

Women's Health news ~ page 2

Help for workplace injury ~ page 5

Understanding patient billing ~ page 7



New surgeon joins orthopedic team ~ page 5



9th Annual Women's Health Conference

~ page 4

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Healthbeat

The People, Services and Programs of St. Croix Regional Medical Center (SCRMC) www.scrmc.org

Women's health care expands with addition of new Ob/Gyn specialist

T

HANKS TO THE ADDITION OF OBSTETRICS/GYNECOLOGY SPECIALIST, Dr. Jack Perrone, who sees patients three to four days a week, St. Croix Regional Medical Center now

offer an even more comprehensive range of Ob/Gyn services to area women.

Perrone's primary focus is on gynecology conditions and surgery, including, benign gynecology, colposcopy, gynecological surgery (including minimally invasive laparoscopic and hysteroscopic surgeries), advanced pelvic reconstructive surgery, and urogynecology.

Less invasive surgery techniques. Perrone emphasizes that much of gynecologic surgery is now done using a laparoscope or hysteroscope. "Laparoscopic and hysteroscopic surgeries are much less invasive and traumatic than older surgical procedures," he said. They have many advantages, including:

- being done on an outpatient basis (meaning patients usually are able to return home the day of their surgery)
- requiring only small incisions
- creating less pain
- lead to faster recovery with less time in the hospital

According to Perrone, these surgical techniques are appropriate for many problems. "We also have the resources to do all such surgeries here in St. Croix Falls. There is no longer any need for women to go to Twin Cities hospitals for such care."

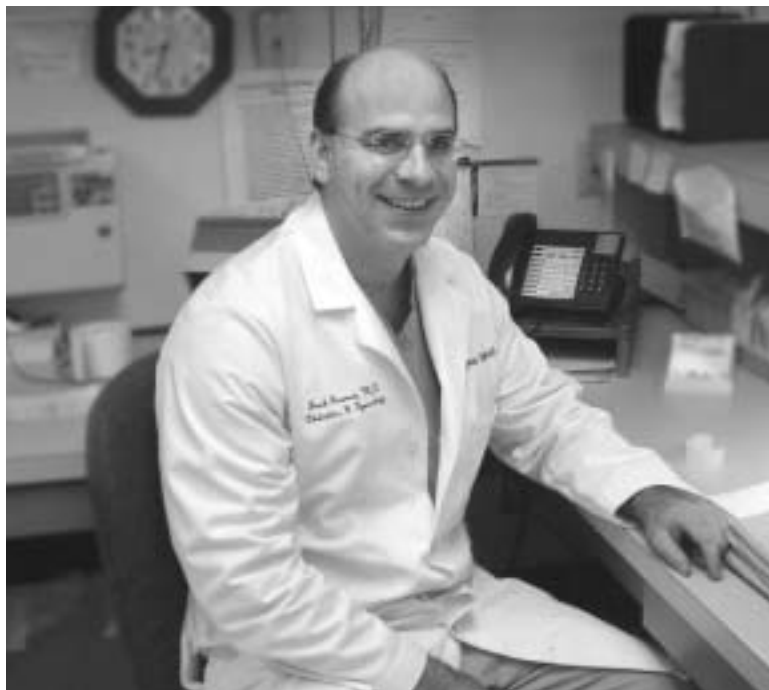
Hysterectomy—new, less invasive alternatives are now available

"We always try to choose the least invasive treatments we can," said Perrone, "but in some cases, hysterectomy is the best option. But even at that point, most uteri can be removed vaginally through a vaginal hysterectomy instead of abdominally."

- **Vaginal hysterectomy** affords less hospitalization, less pain, shorter recovery, a more rapid return to daily functions—and without an abdominal incision.
- **Hysteroscopic endometrial ablation**. "This is another alternative to hysterectomy," Perrone explained, "one which is effective for some women who have heavy or very painful periods. It's a relatively new outpatient procedure in which an electrocautery device or heated balloon is inserted into the uterus which then burns and destroys the lining of the uterus (endometrium). This then decreases the amount of bleeding and pain associated with the woman's periods."

Benign gynecology/surgical conditions

These include such conditions as fibroids, ovarian cysts and tumors, colposcopy, sterilization procedures, diagnosis and treatment for endometriosis, and menorrhagia (heavy periods/bleeding).



Dr. Jack Perrone recently joined the SCRMC medical staff.

Pelvic organ prolapse corrective surgery

"Uterine, bladder, or rectal prolapse is a problem that can occur as a result of pregnancy and childbirth, as well as older age," explained Perrone. "I talk with women about the problem, its causes, and the treatment options that are available to them to ensure that each is comfortable with the treatment steps we take."

The loss of bladder control

Urinary incontinence—is an all too common and often embarrassing and frustrating problem, for millions of Americans, one that is especially common in women. Perrone also specializes in diagnosis, treatment, and corrective surgery for this condition.

Diagnosis and treatment for ovarian cysts and tumors.

Ovarian cysts are fluid-filled sacs or pockets within or on the surface of an ovary, and many women have them sometime during their life. "Most cysts present little or no discomfort and are noncancerous (benign) and harmless," said Perrone. "Some,

however, produce severe symptoms and can be life-threatening. For this reason, it's important to see a doctor who understands the symptoms and types of cysts that may signal a more significant problem—and to receive appropriate treatment."

Treatment for chronic pelvic pain (CPP).

Chronic pelvic pain can be caused by many different factors, including endometriosis, scarring, infection, tumors and cysts, fibroids, musculoskeletal issues, or intestinal problems. This is another area of particular focus for Perrone. "CPP is an all too common problem which we can address and treat," said Perrone.

Obstetrics

In the area of obstetrics, Perrone works closely with the Medical Center's family practice doctors, nurse midwife, and nurse practitioners to provide consultations and/or direct assistance for women with high-risk pregnancies. He does not, however, provide primary obstetric care. With Perrone on staff, more complicated pregnancies are now being managed at the Medical Center. "Since I am also affiliated with Regions Hospital in St. Paul, we have an excellent referral source if a woman still needs to be transferred for an obstetrics-related problem," said Perrone. "By being on staff at Regions, I can provide excellent continuity of care between the two institutions."

While Perrone can also work with couples who are having infertility problems, he mainly assists the Medical Center's family practice doctors and other providers who do initial infertility testing.

Although most of Perrone's patients are referred by their family provider or mid-level provider, a referral is not needed to make an appointment to see him. Patients can make an appointment themselves at any time.

