

H A M P T O N R O A D S

Physician

A publication for the local medical community

A photograph of three male physicians in white lab coats. The physician on the left is seated, wearing a blue and white striped tie and a white lab coat with an 'EVMS' patch. The physician in the center is standing with his arms crossed, wearing a colorful tie and a white lab coat with a stethoscope. The physician on the right is standing, wearing a blue and white striped tie and a white lab coat with a 'J. Craig Merrell, MD, FACS' patch.

Robert C. Squatrito, MD

J. Craig Merrell, MD, FACS

Achievements in

WOMEN'S HEALTH

Alfred Z. Abuhamad, MD



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Physician

A publication for and about the local medical community

Spring 2014, Volume II/Issue II

**Recognizing the achievements
of the local medical community**

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Welcome to the spring edition of Hampton Roads Physician



Holly Barlow
Publisher

When we put out the call for nominations in the area of women's health, we expected a substantial response, so we weren't surprised when dozens of nominations arrived. Neither were the members of our Physician Advisory Board, who (along with our emeritus board) review each nomination to determine which physicians to honor on our cover and in our feature articles.

Despite the heavy volume, both Boards undertook to review and consider the choices thoughtfully and carefully. The doctors who were ultimately chosen – Dr. Alfred Abuhamad, Dr. Robert Squatrito and Dr. Craig Merrell – represent three major areas of women's health: reproductive health, gynecological cancers and breast cancer surgery and reconstruction. But as the cover story notes, these are but three of the 'thousand natural shocks that (women's) flesh is heir to.' And Hampton Roads has no shortage of world-class physicians and medical personnel caring for all of them.

Our summer issue will deal with an area of medicine that can affect everyone, at any time and frequently without warning – from the earliest stage of life to the latest: **Emergency Medicine and Trauma**. Our cover story will explore the differences and similarities between these two specialties, how physicians are trained, how and where they practice, and of course, how specialized treatments are evolving.

Nominations are now open. As always, anyone – a physician, an administrator, a PR or marketing director, even a patient, can submit a nomination form. The form is available on our website – www.hrphysician.com - where you can also access past copies of the magazine. If you have difficulty, please contact our editor, and we'll be happy to email a form to you. We want to make the nomination process as easy as possible, to ensure we're getting the best representation of physicians to consider.



Bobbie Fisher
Editor

Deadline for physician nominations – June 9th

Another reminder that *Hampton Roads Physician* is an advertiser-supported publication. As such, the practices, hospital systems and other businesses whose ads appear in the magazine make it possible for us to continue to publish. Any article marked "Promotional Feature" is paid for by the individual practice or business, and always labeled as such. We believe these features add to the richness of the publication and make it an even better resource for our readers. We're always pleased to discuss rates, space availability and writer's fees, upon request.

And as always, if there are topics you'd like to see covered in the magazine – or if you have any suggestions or comments – please contact one of us.

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Published four times a year, Hampton Roads Physician provides a wide variety of the most current, accurate and useful information busy doctors and health care providers want and need.

Cover stories concentrate on one branch of medicine, featuring profiles of practitioners in that specialty. Featured physicians are chosen by the advisory board through a nomination process involving fellow physicians and public relations directors from local hospitals and practices.

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Introducing Our 2014 Physician Advisory Board

We are honored to introduce the Hampton Roads Physician 2014 Advisory Board. Their input will help guide the editorial content, format, and direction of the magazine, as well as the selection of our featured physicians.



Jon M. Adleberg, MD
Ophthalmology/Retinal Surgery

Dr. Adleberg serves as the Chairman of the Department of Ophthalmology, DePaul Medical Center. He is Board certified in Ophthalmology and fellowship trained in Diseases of the Retina and Vitreous.



Jenny L.F. Andrus, MD
Interventional Pain Management

Dr. Andrus practices at the Orthopaedic and Spine Center in Newport News. She is Board certified in Physical Medicine and Rehabilitation and Pain Management.



Anthony M. Bevilacqua, DO
Orthopaedic Surgeon

Dr. Bevilacqua is a partner at Sports Medicine & Orthopaedic Center, Inc. (SMOC). His primary focus is on hip, knee and shoulder surgery, and he is Board certified in Orthopaedic Surgery and Sports Medicine. He is a member of the Sentara Taskforce for Joint Replacement surgery and is the Board President at the Sentara Obici Ambulatory Surgery Center.



Silvina M. Bocca, MD, PhD, HCLD
Reproductive Endocrinology and Infertility

Dr. Bocca is an Associate Professor of ObGyn at EVMS. She is Board certified in Reproductive Endocrinology and Infertility, ObGyn and she is a High Complexity Laboratory Director.



Margaret Gaglione, MD, FACP
Internal Medicine and Bariatric Medicine

Dr. Gaglione is the medical director of Tidewater Bariatrics and is a practicing internist with TPMG Coastal Internal Medicine. Dr. Gaglione is Board certified in Internal and Bariatric Medicine.



Lauren James, MD
Family Medicine

Dr. James is the Lead Physician at Portsmouth Medical Associates of Bon Secours Maryview Medical Center. She is Board certified in Family Medicine.



Stephen H. Lin, MD, FACS
General Surgery

Dr. Lin specializes in minimally invasive and robotic surgery and practices with Chesapeake Surgical Specialists. He is Board certified in Surgery.



Richard G. Rento II, MD
Urology

Dr. Rento practices with Riverside Medical Group and serves as Medical Director, Urologic Oncology at Riverside Cancer Care Center. He is Board certified in Urology.



Deepak Talreja, MD, FACC, FSCAI
Cardiovascular Medicine

Dr. Talreja practices with Cardiovascular Associates, LTD. He is Board certified in Internal Medicine, Cardiovascular Medicine, Interventional Cardiology, Echocardiography and a Diplomate of the American Board of Clinical Lipidology.



Stephen D. Wohlgemuth, MD, FACS, FASMBS
Bariatric Surgery

Dr. Wohlgemuth serves as the medical director of Sentara Comprehensive Weight Loss Solutions. He is Board certified in Surgery.

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"Sometimes it's hard to be a woman..."

So begins a certain country music song that unwittingly turned out to be an anthem of both the pro- and anti-feminism movements alike. Although the song itself dealt with broken hearts rather than unhealthy ones, the sentiment expressed in those seven words has a significant basis in medical fact.

There's the obvious; that is, conditions and their sequelae that apply only to women:

- Gynecological health and disorders – menstruation and menstrual irregularities; menopause; urinary tract health, including urinary incontinence and pelvic floor disorders; and such disorders as bacterial vaginosis, vaginitis, uterine fibroids, and vulvodynia.
- Pregnancy issues – preconception care and prenatal care, pregnancy loss (miscarriage and stillbirth), preterm labor and premature birth, sudden infant death syndrome (SIDS), breastfeeding, and birth defects.

- Disorders related to infertility – uterine fibroids, polycystic ovary syndrome, endometriosis, and primary ovarian insufficiency.
- Violence against women – the statistics are stunning. According to the National Coalition Against Domestic Violence, one in every four women will experience domestic violence in her lifetime. An estimated 1.3 American women are victims of physical violence by an intimate partner each year.

And there's the not-so-obvious, disorders that affect women in substantially higher numbers than men:

- Multiple sclerosis – two to three times more common in women.
- Lupus – women account for 90 percent of sufferers.
- Chronic fatigue syndrome – women are four times more likely to suffer.

Women are more likely than men to experience the sudden, intense chest pain the reaction to a surge of stress hormones - that can be caused by an emotionally stressful event.

- Depression – affects twice as many women as men.
- Celiac disease – 60 to 70 percent of sufferers are women.
- Rheumatoid arthritis – two-thirds of these patients are women.

There are even some that are esoteric:

- Turner syndrome – a chromosomal condition that describes girls and women with common features that are caused by complete or partial absence of the second sex chromosome. TS occurs in approximately 1 of every 2,000 live female births and approximately 10 percent of all miscarriages.
- Rett syndrome — a neurodevelopmental disorder that affects girls almost exclusively. It is characterized by normal early growth and development followed by a slowing of development, loss of purposeful use of the hands, distinctive hand movements, slowed brain and head growth, problems with walking, seizures, and intellectual disability.

