a stroke fivefold, Dr. Alexander says, due to blood clots that can form in a small thumblike pocket near the top of the heart called the left atrial appendage (LAA). Normalizing heart rhythm and preventing clots from forming and leaving the heart are top priorities in treating AFib, he says.



Walton's treatment included medications to control his erratic heart rhythms and his often-fast heart rate that climbed as high as 160 beats per minute (normal is 60 to 100). He took blood-thinning medications to prevent blood clots. At the same time, Walton made lifestyle changes that led to losing 80 pounds and adopted a regular walking routine. "I felt better," he says, "but my heart didn't really go back into a normal rhythm until I had cardioversion"—a procedure that uses a brief, low-energy electrical impulse to reset the heart rhythm.

Walton later had several rounds of cryoablation in the WMC Electrophysiology Lab using a cold-temperature probe to disable cells in his heart that were sending out abnormal electrical signals. "AFib runs in my family, and mine is chronic and persistent," Walton says. "My case is very stubborn. Dr. Alexander kept working with me to get good results. I've been in a normal heart rhythm for a year now and feel great."

AFIB-RELATED STROKE: DEVICES TO LOWER RISK

For some people with AFib, clot-discouraging blood thinners have downsides. "The first-line treatment is usually medical therapy, but some people may not tolerate blood thinners," Dr. Teigeler says. "The drugs may not be right for them due to a higher risk for bleeding because of frequent falls in older adults or having a high-risk job with the chance for injuries. In those cases, if their individual stroke risk score is

high enough, we consider another management option: closing off the left atrial appendage with a device such as Watchman FLX or Amulet."

Pattie Good, 81, a retired school bus driver and grandmother of seven from Gore, Virginia, had a Watchman device implanted in her heart's LAA in a minimally invasive procedure in August 2021. She uses a walker to navigate around the home she shares with her husband, Bud, age 83, a retired American Red Cross vice president. Good has no trouble cooking meals, doing laundry, cleaning, and entertaining family, but the blood thinners caused bruising, she says, "with the smallest bump against anything." That made Watchman FLX a good option for her, she explains.

Watchman FLX looks like a little parachute. It's fitted over the LAA in a minimally invasive procedure in which a small incision is made in the femoral vein at the groin, and the device is carefully threaded up to the heart. Good spent one night in the hospital and came home feeling fine. Recovery involved taking it easy for a few days—no driving or lifting heavy items.

But she's not the only family member who has the device. Bud was diagnosed recently with AFib and had



The highly skilled team at the Cardiac Electrophysiology Lab in Valley Health's Heart & Vascular Center.

cardiac defibrillators that automatically restart the heart, and ablation techniques to normalize heart rhythm by disabling heart cells sending out rogue electrical signals.

“Ablation for ventricular tachycardia is a very important component of what we do,” Dr. Alexander says. “These are some of our sickest patients. It used to be there wasn’t much we could do beyond medications and defibrillators. Now we have this important and effective option for management that makes a big difference.”

BRADYCARDIA: BRINGING SLOW BEATS BACK TO NORMAL

It’s unknown how many Americans have bradycardia—a heartbeat of 50 to 60 beats per minute or lower—but about 1 in 600 older adults, age 65-plus, have this slow heartbeat condition with symptoms such as shortness of breath, chest pain, fatigue, and lightheadedness. These are signs that your heart can’t pump enough blood and oxygen throughout the body. “Slow heart rates aren’t always a problem,” Dr. Teigeler says. Athletes, for example, may have a low resting heart rate. But when slow heart rates cause symptoms, they get in the way of everyday life.

“As you get older, your heart’s natural pacemaker in the sinoatrial node develops fibrosis—it’s like rust on the cables of your heart’s conduction system,” he explains. “If you’re 75 years old and your heart rate stays in the 40s when you’re active, instead of speeding up, you don’t feel good. Climbing stairs or keeping up with the grandchildren becomes a tough task.”

For people with a slow heartbeat that’s causing difficulties, implanted pacemakers that deliver an electrical current to your heart can bring the heart rate back to normal. Electrophysiologists on the Heart & Vascular team can also implant a newer type of leadless pacemaker in a minimally invasive procedure that sends the device through the leg vein to your heart. While traditional pacemakers are implanted in the chest and have electrical leads extending to the heart, leadless pacemakers are smaller and implanted directly in one of the ventricles of the heart. “This improves the symptoms and improves a person’s quality of life,” Dr. Teigeler says. “You can do what you love again.”

→ To learn more, visit valleyhealthlink.com/heart.

Watchman FLX implanted in October 2022. “We’re probably the only couple married 61 years who both have it,” Good says. “I know the Watchman is in my heart to protect me, and now to protect Bud, too. That’s a good feeling.”