Perrone came to the Medical Center from Louisiana State University, where he was an Assistant Professor in Gynecology and Gynecological Surgery for three years. In addition to his surgical responsibilities, Perrone also provided regular and high-risk obstetrics services for patients. Previously, he worked in private practice in Milwaukee following his training at the Mayo Clinic. *

Women's health services & news

SCRMC Women's Health Services

ST. CROIX REGIONAL MEDICAL CENTER OFFERS a comprehensive range of services, tests, and procedures for women. These include the following:

- In-house ObGyn specialist who offers treatment (including surgery, if necessary) for such conditions as ovarian cysts and tumors, chronic pelvic pain, female incontinence, fibroids, endometriosis, and menorrhagia (heavy periods/bleeding).
- Incontinence diagnosis and treatment
- Minimally invasive surgery for hysterectomy and other conditions
- Mammography
- Osteoporosis risk assessment and early detection program (including bone densitometry, which can detect the very early stages of osteoporosis)
- Arthritis treatment
- Orthopedic medicine/surgery
- Mental health services
- Diagnosis and treatment for breast disease and heart-related conditions
- Stress management
- High-risk pregnancy care
- Infertility testing and treatment
- Pap smears
- Colposcopy (an office procedure to examine the cervix when an abnormal pap smear has been detected or there has been exposure to genital warts)
- LEEP (to treat precancerous condition of the cervix, vulva, and vagina)
- Cryocautery of the cervix (freezing the outer layer of cervical cells to treat chronic cervical inflammation, an abnormal pap smear, or genital warts)
- Endometrial biopsy (to evaluate the tissue lining the inside of the uterus)
- Estrogen replacement therapy
- Physical therapy
- Sterilization procedures
- Sigmoidoscopy and colonoscopy (for early detection of colon cancer)
- Cancer care—diagnosis and treatment for gender-specific cancers (ovarian, cervical, uterine, and breast cancer) as well as other cancers such as lung, stomach, and colon.
- Pain management
- Diabetes—diagnosis, treatment, and ongoing management support
- Nutrition-related evaluation and consultation

St. Croix Regional Medical Center surgeons

DR. PERRONE'S SURGICAL EXPERTISE and focus is on conditions related to obstetrics and gynecology. St. Croix Regional Medical Center's three general surgeons provide care and surgery for a broad range of conditions.



George Pfaltzgraff, M.D.

A graduate of Temple University Medical School and the Good Samaritan Hospital Residency program, Dr. Pfaltzgraff's surgical special interests include laparoscopic surgery, hernia repair, sclerotherapy for varicose veins and spider veins, breast ultrasound and disease, and cancer management. He has worked at the Medical Center since 1995.



Robert Quickel, M.D.

A graduate of the University of Minnesota Medical School, the Beth Israel Deaconess Medical Center (Harvard Medical School) residency program, and a Trauma and Critical Care Fellowship at the Medical College of Wisconsin, Dr. Quickel's area of surgical focus is trauma and critical care. He joined the medical staff in 2001.



Chad Richardson, M.D.

Dr. Richardson is a graduate of the University of Minnesota Medical School, the General Surgery Residency Program at Hennepin County Medical Center, and a Trauma and Critical Care Fellowship at Hennepin County Medical Center. He provides a broad range of general surgery treatment and procedures. Dr. Richardson joined the Medical Center's staff in 2002.

Chronic pelvic pain A puzzling, frustrating condition

THE PAIN CAN BE STEADY or it can come and go. It might be a dull ache, a sharp pain or cramping. It can be an overall feeling of pressure or heaviness deep in your belly. You could have pain when you have intercourse, when you move your bowels, or even when you plop into a chair. Your pain may intensify after standing for long periods and be relieved when you lie down. The pain may vary from mild to severe, from annoying to downright disabling.

One thing these various aches and pains have in common—besides being persistent—is that they occur in the area of your body referred to as your pelvic region, somewhere below your belly button and between your hips. If you were asked to locate your pain, you'd be more likely to move your hand over that entire area rather than point to one spot.

However you describe it, chronic pelvic pain (CPP) is no stranger to women. One in seven women experience it, and it accounts, on average, for 10 percent to 20 percent of office visits to a gynecologist. Determining what's causing your discomfort may be one of medicine's more puzzling and frustrating endeavors. Indeed, no physical cause ever may be discovered.

Gathering clues

Figuring out what's at the root of your CPP often involves a process of elimination, especially since more than 50 disorders may be responsible. Your doctor will ask you to describe in detail the type of pain you're experiencing, when it occurs, how long it lasts, how severe it is, what makes it better or worse, and so forth. Here are several of the more common gynecologic causes of CPP, along with treatments your doctor may suggest.

Endometriosis. These small deposits of tissue can change and grow during your menstrual cycle and cause pain. Treatments include hormones to suppress ovulation, laser surgery to destroy the uterine lining-like tissue, or hysterectomy, including removal of the ovaries.

Pelvic floor tension myalgias. This is due to spasms of your pelvic floor muscles. Treatments include working with a physical therapist to learn how to relax these muscles and then how to stretch them.

Chronic pelvic inflammatory disease (PID). This can occur if a long-term infection causes your fallopian tubes to scar and stick to your ovaries. Treatments include antibiotics or surgery.

Pelvic congestion syndrome. A condition that may be caused by varicose-type veins around the ovaries. Treatments include hormones to suppress ovulation, surgical removal of the ovaries, stress management, relaxation therapy or, in unusual circumstances, a procedure called ovarian vein embolization.

Fibroids. These noncancerous uterine growths rarely cause pain unless they're disintegrating. However, they may cause pressure or a feeling of heaviness in your lower abdomen. Treatments include hormones to suppress ovulation, surgical removal of the fibroids or hysterectomy.

Studies have also shown that women who are depressed, under excessive stress, or have been sexually or physically abused are more likely to experience CPP. That's because emotional distress can make pain worse, possibly by causing you to unknowingly tense your pelvic floor muscles or by causing chemical changes in your system that affect your ability to cope with pain.

If you have CPP, finding the cause and getting relief can be an exercise in frustration. Don't give up. Newer diagnostic tools and treatments can help. If you work with your doctor, you have a good chance of uncovering the root of your problem or at least finding relief from your discomfort.

Sources: St. Croix Regional Medical Center; Mayo Clinic Health Information (with permission).

Perimenopause *What can a woman do?*



Featuring Pam Doorenbos, Family Practice Physician

IF YOU'RE IN MIDLIFE, do any of these symptoms sound familiar?

