TMC PULSE

THE OFFICIAL NEWS OF THE TEXAS MEDICAL CENTER — VOL. 3 / NO. 7 — AUGUST 2016

Generation Next

Baylor's pediatric AIDS initiative gets a major boost

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Spotlight: Brian Greene

The president and CEO of the Houston Food Bank brings an entrepreneurial spirit to his job.



Generation Next

A \$69.8 million grant will help one Baylor group improve pediatric HIV rates.



A Gentle Giant

Stanley Appel, M.D., of Houston Methodist, remains a champion for ALS treatment and research.



In Synch

Music therapy soothes tiny patients in Children's Memorial Hermann Hospital's neonatal intensive care unit.



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MARK BARR, A NURSE AT BEN TAUB HOSPITAL AND A PARALYMPIAN, IS JUST ONE MEMBER OF THE TMC COMMUNITY HEADED TO RIO DE JANEIRO FOR THE SUMMER GAMES.

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ON THE COVER: A young patient at a Baylor College of Medicine-Abbott Fund Children's Clinical Centre of Excellence party in June, celebrating the renovated pediatric oncology ward at Kamuzu Central Hospital in Lilongwe, Malawi. (credit: @2016 Smiley N. Pool)

PRESIDENT'S PERSPECTIVE



ROBERT C. ROBBINS, M.D.

President and

Chief Executive Officer,

Texas Medical Center

The Summer Olympics are officially here, which means the world is watching Rio. We're rooting for our athletes, feeling inspired by their stories and sharing in their triumphs and disappointments. In this issue of TMC Pulse, you will read about individuals here in Houston who have connections to the Games, some of whom will even be vying for gold on our very own Team USA.

It's an exciting time for citizens across the globe to come together and test their limits, overcome obstacles and remember the importance of values like sportsmanship, integrity and loyalty. I think I speak for everyone when I say our world could use more of these values.

I was somewhat disappointed when I learned the news that many of my favorite players would be skipping the Games due to concerns over the Zika virus. You may have read some of the controversy surrounding these announcements, that athletes are using this public health crisis as an excuse to opt out of the Games. I have my own private opinions about that, but I do want to say this: The Zika virus, when it leads to microcephaly, is devastating. This is particularly true for low-income countries in tropical locations where Aedes aegypti mosquitoes run rampant and citizens are left vulnerable without bed nets, windows, air conditioning, bug spray—all the luxuries we have here in Houston. Locally, our risk of having any substantial, uncontrolled outbreak is very low because of our access to these resources, but that doesn't mean we shouldn't be doing everything we can to protect any woman who is pregnant or may become pregnant from becoming infected by the virus, be it here, in Brazil or anywhere else in the world.

I am proud that many of our member institutions, particularly Baylor College of Medicine and UTMB Galveston, are working to understand the virus, create testing capabilities and, hopefully, a vaccine. So while the rest of our nation is rooting for swimming and gymnastics victories, I'll be here cheering on advancements in medicine. Go Team TMC!



TMC PULSE

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· AN

OLYMPIC REACH



Sport | **Gymnastics**

SIMONE BILES

ays after securing a spot on the 2016 U.S. Olympic Women's Gymnastics team, Simone Biles practiced her flips, twists and tumbles at the World Champions Centre, her family's new 52,000-square-foot gym in Spring, Texas.

"It's the training that we put in and the work that keeps us healthy, mentally and physically," said Biles, 19, during a mid-July press conference at the center, where media watched her perform on the floor, parallel bars and vault.

The Summer Games in Rio de Janeiro will be Biles' first appearance at the Olympics, but the 4-foot-9 gymnast has been busy racking up medals for years. She won three consecutive world all-around championships and a total of 14 world championship medals. That's more than any U.S. athlete ever.

Her training routine is a vital component of her past, present and future success.

During the summer, Biles trains twice a day, 9 a.m. to noon and 3 p.m. to 6 p.m., five days a week with her coach, Aimee Boorman. She uses her three-hour breaks to rest and take care of her body, doing any type of physical therapy she needs to stay in peak physical shape.

"We do preventative physical therapy to make sure the body stays healthy," Boorman said. "I want to head [injuries] off at the pass. I don't want to worry about treating an injury. I want to treat it before it's an injury."

As the official health care provider for the World Champions Centre, doctors from Houston Methodist Orthopedics & Sports Medicine are able to help Boorman do just that. Scott Rand, M.D., Boorman's longtime friend and Biles' primary care sports medicine specialist at Houston Methodist said her rigorous and physically demanding regimen keeps him up at night.

"Gymnasts put their bodies through an incredible number of things that normal humans just can't do," Rand said. "Like everybody, I worry about her tripping, falling, hurting something or having some other injury that will limit her ability to go and conquer the world like she has in the last three years."

Rand has treated the USA
Gymnastics Team since 2001 and
understands how the sport affects
the body. When Biles came to him
three years ago for a bone spur in her
right ankle, he turned to his colleague
Travis Hanson, M.D., chief of orthopedic surgery at Houston Methodist
Willowbrook Hospital, to perform a
minimally invasive procedure that remedied the issue and allowed Biles to get
back to her training within three weeks.

"The idea of taking three weeks off doesn't exist in her world and it never has," Rand said. "If someone just does this recreationally, it's not a big deal for them to take time out of the gym and not do things to allow an injury to heal. That's not really acceptable when you're taking care of somebody at this level. It's their job. They don't have that luxury."

With the high-pressure nature of competitive gymnastics, it's important to treat the mind as well as the body. Despite her beaming smile and confident personality, Biles has faced mental challenges throughout her career. She faltered at the 2013 U.S. Secret Classic, slipping from the uneven bars, missing her landing during her floor exercise and losing her footing on the balance beam. The pressure and stress culminated in mental blocks that affected her performance.

"When she starts overthinking, she reacts with her body," Boorman said.

Biles said she often suffered from doubt and uncertainty a few weeks before a major competition and the internal anxieties spilled into her training. But thanks to sports psychologist Robert Andrews, director of The Institute of Sports Performance, Biles was able to overcome her nerves by readjusting her mental approach.

"Whenever we make a mistake, we get really upset at ourselves," Biles explained. "Some of us think that we failed people or the crowd, but honestly, you just have to remember that they're here to see you do what you love. I think that's what we forget at times."

The key to Biles' success is finding the balance between body and mind and, ultimately, having fun.



"I think none of us would be at this point in our careers if we didn't enjoy and love what we do," Biles said. "Even when there are tears involved, we can still look back at it and everything we've accomplished. We can really say we truly love the sport and that's why we do it."

— By Shanley Chien

66 It's the training that we put in and the work that keeps us healthy, mentally and physically.

- SIMONE BILES





Simone Biles with Houston Methodist's Scott Rand, M.D., and Travis Hanson, M.D. Credit: Richard Carson



I feel so overwhelmed to be able to give them this opportunity. I'm overjoyed. I can't believe this is happening.

— NORA MUNOZ

Mother of Nadia and Brice

NADIA AND BRICE MUNOZ

Attendees, Rio 2016

hen Nadia and Brice Munoz arrived at Ronald McDonald House Houston on July 18 for a "Road to Rio" party celebrating the Summer Olympics, they had no idea they'd soon be packing for the trip of a lifetime. Oblivious to the announcement to come, the 8- and 12-year-old siblings paraded through the House with a handful of other kids proudly bearing replica Olympic torches. Minutes later, Ronald McDonald himself revealed the big news: Nadia and Brice, you are going to Rio!

......

The siblings are two of 100 children around the globe who were selected by the McDonald's Olympic Kids
Program to participate in the opening ceremony of the Olympic Games in Rio de Janeiro. The entire family—Nadia,
Brice and their parents—will travel to
Brazil for the kids' first trip outside the country.

The siblings have been part of the local Ronald McDonald House family

for a decade. Both were born with the same genetic condition, glycogen storage disease type 4, which required each to undergo liver transplants—Brice 10 years ago and Nadia four years ago.

When the Ronald McDonald House heard about the Olympic Kids opportunity, they immediately thought of the Munoz family.

"They've been with us for 10 years," said Leslie Bourne, CEO of Ronald McDonald House Houston. "I've watched them grow up, and they've spent so much time here. It is a home away from home for them, so to be able to give them this opportunity is incredible."

For mom Nora Munoz, who said she never imagined her children would be chosen, this is more than a family trip. It's a celebration of her children's perseverance through years of medical challenges. After their transplants, Brice suffered from seizures and Nadia's body threatened to reject her new liver, but 2015 marked a turning point for both.

"They are the healthiest they've been in a long time, so we're beyond blessed for that," Munoz said. "I feel so overwhelmed to be able to give them this opportunity. I'm overjoyed. I can't believe this is happening." If the siblings' open-mouthed shock in reaction to the news is any indication, the feeling is mutual. The pair have survived more health complications than most people go through in a lifetime. Now they can look forward to an experience most can only dream of—stepping into the world's spotlight on the Olympic opening ceremony field. • — By Shea Connelly

MARK BARR

Sport | Paratriathlon

he was diagnosed with a rare form of bone cancer called osteosarcoma. At 14, his physicians made the tough decision to amputate part of his right leg to stop the cancer from spreading. Barr, a competitive swimmer prior to his cancer diagnosis, was devastated. But when he woke up from the surgery, he discovered that his recovery nurse was an amputee—and a Paralympian.

It was a bright spot in a dark time.

"I had never heard of Paralympics, but that gave me something to look forward to, some hope for living a normal life after everything was said and done with my treatments," Barr said. "I still had to do eight months of chemotherapy following the amputation, but it was really one of the first positives that I was introduced to; it was kind of negative after negative after negative, and that was really a turning point for me."

Sixteen years later, Mark is preparing to compete in the 2016 Paralympics in Rio de Janeiro in September. It will be his third Paralympics—he competed as a swimmer in Athens in 2004 and Beijing in 2008—but it will be his first time competing in the paratriathlon. In fact, 2016 is the first year the paratriathlon will be included in the Paralympic Games.

The event includes a 750-meter swim, a 20-kilometer bike ride and a 5-kilometer run. Barr's training program is demanding: 15 to 20 hours a week building endurance, strength and speed. Luckily, his work schedule is accommodating. Barr is a traumasurgical ICU nurse at Harris Health System's Ben Taub Hospital. He works three 12-hour shifts a week.

"When I was going through

WILLIAM ZOGHBI, M.D.

Torchbearer, London 2012

At three-and-a-half pounds, the Olympic torch isn't particularly easy to carry.

"It feels heavy because, ideally, you'd like to hold it a bit high," explained William Zoghbi, M.D. "It's top-heavy. But carrying the torch is an amazing feeling that you never forget."

Zoghbi, now chair of the Department of Cardiology at the Houston Methodist DeBakey Heart & Vascular Center, was among 22 torchbearers selected by Olympic sponsor Coca-Cola to carry the flame through the streets of England before London's 2012 Games.

"They asked me if I'd like to walk or run and I said I'd love to run," Zoghbi said. "What I recall going down from the bus where they transport you is the vibrancy of the crowd, the roar of the people."

Zoghbi, 60, who stays fit thanks to a regular workout of aerobics, weight- and joint-strengthening and yoga, ran the equivalent of four football fields with the torch.

"I was honored to represent cardiovascular health and

a healthy lifestyle," he said. "And the other amazing experience was meeting all the other torchbearers, including a teenager who recycled thousands of tennis shoes to donate to needy communities."

Especially now, during a summer steeped in violence in the United States and abroad, the Olympic Games offer a chance to "lessen the tension the current world is experiencing," Zoghbi said. "We have to re-focus on what life is about and what this beautiful world is about. We have to carry the conversation in a positive manner. I hope the Olympics will emphasize community, competition and collaboration." • — By Maggie Galehouse



Credit: courtesy photo



chemotherapy, I never wanted to set foot in a hospital again, so never in a million years did I think I would become a nurse," Barr said. "But I did establish a close relationship with the medical staff, and I grew to appreciate what they did day-in and day-out—their selfless roles as health care professionals. I admired them and I guess it was always in the back of my head that it might be something I'd want to pursue."

Originally, Barr planned to specialize in pediatric oncology, but during one of his first clinic rotations in nursing school, he cared for a patient diagnosed with the same cancer he'd had. Only this time, it was terminal.

"It hit too close to home," he recalled.

So Barr switched to trauma, a field full of adrenaline and, unfortunately, new amputees.

