



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

MAY '19 • ISSUE NO. 169



GAZETTE SURVEY

The GAZETTE asks YOU:

ARE YOU OR ANY IMMEDIATE FAMILY MEMBER ALLERGIC TO LACTOSE?

A: ANYTHING WITH LACTOSE; B: MILK ONLY; C: NONE



HEALTH STAT

NEVER TOO LATE TO START EXERCISING!

Compared to seniors who never exercised, rates of early death from heart disease in seniors who began exercising in their
40s and 50s are lower by **43 percent**.

Source: Analysis of NIH-AARP Diet and Health Study 2018-2019, U.S. National Cancer Institute



HEALTH TIP

**SLOW THAT THINNING BONE?
AS EASY AS C-D-E!**

Bones thin and lose density with age—but vitamin C-loaded green veggies help make bone-forming cells, vitamin D helps bones absorb calcium, and strength-training exercise builds bone resistance.

INSIDE

HEALTH

02 Johnson & Johnson Drug Ads to Include List Prices

03 Pioneering: New Artificial Hand Lets Patient Feel Pressure, Touch

PUBLIC HEALTH & POLICY

08 Chinese farm tracks chickens with GPS

08 Medicaid/Medicare to test paying ambulances for non-ER transports

HAMASPIK

03 Putting the “Care” of Tri-County Care into Customer Service

05 Hamaspik of Kings County Opens New Individualized Support Services (ISS) Apartment

05 Hamaspik of Orange County Day Hab Visits Tallis Factory

HOSPITALS

14 Report: Hospital doctors generate \$2.4 million annually

AUTISM / DISABILITY

08 Autism blood tested panned as premature by researchers

HAMASPIK NEWS

ENHANCING THE DOORS OF COMMUNITY SUPPORTS

THE ENHANCED SATELLITE BRANCH FACILITY OF THE NYSHA ARTICLE 16 CLINIC, SEEN HERE ON THE PREMISES OF HAMASPIK OF ROCKLAND COUNTY'S CENTRAL OFFICES, PROVIDES THE GREATER MONSEY COMMUNITY WITH EVEN MORE DISABILITY-ORIENTED THERAPY SERVICES



ARTICLE 16 CLINICS, NAMED FOR THE SECTION OF STATE LAW THAT CREATED THEM, ARE DESIGNED TO PROVIDE PEOPLE WITH DISABILITIES WITH OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY, FOR STARTERS

SEE PAGE E5 >>

AUTISM NEWS

New York State OPWDD begins issuing disability ID cards

SEE PAGE E8 >>

HAMASPIK HOMECARE NEWS

Hamaspik HomeCare boasts 80-percent electronic visit verification (EVV) compliance rate. COO: agency “way ahead of the curve”

SEE PAGE E15 >>

HAMASPIK NEWS

In Conversation with President, Senior White House Correspondent Mentions Hamaspik

SEE PAGE E9 >>

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●► NYSHA NEWS

Putting the “Care” of Tri-County Care into Customer Service

Tri-County Establishes Customer Service Dept. for Individuals, Employees

If you’ve got questions, Tri-County’s got answers.

Whether you’re an individual getting Care Manager supports from Tri-County Care (TCC) or a Tri-County employee needing tech support, and more, now there’s a comprehensive customer service number you can call for the info you need.

Tri-County Care’s new customer service number, at 844-504-8400, is manned 9 a.m.-5 p.m. Monday through Friday—and is standing by to help you.

On the other side of that number is Tri-County’s highly-trained team of customer-service professionals.

The mission of that team is two-fold: One, answer any questions you have about disability support services, and two, solve in-house software



problems that you as a TCC employee cannot.

With close to ten employees boasting fluency in several languages, including Spanish, Russian, Creole and Yiddish, Tri-County’s new “customer

service hotline” is on the front lines of support for supported individuals across today’s greater New York.

They’re also there in the back rooms of every Tri-County Care office, helping each constantly improve their services.

The new customer-service department is the natural outgrowth of Tri-County Care’s in-house software helpdesk.

For Tri-County’s first seven months, helpdesk staff got employees up to speed with their custom-made Medisked software, purging bugs and otherwise resolving issues.

They’re now bringing that holistic, problem-solving experience to the Tri-County beneficiary community at large. ★

●► HEALTH NEWS

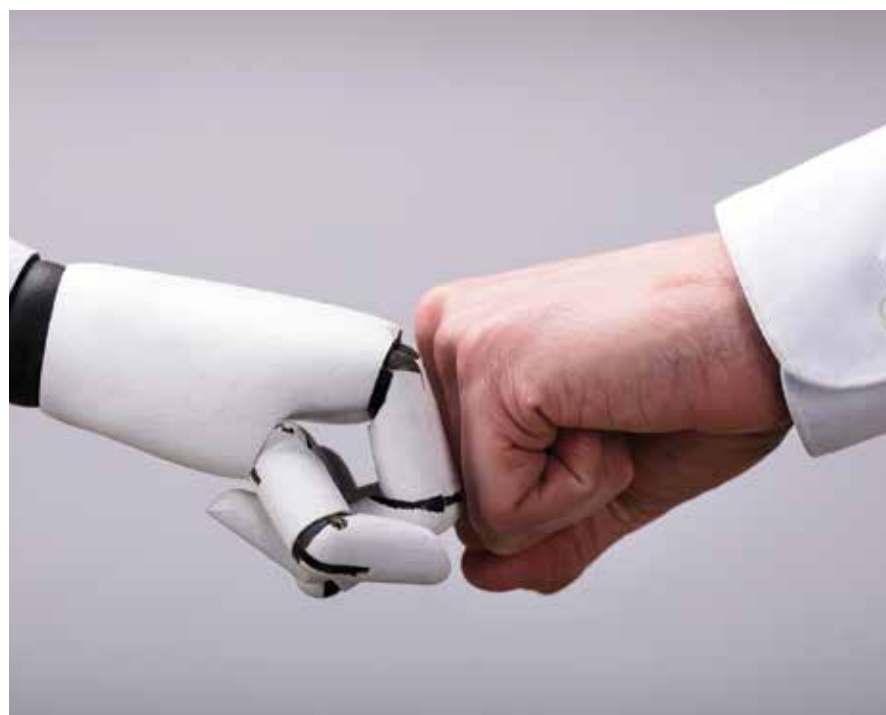
Pioneering: New Artificial Hand Lets Patient Feel Pressure, Touch

Gothenburg, Sweden — In what is being claimed as a first for modern science and medicine, a team of European researchers and surgeons say that they’ve given a patient a prosthetic hand that lets her feel.

Current prosthetic hands, which give hand-less patients the ability to pick up and handle objects with increasingly human-like devices, do not give those patients any sense of touch or feel.

The joint effort of the Chalmers University of Technology and the European Dextrous Transradial Osseointegrated Project (DeTOP) saw a Swedish woman with a hand amputation receive the innovative device—making her the first recipient of a so-called *osseo-neuromuscular implant* to control a hand prosthesis.

Surgeons first placed titanium implants in her two forearm bones. They then extended electrodes to nerves and muscle to extract signals; these would control a robotic hand and provide tactile sensations. With the electrodes implanted in the nerves that used to be connected to the biological sensors of the hand, the patient is reportedly perceiving sensations originating in the prosthetic hand.



FEELING IT: IF THE AMBITIOUS EUROPEAN “DETOP” PROJECT SUCCEEDS, PATIENTS WITH ARTIFICIAL HANDS MAY EVENTUALLY BE ABLE TO FEEL NORMAL HUMAN TOUCH

Conventional prosthetic hands rely on electrodes placed over the skin to extract control signals from the underlying stump muscles. But such electrodes deliver limited and unreliable signals that only allow for basic movements like opening or closing the hands.