VENTRICULAR TACHYCARDIA: CALMING FAST HEARTBEATS

A smaller but still significant number of patients are monitored and treated as needed for a heart rate problem called ventricular tachycardia, when the heart races due to abnormal electrical activity from the bottom chambers of the heart.

“About 10 percent of our practice is managing ventricular arrhythmias,” Dr. Alexander explains, which are arrhythmias caused by irregular electrical signals in the lower chambers of the heart that prevent it from effectively pumping blood to the rest of the body. “This may be due to damage from a heart attack or other causes.”

Ventricular tachycardia, diagnosed in about 90,000 Americans each year, may cause lightheadedness and fainting. But it’s also the cause of 300,000 sudden cardiac deaths annually. “It’s a dangerous heart rhythm,” Dr. Teigeler says. “Ideally, we can start treating it before it leads to an episode where someone passes out or needs CPR.” Advanced testing, he says, helps determine the optimal treatment for those at highest risk. Therapies include medications to control heart rate, implantable

SPOTLIGHT



Patient Jack Goodwater enjoys working in his yard again, thanks to pain-relieving injections he received in his spine.

BACK IN ACTION

Advances in interventional spine care help patients regain their quality of life, without surgery

Tossing a 50-pound bag of chicken feed, Jack Goodwater felt a twinge that meant an old back injury was acting up. Despite frequently popping over-the-counter pain relievers, he was unable to sit, walk or work for more than 20 minutes at a time last spring and early summer. “I spent a lot of time lying down with an ice pack on my back,” says Goodwater, 77, a retired construction worker and truck driver from Augusta, West Virginia. “When I drove my wife to the grocery store, I’d lie in the back seat of the car until she was done.”

Unwilling to undergo an invasive back procedure, Goodwater turned to David Essaff, DO, medical director for Valley Health Interventional Spine. A history and exam suggested a pinched nerve was causing Goodwater’s back and leg symptoms. Imaging revealed narrowing of the spine, or spinal stenosis, which can compress and inflame nerves in the back, causing back and leg pain.

“Our plan was to target it with steroids to calm down the inflammation, reduce his pain and get him more functional,” Dr. Essaff says.

Goodwater received two spine injections in July. He felt better right away and even drove himself home after the 20-minute outpatient procedure in Winchester. Dr. Essaff says the steroid injections can reduce or even eliminate back pain for months and even years. “My pain was gone,” Goodwater says. “I can cut my 5 acres of grass on my riding mower for two or three hours now, then jump down and use the weed whacker. And my wife and I are planning a road trip to Maine in our mobile home next year. I’ve got my life back again.”

RELIEF WITHOUT SURGERY

Interventional spine medicine uses nonsurgical interventions (such as nerve blocks and epidurals) to treat pain in the neck and back.

“We aim to identify the pain generator and treat the source,” Dr. Essaff says. Interventional approaches can ease pain for months to years; they can often be safely repeated if pain returns in the future, and may put off or eliminate the need for more invasive surgical options. Minimally invasive interventional spine procedures are guided by live X-ray imaging, called fluoroscopy.

Dr. Essaff and Valley Health interventional spine specialist Edward Lam, MD, are both fellowship-trained in their field. People with back pain may see them on the advice of their primary care physician or another doctor, or make an appointment directly (with referrals as needed for insurance coverage). “Spine care has really



David Essaff, DO

evolved in recent years,” Dr. Lam says. “A lot of conditions that two decades ago needed procedures like spinal fusion or inserting screws can now be improved without them. It’s a continuum—some people will require surgery right away or in the future. As spine specialists, we can help determine when the best time for that is.”



Edward Lam, MD

Once the likely source of the patient’s pain has been identified, the first line of treatment often is conservative therapies such as physical therapy and/or nonopioid medications such as anti-inflammatory drugs. “For patients who don’t respond, we offer minimally invasive procedures guided by fluoroscopy,” Dr. Essaff says. “These include steroid injections, nerve blocks, radiofrequency ablation, and implanted spinal cord stimulators.” These are usually same-day outpatient procedures with little to

“It’s a continuum—some people will require surgery right away or in the future. As spine specialists, we can help determine when the best time for that is.” —EDWARD LAM, MD

no downtime for recovery needed. “People often drive themselves home after injections and, in some cases, even go back to work the same day,” he says.

GETTING HIS SWING BACK

Mitch Kaas, 65, is a retired Department of Homeland Security employee who golfs three to four times a week and skis during the winter close to his home in Basye, Virginia. When back pain flared two years ago, he took pain relievers and tried to stick with his routine. “I noticed I was limiting how much I turned my body during the backswing and follow-through,” he says. “The pain was in the center of my back, shooting down my right leg.”

