Spring 2013

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HAMPTON ROADS

Physician

A co publication for and about dical community

AnnMarie DeFiglio, MD

Julius Miller, MD

Thomas Manser, MD

Achievements in:

Family and Internal Medicine

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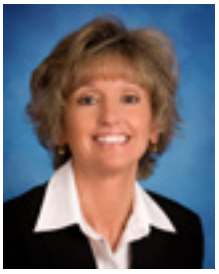
Welcome to the Spring issue of *Hampton Roads Physician*

We have been delighted with the response to our premiere issue. It can take months or even years for a new magazine to "get legs," but Hampton Roads was ready for a publication that put a well-deserved spotlight on the extraordinary physicians who practice in this community. With the support – and contributions – of readers like you, *Hampton Roads Physician* will only get better.

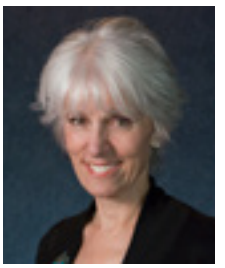


Holly Barlow
Publisher

With that in mind, business first: our next issue will deadline in July. The topic is a timely one: Orthopaedics and Pain Management. We're looking for leaders in the field – practitioners who have spearheaded groundbreaking techniques, surgeries and innovations that have changed the lives of patients who have suffered, sometimes for years, from conditions that impede motion, movement and ultimately, quality of life.

Tell us who they are – why they deserve recognition – and how to tell their stories. Nominations are due by May 24th, and our nomination form is easily accessible on the website – www.hrphysician.com.

In this issue, we tackle the broad area of medicine that generally falls under the umbrella "family and internal medicine." Although once you begin reading about our three cover doctors, you'll see how different their practices are – and how varied their days can be.



Bobbie Fisher
Editor

You'll learn about a new course of treatment for stroke victims (still the fourth leading cause of death among Americans), and you'll read a profile of a physician with a mission to work with women in Hampton Roads and other less medically advanced countries who suffer a devastating condition known as fistula.

This, and each issue of *Hampton Roads Physician*, will give you information you need, in concise and useful articles that can serve as resources for patient care and when indicated, referrals to specialists.

Keep in touch – let us know how we can serve your needs – and thank you for the work you do every day to improve the health and well-being of the people of Hampton Roads. ■

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HAMPTON ROADS Physician
A comprehensive publication for and about the local medical community

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Recognizing the achievements of the local medical community

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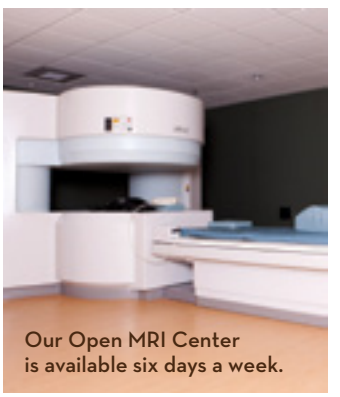

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Hampton Roads, Virginia is the home of world-class physicians who provide medical care of the highest quality to the 1.7 million citizens of the region, as well as to the many others who travel here for care and treatment.

Hampton Roads Physician is pleased to introduce our inaugural Physician Advisory Board

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Dr. Aloi is an Associate Professor of Medicine at Eastern Virginia Medical School, and Clinical Director of the Strelitz Diabetes Center for Endocrine and Metabolic Disorders. He is Board certified in Diabetes, Metabolism & Endocrinology, and in Internal Medicine.

DAVID R. MAIZEL, MD
Family Medicine

Dr. Maizel serves as Senior Physician Executive responsible for the overall operationsl operational performance of the Sentara Medical Group. He is Board certified in Family Medicine.

JEFFREY R. CARLSON, MD
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Dr. Carlson joined Orthopaedic and Spine Center in 1999. He is Board certified in Orthopaedics, and is currently Chief of Surgery at Mary Immaculate Hospital.

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Dr. Shutack specializes in general surgery with an emphasis in spine surgery. He practices with Atlantic Neurosurgical Services, which is affiliated with the Chesapeake Regional Medical Center. He is Board certified in neurosurgery.

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Dr. Darby practices with Tidewater Physicians Multispecialty Group in Newport News. He is Board certified in Urology and is currently Chief of Staff at Mary Immaculate Hospital.

I. PHILLIP SNIDER, RD, DO
Family Medicine

Dr. Snider practices with Amelia Family Associates, and is regional medical director of Bon Secours Medical Group at DePaul Hospital. He is Board certified in both Family Medicine and Bariatric Medicine.

KEVAGHN P. FAIR, DO
Pathology

Dr. Fair is a founding partner of Dominion Pathology Laboratories, an independent diagnostic and consultative practice serving all of Hampton Roads. He is Board certified in Anatomic, Clinical and Dermatopathology.

LAMBROS K. VIENNAS, MD, FACS
Plastic Surgery

Dr. Viennas is Chief of the Division of Plastic Surgery and Assistant Professor of Plastic Surgery at Eastern Virginia Medical School. He is Board certified in Plastic and Reconstructive Surgery.

Janice M. Newsome, MD
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Dr. Newsome joined Peninsula Radiology Associates in 2005. She is Board certified by the American Board of Radiology and also holds a Certificate of Advanced Qualification in interventional Radiology.

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Dr. Walshe practices with Atlantic Urogynecology in Suffolk. He is Board certified by the American Board of Obstetrics and Gynecology, and a member of the American Urogynecologic Society.

Family and Internal Medicine

These specialists are a patient's first and best resource

By Rachel Stephens

The American College of Physicians calls primary care "the backbone of the nation's healthcare system." Primary care providers include family physicians, internists, pediatricians and sometimes OB/GYNs. These are the physicians with whom average patients have their first and most frequent encounters.

The American Board of Internal Medicine (ABIM) and the American Board of Family Medicine (ABFM) are two of the 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS.) Founded in 1936, the ABIM is the largest medical specialty board in the United States; while the ABFM, established in 1969, is the second largest.

The term "internal medicine" comes from the German term *Innere Medizin*, a discipline popularized in Germany in the late 1800s to describe physicians who combined the science of the laboratory with the care of patients. Many early 20th century American doctors studied medicine in Germany and brought this medical field to the United States. Thus, the name "internal medicine" was adopted. According to its website (www.abim.org), the ABIM certifies one out of every four practicing physicians in the United States – currently more than 200,000. The subspecialties of internal medicine include: adolescent medicine, allergy and immunology, cardiology, endocrinology, gastroenterology, geriatrics, hematology, hospice and palliative medicine, infectious disease, medical oncology, nephrology, pulmonary disease, rheumatology, sleep medicine and sports medicine.

Family medicine is the natural evolution of historical medical practice. The first physicians were generalists, who for thousands of years provided all of the medical care available. They diagnosed and treated illnesses, performed surgery, and delivered babies. As medical knowledge expanded and technology advanced, many physicians chose to limit their practices to specific, defined areas of medicine. In 1969, family medicine was designated as medicine's twentieth specialty. Its subspecialties include adolescent medicine, geriatric, hospice and palliative, sleep medicine and sports medicine.

The three physicians pictured on the cover – Dr. Thomas Manser, Dr. AnnMarie DeFiglio and Dr. Julius Miller – represent the full spectrum of medical care under the umbrella "family and internal medicine." *Hampton Roads Physician* is privileged to honor these three practitioners, each of whom was nominated for having made significant contributions to their field.

Each of these three physicians exemplifies the hard work and dedication that are part and parcel of being a primary care doctor. Keenly aware, on the most intimate level, of the time constraints placed on family and internal medicine practitioners who have traditionally cared for patients both in and out of the hospital, they each speak with enthusiasm about the growing field of hospitalist medicine. In fact, each of them has personal experience in that area.

As work in the field of genomics broadens the knowledge of all physicians dealing with human illness and disease, family and internal medicine doctors may see a day in the not-too-distant future where they can make treatment decisions based on their patients' individual genetic data and susceptibilities to medication.

As physicians and patients await that day, more primary care physicians are working to improve the quality of their care by adopting the rigorous standards of a Patient-Centered Medical Home, a health care setting that facilitates partnerships between individual patients and their personal physicians – and when appropriate, the patient's family. The Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.

Hampton Roads Physician is proud to honor physicians in our community like these three, and to shine a light on their accomplishments. As it is their mission to practice medicine at the highest level, with excellence and integrity, so it is the mission of this magazine to share their stories. Contact us any time with nominations or story concepts. ■

AnnMarie DeFiglio, MD

AnnMarie DeFiglio, MD

AnnMarie DeFiglio believes in practicing what she preaches. And since she preaches healthy eating and exercising to her patients, she has a long history of setting the example. Shown here in March at the 2013 Shamrock Marathon events in Virginia Beach, she's almost apologetic about not having finished the full 26.2-mile race. "I usually run the half marathon, just 13 miles," she says, "because my practice prevents me from devoting the time to train for the full event. Besides, if you look at my shirt, it says 'running for two.'"

And indeed, this busy physician and her husband are expecting their first child in the summer of 2013. In fact, she had registered to run the full marathon, as she does nearly ever year, before she learned she was pregnant. But one of Dr. DeFiglio's running friends is also her OB/GYN, and she approved the shorter race. "I knew I'd just have to be careful and run more slowly," Dr. DeFiglio says – perhaps the real challenge, since she's accustomed not only to doing full marathons but bike races and triathlons as well.

She's also accustomed to having patients do them with her. She recalls one young woman she tried to get into running: "I kept urging her, and she kept saying she couldn't," Dr. DeFiglio says, "but then I told her I'd do it with her, and we wound up doing a triathlon together."

Such is the persuasive power and the generous spirit of this young doctor who grew up on the Jersey Shore – or as she's quick to say, "the *real* Jersey Shore." Dr. DeFiglio received her undergraduate degree from Johns Hopkins, and earned her Doctor of Medicine from the University of Medicine and Dentistry-New Jersey Medical School. She completed residencies in Internal Medicine and Pediatrics at the University of Rochester School of Medicine and Dentistry in Rochester, New York. Since September of 2004, she has practiced with Yorktown Family Medicine, one of the more than 40 offices of Tidewater Physicians Multispecialty Group, a physician-owned group that includes more than one hundred primary care and subspecialty physicians in locations throughout southeastern Virginia.

Dr. DeFiglio is Board-certified in both Internal Medicine and Pediatrics. "It's a longer program," she says, of her choice to pursue a double residency in internal medicine and pediatrics. "I wanted to treat babies and children, but I knew I also wanted to do internal medicine." As a family physician, she does both, although she sees more specialized pediatric patients than most family practitioners. Her patients range in age from birth to their 80s and 90s. "I've treated three generations in the same family," she says. "You become part of their family."

To serve these patients better, Dr. DeFiglio and the TPMG physicians are exploring the rigorous demands of becoming a patient centered medical home, which means "doing things differently than we did before," she notes. "It requires more fully utilizing our electronic medical records, and increasing our staff to relieve physicians from doing non-medical work. It involves being more flexible with hours, and when appropriate, handling more patient situations outside the office." She gives an example: diabetic patients used to have to come into the office once a week to have their numbers read, so their insulin could be adjusted if necessary. Today, these patients can email their numbers to her once a week, and she can make the adjustment. That's a five minute interaction, rather than a 20-minute office visit. She can then use those 20 minutes to treat someone who actually needs to be physically seen.

This kind of efficiency requires the kind of discipline that comes naturally to Dr. DeFiglio. She not only manages her family practice, she also serves as Chairman of Medicine at Mary Immaculate Hospital, and still does hospital rounds. She's been honored by the National Committee for Quality Assurance Diabetes Recognition Program three years in a row, and was named a 2012 Top Doc in Pediatrics by US News & World Report.

And throughout her career, she has been heavily involved in volunteer work. She has a long term affiliation with Operation Smile, having traveled to India to offer pediatric care to children both before and after their surgeries. "They have a huge population of babies born with cleft lips," she says. "We'd screen 600 to 700 kids, and the surgeons did about 300 operations in a two-week period." Her day didn't end with pediatric patients, however: her expertise in internal medicine allowed her to work with the adult patients as well, who often suffered hypertension and other serious medical conditions.