“Several advanced prosthetic technologies have been reported in the last decade, but unfortunately they have remained as research concepts used only for short periods of time in controlled environments,” said Ortiz Catalan, who also heads Chalmers’ Biomechanics and Neurorehabilitation Lab.

“The breakthrough of our technology consists of enabling patients to use implanted neuromuscular interfaces to control their prosthesis while perceiving sensations where it matters for them, in their daily life.” ★

Hamaspik Gazette

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Happening in Health Today

RESEARCHER HOME IN ON SPEED, RANGE OF GERMS SPREAD BY SNEEZING

Bristol, England — Contagious viruses and bacteria floating through the air are nothing to sneeze at.

After all, it's long been known that aerosolized droplets—or microscopic droplets of water carrying infectious viruses and bugs—are the primary means by which flu and other diseases spread.

It's also long been known that these live bugs in aerosolized droplets can survive for hours in the air or on common surfaces in ordinary rooms—and that they mostly get there when people sneeze.

(That's why you should cover your nose and mouth when you sneeze—but not with your hands, off which droplets simply bounce into the air, but with absorbent tissues, handkerchiefs or even your sleeve.)

But now, new research at the University of Bristol has used a custom-built device called CELEBS (controlled electrodynamic levitation and extraction of bioaerosol onto a substrate) to pinpoint, with more precision than ever known, just how far and fast an average sneeze can carry contagious germs.

According to the research, an average sneeze or cough can send around 100,000 contagious germs into the air at up to 100 miles an hour, and they linger most in a six-foot radius around the sneezing person.

The most critical time for the spread of those germs, according to the researchers, is the first few minutes after a sneeze or cough occurs.

EXPERIMENTAL INGESTIBLE STOMACH SENSOR INSPIRED BY PUFFERFISH

Cambridge, Massachusetts — Ingestible sensors have been around for quite some time now.

But now, researchers at the Massachusetts Institute of Technology (MIT) have invented an experimental sensor-containing device that can quickly inflate with fluid inside in the

stomach, and then shrink on demand.

The small expanding-and-shrinking device is inspired by the pufferfish, the curious sea creature that can swell itself into a spiked ball to ward off predators.

The experimental device gets around a common problem associated with existing camera pills and other ingestible sensors—namely, that they pass through the digestive system without remaining long enough to deliver information or medication. But by swelling, the MIT device can stay put for extended periods.

The hydrogel device is designed to survive the harsh environment of the belly while monitoring stomach conditions, detecting diseases and

possibly even delivering slow-release medications.

STUDY ASSOCIATES HAPPIER ADULTHOODS WITH GREENER CHILDHOODS

Aarhus, Denmark — In a large study published in *Proceedings of the National Academy of the Sciences (PNAS)*, researchers at Denmark's Aarhus University say that growing up near vegetation is associated with up to a 55-percent lower risk of mental health disorders in adulthood.

In a rapidly urbanizing world, green spaces are shrinking as cities grow out and up. Scientists are working to understand how green spaces, or lack of

them, can affect our mental health.

Unrelated previous smaller studies have hinted that lack of green space can increase the risk of mood disorders and schizophrenia, and even affect cognitive development.

To isolate the effects of nature from so many potential confounding factors, researchers drew upon the Danish Civil Registration System, a large and rich set of data.

Sifting that data, researchers created a data set on nearly one million Danes born between 1985 and 2003—including mental health histories, socioeconomic status and place of residence. Researchers also used satellite images to calculate vegetation density around each person's childhood residence.

Researchers then compared adult prevalence of 16 different mental health disorders with amount of surrounding childhood green space.

Even after accounting for potential confounding factors, researchers found that growing up near green space was associated with a lower risk of developing psychiatric illness in adulthood by anywhere from 15 percent to 55 percent, depending on the specific illness. ★



GENE EDITING IN MICE CORRECTS DUCHENNE MUSCULAR DYSTROPHY (DMD)

Durham, North Carolina — Duke University scientists have successfully shown that the CRISPR gene-editing tool can be used in mice to cut out and replace a specific faulty gene that causes Duchenne muscular dystrophy (DMD).

In lab mice with DMD, the scientists used CRISPR's Cas9 "scissors" to replace the one mutated gene that normally produces *dystrophin*. Dystrophin is a protein whose absence leads to the progressive muscle

degeneration of DMD—a terminal illness that currently has no cure.

Within weeks, the gene editing in mice successfully restored their dystrophin production and strengthened their muscles. What's more, dystrophin production—and improved muscle structure—lasted in the mice for over a year.

Still, far more safety research is needed before CRISPR gene editing can be tried in humans who have DMD. ★

● ► HAMASPIK NEWS

Branching Out Improving a Vital Monsey Community Service, NYSHA Enhances Its Local Special-Needs Clinic

Upgraded Offices, Now at Rockland Branch of Brooklyn-based NYSHA Clinic

When you need special-needs help, you call Hamaspik.

But if you are Hamaspik and you need help providing special-needs help, whom do you call?

That's why there's NYSHA. And that's why there's the NYSHA Article 16 Clinic.

When the New York State Hamaspik Association (NYSHA, Hamaspik's parent/support organization) opened the NYSHA Article 16 Clinic in Brooklyn, it did so with great fanfare.

That grand opening culminated a decade of dream-driven effort, ushering in a new era of supports for people with special needs in the community—and, by extension, for those who support them.

Today, the Clinic and its satellite sites in Brooklyn and upstate Orange and Rockland Counties have long since seen hundreds of clients and provided thousands of therapeutic visits in a range of disciplines.

An Article 16 clinic gets its moniker from Article 16 of the New York State Mental Hygiene Law, which authorizes the Commissioner of the Office for People With Developmental Disabilities (OPWDD) to open clinics that exclusively service individuals with intellectual/developmental disabilities (I/DD).

Article 16s can serve their beneficiary communities with a variety of health and human services, including medical and dental treatment, psychological counseling and psychiatry, social work, and the trio of common therapies: occupational (OT), physical (PT) and speech-language pathology (SLP). Article 16 clinics can also provide nursing services and even dieting education.

And now, the NYSHA Clinic's long-running satellite site in Monsey is better equipped than ever to provide all of that.

In its capacity as a provider of services at approved satellite locations, the NYSHA Clinic has been serving individuals in the Monsey community with several services for several years now.

Under Article 16 state guidelines, individuals with I/DD can get services and supports at approved satellite locations—such as the various designated consultation rooms at Hamaspik of Rockland County's



HALL OF SERVICE: THE CENTRALIZED NEW SATELLITE LOCATION ALONG HAMASPIK OF ROCKLAND COUNTY'S BUSY MAIN CORRIDOR



ROOM FOR GROWTH: THE SATELLITE BRANCH'S PHYSICAL THERAPY TREATMENT ROOM

headquarters complex at 58 Rt. 59 in central Monsey.

But now, it's time for the next step up. Enter that satellite facility's overhaul and upgrade.

In the place of the previously-used consultation rooms, three exclusively-designated and newly-furnished NYSHA Clinic appointment rooms have been built on the premises of Hamaspik of Rockland County, one of NYSHA's several member agencies.

One is geared for physical therapy (PT) and occupational therapy (OT), with a brand-new large flat therapy table and other equipment freshly installed. A second room sports a simple desk, a few shelves of therapeutic toys, and that spacious, comfortable vibe perfect for mental-health evaluations and consultations. A third hosts

appointments for speech and even nutrition therapy.

Individuals getting Article 16 Clinic therapy services at Hamaspik of Rockland County's offices now have a fully-stocked, custom-designed and clearly-designated location in the middle of Monsey.

The motivation behind the upgraded center-within-a-center is a desire to better service the larger community, says NYSHA Director Joel Brecher.