"A lot of my patients lose limbs and legs through motorcycle accidents and car accidents," Barr said. "I do think it's helpful for them to see me and to hear my story. I've had a couple of really unique bonds with some of my patients and still keep in contact with a few of them."

In addition to his role at Ben Taub, Barr volunteers as a mentor with the Hanger Clinic, an orthotics and prosthetics company. He visits with new patients, shares his own experience and answers questions openly. He is also a founder of the local nonprofit organization CATAPULT (teamcatapult.org), which introduces disabled individuals to the world of endurance sports.

"Through CATAPULT, we're working with our community to provide this therapeutic outlet," Barr said. "The Chevron Houston Marathon is one of our big events, and we already have eight blind athletes and four above-the-knee amputees signed up. It really brings the community together, and it's rewarding helping people do

I had never heard of Paralympics, but that gave me something to look forward to, some hope for living a normal life after everything was said and done with my treatments.

— MARK BARR

something that otherwise they wouldn't be able to do."

Barr is particularly grateful to Challenged Athletes Foundation, a national organization that gave him the resources and support he needed to participate in triathlons. The San Diego-based nonprofit provides funding grants for sports prosthetics and equipment as well as training, competition expenses and mentoring.

"Insurance doesn't cover sports prosthetics," Barr explained. "I had to battle my insurance company just to get my walking prosthetic, and my running leg is considered a 'sports luxury.' Challenged Athletes Foundation helps offset those costs. They give out over \$3 million a year in grants worldwide to disabled athletes."

Barr is a member of the Challenged Athletes Foundation's Elite Paratriathlon Team, which was created specifically to support U.S. paratriathletes in their quest to compete in the inaugural event at the Paralympics this year. Four of their seven members made Team USA.

"I'm extremely in debt and grateful," Barr said. "I wouldn't be where I am today if it weren't for them."

– By Alexandra Becker

SPOTLIGHT



BRIAN GREENE, PRESIDENT AND CEO OF THE HOUSTON FOOD BANK, TALKS ABOUT RUNNING THE LARGEST FOOD BANK IN THE COUNTRY, COLLABORATING WITH HEALTH CARE PROVIDERS, AND PROVIDING MILLIONS OF MEALS TO THOSE IN NEED WITH MONEY RAISED BY HOUSTON RESTAURANT WEEKS.

Q How did you get started working in food banks? Did something happen in your formative years to pique your interest in the field?

A You always need to give credit to your parents where that's due. My dad just turned 80 and he actually still volunteers fulltime for a teen rehab program back in Eureka, California, where I grew up. One memory I have was when I was probably in about the 4th grade. My dad was a scout master and he always had aluminum cans in the back of the pickup truck, pop cans, because scouts would collect them and raise money that way. Anyway, one day we were somewhere and we saw this guy digging through garbage looking for

cans. You can figure out what my dad did, but that's not the real part of the story. He didn't say, 'Here, I'll help you,' or something like that. He said to the man, 'Can you do me a favor? I have these cans in the back of my truck and I'm looking to get rid of them. Would you mind taking them for me?' Even at that young age, it really just struck me. Here's this guy who's basically reduced to digging through garbage to survive, and my dad went out of his way to treat him with dignity. I remember thinking I wanted to be like that.

I got into food banks when I was a doctoral student in economics at the University of Tennessee. I took a leave of absence because I wanted to work for a charity in either hunger or homelessness. It was my version of a Peace Corps stint, but I was also hoping to have insight for my dissertation. Hunger and homelessness are two phenomena that don't make much sense in a rich country, and I just wanted to be in the field for a while, I didn't care what the job was. While I was looking for a job, I decided to volunteer at this shelter. I just walked in and basically volunteered fulltime. The guy who ran the shelter liked me a lot because, duh, I was volunteering fulltime—of course he's going to like you. I was also self-directed and interested in the work, but he told me I should apply to be executive director for a food bank opening. I was, quite frankly, not qualified

66 Carrots grow in funny shapes. Americans don't want carrots in funny shapes. There's literally billions of pounds of produce that's gone every year, that's not even harvested.

and would not have applied on my own, but they hired me. This was in the early days of food banking and it was much easier than it is now. I was able to get away with the steep learning curve, and I ended up just loving this work so much because we have a lot of impact on a lot of people. It's very dynamic; it's very much like being an entrepreneur. You just keep finding more opportunities to piece things together.

| How does the Houston Food Bank obtain its provisions?

A The reality is, there is just a staggering amount of food waste in the United States. Estimates go around 40 percent total, which counts consumer level waste. The household is the worst culprit, but there's waste all the way through the chain. You think about the dented can at the grocery store where they don't want that on the shelf because it lowers the perception of the quality of the grocery store. To them, that's garbage. The food that gets too close to the code date. Of course, you have the restaurant waste, but that is generally small and very expensive to handle. Anyway, there are lots of reasons for waste, including our favorite, the produce. Manufacturing processes have significantly improved. They don't have that many mess-ups with cans. Americans get perfect cans. It's just very consistent, absolutely perfect, beautiful. Nature's not like that. Carrots grow in funny shapes. Americans don't want carrots in funny shapes. There's literally billions of pounds of produce that's gone every year, that's not even harvested. Then, billions more that, yeah, it was harvested, but it doesn't actually make it to the store because it gets separated out. We're just stepping in and saying, 'We'll take it.' We go to the farmer or the packing house and we say, 'Will you donate this?' They say, 'Yeah, but I'm not going to lose money to get it to you.' We agree to pay their cost to pick and pack it, but they donate it. Otherwise it would be thrown out. So we're now doing fresh produce for 40 percent of our output. It's close to three tractor trailer loads a day on average, six days a week.

Q How does the Houston Food Bank distribute these resources to those in need?

A It's a logistics operation and we just pull together all these voluntary resources, coordinate them, and generate output. We've grown; we have about 600 charity partners that we distribute to, plus our backpack program, which is for kids who the teachers don't think are eating on the weekend. That's at about 700 schools now. It's a weekly delivery, and about 70 after-school programs exist as well. We call it Kids' Café sites and we make a hot meal there five days a week. We have about 70,000 volunteers a year,

unduplicated. It's really interesting because it's just piecing together all of this chaos. It's taming chaos, that's what we do. We're a conduit and we try to flow food through to the community. The challenge really has been managing to piece together this logistics infrastructure. Food banks have been around just a little over 30 years, so we're still figuring it out. Some of it we pay for, some of it we don't. We're just finding all these people who want to work with us. The problem has been, though, that hunger hasn't gone down despite all this. We're the largest food bank in the country, the largest independent food bank in the world. Our distribution last year was about \$150 million worth of food.

The reality is, society is changing, and it's changing faster than we can grow. You just can't keep up. We came up with a concept called Food for Change. The idea is to try and redirect a significant portion of this distribution to be in support of a trajectory for changing programming. By that I mean we find partners who otherwise would not really think the food bank is their thing, i.e., they do hunger, we do this. I said, 'Wait a minute. You're basically serving the same people we're trying to serve. The population of people who live with food insecurity, of people who don't have reliable access to a sufficient quantity of food, is about 1.1 million. When you look at programs geared toward helping the especially low-income people, that's our population, too. Instead of just saying, 'Great, we'll co-distribute or something,' we say, 'No, let's do better than that. Let's look at how our distribution can actually support your outcomes.' So we're collaborating. One place we're doing this is at community colleges. Everybody in Houston has heard about the importance of the middle skills market. We don't have nearly enough people to fill these jobs, and yet the skills required don't need a four-year degree; most require a year or less of training and there's a very good wage on the back end of it. From our standpoint, this is a great opportunity to, essentially, shorten our line here at the food bank. So we're starting a pilot program right now with San Jacinto College and Lone Star College. We want to expand to more campuses. We're working with two professors at Rice University who have been doing all the evaluation work. The idea is a food scholarship providing the student in the program a very significant amount of food on a reliable basis. We're shooting for generally about \$2,000 worth of food a year that you can shop for, essentially. You're not paying for it, but you still get to make choices about what you get. It's essentially like a scholarship so these students can save the money they would be spending on food. The beauty of this is, if this works, we can do this at scale. We could do this for tens of thousands of people.

Q | Tell us about Houston Restaurant Weeks. How does this benefit the Houston Food Bank?

A Cleverley Stone, a local food journalist and volunteer, started it in 2003. It's grown substantially and is now our largest annual fundraiser. One hundred percent of the donations go to the Houston Food Bank. Last year, the event brought in nearly \$2 million in cash through the meals sold in participating restaurants during the month. That works out to the equivalent of about 6 million meals for those in need.

Restaurants like it because August used to be the slowest month of the year for them. If you think about it, this helps us twofold because if the restaurants are slow, waiters and other low-wage workers are getting almost no hours. The cooks, the dishwashers—everybody loses. And that impacts us, that creates greater need here. Anyway, now most restaurants report that it is probably the second-busiest month of the year for them. It's amazing just as an economic engine. The more people don't need us, the better for everyone. We want a prosperous community.

HOUSTON RESTAURANT WEEKS 2016

August 1 – September 5

How it works:

Participating restaurants create a special menu of multiple courses offered at a set price

Organized by volunteers, Houston Restaurant Weeks

donates 100 percent of the funds raised to the Houston Food Bank



Information: houstonrestaurantweeks.com



What about the health care field? Are there opportunities for collaboration?

A | Absolutely. We're implementing similar programs at hospitals and clinics, and we're hoping to expand these throughout the greater Houston area. To start, we had to get health partners to realize this resource we have is something that could be useful for them. The strategy behind that was essentially going to health partners and saying that we could offer what we're calling food insecurity training. The American Academy of Pediatrics recommended that physicians begin using a simple screening tool, as few as two questions, to find out if their patients were food insecure. Instead of just treating an illness, they're finding out what else is going on in their life.

We've come up with a toolkit and piloted this program with Memorial Hermann. We've also started doing food scholarship work with organizations like MD Anderson Cancer Center through a partnership called Build, which is essentially a partnership in Pasadena where we provide a produce prescription to participants at certain sites within that community. MD Anderson Cancer Center does the evaluation along with the UT School of Public Health. We'll be working in the Pasadena Health Center as well as Memorial Hermann Southeast Hospital and two school-based clinics. When a person comes to the site and they're identified as being food insecure, they'll be provided a food prescription that they can utilize at a local pantry. They'll be provided nutrition education materials, access to fruits and vegetables, grains, meats—all kinds of different items. It's essentially a shopping experience.

We've also been targeting disease-specific programs as well. We have a program called FAITH-DM (Feeding America Intervention Trial for Health-Diabetes Mellitus), which is really addressing uncontrolled diabetes for patients who are coming to our pantries. We send these patients a box with diabetic-friendly foods and provide nutrition education classes. The whole idea is to improve their A1C levels and so forth. We're actually one of three food banks in the nation piloting this program right now. We also have a program called Power Over Diabetes where we collaborated with the American Diabetes Association to offer a series of classes over

66 According to the U.S. Census Bureau, two thirds of the food insecure households have an adult with a fulltime job. It's not what people think. "> "

the course of eight weeks at a neighborhood health center. We provided food boxes full of healthy foods, and our nutrition educators would do demonstrations so participants would know how to utilize the food once they got home.

We're also doing a project called the Core Connections Network which is basically a chronic condition management class. We train our pantries to provide this education. It's based on the Stanford chronic condition management program and is designed specifically for low-income populations. A big component of that program is that after you provide education and food resources, we're also connecting these individuals to a medical home where they can go on a regular basis. You're providing a connection to qualified health centers, free clinics, places that are near their neighborhoods, places they can go on a continuous basis.

At the Houston Food Bank, we serve about 800,000 people a year, a population that is low income and that overlaps with many patients in the medical center. So we really want to do this smarter. We have, essentially, healthy food to invest. As I said, the produce alone is almost three tractor trailer loads a day. We're thinking about, what's the best use? What causes the most positive change? Is it just putting it in a bag and passing it out? No, probably not. It's combining it. We're very serious about this.

Q How can individuals in the community help?

A The easiest and most impactful thing for the casual donor would be to volunteer. We really

emphasize our ability to utilize volunteers to do the vast majority of the actual work around here. We've made it easy. You go online, register, get a QR code, schedule your shift and you come in. We're open evenings and Saturdays, and it's an entry point. People come in and learn about us and then become interested in specific aspects of our work. For those in health care, we encourage individuals to think about what outcomes they are trying to change that our resources could help, and then I would encourage conversations about how we might piece that together, how we might collaborate.

Q Any closing thoughts?