There are conditions that occur in men and women in similar numbers, but which affect women very differently:

- Alcohol abuse – more and more women are abusing alcohol, which can lead to an increased risk of breast cancer, heart disease, liver inflammation, brain damage or fetal alcohol syndrome.
- STDs/STIs – The Centers for Disease Control and Prevention website states that sexually transmitted diseases remain a major public health challenge in the U.S., “especially among women, who disproportionately bear the long-term consequences of STDs. For example, each year untreated STDs cause infertility in at least 24,000 women in the U.S., and untreated syphilis in pregnant women results in infant death in up to 40 percent of cases.”
- Stress – a 2013 report by The Huffington Post states that stress in women can reduce their sex drive, cause irregular periods and reduce fertility. It can cause outbreaks of acne, digestive problems, insomnia, weight gain and depression. It can also lead to an increased risk of heart attack and stroke.
- Stroke – according to the National Stroke Foundation, women suffer more strokes each year than men, mainly because women

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The threats to women's health may be complex and varied; but with caring and dedicated physicians like the ones featured throughout the pages of this magazine, they can feel confident that they are in skilled, capable hands.

live longer than men and stroke occurs more often at older ages. Additionally, women are two times more likely to die of a stroke than breast cancer annually. And of course,

- Heart disease.

The National Institutes of Health reports that while more men suffer from heart disease, its toll on women is harsher: women are

more likely to die of a heart attack than men. In the United States, one in four women dies from heart disease.

The most common cause of heart disease in both men and women is coronary artery disease, narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. It's the major reason people have heart attacks.

Heart diseases that affect women more than men include coronary microvascular disease, a condition that affects the tiny arteries of the heart. Many researchers think the disease is caused by a drop in estrogen levels during menopause combined with traditional heart disease risk factors.

And, in keeping with the song, there actually is a medical condition known as "broken heart syndrome." According to the American Heart Association, broken heart syndrome, also called stress-induced cardiomyopathy or takotsubo cardiomyopathy, can strike even a healthy individual.

Women are more likely than men to experience the sudden, intense chest pain — the reaction to a surge of stress hormones — that can be caused by an emotionally stressful event. It could be the death of a loved one or even a divorce, breakup or physical separation, betrayal or romantic rejection. It could even happen after a good shock (like winning the lottery.)

Broken heart syndrome can be misdiagnosed, because the symptoms and test results are similar to a heart attack. Tests show dramatic changes in rhythm and blood substances that are typical of a heart attack. But unlike a heart attack, there's no evidence of blocked heart arteries in broken heart syndrome. In broken heart syndrome, a part of the heart temporarily enlarges and doesn't pump well, while the rest of functions normally or with even more forceful contractions.

The threats to women's health may be complex and varied; but with caring and dedicated physicians like the ones featured throughout the pages of this magazine, they can feel confident that they are in skilled, capable hands. ■



Mammograms alone may not be enough to find breast cancer.

Every woman's breasts are different, just like every flower is different. Having dense breasts is normal. It just means your breasts have more tissue than fat.

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Improving Fertility with Weight Loss

By Margaret Gaglione, MD, FACP

As physicians and practitioners, we often factor in a patient's fertility when considering treatment options. We dutifully teach medical students to avoid the use of statins and ACE for women of child-bearing age to avoid potential teratogenic agents. Our obese patients often do not consider their fertility. Patients who have grown accustomed to years of chronic infertility secondary to chronic anovulation and decreased spermatogenesis are greatly surprised when they are counseled that weight loss can increase their chances of fertility. This counseling is of paramount importance, however, because the improvement in insulin sensitivity with even a five percent weight loss may be enough to restore ovulation. For a patient who has been used to years of unprotected sex without any concerns, this could be a major adjustment.

Insulin resistance, increase in androgen metabolism, increased estrone and estradiol which interfere with the feedback to the hypothalamic-pituitary axis resulting in increased levels of gonadotropins and resultant anovulation in women all result in hormonal malfunction with increasing adiposity in women. Obesity in men causes increased insulin resistance, decreased testosterone, increased estrogen leading to decreased quality and quantity of sperm. Obese women have excessive amounts of estrogen and increased ovarian production of androstenedione, which causes the hirsutism seen with obesity.

Obesity affects both female and male fertility and if a patient is able to conceive the likelihood of carrying the baby to term without any complications is slight. The rate of spontaneous abortion increases with increasing BMI (one large retrospective cohort study of 2500 women demonstrated a 14 percent increase in spontaneous abortion in patients with BMI's >35 c/w normal BMI). Preterm labor, gestational diabetes, and pre-eclampsia are all well-known complications for obese pregnant women.

The central key for improving anovulatory infertility is to restore the hormonal balance caused by the insulin resistance. Ultimately this is done by decreasing the total caloric intake. There have been numerous studies done to see which micronutrient content diet is the most efficacious at doing this, but ultimately there has not been a long-term study that has demonstrated that the micronutrient content is as important as the total caloric deficit.

Restoration of fertility through the treatment of obesity has been a blessing for several of my patients, both female and male. We have had numerous babies born in the last several years to parents who thought that they would never have children. While

I expected the impressive changes we have seen in our patients' serological profiles with weight loss, the improvement in fertility and the decrease in the unwanted androgenicity for some of our female patients has been very gratifying. ■



Margaret Gaglione, MD, FACP, is a Board-certified Bariatrician and Internal Medicine physician at Tidewater Bariatrics. She and her staff are committed to helping your patients achieve their weight loss goals. www.twb4u.com

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Alfred Z. Abuhamad, MD



As a high school student in Lebanon, Alfred Abuhamad had to make a decision: “We had to choose between three different tracks: science, math or philosophy. That was standard,” he explains. “The basic classes were the same, but we had more focused studies at a higher level in one of those tracks.” Luckily, the choice wasn’t difficult: he’d had a tremendous interest in science and biology from childhood, and was particularly intrigued with life science.

If the choice was easy, life was anything but. “I grew up during the civil war,” Dr. Abuhamad says. “In Beirut, we were right in the middle of it.” Despite the challenges living in a warzone presented, he earned his medical degree from the American University of Beirut.

Striving to advance his knowledge as far as possible, Dr. Abuhamad decided to pursue his studies in the United States. He completed his residency in obstetrics and gynecology and a fellowship in high risk obstetrics, both at the University of Miami. During this time, he developed a profound interest in ultrasound, and moved to New Haven to pursue a second fellowship in prenatal diagnosis and ultrasound at Yale.

“I felt in the field of maternal fetal medicine, ultrasound allows us to elevate the fetus to the status of patient, because we can look at the baby and determine if there are problems,” Dr. Abuhamad says. “We can also anticipate problems and address them in utero to improve the outcome.”

By the time he left Yale, his parents had come to America to flee the war, joining his brother in Boston. Dr. Abuhamad had hoped to find a position nearby, where he could be close to his family. He interviewed at several facilities, nearly signing a contract with Tufts, when he received a call that changed his plans. “It was Arthur Evans,” Dr. Abuhamad says. “He was at UC Davis, and was being recruited to come to EVMS to start the division of maternal fetal medicine. Dr. Evans had gotten my name from Dr. Peter Heyl, who had recommended me highly.”

Dr. Abuhamad didn’t know where Norfolk was, but when he talked with Dr. Evans, he was intrigued to find out more about the medical school’s budding plans for a division in maternal fetal medicine. “It was January of 1992,” Dr. Abuhamad remembers. “I flew down on a Friday, and I felt immediately attracted to the place. Dr. Evans was really supportive of the program in ultrasound that I wanted to build. I called him back on Monday and told him I wanted the job.” He still remembers that he never even asked about the salary.

It was the opportunity to pursue the potential of ultrasound in an academic setting that made the choice as easy as the one he’d

made in high school. “We use ultrasound in obstetrics to date a pregnancy or diagnose complications – not only malformations in the fetus, but the baby’s overall well-being,” he says. “In gynecology, we can detect ovarian cancer, uterine malformations and other conditions. That’s what I started here, and the program has grown clinically. On the research side, we’ve received both national and international attention.”

Additionally, Dr. Abuhamad has received acclaim for his patents, and for the books he’s written and co-authored, two of which deal with fetal echocardiography. Both are in wide use and available from a number of commercial and medical booksellers. His third book, however, will not be for sale; he intends to offer it as open access download to anyone throughout the world. Near completion, the book, entitled *Basic Obstetric and Gynecologic Ultrasound*, is not about making money. Rather, it’s an extension of the many missions Dr. Abuhamad has led throughout the developing world – in remote areas of Haiti, Somaliland, Ghana and Mongolia.

He explains: “I started an outreach committee of ISUOG, the International Society of Ultrasound Obstetrics and Gynecology. We have partners in industry who donate ultrasound machines. We then send trainers to developing countries to train physicians and midwives in the use of ultrasound, with the goal of reducing complications in pregnancy and labor, and reducing maternal mortality and morbidity. These caregivers can rarely afford books, but they often have Internet. I knew it would be beneficial to have a book that anybody could download.” When completed, the book will be offered through the EVMS website.