- Changes in your menstrual cycle
- A few missed periods
- Hot flashes that disrupt your sleep and leave you edgy the next day
- A little thicker waist

These signs and symptoms are likely signals that you're in a transition time called perimenopause, the years leading up to the time when you stop menstruating (menopause). "This is a perfectly normal

process whose effects can vary greatly from woman to woman," says St. Croix Regional Medical Center family practice doctor, Pam Doorenbos. "It's not an 'illness.' And because its symptoms can start years before your actual menopause, you may not recognize them for what they are—responses to dwindling hormone levels."

What's going on?

Perimenopause literally means around (peri) the end of menstruation (menopause). But when it starts and how long it lasts differs from woman to woman. Most begin to notice signs of impending menopause, such as menstrual irregularities, some time in their 40s. But the start of declining estrogen levels may begin as early as the mid-30s. As you age, the number of egg-producing follicles in your ovaries diminishes, so you produce less estrogen. And progesterone, another reproductive hormone, stops being produced each month, especially if you don't ovulate. These hormonal fluctuations can be highly variable and unpredictable.

Symptoms

Decreasing hormone levels don't always translate to misery. "Studies show that only 25 to 30 percent of women seek medical attention for menopause-related symptoms," says Doorenbos. "The others either tolerate their discomfort or simply don't experience anything annoying enough to warrant attention." Because subtle symptoms may come on gradually, you may not realize at first that they're all connected to the same thing—fluctuating and declining levels of estrogen and progesterone. Here's what you may experience:

- **Menstrual irregularities.** About 90 percent of women have changes in their menstrual cycles. The intervals may be longer or shorter, your flow may be scanty to profuse, or you may skip some periods. As ovulation becomes more erratic, the absence of progesterone may lead to longer and heavier periods.
- **Hot flashes and sleep problems.** About 85 percent of women experience hot flashes during perimenopause. Intensity, duration and frequency vary. Sleep problems are often due to hot flashes or night sweats.
- **Mood changes and premenstrual syndrome (PMS).** Hormonal fluctuations may be

responsible for the well-known mood swings, depression and irritability you may feel during perimenopause. But they may also be due to or aggravated by lack of sleep from nighttime hot flashes. Some women notice a worsening of PMS symptoms, such as bloating and breast tenderness, or experience PMS for the first time.

- **Vaginal and bladder problems.** When estrogen diminishes, your vaginal tissues may lose lubrication and elasticity, making intercourse uncomfortable or painful. Low estrogen levels may also leave you more vulnerable to urinary infections. Loss of tissue tone may contribute to urinary incontinence.
- **Decreasing fertility.** As ovulation becomes less regular, your ability to conceive decreases. Pregnancy is still possible, however, so if that's not your desire, use birth control until you've had no periods for 12 months.
- **Loss of libido.** During perimenopause, sexual desire and arousal may gradually decline. The cause may be hormonal, but sexual feelings are strongly influenced by other factors, including the stress in your life, your attitude toward aging, and the quality of the relationship between you and your partner. It's important, too, to talk with your partner about what's happening to your body and what you are feeling.
- **Body and skin changes.** As your estrogen levels decline, your muscle mass decreases, body fat increases and your waist and abdomen thicken. Lower estrogen levels also affect collagen in your skin, so it gradually becomes thinner and less elastic.
- **Loss of bone.** As your estrogen levels decline, you may lose bone more quickly than you replace it, increasing your risk of osteoporosis.
- **Increasing cholesterol levels.** Loss of estrogen may lead to unfavorable changes in your blood fats, including both cholesterol and triglyceride levels, increasing your risk of heart disease.

What you can do for relief

Your symptoms may be so mild that just understanding what's happening may be all you need for comfort. "But if yours are more severe or if you have a particular concern," says Doorenbos, "talk to your doctor. A number of effective options are available, including lifestyle factors, short-term hormone therapy in a number of different forms, and non-hormonal medications that have been highly effective for a number of women." Additional steps you might take include:

- **The pill.** Oral contraceptives are often the treatment of choice to relieve symptoms, even if you don't need them for birth control. Today's low-dose pills regulate periods and eliminate or reduce hot flashes, vaginal dryness and PMS.
- **Dietary changes.** "Because women's rate of bone loss is much higher after

continued on page 7

Endometriosis *a common and often painful condition*

ENDOMETRIOSIS IS A COMMON and often painful disorder of the female reproductive system. It occurs when tissue that normally lines the inside of the uterus (the endometrium) becomes implanted in the outer surface of the uterus, the fallopian tubes, the ovaries, or, rarely, beyond the reproductive organs and pelvic region.

During a woman's menstrual cycle, hormones signal the lining of the uterus to thicken to prepare for possible pregnancy. If there's no pregnancy, hormone levels decrease, causing the thickened lining of the uterus to shed. This results in bleeding that exits the body through the vagina—a monthly period.

When tissue that usually lines the uterus is located in other parts of the body, it continues to act in a normal way—meaning it thickens, breaks down and bleeds each month as hormone levels rise and fall. Because there's nowhere for the blood from this misplaced tissue to exit the body, however, it becomes trapped and can irritate surrounding tissue.

"Trapped blood can lead to the growth of cysts," explained Ob/Gyn specialist Dr. Jack Perrone, "which can form scar tissue and adhesions—abnormal tissue that binds organs together. This process can cause pelvic pain or pain in the area where the tissue is located, especially during a woman's period or the week prior to it. Endometriosis can also cause fertility problems. In fact, scars and adhesions on ovaries or fallopian tubes can prevent pregnancy."

Experts estimate that 10 percent to 15 percent of American women of childbearing age have endometriosis. It can be mild, moderate, or severe, and it tends to get worse over time without treatment. Endometriosis can be treated with hormone therapy or surgery. The cause of endometriosis remains mysterious. Scientists are studying the role that hormones and the immune system play in the condition.

Signs and Symptoms

Some women with endometriosis have no symptoms at all. Others may experience the following:

- Painful periods and/or pain during ovulation
- Pelvic pain and cramping that can begin before and extend several days after a period and may include lower back and abdominal pain
- Occasional heavy periods or bleeding between periods
- Sharp pain deep in the pelvis during intercourse
- Pain during bowel movements or urination
- Infertility. Endometriosis is first diagnosed in some women who are seeking treatment for infertility

"Some cramping during your period isn't necessarily abnormal," said Perrone, "but women with endometriosis typically describe having far worse-than-normal menstrual pain. They also tend to report that the pain has worsened over time."

