

HEALTH MATTERS  
ASPEN VALLEY  
HOSPITAL

SPRING 2016



Photo by June Sparkman

## OUR MISSION:

TO DELIVER EXTRAORDINARY HEALTHCARE IN AN ENVIRONMENT OF EXCELLENCE, COMPASSION, AND TRUST.

## SURGERY SERVICES AT THEIR BEST

It's been almost two years since general surgeons Joe Livengood, MD, and Les Fraser, MD, joined the Aspen Valley Hospital (AVH) medical staff. Hailing from Loveland, Colorado, both have made Aspen their full-time home.

"I really enjoy this community and its active lifestyle," says Dr. Livengood. "Professionally, I feel I've had a positive impact on the hospital's trauma program, and my elective general surgery practice is growing steadily."

Dr. Fraser echoes his sentiments. "Almost everything a general surgeon would do in a metropolitan area is done here. I've been able to build a practice that includes the surgical care of conditions that range from gall bladder disease to cancer of the breast and colon," he says. "And it's all here in these beautiful mountains, in an exceptional hospital."

Both doctors enjoy ongoing learning and, in conjunction with the Aspen Valley Hospital Foundation, are presenting "**Surgical Grand Rounds.**" While the topics featured focus on new treatments and technologies and are geared toward the medical community, they are also of interest to the general public, offering a better understanding of how patient care decisions are made at AVH. The lectures feature visiting experts but also highlight local medical experts.

For information about upcoming programs, visit the hospital foundation's web site at [www.supportaspenhospital.org](http://www.supportaspenhospital.org).

For an appointment with Drs. Livengood or Fraser, call **970.429.4267**. Their offices are located within AVH at 0401 Castle Creek Road.

## CALENDAR OF EVENTS

### Early Detection of Breast Cancer

(Doctors offer clarity on conflicting mammography guidelines)

Lora Barke, DO, radiologist

Monday, May 9

12 - 1 p.m.

### Community CPR

Wednesday, May 18

6 p.m.

Call **544.1235** to register

Cost: \$30

### Community Blood Drive

Tuesday, June 7

11 a.m. - 3 p.m.

Call **970.244.2555**

for information

### Community Health Fair

Saturday, June 11

8:30 - 11:30 a.m.

(Will not include laboratory tests)

### Discounted Health Fair Lab Tests

Fasting Blood Sugar and Lipid Profile

Cost: \$25

Monday - Friday

(Throughout May and June)

Visit [www.avhaspen.org](http://www.avhaspen.org) for information and to schedule appointment

All events take place at Aspen Valley Hospital  
Call **544.1296** for more information

## QUIET AND CRUCIAL: GETTING TO KNOW THE THYROID



Joe Livengood, MD,  
general surgeon

Compared with high-profile organs like the heart and the brain, the thyroid is not a “flashy” part of the body. A butterfly-shaped endocrine gland located in your neck, it does its job quietly and efficiently for years without much notice. And yet the thyroid plays an outsized role in your overall health.

“The thyroid makes us run: it tells the body to make energy, it tells your heart how fast to beat, it makes everything go,” says Joe Livengood, MD, general surgeon at Aspen Valley Hospital. “Generally, people don’t notice or feel their thyroid. In fact, if it’s working correctly, you can’t feel it even if you try. But if your thyroid becomes swollen or develops a nodule, you can feel it — and that becomes a concern.”

### COMMON THYROID CONDITIONS

If you were to suddenly notice a lump in your neck, your first thought would probably be, “It’s cancer.” Fortunately, malignant tumors account for relatively few thyroid problems. Much more common are hyperthyroidism, hypothyroidism, and benign thyroid nodules.

Hyperthyroidism is over activity of the thyroid. Symptoms may include hair loss, weight loss, heat intolerance, fast or irregular heartbeat, and feeling jittery or anxious.

“We see hyperthyroidism more in females,” Dr. Livengood says. “It can happen around pregnancy, or it may be caused by an autoimmune disorder called Grave’s disease.”

An overactive thyroid is typically treated with medication to regulate the thyroid, radioactive iodine to permanently suppress the thyroid, or surgery

to remove the thyroid. The treatment selected is individualized based upon several factors.

### HYPER VS. HYPO

If hyperthyroidism gives you too much “go,” its opposite — hypothyroidism — leaves you without enough. Depression, sleepiness, skin changes, weight gain, and water retention in the limbs are among common symptoms of hypothyroidism. Since these symptoms aren’t unique to hypothyroidism, mentioning them during your annual checkup is important.

