FEATURED IN THIS ISSUE
Retired fire captain gets a new valve in a new way | Heart disease no match for retired general
Picky eaters a common family phenomenon
Maintaining or improving your health can depend on access to care. With the shortage of doctors nationwide and here in Monterey County, that can be challenging, even for people with great insurance. Imagine the difficulties, then, if you have few or no resources. At Montage Health, we are trying to reduce obstacles all along the healthcare spectrum, for those who can afford care and those who can’t. In this issue of Pulse, you’ll learn about two of these efforts: a major campaign to recruit the doctors we need, and a mobile clinic that serves the homeless and underserved.

You’ll also read about some of the ways we can care for what ails your heart. Three patients share their experiences: one had bypass surgery to open clogged arteries; one had surgery to replace two valves; and one had our newest procedure, valve replacement without open-chest surgery.

If you are headed for surgery, or even for a regular visit to your doctor’s office, you can expect to be asked a familiar question: Are you allergic to any medications? The article on page 22 will make you think about how you answer that question and the impact it can have on how your doctor is able to treat you.

This is also our annual donor issue, an opportunity for us to thank and recognize the hundreds of community members who contribute to Montage Health through the Montage Health Foundation. Your generosity is key to helping us do the things you’ll be reading about, whether it’s bringing more primary care doctors and specialists to the Monterey Peninsula, taking care to the streets, or offering innovative and less-invasive heart care. You can read more about the work of the foundation in a special insert we’re including in this and future issues of Pulse.

Steven Packer, MD
President/CEO
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ON THE COVER
Setting an example for healthy eating are some of the children of Montage Health staff, from left: (front row) Zoe Boone, Harper Smith, Olivia Chon, Rya Fabry, and Roguen Black; (back row) DJ Gomez, Avery Smith, and AJ Gomez

As part of our commitment to responsible environmental practices, Pulse is printed on recycled paper.
Tyler Heart Institute capabilities expanding

As it moves into its second decade, Community Hospital’s Tyler Heart Institute continues to expand the care and treatment provided to the local community and beyond. Earlier this year, a structural heart program was launched, focused on repairs to the heart that can be done less invasively than through open-heart surgery.

Among the most exciting of these procedures is TAVR — transcatheter aortic valve replacement — in which a valve is replaced without opening the chest. Ted Bell, a retired Monterey firefighter, became the first TAVR patient at Community Hospital in January.

At the same time, the Tyler Heart team continues to do the critical procedures that are central to a successful heart program, including coronary bypass and valve replacement through open-heart surgery.

On the following pages, you’ll read about patients who are focusing on their continued wellness after undergoing one of these interventions.

Ted and Norma Bell, Pacific Grove

“IT was such a relief when he finally came out of surgery and everything was all right. The kids were so relieved. He’s their idol; he can do no wrong.

— Norma Bell"
Retired fire captain gets a new valve in a new way

Valve replacement without open-heart surgery introduced at Community Hospital

Ted Bell’s heart valve was failing. In his 89 years, he had put it through its paces: 10 years traveling the country as a professional baseball player; 30 years fighting fires; a retirement that wasn’t very retiring, with his five-day-a-week visits to the gym; and 56 years volunteering with the AT&T Pebble Beach Pro-Am.

For most people, the solution would be replacing the valve through open-heart surgery. For Bell, that had become too risky. His valve, stiffened by aortic stenosis, was forcing his heart to work harder to pump blood, putting him in danger of heart failure or a heart attack. Blood was leaking back into his heart through the faulty valve, his blood pressure was low, and he was dizzy, short of breath, and tired. He also suffered from sleep apnea and anemia.

His cardiologist, Dr. Richard Gray, suggested an alternative: a procedure new to Monterey County and available at only about 10 percent of the nation’s hospitals. And that’s how Bell became the first patient at Community Hospital of the Monterey Peninsula to have a transcatheter aortic valve replacement, or TAVR.

"We knew that he needed to have something done fast," says Lisa Nelson, coordinator of Community Hospital’s structural heart program, which includes TAVR procedures. “We were originally planning the first case for mid-January, but with the state that Mr. Bell was in, we knew there was not that much time. We had done extensive training with the doctors, nurses, cath lab, and operating room staff and we felt confident we could take care of Mr. Bell, so we moved our date up two weeks.”

Bell’s case was reviewed by a team that included Dr. Steven Goldberg, a cardiologist who participated in more than 100 TAVR procedures before coming to Community Hospital, and Dr. Gregory Spowart, a veteran cardiothoracic surgeon at Community Hospital. They agreed he was an appropriate candidate.

“I thought, with the condition I was in at the time, ‘Let’s go,’” Bell says. “I didn’t really want open-heart surgery, and it wasn’t an option.”

In TAVR, instead of opening the chest, doctors place the new valve using a catheter, a long, narrow tube, inserted through a small incision, usually near the groin, and then threaded through an artery to the heart. Once in place, the valve is fully opened. It pushes the old valve’s flaps out of the way and anchors itself to the artery walls.

TAVR patients usually go home two or three days after the procedure, compared with the average week-long stay that follows open-heart surgery. Recovery is faster and pain is minimal.