In particular, he explains, individuals who don't attend Hamaspik's Day Habilitation (Day Hab) program—or any other agency's Day Hab program, for that matter—can now get their duly-qualified Article 16 services at one convenient Monsey location instead of at a Day Hab facility. (Several of the Clinic's existing approved satellite service locations in Rockland County are at various Day Hab

facilities.)

What's more, Monsey-area residents with disabilities who are not currently receiving any supports and services can now also get the specialty services provided by the Clinic—and from professionals trained not just in their field, but in how to deliver those specialties to people with disabilities, too.

And to man the three state-of-the-art appointment rooms, Mr. Brecher is bringing in a team of licensed professionals: a social worker, a physical therapist, occupational therapist, speech/language pathologist, and nutritionist.

So, what will the Rockland County special-needs population now have, that before they didn't have? What difference will the NYSHA Clinic be making?

Accessibility, says Director Brecher.

Pop in any day now at the Hamaspik complex at 58 Rt. 59, and you'll see the three side-by-side rooms of the NYSHA Clinic's satellite branch humming with activity.

And if that's any indication, increased accessibility—and betterment of individuals' lives—can be found all the more now so in Rockland.

In a community renowned for its self-supporting socioeconomic infrastructure, where stores, schools, synagogues and shops are all within walking distance, another piece of the communal puzzle has fallen into place. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



The Fabric of Community



IT'S A WRAP: WITH SIGNS READING "OIREG" (WEAVING), WATCHING MODERN TALLIS-MAKING LOOMS (TOP); ENJOYING JUDAICA ART (L); LEAVING THE STORE INFORMED (R)

Hamaspik of Rockland's Applied Behavior Analysis (ABA) Program Growing, Succeeding

Children with Autism—and Their Parents—Benefiting from Long-term Therapeutic Services

Any parent of a child with autism spectrum disorder (ASD) will tell you just how challenging it can be.

Children on the spectrum, after all, commonly present social difficulties, ranging from lack of eye contact and general awkwardness around people to full-blown flight from nearly all human contact.

But with the growingly popular and still-relatively-new field of applied behavior analysis (ABA), a diagnosis of ASD does not have to mean a life sentence of social struggles. Enter Hamaspik of Rockland County's ABA program.

Hamaspik's ABA Services, under the leadership of director Mrs. Reiny Steif since its inception, began with one staffer (herself) and a handful of clients.

The program has been growing lately—and not just in quantity of children served, but in the quality of the services they've been getting, too. Those quality services drove considerable word-of-mouth referrals, in turn expanding the program even more.

One such success story involves a child on the spectrum who simply refused to attend school. Through painstaking long-term persistence by a dedicated Hamaspik BCBA, the child was acclimated over a period of months to leave the house, board a bus, and remain seated in a mainstream classroom—and all without the repetitive and dangerous bolting that had driven the parents to their wits' end.

Another such story is essentially the same, but involved extreme fear of the doctor, not school. Hamaspik's ABA Services was equally successful in correcting the child's behaviors.

Today, Hamaspik's ABA Services boasts a full team of therapists, including three professional Board Certified Behavior Analysts (BCBAs) hired over the last several months.

Why the burst of new staff? Simple: new clients, Director Steif explains. ★

For more information, call Mrs. Steif at 845-503-0239.

Weaving Tales of Hands-on Community Learning, Day Hab Visits Tallis Factory

Gentlemen from Orange County Program See First-hand How Traditional Textiles are Made

It's been close to a year that the gentlemen attending Hamaspik of Orange County's Day Habilitation (Day Hab) program have not only been increasing their general skills and knowledge—but have been doing so in the context of their community of origin, too.

Specifically (as eagle-eyed Gazette readers will know), they have been engaging in regular experiential activities that have been teaching them the "Thirty-Nine Labors"—the nearly-40 forms of activity or work prohibited by Jewish law on Shabbos, the Jewish Sabbath.

Previous activities have had them appreciate the planting and plowing no-no's by planting real seeds and working real outdoor soil.

Recently, the young men added to their database of Shabbos information by visiting an authentic tallis factory in the Borough Park neighborhood of

Brooklyn.

The tallis, or prayer shawl, is the oversized striped sheet worn cape-like by Jewish men during daily morning services, as well as other occasions.

But how is a tallis made? By weaving thread together. And weaving, along with 38 other forms of work, is prohibited on Shabbos.

Today's machines have long replaced the tedious manual techniques and rudimentary looms of long ago.

But for the gentlemen with Hamaspik, seeing the modern high-speed mechanical devices in the manufacturing shop of Mefoar, a Brooklyn-based tallismaker and retailer, brought them a first-hand appreciation of what "weaving" means—and completing another stitch in their tapestry of community knowledge and awareness. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

STARS' Very Own Brand of Shtick: Wedding-item Community "Store" Growing

It's your typical retail store in so many ways. Customers come and go. It's got supply and demand. It's got employees proudly presiding over their selection of items.

It's STARS Shtick—the "retail store" run by Hamaspiik of Rockland County's STARS adult education program for high-functioning young women in the community.

And its goods and services are not household items or tax filings but rather, wedding "shtick"—Yiddish slang for the whimsical items like glow-in-the-dark jump ropes or frilly umbrellas that delight brides and their circles at weddings, rightfully making such happy celebrations even happier.

Wedding-shtick items are popular in the communities supported by STARS—and to further connect the young women of STARS with their community, STARS Director Mrs. Esty Schonfeld and staff launched STARS Shtick.

The "store," located in a former salon on Spring Valley's central Route 59

corridor, is open twice a week, several hours at a time. And its "employees" are the regulars at STARS.

"They're all involved," notes Hamaspiik of Rockland County Director of Day Services Shlomo Kornbluh. "They have a certain sense of pride."

In fact, he adds, even "Day Habbers" in the Day Hab's other program participate, too—visiting from time to time to glue buttons back on and otherwise perform maintenance on the items available.

STARS Shtick is essentially a free-loan item library. But most importantly, it's a community hub and meeting place—a mini-melting pot where community members mingle in the mainstream and where disability is a non-issue.

And in the wake of its recent ad blitz in community circulars, when it comes to the message of mainstreaming, STARS has its own brand of shtick. ★

For more information, call STARS Shtick at 845-503-7100.

Hamaspiik of Kings County Opens New Individualized Support Services (ISS) Apartment

It took months of work. And now it was time to celebrate.

Gathered recently in the front lobby of the tastefully appointed one-bedroom apartment, Hamaspiik of Kings County Director of Residential Services Chezkel Fisher and crew affixed the traditional mezuzah scroll to the front door, toasted "L'chaim!" to one another, and even danced to a little song of joy.

They had certainly earned the moment.

Months earlier, a young man in the community had asked his Care Coordinator, Mrs. Chedva Freund of Tri-County Care, about finding a place to call his own. The tireless Mrs. Freund shortly found that he qualified for an apartment under the Individualized Support Services (ISS) program. She called Hamaspiik.

That support is provided by several New York State agencies, including the Office for People With Developmental Disabilities (OPWDD), Hamaspiik's longtime partner.

Weeks of paperwork, phone calls, contractor negotiations and hard work by Mrs. Freund and Hamaspiik counterparts later, a suitable site right in Brooklyn's Borough Park had been selected and approved.

Moderate interior work immediately got underway, with walls painted, safety features (smoke/CO2 detectors, exit signs and the like) installed and new furniture purchased and placed.

A few short weeks later, the place of residence was ready for its resident. But first, the final touches needed to be put into place.

And so, on a February morning, the abovementioned scene of achievement unfolded.

The young man moved in within the following week.