Between seeing patients, writing, research and inventing, there’s little time left for other activities – but Dr. Abuhamad uses what he has effectively. He’s the faculty director of the women’s health clinic within HOPES, an initiative begun several years ago by EVMS students to offer medical care to Norfolk’s indigent, uninsured population. He currently chairs the Safety in Women’s Health Care council, which works on initiatives to reduce maternal mortality within the US. “The major causes of maternal mortality are postpartum hemorrhage, severe hypertension, clots that go to the lungs and heart problems,” Dr. Abuhamad says. “We’re working at a national level to have an impact.”

The division is also in putting together a comprehensive program to study fetal origins of adult disease. “If we can identify high-risk newborns, we may be able to intervene sooner to ameliorate problems that happen later in life,” he says. And of course, ultrasound is part of it.

And best of all, he says, he still gets to deliver babies. ■

J. Craig Merrell, MD, FACS



In 1966, on a baseball diamond in Arlington, Virginia, 15-year old Craig Merrell took a hard swing at a curveball and missed. He didn't know it, but that strike was about to change his life. "I broke my back," he says, "and I had to have a spinal fusion. I was in the hospital for two weeks, flat on my back. When I recovered, I knew I wanted to become a physician to help people the way my doctors had helped me."

When he shared that ambition with a school guidance counselor, she laughed. "It was a real wake up call," he remembers. "She bluntly said that my grades were all over the place — not the sort of transcript top colleges and medical schools were looking for." He left her office determined to always do his best — and to achieve his goal.

From that day on, he was an A student (only two B's blemished his record), and he graduated summa cum laude from Wake Forest University in 1975. He accepted the invitation to study medicine at the University of Virginia, where he soon discovered his temperament was best suited to surgery. Next, as general surgery resident at the Hershey Medical Center in Pennsylvania, he heard about the pioneering work in the new field of microsurgery being done by Dr. Bernard O'Brien and Dr. Harry Buncke. "They were among the first to figure out the potential of using a microscope and sutures half the diameter of a human hair to do complex reconstruction," he says. "The possibilities seemed limitless."

Dr. Merrell became the first microsurgery fellow at Southern Illinois University (SIU), where he was trained by Dr. Robert C. Russell, a protégé of Dr. O'Brien. The farming community around Springfield gave Dr. Merrell frequent opportunities to restore patients with devastating injuries that required microsurgical intervention.

Following his fellowship, Dr. Merrell completed two years of plastic and reconstructive surgery residency at SIU before joining Plastic Surgery Specialists, Inc. in Norfolk in 1983. "I was here less than a week when a young shipyard worker lost four fingers below the knuckles to a sheet metal cutter," he remembers. "It took me 24 straight hours to put them all back on."

As the first Board-certified plastic surgeon with fellowship training in microsurgery, Dr. Merrell says the evolution to the delicate and incredibly demanding work of performing breast reconstruction was natural. "At the time, one in every nine or ten women would get breast cancer," he says, "and many of them required mastectomies. A tremendous milestone was achieved in 1998 with the passage of the federal Women's Health and Cancer Rights Act that guaranteed a women's right to insurance coverage for breast reconstruction."

His practice naturally gravitated more and more to caring for amazing and courageous women who came seeking surgery in hopes that it might help them feel whole after the ordeal of a cancer diagnosis, surgery, chemotherapy and at times radiation therapy. The more he saw these women suffer the more he began to envision a "breast care center," where women, regardless of their age or need, could receive the care they deserved. "I saw it as a continuum of care, an initiative that could save women's lives," he says, "and give their daughters hope as well. You don't treat women for just a year or two; you must be committed to following them for life. I saw a whole team of doctors in many specialties working together to offer women the best."

Unable to convince one local hospital to consider his vision, he decided to move his practice to Obici Hospital, which embraced the concept. After a lengthy and demanding process, in 2013, Obici became one of only a limited number of accredited breast care centers in the United States.

Just having a team and the latest equipment is not enough. Dr. Merrell's compassion for the plight of breast cancer patients, coupled with an artist's sensitivity and a microsurgeon's skill, has led him to devote much of his practice to making women feel whole again. His patients come to him from near and far, and speak as highly of his genuine compassion as his skill. In the words of the patient pictured here, "The key to truly putting cancer behind me was reestablishing my confidence and the self-esteem that cancer robbed from me. Dr. Merrell understood that. He goes to extraordinary lengths to get things right."

The foundation of Dr. Merrell's life is his great faith in Jesus Christ. It gives him the unwavering desire to care not only for these women, but to serve others throughout the world as well. "I believe firmly in the Savior's doctrine that when you focus on yourself you lose yourself, but when you lose yourself in serving others, you find yourself."

Dr. Merrell knows this is a true principle through church missionary service, medical missions, and his work in Hampton Roads. He has been on more than two dozen mission trips with Operation Smile, often accompanied by his wife and one or more of their eight children. Focusing on performing and especially teaching microsurgery to physicians in countries across the globe allows them to also care for children, women and men who are suffering. "These are all children of a loving God," he says. "It is my privilege to serve them." ■

Robert C. Squatrito, MD



Robert C. Squatrito, MD

Gynecologic Oncologist,
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Division Director, Gynecologic Oncology,
Eastern Virginia Medical School

Had it not been for a kind word from one patient during his medical school rotation in OB/GYN, Dr. Robert Squatrito might have chosen another surgical discipline. “This is a very distinct memory,” he says. “As a med student, you’re the lowest person on the team, so you’re the one seeing patients before dawn, knocking on their doors and waking them up.” He says he’d gotten used to patients grumbling and even “kicking me out of their rooms.” But one morning, he remembers, “I was on gynecological oncology. I knocked on a post-surgery patient’s door at about 4:30, and the patient, who was in her 70s, invited me in and listened to me attentively. And when I left, she thanked me for coming. That was the first time in my career as a med student that I woke someone up who was not only nice to me, but actually thanked me.”

Of course, it takes more than a kind word to build a career. For Dr. Squatrito, surgery itself was always a given: interested in medicine early on, he’d had the opportunity in high school to work with a general surgeon who became not just a role model but a valued family friend as well. “My mother was his office manager,” he remembers, “and he invited me to come to the office, go on rounds with him, and even watch him do surgery.” After college, Dr. Squatrito earned his medical degree at Medical College of Virginia, where he set up an elective rotation that allowed him to return to New Jersey to follow his mentor for a full month.

Like many medical students at that time, he hadn’t been aware of gynecologic oncology as a specific discipline. But in the diseases of the mature patients he encountered, he found both a surgical niche and a patient population that interested him. “I didn’t analyze it at the time,” he says, “but these are people who have headed families. They’ve gone through childbirth. They’ve undergone tremendous stresses. And I knew I could bond with them.”

He was also unaware that the specialty would require seven years of training after medical school: a four-year residency in obstetrics and gynecology and a three-year fellowship in gynecologic oncology. But, as he says, “I’ve always had the attitude that you live your life along the way. I’ve always had a lot of things going on in my life besides medicine.” Case in point: during his fellowship at the University of Iowa Hospital and Clinics, he found time to open a kung fu school.

He always wanted to return to Virginia after graduating from MCV, but there were no openings in his field when he completed his training. Instead, his first job took him to Burlington, as assistant professor at the University of Vermont.

He stayed from 1995 to 1998, but because gynecologic oncology fell within OB/GYN, he was covering obstetrics as much as performing surgeries. There was starting to be a movement away from hospitals into private practice, enabling surgeons to avoid routine obstetrical care, and concentrate on their specialized training. He began scanning positions on the East Coast, and found Virginia Oncology Associates, which was then in the process of forming.

“Cancer groups were just beginning to incorporate gynecologic oncology into their practices,” Dr. Squatrito says. “Virginia Oncology was visionary in that regard – they wanted to offer gynecologic oncology.” He came down to Virginia for an interview, liked what he found, and moved here to establish the division of gynecologic oncology at VOA.

Today, the division boasts four fellowship-trained physicians. In the field of gynecologic oncology, Dr. Squatrito says, one of the most exciting recent developments is the switch to robotic surgery. In 2012, he became certified on the daVinci surgical robotic system, and is now considered a thought leader and innovator by Intuitive, the vendor of the system. “It’s a tremendous advantage for women,” he says. “Nearly 95 percent of our minimally invasive surgeries can be done robotically. Some women can go home after only a few hours, or overnight. And many are back to work within one or two weeks. Recovery is quicker, and scarring is minimal.”