A | As I see it, our biggest obstacle is low-wage employment. It really is. According to the U.S. Census Bureau, two thirds of the food insecure households have an adult with a fulltime job. It's not what people think. Our growth sector is low-wage employment, and as a society, we have to solve it because it's just getting worse. You see the guy with the 'Will work for food' sign—that is a tiny, tiny portion of the need. The vast majority of it is households who are just barely getting by. The reality is, when you have to choose between food or rent, hunger becomes the logical choice. But most of the time, it's not going to be hunger. What it's going to be is bad nutrition, because bad nutrition is cheaper. You don't have to suffer and, quite frankly, the way we have made our food supply in the United States, you'll probably enjoy the bad nutrition. Now, you won't enjoy your health consequences, and that becomes part of the trap.

HOUSTON RESTAURANT WEEKS DECONSTRUCTED: HOW ONE MEAL FEEDS MANY

Meal Price	Restaurant Donates to Food Bank	Number of Meals Generated by Food Bank
\$20 2- or 3-course brunch	\$3	9
\$20 2- or 3-course lunch	\$3	9
\$25 3- or 4-course dinner	\$4	12
\$35 3- or 4-course dinner	\$5	15
\$45 3- or 4-course dinner	\$7	21

Credit: Houston Restaurant Weeks



POMONA

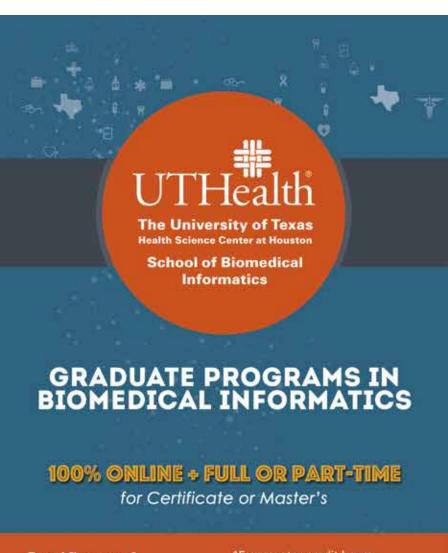
Pomona is the first LiveSmart master-planned community in the Houston area by Hillwood Communities, a Perot company. Featuring a relaxed, coastal atmosphere, this 1,000-acre community in the heart of the rapidly growing Highway 288 corridor makes it easy to live a happier, healthier lifestyle with a resort-style amenity center, miles of walking trails, sports fields, Fish Camp, Exploration Zone Park and an on-site Alvin ISD elementary school. And with 300 acres left untouched or as dedicated green space, Pomona is setting the standard for what it means to LiveSmart.

New Homes From The \$280s PomonaLiveSmart.com

Coventry Homes • David Weekley Homes
Highland Homes • Plantation Homes • Trendmaker Homes







Certificate of Biomedical Informatics 15 semester credit hours 3 program options Online or in person

Master of Science in Biomedical Informatics

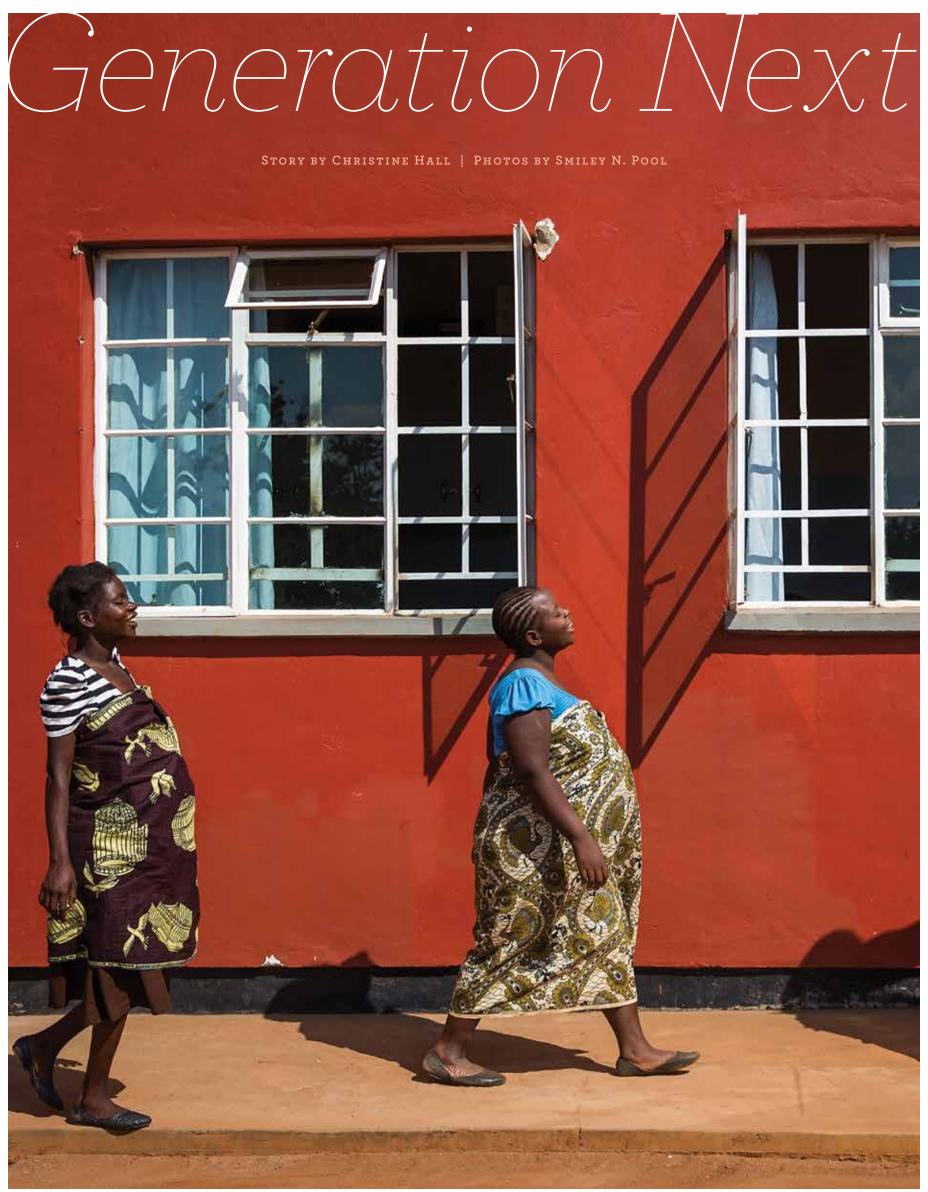
39 semester credit hours 6 program options Online or in person

Doctor of Philosophy in Biomedical Informatics

93 semester credit hours Research-focused program Guided by an advisory committee

- Structured programs & courses for sound practical knowledge
- Learn new skills applicable to your current job
- Advance your career in your organization





A \$69.8 million grant will strengthen efforts by the Baylor International Pediatric AIDS Initiative to reduce HIV/AIDS in Africa.

hen Saeed Ahmed, M.D., first arrived in Malawi 10 years ago, few health care professionals in southern Africa were trained to treat children affected by HIV.

Plenty of adults were being treated, but health workers didn't feel comfortable providing certain medicines to younger patients, especially antiretrovirals—drugs that work together to suppress the HIV virus and halt the progression of the disease.

A lot has changed since 2006.

"The landscape of pediatric HIV has improved a great deal since I first arrived in Malawi," Ahmed wrote recently, in an email from Africa. "New HIV infections in children have decreased by more than 50 percent. There are increasing numbers of children accessing lifesaving ART [antiretroviral therapy]. Currently, children identified and started on ART can expect to live a normal, goodquality life."

Ahmed, a pediatrician and an assistant professor of pediatrics at Baylor College of Medicine and the Baylor International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital, was a member of BIPAI's

first Pediatric AIDS Corps sent to Africa. As he begins his second decade in Malawi, the fight against pediatric HIV in southern Africa has received a major boost.

The United States Agency for International Development (USAID) awarded a \$69.8 million grant to the Baylor College of Medicine Children's Foundation-Malawi. The money will support a new program to bolster BIPAI's HIV and AIDS efforts in the region and expand best practices to South Africa, Zimbabwe, Zambia, Mozambique and Namibia.

Ahmed will lead the new program.

The grant "will give us the opportunity to take our experience and successes to five countries where we have not worked extensively," Ahmed said. "We will have the opportunity to engage and learn from new partners, as well."

Yes We Can

Baylor's foundation in Malawi, an affiliate of BIPAI, provides clinical care for children and families affected by HIV, tuberculosis, malaria and malnutrition. The foundation assists the Malawi Ministry of Health with teaching, mentoring, clinical support and research.





Malawi, Africa

LOCATION

Southeastern Africa bordered to the north by Tanzania, to the east and south by Mozambique and to the west by Zambia

POPULATION

16.7 million

CAPITAL CITY

Lilongwe

CLIMATE

Tropical

Source: The World Bank

Baylor College of Medicine Children's Foundation-Malawi

BY THE NUMBERS

3,100 active patients

157 patients seen per day on average

2,600

patients on antiretroviral treatment

40 new patients per month

\$1.5 million budget

50 national outreach sites 292 staff

Source: BIPAI-Malawi 2014 Annual Report

66 The grant will give us the opportunity to take our experience and successes to five countries where we have not worked extensively. ? ?

- SAEED AHMED, M.D. Assistant Professor of Pediatrics with BIPAI

Michael Mizwa, director of global health at Texas Children's Hospital and chief operating officer and senior vice president of BIPAI, said the \$69.8 million grant is one of the largest BIPAI has ever received

The award "will allow us to expand on what we do well," Mizwa said. "For example, if the Ministry of Health or a nongovernment organization in Swaziland goes to the USAID office and says that they need to improve and increase the outreach of the number of women that need to be tested, we can provide the technical assistance to develop new strategies around counseling and testing."

The grant will support programs of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and fund a project called Technical Support to PEPFAR Programs in the Southern Africa Region (TSP). Designed by the Baylor-Malawi team, TSP is a collaborative effort that pulls in ICAP at Columbia University—an international center that works independently and collaboratively to support HIV services and strengthen health systems—and Baylor College of Medicine Children's Foundations in Botswana, Swaziland, Lesotho and Angola.

Over the past decades, BIPAI and Texas Children's Hospital have pushed to reduce the price of antiretrovirals and make them more available to patients in Africa.

The Children's Clinical Centre of Excellence, situated in Kamuzu Central Hospital in Malawi's capital city of Lilongwe, is a "mothership" for the administrative work behind this monumental effort, Mizwa said. In 2014, the center saw 3,100 patients.

Ahmed and his wife, Maria Kim, a physician in the retrovirology department at Texas Children's and Baylor, already received a large grant from USAID a few years ago to establish a program in Malawi called Tingathe, or "yes we can" in the local Chichewa language.

"It is because of the success of that grant over the past five years that they were positioned well to now receive the second-largest grant that Baylor or one of its affiliates has received," Mizwa said. "This is a big deal for us."

