Residents and visitors throughout Iowa can now connect to UI Health Care from any smart phone or computer with a webcam and internet connection.

This new service is an extraordinary opportunity to serve rural residents across the state who have limited access to health care. Patrick Brophy, MD, Medical Director and Assistant Vice President for eHealth and eNovation Center, sees enormous potential for UIeCare. "Access is key for convenient and right-time care," he said.

"Unlike some national telemedicine services without a health system affiliation, we are able to provide a physical space if the patient requires follow up."

To access the service, patients go to UIeCare.com, answer basic screening questions to determine eligibility (federal law currently prohibits recipients of Medicaid, Medicare and TriCare from receiving virtual visits) and enter payment information. After a brief wait, while the provider is contacted, the virtual visit begins.

All UIeCare providers are licensed to practice in Iowa, as required by state law. While Carena, our partner in this venture, currently supplies the physicians and nurse practitioners, all have been credentialed through UI Hospitals and Clinics to maintain provider quality and oversight. UI doctors and nurses could eventually fill these roles.

"As Iowa’s only academic medical center, UI Hospitals and Clinics-accredited providers are needed to maintain the quality of these types of services."

"We have initiated training with UIHC providers," Brophy said, "and will continue to bring our own staff up to speed as we expand our service." He hopes to have the majority of calls covered by local providers by early 2016.

UIeCare providers can write prescriptions, give home-care advice, or recommend a visit to a clinic or emergency room. UIeCare is appropriate for urgent – but not life-threatening – issues ranging from allergies to the flu. It is ideal for occasions where physical location, time of day, or access to transportation make visiting a primary care provider difficult.

"UIeCare is not a replacement for a primary care provider, but an adjunct service for our community," Brophy noted. "The focus is on increasing access to care for all Iowans in a convenient fashion, reducing healthcare costs, and ensuring that Iowans have a trusted and local quality care-based option for virtual medicine."

For more information, or to try UIeCare yourself, simply go to UIeCare.com

Discounted rates
As of June 24, the $50 UIeCare fee has been waived for UI Choice participants. Students at Iowa Regents Universities will also soon have a discounted rate to use the service.

Patient number one
Our very first patient was an Iowa resident without a primary care provider.
Getting it Straight: Bracing for Scoliosis

Scoliosis affects 2–3% of the population. The primary age of onset is 10–15, most cases are idiopathic and there is no cure. However, recent research has shown that bracing is highly effective for growing children, helping prevent the need for spinal surgery.

Stuart Weinstein, Ignacio V. Ponseti Chair and Professor of Orthopaedic Surgery and Professor of Pediatrics at UI Children’s Hospital, and Lori Dolan, a research scientist in the Department of Orthopaedics and Rehabilitation at the UI Carver College of Medicine, led a study team that monitored children with adolescent idiopathic scoliosis, comparing the risk of curve progression in those who did and did not wear a brace. The apparent benefit of bracing was so overwhelming (up to 93% success rate in children who were braced at least 13 hours a day) that the trial was halted early, in January 2013.

Primary care providers typically test patients for scoliosis by performing the Adams Forward Bend Test. If testing and an x-ray reveal a curvature of more than 10 degrees, a consultation is recommended. If the patient is under 10 years of age with a curvature of over 20 degrees, an MRI is indicated to look for another cause for the scoliosis.

For more information contact Orthopaedics and Rehabilitation at 888-573-5437 or visit uichildrens.org/scoliosis.

Culturally Responsive Care: It’s All About Respect

UI patients are more diverse than ever: they come from all over the country, and all over the world. Our on-call interpreters use 30 different languages. And culture is more than ethnicity. It also encompasses differences in beliefs, religion, gender identity, economic background and more. Sensitivity to these differences is key to providing culturally responsive care – care that supersedes barriers to understanding, and creates an environment of respect and dignity.

UI Health Care and Carver College of Medicine offer tools and support to help physicians provide effective, respectful care to people of all cultures. “People hear the topic and think, ‘does this mean I need to know everything about every population?’” said Sherree Wilson, Associate Dean for Cultural Affairs and Diversity Initiatives in the UI Carver College of Medicine. “The short answer is ‘no.’ It’s all about respecting our patients and the willingness to learn.”

“The Office of Cultural Affairs and Diversity Initiatives is also behind CultureVision™ and the annual ‘Culturally Responsive Health Care in Iowa’ conference. The office’s website features a substantial list of additional online resources.

CultureVision™
CultureVision™ is an easy-to-use, on-the-go tool to help you learn more about how beliefs, traditions, and heritage can impact a patient’s care. CultureVision™ is accessible through Voalte phones and The Point.

Annual Conference
The Culturally Responsive Health Care in Iowa conference, hosted each June, features panels, workshops and insightful speakers on the topics of diversity, inclusion, bias and more. About 200 UI Physicians attended the conference in 2015.
Why UI Heart and Vascular?