“Having these symptoms doesn’t mean you have a thyroid condition, but they make it more likely that your primary care physician will check your thyroid,” Dr. Livengood says.

In left untreated, hypothyroidism can increase the risk of heart disease, obesity, and diabetes. However, it rarely gets to that point. “Generally, hypothyroidism makes you feel so horrible that you’re going to see a doctor before the more pronounced effects occur,” Dr. Livengood says.

### RISK FACTORS

As with many conditions, thyroid disease can affect anyone at any age. However, hyperthyroidism tends to affect women more than men, and young adults in their 20s and 30s more often than other age groups.

Exposure to radiation, especially during childhood, is a risk factor for thyroid cancer. Because the thyroid is so active, it is unusually sensitive to radiation. So, there is a higher chance that radiation will cause DNA damage and result in thyroid cancer later.

With care and attention, however, most thyroid conditions are “pretty straightforward to care for,” Dr. Livengood says. “Even with thyroid cancer, as long as you stay vigilant and find it early, you have a very good chance of successful treatment.”

# IT'S A FACT: REGULAR SCREENINGS SAVE LIVES

## COMPREHENSIVE BREAST CANCER SERVICES ARE AVAILABLE CLOSE TO HOME



Les Fraser, MD,  
general surgeon

No message is more important for a woman to hear than this: Regular screenings, appropriate for your age and risk factors, are keys to the early detection of breast cancer. After all, National Cancer Institute statistics show that the five-year survival rate for women

diagnosed with localized breast cancer is nearing 99 percent — compared to about 26 percent when the cancer has metastasized.

“About one in eight U.S. women will develop breast cancer during her lifetime,” says Les Fraser, MD, a general surgeon who specializes in breast cancer treatment at Aspen Valley Hospital (AVH). “Thanks to improved awareness and tools, we are able to detect more breast cancers at their earliest stages, when we have the best chance of successful treatment.”

### WHICH SCREENING METHODS ARE RIGHT FOR ME?

Screenings are very personal for every patient, and the right schedule really depends on the individual’s risk factors, according to Dr. Fraser.

“Sit down and have a conversation with your doctor, and educate yourself as well. As doctors, we want to base our decisions on facts, and patients should do the same.”

*(See the next page for additional guidance about breast health screening recommendations.)*

### WHAT ABOUT GENETIC TESTING?

Women can be evaluated for mutations in two breast cancer susceptibility genes: BRCA1 and BRCA2. If they are found to have mutations, their

risk of both breast and ovarian cancer during their lifetime is significantly increased,” Dr. Fraser says.

Women who have a genetic predisposition for breast cancer should begin screening at a younger age. The primary care physician can instruct her in self-examination starting at age 18. Clinical breast exams should start at age 25. Mammography should be considered at age 30, or earlier, depending on when the family member developed breast cancer. “If your mom was diagnosed with breast cancer at age 27, then that’s when initiation of screening mammography would be considered,” Dr. Fraser says.

### CARE IS AVAILABLE IN THE VALLEY

Whether a mass in the breast is detected by imaging or is a palpable lump, the first step toward diagnosis and treatment is a tissue biopsy. If the growth proves to be cancer, the tissue evaluation “pathology” will provide critical facts that will guide treatment.

“The detection and treatment of breast cancer involves many disciplines,” Dr. Fraser says.

“This multidisciplinary approach includes your primary care physician, screening and diagnostic imaging, medical and radiation oncology, general and plastic surgery, occupational and physical therapy, oncology rehabilitation, as well as a nurse navigator to help the patient through diagnosis, treatment, and rehabilitation.

Dr. Fraser adds breast cancer screening and treatment services are offered locally. “Every specialist that a woman would need is here close to home,” he says. “The vast majority of cases, fortunately, are found early and can be treated right here in the valley. We have all the pieces in place to provide the highest quality care a woman would need.”

# WHY, WHEN, AND HOW TO BE SCREENED FOR BREAST CANCER



Lora Barke, DO, radiologist

In recent years, various professional organizations have presented conflicting views about when to start, and the frequency of, breast cancer screening. The varying guidelines are controversial and confusing, according to Lora Barke, DO, radiologist specializing in breast imaging at Aspen Valley Hospital (AVH) and Invision Sally Jobe Imaging Center in Denver. Dr. Barke, after reviewing many studies, is confident in her recommendation and rationale.