Closer to home, she's advocated for and supports the Lackey Free Clinic, a faith based organization that provides health care to people in the Yorktown, Poquoson, Newport News, Williamsburg-James City County area who can't afford health care, and don't have health insurance. She hopes that post-baby, she'll be able to donate her time to the Clinic as well. In the meantime, last year, she participated in a *Dancing With The Stars* fundraiser for the local Boys and Girls Clubs, promoting Literacy for Life, very proudly boasting, "We must have raised $80,000 that night!" Naturally, she got her office and many of her patients involved as well.

Dr. DeFiglio knows that with a new baby, her volunteer activities may take a back seat to motherhood and medical practice, but she's excited about where she sees her profession heading. "It's getting more into an emphasis on primary prevention of medical problems instead of trying to fix problems," she says. She's especially concerned about the prevalence of overweight children, obesity and diabetes. "We're having 12-year olds with Type 2 diabetes now, so we've got to find these kids when they're six," she says. "Pediatric obesity is a huge problem: the 25- year old diabetic was probably having problems when a teenager or younger."

She also knows people don't always want to hear the prevention message – diet and exercise. She constantly thinks about how to motivate her patients, so she'll continue to run, bike, swim, dance – whatever it takes to be sure her patients know she practices what she preaches; as she says, "It's just about setting a good example." ■


Thomas Manser, MD

Thomas Manser, MD

Thomas Manser wasn't anticipating a career in medicine when he enrolled at the University of Michigan at Ann Arbor to study chemical engineering. He'd never envisioned himself as a physician, although he was always interested in becoming a scientist. But while he was an undergraduate, he had the opportunity to do some volunteer work at the walk-in clinic in nearby St. Joseph's Hospital and recalls, "I found that I really enjoyed it. I liked the work itself, and of course, I enjoyed the scientific aspects of medicine." He started going to the clinic one evening a week, doing basic tasks like checking patients in and taking their blood pressure.

He found he admired the physicians who were working at St. Joseph's, and soon began looking at them as role models. "These were guys I wanted to be like," Dr. Manser remembers, "some of whom have gone on to be real leaders in the area of internal medicine." And ever practical, he found himself drawn to the flexibility of medicine in terms of finding a good job in an appealing location. "Medicine seemed more portable than chemical engineering," he says. "As a physician, I knew I could potentially go anywhere – I couldn't think of any place in the country that didn't need doctors."

And in the long run, internal medicine may not differ that much from chemical engineering, at least philosophically. Chemical engineers must apply a knowledge of chemistry in addition to other engineering disciplines – and are sometimes referred to as 'universal engineers' because their scientific and technical mastery is so broad. Similarly, the internist is trained to deal with any problem an adult patient brings, and, according to the American College of Physicians, specifically trained to solve puzzling diagnostic problems and handle severe chronic illnesses and situations where several different illnesses may strike at the same time.

Dr. Manser earned his medical degree from Michigan State University, followed by an internship in internal medicine at Henry Ford Hospital in Detroit, and a residency at EVMS. He liked the variety of opportunities within medicine. "When you start out as a doctor, you can take care of all kinds of people," he explains, and "there are other roles as well, administrative roles, roles as teachers – all of which is a significant part of what I do today."

Indeed, today Dr. Manser not only maintains a robust practice as a member of the Internal Medicine-Primary Care group at EVMS, he's also the Oscar Edwards Distinguished Professor of Internal Medicine at the Medical School. He also serves as an administrator as well – Chief of the General Medicine Division, a position he describes as "helping recruit new faculty, making sure the schedule works out and coordinating things in the office practice."

Part of that coordination involves working with sixteen very busy physicians, six of whom are hospitalists – internal medicine physicians who practice only inpatient medicine. That number will soon grow to nine, in order to accommodate the increasing need. As Chief of General Internal Medicine, Dr. Manser also has indirect responsibility for a number of important EVMS programs staffed by his faculty members, including the sickle cell clinic, two residency programs and the outpatient clinics that care for indigent care patients. "It's part of our mission to care for these individuals," he says. "So we are routinely seeing patients from the very well off to those with no virtually no resources whatever." He's quick to add, "I like that. I like having a spectrum of patients. We like being able to care for people of all socioeconomic levels, all genders, all races, etc." It's not as burdensome as it might seem, he says, because, "In our group, we all work together – we've got a very democratic group."

It makes for a full and diverse schedule, which includes hospital rounds as well. "Those of us who are not hospitalists still rotate periodically seeing inpatients," he explains, "so in one month, I may have a weekend in the hospital, and the next month, I'll be there every morning, but still maintain outpatient responsibilities as well."

It's an exhausting schedule, but you wouldn't know it from the way Dr. Manser chooses to spend his rare leisure time. He's been an avid road cyclist for more than a decade, and this spring, he's participating in the 65-mile Tour de Cure, a fundraiser for the American Diabetes Associates – part of the Strelitz Diabetes Center Team. He'll be riding with his partner, Dr. Mark Flemmer, under the banner of team captain Dr. Joseph Aloi.

Dr. Manser has received several honors throughout his career: he has been named a Top Doc by *Hampton Roads Magazine* and also *US News and World Report*. He was named Outstanding Faculty Member by the EVMS Combined Family Medicine/ Internal Medicine Residency Program in 2003. He was chosen to serve as the American College of Physicians Virginia Chapter representative for the 1999 Leadership Day on Capitol Hill. He received the Golden Flea Award and the Sir William Osler Award, both presented by EVMS internal medicine residents and students to outstanding attending physicians.

But if you ask him which honors he has cherished the most, he will very likely begin the list with the Manser Fund for Excellence in Internal Medicine, a fund established by grateful patients at EVMS whose lives and families he's touched. ■


Julius Miller, MD

Julius Miller, MD

From the time Julius Miller was a teenager, he figured it was a given that he'd go into medicine. He'd not only grown up with it, but he had a natural affinity: his father, the distinguished physician Bernard H. Miller, who was Board-certified in both Internal Medicine and Geriatric Medicine, had established the Chesapeake Internists practice in 1958. The oldest of four children, the teenager worked in his father's office during the summers. "Dad was a sole practitioner in those days, in the old Medical Tower," Dr. Miller remembers. "I did some basic lab stuff for him; and in those days, when doctors routinely went to the hospital, I'd follow him around carrying his little black bag."

He particularly enjoyed going to the hospital doctors' lounge with his father. "There'd be 20, 30 docs sitting in the lounge talking," he says, "and inevitably someone would say, 'hey, I've got an interesting patient, want to come see him with me?' And off they'd go. It was a very collegial atmosphere." He especially liked being "on loan" to a pathologist friend of his dad's one day each summer, where he learned both the discipline and skills that stood him in good stead when he later worked as a lab technician at Chesapeake General Hospital.

And yet, after graduating from Old Dominion University, he found he wasn't ready to commit to medicine. He wanted to be sure it was right for him, so he began exploring other professional paths. Accounting, he recalls, was just too boring – and at 5'8", he jokes that he wasn't tall enough to be a professional basketball player.

So he enrolled in the Medical College of Virginia to do some graduate research, where he realized what he wanted to do. He attended and graduated from Eastern Virginia Medical School. He calls himself lucky to have completed his residency at Jewish Hospital of St. Louis at Washington University, "one of the top places in the country," he says. And where, he recalls, "you couldn't get hospital privileges unless you had a subspecialty. You had to do internal medicine in the hospital." Dr. Miller estimates his training was roughly 90 percent inpatient medicine. He had clinic one afternoon a week, and four weeks where he did outpatient clinics. "Internal medicine training was really hospital medicine," he says, "and you either went into practice or you went into subspecialty medicine. I think the old fashioned internist is now what is becoming the hospitalist."

That specialized training led to what he calls a defining moment: the decision to return to Virginia and work in his father's practice. Twenty-two years later, he calls it "the best thing I ever did."

Today, he divides his time among his full-time office practice with Chesapeake Internists, Ltd., his part-time work as a hospitalist at Chesapeake Regional Medical Center, and his volunteer work at the Chesapeake Care Free Clinic. It sounds like a grueling schedule, but he finds it both manageable and fulfilling – primarily because while he enjoys inpatient medicine, he likes outpatient practice just as much.

As for the Free Clinic, he came to his association by a circuitous route. Several years ago, when his son was preparing for his bar mitzvah, Dr. Miller approached Dr. Juan Montero and asked if the clinic could use a young man who needed to do some community service. Dr. Montero said they would find something meaningful for the young boy to do. But as Dr. Miller says, "After a few times of dropping him off, I said, 'hey, *I* should be doing this.' So I did.

"Who goes to that clinic," he asked himself? "It was the working poor – the people who work at the schools, in housekeeping, not full time, at WalMart, or in the cafeteria."

Today, Dr. Miller's son is 20 years old and a sophomore majoring in history at the University of Virginia, but Dr. Miller still volunteers at the Free Clinic, now proudly serving on its Board of Directors. "Ninety percent of those people are so happy you're there to help them," he says. "There are some sick people there – diabetes is rampant, high blood pressure is rampant. The place really needs to exist."

He'd like to see more dental care available to the Clinic patients, and orthopaedic care as well. But he acknowledges that raising money for these clinics isn't easy. "Cities are strapped, and can't contribute as much," he says. "We have wonderful volunteers – dentists, hygienists, doctors – but we always need more."

Whether Dr. Miller is seeing patients who've been with his practice for years, or as part of his hospitalist duties, he cherishes them. "I feel like I'm their bartender; I'm like their trainer, their confidante – and I'm their friend," he says, emphasizing that what he really enjoys is how much he learns from them. "I've learned about life in so many ways. They let you into their lives; you help them deal with illnesses, and you keep them healthy. There's no greater honor."

Dr. Miller lives in Chesapeake with his wife, Jeanne, a 13-year pediatric nurse practitioner at Tidewater Children's Associates. Their son attends the University of Virginia, and their daughter, now 17, is a sophomore at Indian River High School. ■

"Spring Forward" But Watch Out For Rotator Cuff Injuries

By Dr Samuel Brown

When spring and daylight savings time arrive, there is an increase in outdoor and sports-related injuries, particularly to shoulders. Depending upon your age group, a simple fall, or lifting a heavy bag of mulch can cause damage that, left untreated, may get worse, rather than better.

We often see an increase in rotator cuff injuries at this time of year. Many of these may well have been caught earlier if the patient avoided "pushing through the pain."

The causes of rotator cuff tears fall into two categories: acute tears, generally caused by injury and degenerative tears, caused by repetitive stress and normal wear and tear. Shoulder Impingement, the most common of all shoulder disorders, often precedes a true tear. We generally see degenerative tears in patients 40 or older and athletes with overuse syndromes. Sports enthusiasts can be particularly vulnerable because of the repetitive nature of the activity. Throwing a baseball, swinging a tennis racket, or golf club are common sources.

Acute tears are usually the result of falls. Shoulder dislocations in mature patients particularly for athletes frequently are accompanied by rotator cuff tears.

The good news is early detection can mean less pain and faster recovery particularly for athletes. The goal is to get the patient into treatment early. Warning symptoms for patients include:

- Pain while at rest or at night, especially if sleeping on shoulder.
- Discomfort when lifting or lowering the arm, or with specific movements.
- Weakness when lifting or rotating the arm.
- A crackling sensation when moving the shoulder through a range of motion, may be a sign of impingement.

It's really important to get specialized treatment as soon as possible. Continued use can increase pain and cause more damage over time. If caught early, non-surgical treatment can relieve pain and improve function. Treatment options may include rest, modifying activities, non-steroidal anti-inflammatory medications, strengthening exercises and physical therapy.

Loss of strength may be only secondary to pain or may be a sign of a significant injury. Surgery may be required if symptoms do not respond to nonsurgical methods. Full thickness rotator cuff tears almost always require repair.

Rotator cuff tears affect so many areas of life. Even things like getting dressed or putting dishes in a cabinet can be a problem. This spring, be alert for the warning signs and get proper evaluation and treatment before they put you out of action. ■

Dr. Samuel Brown is an Orthopaedic Surgeon and specialist in Sports Medicine. Having over 20 years experience in Hampton Roads, he has specialized in shoulder disorders and particularly complex and massive rotator cuff tears.

Dr. Brown's background has prepared him for his field. He spent 6 years after medical school at Duke University, 2 years of General and Thoracic Surgery and 4 years of Orthopaedics. He then spent an additional year in Los Angeles at the Kerlan Jobe Clinic, working with Dr. Jobe, the LA Lakers, Dodgers and at that time, the LA Rams. He treats shoulder patients of all age, athletic or not so athletic. He is one of the original members of Sports Medicine and Orthopaedic Center, Inc.