Pain is a common symptom of endometriosis. However, severity of pain isn't necessarily a reliable indicator of the extent of the condition. Some women with mild endometriosis have extensive pain, while others with more severe endometriosis have little or no pain at all.

Endometriosis is not, however, the only cause of pelvic pain. Other conditions, such as ovarian cysts and pelvic inflammatory disease (PID), can cause similar symptoms and be just as serious. Left undiagnosed or untreated, endometriosis can be a frustrating condition. Painful periods can strain relationships and cause women to miss work or school. Recurring pain can lead to depression, irritability, anxiety, anger, and feelings of helplessness. Infertility linked to endometriosis also can cause emotional distress. Inflammatory bowel syndrome (IBS), a condition that causes bouts of diarrhea or constipation, can also mimic endometriosis.

It is important to see your doctor for an accurate diagnosis if you have any of the signs or symptoms of endometriosis. The cause of chronic or severe pelvic pain may be difficult to pinpoint, but discovering the problem early may help you avoid unnecessary complications and pain.

Endometriosis can be treated with medications or surgery. The approach you and your doctor take depends on the severity of your symptoms and whether or not you are trying to become pregnant.

9th Annual Women's Health Conference

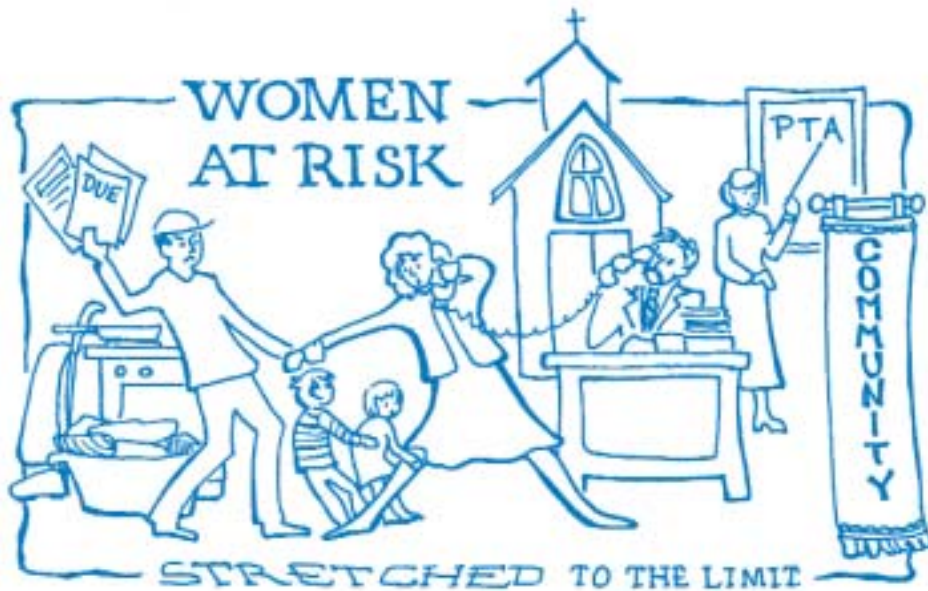
This year, **St. Croix Regional Medical Center**, Fairview Lakes Regional Health Care, Hazelden, and the Chisago and Polk County Public Health Departments invite women to enjoy a full evening of health screenings and learning activities on March 27 by attending the 9th Annual Women's Health Conference. A second evening of outstanding speakers follows a week later on April 3. As in the past, the conference will be held at the Hazelden CORK Center in Center City, Minnesota.

"Attendance at this conference has grown year after year," says Sandy Williams, Director of Education and Marketing, at St. Croix Regional Medical Center. "The demand for health screenings and information has become so great that this year we decided to devote one entire evening to an extensive exposition of health screenings and mini-learning sessions. We are calling this first night of the conference, 'A Taste of Health.'"

Throughout the evening of March 27, women will be able to meander from one learning activity or screening to another, and of course, enjoy the many free healthy snacks that have become a trademark of this conference.

On the evening of April 3, conference participants can choose two of three outstanding presentations on meditation, emotional resilience, or hormone replacement therapy and menopause. They will also be able to take part in a more limited range of health screenings. The theme for the second evening is "Finding Inner Strength."

Doors open at 5:30 p.m. both nights for screenings, exhibits, massages, and snacks. Speakers on the second evening are scheduled at 6:30 p.m. and 7:45 p.m. Preregistration is not required.



March 27 & April 3

This year: ***Finding Inner Strength*** and an exciting new **Taste of Health Expo**

THURSDAY, MARCH 27

Theme: "A Taste of Health"

Starting at 5:30 p.m.

Choose from rooms full of activities, including free mini-massages, healthy snacks, and a wide assortment of health screenings for blood pressure, blood glucose, hearing, vision, osteoporosis, body fat, and a DermaScan facial skin analysis. Total cholesterol tests will be offered for \$10. To reduce waiting and long lines, three area chiropractors will be on hand to offer the popular *Myovision* back muscle analysis. New to this year's event are mini-informational booths and demonstrations. Mini-topics include self-defense, yoga, nutrition, Lasik eye surgery, oral health, assisted living, aromatherapy, stress, diabetes, organic foods, and checking medications in your medicine cabinet. Participants may move about the conference area at will and stop by these interactive exhibits for as long as they wish.



Suzanne Vadnais Monson



Pamela Doorenbos, M.D.



Sandy Greenquist



Mary Kay Durfee, M.D.



Glenn Larsen, M.A.,
LICSW, LMFT

THURSDAY, APRIL 3

Theme: "Finding Inner Strength"

On April 3, participants will have the option of hearing two of three presentations, sampling healthy snacks, and taking advantage of key health screenings.

5:30 – 7:45 p.m.

Basic screenings offered this night will include: blood pressure, blood glucose, cholesterol, DermaScan, stress dots, and free massages.

This evening's speakers include:

6:30 p.m. and 7:45 p.m. Meditation for Busy People

Most people don't have extra time in the day to devote to meditation, but speaker **Suzanne Vadnais Monson** says that in as little as 10 minutes, anyone can create mindful awareness. Monson will help participants explore a number of meditation techniques in a hands-on presentation that will focus on ways to use the principles of meditation in your everyday life. Monson is an author, artist, and owner of "Come Out and Play," a business that specializes in creative products and services designed to help us find playful ways to tap into our intuitive inner wisdom.