While this approach is attractive to nearly anyone who needs a valve replacement, open-heart surgery remains the gold standard for those with low risks because of its demonstrated long-term success and safety. Under Food and Drug Administration regulations, TAVR is limited to people with aortic stenosis who are at intermediate or high risk of complication or death from surgery.
At Community Hospital’s Tyler Heart Institute, each patient must be screened and approved by a team tasked with deciding the best option for the individual patient. If TAVR is appropriate, the procedure is done in the cardiac catheterization lab with a team led by Goldberg and a cardiac surgeon. In Bell’s case, Goldberg partnered with Spowart, who has performed thousands of open-heart surgeries.

In the waiting room, Bell’s wife Norma was joined by family members, including the couple’s son and daughter.

“It was such a relief when he finally came out of surgery and everything was all right,” she says. “The kids were so relieved. He’s their idol; he can do no wrong.”

It’s a well-earned position.

Ted Bell was a baseball standout in high school, named the best player in Southern California. After graduation, he married Norma, his high school sweetheart, on Valentine’s Day and was drafted by the New York Yankees. The newlyweds set off on a 10-year adventure in baseball that took them to more places than they can remember. Ted, a utility player whose specialties included shortstop, was traded among teams, contributing to the nomadic lifestyle.

“It was about a month of spring training, then you’d be sent to a town somewhere and get settled and then maybe be shipped off somewhere else,” says Norma.

After two children and a decade on the road, they decided it was time to settle down, so Ted turned down a contract playing ball for Atlanta. A friend suggested firefighting, describing it as “the closest thing to baseball that you’ll ever run into,” Ted says.

He landed a job with the Monterey Fire Department in 1958, starting a 30-year career that ended with his retirement as a captain. It lived up to his friend’s assessment, with a camaraderie and physical nature similar to baseball.

“It was very, very exciting. And it was stressful, because you never knew what you were going to get into,” he says. He nearly died in one fire, in an old cannery on Cannery Row.

Norma learned to live with the anxiety, and the absences. She jokes that between Ted’s baseball travel and his years in the fire department, with four days on and three off, they’ve really only been married half of the 70 years they recently celebrated with a big party.

After retiring, Ted kept active. Until his heart issue, he was a regular at the Monterey Sports Center at 5:30 a.m., swimming three days a week, playing ping pong twice a week, and shooting hoops. He recently returned for some aquatic therapy. Though he misses his workouts, he continues a monthly breakfast club with his gym friends. And Norma expects he’ll be back in the pool for his hour-long lap swims soon, thanks to his surgery.

“It’s given him his life back,” she says, squeezing his hand.

**TAVR CANDIDATES**

Under federal regulations, TAVR may be used only for people with aortic stenosis who are at intermediate or high risk of complication or death from surgery. Valve replacement through open-heart surgery remains the best choice for people at low or no risk of complications.

**Prospective TAVR patients are assessed by a team including:**

- Interventional cardiologist, specializing in catheter-based treatments
- Cardiothoracic surgeon, specializing in open-heart procedures
- Cardiac imaging specialists

**BENEFITS OF TAVR**

- Minimally invasive
- Less painful than traditional open-heart surgery
- Faster recovery
- Improved quality of life

Meet Ted and Norma Bell and Drs. Steve Goldberg and Gregory Spowart in a video about TAVR:

[chomp.org/TAVR]
Double-valve replacement is a gift

Dan Haynes was working at a military base in King Salmon, Alaska, when he noticed his heartbeat had turned erratic. Though he makes his home in Idaho with his wife Diann, he spends six months or more each year working as a radar technician in remote regions of the Arctic Circle.

It’s a tough place to feel unwell.

Haynes, 62, flew to Anchorage, where medical tests revealed his heart was “skipping all over the place.” Alarmed, he contacted his cardiologist in Idaho, who recommended a treadmill stress test.

“The stress test nearly killed me,” says Haynes. “I thought I was going to throw up and pass out, that I wasn’t going to get my breath back. My heart got to 129 beats per minute; normal is 60 to 70. An echocardiogram revealed that two heart valves were failing badly.”

Haynes’ health insurance directed him to Community Hospital, which has earned approval as a heart surgery center of excellence for certain out-of-area insurance companies. Haynes had a double-valve replacement through Community Hospital’s Tyler Heart Institute in August 2017, and he says it gave him a second chance at getting a second chance.

His heart disease actually dates back to age 6, when he was diagnosed with aortic stenosis. This narrowing of the aortic valve between the left ventricle of the heart and the aorta impedes the delivery of blood through the aorta, causing a murmur and making the heart work harder.

For most of his life, Haynes remained reasonably healthy, taking care not to overdo it. He underwent his first open-heart surgery at 41.

“Because I was so active, my doctor at the time recommended that I consider a mechanical valve replacement,” says Haynes. He rejected the idea because it would require him to be on blood thinners to avoid blood clots for the rest of his life. “And the device was so noisy you could hear it in another room. I couldn’t handle that. Instead, my cardiac surgeon recommended I go with the Ross procedure.”

Named for its inventor, cardiothoracic surgeon Dr. Donald Ross, the Ross procedure involved replacing Haynes’ damaged aortic valve with his own similarly shaped pulmonary valve, which was in turn replaced with a donor valve. That gave him 17 more years of an active lifestyle.