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The EVMS physicians, providers and staff who care for you and your loved ones now have a new name: EVMS Medical Group, but our commitment to patients has not changed. Our physicians, all full-time faculty at EVMS, remain the region's only multi-specialty group that provides quality patient care in an academic setting. With locations throughout Southside Hampton Roads and the Peninsula, there's an EVMS Medical Group physician close to where you live or work.

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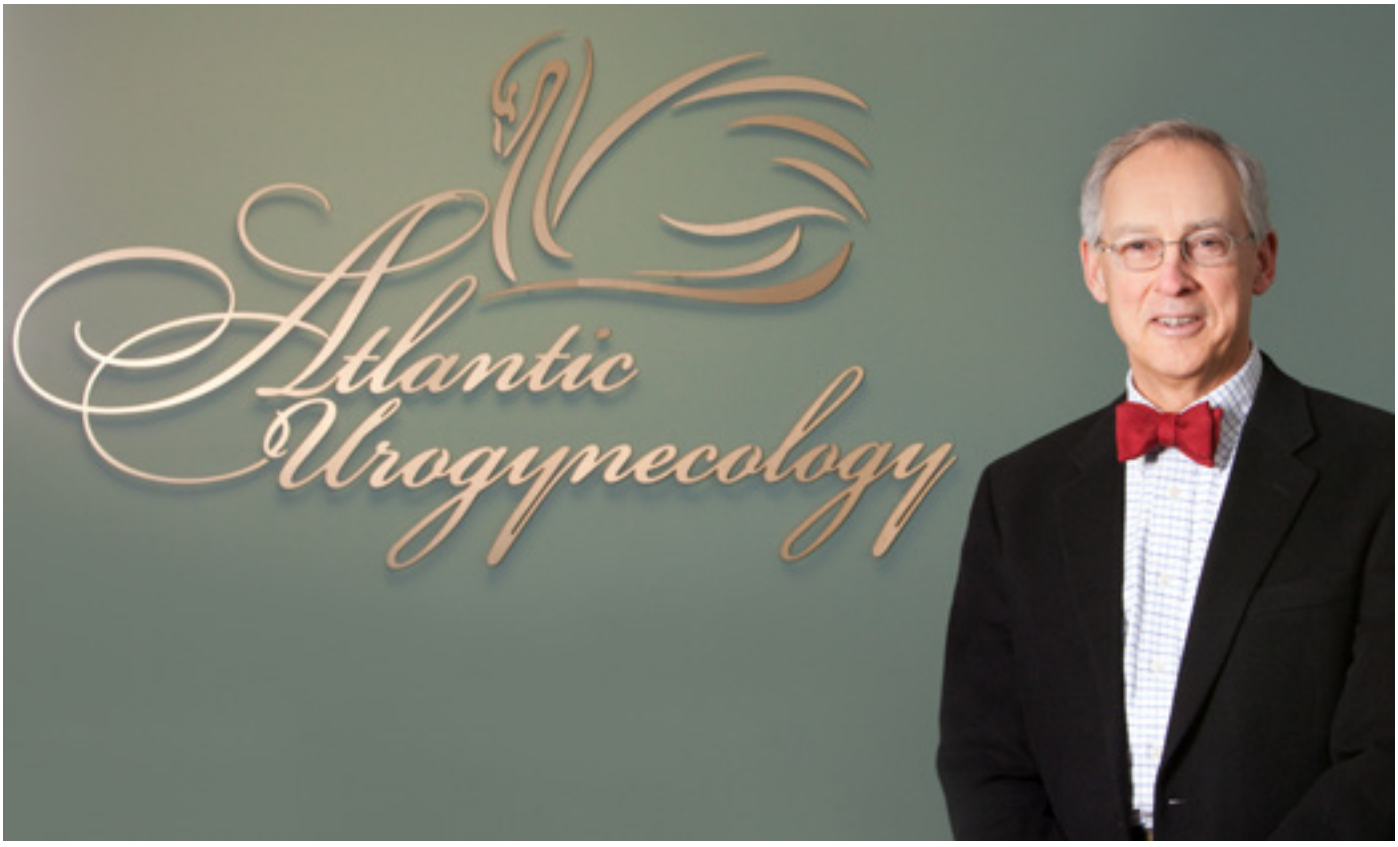


A Doctor on Several Missions

Compassionate care for women with urogynecological problems

One of the biggest challenges patients face is how to describe the symptoms they're experiencing in a way that will enable their physicians to make an accurate diagnosis. Without benefit of a medical vocabulary, patients must rely on their own terminology to describe what they're feeling. When the symptom is familiar and commonplace – 'my throat is sore' or 'I twisted my ankle' – the exchange is quick and straightforward, leaving little room for misunderstanding by either doctor or patient.

But when symptoms are new and unusual, patients can have difficulty describing them. And when those symptoms involve the most intimate areas of the body, patients can feel frustrated by their lack of vocabulary, and often embarrassed when trying to explain them. For women, fear of incontinence, coupled with the stigma associated with such conditions, can tie their tongues even further.

Dr. Christopher Walshe, of Atlantic Urogynecology, understands. Growing up with two sisters and his mother gave him "a certain comfort with, empathy for and understanding of women's health issues." He chose urogynecology – the diagnosis and treatment of urinary and bowel incontinence and female pelvic floor disorders – because it addresses the most complex, misdiagnosed and misunderstood female conditions.

Dr. Walshe is a graduate of the University of Vermont College of Medicine in Burlington, and is Board-certified by the American Board of Obstetrics and Gynecology. He completed his residency in obstetrics and gynecology at Tripler Medical Center in Honolulu, and served a three-year fellowship in urogynecology and reconstructive pelvic surgery at Louisiana State University in New Orleans. He is a member of the Society of Gynecologic Surgeons, American Urogynecologic Society, American Urological Association, National Association for Continence, American Medical Association, Medical Society of Virginia and the Christian Medical and Dental Association. He is a fellow of the American College of Obstetricians and the American College of Surgeons.

The Language of Urogynecology

Women with pelvic floor disorders soon learn the new vocabulary doctors use to diagnose and treat their conditions. But even before that, Dr. Walshe assures his patients that they are not alone: he tells them that pelvic floor disorders affect a substantial proportion of women and increase with age. In fact, the National Institutes of Health estimates that by the year 2050, the number of American women with at least one pelvic floor disorder will increase to 58.1 million. Dr. Walshe understands these conditions have a profoundly negative influence on a woman's quality of life.

He takes pains to describe each condition to apprehensive patients: interstitial cystitis, overactive bladder, pelvic organ prolapse, female urinary incontinence, anal incontinence, voiding dysfunction, and less common conditions like Mullerian defects.

He explains treatment options just as carefully, from the advanced non-surgical and surgical reconstructive techniques he employs to diagnose and treat women with pelvic dysfunction disorder.

Dr. Walshe's mission – and the mission of Atlantic Urogynecology – is to comprehensively and compassionately address and care for women with pelvic floor disorders. But that isn't his only mission.

A Mission and a Heart for Service

As challenging as it can be for his patients to find the right words to describe their most intimate symptoms, Dr. Walshe is accustomed to dealing with women facing a different communication barrier: language itself. He has thus far led missions to Nigeria, where the major languages include Yoruba, Hausa, Igbo, Edo, Fulfulde, Kanuri and Ibibo, to perform surgeries on women with the most devastating urogynecological condition – obstetric fistulas – which can cause leakage of urine or feces from the vagina, resulting in frequent vaginal and bladder infections and other painful complications. These women are often blamed for their conditions, and become pariahs, social outcasts with no quality of life.

Dr. Walshe became aware of the plight of these women during his residency, when he overheard part of a conversation in which the word 'fistula' was spoken. He was familiar with the word, but had not dealt personally with the condition. He researched, and immediately knew he wanted to make treating women with fistulas part of his practice. He chose his fellowship with that as a primary focus, and was fortunate enough to work with Dr. Lewis Wall, an anthropologist, obstetrician and gynecologist internationally known for his work in Africa treating women who had sustained fistulas during childbirth.

During his trips to Nigeria, Dr. Walshe works from dawn until midnight, performing the surgeries that will literally transform the lives of these women. The operating conditions can be harsh – electricity is unreliable, so he makes sure flashlights are handy. There is other deadly disease extant – HIV, malaria – and there is always the spectre of political and social tension. For many, the challenge would be too great and the fear too real. But Dr. Walshe, a man of deep Christian faith, never feels vulnerable in any operating theatre. It is his belief and his faith that steady his hand and his resolve.

There is More to Be Done

Dr. Walshe knows there's no time for fear. For every one woman he helps, he knows he's just scratching the surface of the monumental problem in Africa. He estimates that for every one case he's able to identify, there are three or more that are never treated, for a myriad of reasons – not least among them climate, the obstetrical environment, transportation, lack of education and poor health care in general in the third world.

Dr. Walshe is a graduate of the University of Vermont College of Medicine in Burlington, and is Board-certified by the American Board of Obstetrics and Gynecology.

So he will persist. He's already planning his next mission, this time to the Congo.

Until then, he will continue to serve the women of Hampton Roads with compassion and care, and with the most current and innovative modalities – some of which he has invented and developed himself. Working with the LSU School of Engineering, the Microsystem Engineering Team and Tulane Regional Primate Center during his fellowship, Dr. Walshe helped develop the first animal model for fistula formation, which enabled greater study and understanding of the condition.

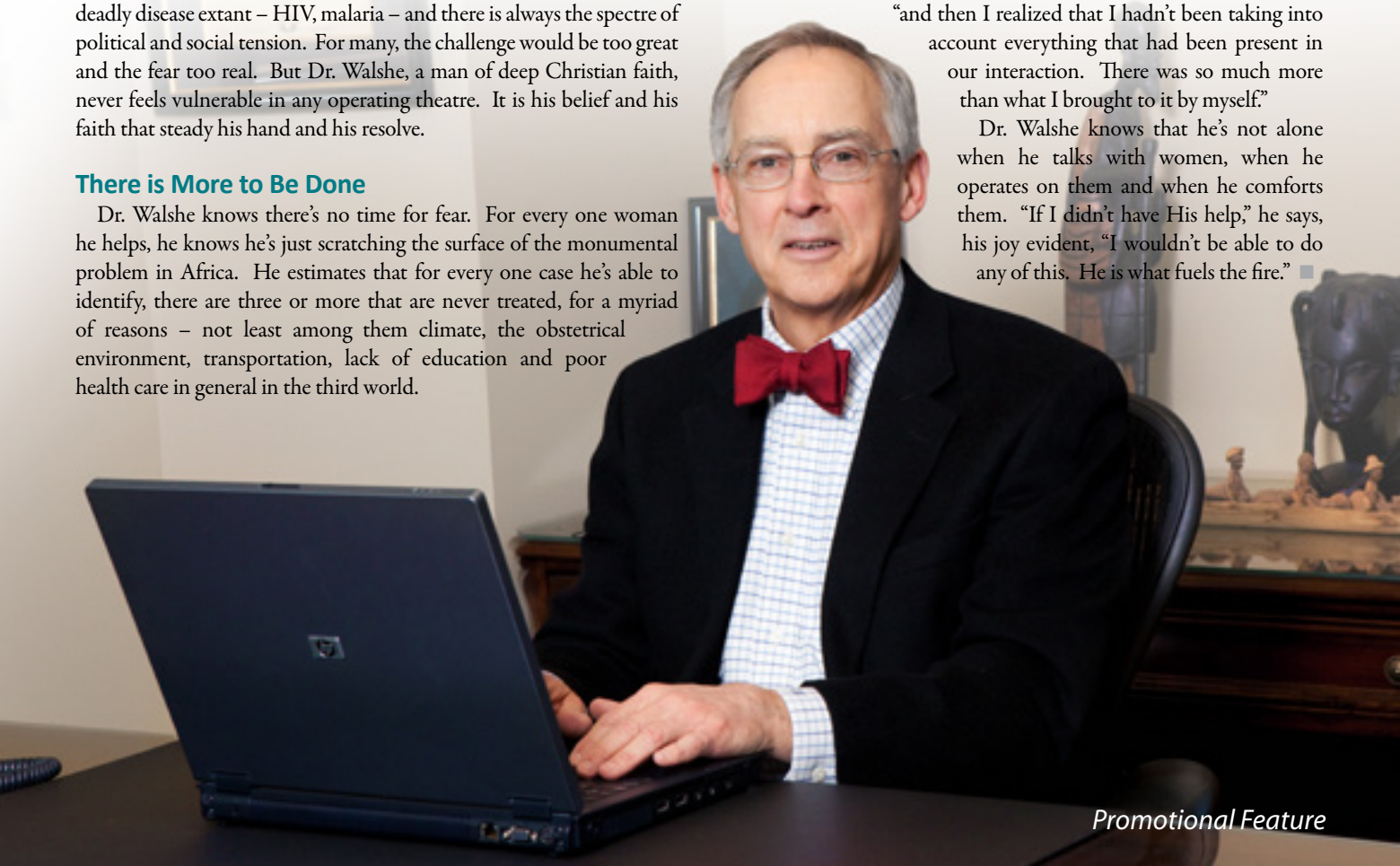
His most recent invention, a tissue anchoring system, has been patented in the United States, Europe and Australia. It has implications not just for pelvic floor dysfunction, urinary incontinence, pelvic organ prolapse, but for other surgical applications as well.

