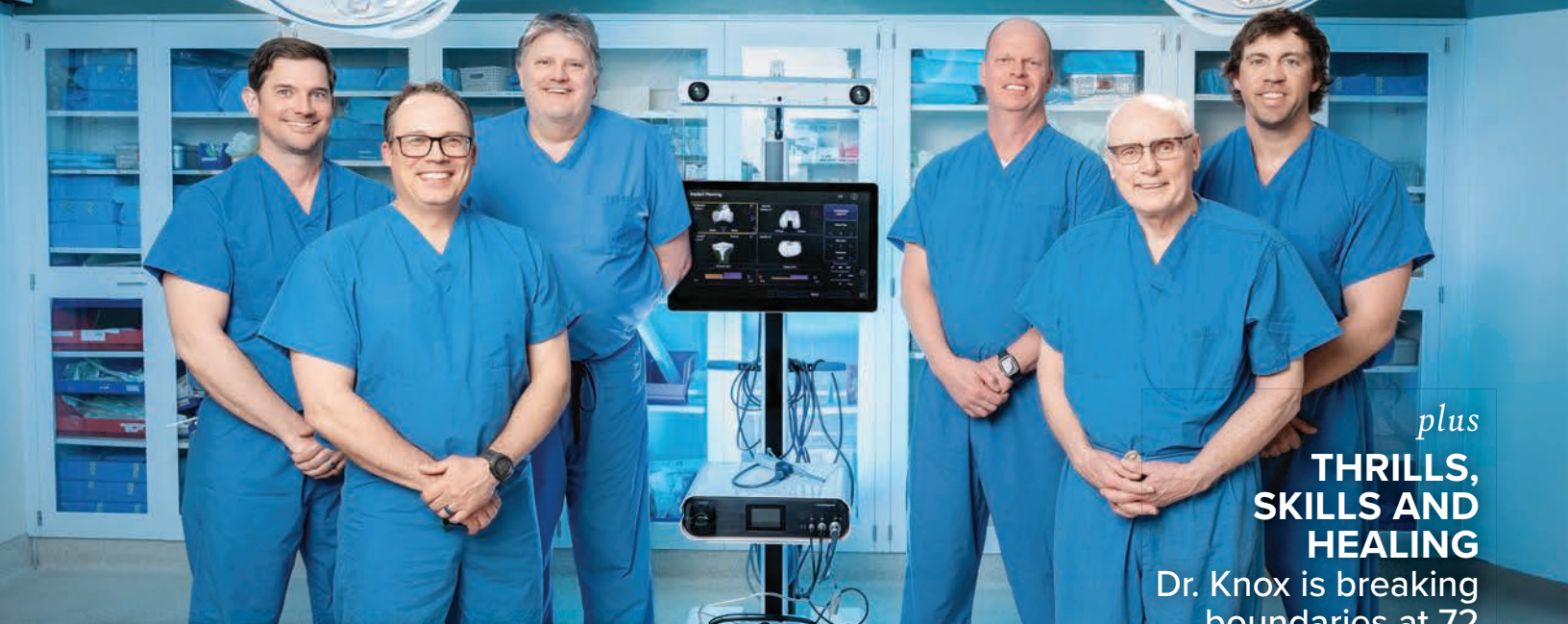


Pulse

BAXTER HEALTH

SPRING 2024
VOLUME 7 | ISSUE 2



PRECISION IN MOTION

THE CORI SYSTEM
IS REDEFINING KNEE
REPLACEMENT SURGERY

pg. 26

plus
**THRILLS,
SKILLS AND
HEALING**

Dr. Knox is breaking
boundaries at 72

pg. 20

WEIGHT WARRIORS

Spann and Roberts
are rewriting the
weight-loss narrative

pg. 16



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On the cover: Orthopaedic surgeons of Baxter Health.
PHOTOGRAPHY BY JAMES MOORE



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WELCOME BACK!

As President and Chief Executive Officer of Baxter Health, I am pleased to introduce the latest issue of PULSE magazine, full of interesting stories about the people and processes that make the health system what it is.

In this issue, our main article takes a look at new technology at work in the orthopaedic department, one of the areas of medicine for which Baxter Health is particularly well-known. Our new CORI robotic surgical system provides surgeons the latest tool in the field of knee replacements, helping to ensure more precise placement for a better-performing prosthetic.

Robotic technology has quickly become standard equipment in healthcare, and the CORI system puts Baxter Health on equal footing with hospitals several times our size. It should be noted that as impressive as that sounds, the device is still only as good as the experienced, caring physicians who use it. In this regard, Baxter Health outdoes them all, and you will no doubt agree after reading about them in their own words.

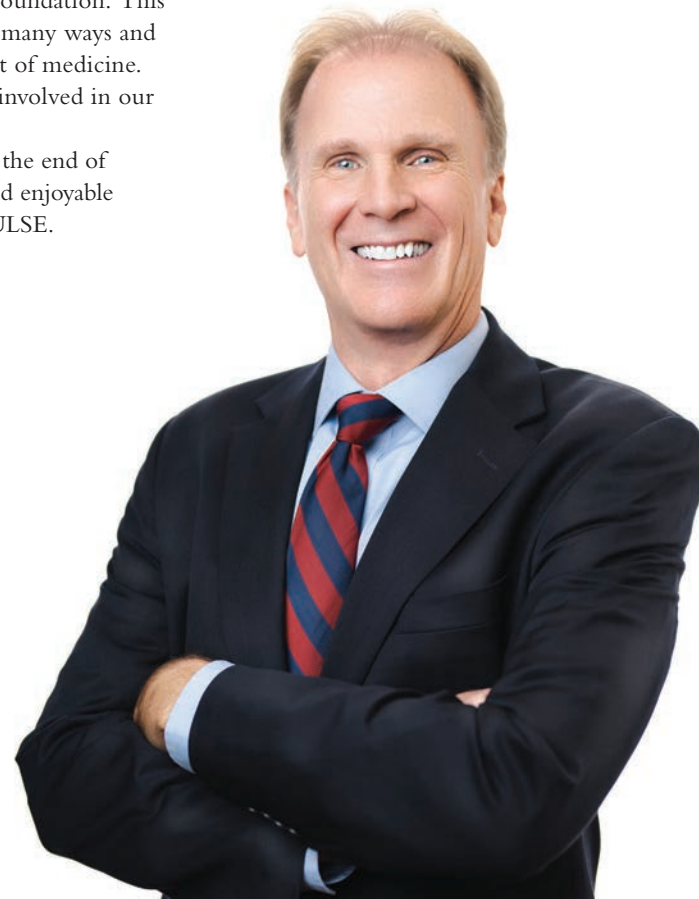
As you might imagine, robots are expensive, and the hospital is blessed to have a group of active and engaged professionals helping us meet the cost of physical expansion and cutting-edge equipment. Also in this issue, you will meet the team in the Baxter Health Foundation. This organization connects with the community in many ways and is an integral part of keeping us at the forefront of medicine. Read about the multiple ways to give and get involved in our success story!

As the weather turns warm and we approach the end of another school year, we wish everyone a safe and enjoyable summer. Thank you for reading this issue of PULSE.

With gratitude,



RON PETERSON
President/Chief Executive Officer
Baxter Health



PHOTOGRAPHY BY JAMES MOORE



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AMERICAN RESCUE PLAN ACT

FULTON COUNTY HOSPITAL REACHES AGREEMENT TO JOIN BAXTER HEALTH

After unanimous votes by both the Fulton County Quorum Court on Tuesday, February 20, 2024, and the Baxter Health System Board of Directors on Wednesday, February 28, 2024, Fulton County Hospital has reached a long-term agreement to become part of the Baxter Health System. Baxter Health will continue to manage Fulton County Hospital for the remainder of 2024 under the current management agreement and will execute the long-term lease by January 1, 2025.