The second time around, at Community Hospital, Haynes’ aortic valve was replaced by a porcine (pig) valve, and his pulmonary valve by another donor valve.

“My whole experience with Community Hospital was great,” Haynes says. “They made me feel like I was somebody special; I met so many wonderful people. My cardiac surgeon, Dr. Vincent Gaudiani, the head surgeon, asked me if I had any more questions; I’d run out. Usually doctors don’t have time to spend with you, but Dr. Gaudiani made sure I was ready for the operation.”

HEART-VALVE DISEASE

In aortic valve stenosis, the valve narrows, restricting blood flow.
During his time in Monterey, Haynes and E.T. Walker, a friend who accompanied him, frequented Lighthouse Fellowship of Pacific Grove, where they met Senior Pastor Dave Lucas.

“We just happened to go to church on a potluck Sunday and met the whole congregation,” says Haynes. “They all prayed for me, and Pastor Dave came to see me in the hospital three times. It was wonderful. E.T. wrote them a thank-you letter.”

Before his open-heart surgery, Haynes had to pace himself. “It was horrible,” he says. “I was weak and unhappy. I was eating stuff to get energy, but I had no energy. I couldn’t work out. I felt like I was nearing my end.”

Since his surgery, Haynes feels like there’s nothing he can’t do. He has regained muscle strength and lost 25 pounds and 7 inches around his waist.

“When things don’t go your way, you despair,” he says. “It’s natural. It’s good to have optimism and strength again. I feel so blessed by how my surgery went. I got a gift.”
I woke up in the ICU in the tender-loving care of a couple of angelic nurses, and recognized immediately that I was in good hands.
— Robert Ord III, patient

Heart disease no match for retired general

With his long and impressive military career, it’s understandable that a man like Robert Ord, III, might not worry much about his own vulnerability.

He retired at the rank of lieutenant general after 38 years, capping a lifetime of service that included:

- Commanding an infantry company of the U.S. Army’s 25th Division in the Vietnam War
- Senior adviser to the Vietnamese Ranger Command
- Commander of the U.S. Total Army Personnel Command and then the 25th Infantry Division
- Commander of the U.S. Army Pacific
- Chief of staff for the Combined Field Army in South Korea
- Assistant Division Commander for the 7th Infantry Division at Fort Ord
In other words, this wasn’t a guy who would overreact to an uncomfortable bout of indigestion after a nice birthday lunch with his family at a local restaurant.

“I started feeling some pretty severe indigestion early that evening, and if I’d been alone, I probably would have popped a couple of Tums® and laid down,” says Ord, who turned 77 that day in May 2017. “Fortunately, my dear wife of 55 years, Gail, recognized that it was something serious. I owe her for that, and I always will.”

Ord’s indigestion morphed into shoulder-to-shoulder discomfort. Then his neck felt hot.

“And then I got the telltale signs under my left arm, and I knew I was in trouble,” he says.

Gail Ord drove him from their Carmel Meadows home to the Emergency department at Community Hospital of the Monterey Peninsula.

“When my wife told them she thought her husband was having a heart attack, it was like a fumble in a football game — everybody piled on,” says Ord, who was recruited out of high school to play football at West Point. “They immediately took me to a back alcove and started doing all the things they needed to do, which included an EKG (electrocardiogram). Dr. Richard Gerber, a wonderful cardiologist, appeared on the spot and read the EKG, then immediately took me upstairs for an angiogram.”

The news was bad. Ord had four arteries so severely clogged they couldn’t be opened with stents and instead required open-heart surgery. Dr. Gregory Spowart, a gifted heart surgeon from Community Hospital’s Tyler Heart Institute, performed the three-hour-plus operation that saved Ord’s life.

“I woke up in the ICU, in the tender-loving care of a couple of angelic nurses, and recognized immediately that I was in good hands,” Ord says.

Four days later, Ord was moved to Main Pavilion, where he spent eight days. He won’t try to name all the doctors, nurses, nursing assistants, and other clinicians and staff who helped with his recovery, fearing he might unforgivably leave somebody off that long list.

“I actually got very comfortable there, with people fluffing my pillows and waiting on me hand and foot,” he says, then jokes, “My only complaint is that the hospital sommelier could never get my dinner wine exactly right.”

After being discharged, Ord took part in the hospital’s Cardiac Rehabilitation Program. Three times a week for seven weeks, he attended classes about proper nutrition and other musts for maintaining a healthy heart. And he participated in an exercise program that included upper- and lower-body work and cardiovascular workouts, all electronically monitored by staff.

“What an experience like this teaches you is that you’re not invincible,’ he says. “I had always been active, with regular checkups, and wasn’t the least bit concerned about a heart attack or a stroke. Then, all of a sudden, you wake up saying, ‘Holy smokes, what just happened?’”

Ord pronounces himself in much better physical condition and “more centered now than I was before, in terms of my priorities.

“There’s an old proverb, a favorite of mine, that says, ‘Forever is made up of nows,'” Gen. Ord says, “I guess I learned that you’d better enjoy what you have today and let God take care of tomorrow.”
Making sure the doctor is in
Montage Health takes on the challenges of recruiting, retaining physicians to try to improve access to care

After his doctor retired, Dean, a 63-year-old Monterey Peninsula resident, put off finding someone new. He rarely went to the doctor, so he wasn’t in a rush. And he had good insurance, so he figured it would be easy to sign on with someone.