The ideas for such innovations come to him fast and furious, and he gives the credit to the same source from which he draws his strength – his intense faith in The Great Physician.

For Dr. Walshe, his partnership with God is the most important aspect of his practice, his missions and his life. "I couldn't do any of it without Him," he says. "I wouldn't have gotten here; I wouldn't be able to help women here and in Africa. I wouldn't have the health I need to make that happen."

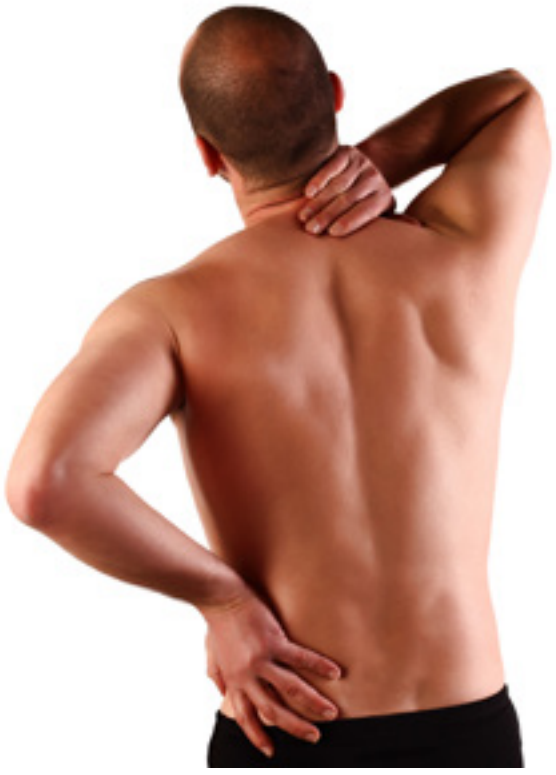
He recalls the moment he realized the impact that partnership has on his patients. He was talking with a woman who was thanking him profusely for literally changing her life through his care. "What I had done for her didn't seem to warrant such effusive praise," he says, "and then I realized that I hadn't been taking into account everything that had been present in our interaction. There was so much more than what I brought to it by myself."

Dr. Walshe knows that he's not alone when he talks with women, when he operates on them and when he comforts them. "If I didn't have His help," he says, his joy evident, "I wouldn't be able to do any of this. He is what fuels the fire."



New Hope for Back Pain

By Dr. Scott Horn & Dr. David Levi



Low back pain affects 80 percent of Americans at one time or another throughout their lives. In up to 50 percent of low back pain cases, the intervertebral disc is involved. Discogenic pain is often initially experienced after a bending and twisting type of movement. The pathophysiology is felt to be the development of a small tear or fissure in the outer ligamentous part of the intervertebral disc, the annulus fibrosis. The individual typically experiences severe muscle spasms, feeling "locked up" and unable to flex the lower spine. While symptoms usually abate within a few days, for the majority, subsequent similar episodes usually follow. Too often, the pain can become chronic.

Most of the time, discogenic pain can be managed by a good physical therapy program and a motivated patient, but sometimes therapies, epidural injections, and medications are not enough. As surgery is not usually the best option for discogenic pain, what other treatments are available?

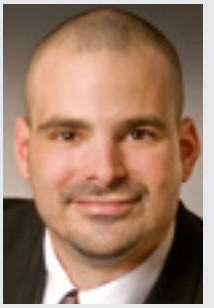
Intradiscal injections are still somewhat controversial, as the medical literature is mixed in regards to outcomes, however, there does appear to be some promising treatments on the horizon. The injection solution itself can vary widely from corticosteroids, platelet rich plasma, methylene blue, statins, glucosamine, dextrose, and even stem cells.

Intradiscal injections of corticosteroids in some studies have been shown to be helpful in discogenic pain that is also associated with certain changes to the bone surrounding the disc as seen on MRI. Corticosteroids injected into the disc itself may help limit some of the inflammatory cascade and subsequent cytokines produced by the annular tears which may be contributing to the pain.

Platelet-rich plasma (PRP) injections have shown very promising results in musculoskeletal injuries. Platelet-rich plasma is an autologous volume of plasma with a platelet concentration three to eight times the concentration contained in whole blood. PRP contains many different growth factors and cytokines which stimulate the healing of bone and soft tissue and the platelets secrete growth factors needed for all of the stages of tissue repair. These factors increase collagen content, accelerate endothelial regeneration and promote angiogenesis. In addition to healing properties, the growth factors may also activate quiescent stem cells to further promote tissue repair.

To discover whether an intradiscal injection of PRP could promote healing and regeneration of annular tears in the disc and improve discogenic pain, a randomized placebo controlled trial of 36 patients is currently under way with promising preliminary data. Significant improvement in function and pain from baseline to 8 weeks for the PRP group had been found, but no significant improvement for the control group. In addition 83 percent of the control group went on to surgery but only 27 percent of the treatment group opted for surgery after the PRP injection.

Is one of these intradiscal injection procedures going to be the cure for discogenic low back pain? For now, we'll have to wait and see. ■



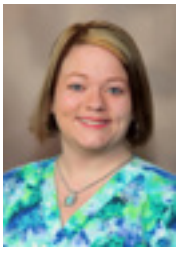
Dr. Scott Horn is an interventional spine specialist and Board certified in Physical Medicine and Rehabilitation. He serves as the International Spine Intervention Society representative to the American Medical Association's committee on economic issues.

Dr. David Levi M.D. is certified by the American Board of Physical Medicine and Rehabilitation. He lectures extensively on back and neck pain and is an instructor for the North American Spine Society, teaching physicians spine injection techniques.

Dr. Horn and Dr.Levi are members of APM Spine & Sports Phycisians

Sharing and Celebrating the Accomplishments of Those Who Have Received Major Honors

Dr. Olayiwola Ayodeji of Peninsula Kidney Associates, Hampton Virginia, Medical Director of the DaVita Dialysis Center Newport News and Sentara Careplex Acute Dialysis Program, received the DaVita Team Core Value Award at the DaVita Physician Leadership Conference in Dallas, Texas, in February 2013. Dr. Ayodeji was selected for this award because of his high level of dedication to multi-disciplinary care with DaVita teammates and patients. He was also recognized for his fierce advocacy and provision of outstanding medical care to his patients.



Bon Secours Maryview Medical Center is proud to announce that **Lori Mitchell**, licensed practical nurse (LPN), Palliative Care, has been selected to receive the DAISY Award For Extraordinary Nurses. Mitchell is the first Maryview nurse to win the prestigious award, which rewards and celebrates the extraordinary clinical skill and compassionate care nurses give to patients and their families every day. The DAISY Award was created by the parents of Patrick Barnes in his memory after he died at the age of 33 of an auto-immune disease. As a DAISY Award Partner, Maryview Medical Center plans to recognize a nurse every month beginning with this first award.

Sarah E. Joyner, MD, MPH has been selected as one of the Top 40 under 40 through *Inside Business*. Dr. Joyner is also featured in Virginia Living magazine April 2013 edition. Dr. Joyner is a Cardiologist with Cardiovascular Associates, Ltd. (CVAL). She completed her undergraduate degree at the University of Virginia, medical school at Eastern Virginia Medical School, Internal Medicine residency and Cardiology fellowship at Virginia Commonwealth University Health System/ MCV Hospitals and Physicians.

Mohit Bhasin, MD of Cardiovascular Associates was awarded the prestigious Grinnan Award by the American Heart Association in recognition of his devoted service to the fight against heart disease in both adults and children in Hampton Roads. Dr. Bhasin is a recognized leader in heart photography, with his local influence crossing specialties including adult cardiology, congenital heart disease, electrophysiology & emergency medical care. He specializes in diseases of the aorta, co-directing the CVAL Clinic for the Aorta, as well as multimodality tertiary referral cases. He directs a level III one year apprenticeship for cardiologists in cardiovascular MRI and CT, and has a taught a monthly course on 3D thoracic imaging for the last seven years.

Seven of the 17 Health Care Heroes honored this year by the publication *Inside Business* are associated with EVMS. Among those honored were: **Joseph A. Aloi, MD**, Clinical Director of the EVMS Strelitz Diabetes Center, honored for his work to raise awareness of diabetes; **Alexander Berger, MD**, Professor Emeritus of Family and Community Medicine, honored for his career-long commitment to patients worldwide; **Madeline L. Dunstan**, Associate Director of Education in the Glennan Center for Geriatrics and Gerontology, honored for her efforts to build awareness of the special needs of older adults; **Willette L. LeHew, MD**, a retired obstetrician and former Rector of the EVMS Board of Visitors, celebrated for his volunteer work in the community; **Harry T. Lester**, former President of EVMS, singled out for his success in garnering support for the school and its community-oriented mission; **Victoria S. Strasnick, MD**, an Instructor of Clinical Pediatrics, honored for her compassion and dedication to her patients; and **Bruce D. Waldholtz, MD**, an Assistant Professor of Clinical Internal Medicine, praised for his support of research targeting cancer.

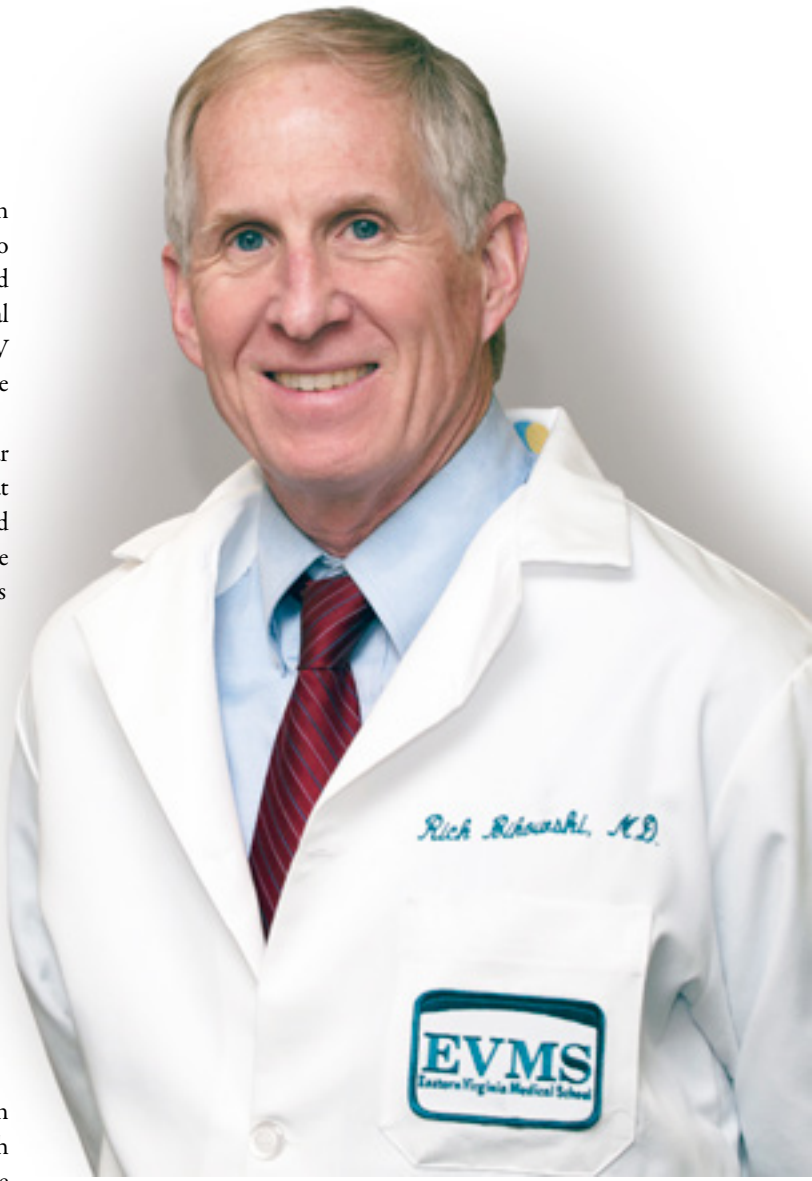
Two EVMS physicians were recently honored by the Virginia chapter of the American College of Physicians. **Ian Chen, MD**, Associate Professor of Internal Medicine, received the Young Internist Award. **Ronald Flenner, MD**, Associate Professor of Internal Medicine, received the organization's Academic Teaching Faculty Award. At the same meeting where the awards were announced, EVMS internal medicine residents swept the residency competition, winning the top three awards for oral presentations and claiming the top prize in the poster competition.