This decision comes after the Fulton County Hospital Board voted unanimously in August, 2023, to sign a letter of intent to enter into a management agreement with Baxter Health. This was the recommendation of the Arkansas Department of Finance and Administration consultants Alvarez & Marsal Public Sector Service, LLC, who helped Governor Sarah Huckabee Sanders and state legislators decide how to prioritize hospitals' requests for American Rescue Plan Act (ARPA) funding.

After six months of operational oversight, Baxter Health has helped increase volumes across various service lines including swing bed and endoscopy. In addition, they have successfully improved the revenue cycle, addressed



compliance issues (for example: price transparency), and helped generate positive cash flow to settle debts with key suppliers, fulfill payroll obligations, and repay substantial loan amounts to local financial institutions.

"The encouragement from both the hospital staff and the wider community throughout our management partnership have been nothing short of extraordinary. In the challenging landscape of critical access hospitals, where resources are scarce, Baxter Health has stepped in to bridge that gap. We brought to the table a wealth of resources in financial management and operational strategies. The team at Fulton County Hospital has demonstrated remarkable openness and willingness to collaborate with Baxter Health. Together, we're committed to steering the hospital towards a stable and sustainable future," said Anthony Reed, Interim Administrator of Fulton County Hospital.



+ BAXTER HEALTH FAMILY CLINIC AT MOUNTAIN VIEW

The Baxter Health Family Clinic at Mtn View was presented with an award for achieving the highest quality performance for Controlling Blood Pressure among all Baxter Health primary care clinics for 2023.

HEROES WITH HALOS RECIPIENTS

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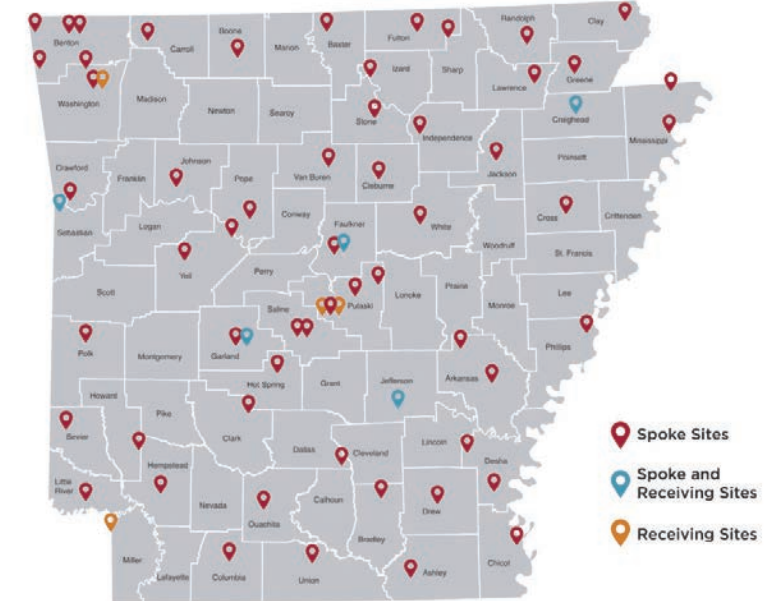
- Adrienne Blackwell**, Deferred Gift Officer, Baxter Health Foundation
- Jessica Brown, DPT**, Physical Therapy, Baxter Health Bone & Joint Clinic
- Lily Browne, BSW**, Continuity of Care
- Heidi Henson, ADN, RN**, 4 South
- Dmitriy Zak, MD**, Highlands Oncology at Baxter Health
- LaJeana Dorst, ADN, RN**, Acute Inpatient Rehab
- Ginny Lotito, SLP**, Acute Inpatient Rehab
- Kiersten Hout, PTA**, Acute Inpatient Rehab
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- Acute Inpatient Rehab Staff**
- Alvin Villarín, BSN, RN**, 4 South



DMITRIY ZAK, MD,
HIGHLANDS ONCOLOGY AT
BAXTER HEALTH



JESSICA BROWN, DPT,
PHYSICAL THERAPY,
BAXTER HEALTH BONE & JOINT CLINIC



24/7 CONSULT COVERAGE AND SUPPORT

BAXTER HEALTH JOINS UAMS STROKE PROGRAM TO ENHANCE STROKE CARE

Baxter Health, as a participant in the University of Arkansas for Medical Sciences (UAMS) Stroke Program, is proud to announce its commitment to providing exceptional stroke care. As one of the 62 stroke-ready hospitals in Arkansas, Baxter Health is equipped to offer immediate, reliable care in stroke emergencies. The UAMS Stroke Program, a part of the UAMS Institute for Digital Health & Innovation, enhances our capabilities through telemedicine, connecting emergency departments to stroke specialists for live consultations. This collaboration is vital for administering timely treatments like clot-busting drugs, significantly improving stroke outcomes.

Baxter Health's recognition with the 2020 Site Excellence Award by the UAMS Institute for Digital Health & Innovation Stroke Program underscores our dedication to high standards in stroke care. Our participation in this program ensures that we are well-prepared to provide life-saving care when seconds count, particularly in rural areas where access to specialized stroke neurologists is limited. Baxter Health remains committed to improving stroke awareness and response times through public education and digital outreach, aligning with the UAMS Stroke Program's mission to reduce stroke mortality in Arkansas.

CALENDAR

MAY-JULY 2024

1

of June

Outrun Cancer, Peitz Cancer Support House's 5k Race and Walk Event, will be Saturday, June 1 at 8 a.m., at the ASUMH campus. \$35 pre-registration. Proceeds benefit the Peitz Cancer Support House of Baxter Health. For more information, call 870-508-2273.



5K RACE

& WALK

Heart Healthy Women, Monthly, 2nd Thursday, 1 p.m.

Infant Loss & Support, Facilitated by Deanna Howarth-Reynolds, LMFT, Lighthouse Counseling of the Ozarks, Monthly, 1st Thursday, 5:30 p.m.

Novel Women's Book Club, Monthly, 3rd Wednesday, 1 p.m.

Ladies Exercise, Wednesdays, 10 a.m.

Line Dancing, Tuesdays, Wellness Education Center, Beginner Steps at 11:15 a.m., Beginner at 12 p.m., Advanced at 1 p.m.

Dance! Mondays and Wednesdays, Wellness Education Center, 4:15 p.m.

Cardio Kickboxing & Strength Training, Mondays and Wednesdays, 5:30 p.m.

Peitz Cancer Support House Cancer Support Connections, 2nd & 4th Tuesdays, 10 a.m.

Men's Cancer Discussions, Monthly, 2nd Thursday, 9 a.m.

Ostomy Wellness, Monthly, 1st Tuesday, 10 a.m.

Threads of Hope: Creating Gifts for Cancer Patients, Mondays, 1 p.m.

Knock Out Cancer Boxing, Tuesdays and Thursdays, 3:30 p.m.

Beginner to Intermediate Yoga, Tuesdays and Thursdays, 8-9 a.m.

Chair Yoga, Mondays and Wednesdays, 10 a.m.

Quit Tobacco Program by Roxy Koop, by appointment.

Services & Resources for Cancer Patients and Loved Ones, Monday-Thursday, 9 a.m.-4 p.m.

Rock Steady Boxing for Parkinson's, Mondays, Wednesdays and Fridays, times vary.

Seated or Standing Exercise for Seniors, Tuesdays and Thursdays, 10 a.m.

Parkinson's Carepartner Support Monthly, 2nd Thursday, 10 a.m. Please call for specific location.

Dementia Care Partner Support, Monthly, 4th Thursday 1-2 p.m.

Schliemann Center for Women's Health Childbirth, Monthly, 2nd Saturday, 9 a.m.