2020 Benchmarks

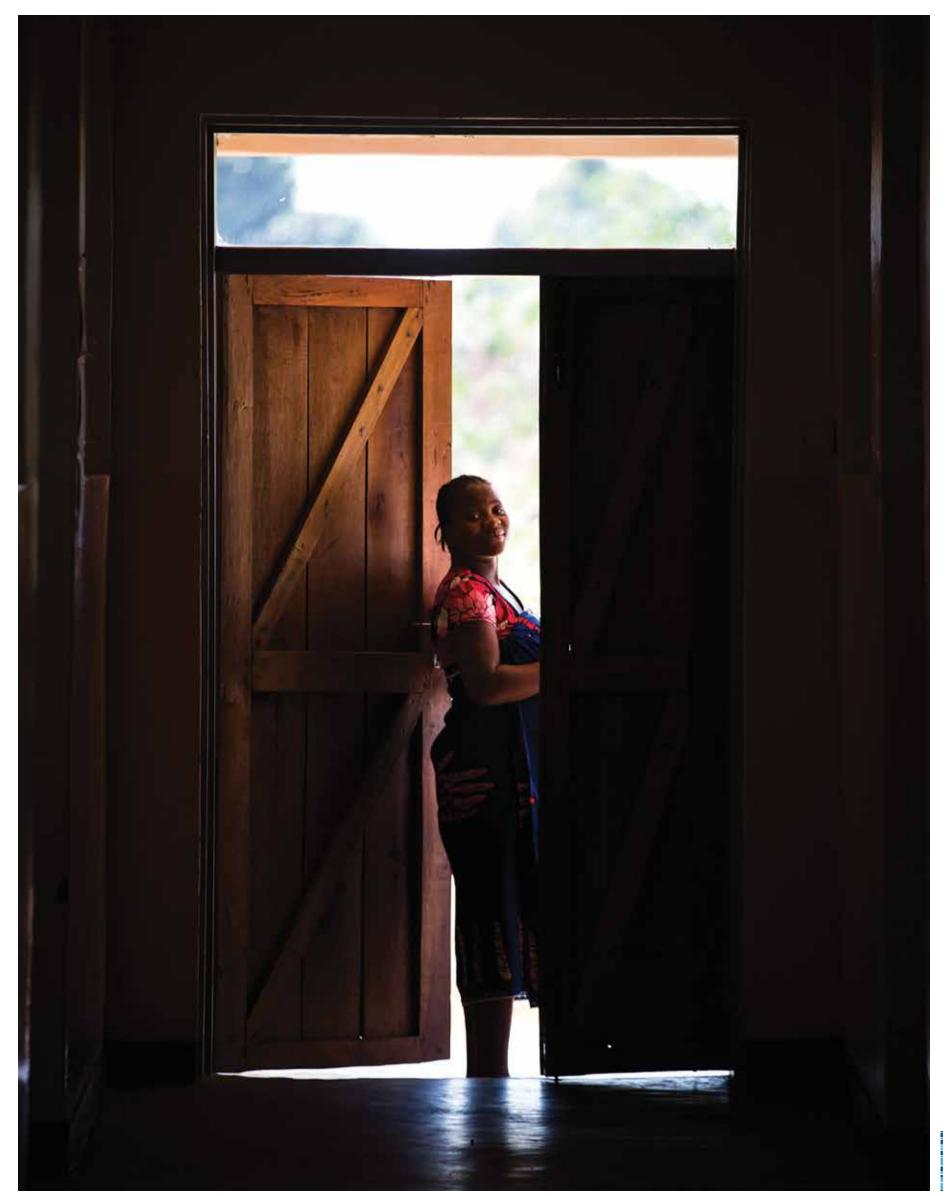
In Malawi and other sub-Saharan African countries, the primary modes of HIV transmission are heterosexual sexual relations and perinatal—mom to baby, Mizwa said. Most of the population of Malawi, one of the poorest countries in Africa, is under 21, he added.

Intravenous drug use and exposure to improperly sterilized blood products may account for a small percentage of transmission as well, Mizwa said.

Research published in July 2015 by Ahmed and Elaine Abrams, M.D., a professor of epidemiology and pediatrics at Columbia University and the senior director for research at ICAP, found that areas with adequate resources had fewer mother-to-child transmissions of HIV and that infected children were living longer. Their research found that there were 58 percent fewer pediatric infections in 2013 than in 2002, among some 1.5 million pregnant women worldwide who received antiretroviral therapy.

But there was bad news, too.



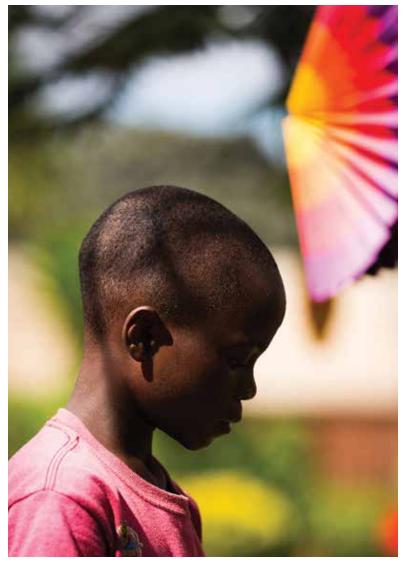






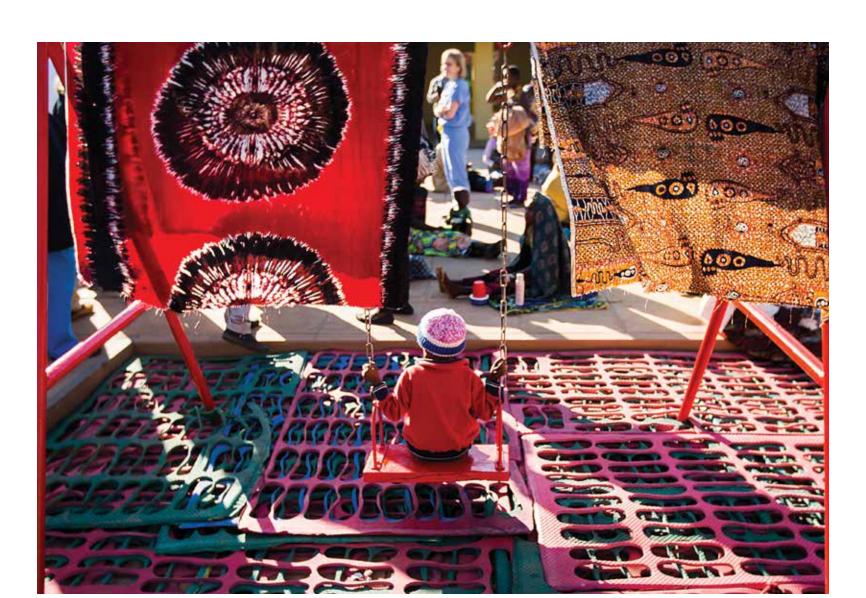












The more we can do, the more transformative we can be as an organization. I always think about how many more children and families can be impacted by work we do.

— MARK KLINE, M.D.

BIPAI Founder

Despite access to antiretroviral drugs, just 22 percent of children with HIV were receiving treatment and close to 190,000 children died in 2013 from HIV infection, their research found. In addition, adolescents were acquiring HIV; the virus was the second-leading cause of death in that age group.

Under Ahmed's leadership, the new program will strengthen the region's efforts to meet benchmarks set by the Joint United Nations Programme on HIV/AIDS, said Mark Kline, M.D., BIPAI founder, physician-in-chief at Texas Children's and chair of Baylor's pediatrics department. According to the benchmarks, by 2020, 90 percent of HIV-infected people should know their status; 90 percent of patients who know their status should be on antiretroviral therapy; and 90 percent of patients on antiretroviral therapy should be viral-suppressed.

Although the Baylor College of Medicine Children's Foundation-Malawi doesn't yet have the \$69.8 million in hand, the foundation already has plans for the money. Expanding access to care for children with life-threatening illnesses is a top priority.

"Until you do that," Kline said, "you can't do anything else with conviction."

Tens of Thousands Saved

BIPAI at Texas Children's, now 20 years old, is committed to expanding HIV care.

The extensive infrastructure for HIV in Africa includes more than 700 physicians, nurses, pharmacists and other health professionals. Some 275,000 African children with HIV are receiving care and treatment through the program, Kline said.

As part of the new grant, BIPAI health professionals are being asked to share their

expertise with other organizations.

"The gratifying thing about this award from USAID is that it is an acknowledgment of the work we have done to deliver high-quality care and treatment to children with HIV and other life-threatening diseases," Kline said. "It is a privilege to be asked to teach these other grantees and to do even more for some of the world's least fortunate children."

BIPAI has long attracted money from a variety of sources. Over the past 15 years, BIPAI has received more than \$300 million, with more than half coming from USAID or the Centers for Disease Control and Prevention.

That, Kline said, has translated into tens of thousands of lives saved.

"The more we can do, the more transformative we can be as an organization," Kline said.
"I always think about how many more children and families can be impacted by work we do.
This one is really neat, and is the first grant where the federal government has said, 'We know you are doing a great job."

Ahmed has witnessed that progress first-hand in Malawi.

"Many of our former pediatric patients are transitioning to adult care with plans to have families of their own," Ahmed said.

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A \$69.8 million grant will help the Baylor College of Medicine Children's Foundation in Malawi fight the spread of pediatric HIV. The foundation's work, however, encompasses a broad range of illnesses and conditions.





A Gentle Giant

Stanley Appel, M.D., Houston Methodist's longtime Department of Neurology chair, continues to champion ALS research and treatment

By Shanley Chien



The office of Stanley Appel, M.D., is decorated with an extensive variety of awards, souvenirs and gifts, including this bobblehead, given to him by his wife and son for his 75th birthday.

hen Stanley Appel, M.D., walks into a room, he greets you with a genial smile and bushy eyebrows. But behind that kindly demeanor is a doctor who has mentored hundreds of residents over a 40-year career, a man who has pushed and challenged young doctors to the limits of their abilities.

After completing his undergraduate education at Harvard, Appel enrolled at Harvard Business School for his MBA. But late one evening in a Beacon Hill bar, he realized he wasn't interested in a business career. Instead, he was driven by an innate curiosity to understand the inner workings of the human brain.

Now a renowned physician-scientist, longtime chair of Houston Methodist Hospital's Department of Neurology and director of the Neurological Institute, Appel, 83, is best known for his work in amyotrophic lateral sclerosis (ALS), Alzheimer's Disease and Parkinson's Disease. He has published 15 books, written hundreds of research articles and cared for thousands of ALS patients through his MDA/ALS Clinic, the first multidisciplinary ALS care center in the country.

"What drives the passion is the sense of hope you instill in people," Appel said. "Anyone who starts working with us in taking care of these patients ... gets sucked in because these people are just incredible. They've taught us all so much. How to live and how to die."

The standard life expectancy of ALS patients ranges from three to five years, according to the Muscular Dystrophy Association, but new technology and treatments are helping patients live longer. Appel recounted stories of ALS patients who camped in national parks and traveled the world. One jazz musician patient continued to write music using only his eyes. That's what Appel called the "brain in solo flight."

"What do you do if it was just your brain and you didn't have to worry about your body because there is nothing there?" he asked. "What would you do to maximize the pleasure to the brain?"

Appel and his team aim to improve their patients' lives and return to them a sense of hope, but Appel gives most of the credit to his patients.

"We feel comfortable that we're giving back," he said, "but we're getting more back from them than we're giving."

Expectation for Excellence

Appel's standard uniform, a white lab coat, is often paired with a bow tie and cowboy boots. The Boston native didn't adopt cowboy footwear to assimilate to Houston, where he moved in 1977. His decision to wear Olsen-Stelzer boots was born of function, not fashion: he needed support for his flat feet.

In Houston, Appel's personal passion for neurology and dedication to patients translated to a rigorous, no-nonsense teaching philosophy that instilled a tenacious curiosity in his residents without sacrificing bedside manner.

"[He] may never find a cure for ALS, but the number of residents he has trained is phenomenal," said Joan Appel, his wife and physician assistant. "Many of them go on to be chairmen and they all come back and love him. Even though he's tough on them when they're here, they appreciate it when they [leave]."

One of Appel's former residents, Ericka Simpson, M.D., considers him a somewhat intimidating "giant of neurology."

"My stories [of him] are of fear and intimidation—not that he was ever malicious," said Simpson, neurology residency program director at the Houston Methodist Stanley H. Appel Department of Neurology, which was recently named in Appel's honor. "Dr. Appel has mellowed over the years, but no matter how he's mellowed, there's always this expectation for excellence. He will push you to that and you want to meet it. I wanted to be pushed. I wanted to be challenged. I wanted to be afraid. ... Nice is good, but there is something about being pushed and challenged and placed in an uncomfortable position because you end up being better."

Simpson studied under Appel from 1996 through 2001 for her residency and fellowship, and continues to be "tied at the hip" to her mentor. They collaborate on trials, co-author papers and co-direct his MDA/ALS Clinic. She attributes his legacy to his ability to lead, inspire and, most of all, relate as a genuine "people person."

"He's able to convey to the family and to the patients in such a gentle way, answer questions with elegance, respect and honesty," Simpson said. "Not only did you see him as a great clinician and teacher, you also saw him with the bedside manner and ability to bring hope and confidence and a sense of security during such a scary time. He was a master of it all. You're just so impressed to see it, but then you also feel very special to be a part of it."

Karen Toennis, the MDA/ALS Clinic coordinator whose late husband was treated by Appel for ALS, recalls Appel's humanity and kindness during an early





Left: Appel in his office. Right: Ericka Simpson, M.D., dumps ice water on Appel at an ALS Ice Bucket Challenge to help raise money and awareness for the cause. Right credit: Photo provided by Houston Methodist

66 What drives the passion is the hope you instill in people. > >

- STANLEY APPEL, M.D.