6:30 p.m. Menopause Panel

Two physicians and a certified nurse-midwife/menopause clinician will team up to discuss menopause and the pros and cons of hormone replacement therapy. They are:

- **Pamela Doorenbos, M.D.**, a family practice physician at St. Croix Regional Medical Center with special interests in women's health, mental health wellness and patient education
- **Sandy Greenquist**, a certified nurse-midwife and menopause clinician with 27 years of experience who heads the Menopause Center of United Hospital, St. Paul.
- **Mary Kay Durfee, M.D.**, an obstetrician and gynecologist at Fairview Lakes Regional Medical Center in Wyoming, with special interests in helping women with perimenopausal issues, incontinence, and pelvic pain.

6:30 p.m. Building Your Emotional Muscle

If minor inconveniences or problems produce an exaggerated or prolonged emotional response for you, and if your emotional reactions are stronger or more unpredictable than you like, **Glenn Larsen, M.A., LICSW, LMFT**, will provide you with techniques to help develop "thicker skin" and greater emotional manageability. Larsen is a clinical and employee assistance counselor for Life Management, Inc., Arden Hills, who also provides contracted services and wellness seminars for employees of St. Croix Regional Medical Center.

Directions

To reach Hazelden take Highway 8 to Pleasant Valley Road (east of Center City) and watch for the signs. For more information on the annual Women's Health Conference, call 715-483-0431.

New focus on treating workplace injuries



Wanda Brown, APRN-C, Kathy Weeks, M.L.T., the Valley Occupational Health program coordinator, and Dr. David Hale, who is also the medical director of this program and the Medical Center Emergency Department.

Valley Occupational Health program services also help prevent unnecessary ongoing health problems through early treatment and early control of work-related injuries. “We work to help injured employees return to work as soon as they’re *safely* able to do so,” said Brown. “Our program staff can also come on-site after an injury has occurred to help employers adjust a work station and/or assigned tasks so that the injured employee can continue doing his or her job while reducing the risk of further injury. Our staff can also work closely with employers to evaluate their work stations and work tasks to help ensure employee safety and prevent injuries.”

Hale and Brown believe that both employees and employers benefit from the program’s approach. “Employers know that the costs of health care and workers’ compensation are major expenses,” said Hale. “No employee wants to be re-injured or lose money by being away from work longer than necessary, so by having a safe workplace, employers can reduce their health insurance and workers’ compensation claims.” *

Valley Occupational Health program services at a glance

- Prompt access to 24-hour emergency room care
- Effective, aggressive treatment of work-related injuries
- Follow-up care at St. Croix Regional Medical Center
- Programs to facilitate early return to work
- Immediate reporting to employer via phone or fax
- A written report to employers with appropriate and specific physical restrictions (if any)
- Assistance for employers to implement needed workplace changes for the employee, such as light duty or work station modifications
- Effective coordination among multiple providers
- Open communication with providers
- Focused management of high-risk, high cost cases

Additional Valley Occupational Health program services include

- Pre-work physical examinations
- Drug testing
- Worksite evaluations
- Ergonomic screening
- Respirator screening and fit testing
- Worksite evaluations
- Immunizations
- Back/upper extremity screening
- Industrial audiometric hearing screening
- Blood-borne pathogen training and evaluation

For more information

Saving your company money by reducing expenses associated with work-related health problems is an important goal that St. Croix Regional Medical Center Valley Occupational Health program staff can help any employer reach. For more information on ways Occupational Health Program staff can assist your company or organization, call Kathy Weeks at **715-483-0427** or **800-642-1336, ext. 2427**.

DESPITE THE BEST EFFORTS of employees and management, on-the-job accidents still occur. And when they do, St. Croix Regional Medical Center Valley Occupational Health program staff work closely with both to speed recovery and return to work.

Injured employees are seen by an emergency care specialist, most often Dr. David Hale, who is also the medical director of this program and the Medical Center’s Emergency Department. “Since workplace injuries often require immediate care,” said Hale, “appointments are not necessary and our emergency care staff are available 24 hours a day.”

After their initial treatment, employees’ follow-up care is coordinated by Wanda Brown, APRN-C, an Adult Nurse Practitioner with many years of experience in occupational medicine. Hale and Brown work closely with all aspects of the program to provide medical expertise and information on injuries and illness. Patient evaluations and consultations with employers help determine when employees can return to work and at what level. “Some patients may need to be seen again by a physician, and that would be me,” Hale explained, “but generally, most follow-up care is provided by Wanda Brown.”

Thanks to recent changes in the Medical Center’s Valley Occupational Health program, communication and coordination between medical providers, injured employees, and employers is even more streamlined and efficient. When an employee sustains an injury, Kathy Weeks, M.L.T., the Valley Occupational Health program coordinator, steps in. “My primary role,” said Weeks, “is to coordinate the services that we provide to ensure that information and paperwork flow smoothly between the employer, the injured employee, and our medical staff.” Should additional medical services be needed—physical therapy or surgical care, for example—Valley Occupational Health program staff also help organize and coordinate that care.

Valley Occupational Health program staff also worked closely with Medical Center physicians and employers to develop a new pre-employment physical form and return-to-work form. “These forms are based on guidelines from occupational therapists, the state of Wisconsin, OSHA, and worker’s compensation insurers,” Hale explained. “Our goal is to foster communication and facilitate appropriate return to work for injured workers. We are finding that the employers, employees, and insurers with whom we work are all very pleased with the result.”

Dr. Aaron Butler joins SCRMC orthopedics team

RETURNING TO THE GREATER METRO AREA marks a homecoming of sorts for St. Croix Regional Medical Center’s new orthopedic surgeon, Dr. Aaron Butler. Born in Fall Creek, Wisconsin, Butler, who joins the Medical Center’s orthopedic team of Dr. Mark Wikenheiser and Jamie Pearson, P.A.C., R.N., attended St. Olaf College in Northfield, Minnesota, and completed medical school at the University of Wisconsin-Madison in 1997. “From there, I moved south to Shands Hospital at the University of Florida-Gainesville for five years of orthopedic residency,” said Butler.

As a result of football-related injuries in high school and college, Butler met Dr. Bill DeCesare, an orthopedic surgeon who piqued his interest in this surgical specialty. “Dr. Cesare and I talked about the field,” said Butler, “and he gave me the chance to observe a few surgeries. After that, I was hooked! And today, I’m even more excited about orthopedic medicine. I find that it’s a specialty in which I can make a dramatic impact on a person’s life and see the results of my work very quickly. For me, this is very fulfilling work.” Butler does a variety of work in the field, including foot, ankle, and hand care, joint reconstruction, and trauma care.