Then flu season hit with a vengeance. Dean wanted to get a flu vaccine and thought he could make that part of the “new-patient visit” doctors require when someone is new to their practice. So he called an office recommended by a friend; no new patients were being taken. He called another and got the same response. A third was accepting new patients — as a concierge practice, which required a $1,500 annual fee on top of his usual co-pays and deductibles.

He finally got a “yes” on the fourth try, but the next new-patient appointment was six weeks away. Desperate, he took the appointment and then went to his local drugstore for a flu shot in the meantime.

Dean’s dilemma isn’t uncommon on the Monterey Peninsula, or elsewhere across the nation. Having access to care is critical to having a healthy community, but doctors, especially those in primary care, are in short supply. Estimates put the national shortage at between 12,000 and 31,000 doctors. Some specialists are also scarce, especially general and vascular surgeons, pediatricians, and psychiatrists.

“We face at least a one- to two-decade-long progressive shortage of physicians nationwide,” says Dr. Anthony Chavis, chief medical officer of Montage Health.

It’s difficult to attract new doctors and to retain those already here, says Chavis, who spends much of his time on recruitment. Among the obstacles:

- Competition: 96 percent of doctors completing their residencies have been solicited at least 10 times by prospective employers; half have been solicited more than 100 times
- Cost of living: It’s beautiful on the Monterey Peninsula, but it’s expensive, especially for someone coming out of school with loans of as much as $700,000
- Low reimbursements: Government insurance like Medicare pays lower rates for care here, despite the cost of living
- Community size and makeup: Young doctors may find the area lacking in social opportunities

Retaining doctors is also difficult, especially as fewer own their own practices, giving them more mobility. They move on for a variety of reasons, including retirement, family issues, financial or career opportunities, the community isn’t a good “fit,” or because the demands of the job, such as hours, productivity requirements, and being on-call, don’t meet their work-life balance goals.

To try to close the gap, Montage Health began a targeted effort more than a decade ago that includes:

- A recruitment campaign, including financial incentives
- Establishing Montage Medical Group, a practice for primary care doctors and specialists, so they don’t have to establish or maintain their own offices; the seventh and largest office opened in Ryan Ranch in May and will have more than 40 doctors when fully staffed
- Purchasing an apartment building in Monterey to offer transitional housing to doctors, other hard-to-find clinicians, and some current Community Hospital employees
- Organizing a regional physician strategy work group, to address the issue from a larger geographical perspective
- Being a major underwriter of a master’s level physician assistant program at California State University Monterey Bay

The recruitment effort has brought 128 doctors to the Peninsula since 2001. Of those, 82 continue to practice today, some at Montage Medical Group (MMG) and others in a variety of settings. Those at MMG had more than 90,000 patient visits in 2017.
“The recruitment program established by the board of Montage Health has been integral to our ability to compete as a community in a shrinking national physician-candidate market,” Chavis says. “Bluntly put, before our interventions, we were ill-equipped as a community to compete.”

In 2017, Chavis reviewed 300 resumes, spoke to more than 180 doctors by phone, and had onsite interviews with more than 80 who were considering coming to the Monterey Peninsula.

“We had a pretty good recruitment year,” he says, “securing commitments from 23 of those doctors to work in our community, at Montage Medical Group or elsewhere.

“Montage Health will continue to address the shortage through recruitment and through controlling costs and shifting administrative burdens away from doctors so they can focus on seeing patients,” Chavis says.

“Recruitment and retention efforts come with a cost, so philanthropy will also continue to be key to supporting our efforts.”

The Bechtel Foundation awarded two grants to the recruitment effort. Earlier this year, Paul and Cassandra Hazen contributed $250,000 to sponsor a community room at the new Montage Medical Group office, where classes, lectures, and other health-education events are being held.

“Thanks to generous donations by friends of Montage Health,” Chavis says, “we have been able to develop attractive places for physicians new to the community to practice and thrive.”

“We’ve made progress, but there is still a lot to do, for both recruitment and retention.”

— Dr. Anthony Chavis
Chief Medical Officer, Montage Health
We are working toward a goal, a vision, of improving the health of the population in Monterey County. It’s not just practicing to make a living and to build a reputation. We’re delivering needed services.

— Dr. Lancelot Alexander, Neurology

MONTAGE HEALTH 2017 RECRUITMENT SUCCESSES

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CARMEL
Montage Medical Group
275 The Crossroads, Suite A
(831) 718-9701
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.
Located in the Crossroads Shopping Village in Carmel.

MARINA
Montage Medical Group
2930 2nd Avenue, Suite 200
(831) 582-2100
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.
Located at the Montage Wellness Center in Marina, opposite the Dunes Shopping Center.

MONTEREY
Montage Medical Group
2 Upper Ragsdale Drive, Bldg. A
(831) 333-3040
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.
Located in the Ryan Ranch office park.

Montage Medical Group — CARDIOLOGY
30 Garden Court, Suite B
(831) 647-1123
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.
The cardiology practice is adjacent to Community Hospital’s Tyler Heart Institute Cardiac Imaging Center at Garden Court.

Montage Medical Group — SPECIALTY SERVICES
23845 Holman Highway, Suite 210
(831) 620-0700
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.