With other supports provided by Hamaspiik, reports Mr. Fisher, the gentleman now is living and working independently in the community—and, most importantly, has a place he can call home. ★

Community Growth in Store



LIBRARY OF LAUGHS: GAGS AND NOVELTY ITEMS FOR WEDDING FUN ARE A HIT HERE

Door to an Ever-Better Future



PUTTING IT WHERE IT COUNTS: AS THE RESIDENT LOOKS ON, ISRAEL INDIG, MANAGER OF HAMASPIK'S 38TH ST. SHVSTERHEIM, IS HONORED WITH AFFIXING A MEZUZAH



FACES OF HAPPINESS: THE NEW ISS RESIDENT AS HAMASPIK OF KINGS COUNTY DIRECTOR OF DEVELOPMENT NAFTALI TESSLER MOUNTS A BRAND-NEW MEZUZAH

The Autism Update

News and developments from the world of research and advocacy

“BIOMUSIC” SYSTEM OPENS POSSIBLE WINDOW INTO FEELINGS, THOUGHTS OF ‘VEGETATIVE’ PATIENTS

Toronto, Ontario — A fascinating lengthy article on *STAT News* probes the still-developing “biomusic” technology—a system of sensors and computers attached to totally-paralyzed patients that may allow communication between such silent “vegetative” patients and loved ones.

The concept behind the system is that the body—specifically, the four measurements of pulse, breathing, sweat and temperature—reacts to the feelings and thoughts of the mind, and that by reading and translating those measurements, caregivers might get some sense of the patient’s feelings, thoughts and mental presence.

The biomusic system has a computer create music based on signals from attached sensors that read the patient’s pulse, breathing, sweat and temperature.

When the patient is calm, the patient’s pulse, breathing, sweat and temperature signals generate a baseline melody. When the patient thinks about something stressful, the pulse, breathing, sweat and temperature signals change—and so does the melody.

Biomusic pioneer Prof. Stefanie Blain-Moraes of Montreal’s McGill University hopes to eventually fine-tune the technology to the point that it can translate specific thoughts and feelings to specific sounds—meaning, to essentially allow totally paralyzed, non-verbal patients to communicate through a new musical language.

AUTISM BLOOD TESTED PANNED AS PREMATURE BY RESEARCHERS

New York, New York — Researchers at New York’s Columbia University say that a new blood test for autism, on the market since November, is not appropriate for clinical use.

“As a researcher, I think this work is really interesting and worth continuing to pursue; as a clinician, I can’t think of a situation where I would send this test,” said Jeremy Veenstra-VanderWeele, a child psychiatrist and professor of psychiatry at Columbia University told *Spectrum News*.

The test could give parents false hope about quick answers for their child’s diagnosis—and, in doing so, prolong their path to the right

answer, she added.

Wisconsin-based Stemina Biomarker Discovery made the test available in November of 2018. The test measures proportions of blood metabolites and is based on a September study funded by Stemina.

The test is intended to identify children as young as 18 months who should be evaluated for autism, not to diagnose them with the condition. Clinicians would send a child’s blood sample to Stemina, which would then return the results within two weeks. The test results are scored only as “positive”—flagging the child for further evaluation—or “negative.” A negative result doesn’t preclude a child from having autism, however,

so parents would still need to follow up with a specialist.

NEW YORK STATE OPWDD BEGINS ISSUING DISABILITY ID CARDS

Albany, New York — After years of prompting by New York State Assemblyman Angelo Santabarbara, himself the proud father of a son with autism, the New York State Office for People With Developmental Disabilities (OPWDD) is now issuing official ID cards for individuals who have a medically diagnosed intellectual or developmental disability (I/DD).

The new I/DD ID cards are meant to be presented to law enforcement, firefighters and emergency medical services personnel to aid in the

communication process. In part, they read: “I have a developmental disability. I may have difficulty understanding and following your directions... I am not intentionally refusing to cooperate.”

Local police departments say this will help them respond to situations better as well.

The new I/DD ID cards are part of Assemblyman Santabarbara’s package of autism-related bills dubbed Autism Action NY. They are intended to create and administer service delivery models and development of resources to support people on the autism spectrum at every life stage.

The cards are completely optional and are provided at no cost upon request at opwdd.ny.gov/iddidcards. ★



YET ANOTHER STUDY FINDS VACCINES DON'T CAUSE AUTISM

Copenhagen, Denmark — Researchers at Copenhagen’s Statens Serum Institut analyzed ten years of public-health data to conclude once again what’s long been scientifically proven: vaccines do not cause autism.

The study, published recently in the *Annals of Internal Medicine*, looked at records on over 657,000 Danish kids, both MMR-vaccinated and MMR-unvaccinated, to find a fully-adjusted autism hazard ratio of 0.93.

So-called “anti-vaxxers” have pointed to the fact that the first known case of documented autism was reported in the 1940s, around the same time the first vaccines went into use. They also point out that ongoing mass vaccination of children with the measles/mumps/rubella (MMR) vaccine

seems to correlate with the ongoing rise of autism cases.

However, one common link—the vaccine ingredient of thimerosal, a preservative based on mercury, a known poison—has not been included in vaccines for years.

What’s more, at least one study has shown that non-vaccinated children had rates of autism equal (if not higher) to those who were vaccinated—undercutting the premise that vaccines cause autism with one simple rhetorical question: if vaccines cause autism, why do non-vaccinated children have equal (if not higher) rates of autism?

Before the MMR vaccine was available in the U.S., about 450 to 500 people died from measles each year, according to the CDC. ★

● ► HAMASPIK NEWS

Senior White House Correspondent Mentions Hamaspiik in Conversation with President

He's just another White House Senior Correspondent.

But as a White House Senior Correspondent who's also visibly and unabashedly Orthodox, garb and all, Avraham Yaakov "Turx" Turkeltaub is hard to miss.

Turx is hardly the first yarmulke in the Oval Office.

Young Ezra Troy, then 5, son of George W. Bush top aide and Orthodox Jew Tevi Troy, was famously photographed on an Oval Office couch—headgear, side locks and all—while the sitting president and Troy Senior conferred. And history reports that yarmulke-clad rabbis have actually been visiting U.S. presidents for at least 150 years.

Still, despite being a professionally-trained and credentialed journalist by trade, the young and folksy reporter hasn't forgotten his community roots.

And that's where a phone call from Washington to Monsey comes in.

Making the call

Turx gained first-hand familiarity with Hamaspiik in December of 2018, when he entertainingly served as Master of Ceremonies at the agency's annual staff appreciation event. He asked guests to be seated as he did stand-up. And as much as guests got from him, Turx got from them—more specifically, from the mission they represent.

Turx came away with friendship and respect for Hamaspiik and all it does—a fact evident in his later ready willingness to meet with Hamaspiik upon their visiting his professional turf.

It was recently when a group of young men with Hamaspiik of Orange County and their staff were gearing up for a three-day trip to the nation's capital. It was in the thick of the government shutdown (which would actually end days later) and as such, the Hamaspiik contingent's planned visit to the White House was off until further notice.

It was thus that a New York State Hamaspiik Association (NYSHA) staffer with a professional relationship with Turx sent the intrepid reporter a message: *What's your boots-on-the-ground view right now about the possibility of a Hamaspiik group of young men with disabilities visiting the White House next week?*

A terse response bounced back at 7:42 p.m.: "Shutdown. No chance. Apologies."

One week later, that "Hamaspiik group of young men" was on the ground in Washington. Hamaspiik Direct Support Professional (DSP) Moshe Hersch Berkowitz knew of NYSHA's Turx



TALKING (WITH) HAMASPIK: PRESIDENT DONALD J. TRUMP MEETS WITH WASHINGTON, D.C.-BASED CORRESPONDENTS FEB. 6, 2019, IN THE OVAL OFFICE OF THE WHITE HOUSE (OFFICIAL WHITE HOUSE PHOTO BY TIA DUFOUR); TURX TALKS ALL THINGS WHITE HOUSE WITH HAMASPIK'S WASHINGTON VISITORS ALL THE WAY FROM NEW YORK STATE

connection. He placed a critical call to New York from the road.