That’s important to women, Dr. Squatrito knows. He was recently explaining his procedure for making clean, precise incisions to a medical student. When the student commented that the incision mattered less than the surgery itself, Dr. Squatrito explained that the scar left by the incision would remain with the patient the rest of her life. She would see it every day, and remember the surgeon who gave it to her. “That,” he explained, “is why the incision needs to be as perfect and precise as the surgery itself.”

Such passion for detail is important to this physician, who not only practices the art of surgery, but also teaches the discipline of Chinese martial arts. The school he started in his fellowship days in Iowa is still operating; and when he joined VOA, he opened a school in Virginia Beach, where he and his wife Jennifer teach students the ving tsun style of kung fu.

At the school, he is referred to as “Sifu” or “Master,” rather than “Doctor.”

By either name and in either setting, he is a skilled, dedicated and well-respected practitioner with a passion for excellence. ■

Not Just Old Age: Fecal Incontinence

By Beth Jaklic, MD

Fecal, or bowel, incontinence is the inability to control gas, liquid stool, or even, in severe cases, solid stool. According to surveys, about five percent of the population lives with fecal incontinence, though this is likely an underestimate since many individuals are too embarrassed to discuss their condition with anyone. In fact, many people with minor cases incorrectly assume that fecal incontinence is simply a normal part of old age.

Typically, almost twice as many women as men suffer from severe fecal incontinence, and the condition becomes much more common as we grow older. Fecal incontinence can be caused by a number of factors, most commonly damage to the muscles or nerves controlling the anus. This can be the result of trauma to the anal muscles during childbirth or anal surgery. Diabetes and a number of other conditions can also affect the nerves. Finally, severe digestive conditions can worsen the problem by causing diarrhea or making the rectum more irritable.

Although symptoms tend to appear more often in older adults, one of the most important points to communicate to patients is that

fecal incontinence is not a normal part of aging. The condition can be devastating to self-esteem and cause individuals to socially isolate themselves in fear of having an “accident.” Luckily, more options are available to treat this condition than ever before.

If the condition is minor, primary care physicians may recommend changes in diet or behavior, such as encouraging patients to use the bathroom even if they don’t have the urge. If a patient presents with severe symptoms, the physician may refer to a colorectal surgeon. On an initial visit, the colorectal surgeon will conduct a physical exam and ask a thorough list of questions to determine if habits, medications or medical conditions are contributing to the disorder. The surgeon may also ask patients to keep track of their diet and bathroom habits to determine if their diet has any impact on the fecal incontinence. Sometimes an ultrasound or MRI of the rectal area may be required. Again, if the condition is determined a mild case, the surgeon may increase a patient’s fiber intake, prescribe a simple medication and suggest an adjustment in behavioral habits. If this does not improve symptoms, the surgeon may discuss other treatment options with the patient, such as physical therapy with a pelvic floor specialist.

In the past, there were few options for severe cases of fecal incontinence besides anal muscle reconstructive surgery. Though this surgery is still required in some cases, we now have a much less invasive surgical option called sacral nerve stimulation. This simple outpatient procedure involves the implantation of a small device in the upper buttock that sends mild electrical pulses to the nerves that control bowel movements.

Left untreated, fecal incontinence can lead to social isolation, recurrent urinary tract infections due to the frequent presence of fecal bacteria, skin issues caused by constant moisture in undergarments, limits on food and travel, and a significant decrease in quality of life. Fortunately, the condition is treatable with many options available to improve a patient’s life. ■



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Beth Jaklic, MD, is a colorectal surgeon who practices at Chesapeake Surgical Specialists and works with the pelvic health services at Chesapeake Regional Medical Center. She treats colonic and anorectal disorders, including fecal incontinence, and performs sacral nerve stimulation surgeries.



What to Look for When Considering In Vitro Fertilization

By Sergio Oehninger, MD, PhD; Laurel Stadtmauer, MD, PhD and Silvina Bocca, MD, PhD

In vitro fertilization, commonly referred to as IVF, is the most efficient treatment for couples with a variety of female and/or male infertility factors. If initial, first-tier treatments fail, IVF can be successful in patients with tubal disease, endometriosis, anovulation or dysovulation, male, and/or unexplained infertility. The total reproductive potential of patients undergoing IVF is maximized by using cryopreservation of surplus embryos, giving additional chances for conception.

The use of IVF has been extended to include preimplantation genetic diagnosis, or PGD.

Patients carrying the burden of genetic-inheritable problems can undergo PGD for transfer of disease-free embryos. Furthermore, women of advanced maternal age or with recurrent pregnancy loss may opt for preimplantation chromosomal screening for selection of normal embryos. The use of donor oocytes is a viable alternative for those women having premature menopause or a low ovarian reserve, and should follow strict Food and Drug Administration (FDA) regulations in the Commonwealth of Virginia.

Fertility preservation has become a new development within the assisted reproductive technologies (ART) armamentarium, and focuses on helping reproductive-age women and men who are about to undergo cancer treatment understand their risks of infertility and possible treatment options. It can also apply to healthy women who wish to delay child-bearing. IVF with egg or embryo freezing is the recommended therapy at this point for these situations. Patients and their physicians should rely on a clinical IVF team with Board Certification in Reproductive Endocrinology and Infertility (REI), and whose operating suite is accredited by The American Association for Accreditation of Ambulatory Surgery Facilities for optimization of standards for patient care and safety.

State-of-the-art IVF laboratories should be certified by the College of American Pathologists (CAP), with utilization of air purification and pressurized systems, and should be under the direction of a High Complexity Laboratory Director (HCLD). A variety of current methodologies to better serve individual patients' needs include intracytoplasmic sperm injection (ICSI) for assisting fertilization in men with sperm abnormalities, using ejaculated or even testicular sperm aspirated through biopsy as appropriate, use of cryopreserved sperm, laser hatching (assisted hatching), and a novel and revolutionary human embryo incubation system with a built-in image capture system with a time-lapse camera (embryoscope) for improved embryo selection for uterine transfer. This superior technology needs to be coupled with highest patients' satisfaction, integrated with warm nursing care, and dedication to excellence in medical care and highest ethical practices. ■



Silvina Bocca, MD, PhD



Sergio Oehninger, MD, PhD



Laurel Stadtmauer, MD, PhD

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Women and Carpal Tunnel Syndrome

By Boyd W. Haynes III, MD

If your patient is a woman with numbness in her hands, she is three times more likely to have Carpal Tunnel Syndrome (CTS) than her male counterpart. Some common symptoms of CTS are: Numbness, pain, burning or tingling in the thumb, index and middle fingers and palm; discomfort which awakens individuals from sleep, where shaking of the hand provides relief. It is believed that a combination of factors

causes CTS, such as genetic predisposition, stress, overuse, rheumatic arthritis, previous injury to the wrist and other issues.

Some conditions that might increase a woman's chances of developing CTS are:

Pregnancy — CTS is a frequent complication of pregnancy, with a prevalence reported as high as 62 percent. Hormonal changes during

pregnancy and build-up of fluid can cause CTS. Most doctors treat the condition with wrist splints, rest, or cortisone injections, rather than surgery. CTS almost always dissipates following childbirth.

Menopause – Hormonal changes during menopause can put women at greater risk of getting CTS. In some postmenopausal women, the wrist structures become enlarged and can press on the medial nerve.

Breast Cancer – Some women who have a mastectomy get lymphedema, localized fluid retention and tissue swelling. Although rare, some of these women will get CTS due to pressure on the medial nerve from this swelling.

An Orthopaedic Specialist will ask your patient about her symptoms, do a physical examination of the fingers, palm and wrist, looking for swelling, discoloration or other obvious signs of trauma. Two tests are commonly ordered to confirm the diagnosis and to ascertain the severity of the condition; a nerve conduction study or electromyography. While highly reliable and informative, these tests are slightly uncomfortable for the patient.

All studies show that once a female patient gets CTS, her symptoms may be managed, but nothing will reverse the condition or cure it except for surgical intervention. CTS can permanently damage the medial nerve of the hand, causing irreparable damage, resulting in lifelong numbness. Even so, most people choose to try and manage the symptoms (at first) with anti-inflammatory medications, splints or bracing for the wrist and hand, or cortisone injections.