Montage Medical Group — OBSTETRICS/GYNECOLOGY
23845 Holman Highway, Suite 227
(831) 624-3579
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.

Montage Medical Group — UROLOGY
23845 Holman Highway, Suite 203
(831) 241-9155
OFFICE HOURS
Monday–Friday, 8 a.m.–5 p.m.
Located in the Carmel Hill Professional Center and walking distance from Community Hospital of the Monterey Peninsula.

I looked all over the country in terms of where I wanted to move, and I never came across this type of recruitment package. This recruitment package plays a huge part in our decision-making process.

— Dr. Shinkai Hakimi, Critical care/pulmonology

Dr. Hakimi, Dr. Alexander, and two other doctors talk about their recruitment experiences in a video at: montagehealth.org/recruit
Mobile clinic takes care directly to those who need it

The sky-blue, 40-foot bus rolls up to a Monterey office building every Tuesday and to the Walgreens in Seaside on Thursdays. It carries medical supplies and equipment to treat minor injuries and maladies — coughs, colds, infections, sprains, strains, abrasions, high blood pressure, low blood sugar, and a wide range of other common issues.

The bus, the Montage Health Mobile Clinic, also brings intangible things to the underserved and homeless population of the Monterey Peninsula: hope, dignity, and, perhaps most important, a sense of visibility.

“We’re serving a lot of people who are on the fringes of society, folks who, I think, often feel a bit invisible,” says Lara Shipley, a family nurse practitioner who has been staffing the mobile clinic since it launched in September 2017. “These are people who, for whatever reason, have difficulty getting healthcare, and a lot of the feedback we’re getting is that we are a tremendous resource for them. They’re noticing that we care, we’re helping, and we’re consistently there for them. I think we’re building trust.”

Those were among the goals when Montage Health, parent company of Community Hospital of the Monterey Peninsula, conceived of the mobile clinic. Healthcare options are limited for the homeless, an estimated 2,300 of whom reside in Monterey County, and other financially challenged people. Some turn to the RotaCare Clinic, operated weekly in Seaside by Rotary International, with volunteer doctors, nurses, and other clinicians. But many others go without or they turn to the nearest hospital emergency department, where the most serious injuries and illnesses are prioritized and care is most expensive.

The mobile clinic became another option after Montage Health converted Community Hospital’s former bloodmobile into a medical office on wheels that includes two exam rooms, a restroom, and space for limited medical supplies and equipment.

The outreach is supported by Montage Health and contributions from the hospital and the community to Montage Health Foundation, including a $500,000 grant from the Monterey Peninsula Foundation, $200,000 from Montage Health’s Auxiliary, $64,000 from Community Hospital employees, and a substantial gift from Sara and James Jungroth.

In October 2017, service was added for Gathering for Women, a local nonprofit organization founded four years ago to assist homeless women on the Peninsula.

At the Gathering for Women, clinic staff members typically haul everything indoors to better accommodate elderly patients with wheelchairs or walkers. Shipley sees patients there with assistance from a crew that usually includes Auxiliary volunteers, a Community Hospital social worker, and social work interns from CSU Monterey Bay.

“A lot of what I do involves getting people connected to health insurance, registering them for the (Monterey-Salinas Transit) RIDES program so they can get to their appointments, helping them get prescriptions, and providing assistance if they can’t afford their medications,” says Monique Theaker, a graduate student at CSUMB. “For me, this has been a growing experience because I’m working with a segment of the population that I might not have encountered otherwise.”

Gathering for Women serves its guests a hot lunch, provides clothing and personal supplies, and connects them with agencies and organizations that can assist with their needs.

“The same team from Montage Health has come here every week, which has built trust among the women here who use their services,” says Jennifer Dalton, executive director of Gathering for Women. “These women are so much healthier because of the investment Montage Health has made in the most underserved and vulnerable women in our community.”

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Sarah (not her real name), a Gathering for Women guest who has struggled with homelessness, is among those who have received care.

“Someone stole my pocketbook, with all of my medical cards, and I came (to the Montage Health Mobile Clinic) with a terrible cough,” she says. “I’m not sure what I would have done without them. They got me a prescription for antibiotics and gave me a flu shot. I still haven’t received my replacement medical cards, so Montage has helped me so much.”

**MOBILE CLINIC STOPS**

**TUESDAYS 11 A.M.–2 P.M.**
Clinic services for the clients of Gathering for Women (for women in need only)
187 El Dorado Street, Monterey

**THURSDAYS 2–6 P.M.**
For anyone in need
Walgreens parking lot
1055 Fremont Boulevard, Seaside

**HOW YOU CAN HELP**

To support the mobile clinic and other efforts to provide care to the community, go to montagehealthfoundation.org.

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Lara Shipley, Seaside

*We’re serving a lot of people who are on the fringes of society, folks who, I think, often feel a bit invisible.*

— Lara Shipley
Allergy or side effect? Misunderstanding your response to a medication may limit your treatment options

The 90-year-old woman told her new doctor, Jill Tiongco, that she frequently had urinary tract infections. She also said her previous doctor always prescribed the same antibiotic to treat them.