Within minutes, the NYSHA employee texted Turx again: "Hey, My Hamaspiik chevra [Yiddish slang roughly translating to "guys" or "gang"] visiting DC today want to contact you. May I provide your cell #'s, please?"

The response came back just over two hours later. "Sure. I should be getting off work around 4ish"

"Ok, thank you. Passing this number on," NYSHA replied.

And that's how a group of Chasidic young men with disabilities from upstate Kiryas Joel, New York found themselves later that very day *farbrenging* [Yiddish for meeting together] with Turx himself at a kosher D.C. café—but not before personally meeting and greeting the celebrity reporter outside the gates of the White House.

Hamaspiik in the Oval Office

It was perhaps a Freudian slip—of the best kind—that Turx mentioned Hamaspiik in conversation this past February 6 with one Donald J. Trump, President of the United States of America.

The White House had invited a small group of regional-based reporters—numbering some 12 journalists, including Washington bureau chief Jerry Zremski of the *Buffalo News* and Turx—to an informal off-the-record presidential pow-wow in the Oval Office. (That get-together later went largely on the record.)

Here's how Turx later described it in his regular White House report:

At another point, criminal justice reform came up.

"Do you like it? Do you like First Step?" the president asked me casually.

"I can only tell you what I hear from people," I replied, adapting his own vernacular.

"Go ahead, tell me," he pressed.

"Last week there was a group [on tour] at the White House of Jewish special needs adults from an organization called Hamaspiik. I met with them afterwards, and as a joke I asked them, 'If I bump into the president what message would you want me to give over?'"

"Most of them expressed their appreciation for what the president had done in regards to criminal justice reform. So I asked if any of them had any friends or relatives who had been personally impacted

by this, to which they said no, but they really appreciated that the president is giving people a second chance."

The president thanked me for the message, adding that criminal justice reform has "been very popular, actually."

The following week, it wasn't a joke.

With the unlikely but staunch admiration of a bona fide White House reporter, Hamaspiik became the fulcrum of community opinion in a chat with America's Chief Executive. ★

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Public Health and Policy News

based biotech firm Abiomed, Inc.

According to the FDA, the device had a patient survival rate of 73 percent in clinical studies—but only 17 percent in “postmarket data,” or statistics on patient survival after approval for public sale and usage.

“The FDA is evaluating recent... results which suggest a higher mortality rate” for the device than previously observed, the letter stated.

However, the letter also stated, “Although the FDA is concerned about the high mortality rate... we believe that when the device is used for the currently approved indication in appropriately selected patients, the benefits of the Impella RP system continue to outweigh the risks.”

MEDICAID/MEDICARE TO TEST PAYING AMBULANCES FOR NON-ER TRANSPORTS

Washington, D.C. — Under current policy, the federal Medicaid and Medicare health insurance plans reimburse ambulance companies for transporting patients to hospital emergency rooms.

But under a pilot program called ET3, both will test-run reimbursing ambulance companies for transporting patients to places other than emergency rooms.

The Emergency Triage, Treat and Transport (ET3) program is slated to be launched in early 2020 and run for five years. It will test whether allowing ambulance companies to transport Medicare and Medicaid

patients to doctors’ offices, urgent-care facilities or telemedicine facilities reduces unneeded trips to the hospitals.

Currently policy reimburses ambulance companies to take patients to ERs. According to government officials, the policy hinders creation of a payment system based on fee-for-value, in contrast to today’s customary fee-for-service.



NON-ER TRIP REIMBURSEMENT? MEDICAID’S NEW “ET3” PILOT WILL TEST THAT IDEA

MADAGASCAR MEASLES EPIDEMIC KILLS 900: WHO REPORT

Geneva, Switzerland — Since September of 2018, over 900 people, mostly infants, have died during an ongoing epidemic of measles in the African island nation of Madagascar.

The country has had over 68,000 cases of measles, according to a recent report by the World Health Organization (WHO), the global health arm of the United Nations.

Some 553 confirmed deaths and 373 suspected deaths are reported due to the highly infectious disease—with virtually all of the victims having not been vaccinated against measles.

The epidemic is blamed on a measles immunization rate of under 60 percent on Madagascar, according to official statistics. The third-world country has launched a nationwide campaign to try to bring the outbreak under control, through mass vaccination campaigns and surveillance.

In related news, U.S. Food and Drug Administration (FDA) head Dr. Scott Gottlieb (who also recently announced

his stepping down from the agency) caused a recent stir when he told an interviewer that if “certain states continue down the path that they’re on, I think they’re going to force the hand of the federal health agencies.”

Dr. Gottlieb was referring to current lax vaccination requirements for schoolchildren in various states.

CATERING TO THE HEALTH-CONSCIOUS, CHINESE FARM TRACKS CHICKENS WITH GPS

Shanghai, China — With wild-caught fish fresh, the model of technologically tracking your food from sea to table is long since here. By simply scanning package QR codes with their smartphones, seafood shoppers at retail grocery stores can pull up info on who caught the fish before them, and where and when.

The idea—which is said to promote healthier and more organic consumption—is now coming to poultry.

According to a recent report on NPR, a technology subsidiary of Chinese insurance giant ZhongAn has outfitted over 100,000 chickens on Chinese poultry farms with GPS trackers—strapping the tiny devices to their legs so as to ultimately provide consumers with information about the lifespan of the chicken they’re about to eat.

CATALYST PHARMA DEFENDS \$375,000 DRUG PRICE

Coral Gables, Florida — Catalyst Pharmaceuticals defended the \$375,000 price for its rare-disease drug Firdapse after U.S. Sen. Bernie Sanders took the Florida-based firm to task.

According to Catalyst, the astronomical cost is in line with similar industry products.

Firdapse is a medication for Lambert-Eaton myasthenic syndrome (LEMS), a rare neuromuscular disease affecting about one in 100,000 people in the U.S.

REAL-WORLD SURVIVAL RATES ON NEWLY-APPROVED HEART PUMP FAR WORSE THAN TRIALS, FDA NOW SAYS

Silver Spring, Maryland — A letter sent by the FDA to heart doctors in early February warned that the Impella RP heart pump device was doing drastically poorer in real-life scenarios than it during the clinical trials that had led to its initial approval.

The device, approved in September of 2017, is made by the Massachusetts-



OF A DIFFERENT FEATHER: A CHINESE FARM IS TRACKING ITS CHICKENS WITH GPS

HEALTH NEWS

Laughing Matters: Another Brain Laughter Center Discovered in Epilepsy Surgery Patient

Atlanta, Georgia — Research in recent years has pinpointed several parts of the brain that control laughter, smiling and other forms of instant good cheer.

But now, voluntary research on a patient undergoing brain surgery for severe epilepsy has found that a part of the brain called the *cingulum bundle* also controls laughter, smiling and otherwise feeling good.

Brain surgery for uncontrolled epilepsy often involves removing parts of the brain issuing the stray or excessive electrical signals that cause seizures. To pinpoint those precise areas, surgeons will implant tiny electrodes inside the brain several weeks before the surgery.

Those electrodes function as an internal electroencephalogram (EEG), giving surgeons greater accuracy on the patient’s brain activity than a



MENTAL ROOTS OF MIRTHFUL MOMENTS: IN RESEARCHING EPILEPSY, SCIENTISTS HAVE NOW PINPOINTED ANOTHER SOURCE OF LAUGHTER AND SMILES IN THE BRAIN

standard EEG placed on the head. But with the patient’s permission, they also give brain researchers a relatively rare window into discovering more about

the brain’s precise mapping—namely, what part does what.