When physical therapy didn’t help much, his family doctor suggested an appointment with Valley Health Interventional Spine. “I was trying to avoid surgery, but I didn’t want to be laid up and miss out on things like skiing with my grandchildren,” he says. A physical exam, X-rays and magnetic resonance imaging confirmed he had arthritis and a narrowing of the cushiony discs of his spine. “Dr. Lam recommended radiofrequency ablation, but first he had to confirm where the pain originated,” Kaas says. “I came to the office in pain, and he injected a temporary nerve block. I was suddenly pain-free, and we knew it was the right spot.” After repeating the test two weeks later, Dr. Lam performed radiofrequency ablation at three points along Kaas’ spine.

“Radiofrequency ablation uses a probe to heat and denature the protein in a pain-sensing nerve so the pain signals cannot reach the brain,” Dr. Lam explains. It’s a scheduled procedure that usually takes less than an hour, with no recovery downtime except avoiding baths for a few days until the area where the needlelike probe enters the skin has healed.

Kaas says he no longer needs pain relievers, and his golf scores have improved as he swings with his old form. Another benefit: “I expect to be on the slopes for hours with my grandchildren this winter,” he says.

→ To learn more, visit valleyhealthlink.com/interventionalspine.



HEALTHIER

2022 COMMUNITY
BENEFIT

TOMORROWS

COMMUNITY SUPPORT PROVIDED BY VALLEY HEALTH

Valley Health makes significant financial contributions in the region in the form of Community Benefit.

In 2021, the most recent IRS reporting year, Valley Health's comprehensive community contribution was more than \$187 million in the form of Community Benefit programs, unreimbursed costs for care provided to Medicare and Medicaid recipients, uncollected fees for provided healthcare services, and more.

VALLEY HEALTH'S CASH AND IN-KIND SUPPORT FOR COMMUNITY BENEFIT PROGRAMS TOTALED \$89.5 MILLION, WHICH INCLUDED:

- **\$67.3 MILLION** for uncompensated healthcare services. We assume the costs of care and treatment for those who are unable to pay for care.
- **\$12.9 MILLION** for training healthcare professionals. Every year, hundreds of students in college-level nursing, pharmacy, physical/occupational therapy, and other programs enhance their educational experience through preceptorship programs with Valley Health's expert healthcare professionals.
- **\$9.3 MILLION** for health and prevention programs. Thousands of individuals benefit from free screenings, preventive care, wellness programming, and more.

VALLEY HEALTH FOUNDATIONS

Each of Valley Health’s six hospitals has a foundation or development fund that supports our healthcare programs. Whether raising financial support for the new Warren Memorial Hospital, assisting with renovations at the Hurst Hospitality House on the Winchester Medical Center campus, or providing scholarships for future healthcare providers, Valley Health Foundations are key to advancing our mission of improving the health of our community.

Please consider partnering with Valley Health Foundations to make an investment in the future of health care in our region, helping Valley Health continue to provide clinically excellent and compassionate care. Your gift would also be a unique way to remember, honor or show appreciation for a family member, friend or healthcare provider.

To learn more about the difference your tax-deductible donation can make, contact Valley Health Foundations at 540-536-6939 or donations@valleyhealthlink.com. Visit valleyhealthlink.com/giving to make a gift today.

PAGE MEMORIAL RECEIVES \$1 MILLION GRANT FEDERAL FUNDING SUPPORTS VALLEY HEALTH’S MISSION TO IMPROVE HEALTH AND EMPOWER PATIENTS

This summer, Page Memorial Hospital (PMH) received \$1 million in funding from the U.S. Department of Agriculture’s (USDA) Emergency Rural Health Care Grant Program. The grant will help remediate the impact of COVID-19 and improve health and access to care in Page County. The three-year initiative is led by Page Memorial Hospital in partnership with Page County, Page County Public Schools and the Page Alliance for Community Action (PACA).

“Our Valley Health team mobilized in unprecedented ways when COVID-19 arrived in the Shenandoah Valley,” says N. Travis Clark, PMH president and Valley Health vice president. “We are excited to have USDA support to further our work, applying what we learned from the pandemic to address emergency and chronic health issues in our community.”

Key components include:

- Remote monitoring systems, enabling patients to transmit vital data (blood pressure, blood sugar, pulse, weight, oxygen levels) for real-time evaluation by a community health worker or other provider.
- A telehealth pilot project with Page County Schools for on-demand access to treat minor illness, behavioral health and chronic care management.
- Trained nursing staff will serve as a link between patient and service provider to help navigate care and provide healthy strategies, including health and medication monitoring, nutrition and food prep, counseling, and insurance access.
- RAM (Remote Area Medical) Clinic will return to deliver free medical, vision and dental care to uninsured and underinsured Page County residents in a one-day pop-up clinic (in partnership with Page Memorial Hospital and the Page Free Clinic).
- Support for three existing community gardens in Page County to grow and distribute produce, educate residents, and provide food-based preventive care.





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