“For women at average risk of breast cancer, it’s my recommendation to start screening mammograms at age 40 and continue annually, because that is proven to save more lives,” Dr. Barke says. “One in six breast cancers is diagnosed in a woman in her 40s, and these cancers are often more aggressive than cancers that develop later in life.”

## EARLY DETECTION SAVES LIVES

According to the American Cancer Society, breast cancer deaths fell 34 percent between 1990 and 2010, which coincides with an increase in screening rates from less than 30 percent in 1987 to 67 percent in 2010.

Screening exams are performed on asymptomatic patients and may include clinical breast exams by your physician and discussions about self-exams. Mammography, however, remains the gold standard of screening because it can detect growths before they are palpable. “Finding breast cancer early allows us to treat it before it can do more harm,” Dr. Barke says. “Once the cancer spreads elsewhere in the body, it is much more difficult to treat.”

Women with a family history of breast cancer or other risk factors may benefit by starting screening mammography before age 40, and all women should be aware that breast cancer risk increases with age, Dr. Barke adds.

## A LOW-RISK, HIGH-VALUE TOOL

Mammography not only saves lives but is also very low-risk. Primary concerns about mammography are false positive results and radiation exposure. False positives may create anxiety and inconvenience, but for most women, that is a small price to pay for an early diagnosis. And as someone who works on the front lines of breast health, Dr. Barke says her patients “are actually happy that we’re so thorough. They and I believe that we’re better off doing more tests than missing a breast cancer.”

As for radiation exposure during a mammogram, extensive studies have found it to be safe — offering more benefit than risk — starting at age 40 and annually thereafter, Dr. Barke says. “Mammography is an important tool, and breast cancer mortality has diminished because of it.”

## TURNING 40? SCHEDULE YOUR FREE MAMMOGRAM AT AVH

Where you receive breast health screenings also deserves careful consideration. AVH offers 3D digital tomosynthesis that provides unparalleled views of the breast. In fact, digital tomosynthesis can help detect 40 percent more breast cancers than older mammography technology, with a reduced risk of false positive results.

AVH offers a free screening mammogram to women during the year they turn 40. A doctor’s order is required and will start the process. After that, when scheduling, just mention that it’s your 40th year to get the free screening.

# WELCOME, WAQQAR KHAN-FAROOQI, MD

ORTHOPEDIC SURGEON, FOOT AND ANKLE SPECIALIST



OrthoAspen is pleased to announce the arrival of Dr. Waqqar Khan-Farooqi. A board-certified orthopedic surgeon and fellowship-trained foot and ankle specialist, Dr. Khan-Farooqi brings new expertise to the orthopedic team at Aspen Valley Hospital (AVH).

"I've seen many patients from the Roaring Fork Valley in my practice in Grand Junction," says Dr. Khan-Farooqi. "It's great to be here. I know there is demand for a foot and ankle specialist."

Dr. Khan-Farooqi's success prior to coming to Aspen has been largely due to his philosophy about patient care. "I really try to get to know my patients. There's so much more involved in their treatment plan than just their medical condition," he notes. "I want to know about their lifestyle, how they feel about conservative vs. surgical treatment, what their goals are, and so on. Although different patients may have the same medical diagnosis, how their treatment is managed is very personal and individualized."

Conditions most commonly seen in Dr. Khan-Farooqi's practice include: fracture/trauma care, heel pain, overuse/running injuries, ankle sprains and instability, arthritis, tendon injuries, deformities, bunions, and complications of diabetes.

Dr. Khan-Farooqi received his medical degree at Stanford University and his orthopedic training at the University of Washington (Seattle) and its affiliated hospitals. His fellowship training was completed at OrthoCarolina in Charlotte, North Carolina.

Appointments can be made by calling **544.1289**. He sees patients in the AVH office and at the Midvalley Medical Center in Basalt.

"I REALLY TRY TO GET TO KNOW MY PATIENTS. ALTHOUGH DIFFERENT PATIENTS MAY HAVE THE SAME MEDICAL DIAGNOSIS, HOW THEIR TREATMENT IS MANAGED IS VERY PERSONAL AND INDIVIDUALIZED."

— Dr. Khan-Farooqi

## NATIONWIDE SEARCH FOR NEW CEO

With the resignation of Dan Bonk earlier this year, the hospital board of directors set in motion a nationwide search for a new chief executive officer (CEO). Witt/Kieffer, a nationally prominent search firm specializing in healthcare executive recruitment, has been retained.