Butler and his wife, Laurie, returned to the Midwest—they now live in Centerville, Minnesota—to be close to their families again. “My family still lives in Eau Claire,” explained Butler, “and Laurie’s family lives in Windom, a small town in southwestern Minnesota. We always thought this general area would be a nice halfway point between our two families. What’s more, we both went to college in this area, so we still have a lot of friends here, too, and we were really just looking forward to coming back to make this area our home.”



Butler and his wife, Laurie, who taught elementary school for ten years, both have an interest in weight lifting. “I used to work out a lot while I was playing football,” said Butler, “and I just kept it up. When I met Laurie, we began to work out together. These days, however, there’s a little less time for exercise, thanks to the birth of their now four month-old son, Garrett. “As you can imagine, Garrett’s become a major focus in our lives,” said Butler, “and Laurie and I both have so much fun with him!”



Jenna Therese Driscoll
June 6, 2002
St. Croix Falls, WI



Tybrina Marie Roberts
June 6, 2002
Frederic, WI



William Carl Holt
June 7, 2002
Center City, MN



Isaac Ryan Lindahl
June 7, 2002
Lindstrom, MN



Delia Noelle Foster-Streit
June 8, 2002
Luck, WI



Hope Janine Worrell
June 15, 2002
Luck, WI



Coltyn Christopher Beaty
June 15, 2002
St. Croix Falls, WI



Saidra Lea Marlow Anderson
June 18, 2002
Siren, WI



Maxwell Robert Vruno
June 19, 2002
Osceola, WI



Anna St. Croix Horozewski
June 20, 2002
Frederic, WI



Catherine Hope Michaels
June 21, 2002
Grantsburg, WI



Halle Isabel Evans
June 24, 2002
Taylors Falls, MN



Pete Corbin Wilmar
June 25, 2002
Dresser, WI



Sophie Catherine Albrecht
June 26, 2002
Balsam Lake, WI



Brenden James Brown
June 26, 2002
St. Croix Falls, WI



Ervin John Theodore Schauer IV
June 27, 2002
New Richmond, WI



Babies Babies Babies



Jared Ray Greener
July 1, 2002
Webster, WI



Emma Rae Quimby
July 02, 2002
Grantsburg, WI



Brett William Colbert
July 04, 2002
Balsam Lake, WI



Richard Raymond Bugella
July 05, 2002
Frederic, WI



Brett Randel Swanson
July 05, 2002
Grantsburg, WI



Brooke Ann DeLeeuw
July 08, 2002
St. Croix Falls, WI



Sabrina Ann Dueholm
July 10, 2002
Frederic, WI



Savannah Marie Gilles
July 10, 2002
Frederic, WI



Charles John Smith
July 10, 2002
Frederic, WI



Kyleigh Taryn Hanson
July 11, 2002
Osceola, WI



Brandi Jade Swager
July 13, 2002
Amery, WI



Tristan Ray Hills
July 16, 2002
St. Croix Falls, WI



Rylee Alexandra Johnson
July 16, 2002
Balsam Lake, WI



Jared Michael Patterson
July 18, 2002
Frederic, WI



David James Erdman
July 21, 2002
Osceola, WI



Katrina Ann Koser
July 22, 2002
Siren, WI



Kaytyn Mae Gravelle
July 23, 2002
(Eureka) St. Croix Falls, WI



Danielle Lynn Kuhnly
July 23, 2002
Lindstrom, MN



Daniel Douglas Wahlstrom
July 24, 2002
Dresser, WI



Ty Percy Roland Larson
July 25, 2002
Balsam Lake, WI



Hailey Ann Norlander
July 25, 2002
Frederic, WI



Cassidy Dawn Whiteside
July 26, 2002
Siren, WI



Nicole Suzanne Mueller
July 29, 2002
Luck, WI



Brandon Edwin Phelps
July 30, 2002
Webster, WI



Teresa Margaret Neely
July 31, 2002
Milltown, WI



Bradley Edward
Thompson
July 31, 2002
St. Croix Falls, WI



Brooklyn Grace Appel
August 01, 2002
St. Croix Falls, WI



Brenna Ann Olson
August 02, 2002
Centuria, WI



Justus August Pearson
August 02, 2002
Luck, WI



Christopher Lloyd Petterson
August 03, 2002
Wyoming, MN



Julie Ann Haasnoot
August 07, 2002
Luck, WI



Antwan Dominique Moore
August 07, 2002
Osceola, WI



Ashley Nicole Beaulieu
August 10, 2002
Danbury, WI



Shilo Kay Covey
August 10, 2002
Grantsburg, WI



Mason Joseph Gustafson
August 13, 2002
Danbury, WI



Myah Louise Nelson
August 15, 2002
Grantsburg, WI



Fiona Jo Smith
August 16, 2002
Grantsburg, WI



Jakob Martin Hansen
August 18, 2002
Taylors Falls, MN



Talia Antonia Mosay
August 20, 2002
Balsam Lake, WI



James Marshall Magnuson
August 21, 2002
Siren, WI

Perimenopause

menopause and because their rate of heart disease now matches that of men when estrogen is no longer present, a healthy diet is more important than ever," says Doorenbos. Eat a low-fat, high-fiber diet that's rich in fruits, vegetables and whole grains. Add calcium-rich foods or take a calcium supplement to get the recommended 1,000 to 1,500 milligrams a day. In addition, you may consider eating more soy-based foods such as tofu, soy milk, and soy (veggie) burgers. Such foods contain naturally occurring phytoestrogens, and eating them may produce some relief from hot flashes.

- **Exercise.** Regular physical activity helps keep your weight down, improves your sleep, strengthens your bones and lifts your mood. Just walking 30 minutes at least three times a week can help. Exercising almost every day is even better—and research shows that it helps reduce the effects of stress on your body. Exercise also functions to support and improve the body's temperature regulating system, which may help with hot flashes.
- **Meditation.** Practiced regularly, this stress-reduction technique can help you relax and tolerate your symptoms more easily. It may even reduce hot flashes.

That's life

"Perimenopause is a normal part of aging, and for most women the discomforts are minimal or manageable," says Doorenbos. "If that hasn't been your experience, however, a number of therapeutic options are available to you. I tell my patients to feel free to talk with me as often as they want about their concerns—even if it means going over the same issues a number of times. These are complicated problems that take time to better understand. And remember that just learning more about the process helps many women. What we don't understand can be worrisome or even frightening, but that doesn't have to be the case."

Sources: St. Croix Regional Medical Center; Mayo Clinic Health Information (with permission).