 $Peggy\ and\ Gary\ Edwards\ Distinguished\ Endowed\ Chair, Houston\ Methodist\ Hospital$

appointment. Her then one-year-old son climbed onto Appel's lap and played with his calculator watch as Appel explained her husband's diagnosis.

"He has the ability—with his knowledge base, his research and being such a great technician—to be a phenomenal clinician in terms of deciphering what's going on and also a compassionate doctor," Toennis said. "With the bedside manner he has with patients, you wouldn't expect it from somebody of his stature."

The Greek Islands

Appel is still engaged in academic pursuits, with piles of research documents awaiting perusal on his cluttered desk.

He is currently collaborating with The University of Texas MD Anderson Cancer Center to research the immune system as a way to modulate the expression of ALS. His team recently extracted damaged regulatory T-cells from patients, modified the cells to restore their protective function and re-infused them to enhance the patient's protective immunity.

"Is it a chance to cure ALS? I doubt it, but we're going to do this like triple therapy has treated AIDS," Appel said. "It doesn't cure AIDS, but [it] changed AIDS from a death sentence to a sentence of live your life and you can live for many, many years with this therapy."

As researchers hunt for a cure for ALS, Appel and his team continue to convert advances in research into therapies for patients.

"We're going to [find a way] before we leave this planet," he said. "We're going to make a difference, in addition to the difference we think we're making now. When any place in the world solves this problem, then Joan and I are off to the Greek islands, either Mykonos or Santorini."



Karen Toennis, MDA/ALS Clinic coordinator, tests an ALS patient's fine motor skills using the Appel Rating Scale during a clinic session.

In Synch: Music Therapy for Tiny Patients

Music calms fragile patients and enhances the bond between siblings in the NICU at Children's Memorial Hermann Hospital

By Shea Connelly



Avery serenades her mother and brother, with the help of music therapist Jennifer Townsend.

Never silent. Monitors beep and chime, respiratory machines whoosh while oxygen flows into developing lungs. Babies cry. For parents of patients who live in the NICU, these noises become a routine part of the hours spent at tiny bedsides. But several times a week at Children's Memorial Hermann Hospital, soft melodies rise above the daily noise as senior music therapist Jennifer Townsend strums her guitar and sings for an infant audience.

On a Wednesday in mid-June, Townsend visits Patrick, an 11-monthold with a thick shock of dark hair. Patrick has been through a lot in his short life. Born at 29 weeks, "much smaller than they thought," his mother said. Patrick arrived at Children's Memorial Hermann Hospital via Memorial Hermann Life Flight just three days after birth.

"He was very sick, intubated for a couple of months, and then had a surgery that changed the course for him," said Alissa Meyers, his mother. "He

started improving, but 11 months later we're still here."

From an early age, Patrick showed an affinity for music. When he cried, nurses streamed lullabies for him on their phones, and he calmed down. Before beginning his own

66 I would hold him, and as soon as she would start playing and singing, his head would just whip around and he would watch.

ALISSA MEYERSPatrick's Mother

We start with just voice, and then we add layers onto that to determine how much they can tolerate stimulation-wise. ... Can they even put their foot up against my guitar and get that tactile sensation?

- JENNIFER TOWNSEND

Senior Music Therapist at Children's Memorial Hermann Hospital

appointments with Townsend in February, Patrick's first exposure to Memorial Hermann's music therapy program was accidental, through one of the other babies in the NICU.

"Jen would come in and play for one of his little neighbors," Meyers said.
"I would hold him, and as soon as she would start playing and singing, his head would just whip around and he would watch. So every time she came in, we got music therapy, too."

Music therapy for infants occupies the intersection of right brain and left brain, art and science. It involves much more than selecting songs at random. Townsend gets to know each of her patients intimately, learning their likes and dislikes in terms of song genres and playing styles. She helps her patients achieve goals that doctors have set for them.

"I've seen Patrick enough times that I just know about 120 beats per minute is where I need to play so that his respiratory rate is around the 16 mark, which is what the doctors have decided is the optimal rate," Townsend said. "He responds better to finger picking."

Much of Townsend's work is based on entrainment—helping babies and older children synchronize with the music, emotionally and physiologically. Townsend likens it to listening to music while exercising: a favorite song starts playing and you begin running to the beat.

"We start with just voice, and then we add layers onto that to determine how much they can tolerate stimulation-wise," she said. "We also assess from a vibrational standpoint. How close can I be to the baby? Can I put my guitar on the bed and they feel the vibrations through that? Can they even put their foot up against my guitar and get that tactile sensation?"

After months of working with Patrick, Townsend now knows what songs he responds to and what style of playing he prefers. She has also discovered an unexpected ally in Patrick's music therapy treatment: his six-year-old sister, Avery.

Avery, a regular visitor to the NICU, is a ball of energy. She bounces around the room, alternately chatting and singing. And more than anything, she loves Patrick, who she calls "my cheeky little brother."

"She's been wanting a baby brother or sister for so long," Meyers said. "For us to have one but not to be able to have him at home has been very challenging for us all, but her especially."

Seeing Avery's love for Patrick, often demonstrated by smothering him in kisses and singing to him, Townsend pulled her into Patrick's therapy.

Avery would strum Townsend's guitar and they would sing together, which evolved into creating original songs for Patrick.

"We had a few sessions with Patrick where she would fill in the blanks of songs about him and different things like that, and that started to get her to organize her thoughts around him,"

Townsend said.

Those sessions developed into a plan between Townsend and Meyers. As a surprise gift for Avery on her sixth birthday, they presented her with her very own ukulele from Patrick, complete with his footprint.

Avery's smile said it all as she unwrapped the instrument, a book to teach her how to play and her very own tuner, just like Townsend's.

"I never knew I could get a tuner like Miss Jen has, and I finally have one," Avery said. "I never knew I could play the guitar, but when Miss Jen brought it up it made me really happy."

As Avery marveled over her presents, her mother looked on, smiling, Patrick sleeping in her arms. With her son unable to leave the hospital for the past year and her vibrant kindergartner growing into a first grader at home, the balance for Meyers has been difficult. What hasn't been difficult is fostering a





Music therapist Jennifer Townsend (left) gave Avery a ukulele featuring Patrick's tiny footprint.

bond between the siblings, which grew naturally from the start.

"The two of them are so in tune to each other," Meyers said. "Usually when she's here, he just looks at her adoringly."

Townsend has also noticed how both children perk up when they're together.

"He definitely responds to her,"
Townsend said, "and I think one of the things the music does for Avery is it gives her something to be in control of when she's not allowed to touch him and she's not allowed to be near him because he's having a really hard time."

For now, as doctors work to help Patrick grow stronger, Avery will continue writing songs for her brother and strumming along on her special gift.

"I hope Patrick will feel happy with what he got for me because I love it, and I hope that I can always remember his foot on the guitar," Avery said, smiling at the purple footprint.

Meyers hopes Avery, who first sang to Patrick while he was in utero, will continue to be inspired by Townsend and music therapy.

"I think they are going to be very close, and if she continues playing and learning, it will become something they can do together," Meyers said. "And we can get him his own ukulele when he's older."



TMC SPOTLIGHT



MICHAEL COVERT, PRESIDENT AND CEO OF CHI ST. LUKE'S HEALTH, SPEAKS WITH WILLIAM F. McKEON,

EXECUTIVE VICE PRESIDENT AND CHIEF STRATEGY AND OPERATING OFFICER OF THE TEXAS MEDICAL CENTER,

ABOUT THE FUTURE OF HEALTH CARE IN TEXAS, ACHIEVING WORK-LIFE BALANCE AND STAYING TRUE

TO YOUR ROOTS.

Q | What led you to a career in health care?

A | As a young child in the early '50s, I took care of my father when he had polio. This activity had a real impact on my life. Around the age of five or six, my brother and I would get on a bus with our dime each and go all the way down to the hospital. We weren't allowed in the building as the communal settings were off limits to children. My father

would wave to us from the hospital window, and then I would take my brother home. I was young and wanted to play afterwards, but my mother had to work. My job was to feed and bathe my brother, and eventually my father when he returned home. Due to these responsibilities, I learned to grow up very quickly. That early exposure to hospitals was an interesting point in time for me and has stayed with me for

a good portion of my life.

When it came time to look at graduate schools, I'd already earned an undergraduate degree in business with another major in industrial psychology. I remember my father putting his arm around me and saying, 'How do you intend to feed yourself?' I said, 'Dad, good point!' At the time, my brother went on to pursue his medical degree, but I couldn't afford it. I was working

two jobs to support myself. I worked in the hospital as an orderly during the day and at the post office in the evenings while attending school the rest of the time.

In 1969, I was first introduced to health care administration by the medical director at Montefiore Hospital in New York. He said, 'Have you ever thought about this field called hospital administration?' At the time, I didn't

know what he was talking about. He continued by saying, 'Well, you like health care. You've had an interest in the business side. You might want to look into it to see if you like it or not.'

So, I looked it up in the government's occupational index and there were only seven or eight graduate programs in the United States and Canada. One of those was Washington University in St. Louis, where I'd actually gone to undergraduate school. I had been influenced by the dean at the time. His name was Carl Hill and he had come from Dartmouth. He said, 'Michael, it's an interesting field and we've not had any of our undergraduate students ever go to the graduate program in health care administration. You'd be the first and I'd love to serve as a reference for you.'

By that point, I had worked in a small hospital back in New York. I worked for a nun, and I still remember her name—Sister Mary Joseph Crowley. I used to refer to her as a triple threat because she had come out of the army, had been an OR nurse and was a nun. She was a very unique individual and really influenced my career. I got into the program and stayed at Wash U. As I was finishing up in 1971, a classmate and I came down to the Texas Medical Center to complete our fellowships. We were at Methodist Hospital and we both had opportunities to stay after it was over, but I chose to go to a different location. My classmate Larry Mathis [now retired CEO of Methodist] stayed. What makes this story even more interesting is that I went to Tulsa, Oklahoma, to work at Hillcrest Medical Center. I shared a suite with another strong, up-and-coming administrator. His name was Dan Wilford [now retired CEO of Memorial Hermann]. We were together for the next 10 years. Those are the pieces that got me started in my career.

I was then offered a job down the street from Hillcrest Medical Center at St. John Medical Center. The idea of Catholic health was interesting, but I didn't think it was right to move to a competitor just down the street. The Mother Superior indicated that she was going to be stepping down and taking over as the leader for a hospital in Wichita called St. Francis. She asked if I would care to come work for her. Within 30 days, I joined her in Wichita and stayed for a number of years. Today, it's called Via Christi Health System, but we had not combined all the Catholic hospitals at that point. From there, I was recruited to the Ohio State University hospital system and then ran an insurance company, which later became part of Cigna and New York Life. It gave me a different experience on the 'other side of the street.' I ultimately left, as I was interested in being back in the not-forprofit world. I didn't like the fact that in our board meetings we only talked about stock values. We never really talked about the patients and families for whom we provided care. I was actually asked to help sell that company because the physicians, who were the investors, thought that was a little too volatile for them. We made them \$37.5 million for their \$15,000 investments, each.

After the sale, I took over the health department in Wichita-quite an extreme from what I'd been doing. I then went on to Florida and then to Washington Hospital Center in D.C. I was running the Hospital Center in D.C. on 9/11. After D.C., I was recruited out to California and now here to Houston.

Q How much have these past experiences shaped your strategy for CHI St. Luke's Health?

A | Well, if you think about it, my experiences have allowed me to deal with many different groups, between the religious, academic and community settings, working for physicians, and so on. Part of my goal is to find a common platform to give all our physicians an opportunity, a place to stand. We still have a number in private practice, and we have those that are in the large, multi-specialty group setting like the Kelsey-Seybold clinics or are faculty at Baylor College of Medicine. My experiences in California relate very much to the experiences with a group like Kelsey-Seybold or a group like St. Luke's Medical Group—whether it was D.C., Florida or California, we started our own primary care and specialty groups to operate in a different managed care environment. Living in the public setting, as I did in Florida and California, prepared me

66 For us at CHI St. Luke's, we are trying to see the big picture and capture the most efficient and effective way to deliver health care. If we do it right, there's something magical about it. If we don't do it right, then we have wasted an opportunity. 9 9

for a situation in which everyone and their brother was watching what we did. Keep in mind, I worked for boards that had publicly elected members. In many ways, it's prepared me for many of the challenges we could see in this particular setting, which is essentially a combination of all of the places I have been to date.

Q You have a unique role at Catholic Health Initiatives (CHI) as CEO of CHI St. Luke's Health here in Houston, but also as senior vice president of operations for CHI in Denver. How do you balance the responsibilities?