Crafting Class, 1st and 3rd Thursday, 10 a.m.

Breastfeeding, Monthly, 3rd Tuesday, 5:30 p.m.

REOCCURRING

Mruk Family Center on Aging Fit & Fab for Women, Wellness Education Center, Tuesdays and Thursdays, 9:15 a.m. or 10:15 a.m.

Fitness for Men, Mondays and Wednesdays at MFCOA, 9:15 a.m.

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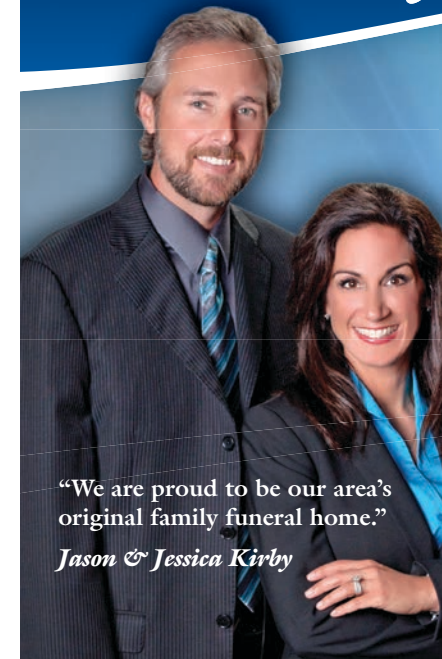
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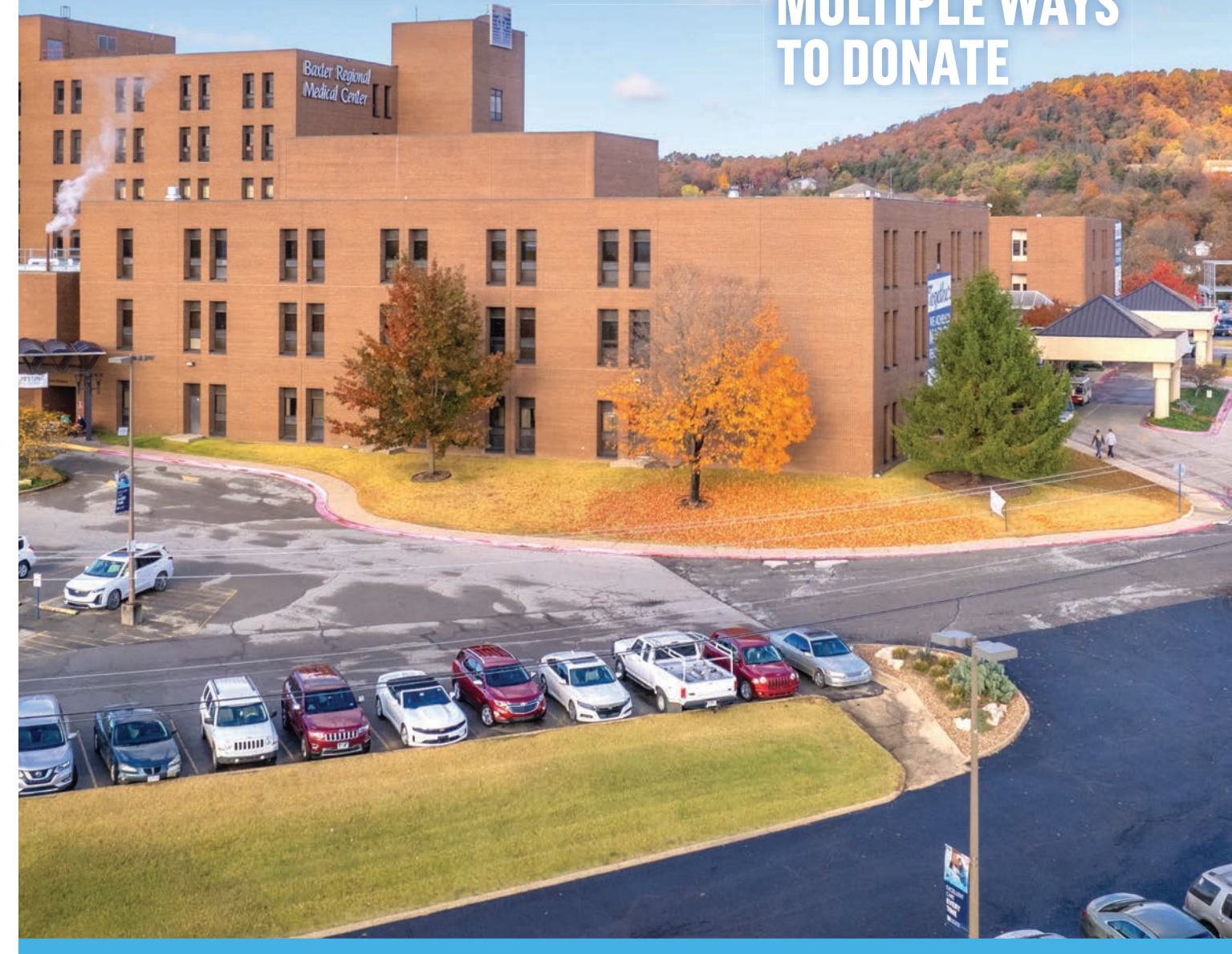


Nate Blanton, APRN

PHILANTHROPY / FOUNDATION HIGHLIGHT PHOTOS COURTESY OF BAXTER HEALTH

THE GIVING TRIANGLE

BAXTER HEALTH FOUNDATION OFFERS MULTIPLE WAYS TO DONATE



Sarah Edwards, executive director of the Baxter Health Foundation, smiles at the reaction she gets when she talks about the generosity of the Mountain Home community in support of the local hospital. For decades, as Baxter Health added new services, expanded facilities and upgraded medical equipment, the citizenry never failed to answer the call for funding.

Even Edwards herself is taken aback sometimes, despite having had a front-row seat to the process over the last couple of years.

“We just had our Black and White Ball, which is our annual gala, and it raises a lot of money for the foundation,” she said. “I was so proud this year; we raised more than \$70,000, we had about 300 people in attendance and it was sold out almost two weeks in advance.”

Part of what makes the foundation so effective in fundraising is the variety of ways it provides would-be and returning donors an opportunity to contribute. The foundation’s menu of charitable giving options brings beginning philanthropy within reach of virtually every budget while allowing a habit of giving to grow over time.

“We have what we call ‘The Giving Triangle,’ which is annual gifts, major gifts, and deferred gifts,” Edwards said. “We really work to keep things from becoming siloed so that if somebody walks or calls in in to our office and they say, ‘I’d like to make a donation today. What are you working on for the hospital?’ we are all very well aware of all of the specific needs for the year and how we can help a person decide which mode of giving best fits them.”

While donors come in all shapes, sizes

and amounts, annual giving can be seen as the gateway for many people just starting out. Managed by Cindy Costa, director of development, annual giving provides a number of ways to contribute, from employee withholding to yearly charitable contributions to fundraising via events.

“Usually, people start out smaller, and then they move up,” Costa said. “Maybe they do a \$250 donation to us for an event and maybe next year they do \$5,000 for something for a major gift. Or perhaps they are into running, and they participate in our upcoming 5K and that then leads to more regular giving. One thing tends to support the other.”

Annual giving also looks within to Baxter’s employees and auxiliary to make it easy for them to help support the hospital. Over time, this effort alone has been a potent source of fundraising.

“I think every hospital out there has an employee fund drive to engage staff, but we like to think ours is the best in the country,” Costa said. “I’ve gone to national conferences, and one of the things they’ll ask is, ‘What percentage of your employees give to the employee fund drive?’ You’ll hear 5%, 10%, 15; once in a while, you’ll get somebody with 25%. I very proudly raise my hand and say, ‘We do between 70% and 80%.’