As Tiongco reviewed the woman’s medical history, she saw that her new patient listed 12 medication allergies. That was apparently one of the reasons the same medication was prescribed each time: It was “safe.” But it had also become ineffective. A lab test showed the infection was now resistant to the “safe” medication, so it wasn’t clearing up.

Tiongco, an internist at Montage Medical Group in Carmel, dug deeper to learn more about the supposed allergies.

“After conversations with her family, we identified three drugs where she had experienced an intolerance, not an actual allergy,” Tiongco says. “So I was able to prescribe one of those and the infection cleared up.”

Most of us have had a reaction to a medication, like an upset stomach. But it is usually not a true allergic reaction. It’s important to know the difference. If it’s a true allergy, your healthcare team needs to know to avoid the medication. But if it’s not, it may be needlessly limiting your doctor’s treatment options, prolonging your symptoms, and increasing the cost of your care.
Topping the list of drugs to which people often mistakenly believe they are allergic is penicillin, says Therese Beauclair, a pharmacist and the medication safety coordinator at Community Hospital of the Monterey Peninsula. Penicillin is an excellent drug for treating many infections, Beauclair says, so people may be missing an opportunity to receive an effective medication. Even if they were once allergic to penicillin, they may not be now, she says. Studies have shown that 80 percent of people who claim to have a penicillin allergy will no longer have it if they avoid the medication for at least 10 years. A skin test can determine whether someone is allergic.

Adverse drug reaction is an umbrella term referring to any untoward reaction to a medication, Tiongco says. There are two general types, she says. “Type A” reactions make up more than 80 percent of all adverse drug reactions and are predictable based on the known uses, composition, and effects of the medication. “Type B” reactions are hypersensitivity reactions, such as an immunologic drug reaction, the true drug allergy.

“Only about 5 to 10 percent are true immunologic or allergic reactions, which usually happen only to highly susceptible people,” she says. “In those cases, the immune system responds with various types of cascade reactions, similar to when a person gets hives from bee stings or dermatitis from a latex allergy.

“For Type A reactions, if you get enough of a dose or exposure, the possible negative reactions are predictable,” she says. “A common example is diarrhea from amoxicillin, an antibiotic in the penicillin family. These are the most common reactions that patients complain to me about. However, amoxicillin can also cause a Type B hypersensitivity reaction such as immediate swelling of the lips, wheezing, and hives after ingestion. In this scenario, it is a true drug allergy.”

**COMMON SIDE EFFECTS THAT DON’T USUALLY INDICATE ALLERGY INCLUDE:**
- Headaches
- Nausea, upset stomach, or vomiting
- Constipation
- Diarrhea
- Dry mouth
- Persistent cough

**ALLERGIC REACTIONS COMMONLY ASSOCIATED WITH MEDICATIONS INCLUDE:**
- Skin rashes or hives
- Itching
- Swelling of the face, hands, feet, or throat
- Wheezing or breathing problems

“Different types of allergies produce their own set of symptoms,” Beauclair says. “An immediate reaction starts within an hour or two of the drug being administered. This type of reaction is serious because it can turn into an acute allergic reaction such as anaphylaxis.”

A delayed allergic reaction, which is more common and less serious, says Beauclair, usually starts with a rash a couple of days after the patient begins taking the medication.

“With a true allergy, you choose an alternative treatment. With side effects, depending on their severity, you weigh the risks and benefits of taking the drug,” Beauclair says. “Maybe by choosing another drug in that same class of medication, the side effects will go away. Or by lowering the dosage or lengthening the intervals between doses, the side effects will be minimized or manageable.”

For example, the statin drug Lipitor®, prescribed to help reduce cholesterol, is known to cause muscle aches, joint pain, and fatigue among many people. Another statin may not, she says.

While it is essential to report medication allergies to all healthcare providers — doctors, nurses, pharmacies, dentists — it also is important that no medication make the list if not a true allergen. It just may be the medication a patient truly needs.
Lessons learned from four joint replacements

Lynda Milligan has become a pro at joint replacement, getting all-new hip and knee joints over the last 20 years, all at Community Hospital, and all by Dr. Gregg Satow.

“I’m doing great,” she says, three weeks after her last surgery, a knee replacement. “At physical therapy, they said, ‘You’re progressing beautifully; you must be doing all the exercises.’ I was. It’s in my best interest.”

She learned that the hard way. Before her first knee replacement, she didn’t do the exercises that were recommended to help prepare for the surgery and recovery.

“When I had my first knee done,” she says, “I was shocked at how much it hurt. This time I wasn’t going to let that happen. Before the surgery, I started doing all the exercises I did after my first one, and that really helps.”

Severe arthritis prompted Milligan’s four joint replacements. The first, a hip replacement, was done when Milligan was just 47. The second hip followed seven years later. Her first knee was done three years ago, and the last one was in August 2017.

Before the most recent surgery, Milligan attended “Preparing for Joint Replacement Surgery,” a free 90-minute class at Community Hospital. Milligan had never gone to the class before. Today, surgeons from Community Hospital’s Orthopedic Center urge their joint-replacement patients to take this class, or their own, if they offer one.

“The information is so critical to a successful recovery that we provide it in several formats — the live class, animated videos, and a workbook so that patients can hear it, read it, and see it,” says Maggie LeBel, coordinator of the Joint Replacement Program of the Orthopedic Center at Community Hospital.