One such recent epilepsy brain-surgery patient at Emory University also allowed neuroscientists to discover that when implanted electrodes stimulated her brain’s cingulum bundle, she reported an uncontrollable urge to laugh and smile.

Later experimentation on the patient while undergoing the actual epilepsy surgery (and while awake as necessary) found that stimulating the cingulum bundle during surgery made her feel calm whenever she felt anxious during the surgery.

According to the researchers, the findings shed new light on the biology of laughter—and on possible new strategies for treating a range of conditions, including anxiety, depression, and chronic pain. ★

**HEALTHY EATING**

ONIONS



<div><div><div>EASY</div><div>YIELDS: 8-10 SERVINGS</div><div>READY IN: 0:30</div></div><div><h2>Easy Onion Soup</h2><p>INGREDIENTS:</p><ul style="list-style-type: none">• 10 onions, thinly sliced• 1/4 cup oil• 4 tablespoons onion soup mix• 2 tablespoons consommé soup mix• Salt to taste• Water• 3 tablespoons cornstarch<p>DIRECTIONS:</p><ul style="list-style-type: none">• Sauté onions in oil; stir in soup mix when golden• Cover with water; bring to boil• Dissolve cornstarch in cold water and pour into soup; bring to boil</div><div><div>CHEF’S TIP:</div><div>Have lots of extra onions? Sauté and freeze them! Sautéed onions freeze very well.</div></div><div><p>BENEFITS:</p><p>Onions are packed with nutrients—one medium onion has just 44 calories but delivers a considerable dose of vitamins, minerals and fiber. Onions are particularly high in vitamin C and rich in the B vitamins, including folate and pyridoxine (Vitamin B6). Lastly, they’re a good source of potassium, a mineral in which many people are deficient.</p></div></div>	<div><div><div>EASY</div><div>YIELDS: 4 SERVINGS</div><div>READY IN: 0:30</div></div><div><h2>Onion Dip</h2><p>INGREDIENTS:</p><ul style="list-style-type: none">• 1 large onion, diced• 4 tablespoons oil (for sautéing)• 1 tablespoon sugar• 1 cup mayonnaise• Salt and pepper to taste<p>DIRECTIONS:</p><ul style="list-style-type: none">• On a low flame, sauté onions and sugar, stirring every few minutes until caramelized• Remove from flame and cool for a few minutes• Stir in the mayonnaise; season with salt and pepper</div></div> <td><div><div><div>EASY</div><div>YIELDS: 4 SERVINGS</div><div>READY IN: 0:30</div></div><div><h2>Roasted Onions</h2><p>INGREDIENTS:</p><ul style="list-style-type: none">• 4 large onions• 2 tablespoons olive oil• Salt to taste• Pepper to taste• Garlic powder to taste• Balsamic vinegar<p>DIRECTIONS:</p><ul style="list-style-type: none">• Preheat oven to 450°• Cut onions in half, toss with oil and season with salt, pepper, and garlic powder; place cut-side down on a lined baking sheet• Roast for about 25-30 minutes or till tender and golden; drizzle with balsamic vinegar</div></div></td>	<div><div><div>EASY</div><div>YIELDS: 4 SERVINGS</div><div>READY IN: 0:30</div></div><div><h2>Roasted Onions</h2><p>INGREDIENTS:</p><ul style="list-style-type: none">• 4 large onions• 2 tablespoons olive oil• Salt to taste• Pepper to taste• Garlic powder to taste• Balsamic vinegar<p>DIRECTIONS:</p><ul style="list-style-type: none">• Preheat oven to 450°• Cut onions in half, toss with oil and season with salt, pepper, and garlic powder; place cut-side down on a lined baking sheet• Roast for about 25-30 minutes or till tender and golden; drizzle with balsamic vinegar</div></div>
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In the Know

ALL ABOUT... OBSESSIVE- COMPULSIVE DISORDER (OCD)

Information sources:
Mayo Clinic, WebMD,
MedlinePlus, U.S. Centers
for Disease Control and
Prevention (CDC)

YOU MAY HAVE HEARD THE PHRASE, “DON’T BE SO OCD!”

But for the approximate two percent of the U.S. adult population suffering from this serious disorder, obsessive-compulsive disorder may cause deep shame and embarrassment. In fact, according to some estimates, less than ten percent of those suffering from OCD are currently in treatment—with some people keeping it hidden from doctors, family and friends for years and even decades.

Obsessive-compulsive disorder is a mental-health diagnosis that a lot of people may think they have from time to time. After all, who doesn’t double-check on things from time to time?

But not all rituals or habits are compulsions, and there are several major differences between perfectionism—insisting on flawless results or performance—and OCD. Similarly, simply worrying (even a lot) about real problems in your life, or liking to have things clean or arranged in a specific way, is not OCD.

But the good news is that treatment can be effective—and the sooner, the better. Do read on.

DEFINITION

Obsessive-compulsive disorder (OCD) is a common type of anxiety disorder that affects adults, adolescents, and children all over the world. It usually begins in the teen or young adult years, and most people with OCD are diagnosed by about age 19 (although onset in the mid-30s or even later is not unheard of). It typically begins in boys earlier than in girls.

If you have OCD, you have frequent, upsetting thoughts called *obsessions*. To try to control the thoughts, you feel an overwhelming urge to repeat certain rituals or behaviors. These are called *compulsions*.

Examples of obsessions are a fear of germs or a fear of being hurt (or hurting one’s self or others). Compulsions include washing your hands, counting, checking on things, or cleaning.

With OCD, the thoughts and rituals cause distress and get in the way of your daily life—such as compulsively washing your hands until they’re sore and chapped.

Put otherwise, OCD is a common, chronic and long-lasting disorder in which a person has uncontrollable, recurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and

over, creating the uncontrollable vicious cycle of OCD.

The disorder is sometimes broken down into different subgroups based on specific compulsions:

- *Washers*, who usually fear contamination, germs and becoming dirty or sick
- *Hoarders*, who find it next to impossible to throw things out and say no to unnecessary items
- *Doubters*, who are terrified of being labeled as wrong, rejected, blamed or ridiculed by others
- *Checkers*, who harbor exaggerated fears of perceived dangers like fires, robbers or animals
- *Counters*, who tend to fixate on numbers and need to repeatedly count things over and over
- *Arrangers*, who fixate on patterns of physical perfection like balance, order and symmetry

While OCD is usually considered a lifelong disorder, symptoms can be mild to moderate, or severe and time-consuming enough to become a disability.

SYMPTOMS

Obsessive-compulsive disorder usually includes both obsessions and compulsions—but can also consist of just obsessions or just compulsions. What’s more, people with OCD may not realize that their obsessions and/or compulsions are excessive or unreasonable.

Regardless, OCD symptoms consume a lot of time and interfere with all aspects of daily life—primarily work, school, and personal relationships.

Obsessions

Obsessions are generally defined as unwanted and repeated thoughts, urges, or mental images that are intrusive and cause distress or anxiety. They typically appear when you’re trying to do or think of other things. Common obsession symptoms include:

Fear of dirt, germs or contamination; fear of contact with anything (or anyone) “dirty”

Uncomfortable, aggressive or frightening thoughts towards others or self

Needing to have things symmetrical or in a perfect order

Compulsions

Compulsions are behaviors that a person with OCD feels that he or she must do again and again in response to an obsessive thought. The person with OCD feels that the compulsion will relieve the anxiety of the obsession, but it does not.