The American Psychiatric Association has presented its prestigious Educator Awards to two EVMS psychiatrists. **Maria Urbano, MD**, Associate Professor of Psychiatry and Behavioral Sciences, received the Irma Bland Award for Excellence in Teaching Residents. **Kathleen Stack, MD**, Assistant Professor of Psychiatry and Behavioral Sciences, received the Nancy C.A. Roeske Teaching Award for her work with medical students.

The Tidewater Bariatrics program recently received the 2012 HMR Gold Standard Certificate of Achievement. This award distinguishes TWB from hundreds of HMR clinics nationwide. Dr. Lawrence Stifler, Ph.D., founder and president of HMR personally handed out the certificate at a recent training the staff attended in March 2013.

HMR recognizes programs that demonstrate excellence in performance and patient care by presenting Gold Standard Certificates annually to selected clinics. The criteria for the awards include such variables as group attendance, weight loss success rates, and weight maintenance success rates. The top programs are then awarded the Gold Standard Award for excellence within these different categories.

Dr. Richard Bikowski
Good Deeds at Home and Away



Dr. Richard Bikowski received his medical degree from Eastern Virginia Medical School and returned to Hampton Roads to practice and teach at EVMS after serving his internship and residency at East Tennessee State University and taking additional training at Duke University's health leadership program. His CV reflects years of service to the medical school and the community he has made his home.

Described by his colleagues as an unselfish clinical educator par excellence, Dr. Bikowski is quick to share credit with his residents at Portsmouth Family Practice for developing lasting community-oriented and service programs that have been enthusiastically received by the City of Portsmouth – including nearly ten years of staffing homeless medical clinics; home visits for seniors; a battered women's shelter; a mentoring program pairing PFM residents with Portsmouth adolescents; and a television show focused on seniors and involving resident physicians from PFM.

He has served on multiple community boards focusing on geriatric care and home health, and is an invited member of the Chronic Care Leadership Council. He has contributed on the founding and planning committee of the Sentara Primary Care Collaborative, and been the key faculty from EVMS contributing to the statewide network that has grown out of the early efforts in enhancing clinical practice for primary care practices throughout Hampton Roads. He currently works with the Sentara Quality Care Network, a community-wide collaborative of nearly two thousand doctors who seeks to improve care.

Dr. Bikowski's good deeds don't stop at the borders of Hampton Roads – or even the United States. He recently traveled to Haiti with four other EVMS physicians — two pediatricians, one family medicine resident, one pediatric fellow and one of his family practice colleagues — accompanying 27 medical students. Their purpose was to aid indigenous communities within rural Haiti, while fostering ongoing relationships between the Haitian communities and EVMS. The team, led by Dr. Terri Babineau, flew into Port-au-Prince, and drove the nearly 75 miles to Hinche, to their base at La Maison Fortuné Orphanage. There, they examined the 250 orphans who live at Maison Fortuné, updating health records and treating their illnesses. But their borders didn't stop in Hinche.

They operated mobile clinics, traveling to outlying villages, where they treated hundreds of other Haitians. Dr. Bikowski recalls treating patients at the Azil, a home where the unwanted of Haiti – babies, the chronically ill, the elderly – are dropped off, to be cared for by the nuns of Mother Teresa. "These women are saints," he says, "and our medical students got to see this work first-hand."

One of those students, Nate Gordon, describes what it was like to work with Dr. Bikowski: "Even after closing down our mobile clinics, there were emergent, acutely ill patients who needed to be seen. One evening after clinic, a visibly ill child was rushed into the building. Dr. Bikowski, Dr. Jessica Bowers, an EVMS medical resident, and Dr. Bryan Fine, a CHKD pediatric hospitalist, immediately began assessing her. They treated her and monitored her throughout the night. After staying up most of the night with her, Dr. Bikowski and Dr. Bowers reported that her condition had improved significantly. It was a moment that will stick with me for a long time. It showed me how invaluable experience can be, and how it can make a difference in a patient's life."

"I've been in an academic position for 30 years," Dr. Bikowski says, "and in that role I've mentored young people. Part of that mentoring is showing them how they can make a difference to society in the communities where they live." In Haiti, he showed them how it makes a difference to the world. ■

If you know physicians who are performing good deeds – great or small – who you would like to see highlighted in this publication, please submit information on our website – www.hrphysician.com — or call our editor, Bobbie Fisher, at 757-773-7550.

HIPAA HITECH Omnibus Final Rule:

Broader Application, New Requirements and BIGGER PENALTIES

By J.M. Ramey

"Much has changed in health care since HIPAA was enacted over fifteen years ago. The new rule will help protect patient privacy and safeguard patients' health information in an ever expanding digital age."

— HHS Secretary Kathleen Sebelius

"This final omnibus rule marks the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented. These changes not only greatly enhance a patient's privacy rights and protections, but also strengthen the ability of my office to vigorously enforce the HIPAA privacy and security protections, regardless of whether the information is being held by a health plan, a health care provider, or one of their business associates."

— HHS Office for Civil Rights Director Leon Rodriguez

On January 25, 2013, the US Department of Health and Human Services issued its much anticipated Omnibus Final Rule. The rule makes extensive changes to the privacy and security regulations under the Health Insurance Portability and Accountability Act ("HIPAA"). Although effective as of March 26, 2013, compliance with the new rule is not required until September 23, 2013.

Although lengthy and complex, two major features of the new rule are a more expansive (inclusive) definition of Business Associate and significantly harsher penalties for HIPAA violations.

The new definition of Business Associate is very broad. It includes any person who (1) creates, receives, maintains or transmits protect health information, or (2) provides certain professional services to or for a covered entity involving the disclosure of protected health information. Among those businesses that could be included in this definition are: (a) claims processing, data analysis, processing and administration, utilization review, quality assurance, patient safety, billing, benefit management, practice management, (b) businesses providing legal, actuarial, accounting, consulting, data aggregation, management, administration accreditation or financial services, and (c) and subcontractor of any of the businesses identified in (a) and (b) above.

In addition to expanding HIPAA's reach, and thereby the pool of potential violators, the new rule substantially increases penalties for HIPAA violations. In 2000, penalties for single violations ranged from $100 to $25,000. Under the new rule, penalties for a single violation range from $100 to $1,500,000. What constitutes a single violation is fairly subjective, and within the discretion of the Office for Civil Rights and the greater the level of negligence, the higher the penalty. And, of course, an organization can be liable for violations by its Business Associates and Subcontractors.

These are only two of the significant changes found in the HIPAA HITECH Omnibus Final Rule. There are many other changes and many requirements to be satisfied by any organization that falls within HIPAA's reach. If you fail to make any effort to determine if HIPAA applies to your organization, or fail to make any effort to satisfy its requirements, it is likely the maximum penalty would be imposed in the event of a violation, whether by your organization or a Business Associate or Subcontractor. Given the potential liability and increasing enforcement activity, if there is any chance that your organization might be subject to HIPAA, you are strongly encouraged to consult with a health care attorney to determine whether it is, and if so, what must be done to comply with HIPAA and the Omnibus Rule. ■

J.M. Ramey is an attorney with the law firm of Goodman, Allen & Filetti. He works closely with owners of small businesses on a variety of matters that impact their bottom lines. Ramey is nationally recognized as an authority on Section 1031 like-kind exchanges.

Anticipate the Future and Be a Change Leader

By Bassam A. Kawwass, FACHE

"One cannot manage change. One can only be ahead of it. In a period of upheavals, such as the one we are living in, change is the norm. To be sure, it is painful and risky, and above all it requires a great deal of very hard work. But unless it is seen as the task of the organization to lead change, the organization will not survive. In a period of rapid structural change, the only ones who survive are the change leaders. A change leader sees change as an opportunity. A change leader looks for change, knows how to find the right changes, and knows how to make them effective both outside the organization and inside it. To make the future is highly risky. It is less risky, however, than not to try to make it. A goodly proportion of those attempting to will surely not succeed. But predictably, no one else will." Peter F. Drucker

Healthcare reform laws are here. Our challenge is to make these new laws "effective both outside the organization and inside it."

Hampton Roads has very dedicated and prominent physicians, healthcare leaders and healthcare organizations – and in addition, it has visionary change leaders. It does not have the faster pace of other markets, neither does it have Northern Virginia's comfort level with a faster pace of change. This is neither absolutely good nor bad; in fact, this may give local change leaders a better setting for building and transforming opportunities, effectively and efficiently.

We have seen several major initiatives, and we will see more, sooner than later. In efforts to integrate services, control market share and patient flow, and provide value and quality, these initiatives have ranged from hospitals and hospital systems acquiring/divesting/acquiring/divesting physician practices, to physicians and physician groups collaborating to work closer on patient care and reimbursement negotiations - informally and formally, to Clinically Integrated Networks forming and being formed, to the discussions of hospital-physician alignment, outside hospital-physician employment.

These are all good efforts, and hopefully will ultimately provide for better quality and good access and cost effective care for the patients. We must not forget that each one of us, and our family members, could at some time be a patient who would benefit from the outcome of the improved management of change. Isn't this what we all want and desire?

The goals are noble; the roads are many: some are still on the drawing boards, some are on paper and some are not yet paved. There are many risks of failure. One key prerequisite for success is having, building and nurturing mutual trust, respect and an appreciation of value. Not working together to design, build and pave the roads to achieve these goals for our community would be a major setback. "To make the future is highly risky. It is less risky, however, than not to try to make it. A goodly proportion of those attempting to will surely not succeed. But predictably, no one else will." ■

Bassam A. Kawwass, FACHE is the administrator for Cardiovascular Associates, Ltd. (www.cval.org), the premier largest independent, full-service cardiology practice E-mail: bkawwass@cval.org. Mr. Kawwass served as past Regent at Large for the American College of Healthcare Executives. He earned a Master's in Health and Hospital Administration from Virginia Commonwealth University, a Medical Records Administration degree from St. Louis University, and a Bachelor's in Business Administration from the American University of Beirut, Lebanon.

The (Still) Emerging Role of the Hospitalist

By Rachel Stephens

In the August 15, 1996 issue of The *New England Journal of Medicine*, Robert M. Wachter, MD and Lee Goldman, MD wrote an article describing the growth of managed care in the American health care system at that time as "explosive," leading to "an increased role for general internists and other primary care physicians." In their article, "The Emerging Role of 'Hospitalists' in the American Health Care System," Wachter and Goldman defined the role of these specialists, and coined the name by which they are known today.

These authors were almost prescient in understanding how hospitalists – physicians who practice inpatient medicine exclusively – could assume the care of hospitalized patients, relieving overburdened family doctors with less and less time to make hospital rounds; and – by devoting themselves solely to hospital work – how they might function to facilitate the transition to the implementation of the Affordable Care Act.

Hospitalists work at a specific hospital, affiliated with a particular primary care practice. Tamara Jones, MD, is Board certified in internal medicine, and a hospitalist who works with the EVMS Internal Medicine Group at Sentara Norfolk General Hospital. She explains the benefit of the hospitalist to the PCP: "Because we work exclusively at the hospital, we're available at all times during our working day to meet patients and their families, to order and follow-up labs and other tests, and to respond immediately to problems that might arise, in the moment. And we can see patients as many times a day as is medically necessary."