The University of Iowa Heart and Vascular Center is a national leader in the diagnosis, prevention, and treatment of heart and vascular disease, providing care that ranges from medical management of heart conditions to the most complex arrhythmia management procedures and advanced cardiothoracic and vascular surgery. We are unique in Iowa, offering the state’s only:

- FHA-Accredited Pulmonary Hypertension Center of Comprehensive Care
- Joint Commission-certified LVAD program
- Heart transplant program
- Lung transplant program
- Cardiovascular genetics program
- Sub-mammary device placement for female patients
- Joint Commission certification to treat aortic aneurysms

In addition, UI HVC is one of the world’s 35 ECMO centers of excellence. Our one-year mortality rate after TAVR (transcatheter aortic valve replacement) is less than half of the national average. And we are the only Iowa hospital ranked in US News and World Report’s Top 50 Best Hospitals for Cardiology and Heart Surgery for 2014-2015.

UI Pulmonary Hypertension Program Expands to Meet Growing Treatment Demand

The University of Iowa Heart and Vascular Center’s Pulmonary Hypertension Program was recently awarded the prestigious Center of Comprehensive Care designation by the Pulmonary Hypertension (PH) Association. The only center in the state of Iowa, the UI Pulmonary Hypertension Program is now one of only 26 in the country to have received the prestigious care center designation.

“Advances in pulmonary arterial hypertension (PAH) pharmacotherapy over the past several years have significantly expanded treatment options,” says Linda Cadaret, MD, director of the UI Pulmonary Hypertension Program. “Our program now offers complex treatment algorithms that include medical, interventional, and pharmacological recommendations.”

The current treatment algorithm for PAH was adopted internationally in 2013, and is divided into three main areas: general measures such as anticoagulants, diuretics, digitalis, and oxygen, initial therapy with PAH-approved drugs, and combination therapy of two or more classes of drugs and interventional procedures, such as lung transplant or balloon atrial septostomy.

Early diagnosis, one of the biggest impediments to disease management, has become increasingly essential to delaying progression and improving outcomes and quality of life. PAH remains a diagnosis of exclusion. Patients who present with syncope, dyspnea, and elevated PA pressures on echo should be considered at risk for PAH.

The UI Pulmonary Hypertension Program provides a 24/7 multi-disciplinary team approach to disease management that includes: pulmonologists, cardiologists, surgeons, nurses, pharmacists, social workers, dieticians, and rehabilitation specialists.

In addition, the UI program has a long history of active clinical trial participation. At present they are part of multiple trials for several novel therapies, including promising studies with Prostacyclin IP receptor agonists.

The UI PAH Program sees patients in consultation at the main campus. For more information about UI PAH treatment options and clinical trials, call: 319-356-1028.
It’s All in the Numbers: ICD-10 Coding Brings 30 Years of Updates

On October 1, 2015, the decades-old Ninth Edition of the International Classification of Diseases (ICD-9) will transition to a new coding system: ICD-10. ICD-10 will have a major impact on UI Hospitals and Clinics. And while ICD-10 does not affect CPT coding for outpatient procedures and physician services, it presents significant changes and expansion for inpatient procedure and diagnosis coding.

The system’s last major update was 30 years ago. ICD-9 is rife with outdated terms, and inconsistent with current medical practice. ICD-9’s structure also limited the number of new codes, and many categories are full. The new system allows for far greater expansion, and calls for greater specificity and detail leading to reimbursement that more accurately reflects the patient’s condition and diagnostic needs.

A dedicated project team has been in place since 2013 to help transition UI Hospitals and Clinics to ICD-10. The EPIC Diagnosis Calculator went live in December 2013. Payer testing kicked off in January 2015, and initial coder training and assessments were completed in February 2015.

For UI Physicians, the transition will be virtually unnoticeable. The Diagnosis Calculator in Epic, which has been in use here since 2013, conforms to ICD-10 conventions. Some additional online Precyse training modules (through Precyse University) will be offered as well.

For more information and to track the continual progress toward the transition, visit the project website on The Point.

State of the Enterprise: A Call for Innovation

On June 30, Jean Robillard, MD, presented the UI Health Care State of the Enterprise. Entitled “Call for Innovation: Forging our Path for the Future,” the presentation touched on past successes, current strengths, and imagined a bright future.

“Let’s imagine,” Robillard said, “that the decisions we will make today will decrease the cost of medical education, will boost clinical and basic research, will create new enterprises, will develop new jobs, and will improve the health and lives of people here in Iowa and around the country.”

Robillard’s highlights of present accomplishments included the new UIeCare service that extends our reach throughout the state, the Davies Award for data integration, nursing’s Magnet Prize and our status as an Equality Leader from the Healthcare Equality Index.

The future of UI Health Care is bright indeed, with a solid financial foundation and the impending completion of Children’s Hospital. In addition, UI Health Care has pledged to invest an extraordinary $100 million in research over the next five years. This exceptional monetary commitment will be used to leverage increased NIH funding and continue recruiting excellent scientists and outstanding faculty.

The entire presentation of the UI Health Care State of the Enterprise is available online on The Point: select ‘Administration and Staff’ and then ‘Videos and Staff Forums.’