“Our auxiliary is also amazing. In addition to the individual members giving, the Tuesday after Thanksgiving we partake in Giving Tuesday where people donate that day, and the auxiliary matches all gifts up to \$50,000. Last November, we raised \$104,000 in one day.”



(Left) Baxter Health Foundation received a \$50,000 donation from Bob and Mary Walker at the end of 2023 that allowed for the purchase of a new gastroscope for our Baxter Health Outpatient Surgery Center. Pictured with the new scope is gastroenterologist William Dyer, MD. (Right) The fundraising efforts of the Women in Philanthropy group helped to purchase the ambulance department a new Lucas Chest Compression Device.



Another option the foundation offers is through deferred gifts, in which people include the organization in their estate. This type of giving can include any number of things of value, from property to stocks as well as cash.

“Some of our donors will do a charitable trust where they’ll name us as a beneficiary. Some will do a simple beneficiary designation, where they leave the foundation a home or an account, things like that,” said Adrienne Blackwell, deferred gift officer. “Another deferred gift options is when they leave us as a beneficiary on their IRA as well. There are different tax benefits depending on how they want to leave their legacy.”

“We also have what’s called a charitable gift annuity that is growing in popularity, where the donor leaves us a gift and they are able to use tax deduction savings now as well as receive income over their lifetime. Those are some of the more popular options we provide to donors, and we always refer them to a CPA to explain the benefits in detail to ensure they choose the right one for their situation.”

As with the foundation’s other types of giving, donors have the opportunity to voice how their gift is used, whether they want it to support a given area of the hospital or if they want it to be applied wherever the need is greatest.

“We’ve had donors that choose specific departments or our community houses. We have had donors that a specific house meant a lot to them or to their family,” Blackwell said. “One of the things we like to do is really encourage donors to let us know ahead of time that they’re doing a gift. Our goal is to always honor their wishes and the legacy that they want to leave.”

“Sometimes we know about gifts beforehand, and sometimes we receive gifts out of the blue — and all are definitely appreciated. But it’s really neat if we can meet with them in order to engage them in some creative gift planning, as we call it, to help them so that we can truly fulfill their legacy.”

While all gifts are an important part of overall fundraising, each type fits into the puzzle slightly differently. Deferred giving, for example, being triggered by the settlement of a person’s estate, isn’t as useful in meeting immediate needs such as a capital campaign, nor does it allow the donor to see their generosity in action. In these instances, a major gift might be a better option to consider while being equally crucial to the foundation’s work.

“We consider a major gift anything \$5,000 or more,” said Edwards who spearheads this area of giving. “Major gifts are pivotal to large capital campaigns because while every dollar donated matters, it’s pretty difficult

to raise \$1 million or more without the generosity of major gift donors.”

Major gifts are also key in purchasing big-ticket items, such as surgical robots or other expensive pieces of equipment.

“This year we will kick off a capital campaign later in the fall,” Edwards said. “We’ll have those one-on-one conversations and meetings with donors who can provide a major gift of maybe \$20,000 or \$50,000 to get the campaign started. Once we get a jump-start on those leads gifts, we can then work toward collecting all other gifts to complete the capital campaign.”

Edwards said the Baxter Health Foundation

employs multiple ways to recognize donors, from public announcements in the annual report, to project naming plaques throughout the hospital, or even in-house donor groups such as Women in Philanthropy, that also serve as an invitation for other would-be philanthropists to get involved.

“Donors create new donors,” she said. “Some people don’t want their name on things, and some don’t want to be recognized at all. We absolutely respect that, but we also say, ‘Guess what? By being part of our donor family, you get a chance to influence other people to give.’ That’s really what it’s about.” ■



Baxter Health Foundation’s 2023 capital campaign raised \$425,000 for three new ultrasound machines for their radiology department. Pictured with one of the new machines is the director of radiology department, Shanette Loggins (left) and executive director of Baxter Health Foundation, Sarah Edwards (right).

SHAPE THE FUTURE

For those inspired to make a difference, the foundation provides ample opportunities to join its mission, whether through direct donations, attending fundraising events, or becoming part of donor groups like Women in Philanthropy and the Legacy Society. This collective effort not only fuels the hospital’s growth and service expansion but also strengthens the bond within the community, inviting everyone to play a part in shaping a healthier future.



HEALTHY LIVING

LOSS LEADERS

Eric Spann and Dave Roberts
save lives, one pound at a time

WRITTEN BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE

Dr. Eric Spann and Dave Roberts, MPA-C, are about as close to a textbook definition of the odd couple as one will ever meet.

Spann, a physician of 30 years, talks of fitness and weight loss strategies in the tone of a field general doing battle against obesity. Roberts, who started his career in the field of weight loss in the military and is retired from owning his own weight-loss clinic in Texas, strikes at patients' emotional side while he's shepherding them through the difficult process of dropping pounds.

In many other ventures, the two men might drive each other nuts with their contrasting styles but instead have found their perfect match in serving patients at their weight loss and longevity program, offered through the Baxter Health Family Clinic in Mountain View.

"Dave and I hit it off immediately," Spann said. "Dave was the first person I have ever met who understood a lot of the endocrinology, neurology and the psychology of weight gain and weight loss. He also has this really unique gift for getting people started, encouraging them and getting them emotionally engaged. He's better than I am in that way, and when you put him and me together, it's an unbeatable combination."

"We have the same passion; we both are completely dedicated to helping folks around us improve themselves. We just have historically gone about it differently," Roberts said. "If we were a sports team, I would say he's much more the coach, and I'm much more the cheerleader. We both kind of lean into each other's roles and dovetail into each other."

So far, the partnership has been turning in amazing results; since the duo started working together in December, they've quickly built their clientele to 50 people who have averaged 20 pounds lost in the first six weeks and several having lost 50 pounds to date.

As anyone who has ever tried it knows, the first four to six weeks is critical to success as it holds the most difficult part of any weight-loss program: change.

"Sugar is more addictive than heroin. Let that one mull around in your brain," Roberts said. "Amy, one of our health coaches and our office manager, said that she was very emotional for the first two weeks because using food as a coping mechanism had been taken away. What she was seeking in food for acute joy had to be replaced with something productive, and what she learned was that she had the untapped strength within herself to gain control without self-medicating with emotional eating."

Spann knows the difficulty of losing weight firsthand; his first client was himself, and he lost 30 pounds in six months that he's never gained back. His methods were sound, but as he would come to realize, they



DR. ERIC SPANN AND
DAVE ROBERTS, MPA-C
stand outside the Baxter
Health Family Clinic at
Mountain View.



were often too tough for people not wired like he was as a longtime weightlifter and later a triathlete.

“I’ve always done a detailed eat list then burn with exercise,” he said. “I’ve been able to get, on average, about 50 pounds off the average patient who follows the program. The problem was most people were so discouraged and so low by the time they asked a doctor for some kind of medical help, they could not endure the rigors of that first month of eating a lot less and burning a lot more, and they would give up. My method was a little bit too rigid I found out.”

The new approach is no less effective — or difficult — but is packaged differently to get newcomers through the roughest initial weeks. This is where Roberts shines, starting with an exhaustive interview at intake where he learns as much as he can about a patient’s health backstory and existing support system. He then nurtures patients without coddling them or failing to hold them accountable.

“I work with them most closely in phase one because when most folks get to me, in some way or another, they’re broken,” he said. “Most of them have had to deal with guilt, shame and negative-reinforcing factors their entire lives. The last thing they need is someone beating them up about what they’re not doing.