In addition to exercise, the material covers what to expect before and after surgery, changes you can make to be as healthy as possible for surgery, pain management, how to prepare your house to reduce the risk of falls, physical therapy, assistive devices you may need, and more.

In the class, patients can ask questions and benefit from the questions and discussion of others.

Patients who are self-motivated and self-confident tend to have the best outcomes, according to LeBel. The goal is to have hip- and knee-replacement patients up and walking the day of surgery, and ready to go home after one or two nights in the hospital, LeBel says.

Soon after her last surgery, Milligan, 66, was back at work part-time as a mobile dog groomer and also busy with her hobbies — gardening and crafts. Six weeks after, she resumed her favorite form of exercise, walking her two terriers.

“ Mostly, I keep moving,” she says. “I don’t just sit. I’m not a sitting kind of person.”

A few weeks after the last surgery, she was at a hardware store and saw a man struggling to carry some wood. She offered to help and mentioned that she had recently had her knee replaced.

“‘Oh god,’” he said, “‘I have to have that done.’”

“I said ‘Do it. It’s the only way to make them better.’”
Orthopedic Center at Community Hospital

Pre-surgery education includes animated video. Each year, Community Hospital’s orthopedic surgeons replace more than 500 hips, knees, and shoulders, more than any other hospital or surgery center in the area. We focus on reducing pain and giving you greater freedom of movement.

Learn more about our Orthopedic Center and watch our videos on preparing for joint replacement at chomp.org/joint.

“Mostly I keep moving. I don’t just sit. I’m not a sitting kind of person.”
— Lynda Milligan, patient

Lynda Milligan, Pacific Grove
Picky eaters a common family phenomenon

Sparrow Picard, 7, would rather have “naked lettuce,” without the moisture of salad dressing. If a condiment shows up anywhere on her plate, even if it’s not touching the food, she’ll reject the meal. She doesn’t like French fries because of the texture of potatoes. And, she’s the slowest eater at the dinner table, perfecting the art of procrastination so she can abandon her meal as everyone else finishes.

Sparrow is what average people and clinical specialists call a picky eater — a super-common thing among young people, says Taylor Gann, a pediatric wellness coach at Community Health Innovations, part of Montage Health.
“More than 1,000 kids have been referred to our Pediatric Wellness Program, which we launched in April 2017, and they’re all picky eaters,” Gann says. “A few kids are underweight, and the rest are overweight; and most won’t eat their fruits and vegetables, whether because of the way the food looks, tastes, or feels, or because they know it’s good for them.”

“Kids usually become picky eaters in two ways,” Gann says. “Either they’re born with a repulsion to certain tastes or textures, which they can outgrow, making it important to keep reintroducing foods over time, or their parents unwittingly foster the behavior.”

“Parents are the primary role models,” Gann says. “Kids pay close attention to all the things we do that are unspoken. If a child sees her parent drinking water and eating fruits and vegetables, she is more likely to do it. If parents don’t like a certain food, they likely won’t introduce it to their child.”

Gann cited the story of a little girl who wanted to try broccoli at preschool, but her mother said, “No, she doesn’t like broccoli; take it off her plate,” effectively quashing the opportunity to expand her child’s palate. “Our personal influence of not liking a certain food or confirming what the child doesn’t like, doesn’t give the child a chance to change.”

Some parents come from the “clean plate club”: You’re going to eat it all, no matter what. Others subscribe to the “eat whatever you want program.” Neither promotes a lifestyle of healthy eating, Gann says. The keys to healthy eating are planning and preparation.

Before heading to the grocery store, she says, make a shopping list based on a diagram or mental image of a plate. Half the plate should be dedicated to vegetables, a quarter to protein, and a quarter to whole grains. Then shop, not for food, but for nutrition to fill the plate.

“Rather than giving in to fast food at the end of a long day, plan meals ahead of time and get the kids involved,” she says. “They’re more likely to eat the food if they’ve participated.”

“At the end of the day, you’re the parent. It’s your job to fill their plate. If you’re on a busy street and your children want to run out into the street, would you let them? Poor food choices are that busy street.”
As a baby, **Elijah Hull** was a good eater. As soon as he got the hang of his pincher grasp and could control what went into his mouth, he was pleased to grab peas, cheese chunks, pasta, and fruit. But, by the time he turned 2, his mother says, he became suspicious of peas and completely rejected macaroni.

“Using my child psychology training, I figured I’d ignore it, not give attention to negative behaviors,” says his mom, Chelsea Hull. “It didn’t fade. In time, I kind of gave up a little. Twice a week I make something that would please Betty Crocker®, but otherwise I give in to grilled cheese, French fries, and chocolate milk.”

When she tries to introduce new foods to Elijah, now 5, he takes the tiniest bite and then tries to make himself vomit. He even passes on pizza.

“I admit, I’ve succumbed to bribing at this point, way more than I should,” Hull says. “I recently offered Elijah three Skittles® if he’d try a piece of cucumber.”

**Tips from Taylor:** Don’t give up. Studies show that children who are exposed to fruits and vegetables early are more likely to eat them as adults. Also, no bribing! When we bribe children with sweets, they begin to expect bribes. This can create a negative relationship with food and lead to bigger problems. Instead, reward them with praise: “You tried cucumbers? That was a really healthy choice.” Or, “That was a good choice to help your body grow.”