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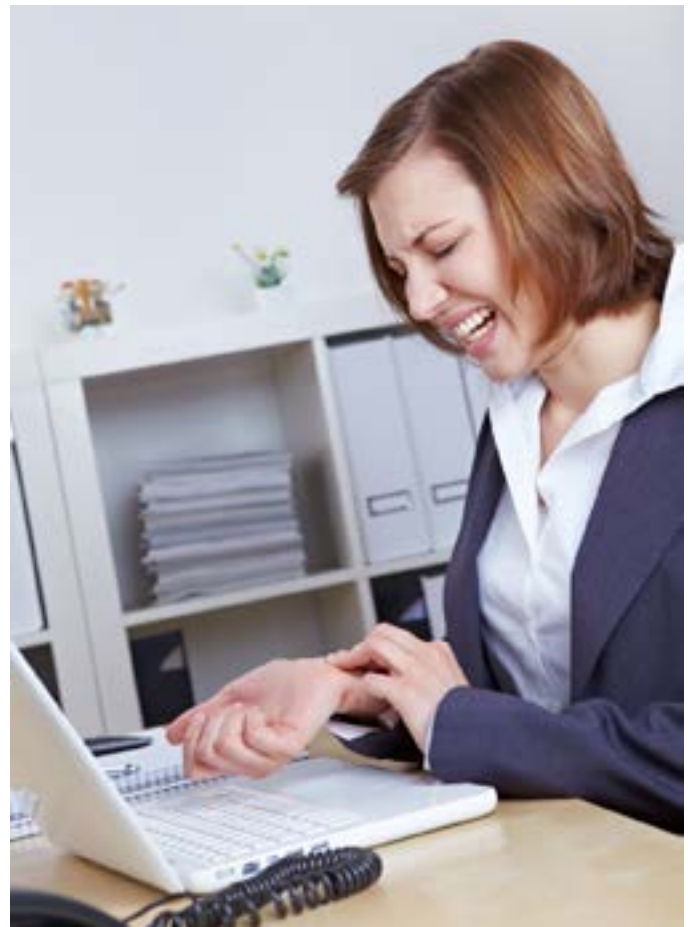
There are two that can be used to remedy CTS. The first surgical approach is the open approach, which has been used for many years with good outcomes. It is performed as outpatient surgery and requires a two-inch incision in the palm.

I prefer the endoscopic approach, that involves using a scope to see the ligament which needs to be released and performing the surgery through a surgical cannula. This approach has also been used for many years and the results are excellent, totally relieving symptoms. It too is performed as outpatient surgery, but the incision is much smaller ($\frac{1}{4}$ inch) and the recovery time is quite minimal.

The long-term results of both the open and endoscopic surgeries are the same at three months, but the endoscopic technique will get the patient back to their activities and work two to three times faster than the open surgery. ■



Boyd Haynes, MD is a Fellowship-trained, Board-certified Orthopaedic Specialist who currently practices at Orthopaedic and Spine Center in Newport News, VA. Dr. Haynes has a fellowship in Sports Medicine and specializes in total joint replacement and endoscopic carpal tunnel repair. For more information on Dr. Haynes or OSC, please go to www.osc-ortho.com.



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Recognizing Outstanding Nurse Practitioners and Physician Assistants in Hampton Roads

Elise French, NP

Riverside Medical Group, Partners for Women's Health Care

By Bobbie Fisher

In a scrapbook at the home of Elise French's parents is a photograph of her as an 8-year old, ready for trick-or-treat, dressed in the traditional red cape and white cap of a nurse. It was much more than just a Halloween costume, she explains. "I always wanted to be in medicine," she says. "I knew it as long ago as I can remember."

After graduating from high school, she enlisted in the Army reserves, and became a respiratory therapist. It was rewarding, but lacked the hands-on experience of caring for patients that she yearned for. She ultimately graduated from the University of Florida in 2002 with a Bachelor's in Nursing.

Her marriage brought her to Hampton Roads, and an opportunity to care for open-heart surgical patients at Riverside Regional Medical Center. "I worked open heart for five years," she says, "where I was very fortunate to have wonderfully supportive role models and mentors, who were willing to help me navigate my path through medicine."

Like respiratory therapy, cardiac patient care was rewarding, but still didn't allow her to see what she calls "the complete picture. We'd have patients for 24 to 72 hours, and then they were gone. I always felt a bit empty at the end of their care."

Wanting to have more of an impact, French entered a Nurse Practitioner program at Virginia Commonwealth University, initially assuming she'd return to acute care. But when she took classes in women's health, she realized that was where she wanted to be.

She's been a Nurse Practitioner for nearly five years now, working with Riverside Medical Group's Partners in Women's Health Care. "It wouldn't have been my first choice, had you asked me five years ago," she admits, "but there is something wonderful about seeing a woman through her pregnancy. I first see them as new patients, do lab work, and see them throughout their pregnancies, from the simplest complaints to recognizing and working with physicians to manage high-risk conditions like hypertension, diabetes and pre-term labor." A mother of two herself, French can also offer advice about some of the other logistics of pregnancy and delivery.

There's something else she's uniquely qualified to offer a particular sub-set of her patients – something that's not taught in school, but of critical importance to these women. In Hampton Roads, many of French's patients are wives of soldiers or sailors who may be deployed during the pregnancy and/or delivery. In an unfamiliar city, away from home and family, they're often overwhelmed. "I tell them that my husband is also in the military," she explains, "so I know how they feel. He was gone for most of my two pregnancies and much of my daughters' first years at home. My patients really appreciate that I understand what it's like to be doing this huge milestone in your life, alone."



As to 'the complete picture,' she says, "Managing a patient through pregnancy gets me full circle with them, and also opens the door for a continued relationship over the years. In women's health, I see patients from their early teens 'til well into menopause. It doesn't get more complete than that."

The best thing about medicine, says Elise French, is that "you can never get bored." It's a lesson she tries to impart to the students she precepts each year. "I love working with them," she says. "I expect them to work hard and know their stuff."

And because there's always more to know, and more ways to apply it, she'll begin working on her PhD this August. ■

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.

Honoring the Volunteer Service of Lynne Stockman, DO

Growing up as the daughter of an Army officer, Lynne Stockman became accustomed early on to pulling up roots and moving. “I attended 10 different schools,” she remembers, “four of them high schools.” In fact, she began her senior year at Portsmouth’s Churchland High, but finished at Nürnberg American High School.

Having lived so many different places, Dr. Stockman calls herself only a “sort of” native Virginian, although her bona fides are strong: a mother originally from Portsmouth, and great uncle and aunt among the original settlers of Bennett’s Creek.

If home base was subject to frequent change, there were two aspects of her life that remained constant no matter where she was: her dedication to service through church mission work and her commitment to becoming a physician.

“I knew from the time I was 14 that I wanted to be a doctor,” she says. “After high school, I came back to Virginia and earned my undergraduate degree from Mary Washington College in Fredericksburg.” While there, she met an osteopathic physician through her church, whose holistic approach to medical care impressed her. She applied to the same school he had attended – the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine – where she earned her doctorate in osteopathy. She returned to Virginia to complete both her internship and residency in family medicine at Riverside Regional Medical Center.

Her stay was short lived, as after finishing her residency, she and her husband were called to Kentucky. “He’s a Chaplain,” she explains. “He finished his seminary training, and received his masters in divinity at the Southern Baptist Theological Seminary in Louisville.” But once again, the Old Dominion beckoned when she was recruited by Obici Hospital to come to Suffolk to open a family medicine practice. The year was 1995, and she and her family have lived here ever since.

Dr. Stockman is excited that Virginia is now home to a school of osteopathy at Virginia Tech, which she serves as community faculty. In addition, she is a community family medicine physician for EVMS, as preceptor for the medical students who rotate through her office



several times a year. And for the past six years, she has devoted a day each month to the Western Tidewater Free Clinic in Suffolk, doing volunteer medical care.

She’s committed to working with teenage girls at her church, teaching them to find their own heart for missions, through programs like Acteens. “The girls raise monies for different projects, collecting things for CARE packages for college students, or toys and gifts for kids through Operation Christmas Child,” she says, “and they collect and deliver food and donations for the community food pantry in Hampton.” ■

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.

Cyber Liability:

Protect your network, your practice, your livelihood

By Bill Hodsdon

Imagine this...your business has just discovered that the medical records of nearly 1,000 patients have been compromised due to an outside breach of your computer system. You have no idea what the criminals will do with those records, but you know the situation is bad. Very, very bad!


It used to be an office fire was the single greatest threat to a medical records system. Now, criminal hackers utilizing sophisticated software applications from their basements pose the greatest danger to businesses (especially medical practices) across the United States.

Many think smaller practices are unlikely targets. Ever heard the saying, "It'll never happen to me?" The exact opposite is true! Smaller businesses can be more desirable for criminals for several reasons:

- Criminals know most small businesses don't consider themselves likely targets.
- Most do not maintain the security infrastructure to combat all the new and innovative forms of cyber attacks.
- This lack of adequate security makes it far more likely for a cybercriminal to go "unnoticed" longer while breaching and monitoring the data in a smaller practice.