Foundation Gala a resounding success



THE ST. CROIX VALLEY HEALTH CARE FOUNDATION presented St. Croix Falls resident, Edna Lawson, its 2002 Health Care Advocate award at its annual fund raising dinner held at Trollhaugen Conference Center September 26. The award, a well-kept secret until the dinner, is annually presented by the Foundation to recognize the efforts of an individual who promotes the ideals of healthcare as well as contributes countless volunteer hours to further the mission of healthcare in the local community.

With more than 220 people in attendance, the annual Gala Dinner raised more than \$18,000 to benefit St. Croix Regional Medical Center. Warren Beryl, a retired mail and milk deliveryman and former Hospital Governing Board member from rural St. Croix Falls, was quite surprised when he opened the locked box with his purchased key, winning a \$2400 guided fishing trip to Canada. Barb Melin held the second winning key that awarded her a \$1400 trip to Mazatlan, Mexico.

Terry Reznicek, a local musician, provided music for the evening, and Wilbur McGrorty was the auctioneer. "It was an exciting event full of wonderful silent auction and grab bag items, good food, and lots of fun in addition to the special award for Edna Lawson," said Sandy Williams, SCRMC Director of Development.

The Foundation gratefully acknowledges all the businesses and individuals whose contributions help made this a very successful fundraiser. "I also want to specifically acknowledge the following individuals and organizations for their generosity," said Williams. *

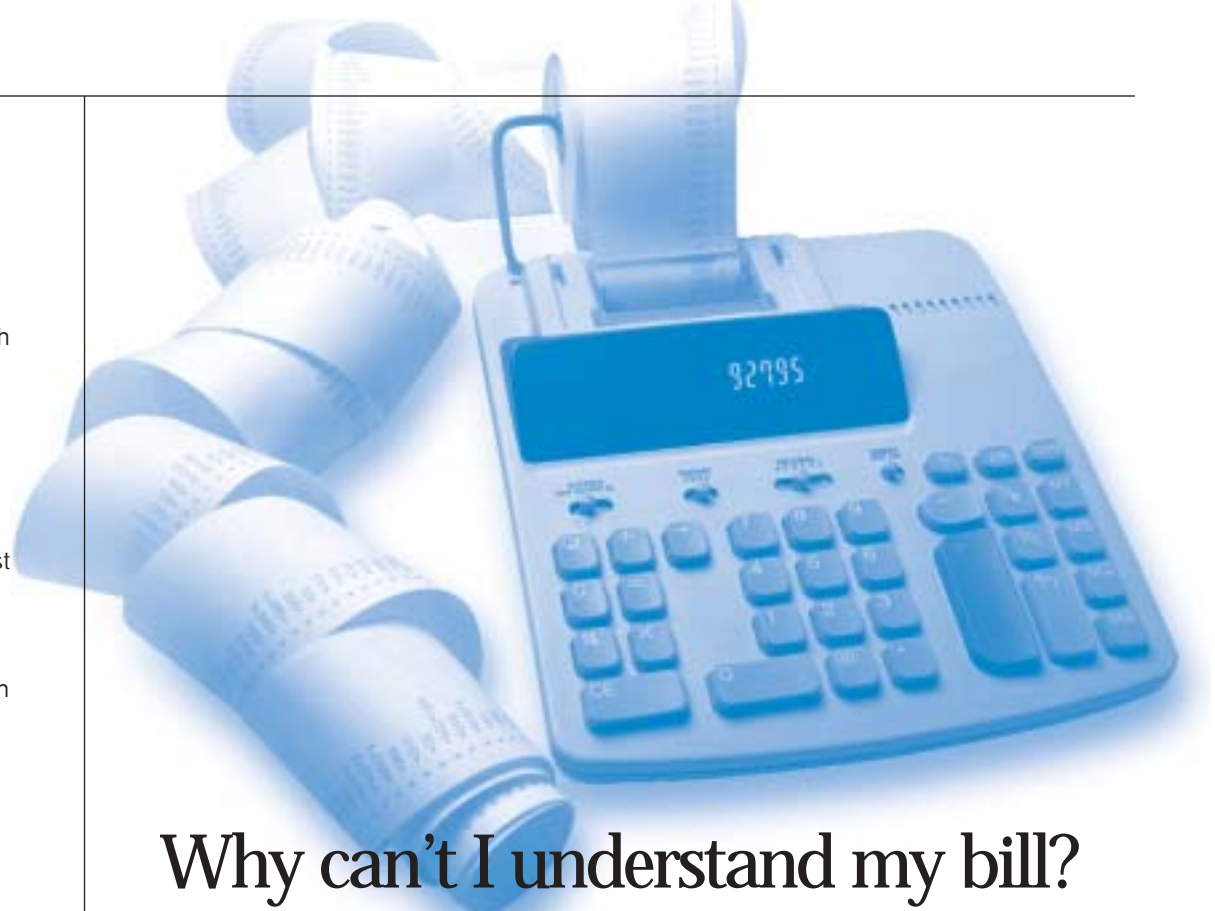
A surprised Edna Lawson accepts the Crystal Bowl Award as the 2002 Health Advocate of the Year from St. Croix Valley Health Care Foundation members, Dr. Lester Swanson and Board President Jim Bodoh.

Champagne reception hosts:

Andrie Electric, Lindor Tool, and Mary and Jerry St. John

Table sponsors:

Trollhaugen
Drs. Marsha and Bill Beyer
Dr. Thomas Hinck
Eagle Valley Bank
Larry and Eleanore Collins
Life Link III
Mac and Jenny McBride
Metropolitan Urologic Specialists
The RiverGroup Investment Advisors
The RiverBank Insurance Center
River Valley Medical Group
S & C Bank
The RiverBank-St. Croix Falls
MN Ear, Head and Neck Clinic
Four Seasons Wood Products
Northern Electricians, Inc.



Why can't I understand my bill? *Patient billing—the ultimate service challenge*

WHEN ASKED WHAT PART OF HEALTH CARE IS MOST FRUSTRATING, many people will mention billing. Do these statements echo your feelings about this issue? "I can't understand my bill." "Why is there one for the hospital and another for the clinic?" "Why do I get a separate bill from some doctors?" "I can't tell who's paying what, or what part I'm responsible for... and why does my insurance company refuse to pay certain parts of my bill?" "Why can't I get one, easy-to-understand bill for everything?"

"We hear such comments daily," said Lenny Libis, St. Croix Regional Medical Center CEO, "and we'd like nothing better than to make the billing process easier—both to better serve our patients and to solve what is a truly enormous problem for us. We are working daily to improve this process, but it's very complex and, frankly, there simply are no easy solutions because some parts of the problem are out of our control."