“Just the other day, I had a patient who

said, ‘Yeah, Dave, I’m struggling. I just can’t understand why I’m not losing weight. I’m following the program perfectly.’ I say, ‘I think you’re skipping meals, and you’re skipping snacks.’ They said, ‘Yeah, but it’s not my fault. It’s my job.’ I say, ‘OK. Hold on right there. It is your fault. Own this because it’s your choice. You’re going to have to make different choices if you expect different outcomes.’”

Patients are also assigned a health coach, a person so integral to the process that Spann and Roberts look for special attributes from them to help ensure they fit the role.

“The health coaches are the linchpin that holds this all together,” Roberts said. “They’re folks who have been through the process — normal people who have experienced the exact frustrations and difficulties that current patients are experiencing. They can help by saying, ‘I’ve been there, brother. I’ve been there, sister. I’m still there, and this is what I use to succeed.’”

Patients generally exit the initial phase with improved confidence and are ready for Spann to take over, where he delivers some unfiltered facts about the difference between weight loss and longevity.

“Once they start losing weight, they’re willing to listen to my part,” Spann said. “They come in and say, ‘OK, doc, I’ve lost the weight. Now I’d actually like to live longer.’ What I tell them is losing 50 pounds

of body fat is wonderful, but it won’t make one muscle cell in your body stronger, it just makes you less heavy. That’s great, but most people would rather be lean and fit than they would just be thin.

“The thing that we do differently is we treat this just like every other part of healthcare. We see patients regularly, we back them up, we take their calls, we examine them. This is not some fly-by-night thing. We decided we would treat people the exact same way with the exact same professionalism as if we were treating them for a heart problem. That, more than anything else, is why we’re unique — this isn’t a program we do on the side. What we do is medical and scientific and actual healthcare.” ■



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MARATHONS,
MOTORCYCLING,
AND MEDICAL
MILESTONES

WRITTEN BY DWAIN HEBDA
PHOTOGRAPHY BY JAMES MOORE



over the United States,” he said. “I had offers around a large part of the geographic United States, and my wife and I did several site visits. As I was getting ready to start my chief resident year, my mother became ill and she was hospitalized in West Plains (Missouri).

“My first-year medical instructor and one of the gastrointestinal fellows I respected greatly, Fred Turner, and Peter McKercher, a gastrointestinal fellow at the University of Missouri, had moved to Mountain Home. Peter told me about the medical community down here and how it was growing and the quality of physicians there. I thought, ‘Wow, that’s kind of interesting.’”

Knox formed a partnership with David Sward, and the two practiced together for seven years before separating their practices. Many other offers have come from outside the area through the years, but none could dislodge him from the community he’s called home.

“I enjoyed what I did here,” he said. “I’m a curious individual by nature, and I enjoy figuring things out. I think three-dimensionally, and in order to be a good orthopaedic surgeon, particularly in fracture care and the reconstruction of joints, you have to be able to imagine what you’re going to do. You have to have the ability to see the finished product in a three-dimensional aspect. I’ve always been able to do that without too much trouble. It’s like putting together a puzzle.”

During his lengthy career in orthopaedic medicine, Knox gained a stellar reputation for expertise in multiple procedures, thanks to his penchant for keeping up with the latest technology, medical protocols and surgical techniques.

“When I first started in orthopaedics, we had knee replacements which typically would only last maybe five years. Hip replacements had just been developed,” he said. “Fracture care, when I first started, we used plates and screws; the concept of locking plates, compression plates, interlocking rods like we use for complex long bone fractures now, had not been invented.

“The Swiss had come out with a system for plating that applied compression of the fractures through the plates, and this was still somewhat controversial. I think I was a fourth-year resident when I went to a course that was sponsored by the Swiss Association for the Study of Internal Fixation where we took what was called the basic fracture course. This is the sort of thing that nowadays is taught to a first-year resident as a standard of care.”



DR. KNOX in the cockpit of a 427BD. Dr. Knox and wife Deborah on a ride in Provence, France.

Growing up on a farm and serving 41 years in medical practice may seem like two very different things, but Dr. Thomas Knox, who grew up in rural Thayer, Missouri, and began practicing in Mountain Home in 1983, begs to differ.

“As I went through medical school during my first two years, I really didn’t have a clue in terms of what I wanted to do for the rest of my life,” he said. “One of my best friend’s older brother was an orthopaedic surgeon, and my friend started talking to me about all of the things that go along with orthopaedic surgery.

“I grew up on a farm in Southern Missouri, and I realized that the practical applications of mechanics in medicine fit orthopaedic surgery and me very well. Some people go into medicine and they go into a field that maybe they aren’t suited for, but orthopaedic surgery and I were perfectly matched for one another.”

Knox earned his undergraduate degree from the University of Missouri, where he also attended medical school, after which he completed his medical internship and residency at the University of Kentucky in Lexington. He and his wife, Deborah, who he married in 1975, landed in Mountain Home after Knox’s mother began receiving treatment in the area.

“When I finished my residency and my fellowship in hand surgery, I looked all



The emerging field of shoulder arthroscopy in the 1980s held particular interest for Knox. However, the lack of organized meetings meant having to proactively seek out continuing education on the subject.

“I’d been in practice two years, and a professor at UCLA, Harvard Ellman, presented a touring exhibit at our academy describing the use of arthroscopy to do a subacromial decompression, which we standardly did as an open procedure to take bone spurs off that were impinging on the rotator cuff.

“There was the San Diego shoulder study course that I flew out to attend. It was a three-day meeting where people were presenting these new experimental things and ways of looking at shoulder care that did not involve opening the shoulder per se, but you could do it arthroscopically and much less invasively. I was really excited about this.”

Knox applied what he learned through the years to the benefit of his patients back in Arkansas, but like all private practitioners, the demands of running a business meant he had to divide his attention between being a physician and being an entrepreneur. Earlier this year, he finally shed the latter role, closing his private office and joining the Baxter Health Bone & Joint Clinic.

“Number one, this allows me to devote 100% of my time to patient care without having to worry about any aspects of running an office,” he said. “If I need to take extra time off to study a problem, to go somewhere, I can do that. I don’t have to worry about if I take this time off, I’ve still got overhead to face. That’s gone.

“The hospital has been doing these outpatient clinics, and they’ve become quite efficient at doing it. I decided that the time for me to push ahead with this was now. It’s really been a nice thing because it’s taken the burden off of me worrying about end-of-month issues. I can concentrate on patient care, and when I go home every evening, it’s my time.”

As to how he spends his “me time,” Knox enjoys hobbies that aren’t typical of someone 72 years old. Until recently, he ran marathons — including the prestigious Boston Marathon — and he has held his private pilot’s license since 1979 and became instrument certified in 1983. He and Deborah also enjoy motorcycling, but not of the big cruiser variety many of his peers are into.

“I enjoy riding dirt bikes, and I enjoy riding sport touring motorcycles that are a little bit sportier than a Harley,” he said. “I enjoy the dirt bike riding particularly;

we do what’s called ‘adventure bike’ where you’ll take off on a thousand-mile trip, all off-road, and you’ve got your gear packed with you, including innertubes and things you’ll need in case you have a flat tire, and inevitably you do. Deborah and I did an off-road ride through South America where we started in Punta Arenas at the tip of South America. It was about a 4,300-kilometer trip. I would say 80% of it was dirt.”

When asked about what in his long medical tenure gives him the most pride today, he said being part of the development of his field and bringing those advancements to his adopted hometown ranks at the top of the list.

“I’ve been a part of the growth of orthopaedic surgery you see today involving absolutely amazing advancements — each and every one of which has helped push the limit of the life expectancy of the artificial joints that I put in,” he said. “Thanks to imaging advancements, we now have the ability to see what’s going on in a shoulder or a knee before we ever operate on it, so we have a good idea of what we’re going to find.