A I spend a lot of time on the road visiting our hospitals across Southeast Texas and our national office in Denver. When I became CEO in 2014, our system consisted of six hospitals. Also during this time, the new joint venture between Baylor College of Medicine and CHI St. Luke's Health was officially announced. In a year and a half, this organization has markedly changed. Today, we're at 17 hospitals. It's a \$2.5 billion business with about 15,000 employees and eight community emergency centers. In regions outside Texas, CHI has typically grown from areas in which ministries were already established by various orders of nuns. Here in Texas, we didn't have that, as we now do today with the addition of CHI St. Joseph Health in Bryan/ College Station.

We're putting together a strategic plan that has some lofty goals. As we determine how to effectively fulfill our mission, we must address several factors. Number one, how quickly can we connect with CHI to take advantage of size and scale (finance, IT and HR capabilities). Two, how do we improve our operational performance so that we are competitive in the marketplace and get paid in the future? Third, how do we create a level of system-ness in a short period of time? I'm talking about

everything from day-to-day operations to living our mission to relationships with physicians. Finally, how do we accomplish this in a way that allows us to continue to grow and to learn to be nimble? How do we do it in a way that creates, for lack of a better term, a better continuum of care for the people we serve?

Now, let's say we did all those things and we're doing them well. We still need to talk about the future to figure out what kind of strong regional system we want to create. There are certain key attributes that other health systems are embracing and implementing well throughout the Texas Medical Center. Institutions have learned to create a closed economy and develop relationships with their physicians. Physicians are seen as partners and are valued. Payment is based on growth and outcomes of performance. They bring people into the system and create a culture of inclusion that causes these individuals to want to trust their organization for care.

While there will always be a place for multi-complex care within the hospital setting, our other focus must be to emphasize an ambulatory relationship, as this is how we'll be paid in the future. Today, in this community, palliative care is provided on an inpatient basis. However, if you were in California, where I come from, that's gone away. This service is no longer provided within the hospital. How do we become consistent in how we care for people? It's important to eliminate clinical variation, allowing us to have better outcomes. If we do that well and put the right infrastructure in place to become more efficient, it will allow us to compete in the marketplace and grow.

continued on the next page



What do you see as the biggest challenge in moving from a fee-for-service structure toward evidence-based care?

A I think one of the things we have to do that hasn't been done, is create better connectivity and use of information and data. Our doctors have always been excellent practitioners—we have worldclass people—but if you're not able to provide them with information so they can see how to improve outcomes of care for patients and make things more efficient, then the challenges will remain and the care we provide will be very episodic.

One of the exciting things about my role here in the Texas Medical Center is looking at how we can use technology in the future. I've created a technology and innovation officer position, something a little different than most organizations. The challenge for us is how do we get to that one source of truth—clean information—that's available to our physicians and practitioners in a timely way, so they can use it in the care of our patients; not just in the hospital but in their total care. If we can do that, then we're in a better position to work with providers and payers.

As I mentioned, we have a very detailed strategic plan to help us accomplish our vision in Texas. It says we want to cover a million lives beyond where we're at today. And that means we're going to need at least 1,000 primary care and extender providers available to us. We're also going to need at

least 100 ambulatory settings to enable increased ease of access for people into our system. Then we're going to have to operate in a way where we could focus more on direct-to-employer contracting than currently exists. We want to have 100 of those types of contracts in the future. And, as Sister Mary Joseph used to say, 'In order to do good, we better do well, or we won't be around to do very much good!' This is what makes it one of our top priorities, and we have to do it in 1,000 days.

Q I know it's often not asked enough, but how does one strike a work-life balance, or is there such a thing when you've taken on an audacious plan like this?

A If I'm being really honest, then I'll tell you that I've not done as good of a job as I need to. I'll use a real-life example. I've been here now for almost two years, and I keep traveling back and forth to California because I have a son who is 18 years old. For the last two years of his life in high school, I've been here during a time that would have been beneficial for me to be there. Now, he's doing very well because he has a mother who has done a tremendous job of sometimes having to serve as a mother and father when I'm not there. Obviously I'm very proud of him and where he's coming to at this point as he heads off to college, but I would have liked to have been there more to shoulder the burden. My wife is a very special person!

66 One of the exciting things about my role here in the Texas Medical Center is looking at how we can use technology in the future. 99

What do you enjoy most about your role at CHI St. Luke's?

A It's great. First of all, it sounds like I'm selling something when I talk to candidates who come here. We have an opportunity to create a regional system that has not existed. There are many different pieces to this system that make us truly unique if we can learn to pull them together effectively. At a time when health care is dramatically changing, not just in Texas but nationally, we're taking a place that has had no history and culture as a system and developing a structure from the ground up. That doesn't mean that each piece has not had a history or culture. However, if we can pull together the resources of CHI, the legacy of our current hospitals and our partnerships with Baylor College of Medicine and Texas Heart Institute, then we will have created a system that didn't even exist here in the past. By doing this, it allows us to extend our healing ministry to many more people. Being a part of CHI is important—size and scale matter. There's a definitive reason why CHI moved into the Texas market. It had much to do with the extension of the ministry of the organization and the capability for growth in health care within the state. Texas is where it's happening. And for me, returning 46 years later to the heart of the Texas Medical Center at a time when it is truly leading edge is a tremendous opportunity.

I've always wondered why we haven't done more in terms of innovation and development in a location where you have all the academics, as well as great physicians and universities. In addition to providing world-class care for patients, we should also be the mecca in terms of innovation and technology system development. You don't see this any place else in the United

States. We're neighbors with such fine institutions as Methodist, Memorial Hermann, MD Anderson and Texas Children's Hospital, which present great opportunities for partnerships to fulfill our mission of building healthier communities. For us at CHI St. Luke's, we are trying to see the big picture and capture the most efficient and effective way to deliver health care. If we do it right, there's something magical about it. If we don't do it right, then we have wasted an opportunity. That's my take, and I share that when people come to Houston and come to work at CHI St. Luke's.

Q Any last thoughts?

A We have a lot of capacity to grow in this market. CHI St. Luke's will be here for many years to come. It will have a larger position and influence in the state of Texas. And being able to share our healing ministry is something that is important to me, personally, but it's important to everyone who works here, too. I'll leave you with one quote that was given to me by my father, who really influenced me. I had come home from Tulsa, been in the newspaper for something, and sent him a clipping with my picture. It was Thanksgiving and I came back home and said, 'So Dad, did you see it? What do you think?' He said, 'I'll see you on the porch. Wait for me there.' So, he got his cane, came over, and sat down. I said, 'So what do you think?' He looked at me without batting an eye and said, 'Don't you ever believe in your press clippings, young man. And you better always remember where you came from in life, because if you do, life will be good. But if not, you're going to have a very hard time. Now, go take out the garbage.'



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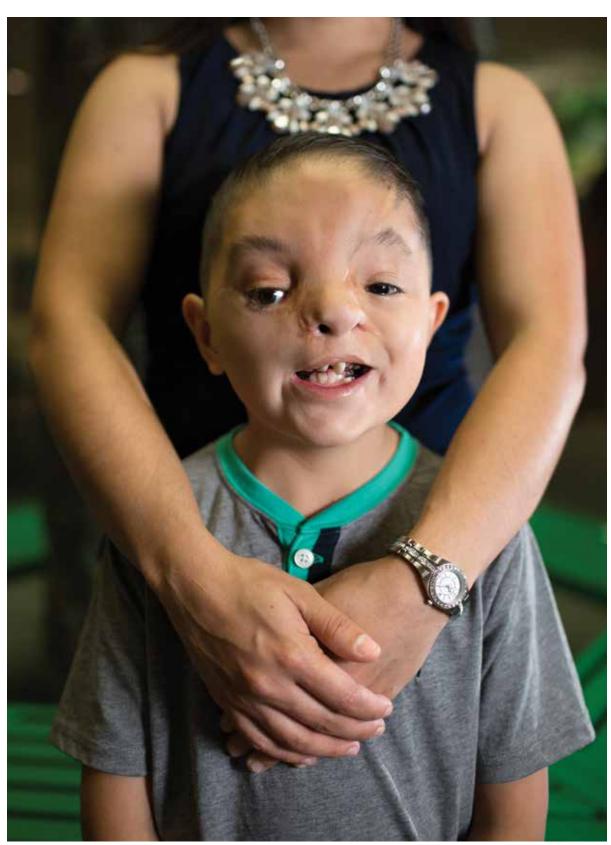




Face to Face

Ten-year-old Reyli Hernandez was born with a severe craniofacial deformity. With help from doctors at Children's Memorial Hermann Hospital, he has a new reason to smile.

By Shanley Chien



Reyli Hernandez was born with an extreme case of cleft lip and palate.

hen Marissa Rodriguez of McAllen, Texas, became pregnant with her third child, she and husband Alfredo Hernandez were thrilled to learn they would be welcoming their first baby boy.

But during a routine pregnancy checkup at seven months, doctors delivered unexpected and jarring news: Their baby would be born with severe craniofacial deformities.

"I went into depression," Rodriguez said. "It was hard [because] nobody expects it. I prayed the day I delivered, hoping that it was not going to be true, that it was a mistake, but no."

On May 25, 2006, Marissa gave birth to Reyli. He weighed 7 lbs., 11 oz. and had a gaping hole in the center of his face. The clefts in his face—extreme gaps in the soft tissue and bone—left him unable to close his mouth and right eye.

"It seemed like his eyeball was practically popping out from the opening," Rodriguez said.

Approximately 2,650 babies are born with a cleft palate and 4,440 with a cleft lip each year in the country, according to the U.S. Centers for Disease Control and Prevention. Reyli was diagnosed with Tessier clefts, named for French plastic surgeon Paul Tessier, M.D., whose seminal work in craniofacial surgery was published in 1976. Tessier facial clefts are more severe clefts that can affect the mouth, cheeks, eyes, ears and forehead. They are classified on a scale of 0 to 14, based on the location and extent of the cleft. Reyli's clefts, types 3 and 4 on the Tessier scale, are extremely rare.

It is unclear what causes craniofacial defects during a baby's embryological development, but research suggests that genetics and environmental factors may play a part.

Like some babies born with craniofacial abnormalities, Reyli also suffered from hydrocephalus and underwent surgery to ease the pressure in his brain when he was just one week old. Doctors placed a shunt into a ventricle of his brain to drain excess fluid.

"It was tough knowing there was a [challenging] road ahead being back and forth with doctors," Rodgriguez said. "I knew that he was going to have many surgeries."

Reyli has undergone several surgeries to address his various defects, but his most extensive surgery was performed in Oct. 2015 by the pediatric surgical team at Children's Memorial Hermann Hospital. It came about thanks to a generous donation made by retired Houston Texans Center Chris Myers and his wife, Jenny, through the Dreambuilders Foundation.

"Knowing what we went through every single day but seeing families that have to deal with unfortunate things like what Reyli's going through ... puts life in perspective," said Chris Myers, whose 4-year-old son, Keane, was born with a cleft lip and palate and treated at Children's Memorial Hermann.

Reyli is "such a special little boy," Jenny Myers said. "He's gone through so much in his life, and he's so positive. To alleviate some of the pressure off his mom, [who is] working and has to take off to bring him here, and to be able to help him ... is really rewarding and feels good."

The day before Reyli's surgery, his parents drove six hours from McAllen and spent the night with him at Ronald McDonald House Houston. They arrived at Children's Memorial Hermann at 5:30 a.m. Oct. 20 to prepare Reyli for an extensive surgery that would reshape and reconstruct his entire face.

The surgery was led by Matthew Greives, M.D., UTHealth craniofacial and pediatric plastic surgeon at Children's Memorial Hermann, and other members of the Texas Cleft and Craniofacial Team—including Manish Shah, M.D., UTHealth pediatric neurosurgeon at Children's Memorial Hermann and the Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center; and Jaime Gateno D.D.S., M.D., chairman of the department of oral surgery at Houston Methodist Hospital.

"For the previous and future surgeries, I like to think of it as painting the house and changing the furniture out," Greives said. "They're superficial things, mostly related to the skin and muscle of his face. But what we did for our facial bipartition surgery is really moving walls, changing the foundation and restructuring the entire bone of the skull. Then we go back and do all the soft tissue on top of that later."