Because all of their cases are inpatients, these physicians have particular expertise in dealing with the myriad issues such patients face. "We coordinate every aspect of care during the patient's stay," says Dr. Jones, "whether it involves bringing in subspecialists or surgical specialties, arranging additional consults if needed for social work or other issues, or coordinating care once the patient is discharged."

Also, she notes, because hospitalists work solely in the inpatient setting, they have enhanced knowledge of their hospital's operating procedures, greater familiarity with hospital staff and a sense of stewardship over the facility's resources, all of which lead to greater efficiency. Indeed, studies continue to show that when hospitalists assume inpatient care, hospital stays are shorter and health care expenditures are lowered.

The American Board of Physician Special-

ists was the first physician certification body to recognize the emerging importance of hospitalist certification. In 2009, the ABPS developed the nation's first board of certification for hospital medicine, the American Board of Hospital Medicine (ABHM). Not merely a subspecialty of internal medicine, hospitalist board certification through ABHM carries all the standing and prestige of a distinct and vital medical specialty.

The American Board of Internal Medicine (ABIM), recognizing the multi-faceted value of these specialists and the growing number of physicians who were concentrating their practice on inpatient medicine, developed a certification program called "A Focused Practice in Hospital Medicine" to accompany Board-certification in internal medicine. This program assesses, sets standards for, and recognizes "the specific knowledge, skills and attitudes of general internists who focus their practice in the care of hospitalized patients."

There are benefits for hospitalists, as well — more flexible schedules mean more time to spend with patients, without the worries that come with managing an individual medical office practice. In an office, when patients are scheduled every 20 minutes, there is always the sense of urgency to get from one patient to the next. "In the hospital, if I need to spend 90 minutes with a patient or family, I can do it," Dr. Jones says, but concedes that can sometimes result in 14-hour days.

Fourteen hour days are sometimes par for the course for hospitalists, because they know the relationship between them and their patients is absolutely crucial – and they know it must be established and solidified quickly. Often when patients are admitted to the hospital, it's under acute and very stressful situations, Dr. Jones notes, "so you have to create that bond so patients can trust you to take care of them while they're there, and at the same time relay that information to their PCP." It takes a certain set of people skills to do that in a very efficient manner in a short period of time – and that's something that can't always be learned in medical school.

In the earliest days, the role of the hospitalist was performed by internists. Today, other specialists – such as pediatricians, family doctors, obstetricians and other specialists, work as hospitalists.

Established in 1997 as the National Association of Independent Physicians — the Society for Hospital Medicine adopted the following mission statement: "We promote exceptional care for hospitalized patients." The Board of the Society for Hospital Medicine in March of 2013 approved these objectives:

- Promoting high quality and high value health care for every hospitalized patient;
- Advancing the state of the art in hospital medicine through education and research;
- Improving hospitals and the health care community through innovation, collaboration and patient centered care;

Supporting and nurturing a vibrant, diverse and multidisciplinary membership to ensure the long term health of hospital medicine.

As this subspecialty of medicine continues to evolve expand, it will be the patients who benefit the most as these objectives are realized. ■

Recognizing Outstanding Nurse Practitioners and Physician Assistants in Hampton Roads

LENA SIFEN, PA-C

Lena Sifen's route to her fulfilling position as Physician Assistant to Dr. Michael Romash at Sports Medicine & Orthopaedic Center was circuitous in more ways than one. As a youngster, she dreamed of becoming an attorney, but once she got to high school and became involved with sports – which she did in a big way – she saw her friends sustaining athletic injuries, and her interest in orthopaedics was piqued. It was during her junior year in high school that she took a class that included shadowing Dr. Romash as he treated his patients at Sports Medicine & Orthopaedic Center. That was all it took – while many aspiring students pursue medicine and discover a love for orthopaedics, for Lena it was the other way around. She knew she wanted a career in orthopaedics, so she decided to pursue medicine. She went from high school to Florida State University, where she intended to major in athletic training, to prepare her to deal with sports injuries – but the lure of college athletics was strong. She majored instead in exercise science, which allowed her to coordinate her class schedule with the Florida State Women's Softball Team on which she played.

Sifen was accepted and enrolled in the Medical School at the University of Virginia, but after a semester, she began questioning her objectives. She had spent some time traveling abroad – backpacking in Europe for five weeks, studying and working in Israel – and realized she might be better suited for a different career, one that would allow more flexibility in the future for travel and raising a family. She knew she was devoted to orthopaedics and sports medicine – during her tenure in Israel, she had played in the Jewish Olympics – so when she learned about the Physician Assistant Program at the Philadelphia College of Osteopathic Medicine, she applied. True to her passion for sports medicine, she titled her thesis, "Is a Structured Comprehensive Warm Up Program Effective in Preventing Injuries in Female Soccer Players?"

After graduating from PCOM, Sifen debated staying up north permanently, but a circuitous – and serendipitous – turn of events reconnected her with Dr. Romash. She was working per diem when a friend's mother noticed a job opening for a Physician Assistant at Sports Medicine & Orthopaedic Center and called her. The ad didn't identify which doctor the applicant would be working with, so when she applied, she was both surprised and delighted that it was Dr. Romash.

Their rapport was almost immediate. A close friend of Sifen's had done some research with Dr. Romash, and gave her a glowing recommendation. She also reminded him of the first time they'd met when she shadowed, and told him that she'd won an award from her high school trainer: a book donated and signed by Dr. Romash.

Today, Sifen's days are spent working with their mutual patients: she's at the hospital early in the morning making rounds on their pre- and post-op patients or conducting the history and physical examination on new ones. She helps set up the operating room, and assists Dr. Romash during surgery. Other days she spends in the clinic, ordering xrays, tests and conferring with the physician about patient needs.

Sifen enjoys the challenges of Dr. Romash's practice, particularly the large cases he takes, many of which are usually done at a teaching hospital. The opportunity to learn about the profession she loves keeps her inspired and enthusiastic about her career choice. She particularly enjoys the autonomy of her work as a Physician Assistant at Sports Medicine & Orthopaedic Center. "There's so much opportunity to grow here," she says. ■

If you work with or know a physician's assistant or nurse practitioner you'd like to nominate for a profile in Hampton Roads Physician, *please visit our website – www.hrphysician.com - or call our editor, Bobbie Fisher, at 757-773-7550.*

Knee Resurfacing:

An Alternative to Traditional Knee Replacements

By Robert J. Snyder, MD

One of the newest treatment technologies offered in orthopedics today is knee resurfacing. Knee resurfacing is a true alternative to traditional total knee replacement. Knee resurfacing is performed by replacing only the worn-out, arthritic, compartment(s) of the knee versus the more traditional knee replacement approach in which the entire knee is replaced. This approach is especially recommended for the younger, more active patients who do not have any cartilage remaining on a portion(s) of their knee. Post-operatively, this approach also offers the potential for the patient to return to a fairly high level of physical activity.

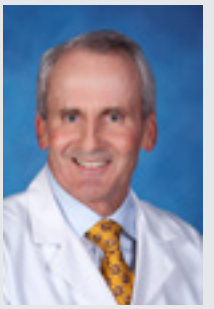
New advances in CT technology now make it possible for implant manufacturers to utilize a simple CT scan of the knee to construct an exact, three-dimensional model of a patient's knee. After the anatomically correct model is created, the manufacturer can then fabricate the necessary implants required to replace the arthritic area(s) of the knee.

Although most computer-generated knee replacements involve pre-operative MRI scan or CT scan of their knee, resurfacing is different from other computer-designed knee replacements that are currently being advertised. Most manufacturers of knee replacement implants make a left knee and a right knee model in a variety of different sizes. A patient's knee will be cut down to accommodate whichever size of implant most closely approximates their natural knee. Surgeons use cutting guides or "blocks" which are made to facilitate the implantation of the pre-fabricated knee implant, no matter if the replacement is to be a traditional or computed designed procedure. In a knee resurfacing procedure there are no pre-manufactured cutting blocks or implants. The patient's own knee is utilized to make the model on which the patient's custom-made implants are then manufactured. Disposable guides and cutting blocks are sent to the surgeon to insure anatomic positioning of the implants.

The Benefits to the Patient are:

1. Less bone is removed in the procedure. All knee replacements require that a patient's knee be "prepared" to receive the implant, which usually requires significant bone removal and shaping before the implant can be positioned into place. In resurfacing the implant is the thickness of the damaged cartilage being replaced, the surgeon does not have to remove as much bone to achieve the proper fit and positioning of the implant.

2. More surgical options are available if the knee needs to be fully replaced at a later date. Since minimal bone is removed during the knee resurfacing procedure, it is much easier to convert a resurfaced knee to a traditional primary total knee replacement, should the need arise due to complications from arthritis or injury later. While not for everyone, knee resurfacing is a great alternative to total knee replacement for younger, active individuals who want to maintain an active lifestyle. ■



Robert J. Snyder, MD is a graduate of and former Chief of Orthopaedics at The United States Military Academy at West Point. He is a board-certified Orthopaedic Specialist who practices at Orthopaedic & Spine Center in Newport News, VA.

Acknowledging and introducing medical professionals who have recently joined the community of Hampton Roads

Dr. Himanshu Desai has joined Bayview Physicians Group. Dr. Desai received his Doctorate of Medicine from Smt. NHL Municipal Medical College, Gujarat University in Ahmedabad, India. He completed an Internal Medicine Residency Program at Gujarat University and also State University of New York in Buffalo, New York, where he served as Chief Resident. He also completed his Pulmonary and Critical Care Fellowship at State University of New York. Dr. Desai is Board Certified in Pulmonary, Critical Care and Internal Medicine.

Sentara Home Care Services welcomes its new Vice President of Home Care, **Melissa Cooper**, to its agency. Cooper previously worked for Mountain States Health Alliance, a 15-hospital system, where she has been the Vice President of Home Care since 2004. Sentara Home Care Services is a full-service agency, providing home health, infusion, hospice and medical and respiratory equipment. It has 10 locations throughout Virginia and Northeastern North Carolina, and has over 18,000 patients on service at any given time.

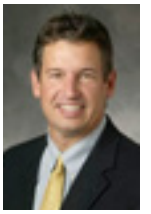
Bon Secours Hampton Roads is pleased to announce that **Dr. William Collins**, a board certified urologist, has joined the practice of Chenault-Ostroff Urology, a Bon Secours Virginia Medical Group specialty practice. Dr. Collins holds a Bachelor of Science degree from the United States Naval Academy in Annapolis. He studied pre-med at the University of Pittsburgh in Pittsburgh, and earned a medical degree from Temple University School of Medicine in Philadelphia. He completed a surgical internship and a urology residency at the Naval Regional Medical Center in Portsmouth, and a urologic oncology fellowship at Danville Urologic Clinic in Danville VA.

Richard V. Homan, MD assumed his role as President and Provost of EVMS and Dean of the School of Medicine at Eastern Virginia Medical School on April 16. Dr. Homan had served as Provost and Dean of EVMS since 2012, and succeeds Harry T. Lester. Dr. Homan has held senior leadership positions during more than 25 years in academic medicine. Prior to coming to EVMS, he was President and Annenberg Dean of Drexel University College of Medicine in Philadelphia, where he also was Senior Vice President for Health Affairs and CEO of Drexel University Physicians, among other roles. Previously, Dr. Homan was Dean

of the School of Medicine and Vice President for Clinical Affairs at Texas Tech University Health Sciences Center.

Karen Remley, MD, MBA, has joined EVMS as the Founding Director of the recently established EVMS M. Foscue Brock Institute for Community and Global Health. She leads the institute's effort to leverage EVMS' clinical, research and educational programs to positively affect specific health priorities in Hampton Roads. Dr. Remley served as Virginia Commissioner of Health for more than four years. Prior to her initial appointment in 2008 by Governor Timothy Kaine, she worked in senior leadership positions for several health-care organizations, including Sentara Healthcare, Anthem Blue Cross Blue Shield of Virginia and Physicians for Peace.