A search committee comprised of board members David Eisenstat and Dr. Mindy Nagle is working with Witt/Kieffer to identify the best possible candidates. "A large group of key stakeholders, including physician leaders, members of the hospital's executive team, hospital board members, and foundation representatives, are helping to develop a profile of the ideal candidate," says David.

Interviews will be conducted by board members and others, and feedback from those interviews will narrow the field to the top two to three candidates. Finalists' names will be made public, and an open interview session will take place.

"This is an extremely important decision for our hospital, so we want to tap into the insight of others," explains David. "Ultimately, the hospital board will make the decision."

The board hopes to have a new CEO in place by the end of this year. In the meantime, Terry Collins, who has been AVH's Chief Financial Officer since 2004, is serving as interim CEO.

# WE ARE YOUR “HOSPITAL OF CHOICE”

## AVH RECEIVES 18 NATIONAL SERVICE EXCELLENCE AWARDS

From recognition of individual employees to honors for hospital-wide initiatives aimed at improving patient service, Aspen Valley Hospital (AVH) received a total of 18 awards — including the prestigious “Hospital of Choice” Summit Award — at the 16th Annual HealthCare Service Excellence Conference held earlier this year.

In addition to the Summit Award, which is the conference’s highest honor, AVH received a 5-Star Certificate of Achievement Award for its patient satisfaction scores and culture of engagement.

AVH’s employee-driven Project MATCH (Make Aspen the Choice Hospital) initiative was honored for its focus on improving the quality of patient services, the quality of work life for professionals, and the hospital’s overall performance.

In addition, 16 AVH staff members were recognized for contributions to patient care and service:

- Ray Knable, RN — Service Excellence Advisor
- Amy Trubiroha Wells — Service Excellence Program Director
- Dallas Gillespie; Marcelo Nicomedes; Alicia Miller; Elaine Gerson, RN; April Boney, RN; Stacy Curtis; Gabriel Muething, EMT-P; Nettie Kremer; Vicki Weiss, RN; Bert Holmes; Jamie Britt, RN; Kelsey Musser; Alyssa Franklin, PharmD; and Lori Maloy, RN — Orientation and Onboarding Initiative

The following staff members were also nominated for an award: Mark Bauer; Damien Caniglio, EMT-P; Amanda Durham, RN; Gilberto Andrade-Serafin; and Silva Zelaya.

Finally, the hospital received several “Breakthrough” awards for improvements based on patient surveys. Specifically, patients gave AVH high scores for communication with nurses and doctors, responsiveness of staff, pain management, communication about medicines, hospital environment, transition of care, overall inpatient care, after-hours medical care, emergency care, and outpatient care.

“These awards validate our commitment to putting our patients first,” says Lori Maloy, AVH’s interim chief clinical officer. Knowing that the difference we are making in so many lives is having an impact is always the best reward we can receive.”



A few members of the employee-driven Project Match team

“AVH IS A COMPREHENSIVE, FIRST-CLASS OPERATION THAT PROVIDED ME WITH ALL THE CARE I NEEDED, ALL UNDER ONE ROOF.”

- AVH patient



This publication in no way seeks to diagnose or treat illness or serve as a substitute for professional medical care. Please see your physician if you have a health problem.

## CHANGES TO OUR HEALTH FAIRS



Lab assistant Adelia Engram draws blood in the AVH lab from a "health fair" participant.

Aspen Valley Hospital's (AVH) community health fairs changed in format and focus this year. With a focus on screening only, primary care providers determined that recommendations from the U.S. Preventive Services Task Force would be followed. Therefore, laboratory tests offered include only a blood glucose and lipid profile (cholesterol, triglycerides, HDL, and LDL).

"These are the tests that offer the most benefit for the vast majority of people," says Dewayne Niebur, MD, family medicine practitioner. "Other lab tests should be done through a physician to ensure that frequency and follow-up are appropriate for that particular patient and in the context of an individual's total health."

Throughout February and March, the health fair lab tests noted above were offered at a discounted price of \$25, Monday through Friday. Appointments were made online, and participants were promptly processed in an easy, fuss-free fashion. The tests will be offered again — via the same system — throughout May and June, August and September, and November and December.

### UPCOMING COMMUNITY HEALTH FAIRS

Finally, the hospital will offer the traditional health fair twice this year, but without lab tests, since those will be offered on an ongoing basis. On Saturday, June 11, you'll be able to get blood pressure, vision, hearing, body fat, and other screenings at no cost. On Saturday, October 15, similar screenings will be offered at the El Jebel Community Center.

For more information, visit [www.avhaspen.org](http://www.avhaspen.org) or call **544.1296**.