To prepare for the operation, Greives and his team created an anatomically accurate 3-D-printed skull based on Reyli's X-ray computed tomography scans. The advanced mapping software and 3-D printing technology helped doctors visualize the spatial relationships of the skeletal parts of the nose, eyes and mouth even before entering the operating room.

"It's a really difficult surgery, but having these [3-D-printed] guides is what makes it very cookie cutter, so [we] can do all the hard work beforehand," Greives said

During the surgery, Greives and his team were able to bring Reyli's eyes closer together, widen his palate, reconstruct his nose and repair the defect in his skull. The surgery took eight hours.

"It's very difficult to disconnect [emotionally] because you're literally looking [the patient] in the face the entire time, but you're seeing that effective change," Greives said. "As I move the bones on the table, I see [Reyli's] face change. As we move his jaw forward or move his skull around, I can actually see the physical change happening right in front of me in how close we can come to that ideal we're striving for, [and] I can see in his eyes that he looks different than he did before, which is really unbelievably powerful."

After the surgery, Reyli's head was wrapped in bandages and his eyelid stitched shut to protect his eyeball. He stayed in intensive care for two days and continued his recovery in the hospital for another



Former Texans Center Chris Myers and his wife, Jenny, hold their son, Keane, who was born with a cleft lip and palate. Through the Dreambuilders Foundation charity, their donation to the pediatric plastic surgery team at Children's Memorial Hermann Hospital helped Reyli receive the surgical treatment he needed.

week. Since then, Reyli has made a full recovery and regained some normalcy in his life.

"It's one of those things that takes a village, and Reyli's story is really a testament to that," Greives said.

"We have the capability through Dr. Greives to take care of the most complex patients, even if they're older children, to be able to fix these deformities," Shah added. "I'm proud to be part of a center that can do the entire range, so that we do the right thing for the right patient at the right age."

Reyli, now 10, recently underwent oral surgery. When he is 18 and his bones have matured, he will need additional surgeries to reconstruct his nose and jaw and improve the shape and position of his eyeball. When asked if he felt anxious about these upcoming surgeries, Reyli said sanguinely, "No, because I'm happy."

At school, his favorite subjects are math, reading and science. He also enjoys practicing the drums, piano and guitar during music classes at Bible school.

Reyli even knows what he wants to be when he grows up.

With equal parts excitement and unwavering conviction, he said, "A doctor!"



— MATTHEW GREIVES, M.D. UTHealth Craniofacial and Pediatric Plastic Surgeon at Children's Memorial Hermann Hospital





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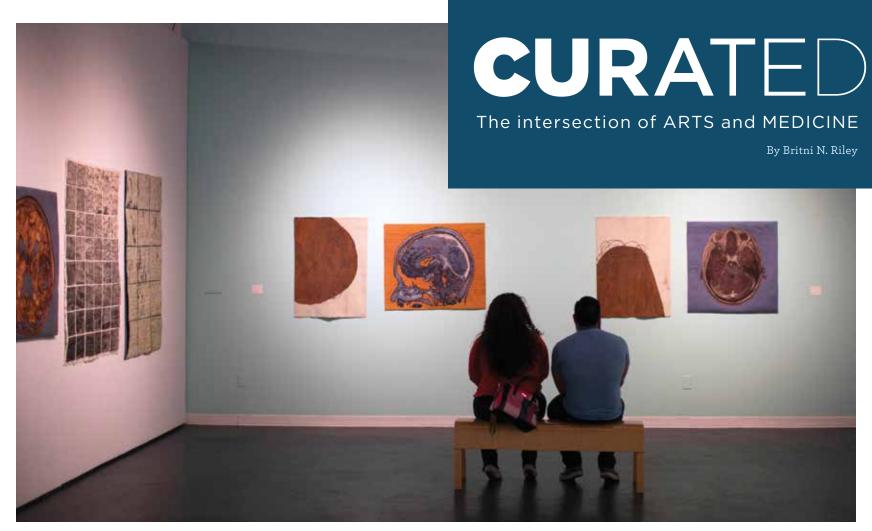
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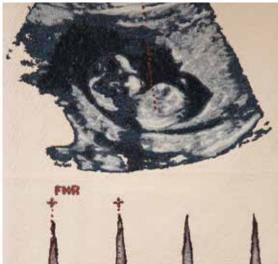
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 $\label{lem:paula Chung and Karen Rips stand at their exhibit at the Houston Center for Contemporary Craft, 4848 \, Main \, St.; \\ 713-529-4848 \, or \, crafthouston.org.$

The body has always been a subject of exploration for artists. But interior images of the body—the sorts of pictures that are routine to health care professionals—also offer possibilities for artistic expression.

This summer, the Houston Center for Contemporary Craft features "A View Within," an exhibition of textiles inspired by diagnostic images, on display through Sept. 3. The pieces were created by Karen Rips of Thousand Oaks, California and Paula Chung of Zephyr Cove, Nevada. Rips is a retired neonatal nurse, and both artists have spent decades quilting. Their fiber art pieces are based on MRIs, body scans, X-Rays, ultrasounds and sonograms.

"I was at the home of one of my dear friends, and I saw an MRI on her kitchen counter," Chung said. "It was just so beautiful and striking, and I thought, I need to create something with that. And I was able to convince Karen to work with me."

The artists use a variety of different textiles in their work. Rips makes her pieces from cotton and Chung uses layers of hand-dyed silk to coax her images to life.

"I think that as human beings we all experience our own health, and we can share those stories, and it is important to provide a platform or forum for those discussions," said Kathryn Hall, curator of the Houston Center for Contemporary Craft. "We wanted the exhibit to present all different aspects of the body."













 $Row\ one: A\ rodeo\ clown\ looks\ on\ at\ the\ Leukemia\ Cup\ Regatta\ from\ the\ spectator\ boat; sailing\ teams\ compete\ for\ two\ days\ in\ Galveston\ Bay.$ Row two: Cheryl Thomas, director of the Leukemia Cup Regatta, holds the trophy created in memory of her sister, Claudia Sparks Cannon; tiles painted by patients at Texas Children's $Hospital\ are\ given\ as\ trophies\ to\ individuals\ for\ their\ fundraising\ efforts;\ Brenda\ Cheney,\ a\ Hodgkin's\ Lymphoma\ survivor,\ has\ worked\ for\ nearly\ a\ decade\ on\ the\ regatta.$ $Row\ three: Crew\ Cones\ and\ his\ dad\ walk\ to\ the\ spectator\ boat\ to\ watch\ the\ regatta.$

Let's Set Sail

The 18th Annual Leukemia Cup Regatta in Galveston Bay aims to increase awareness and funding for the research of blood cancers

BY BRITNI N. RILEY



Fifty-five teams participated in the Houston Yacht Club's 18th Annual Leukemia Cup Regatta.

When Brenda Cheney was diagnosed with stage two Hodgkin's-lymphoma, two large tumors had already grown in her chest cavity.

"One was the size of a grapefruit and one was the size of a softball," said Cheney, a 20-year survivor of the disease. "I feel so blessed to have been treated at MD Anderson and to be alive today, and that is why I give back as much as I can."

One way Cheney gives back is through the Leukemia Cup Regatta, which began nearly 30 years ago at the Pine Harbor Yacht Club in Birmingham, Alabama, and has since grown into an annual fundraising event at yacht clubs around the country.

Cheney has been involved with the regatta for the past nine years and has raised more than \$130,000 for the Leukemia and Lymphoma Society through "Sip and Sail for a Cure." She sits on the society's board of trustees.

Jim and Allison Orchid started the Houston Leukemia Cup Regatta

at the Houston Yacht Club in 1998, in memory of Jim's brother who died from leukemia at the age of 17.

This year's regatta, which ran from June 24 to 26, drew 55 teams to Galveston Bay. Sailors of all ages, backgrounds and experiences participated.

Cheryl Thomas, a lifelong sailing enthusiast and former Lady
Commodore of the Houston Yacht
Club, has been in charge of the annual regatta for the past 15 years.

"My sister, Claudia Sparks Cannon, died of lymphoma 20 years ago, and my family and I have been involved with the Leukemia and Lymphoma Society ever since," said Thomas, who sits on the society's board of trustees. "Sailing has always been a family tradition for us so the Leukemia Cup Regatta has been a great way for us to honor Claudia's memory."

The University of Texas Sailing Club traveled from Austin to be part of the regatta, bringing seasoned and new members. "This was our first time sailing in the regatta, but we plan on making it an annual event because it is a great opportunity for our club to get people out on the water, learn how to sail and raise money for a great cause," said Chris Jansson, UT Sailing Club Commodore.

As the sailors raced throughout the weekend, the Leukemia and Lymphoma Society invited local patients who are currently being treated for blood cancers at The University of Texas MD Anderson Cancer Center and Texas Children's Hospital to watch the races from a spectator boat provided by Kirby Marina. Passengers were entertained by rodeo clowns.

Erin Cones and her family were invited because her son, Crew, is battling leukemia and receiving treatment at Texas Children's.

"Crew was diagnosed with leukemia one year ago, and at that time I didn't even know exactly what leukemia was," Cones said. "Since that day, my family and I and our friends have become incredibly involved with the Leukemia and Lymphoma Society in the hope that they can fund research that will cure all types of blood cancers."

The society provides resources for patients undergoing treatment and has a research program that helps translate research findings into meaningful health outcomes, said Helen Heslop, M.D., principal investigator for a Leukemia and Lymphoma Society Specialized Center of Research (SCOR) award on immunotherapy of hematologic malignancies, and Director of the Center for Cell and Gene Therapy at Baylor College of Medicine,

Houston Methodist Hospital and Texas Children's Hospital.

Currently, 1.13 million people in the United States are living with or are in remission from a blood cancer, according to the Leukemia and Lymphoma Society. Leukemia and myeloma grow within the bone marrow and can interfere with the production of normal white blood cells, red blood cells and platelets. Failure to produce normal blood cells can cause frequent infections, anemia and easy bruising. Lymphomas, which most typically appear as an enlargement of the lymph nodes, can also interfere with the body's ability to fight infections.

"I think it is so important that we as parents follow our intuition and request testing when things do not seem right with our children," Cones said. "I am so thankful that I did request blood testing for my son and that he is now in maintenance. I hope that the work the Leukemia and Lymphoma Society is doing allows doctors to do their jobs to the fullest and have access to the best tools and information possible."

The Leukemia Cup Regattas around the country have raised more than \$50 million to benefit the Leukemia and Lymphoma Society. The local regatta has raised nearly \$3 million over the past 18 years that has gone to the society's Texas Gulf Coast Chapter.

The funding received by Heslop and her research team has allowed them to work on developing new immune therapies for patients.

Targeted immune therapies minimize the amount of toxicity to which patients are exposed.

"Sailing is in my blood and it is a family tradition for me," Thomas said, "but I am so proud that through efforts like the Leukemia Cup Regatta, researchers have been able to create targeting drugs that could have saved my sister's life."

Crew was diagnosed with leukemia one year ago... my family and I and our friends have become incredibly involved with the Leukemia and Lymphoma Society in the hope that they can fund research that will cure all types of blood cancers.

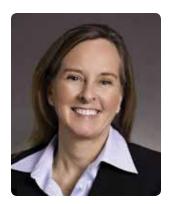
— ERIN CONES

Mother of Crew

ACCOLADES



AVNI CIRPILI, R.N., DNP, NEA-BC, has been appointed senior vice president and chief nursing officer of The Menninger Clinic. With nearly 30 years of psychiatric nursing experience, Cirpili most recently served as chief nursing officer at Vanderbilt Psychiatric Hospital, an 88-bed facility in the Vanderbilt University Medical Center in Nashville. Cirpili received a doctorate in nursing from Vanderbilt University, a master's degree in nursing from the University of Michigan and a bachelor of science degree in nursing from Russell Sage College.



LORI HULL-GROMMESH, DNP, APRN, ACNP-BC, CCRN, NEA-BC, Texas Gulf Coast Graduate Nurse Education (GNE) Demonstration project at Memorial Hermann-Texas Medical Center, has been awarded the 2016 State Award for Excellence by The American Association of Nurse Practitioners, bestowed annually to only one nurse practitioner in each state. As the director of the GNE Demonstration project for Memorial Hermann, she has been instrumental in helping the program graduate 1,159 advanced practice registered nurses, increase enrollment in the program 180 percent over its baseline goal and guide collaboration objectives with nursing schools.