Mekbib Gemeda has joined EVMS in the newly created post of Vice President of Diversity and Inclusion. Over the past eight years, Mr. Gemeda served as Assistant Dean for Diversity Affairs and Community Health, as well as founding Director of the Center for the Health of the African Diaspora at New York University School of Medicine. Mr. Gemeda will spearhead efforts to integrate diversity and inclusion as a strategic priority in all of the school's mission areas to help EVMS realize its vision of becoming the most community-oriented school of medicine and health professions in the nation.



Sentara Healthcare CEO David Bernd has announced that **Dr. Terry Gilliland** will serve as Chief Medical Officer (CMO) for Sentara. Gilliland comes to Sentara after 17 years with Kaiser Permanente and the Permanente Medical Group. Most recently, he served as the Associate Medical Director of the Mid-Atlantic Permanente Medical Group, a 500,000-member group with 1,000 physicians across 30 medical locations and affiliations with several hospitals in the Mid-Atlantic region.

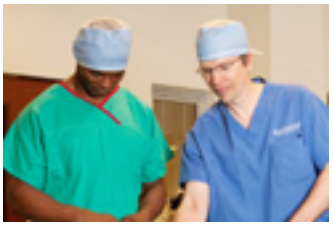
Elizabeth Yeu, MD, has joined Virginia Eye Consultants in Norfolk. She earned her medical degree from the University of Florida College of Medicine in Gainesville, FL and completed an ophthalmology residency at the Rush University Medical Center in Chicago, IL. Doctor Yeu completed her fellowship in Cornea, Anterior Segment and Refractive Surgery at the Cullen Eye Institute, Baylor College of Medicine in Houston, TX, where she served as an Assistant Professor in the Department of Ophthalmology prior to joining Virginia Eye Consultants.

Spotlighting what's happening in the medical community, and who's making news

Bon Secours Medical Group has signed an agreement with Anthem Blue Cross and Blue Shield to proactively improve its patient care delivery system, through financial incentives rewarded by Anthem to Bon Secours-affiliated primary care practices in Hampton Roads and Richmond. The initiative – known as Patient-Centered Primary Care – is providing more efficiency in patient care, enabling primary care physicians to proactively reach out to their patients before they get sick. Bon Secours primary care practices have hired nurse navigators, who will regularly monitor each patient's health activity and coordinate the patient's care plan. The nurse navigator can track whenever their patients see a physician, a specialist, or require hospitalization. Physicians can then contact their patients who may need their cholesterol re-checked, a flu shot, screenings and other health follow-ups.

Bon Secours Hampton Roads has promoted Lisa Metten to the position of Administrative Director Orthopaedics. Bringing over 15 years of healthcare experience to her new position, Ms. Metten most recently served as administrative director of the primary care service line for Bon Secours Medical Group in Hampton Roads. As Administrative Director Orthopaedics, Ms. Metten will work with the Hampton Roads team to develop a long term strategic plan to expand orthopaedics, collaborating with physicians, senior leaders, and the greater community to establish a world class orthopaedic services.

Two world-class surgeons, **Dr. John Aldridge**, a Board certified orthopedic surgeon with Hampton Roads Orthopaedics and Sports Medicine and **Philip Heaton-Adegbile, II, Ph.D., M.D.** from London, England recently collaborated at the Bon Secours Orthopedic Institute. Dr. Heaton trained with Dr. Aldridge in the Bon Secours Mary Immaculate Surgical Pavilion in Newport News, Virginia to bring the "Jiffy Hip" a state-of-the-art, lesser invasive hip replacement procedure to his colleagues in England.



Lakeview Medical Center, a multi-specialty group, serving the Suffolk community since 1906, **joined Bayview Physicians**, effective April 1, 2013. With the addition of Lakeview Medical Center, Bayview has expanded its medical service lines in Internal Medicine and Primary Care, Pediatrics, Pulmonary and Critical Care, Rheumatology, Dermatology, and Hospitalist Medicine. In addition, this collaboration will expand Bayview's service lines to include the specialties of Otolaryngology (ENT), Physical Medicine and Rehab, and Obstetrics & Gynecology. This union will also expand ancillary services to include an AAAHC Accredited Ambulatory Surgery Center, a Reference Laboratory and CT scanner. Bayview will also continue to offer services in the currently served neighborhoods of Franklin and Isle of Wight County.

The third annual Bon Secours 5-K for Colon Cancer, presented by TowneBank, was held on April 6th at Bon Secours Health Center Harbour View. A total of 532 runners and walkers registered for the 5-K and 1 mile fun walk. This year's race raised more than $21,000 for the Bon Secours Maryview Foundation Cancer Fund. Other sponsors included: Taylor Orthodontics, Gastroenterology Associates of Tidewater, Gastrointestinal and Liver Specialists of Tidewater, Virginia Oncology Associates, Medical Equipment Services and Old Dominion Society of Gastroenterology Nurses, Suffolk News-Herald, 92.1 Kiss FM, and Moving 107.7 FM. Female open winner was Emily Rivet of Chesapeake at 22:10; male was Steve Spiers of Virginia at 17:20.

Orthopaedic surgeon Jeffrey Carlson, MD is currently working on outpatient cervical and lumbar fusion surgical interventions, combining the effectiveness and shorter surgical times of open surgical techniques with less disruption of the soft tissues, focusing on decreasing the pain of the procedure itself. Modeled on the outpatient procedures for disc herniations in the neck and lower back, the new procedure uses the same surgical exposures to perform fusion surgeries in the neck and back. The techniques involve the same amount of soft tissue disruption as the known "smaller" procedures, but adding the more complex and invasive element of placing screws and rods

through the same disrupted tissue. Anesthetic techniques with multiple medication combinations and advances in spinal hardware have allowed us very encouraging early success.

Peter F. Bastone, Dr.PH, MBA, MACHM, has been named president and chief executive officer of Chesapeake Regional Medical Center, bringing more than 30 years of health care leadership to the organization. Bastone most recently served as chief administrative officer of CHA Health Systems in Los Angeles and Seoul, South Korea. He provided operational support and metrics for the system's eight international acute-care hospitals and one Los Angeles-based hospital for a total of 2,500 beds. Previously he served as president and chief executive officer of Mission Hospital Regional Medical Center in Mission Viejo CA, and Mission Hospital Laguna Beach in Laguna Beach, CA. for 15 years.

Deepak Talreja, MD of Cardiovascular Associates is starting a community lecture series on Healthful Eating in collaboration with Whole Foods, which will culminate in one of the largest prospective diet studies in the country. Dr. Talreja is a recognized leader in adult cardiology with special expertise in interventional cardiology and structural heart disease (including transcatheter based aortic valve replacement and closure of atrial septal defects and patent foramen ovale) as well as preventative cardiology, echocardiography, nuclear medicine and pacemaker implantation. Dr Talreja is on the faculty of Eastern Virginia Medical School and routinely participates in medical lectures throughout the region. He has been recognized by the Mayo Clinic and Vanderbilt University for excellence in teaching.

Chesapeake Regional Medical Center now offers long-term video electroencephalogram (EEG) monitoring to better diagnose and treat patients with seizures and epilepsy. Long-term video EEG monitoring simultaneously records brain activity and body movements on a continuous basis for an extended period of time. Video EEG monitoring is most helpful in identifying types of seizures and pinpointing the region of the brain where seizures begin. In addition, the new technology offers a more pleasant EEG experience than traditional EEG tests, which utilize multiple electrodes attached to the scalp with a sticky substance. The updated video EEG monitoring uses electrodes embedded in a flexible headpiece, eliminating patient comfort issues. The length of the continuous EEG test varies, but the usual length of stay is 48 to 72 hours.

Best selling author and bariatric surgeon **Thomas W. Clark, MS, MD, FACS of the Center for Weight Loss Success in Newport News has released his latest book** titled "Less Weight More Life! Is Weight Loss Surgery Right for You? Top 21 Questions You Need to Ask." Dr. Clark has dedicated his career to helping people successfully lose weight and keep it off for life. In addition to being board certified in surgery and performing nearly 4,000 weight loss procedures, he has achieved an additional board certification in the field of Bariatric Medicine, making him one of the first pioneers in the United States to provide the full continuum of weight loss services for anyone who wants to successfully lose weight.

Eastern Virginia Medical School has received a full eight-year accreditation for its medical degree program. The accreditation comes from the Liaison Committee on Medical Education (LCME), the accrediting authority for MD (or Medical Doctorate) education programs in North America. The eight-year period is the maximum possible interval.

Jerry L. Nadler, MD, Chair of Internal Medicine, is representing EVMS on the Project Management and Oversight Panel of the Virginia Biosciences Health Research Corporation. The group was established by the Governor's office and Virginia Economic Development Partnership to foster collaborative scientific research innovation and to provide a new venue for public/private partnering with Virginia universities.

Four EVMS faculty are authors of the study, "Islet inflammation: a unifying target for diabetes treatment?" that appeared in February in the journal Trends in Endocrinology & Metabolism. The authors are **Yumi Imai, MD,** Assistant Professor of Internal Medicine; **Anca D. Dobrian, PhD**, Associate Professor of Physiological Sciences; Margaret A. Morris, PhD, Research Assistant Professor of Internal Medicine; and **Jerry L. Nadler, MD**, Chair of Internal Medicine and holder of the **Harry H. Mansbach** Chair in Internal Medicine.

Two EVMS faculty recently co-authored a book designed to help physicians care for hospitalized patients. **Alexander B. Levitov, MD, and Paul Marik, MD**, both Professors of Internal Medicine, recruited a number of EVMS colleagues to assist with the book titled, "Point of Care Medicine." Other contributors to the volume from the EVMS Department of Internal Medicine are Jody P. Boggs, MD; Catherine J. Derber, MD; Himanshu Desai, MD; Ronald W. Flenner, MD; L. Beth Gadkowski, MD; B. Mitchell

Goodman III, MD; Michael Hooper, MD; Edward C. Oldfield III, MD; Sami G. Tahhan, MD; and Stephanie B. Troy, MD.

The New Hope Center For Reproductive Medicine, in Virginia Beach, has been designated a fertility "Center Of Excellence" by a growing number of insurance providers. New Hope qualified for this distinction by conducting a rigorous review, demonstrating industry-leading success rates, and a high standard of patient care. The resulting review by the insurance companies place The New Hope Center in an elite category of full-service fertility centers.

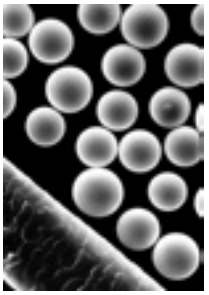
In March, **Dr. Raj Sureja of Orthopaedic & Spine Center participated in a 24 hour, 50+ mile hike**, with no sleep, through the night in the freezing temperatures in the mountains. Dr. Sureja was one of only eight who completed the hike, out of a much larger group who began. Dr. Sureja participated in this hike to help support 1 Voice Trekking hikers, who raised funds for The Samaritan Women Scholarship Fund. This fund provides financial support to women who are endeavoring to re-imagine and re-build their lives from exploitation and trauma. The Samaritan Women is one of the only restoration homes for victims of human trafficking in the Mid-Atlantic. *Ed.note:* Dr. Sureja's name was misspelled and his title was listed incorrectly in our first issue. Our sincere apologies.

Three Sentara Nursing Centers have received the highest possible overall rating of five stars in U.S. News & World Report's fifth annual Best Nursing Homes. The Best Nursing Homes 2013 ratings highlight the top nursing homes in each city and state, out of nearly 16,000 facilities nationwide. U.S. News & World Report recognized Sentara Nursing Center-Windermere (Virginia Beach, VA), Sentara Nursing Center (Barco, NC) and Sentara Nursing Center (Portsmouth, VA).

Sentara Cardiovascular Research Institute is now participating in a randomized multi-center clinical research trial to study an investigational "dissolving" mesh to treat blockages in the vessels serving the heart. The narrowing of vessels in the heart is known as coronary artery disease and is the leading cause of death in men and women in the U.S.

Sentara CarePlex Hospital focuses on special needs of seniors with a dedicated 12-bed Acute Care for Elders (ACE) unit. The new unit represents added resources, specialized training, and consultation with experts

from the EVMS Glennan Center for Geriatrics and Gerontology. Nurses who have received Nurses Improving Care for Healthsystem Elders (NICHE) certification training, a national program to improve care for older hospitalized adults staff the unit. With the look of home, the unit is designed to enhance the care and environment for senior patients who are at greater risk of declining and developing complications while in hospitals.