“Baxter Health has been key in that as well. As the hospital has grown, it’s developed into a very good hospital — particularly considering our geographic locale and the size of our community. I don’t know that you would find a better operating orthopaedic department in the country than what we have here, and I really mean that.” ■

RIDING BLACK BEAR PASS near Bridal Veil Falls and Telluride, CO, along the Colorado Back Country Discovery Route. (Bottom) Dr. Knox beside his motorcycle in Chamonix, France.





MR. ROBOTO

BAXTER HEALTH INVESTS IN
NEW MEDICAL TECHNOLOGY

WRITTEN BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE



“With difficult cases, this makes things a little easier. That could be a revision case where the typical referencing anatomical points aren’t as obvious. There are also patients who can’t have the MRI or CT scan typically used in placement, and (CORI) helps in those cases.” – Dr. Rauls

At a time when many smaller and rural hospitals are facing existential issues and uncertain futures, Baxter Health continues to invest in medical technology to stay current in the marketplace. The most recent example of this is the installation of the CORI Surgical System, a medical device that allows orthopaedic surgeons to perform their work with a higher degree of accuracy.

“I would say this technology puts us in line with all of the leading total joint replacement centers in the country and is a device that some larger hospitals don’t have,” said Dr. Edwin Roeder, board-certified orthopaedic surgeon with Baxter Health Bone & Joint Clinic. Roeder came to Mountain Home last fall after practicing at hospitals in Missouri for 25 years.

“Baxter Health has moved up to the level of what the most proficient medical centers are doing. I think it’s an investment that shows a real commitment to the community to bring the most state-of-the-art techniques for knee replacement to Mountain Home.”

The new system is designed specifically for knee replacement surgeries and assists the surgeon in planning the placement of an artificial knee that allows for subtle differences in a patient’s anatomy.

“With the robotic knee, you’re able to go out and put a knee in that’s precisely balanced for that patient’s ligaments,” Roeder said. “You can put a knee in based on the patient’s anatomy regardless of where it is in that bell-shaped curve that we used to call ‘normal.’ As a result, you get a better-balanced knee with full motion and better stability.”

The robot represents the latest chapter in knee replacements. Introduced in 1968, the surgery has seen dramatic improvements in technique, materials and technology, making total knee replacements one of the most successful procedures in medicine. According to the American Academy of Orthopaedic Surgeons, more than 700,000 total knee replacements are performed in the United States each year, most commonly due to injury, arthritis or general wear and tear of the knee over time.

“We actually first looked at a robot seven or eight years ago and you couldn’t do as much with them back then ... What I’m hopeful of is (CORI) is going to allow us to still have a knee that is good for pain relief and does feel more like your knee did when you were 30 or 40. I have come around to thinking this is going to help us be better at putting knees in people.” – Dr. McConnell



Robotic surgical devices entered the realm of total knee replacement in the early 2000s and have steadily improved since then. The technology helps the surgeon be more precise in the necessary bone cuts that must be made to place the prosthetic knee in proper anatomic alignment.

Dr. Thomas Knox, a board-certified orthopaedic surgeon who recently joined Baxter Health Bone & Joint Clinic, was previously in private orthopaedic practice since 1983 which has given him a front-row seat to the evolution of surgical procedures and technology.

“A company called Mako came out with the first robotic knee system, and it was designed for putting partial knee replacements in,” Knox said. “That system evolved, it became popular and it was eventually acquired by the company Stryker. They developed it further to accomplish knee replacements. That particular system required you to do preoperative imaging such as an MRI scan or a CT scan, and that information was downloaded to the factory where they came up with an operative plan that they then downloaded onto the robot that you executed.”

Knox said the CORI system differentiated itself by providing an imaging component to the system that eliminated the need for prior imaging, saving time and cost.

“Two years ago, I went to Memphis and did an anatomic cadaver lab utilizing (CORI) with an expert in the field,” Knox said. “I came away from that totally impressed by the fact that it eliminated the preoperative imaging by allowing us to input data directly. This represents a savings to the patient that could be probably \$1,000 over the previous method while hopefully getting a better result as well.”

Dr. Russ Rauls, a board-certified surgeon with Twin Lakes Orthopaedics & Sports Medicine, said the new system takes a lot of the educated guesswork out of a surgical procedure, even compared to previous robotic systems.

“The traditional way to do this has been using a metal guide that you put inside the bone or reference outside the bone and to try to get information on sizing and orientation,” said Rauls. “(CORI) technology actually does things in real-time in the operating room with the robotic arm helping you do all that.”

Rauls, an Arkansas native who has been practicing in Mountain Home since 2011, said the machine is particularly helpful when dealing with difficult cases, such as when the joint is damaged or

malformed or in revision cases where the surgeon is swapping one prosthetic for another.

“With difficult cases, this makes things a little easier,” he said. “That could be a revision case where the typical referencing anatomical points aren’t as obvious. There are also patients who can’t have the MRI or CT scan typically used in placement, and (CORI) helps in those cases. And, in some of the cases where the knee deformity is worse, it helps to nuance some of those decisions as well.”

Board-certified orthopaedic surgeon Dr. Win Moore said the primary benefit of the CORI system is in dealing with what he called “outlier cases” because the surgeon can manipulate the calculations to provide a “what if” before cutting into bone.

“All along, we’ve done these calculations in our head,” he said. “What if we do a 2-millimeter cut here, what’s it going to do there? With this, the computer does that all for you. You get feedback as to what it’s going to do to all parameters, as far as knee balance is concerned. And, you can run through several scenarios like, ‘What if I change the angle here?’ or ‘What if I add a millimeter cut there? What does that do?’ It gives you some instant feedback.”

Moore, in practice at Baxter Health Bone & Joint Clinic since 2008, said the system is equally valuable to newer surgeons as well as those who have been around the block a few times.

“I think it’s a really big plus for young surgeons that haven’t done a ton of (surgeries) and haven’t figured out the things that you learn with time,” he said. “For the guys who’ve been doing it for a long time, it’s really good for limiting the outliers, the ones you’re going to



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“I would say this technology puts us in line with all of the leading total joint replacement centers in the country and is a device that some larger hospitals don’t have. Baxter Health has moved up to the level of what the most proficient medical centers are doing.” – Dr. Roeder

“For a long time, I told patients this is really good for pain relief, this is good for this and that and it lets you do a lot, but it’s not your knee when you were 20. What I’m hopeful of is (CORI) is going to allow us to still have a knee that is good for pain relief and does feel more like your knee did when you were 30 or 40. I have come around to thinking this is going to help us be better at putting knees in people.”

Patients’ perceptions of surgical technology run the gamut. Some people are excited about the use of a robot because they think it eliminates the possibility for human error, while others



see one out of 100 where you go, ‘It’s looking good, but that tibia base plate just looks a little crooked to me. It doesn’t look perfect.’”

The latest technology has even progressed enough to win over medical skeptics. Dr. Jason McConnell, a board-certified surgeon with Twin Lakes Orthopaedics and Sports Medicine said he had resisted such technology because he didn’t see an appreciable benefit to the patient, until now.

“I’ve been kind of against it, honestly, because we actually first looked at a robot seven or eight years ago and you couldn’t do as much with them back then. It used to be more of a marketing kind of thing,” he said. “With this one, the more I started digging into it, you hear people talking about a forgotten knee score — people who forget they’ve got a total knee because it feels more normal.

“It’s good technology; it’s really cool stuff but I tell people, this is not really a robot. It is a computer-guided instrument held in the surgeon’s hands. The beginning steps of doing a knee replacement are not any different than they were before.”