As little as 20 years ago, hospitals and clinics were not in the "billing business." People received services from doctors and hospitals and were billed. They in turn submitted those bills to an insurance company and were reimbursed according to the terms of their policy. "Hospitals and clinics began helping with the billing process as an extra service to patients," explained Libis, "and we continue to do so today. We are required to provide billing services only for Medicaid and Medicare patients."

And in little more time than Rip Van Winkle's sleep, the medical billing process has become hugely complicated, confusing, and very expensive—thanks to government regulations and HMO/insurance company rules and requirements. "Today," said Barb Kinney, SCRMC Business Office Director, we have 29 full-time billing staff who are barely able to keep pace with the paperwork—that means we need one billing staff for every physician."

According to Libis and Kinney, a major part of the problem lies beyond the Medical Center's control: HMO, insurance company, and Medicare/Medicaid billing rules.

"Here's a brief explanation of the situation," said Kinney. "We provide thousands of different services, and each one is coded with a number—and there's a separate set for the hospital and the clinic. There's also a separate number for each diagnosis a doctor makes, its treatment, why the treatment was done, and the doctor who provided it. Each insurance company also has its own unique set of codes for these services, doctors, hospitals, and clinics."

Any mistake in any of the above numbers on a patient's bill will cause a billing error or rejection of the claim. "Making matters worse," said Kinney, "insurance companies regularly change their code numbers, but they don't necessarily tell hospitals and clinics that they've done so—or at least not in a timely manner. The result is thousands of errors and delayed payments."

Complicating the process even more is the issue of secondary insurance. Many older adults have insurance that supplements Medicare's coverage, which adds another complete set of codes and effectively doubles the chances for errors. "Finally," said Kinney, "we are required by *each* insurance company to format bills in accordance with their coding system."

Thousands of code numbers. Different billing requirements for every HMO and insurance company. Rules changing regularly and poor communication. "Everywhere I go," said Libis, "people tell me that the billing process is a nightmare, so I feel we really have to ask this question: Is every medical provider bad at billing, or could it be that the billing process itself is a nightmare? I will be the first to say that our Medical Center is far from perfect in billing, but every hospital and clinic across this country struggles daily with this problem."

Libis believes that some of the complexity in the insurance area is intentional. "By making the process so complicated, they virtually ensure that errors will occur," he said. "Errors mean payment delays, and that means they can keep your money longer. And when delays are long enough, eventually individuals give up—as do hospitals and clinics because it's no longer cost effective to keep rebilling."

Libis also pointed out that the Medical Center intentionally tries to keep physicians isolated from insurance issues. "We strongly believe that health care should be separate from billing/insurance issues," said Libis.

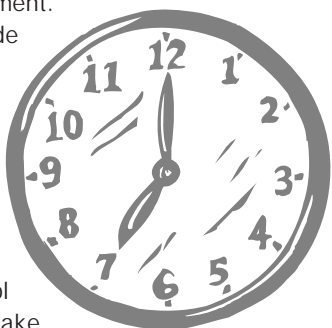
How is the Medical Center addressing this problem? "We try to control what we can, and we're getting a little better all the time," said Libis, "though it seems that every time we make a change that helps the process, the companies change their rules. We recently invested more than \$1 million in a new computer system and software. And patients will be pleased to hear that we are working to provide them with a single billing statement that covers the services they receive. *

New initiatives improve patient care and service

WITH ITS CAMPUS-WIDE CONSTRUCTION PROJECTS finally finished and a sense of normalcy in place, Medical Center administration and staff are again focusing on further improving services. "This is an ongoing priority for us," said Medical Center CEO, Lenny Libis, "but during the construction, we had to focus primarily on minimizing the disruptions it caused. Each of the following improvements was put in place in recent months to make care at our facilities easier and more convenient."

Same-day appointment scheduling

Changes in how appointments are scheduled now make it possible for most patients to see their own family doctor the same day they call for an appointment. The clinic also continues to provide urgent care, but in general, patients need this service only when their family doctor is out of the office or on vacation.



7:00 a.m. phone center

To ease call congestion and to help adults and parents (and their school age children) more easily make appointments and plan their day, the clinic switchboard is open at 7:00 a.m. for appointment scheduling. Appointments for the Unity and Frederic clinics can also be made through the St. Croix Falls office. To make an appointment, call: 715-483-3221 or 800-828-DOCS (800-828-3627).

Patient transport and valet service

This service is designed to help people who aren't physically able to walk well without assistance or who are afraid of falling when walking surfaces are slippery. Patients can stop at the front of the Medical Center and a valet will park their car. In addition, patients and their care givers/drivers can receive help in getting around inside the Medical Center complex.

More parking spaces

Medical Center patients will find parking problems have eased considerably. Thanks to the completion of construction, all parking spaces are again available. In addition, one of the byproducts of same-day appointments is that patients receive the services they need with less delay—and less time in the Medical Center means parking spaces are freed up more quickly.



New coffee bar

The Medical Center now has a new espresso coffee bar located in the lower level of its St. Croix Falls Clinic serving coffee specialty drinks, a selection of muffins and biscotti, and regular and decaf coffees for those who prefer the basics. The coffee bar is a satellite of *Cabin Fever*, a coffee shop in Centuria, Wisconsin, owned by Stephanie Robinson. "While serving specialty coffee is clearly not the Medical Center's primary business," says CEO Lenny Libis, "it's an extra and convenient service we believe patients and visitors will appreciate."

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ATTN: LENNY LIBIS, CEO
ST. CROIX REGIONAL MEDICAL CENTER
204 S ADAMS ST
SAINT CROIX FALLS, WI 54024-9905

FOLD HERE

We know your health care is important to you.

At **St. Croix Regional Medical Center**, we are always working to improve the care and service we give our patients—and we are asking for any thoughts or suggestions you have to help us do just that. Please write your comments in the space below. When you're finished, simply cut out this card, fold on the dotted line so our address is showing, tape the top middle edge, add a stamp, and mail or drop it off at the Medical Center during your next visit. *If you would like to be contacted about your comments, please include your name and phone number.*

Thank you,
Lenny Libis, CEO

Comments:



Community Health Education

For class listings, registration information, or questions, please visit our website at www.scrmc.org or call Cindy Easley at **715/483-0431** (or **800/828-3627, ext. 2431**) or e-mail her at ceasley@scrmc.org

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