Criminals have also developed new ways of "reaping their rewards." Many medical records are sold to black-market buyers for use in identity fraud. Now, criminals will breach a network, encrypt the medical records and ransom the password back to the business for a lump sum payment.

Are your patient records backed up off-site? Great...but not so fast! The criminals will simply sell the records to buyers, creating reputational damage to your practice, public distrust and the potential for identity fraud. This will likely cost you and your business far more than the ransom requested by the criminals originally.



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have developed policies to cover situations like the ones mentioned above. Typically, a cyber liability policy covers such claim triggers as copyright and trademark infringement, unauthorized access/data breach, virus introduction and fraud. They will also cover costly items such as forensic analysis fees, customer notification costs, crisis management, business interruption, regulatory defense expenses, fines and penalties.

In our computer-driven world, it's only a matter of time before a business faces some form of a data security threat. One incident, one virus or perhaps one stolen laptop or smartphone, can destroy a business financially and the reputation of its owners. ■

Do you see all the different ways a security breach could cost you and your business? These are just a couple examples of how a breach can trigger a significant financial loss, so it's important to know how you can adequately protect yourself, your business and your patients.

Compliance with HIPAA Security Rule standards and upgrading your network security firewalls is a great start; however, it is not enough.

Given the significant increase in attacks and subsequent lawsuits related to cyber security and data breaches, insurance companies



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"Can You Hear Me Now?"

By Theresa H. Bartlett, AuD

About 20 percent of adults in the United States, approximately 48 million, report some degree of hearing loss. Stated differently, at age 65, one out of three people has hearing loss. Of those with hearing loss, 60 percent are either in the work force or in educational settings. These statistics show that hearing loss is a major public health issue and that it is the third most common physical condition after arthritis and heart disease.

What is the one disability that people are most angry about? The person with the disability is not necessarily angry, but the person attempting to communicate with them is angry. This disability is hearing loss. When we see someone in a wheelchair, or using a walker or a cane, we will go out of our way to help them. When someone does not hear us, we generally feel they are not listening to us or do not care about what we are saying. Instead of repeating our statement in a manner that could be easily understood, we

sigh heavily and yell the statement with a definite agitated tone.

Hearing loss affects us on so many levels. As Helen Keller states, "Blindness separates people from things; deafness separates people from people." Without hearing, people will tend to socially isolate themselves from situations involving other people. Most will say they do not wish to be a part of a situation in which they cannot engage in a conversation. Those who suffer hearing loss are frustrated, and equally aware of the frustration of those they're trying to converse with. Research has indicated recently that this social isolation can lead to the onset of dementia. Hearing loss can cause social isolation and therefore can indirectly lead to dementia.

Unfortunately most physicians are not aware of the impact hearing loss can have on someone's life. It is the third most common physical condition and yet most physicians do not refer their patients out for hearing evaluations. It is most unfortunate, but hearing loss is often not even addressed in routine examinations. It is important for a hearing baseline to be obtained by age 65. From there, routine hearing examinations should be obtained when changes in auditory function occur. Medicare does not cover annual audiometric examinations, but they will cover hearing tests when there is concern about changes in auditory acuity.

Believe it or not, hearing loss can be treated. Hearing technology in today's world is so much different than it was even twenty years ago. The digitization of sound has significantly improved the way people hear and interact in varying environments. Nowadays it is not just about hearing aids, there are a wide selection of products to improve people's means of communication.

The first step is realizing the importance of hearing and recognizing that patients are suffering as a result of hearing loss. Make the effort to start referring your patients to an Audiologist for a hearing evaluation. ■

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Theresa H. Bartlett, AuD, is a Doctorate Level Audiologist who currently owns and operates a small, private, Audiology practice in Norfolk, Virginia. Dr. Bartlett specializes in Lyric hearing products and will soon be a Golden Circle Audiologist for Sensaphonics hearing conservation products. www.virginiahearing.com

Pelvic Floor Disorders (PFD)

Test Your Knowledge!

By Mary Antoinette Burns, MD, FACOG, FPMRS

True or False:

1. Bladder leakage and loss of vaginal support occur rarely.
2. PFD is a problem usually seen in older women.
3. PFD treatments are limited and invasive.

If you answered true to any of the above questions you would benefit from learning a little bit more about PFD. In fact, all three statements are FALSE. Pelvic Floor Disorders (PFD) involve loss or defect of supportive tissues of the pelvis. Over time affected women may develop problems with urinary incontinence, urinary frequency and urgency, accidental fecal leakage, or relaxation of the vaginal walls.

A woman's lifetime risk of having a Pelvic Floor Disorder is one and three. PFD affects women of all ages. Although it is more common in older women, it is certainly prevalent in women in their 30s, 40s, and 50s as well.

Prolapse and incontinence are associated with pregnancy and childbirth, but can also be associated with repetitive lifting, chronic constipation, chronic cough and poor tissue strength. Prolapse symptoms may be worse at different times of the day, after exercise, or after being on your feet for an extended period of time. The good news is there are minimally invasive and conservative treatment options available.

Treatment is dependent on the patient's quality of life. In general, options are:

- observation with scheduled monitoring for progression
- physical therapy, behavioral therapy, biofeedback management
- medication for certain bladder issues
- mechanical devices to support the pelvic floor
- minimally invasive treatments such as slings, Botox injections, Interstim, collagen injections
- surgery with and without mesh support

A urogynecologist is a physician who has received training in OB/GYN or Urology and then completed a specialized two to three year fellowship in the area of bladder and fecal Incontinence and support disorders.

As the first fellowship trained urogynecologist in Hampton Roads and among the first to receive the FPMRS subspecialty certification, my professional goal is to educate women on PFD. While more than

50 million women suffer from urinary incontinence or pelvic floor dysfunction, the sad reality is that less than half will seek treatment—either due to embarrassment or because they incorrectly assume that bladder leakage is normal. Women need not suffer in silence. There are numerous surgical and non-surgical treatments available to restore normal pelvic function and improve quality of life. ■



Mary Antoinette Burns, MD, FACOG, FPMRS, has had the privilege of practicing Obstetrics and Gynecology with Virginia Beach Obstetrics and Gynecology, since 1995. She is fellowship trained in Urogynecology/Female Pelvic Medicine and Reconstructive Surgery. This is specialized training in treating disorders of the genitourinary system such as urinary incontinence, Interstitial Cystitis, and prolapse (bulging) of the vagina, bladder and/or the uterus. She has had extensive experience

in surgery, cystoscopy, and urodynamics. In 2013, Dr. Burns was among the first to attain the new board certification in Female Pelvic Medicine and Reconstructive Surgery (FPMRS).

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The Power of Touch: Manual Physical Therapy

By Steve Howell



therapists, but perhaps most for manual physical therapy.

Putting your hands on a patient gently and confidently shows someone how much you care. Doing it the right way – in a way that will help them get better and gain trust in you – shows someone how much you know.

Manual therapy is a specialized area of physical therapy. It's literally putting hands on a patient with multiple goals in mind. It could be soft tissue work to relax muscles and tendons to increase blood flow. It can be to help increase the mobility of a joint, to soften scar tissue to make it more pliable to improve mobility or as a

Someone once said, “I don’t care how much you know until I know how much you care,” and it’s always stuck with me. It’s applicable to so much of what we do as physical

resistance approach to strengthen joints.

Because of the broad application of manual therapy, a lot of people will say they do manual therapy, but not everyone is a

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Jennifer Miles-Thomas, M.D., FPM-RS

Urologist, Female Pelvic Medicine and Reconstructive Surgery



Dr. Jennifer Miles-Thomas earned her medical degree from Northwestern University’s Feinberg School of Medicine in Chicago, Ill. after completing her undergraduate degree in biology at Virginia Commonwealth University in Richmond, Va. She served her general surgery internship in the Department of Surgery at The Johns Hopkins Hospital in Baltimore, Md. where she also completed her urology residency and fellowships in female urology and endourology at the university’s James Buchanan Brady Urological Institute. Dr. Miles-Thomas is a diplomate of the American Board of Urology and is also board-certified in female pelvic medicine and reconstructive surgery. She provides specialized care in female reconstructive surgery, pelvic prolapse, incontinence, complicated urinary disorders and disorders of the urinary system due to neurologic disease. Dr. Miles-Thomas is a member of the American Urological Association (AUA), Mid-Atlantic section of the AUA, American Urogynecologic Society, American Association

of Clinical Urologists, Society of Women In Urology and American College of Physician Executives. She has published several textbook chapters regarding voiding dysfunction and has presented her research at numerous National and International Medical Conferences. Dr. Miles-Thomas practices with Urology of Virginia in the Devine-Jordan Center for Reconstructive Surgery and Pelvic Health, she is on the medical staff at Chesapeake Regional Medical Center.