– Dr. Franklin

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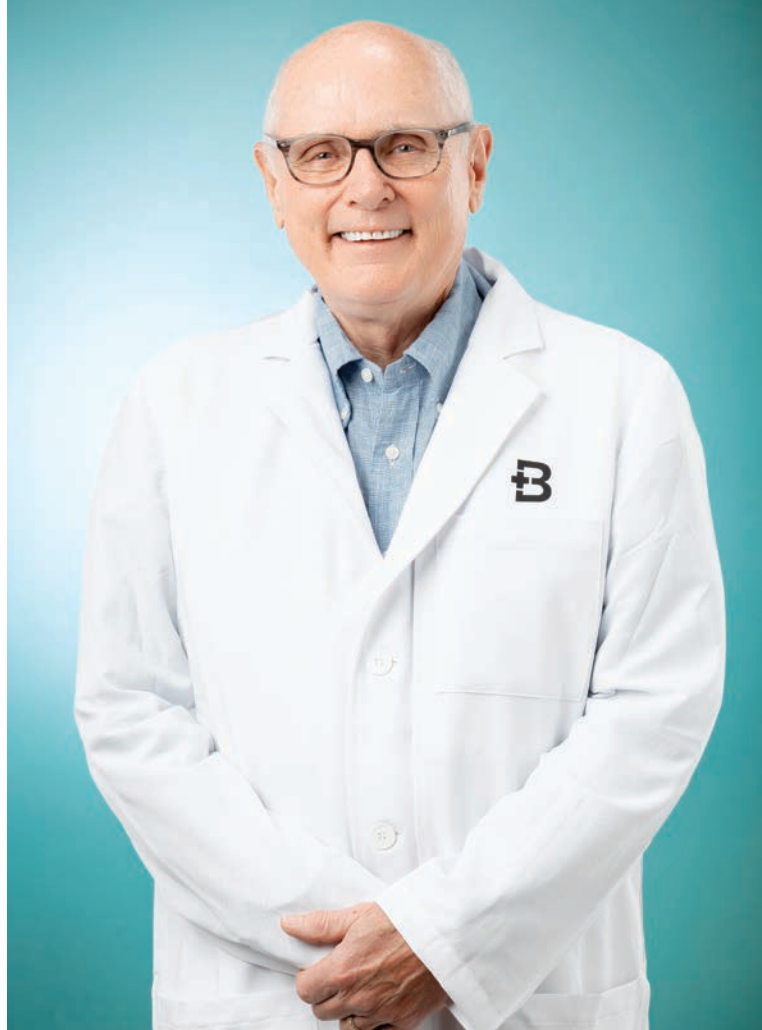
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“Two years ago I went to Memphis and did an anatomic cadaver lab utilizing (CORI) with an expert in the field. I came away from that totally impressed by the fact that it eliminated the preoperative imaging by allowing us to input data directly.”

– Dr. Knox

are uncomfortable thinking there's no human involved in the operation. In both cases, and for everyone in between, patient education is paramount said Dr. Don Franklin, who's been in practice with Twin Lakes Orthopaedics & Sports Medicine in Mountain Home for four years.

“It's good technology; it's really cool stuff but I tell people, this is not really a robot. It is a computer-guided instrument held in the surgeon's hands,” he said. “The beginning steps of doing a knee replacement are not any different than they were before, it's just the way we cut the bottom of the femur and cut the top of



the tibia is now going to be different. Instead of saw blades, we are using a computer-navigated Dremel tool that will only allow you to go so deep or so shallow in certain places based on that patient's native anatomy.”

Franklin said while such tools have proliferated rapidly and definitely help a physician do better, more precise work, patients also need to understand the level of a surgeon's skill and experience are as important as ever for a successful outcome.

“I think a lot of patients are under the impression that a surgeon kind of stands aside and the robot does the work,” he said. “That could not be farther from the truth.” ■

“All along, we've done these calculations in our head ... With this, the computer does that all for you. You get feedback as to what it's going to do to all parameters, as far as knee balance is concerned. And, you can run through several scenarios. – Dr. Moore



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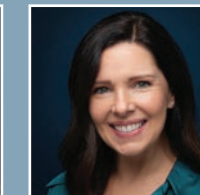
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THE SCIENCE OF SLEEP

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 WE'RE GETTING SLEEPY ...
 VERRRRY SLEEEPYYY

PHOTOS BY ADOBE STOCK: FIZKES

WRITTEN BY DWAIN HEBDA

Harvard Health reports that 33% of American adults don't get enough sleep, and it's not hard to understand why. According to the Cleveland Clinic, 70 million people in the United States struggle with sleep disorders of all kinds, and an estimated 1 billion individuals suffer from sleep apnea worldwide.

Dr. Paul Neis, board-certified otolaryngologist and sleep disorder specialist, knows better than anyone how widespread the problem is. As the medical director of the Baxter Health Sleep Disorder Center, he not only routinely diagnoses patients for a variety of conditions but has watched the medical specialty itself grow into an important center of health.

“Treating sleep disorders is really a very young specialty,” he said. “I finished my training in ENT in 1988, and at that time, there was no such thing as a CPAP machine that someone could get at home. It didn’t even exist.”

“Sleep has gotten more attention for two reasons. One, we’ve learned a lot more about the risks to your general health; if you have untreated sleep apnea, the risks include heart attack, stroke, high blood pressure and the risks of being constantly sleep-deprived. The other reason it’s become so much more prominent, and why we have so much sleep apnea, is the obesity epidemic.”

It was for these reasons that the Sleep Disorder Center was founded and why it has grown from one bed to four in a relatively short period of time. Karen Ezell, who’s been on staff at Baxter Health since 1981, has seen the SDC at every phase of its development.

“We opened our first lab in 1997. We started with one bed, and we contracted a portion of those services because it’s a specialized field,” she said. “A couple of years later, they opened upstairs on the sixth floor where the location of the sleep lab is currently. We started with two beds and then about six years ago we expanded to four beds.”

A respiratory therapist by training who augmented her expertise with additional certification in sleep disorders, Ezell said the most rewarding thing about working in this field is seeing the profound relief that a proper diagnosis can bring to a patient.

“As respiratory therapists, we’re trained to look at changes in people’s breathing,” she said. “We’re also trained with CPAP therapy for acute illness, and one of the primary sleep disorders is sleep apnea. It’s kind of a hand-in-hand-type field, and I really enjoy it. It’s very rewarding to see that people’s quality of life improves with a treatment that you’ve been able to help identify and help them get treatment for.”

A diagnosis in the SDC isn’t a particularly complicated process. The patient reports to the center a couple of hours before bedtime and is attached to a variety of sensors measuring everything from brain waves and

airflow to chest movements and snoring before going to sleep. The next morning, data is compiled and interpreted by Neis who recommends methods of treatment to the referring physician or nurse practitioner, who discusses the next steps with the patient.

“We are predominantly treating obstructive sleep apnea, and frequently, people will have some degree of what’s called central sleep apnea,” he said. “Because we’re a retirement area, we tend to have a little more skewing towards older age groups, but we do see the full range. I see lots of young people in their 20s, 30s and 40s who we’re doing sleep studies for sleep apnea.”

Lynda Frazer, Baxter Health’s cardiopulmonary director, said having a sleep center helps patients stay local for diagnosis and treatment.

“If we did not exist, patients would have to go to Springfield, Fayetteville or Little Rock for these services,” she said. “This is a service that a lot of your smaller hospitals do not have because they’re not associated with the doctors they need, as we are. It’s a lot to run a sleep lab; if we

did not have one here, they would have to go to a larger city.”

As for Baxter Health’s future in the specialty, Frazer predicted growth.

“We are putting some things into place now to where we want to grow,” she said. “We are in the process of meeting with outlying physicians’ offices, letting them know what services we have to offer and building their patient clientele. I do believe in the next year to two years that we will expand to serve more patients.”

Like Ezell, Frazer said she finds great satisfaction in helping patients address their sleep issues, many of whom have been suffering for decades.