Compulsions are usually excessive and often are not realistically related to the problem they’re intended to fix. Common compulsions include:

- Excessive cleaning and/or handwashing
- Ordering and arranging things in a particular, precise way
- Constantly checking if the stove is off or the door is locked
- Compulsive counting, often in certain patterns
- Silently saying the same prayer, word or verse again and again
- Arranging your canned goods to face the same way

As general rules, a person with OCD will:

- Be unable to control thoughts or behaviors, even when he or she recognizes them as excessive
- Spend at least one hour a day on these thoughts or behaviors
- Not derive relief or pleasure when performing the behaviors or rituals, but may briefly feel relief from the anxiety caused by the thoughts
- Experience significant problems in daily life due to those thoughts or behaviors

Tics

Some people with OCD will also have a tic disorder, which can be a motor tic or vocal tic. A motor tic is defined as sudden, brief, repetitive movements, such as blinking or other movements of the eye(s), facial grimacing, shoulder shrugging, and head or shoulder jerking. Vocal tics commonly include repetitive throat-clearing, sniffing, or grunting sounds.

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or use (and abuse) alcohol or other substances to calm themselves.

While most adults with OCD recognize that what they are doing doesn’t make sense, some adults and most children may not realize that their behavior is out of the ordinary. With children in particular, it is parents or teachers who typically recognize the OCD symptoms, not the young patients themselves.

Complications

Problems resulting from OCD may include:

- Health issues, such as contact dermatitis from frequent hand-washing
- Inability to attend work, school or social activities
- Troubled relationships
- Overall poor quality of life
- Suicidal thoughts and behavior

CAUSES

The causes of OCD are unknown, but risk factors include:

Environment

Individuals who have experienced abuse (in any of its forms) or other trauma, especially in childhood, are at increased risk of developing OCD.

Additionally, in some cases, children may develop OCD or OCD symptoms following a streptococcal infection. This scenario is known as *pediatric autoimmune neuropsychiatric disorder associated with streptococcus* (PANDAS). For treatment of PANDAS with something called intravenous immunoglobulin (IVIG), talk to your son or daughter's pediatrician.

Genetics

Twin and family studies have shown that people with first-degree relatives (parents, siblings, or children) with OCD are at a higher risk for developing OCD. This risk is higher if the first-degree relative developed OCD as a child or teen. Ongoing research continues to explore the connection between genetics and OCD and may help improve OCD diagnosis and treatment.

Brain structure and functioning

Imaging studies have shown differences in the *frontal cortex* and *subcortical* structures of the brain in patients with OCD. There appears to be a connection between the OCD symptoms and abnormalities in certain areas of the brain, but that connection is not clear and research is still underway.

More scientifically speaking:

There are two parts of the brain that are most related to fear-based beliefs. These are called the *basal ganglia* and the *thalamus*.

In all people, a connection runs from the front part of the brain to the basal ganglia, then to the thalamus, and back to the front again.

In healthy people, there is a built-in mechanism that takes place during this brain circuit which acts like an internal “filter.” It serves to help decipher harmless events and thoughts from events and thoughts that present real and rational fears.

In people with OCD, this filter seems to be malfunctioning. The result is that such people are far more effected by perceived threats or fearful thoughts and have a harder time telling the difference.

Why causes this malfunction in normal brain circuitry? Some researchers suggest that a combination of genetics, inflammation inside

the brain, and anxiety-provoking experiences such as neglect and/or abuse from parents, relatives or teachers, a death or life-altering event in the family, or other form of emotional trauma (especially at a young age) contribute to abnormal brain processing that leads to OCD.

In fact, these events seem to alter

DIAGNOSIS

If your obsessions and compulsions are affecting your quality of life, see your doctor or mental health professional.

There are comprehensive and validated screening instruments for quantifying and tracking signs



brain patterns and can even shape the physical structure of the brain thanks to *neuroplasticity*. Neuroplasticity means that recurring thoughts wind up forming physical brain changes that make those thoughts likelier to happen again in the future.

That is the reason why therapeutic techniques lower the need for compulsions—they help interrupt fear-based thoughts, shed light on compulsions and reduce anxiety, helping restore the normal brain circuit described above.

and symptoms of OCD—such as the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). Another common diagnostic test is the Florida Obsessive-Compulsive Inventory.

TREATMENT

If you think you have OCD, talk to your doctor about your symptoms. If left untreated, OCD can interfere in all aspects of life. Psychotherapy, medication, or some combination of

both is typically used to treat OCD.

Sometimes people with OCD also have other mental disorders, such as anxiety, anorexia, depression, or body dysmorphic disorder (in which someone mistakenly believes that a part of their body is abnormal). When seeking treatment for OCD, it is also important to consider the possible presence of these disorders, too.

Psychotherapy

Psychotherapy provided by a qualified and experienced professional is often an effective treatment—and all the treatment you'll need. Extensive research shows that categories of mental-health counseling like cognitive behavior therapy (CBT) or habit reversal training work just as well as medication, if not better.

Some studies have even shown that not only can psychotherapy (along with the ongoing love and support of family and friends) effectively treat OCD without any medications at all, it can even physical change the structure of the brain in people with OCD.

Specifically, research has shown that a type of CBT called exposure and response prevention (ERP), or exposure therapy, is quite effective in reducing compulsive OCD behaviors.

Medication

If psychotherapy does not work, doctor-recommended medications for OCD may include:

- Serotonin reuptake inhibitors (SRIs) like desvenlafaxine, duloxetine or venlafaxine
- Selective serotonin reuptake inhibitors (SSRIs) like fluoxetine, fluvoxamine or sertraline
- “Tricyclic” antidepressants like clomipramine

Before taking any medication for OCD, talk to your doctor or pharmacist to ensure you understand its risks and benefits. Never stop taking a medication without talking to your doctor first—such sudden stoppage may lead to “rebound” or worsening of symptoms, as well as other uncomfortable or potentially dangerous withdrawal effects.

PROGNOSIS

While there is no vaccine or antibiotic that prevents OCD, the sooner it is diagnosed and treated, the likelier it is to *not* get worse and progressively disrupt daily life. So: Eat healthy (cut out all caffeine!), get enough sleep, seek support, learn to relax, and celebrate victories—and chances are you'll take a good bite out of your OCD. ★

Status Report

Happening In Hospitals Today

WORKPLACE VIOLENCE BILL WOULD REQUIRE HOSPITALS TO MEET OSHA STANDARDS

Washington, D.C. — Motivated at least in part by a psychiatric nurse who was attacked and seriously injured by two hospital patients in just over three months, Connecticut Congressman Joe Courtney has now introduced a federal bill that would require healthcare and social service employers to implement workplace violence prevention plans enforceable by the Occupational Safety and Health Administration (OSHA).

The bill, HR 1309, would specifically require hospitals to meet OSHA design standards like glass partitions at certain nurse stations, and staffing standards like additional security guards, to improve safety for healthcare workers.

Introducing the bill for discussion at a recent Congressional hearing, Rep. Alma Adams of North Carolina pointed to a federal Bureau of Labor Statistics (BLS) report finding that healthcare workers are five times likelier to be seriously injured on the job than other sector employees.

GOOGLE TRANSLATE (IMPERFECTLY) HELPS DOCTORS WITH NON-ENGLISH-SPEAKING PATIENTS

San Francisco, California — Patients who can't (or won't) speak the language of their country put English-speaking doctors trying to help them, and themselves, in a position of disability.

But thanks to an artificial intelligence (AI)-driven app called Google Translate, up to 81 percent of English-language medical instructions translated into Chinese are accurate—and up to 92 percent of such instructions in Spanish.

Those figures come from a new study by the University of California, San Francisco (UCSF), published in *JAMA Internal Medicine*. Researchers at UCSF ran a set of 100 medical instructions from real-life ER situations through the newest version of the app to get those results.

REPORT: HOSPITAL DOCTORS GENERATE \$2.4 MILLION ANNUALLY

Dallas, Texas — A report by industry analyst Merritt Hawkins finds that doctors employed by hospitals produce an average of close to \$2.4 million a year in revenue for their employers.