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manual therapist. The reality is, physical therapists invest in hundreds of continuing education hours to receive credentials in this area.

For example, there are Certified Integrated Manual Therapists (CIMTs) and Orthopedic Clinical Specialists, both of which are manual therapy certifications. As a company, we're really proud of that because we've invested in our clinicians to get that additional training.

As clinicians, we think it's vitally important because manual therapy is such a key part of the treatment of every patient.

There may not be a scientific term to explain the power of the human touch, but we believe in it so much that every patient we encounter has a hands-on component to every treatment session – stretching, mobilizing a joint, massaging for swelling.

Physicians who recommend physical therapy for their patients should ask their patients during follow up visits if their therapist is putting their hands on them every time. Are they seeing the same physical therapist at every appointment? Are they progressing exercises and receiving treatments that they could not ordinarily do at home?

These things are important to helping patients get back to moving, back to their active lives.

And so is the relationship the patients report having with a physical therapist.

It's not human nature to move a joint and stretch it beyond

what hurts. Human nature is to protect that joint, stop it from moving, rest it and hope it will get better.

Physical therapy counteracts this instinct by demonstrating that you can progress to move safely and efficiently, even beyond what may be comfortable at first.

As physical therapists, we have to get our patients to believe in us, to trust that we will not hurt them. Manual therapy with its power of the human touch and specific treatment techniques is a strong way to develop that trust.

And when you have trust, patients are more likely to comply with the exercises we ask them to complete at home.

Why? Because no one cares how much you know until they know how much you care. ■



Steve Howell, PT, MEd, ATC, is a Vice President and Peninsula Regional Director for Tidewater Physical Therapy, an independent, physical therapist-owned outpatient practice headquartered in Newport News, Virginia. Tidewater Physical Therapy features more than 30 clinics and three Performance Centers from Virginia Beach to Richmond. Learn more about Tidewater Physical Therapy at www.tpti.com.



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The Expanding Role of Advanced Practice Providers in an Ever-Evolving Medical Environment

By Bobbie Fisher

They go by many titles: Nurse Practitioners, Advanced Practice Registered Nurses, Physician Assistants, Physician Associates, and others. Most often, however, they're known by initials: NPs and PAs.

More accurately, and far more appropriately, they are Advanced Practice Providers (APPs): highly trained and skilled medical professionals who are proving to be a significant part of the solution to America's growing healthcare crisis.

Both professions arose and grew in response to a need within the medical community. In the years following World War II, the United States suffered from an acute shortage of doctors. As urban populations escalated and rural communities continued to rely on inadequate medical infrastructure, the demand for health care grew rapidly to outstrip supply. This, in turn, led to rising costs, which made health care inaccessible to many of the poorest Americans. Concentrated in inner cities and the rural countryside, these underserved populations were quite often those in the greatest need of medical attention.

Dr. Eugene A. Stead of the Duke University Medical Center established the first class of Physician Assistants in 1965. "Dr. Stead selected Navy corpsmen who had received considerable medical training during their military service. He based the curriculum on his knowledge of the fast-track training of doctors during World War II. The first PA class graduated from the Duke program in 1967," says David Falkenstein, a Physician Assistant and member of the Medical Society of Virginia, the Virginia Academy of Physician Assistants and the American Academy of Physician Assistants.

In 1965, Dr. Loretta Ford and her colleague at the University of Colorado, Dr. Henry Silver, created the first Nurse Practitioner program. Dr. Ford had served as a nurse at several military bases during World War II, and later as a public health nurse in rural Colorado, which led to her interest in advanced medical training for nurses. "She was interested in expanding public health nurses' roles, emphasizing prevention and health promotion," says Carolyn Rutledge, PhD, who is the director of the Doctor of Nursing Practice Program at Old

Dominion University, a member of the faculty of EVMS and maintains a private practice.

While both professions arose out of need, they are not interchangeable. Their educational and clinical requirements are exacting but different. "Physician Assistants are trained in general medicine, using the medical model," says Mr. Falkenstein. "We do a minimum of 2,000 hours of clinical rotation in all areas of medicine – general surgery, pediatrics, primary care, geriatrics, all of it. We first train to be general practitioners, and then we can specialize. We work under the supervision of a physician as a member of the physician-led physician-physician assistant team, but we have autonomy within that process."

As opposed to the medical model, Nurse Practitioners are trained in the biopsychosocial model, which states that biological, psychological, and social factors are all involved in the causes and manifestation of health and disease. Nurse practitioners focus on patients' conditions as well as the effects of illness on the lives of the patients and their families. "We look at behavioral changes that patients need to make to improve their health," Dr. Rutledge says. "We're involved in patient motivation, cultural competency, talking about strategies for dealing with patients' problems." Nurse Practitioners practice collaboratively with physicians, and many have opted to open independent practices in order to meet the needs in areas where there is limited access to providers.

If the need for these professionals was great in the days after the Second World War, it is greater still now – and in fact, it's projected to escalate. Millions of Americans now have health coverage under the Affordable Care Act, and many millions more will come into the healthcare system soon. Some of these newly-insured individuals, having mastered the sign-up process, are now having difficulty finding a doctor: in 2014, nearly 20 percent of Americans live in areas with too few primary care physicians, and the shortage will only get worse as more people become insured.

According to a March 2014 AARP Bulletin, the United States is short about 16,000 primary care doctors – "the very doctors (family

practitioners, internists and pediatricians) who offer the treatments and preventive screenings that save lives and head off expensive emergency room visits and hospitalizations.”

The Bulletin attributes the shortage to huge medical school debts and primary care physicians who are often overworked and underpaid. Today, only one in five graduating internal medicine residents plans to go into primary care medicine, opting instead for higher paying specialties, the Journal of the American Medical Association reports.

It's not just the influx of newly-insured Americans that is straining the system: the Baby Boom generation – those born from 1946 to 1964 – is less healthy than previous generations despite extraordinary advances in medical care, and requires more healthcare resources, accounting for 26 percent of physician office visits, 35 percent of hospital stays, 34 percent of prescriptions and 38 percent of emergency medical responses.

It is falling more and more to the PAs and NPs to care for these people. The professions are preparing: “The shortfall of physicians is projected to be around 90,000 by the year 2020,” Falkenstein says. “There are 2,700 PAs in Virginia today,” Falkenstein says. “We currently have four programs with three more in line to be accredited within the next two years.” As PAs, Falkenstein and his colleagues are accepted as members of the Virginia Medical Society.

Dr. Rutledge concurs that it will require more non-physician medical professionals to handle Virginia's medical needs in the near future, especially in terms of caring for those in rural and underserved communities like those in the southwestern part of the Commonwealth. “All too often, these individuals are faced with limited access to providers, often resulting in poor health outcomes,” she says. “Our rural citizens suffer to a much greater extent from chronic illness such as diabetes, hypertension and kidney failure; childhood obesity resulting in diseases previously only found in adults; and infant mortality and morbidity.”

The Bureau of Labor Statistics indicates that Physician Assistants and Nurse Practitioners are among the fastest growing professions. Between 2012 and 2020, the projected percentage increase in employment for PAs is 38 percent; NPs are not far behind at 31 percent – both significantly higher than other professions.

Both Mr. Falkenstein and Dr. Rutledge agree that collaboration is the future of medicine. Physicians, NPs, PAs, specialists, all working together, can lead to identifying ways to make patients healthier, so they don't need to be seen as often, thus eliminating strain on an already overworked system.

Technology is a huge piece of the puzzle. Electronic medical records, and the advent

of assessment and diagnosis through video and phone conferencing, is enabling effective communication between provider and patient wherever either may be.

Whatever their title, or by which initials they are known, Advanced Practice Providers, working alongside physicians and in collaboration with them, are saving money for the healthcare system, and offering a level of care and cure that may help save the system itself as well. ■

Sources for this article include reports by the Duke Sanford School of Public Policy, the American Association of Retired People, the Journal of the American Medical Association, the US Bureau of Labor Statistics, the Administration on Aging of the US Department of Health and Human Services, the American Academy of Nurse Practitioners and the American Academy of Physician Assistants.