“It gives them an answer,” she said. “A lot of times, there are so many problems you can have with sleep and you have ailments that you tend to ignore; you think that’s just the way it’s always going to be. You think you’re always going to be tired in the morning. When you can give them a different answer for their life and the possibility of a brighter future and better quality of life, it really feels amazing.” ■

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**Sugar Snap
Pea Salad With
Radishes, Mint and
Ricotta Salata**

Servings: 4
From: New York Times Cooking

INGREDIENTS

- » ¾ cup sliced radishes
- » 4 ounces sugar snap peas, sliced (about 1¼ cups)
- » 4 ounces ricotta salata, crumbled (about 1 cup)
- » ½ bunch mint leaves, torn (about ⅓ cup)
- » 1 clove garlic, minced
- » Pinch kosher salt, more to taste
- » 1 tablespoon freshly squeezed lemon juice
- » 1 teaspoon balsamic vinegar
- » 3 tablespoons extra virgin olive oil
- » Freshly ground black pepper to taste

INSTRUCTIONS

- 1: In a large bowl, toss together the radishes, peas, ricotta and mint.
- 2: Using a knife or a mortar and pestle, make a paste of the garlic and salt. Place in a small bowl and add the lemon juice and balsamic vinegar and stir well to combine. Drizzle in the olive oil, stirring constantly, and add pepper to taste.
- 3: Pour dressing over salad and toss well to combine. Taste and add more salt and pepper if necessary.

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Garlic Butter-Roasted Salmon with Potatoes and Asparagus

Servings: 4
From: Eating Well

INGREDIENTS

- » 1 pound baby Yukon Gold potatoes, halved
- » 2 tablespoons extra-virgin olive oil, divided
- » ¾ teaspoon salt, divided
- » ½ teaspoon ground pepper, divided
- » 12 ounces asparagus, trimmed
- » 2 tablespoons melted butter
- » 1 tablespoon lemon juice
- » 2 cloves garlic, minced
- » 1¼ pounds salmon fillet, skinned and cut into 4 portions
- » Chopped parsley for garnish

INSTRUCTIONS

- 1:** Preheat oven to 400°F. Toss potatoes, 1 tablespoon oil, ¼ teaspoon salt and ¼ teaspoon pepper together in a medium bowl. Spread in an even layer on a large-rimmed baking sheet. Roast until potatoes start to soften and brown, about 15 minutes.
- 2:** Meanwhile, toss asparagus with the remaining 1 tablespoon oil, ½ teaspoon salt and ¼ teaspoon pepper in the medium bowl. Combine butter, lemon juice, garlic, ¼ teaspoon salt and the remaining ¼ teaspoon pepper in a small bowl.
- 3:** Sprinkle salmon with the remaining ¼ teaspoon salt. Move the potatoes to one side of the pan. Place the salmon in the center of the pan; drizzle with the butter mixture. Spread the asparagus on the empty side of the pan. Roast until the salmon is just cooked through and the vegetables are tender, 10 to 12 minutes. Garnish with parsley.





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Chicken Kabob

Servings: 4
From: Well Plated

INGREDIENTS

- » 1 pound boneless skinless chicken breasts, about 2 large breasts
- » 3 tablespoons extra-virgin olive oil
- » 3 tablespoons red wine vinegar
- » 2 teaspoons honey
- » 4 cloves garlic minced
- » 1 tablespoon dried oregano
- » 2 teaspoons dried thyme or dried rosemary
- » 1 teaspoon kosher salt
- » ½ teaspoon freshly ground black pepper
- » 1 small red onion quartered into 1-inch pieces
- » 1 small zucchini ends trimmed and sliced into ½-inch coins
- » 1 small summer squash ends trimmed and sliced into ½-inch coins
- » 1 red bell pepper seeded and cut into 1-inch pieces
- » Olive oil for grilling
- » 1 large lemon cut into wedges

FOR SERVING:

- » Chopped fresh herbs of choice (parsley and dill are two of our favorites)
- » Crumbled feta cheese

INSTRUCTIONS

1: Cut the chicken breasts into 1-inch pieces and place in a large zip-top bag, shallow baking dish or bowl.

2: In a separate bowl or liquid measuring cup, whisk together the olive oil, vinegar, honey, garlic, oregano, thyme, salt and pepper. Pour over the chicken and stir to coat (or seal the bag, removing as much air as possible, and “squish” to coat). Place in the refrigerator to marinate for 30 minutes or up to 3 hours (do not let the chicken sit for longer or the vinegar will cause it to break down). If using wooden skewers, place the skewers in water to soak for at least 20 minutes.

3: When ready to grill, preheat the grill to medium-high heat (about 375°F). Brush the grill grates with canola oil or coat with nonstick grill spray. Thread a piece of chicken onto the skewer (shake off the excess marinade when removing it from the bag). Add alternating pieces of the red onion, zucchini, yellow squash and red bell pepper until you’ve reached the end of the skewer, ending with chicken. Repeat with the remaining skewers, then discard the excess chicken marinade.

4: Grill the chicken until fully cooked through and the juices run clear, about 10 to 15 minutes, turning the skewers every few minutes so that each side has grill marks. Transfer to a serving plate and squeeze the lemon over the top. Sprinkle with fresh herbs and feta. Serve warm.

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QUIETLY SHAPING THE FUTURE

BY REV. RANDALL D. LUDWIG, DMIN, BCC

There was an elderly gentleman who worked at a church I pastored in Little Rock, Arkansas. He was the night custodian in the youth and children's building. His name down at the barbershop, the bank and the grocery store was Rufus Petus. The name printed on his birth certificate was Reginald Leon Petus II. His name to the generations of young people who walked the hallowed halls of that downtown church was Old Mr. Petus (a name endearingly given).

I'll never forget the first time I met Old Mr. Petus. He was leaning on a broom handle; he had just finished lovingly reminding two high school boys that their role on the varsity football team was much greater than just winning games. I waited until the boys walked away.

"So you're the famous Mr. Petus?" I wasn't about to use the word old. "I hear you do a lot more around here than just sweep the halls."

"Well, my job title says I sweep floors, but I do like talkin' to the youngins."

"What do you talk about?" I asked.

"About their dreams and hopes and fears, and the what-ifs of life. I listen, mostly. They know a lot more about life than their parents give them credit for, so I mostly



listen. They tell me about their plans, and they ask me what it was like when I was their age."

And so, I hung out with Rufus Petus that evening and helped him mop the floors — and watched how he "listened, mostly" to the kids. I learned a lot that night about how to be a pastor to our youth.

There is an ancient story about a traveler who came to the French town of Chartres to see the great church that was being built there. Arriving at the end of the day, he went to the site just as the workmen were leaving. He asked one man, covered in dust, what he did there. He replied, "I am a stonemason; I carve masterpieces." Another man, when asked, said he was an artist of stained glass, creating murals of unforeseen beauty. Still another workman stated that he was a blacksmith who was building massive iron arches for all to pass through.

Wandering deeper into the darkness of the unfinished structure, the traveler came upon an older woman, armed with a broom, sweeping up the stone chips and

wood shavings and shards of glass from the day's work.

"What are you doing?" he asked.

The woman paused, leaning on her broom, and looking upward toward the heavens in the evening sky, and replied, "Me? I'm building a great cathedral for the Glory of Almighty God!"

I often think about the ancient masters who built great structures, knowing that they would never live to see them completed. I always wonder what it's like to be a part of something bigger than yourself.

I suppose, if you really stop to think about it, the old woman of Chartres and Old Mr. Petus share a kinship — they were both builders of great cathedrals.

To the countless people who donate to the mission and ministry of Baxter Health, thank you! What a blessing it is to have people in our community who want to leave a legacy to a cause bigger than themselves. True joy can fill our hearts when we know we are making better the lives of people we may never meet. ■

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