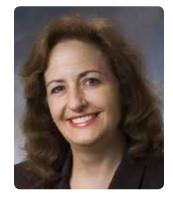
C. EDWARD COFFEY, M.D., president and CEO of The Menninger Clinic, was awarded the 2016 Gary J. Tucker Award for Lifetime Achievement in Neuropsychiatry during the American Neuropsychiatric Association (ANPA) annual meeting. The highest honor awarded by ANPA, the Gary J. Tucker Award recognizes individuals who demonstrate lifelong achievement in neuropsychiatry and years of service to ANPA. Coffey, who joined Menninger in 2014, led the development and implementation of the "Perfect Depression Care" model in his previous role as vice president of the Henry Ford Health System in Detroit, which lowered the hospital's suicide rate to unprecedented levels.



GLORIMAR MEDINA-RIVERA, M.D., assistant professor of anesthesiology at The University of Texas Health Science Center at Houston (UTHealth), has been appointed by the Harris Health Board of Managers to continue her role as medical director of the Ambulatory Surgery Center (ASC) at LBJ General Hospital. In this expanded role, she will serve as chief spokesperson and enunciator of policy for the medical staff, develop policies and procedures for safe and effective conduct of business and initiate quality improvement, risk management and peer review standards.



MAURO FERRARI, PH.D., president and CEO of the Houston Methodist Research Institute, has been chosen to be one of only two 2016 foreign fellows by Italy's National Academy of Sciences. As the leader of the Houston Methodist Research Institute, Ferrari oversees all research and education programs. He has published more than 350 research papers and books and is the inventor of 30 issued patents in the United States and Europe. From 2003-2005, Ferrari served as a special expert on nanotechnology at the National Cancer Institute.



CARMEN MIKHAIL, PH.D., associate professor in the Departments of Pediatrics and Menninger Psychiatry and Behavioral Science at Baylor College of Medicine, has recently published an e-book titled, "Lose it Now: Easy Tips for Permanent Weight Loss," in which she provides tips based on her clinical experience, as well as scientific studies. Mikhail, whose clinical and research interests are in cognitive-behavioral treatment for pediatric obesity, runs a weight-loss lifestyle change program called "A Weigh of Life" at Texas Children's Hospital.



CARINE M. FEYTEN, PH.D., chancellor and president of Texas Woman's University, has received the 2016 Chief Executive HR Champion Award from the College and University Professional Association for Human Resources. This is the nation's top award recognizing university leaders for their support of human resources. Feyten oversees TWU, the nation's largest university primarily for women, and is an internationally recognized consultant, speaker and scholar in the field of language learning, teaching methodologies and the integration of technology in education.



JAMES MUSSER, M.D., PH.D., chair of the Department of Pathology and Genomic Medicine at Houston Methodist Hospital, was recently ranked No. 20 in the inaugural Top 100 Power List by UK journal The Pathologist. Musser, along with Professors of Pathology and Genomic Medicine, Philip Cagle, M.D., and Suzanne Powell, M.D., is on the list. This list recognizes individuals with exceptional achievements who have had an impact on pathology. Nominations were solicited from journal readers, and an independent broad-based judging panel of eminent lab professionals selected the top 100.

Cancer's Common Ground

The launch of the nation's first-ever cancer database will help doctors and researchers share information and learn from one another

By Shanley Chien

Vice President Joe Biden took the stage in June at the American Society of Clinical Oncology's annual conference in Chicago to announce the unveiling of the nation's first-ever open-access cancer database.

Besides being a massive hub of storage, the Genomic Data Commons (GDC) offers a platform for doctors and researchers to analyze and share genomic and clinical data from a large pool of patients.

"What's special and different about the GDC is we're opening up all the software tools and analysis tools to any researcher, any hospital, whoever wants to contribute genomic data from patients with cancer and clinical data," said Louis M. Staudt, M.D., Ph.D., director of the National Cancer Institute's Center for Cancer Genomics, who oversaw the development of the database. "In time, the idea would be the explanatory power of the data: The GDC would grow and we would be able to identify subtypes of cancer that have interesting genetic abnormalities that might suggest treatment."

As part of the National Cancer Moonshot—an initiative led by Biden to end cancer—the GDC gathers information from various programs supported by the National Cancer Institute, including The Cancer Genome Atlas; Therapeutically Applicable Research to Generate Effective Treatments (TARGET), a group that studies molecular changes that drive childhood cancers; and Foundation Medicine, Inc., a molecular information company that generates genomic profiles of cancer patients.

Researchers can contribute data to the GDC with a six-month period

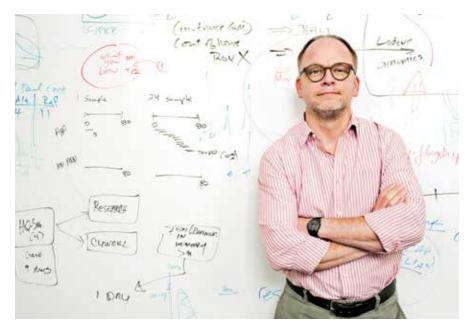
of exclusivity, during which time they are able to compare their patients' data to the rest of the information in the database, Staudt said. After that, they are required to make their information available to qualified researchers, who submit research proposals to access the information.

"There's a nice opportunity here to begin to standardize across entities and efforts that will hopefully allow us to do the more broad-sweeping and more confident comparisons across institutions and tumor types," said Andrew Futreal, Ph.D., professor of genomics at The University of Texas MD Anderson Cancer Center. "I think that, from a TMC perspective, if there's a common pipeline that is available, particularly for cancer analysis ... then we have the opportunity to avail both small and large operations of more common architectures and infrastructures because the code they'll use and the pipeline they can use through the GDC can be replicated in places where they have the horsepower to do it."

As co-leader of MD Anderson's Moon Shots Program, Futreal has helped develop platforms for genomics and Big Data, including the Translational Research Accelerator. Similar to the GDC, the accelerator contains approximately 250,000 active MD Anderson patients and 20,000 sets of genomic, immune profiling and protein data.

MD Anderson President Ronald DePinho, M.D., said he appreciates a database with a breadth of information, rather than a "baseball card worth of clinical stats."

"The national GDC is a strong step in the right direction," DePinho



Andrew Futreal, Ph.D., is a professor of genomics at The University of Texas MD Anderson Cancer Center.

There's a nice opportunity here to begin to standardize across entities and efforts that will hopefully allow us to do the more broad-sweeping and more confident comparisons across institutions and tumor types.

— Andrew futreal, ph.d.

said. "While it is currently focused on genomic data, it should strive to also integrate proteomics, metabolomics and the immune-profiling data. It is the integration of these data that will provide us with a comprehensive view of cancer's molecular complexity in the context of clinical care, enabling us to understand the disease on a most elemental level and to learn from different cancers."

By outlining common molecular defects in various cancer patients, doctors would potentially be able to

develop more targeted therapies and identify which clinical trials would be best suited for their patients with the goal of finding "the right drug for the right patient at the right time," Staudt said.

Ultimately, the GDC is a testament to the medical community's continued efforts to foster a culture of collaboration that will not only benefit patients today, but will "drive new standards of care for tomorrow," DePinho said.

"It's one for all and all for one,"
DePinho said. "At the end of the day,
the most important thing is for us to
advance the field for the benefit of
humanity. We have to put the patient
before all else. We have to put the
problem and progress as the highest
priorities that transcend any individual
or any institution."

What's special and different about the Genomic Data Commons is we're opening up all the software tools and analysis tools to any researcher, any hospital, whoever wants to contribute genomic data from patients with cancer and clinical data.

- LOUIS M. STAUDT, M.D., PH.D.

Director of the NCI's Center for Cancer Genomics

August 2016

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Rice University Farmers Market

Tuesdays, 3:30 – 6:30 p.m. Rice University Parking Lot Entrance 13B 5600 Greenbriar Dr. ricefm@rice.edu

10-13 Advances in Tissue Engineering Short Course 2016

Wednesday – Saturday, 8 a.m. – 5 p.m. BioScience Research Collaborative 6500 Main St. First Floor Auditorium tissue.rice.edu 713-348-4204

12 Fourth Annual Houston Methodist Cancer Symposium

Friday, 7:30 a.m. – 5 p.m.

Houston Methodist Research Institute
6670 Bertner Äve.
2nd floor – John F. Bookout Auditorium
events.houstonmethodist.org/
cancer-symposium
713-441-4971

19-20 Orthopedics for the Primary Care Physician

Friday – Saturday, 7 a.m. – 5 p.m.

Minute Maid Park

501 Crawford St.

events.houstonmethodist.org/
orthopedics

713-441-4971



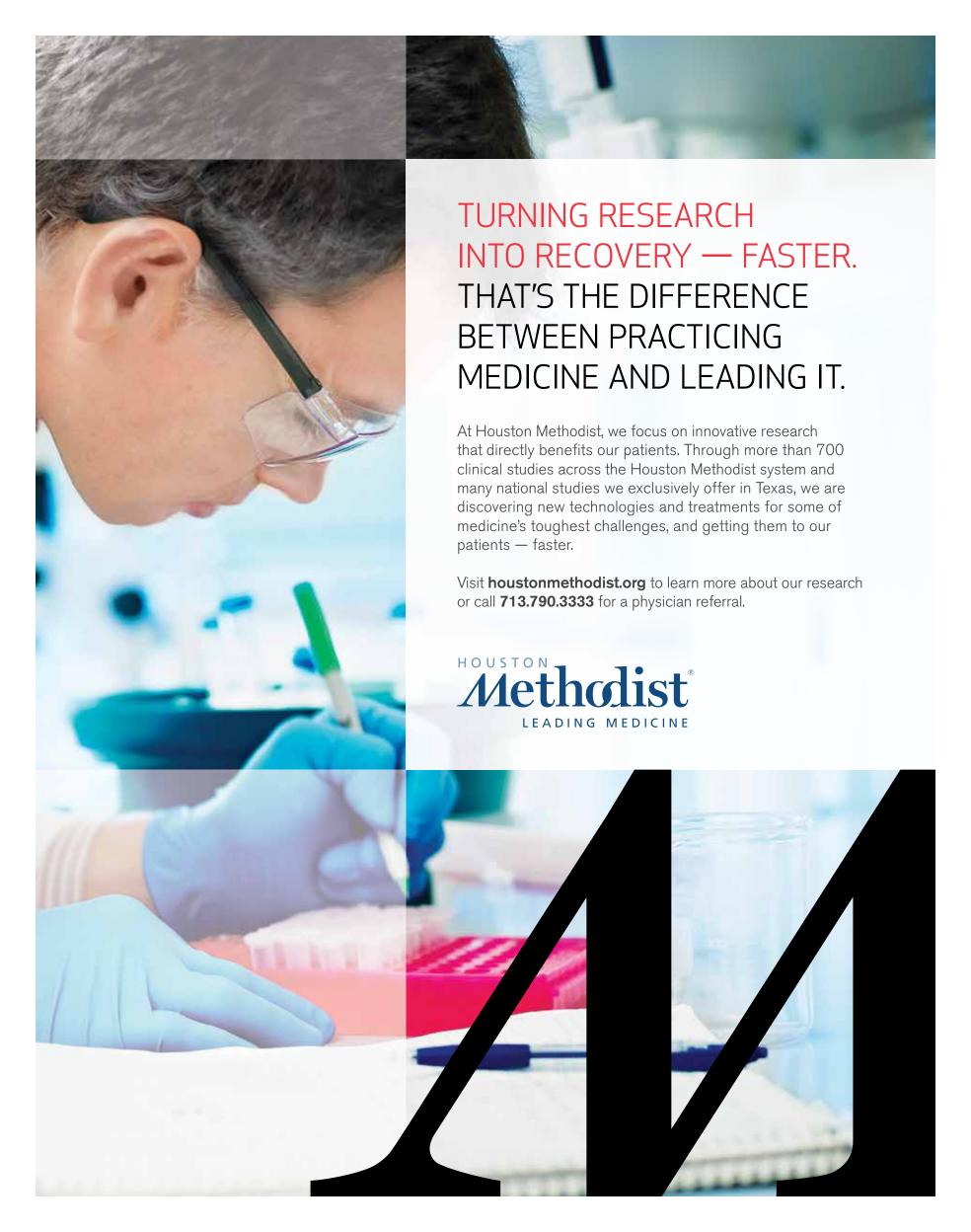
AUGUST: NATIONAL IMMUNIZATION AWARENESS MONTH

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National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages.

NIAM was established to encourage people to stay up to date on the vaccines recommended for them. Communities have continued to use the month each year to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases.

FOR MORE EVENTS, VISIT TMCNews.org



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