**Maia Wecker’s** parents followed “baby-led weaning” when it was time to move their baby to solid foods. They skipped spoon-fed, pureed baby food and, instead, encouraged Maia...
to self-feed by placing small pieces of whatever they were eating on her plate. Maia did well.

Yet, as she grew older, Maia became a very picky eater. Her mother offered to make her smoothies, but she didn’t like that the ingredients were all mixed together.

Born in the 50th percentile for weight, she dropped to the 5th before her first birthday. Now, at 9, she has reached only the 8th percentile for her age.

“I tried to get her to drink chocolate milk, just to get calories in her,” says her mother, Sabine Grinstein Wecker. “But she said she wouldn’t drink it because the milk had something in it.”

She always asks Maia to at least try food the family eats. “But Maia’s attempts are miniscule. If we ask her to try a forkful of rice, she’ll eat one grain and declare she doesn’t like it.”

At a recent overnight camp, Maia was asked to taste everything on her plate or no dessert. She came home and told her parents, “I have to learn how to try everything.”

**Tips from Taylor:** It’s OK for children to say no. When kids are able to say they don’t like a certain food, it teaches them mindful eating and they learn to recognize their body’s hunger cues. When introducing new foods, it’s best to introduce only one at a time. Give your child two or three foods you know they like and add a new fruit or vegetable. Seeing it in combination makes it less threatening and more likely that your child will try it.
Meal-planning tips

- Establish a regular meal and snack routine.
  - 3 meals and 2 to 3 snacks daily, spaced at least 1–2 hours apart
  - Allow 15–30 minutes for meals, and 5–15 minutes for snacks
  - Do not offer anything to eat or drink between scheduled meals and snack times, except water; you want to make sure your child is hungry for scheduled meals

- Limit distractions during meals and snacks. Turn off the television and other screens. No reading.

- Have your child sit at the table for all meals and snacks.

- Serve nutrient-rich solids before liquids at meals.

- If your child refuses to eat or throws a tantrum, take a break and try again later. If behavior continues, end the meal and wait until the next scheduled meal or snack to offer ANY food or drink, except water.

- Encourage “positive talk” about food in front of your child. Praise good behavior and don’t dwell on the negative.

- Let your child help plan and prepare meals.
Pediatric wellness coach

Community Health Innovations’ pediatric wellness coach works with patients from the offices listed below. If your child is a patient of one of these practices and you would like a referral to the coach, please ask your doctor.

**MONTEREY PENINSULA**
- Monterey Peninsula Pediatric Medical Group (MPPMG)
- Pediatric Group of Monterey/Stanford Children’s Health
- Stanford Children’s Health Specialty Services
- Seaside Family Health Center
- Marina Health Center

**SALINAS**
- Romie Lane Pediatric Group, Inc.
- Pacific Coast Pediatrics
- Salinas Pediatric Medical Group, Inc.
Every year, we put millions of dollars and thousands of hours back into the community to meet healthcare needs and support local organizations. In 2017, we spent more than $165 million and devoted 16,603 volunteer hours under the hospital’s Community Benefit Program. We filled in the financial gaps for the care provided that isn’t fully covered by insurance or government programs and for patients who have few or no resources.

To see all the details of our Community Benefit Program, go to chomp.org/communitybenefit.
**BUILDING HEALTHY COMMUNITIES**
Supporting community events, donating supplies to organizations in need, etc.

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**SPECIAL CARE FOR SPECIAL NEEDS**
Mental health information and referrals, chemical dependency assessments, bereavement programs, etc.

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Praveen Datt started work at Community Hospital of the Monterey Peninsula as a receptionist on one of the nursing units and, over the 32 years that have followed, has built a reputation for organization, dependability, and, especially, problem-solving.

“In fact, during a group project last year, the team coined the term ‘1-800-PRAVEEN’ because you can call her with any issue and she will get a solution,” says Cara Allard, director of Care Coordination Services and Datt’s supervisor.

That reputation helped earn Datt honors as Community Hospital’s Employee of the Year. Datt and the nine other finalists were honored at a dinner in October.

Since 2001, Datt has served as the hospitalist coordinator. Hospitalists are doctors who specialize in caring for patients when they are hospitalized.

“I call her the ‘hospitalist whisperer’ because she knows how to work with each of the doctors individually as well as the group as a whole to achieve the needed outcome to assist patients,” Allard says. “The hospitalists’ relationship with Praveen is one of mutually high respect that ultimately yields positive outcomes for our patients.”

While her role focuses on patients in the hospital, Datt is also a resource once they leave. Many people call her with questions and concerns after they have been discharged, Allard says, and Datt connects them to the appropriate resources or follow-up care.

When anyone — hospitalist, patient, or colleague — asks for assistance, Allard says, Datt’s response is always, “How can I help?”
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Philanthropic contributions are crucial to our health.

They help pay for patients who can’t pay for their own care, for new technology to diagnose diseases earlier and treat them more effectively, and for state-of-the-art facilities, designed specifically to promote healing. Who gives? Patients pleased with their care. Neighbors who want to invest in the community’s well-being. Staff members who believe in Montage Health’s mission. Thank you to our donors.
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