According to Merritt Hawkins, that's a 52-percent increase from the \$1.5 million annual generated revenue reported for 2016.

Among specialists, the report says that cardiovascular surgeons, at \$3.7 million, generated the most. Invasive cardiologists came next at \$3.5 million, followed by neurosurgeons (\$3.4 million) and orthopedic surgeons (\$3.3 million).

Some \$2.7 million a year was generated by general internists for affiliated hospitals, followed by \$2.1 million by family physicians.

Interestingly, though, the research

found that when the salary is factored in, the top revenue-generating specialty doesn't generate as much as others.

For example, family physicians were found to have an average starting salary of \$241,000—but produced nine

quality.

The researchers then selected seven procedures often used inappropriately and attempted to measure any patient harm caused. Depending on the procedure, the percentage of hospital-acquired complications ranged from 0.1 percent to 15 percent.

HOSPITALS LOSE \$4 MILLION IN REPUTATION AFTER CYBERATTACKS: REPORT

Washington, D.C. — An average healthcare data breach on a hospital, such as those inflicted by “ransomware” and other cyberattacks, increases patient churn by 6.7 percent and results in a reputational loss worth nearly \$4 million, according to the Institute for Critical Infrastructure Technology.

Nearly 40 percent of healthcare organizations have experienced a ransomware attack, according to the Institute.



THE COST OF REPUTATION LOST: CYBERATTACKERS HURT IN MORE THAN ONE WAY

times that amount for their employing hospitals. On the other hand, orthopedic surgeons averaged a starting salary of \$533,000—but only averaged six times that amount in revenue generated.

LOW-VALUE PROCEDURES CAN HARM PATIENTS, BURDEN SYSTEM

New South Wales, Australia — According to a group of Australian researchers, low-value procedures at hospitals may cause more harm than good for the patients they're supposed to help—in addition to the persistent notion that they waste resources.

The Australian study, published in *JAMA Internal Medicine*, found that low-value procedures raise the risks patients may experience problems such as unnecessary discomfort or dangerous hospital-acquired complications.

To come to their conclusions, researchers looked at admissions data from 225 public hospitals in New South Wales from 2014 through 2017. To calculate value, they looked at cost—and whether an unnecessary procedure simply fails to add to a patient's quality of care or actually detracts from care

OVERLAPPING SURGERY SAFE FOR MOST PATIENTS: STUDY

Stanford, California — Is it safe for a surgeon to start a second surgery before he ends a first surgery? Better yet, are surgery patients safe when their surgeon is performing overlapping surgeries?

A large new study in the *Journal of the American Medical Association (JAMA)* says yes—but only for most patients. The study notes that high-risk patients might be an exception.

The Stanford University research found that for adult patients undergoing common operations, overlapping surgery was not significantly associated with differences in in-hospital deaths or post-operative complications. But it did find that a subset of patients considered high-risk might be bad candidates for overlapping surgery.

Unlike related prior studies that focused on a single institution or a single type of operation, researchers here examined the results of 66,430 operations—of which 8,224 were overlapping—which took place at eight medical centers over an eight-year period.



NOT LOST IN TRANSLATION: GOOGLE TRANSLATE WORKS IN MANY ER SITUATIONS



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Proactive: Hamaspik HomeCare Boasts 80-Percent Electronic Visit Verification (EVV) Compliance Rate

COO: agency “way ahead of the curve” on national Jan. 1, 2020 compliance deadline

It's not uncommon for tech-driven innovation to first hit the market—and only then to hit hurdles.

Perhaps the most prominent contemporary example of that is ride-sharing: phone-driven transportation services like Uber that increasingly render taxicabs obsolete, but which also raise new legal questions.

Chief among such questions are these: if an Uber driver hits another car, is the driver financially responsible? Or the company? And do existing taxi-operator taxes levied by cities and states apply to Uber?

For home care services agencies nationwide, that leap forward (and potential drawback) comes in the form of electronic visit verification (EVV).

For decades, home health aides (HHAs) and other providers of in-

home care for seniors and others have been logging their home visits on paper—manually recording arrival and departure times.

In one giant leap into the future, EVV would make all that a thing of the past.

“EVV refers to technology that electronically verifies that services are delivered at the right time, to the right place, and to the right person,” explained Kenya Cantwell, a Health Insurance Administrator with the federal Centers for Medicare and Medicaid Services (CMS), on a Nov. 7, 2018 conference call.

Upgrading the entire home care industry from paper to electronic records of visits was part of the tellingly-titled 21st Century Cures Act, the last bill signed into law by Barack Obama as U.S. President.

Under that bill, EVV compliance was to be mandatory by Jan. 1, 2019. But caregivers, non-profits and corporations nationwide raised hundreds of objections to the proposed technology.

These wide-ranging issues included discrimination, civil rights and privacy issues, the Americans with Disabilities Act (ADA) and the federal Olmstead law—as well as costs of, and federal reimbursement for, the new technology.

As a result, legislators were prompted to ratify a one-year delay; EVV must now be in place by Jan. 1, 2020. Currently, CMS is tweaking EVV rules to address the raised concerns.

But in the meantime, “Hamaspik is way ahead of the curve with compliance,” writes Mordechai Wolhendler, Hamaspik HomeCare

COO, in an e-mail to the *Gazette*.

“We already have 80 percent of people using EVV,” he writes, “and [are] actively working on getting it to 100 percent way before the Jan. 1, 2020 deadline.” ★

Another study underscores sleep loss-Alzheimer's connection

St. Louis, Missouri — It's long been known that healthy brain cells regularly produce a protein called *tau* during waking hours.

It's also long been known that a healthy brain clears out that daily build-up of *tau* during the night, while you're sleeping.

And several studies of seniors in recent years have found a correlation between sleep and Alzheimer's—essentially finding that the more sleep, the less *tau* and hence less Alzheimer's.

Now, a new study underscores that finding again.

Research at the Washington University School of Medicine looked into whether *tau* levels in the brain naturally are tied to the sleep-wake cycle—and found that they are.

Researchers measured *tau* levels in brain fluid collected from mice during their normal waking and sleeping hours. They found that *tau* levels in brain fluid nearly doubled when the mice were awake—and that sleep deprivation caused *tau* levels in brain fluid to double yet again.

They also found that depriving mice of length (and quality) of sleep over several weeks led to significant spreading of *tau* in their brains—and, most interestingly, in the same brain areas affected in humans with Alzheimer's. ★

Most Senior ER Visits Related to Diabetes: Study

San Diego, California — One might think that heart disease is what most frequently drives seniors to hospital emergency rooms. But, as it turns out, it's actually diabetes—according to a new study.

In research recently published in the *Annals of Emergency Medicine*, University of California, San Diego researchers found that complications due to diabetes are the most common reason.

What's more, according to the study, seniors who are chronically ill with diabetes also remain in the hospital longer, requiring more treatment and resources.

To draw their conclusions, researchers perused 2014 data on California seniors defined as frequent users, meaning that they visited an ER six or more times in that year.

The most common conditions landing them in ERs were: peripheral vascular disease, or PAD (15 percent), congestive heart failure (16 percent), kidney disease (19 percent), chronic pulmonary disease (21.5 percent), and

diabetes (26 percent).

In Year 2012, according to the federal Agency for Healthcare Research and Quality (AHRQ), seniors accounted for 15 percent of the U.S. population—but 21 percent of total

health spending, as well as almost half of the top 1 percent of spending. Additionally, according to the Centers for Disease Control (CDC), over 15 percent of U.S. ER visits are made by patients 65 and older. ★



DIABETES DANGER: THIS DISEASE DRIVES 26% OF SENIORS' ER VISITS, SAYS STUDY

בס"ד

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