Experts from the Sentara Cancer Network collaborate to expand treatment options for patients with inoperable advanced liver cancer. A new procedure relying on Selective Internal Radiation Therapy (SIRT) in now available at Sentara Norfolk General Hospital, adding TheraSphere®, to the targeted radiation therapies offered. Using tiny radioactive glass beads delivered directly to the tumor site, TheraSphere is now an option to more advanced liver cancer patients who may not have had similar options before. Targeted therapies like TheraSphere destroy cancerous cells while preserving surrounding healthy cells. Referring physicians and patients may contact Sentara Norfolk General Radiation Oncology at 388-3483, for more information.

Tidewater Orthopaedics recently completed expansion of its Hampton Physical Therapy Department. The newly expanded 5,000 square foot space allows therapists to provide more comprehensive care and additional services to their patients through educationand technology. The physical therapy department of Tidewater Orthopaedics now offers work conditioning programs including education for injury prevention and body mechanics. The practice also provides post-surgical rehab for total joints and sports injuries, balance and fall prevention for older patients with orthopedic issues, manual physical therapy, orthotics, and hand therapy. The facility is located at 901 Enterprise Parkway, Suite 700 in Hampton.

Alan L. Wagner, MD, FACS of Wagner Macula & Retina Center is pleased to announce the opening of his newest office, located at 809 Greenbriar Parkway, Ste 109, in Chesapeake, Virginia. Opened in late 2012, the office's unique Bauhaus design supports the team's Lean Six Sigma approach to patient-centered care. Dedicated to saving sight and enhancing lives, Wagner Macula & Retina Center offers patients eight convenient locations, reduced wait times, and the comfort of the highest level of personal care and expertise. For more information, please visit www.WagnerRetina.com.

Hampton Roads Physician *is pleased to provide this bulletin board for and about the good work physicians and health care providers are doing throughout our community and elsewhere. If you'd like to share what's happening in your hospital, clinic or practice – or some exciting research or event – please email notices to our editor at bobbie@hrphysician.com.*

Image Management for Today's Healthcare Providers

By Tony Acquaviva

Much has been said, written, and reported regarding the importance of maintaining a professional image to today's healthcare providers. Why, you ask? Image management impacts healthcare providers in a variety of ways. Image-conscious MDs are looking to address concerns ranging from increased competition for patients, employee retention and morale, cost savings and patient satisfaction. And while image may not be everything (Andre Agassi notwithstanding), it seems clear that image management is important.

Look your best today, and you will have more patients tomorrow

Admittedly an exaggeration; however, the reality of the situation is that patients have options. They will seek care where they feel most comfortable and will refer new patients if they're treated well. A professional image will go a long way in creating an environment that will improve patient satisfaction and help attract and retain patients.

Many providers believe that patients respond better to care when they are in a comfortable, professional environment. Others argue that a professional environment can have a calming effect on patients who are awaiting a procedure. Rationale aside, providers are experiencing a variety of benefits resulting from their increased focus on image management.

You never get a second chance make a first impression

Forgive the cliché, but in the healthcare business, the expression is apropos. Patients prefer to see staff attired in coordinated medical wear and doctors in fresh, pressed lab coats. Personalized medical wear, including garments with the practice's logo and practitioner's name, add professionalism to the organization and create satisfied patients.

On the subject of patient comfort, image-conscious healthcare providers should stay away from using disposable paper gowns. There are professionally launderable cloth gown options that are more cost effective than disposables and provide an infinitely higher level of patient comfort and modesty.

An employee benefit that is a win-win-win

As discussed earlier, a uniformly attired staff goes a long way in improving a healthcare provider's professional image and as a result, creates patient satisfaction. The third "win" that image conscious providers are experiencing is related to employee retention and morale.

Too often, providers are placing apparel decisions in the hands of staff, resulting in severe inconsistencies in appearance and image. An outsourced staff apparel program will support image management efforts by consistently and correctly utilizing the practice's logo and insuring apparel color coordination.

Additionally, staff morale can be improved by removing the burden placed on staffers to purchase and maintain apparel that many feel should be provided by the employer. The added benefit will be appreciated by staffers and will support employee morale and retention efforts.

By taking ownership of the provision and maintenance of staff apparel, today's healthcare provider can ensure a consistent image for the practice and increase patient satisfaction, while providing a valuable employee benefit.

Summary

While some providers may assume that image management, like most initiatives, will be complicated and/or expensive, the opposite is true. ■

Tony Acquaviva is Regional Sales Manager for Nixon Uniform Service & Medical Wear, the leading provider of textile rental service to the outpatient healthcare market, providing service to more than 5,000 customers each week across the Northeast and mid-Atlantic region.

Overview of Sleep Disorders

By Madhukar Kaloji, MD, FCCP

Sleep disorders have been well-known to the medical profession for centuries. Even in the Middle Ages, the impact of sleep on daily living and in medical disorders was described. Physicians in the 17th century described conditions such as insomnia, nightmares etc. Respiratory disturbances that occur with the onset of sleep are collectively coined the term "sleep-disordered breathing". The most common types of sleep-disordered breathing include obstructive and central sleep apnea, less common ones being Cheyne-Stokes respiration and hypoventilation syndromes.

The most common cause of daytime sleepiness in the general population is sleep deprivation either due to non-restorative sleep or due to behavioral / lifestyle issues such as irregular sleep and wake-up times, excessive caffeine consumption, alcohol or drug dependence, etc. Daytime sleepiness is considered equally detrimental as drunkenness in the setting of alcohol abuse etc., and is a common cause of road traffic accidents. Among sleep disorders contributing to daytime sleepiness, narcolepsy is an important consideration, particularly in younger age groups such as adolescents and teenagers which can be diagnosed by after a careful clinical history and diagnostic procedures such as a multiple sleep latency test (MSLT) which is always preceded by a nocturnal polysomnogram (PSG).

Obstructive Sleep Apnea or OSA (also referred to as OSAHS) is the most common type of sleep- disordered breathing. The prevalence of OSA in the general population is nine percent in women and 27 percent in men.

OSA is characterized by the recurrent closure of the upper airway in sleep which leads to a drop in oxygen saturations thereby resulting in frequent awakenings and sleep disruption. OSA is diagnosed ideally after a thorough clinical history and an overnight polysomnography (PSG). The gold standard for polysomnography is an in-lab study. However, the recent surge in home sleep-testing has increased the number of patients being screened in their own home setting, thereby reducing the waiting times. Home sleep-testing should always be preceded by a careful sleep history and CMS guidelines require the test be interpreted by a Board-Certified Sleep Specialist. Home-testing is not indicated in clinical situations where other sleep disorders are suspected such as epilepsy, REM-Behavior disorder or other parasomnias. Home sleep-testing is not indicated for CPAP titration studies. Alternate therapies for OSA include using an oral appliance, surgical procedures to increase the upper airway space such as uvulopalatopharyngoplasty or UPPP, somnoplasty, tonsillectomy and adenoidectomy (mostly children and adolescents). Weight loss, positional therapy etc., are adjuncts in treatment but not entirely effective, unless the weight loss is drastic such as occurring after a bariatric procedure.

Sleep disorders have serious short and long term clinical implications and need to be evaluated by a qualified sleep specialist, ideally in an accredited sleep disorders center to achieve excellent clinical outcomes. ■

Madhukar Kaloji, MD, FCCP, Board-Certified in Sleep Medicine & Pulmonary Medicine, Clinical Asst. Prof., EVMS. Pulmonary & Sleep Medicine Consultants, P.C., 1020 Independence Blvd., suite 205, Virginia Beach-VA 23455. 757-460 6080

Innovations in Care for Stroke Survivors

By Rachel Stephens

According to the National Stroke Association, current statistics indicate that there are more than 7 million people in the United States who have survived a stroke or brain attack and are living with the after-effects. These numbers do not reflect the scope of the problem and do not count the millions of husbands, wives and children who live with and care for stroke survivors and who are, because of their own altered lifestyle, greatly affected by stroke.

There's still so much we don't know about how the brain compensates for the damage caused by stroke or brain attack. Some brain cells may be only temporarily damaged, not killed, and may resume functioning. In some cases, the brain can reorganize its own functioning. Sometimes, a region of the brain "takes over" for a region damaged by the stroke. Stroke survivors sometimes experience remarkable and unanticipated recoveries that can't be explained.[1]

A striking case in point was reported on NPR on April 11, 2013: seven years ago, a woman named Evie Branan suffered a stroke that left her in a semi-coma. In May of 2011, she tumbled out of bed, bumped her head and woke up. After seven years, her first words were: "I want to go to a Bob Seger concert." On the day of the NPR story, Ms. Branan got her wish.

Others aren't so lucky – general recovery guidelines show:

10 percent of stroke survivors recover almost completely

25 percent recover with minor impairments

40 percent experience moderate to severe impairments requiring special care

10 percent require care in a nursing home or other long-term care facility

15 percent die shortly after the stroke

There are innovative treatments and therapies being developed to help patients survive stroke. Two Hampton Roads providers - Bon Secours DePaul Medical Center and Chesapeake Regional Medical Center – have received the American Heart Association/ American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award. The award recognizes their commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

To receive the Get With The Guidelines-Stroke Silver Plus Quality Achievement Award, Bon Secours DePaul and Chesapeake Regional achieved at least 12 consecutive months of 85 percent or higher adherence to all Get With The Guidelines®-Stroke Quality Achievement indicators and achieved at least 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures during that same period of time, which are reporting initiatives to measure quality of care. These include aggressive use of medications, such as antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

Get With The Guidelines-Stroke uses the "teachable moment," the time soon after a patient has had a stroke, when they are most likely to listen to and follow their healthcare professionals' guidance. Studies demonstrate that patients who are taught how to manage their risk factors while still in the hospital reduce their risk of a second heart attack or stroke. Through Get With The Guidelines-Stroke, customized patient education materials are made available at the point of discharge, based on patients' individual risk profiles. The take-away materials are written in an easy-to-understand format and are available in English and Spanish. In addition, the Get With The Guidelines Patient Management Tool provides access to up-to-date cardiovascular and stroke science at the point of care.

Education remains the most basic and powerful tool patients and physicians can have. The basic signs and symptoms of stroke are well known: face drooping, arm weakness, speech difficulty. Any of these symptoms by itself is enough to merit a call to 9-1-1. When these symptoms also include the sudden onset of numbness or weakness of the leg, confusion or trouble understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination or severe headache with no known cause, patients need to be educated that these could be a transient ischemic attack, which if recognized and treated in a timely fashion can reduce the risk of a major stroke. ■

[1] *Rehabilitation Therapy After Stroke, National Stroke Association www.stroke.org*

Employee Benefits That Won't Break Your Budget

By Newkirk Products, Inc. and submitted by McPhillips, Roberts & Deans, PLC

Employers that offer attractive employee benefits are more likely to retain good, productive employees. The problem, as you know, is that employee benefits are expensive. On average, the total cost of benefits to employers was $9.48 an hour per employee in September 2012, or nearly 31 percent of total hourly compensation ($30.80).*

Smart Employee Benefit Options

What can your practice do to attract and retain talented, hard-working people without adding significantly to your overhead? Why not consider offering "soft" benefits? Work-life programs, also known as "soft" benefits, are intended to improve employee satisfaction, increase productivity, and reduce absenteeism. Some of the more widely appreciated and common work-life programs include:

- Flexible work arrangements
- Compressed workweeks
- Time off for school functions
- Employee assistance plans
- Recognition awards

Several of these programs cost very little to introduce into the workplace. Offering flexible work arrangements and giving employees time off to attend functions at their children's schools aren't costly to implement. Likewise, with compressed workweeks. They do require scheduling changes and some flexibility on your part, but the payoff may make the effort worthwhile.

Non-monetary recognition awards can run the gamut from recognizing an "employee of the month," to awarding special parking places to high-performing employees, to simply writing thank-you notes.

* Bureau of Labor Statistics, U.S. Department of Labor

Offering flexible work arrangements and giving employees time off to attend functions at their children's schools aren't costly to implement. ■

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As medical director of the Bon Secours DePaul Neurovascular Center and Neuroscience ICU, John R. Baker, MD, PhD, focuses on the treatment of cerebrovascular diseases including acute stroke, angioplasty and stenting for carotid and vertebrobasilar revascularization. To learn more about the state-of-the-art procedures he performs, visit

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