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



Jamshid Alaeddini, MD, FACC, has joined Riverside Cardiology Specialists. Dr. Alaeddini provides all cardiac care, including cardiac arrhythmia management. He performs electrophysiology procedures including complex ablations, ventricular tachycardia ablations, atrial fibrillation ablation and implantation of cardiac devices. He will see patients in Newport News,

Williamsburg and on the Eastern Shore.

Dr. Tushar Gajjar has joined Riverside Pain Management Specialists in Williamsburg. Previously, he practiced as an independent provider in the area. His focus is on improving life for patients with acute or chronic pain. Dr. Gajjar is a graduate of the University of Texas Medical Branch and completed a residency in general surgery at Baylor University Medical Center, followed by an anesthesiology residency at George Washington University, where he also served as assistant professor. Dr. Gajjar is a pain management fellow of Brigham and Women's Hospital, Harvard Medical School.



Charysse M. Johnston, MD, has joined Virginia Beach Obstetrics and Gynecology. She received her Doctor of Medicine degree at the University of Connecticut School of Medicine, where she also completed her obstetrics and gynecology specialty training, in June, 2013. There she received The Dr. Spero Neckles Award for Outstanding Resident Research

Presentation, the Faculty Award for Overall Academic Excellence. Her professional interests include adolescent gynecology, minimally invasive surgery, and women's breast health.

Dr. Luisa C. Kropcho has joined the Breast Center at Chesapeake Regional Medical Center. Dr. Kropcho is a Board-certified surgeon who specializes in breast surgical oncology. She earned her medical degree from the Uniformed Services University of the Health Sciences in Bethesda, and completed a general surgery internship and general surgery residency at Naval Medical Center Portsmouth in Portsmouth. She completed a



fellowship in breast oncology at the John Wayne Cancer Institute in Santa Monica, Calif. She is an assistant professor of surgery at the Uniformed Services University of the Health Sciences and previously served as the medical director of the breast clinic at Naval Medical Center Portsmouth. Dr. Kropcho is a member of the American College of Surgeons, American Society of Breast Surgeons and Society of Surgical Oncology.



Dr. Katrina Leshner has joined Children's Hospital of The King's Daughters as medical director of rehabilitative services. Dr. Leshner received her medical degree from the Medical College of Virginia, where she also completed a combined residency in pediatrics and physical medicine and rehabilitation. She is a member of the American Academy of Physical Medicine and Rehabilitation and the American Academy for Cerebral Palsy and Developmental Medicine. Dr. Leshner is Board-certified by the American Board of Physical Medicine and Rehabilitation, including subspecialty board certification in pediatric physical medicine and rehabilitation.

George C. Lin, DO, joined Sentara Comprehensive Pain Management Center in Virginia Beach.



Dr. Lin earned his osteopathic medicine (DO) degree at Western University of Health Sciences – College of Osteopathic Medicine of the Pacific in Pomona, California, in 2004, and then moved for an internship during 2004-2005 at the Pacific Hospital of Long Beach, in Long Beach. He completed a physical medicine and rehabilitation residency at Washington University/Barnes-Jewish Hospital/St. Louis Children's Hospital Consortium, in St. Louis in 2008. During his years of education, Dr. George Lin also completed two Lumbar Spinal Injections workshops through the North American Spine Society.

Catherine Rees Lintzenich, MD, FACS,

has joined Riverside ENT Physicians and Surgeons in Williamsburg and Newport News. She provides general ENT care for adult and pediatric patients and specializes in treating those with specialized voice and swallowing issues. Dr. Lintzenich's areas of focus include voice disorders, laryngopharyngeal reflux disease, gastroesophageal reflux disease, dysphagia, cricopharyngeal dysfunction, globus pharyngeus and chronic cough. She served as an associate professor of otolaryngology at Wake Forest School of Medicine.





Lourdes E. Martin, MD, has joined Sentara Hospital Medicine Physicians at Sentara Obici Hospital in Suffolk. Board-certified in internal medicine, Dr. Martin earned her medical degree at Pedro Henríquez Ureña National University, in Santo Domingo, Dominican Republic, in 1986. She completed her internal medicine residency at the University of Virginia School

of Medicine in Roanoke in 1994. Between 1987 and 1988, Dr. Martin was a research assistant in the Endocrinology Department at East Carolina University School of Medicine. After her residency, Dr. Martin engaged in traditional private practice for 13 years.

Anne L. Moraleta-Rodriguez, MD,

joined Sentara Hospital Medicine Physicians at Sentara Obici Hospital in Suffolk. Dr. Moraleta-Rodriguez earned her medical degree at the University of the East Ramon Magsaysay Memorial Medical Center, in Quezon City, Philippines, in 1989, where she also completed her senior internship in 1990, her internal medicine residency in 1993, and her gastroenterology fellowship in 1995. She moved to America and completed another internal medicine residency at Albany Medical Center in Albany, New York, in 2002. She is Board-certified in internal medicine, and certified in Advanced Cardiovascular Life Support and Biofeedback.



Darlene Oduyelu, MD, has joined Sentara Family Medicine Physicians. Dr. Oduyelu earned her medical degree from Hahnemann University School of Medicine, now Drexel University College of Medicine, in Philadelphia, Pennsylvania, in 1997. Prior to receiving her medical degree, she completed the graduate program at Hahnemann University Graduate School.

She received a Bachelor of Science degree in psychology from Syracuse University before completing graduate studies at Hunter College, CUNY in New York, New York. She completed her residency in family medicine at Southern Regional AHEC, a Duke University Medical Center affiliate, in Fayetteville, North Carolina, in 2000.

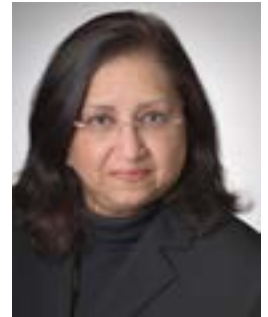


Dipes Kumar Ray, MD, has joined Sentara Family Medicine Physicians in Chesapeake. He received his Bachelor of Medicine, Bachelor of Surgery degree at the Medical College, University of Calcutta

in Calcutta, India, in 1976. He completed his residency in cardiology, internal medicine, diagnostic radiology and surgery at Medical College and Hospitals in Calcutta, India, in 1978. Dr. Ray earned a Diploma in Tropical Medicine and Hygiene at the School of Tropical Medicine in Calcutta, India, in 1982, and a Membership of the Royal Colleges of Physicians of the United Kingdom Diploma in 1990. He is Board-certified in internal medicine and a member of the American College of Physicians.

Sulekha Ray, MD, has joined Sentara Family Medicine Physicians in Chesapeake.

Dr. Ray is a family medicine physician with a special interest in women's health. She received her Bachelor of Medicine, Bachelor of Surgery degree at the Medical College, University of Calcutta in Calcutta, India, in 1977, and went on to earn a Diploma in Gynecology and Obstetrics in 1980. She completed her residency in Family Medicine at Portsmouth Family Medicine, Eastern Virginia Medical School, in Portsmouth, Virginia, in 2002. She is Board-certified in family medicine by the American Board of Family Medicine. She is a member of the American Academy of Family Physicians and the Chesapeake Medical Society.



Atlantic OB-GYN is Pleased to Welcome Craig Ruetzel, MD and Kaitlin Cafferky, NP



(L-R) Craig Ruetzel, MD, Melissa Waddell, WHNP, Kaitlin Cafferky, WHNP and Timothy Hardy, MD

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Welcome to the Community



Craig H. Ruetzel, MD, has joined Atlantic OBGYN. He earned his medical degree from the University of Texas Health Science Center in San Antonio and completed his residency at Wake Forest School of Medicine in Winston-Salem, North Carolina. Dr. Ruetzel is Board-certified by the American Board of Obstetrics and Gynecology and specializes in laparoscopic and robotic surgeries.

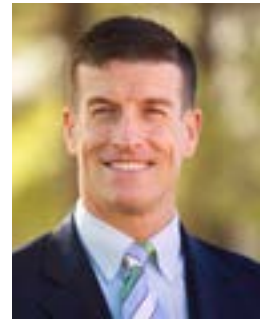


Kaitlin Cafferky, WHNP-BC, has joined the staff of Atlantic OBGYN. Ms. Cafferky received her BS in Nursing from Clemson University and earned her Master of Science in Nursing from the University of Pennsylvania in Philadelphia. She is a member of the National Association of Nurse Practitioners in Women's Health.

Wylie H. Zhu, MD, PhD, FAANS, has joined Sentara Neurosurgery Specialists in Norfolk. Dr. Zhu earned his medical degree at Shanghai Medical University in Shanghai, China, in 1989. He went on to the University of Cincinnati—College of Medicine, where he completed two neurosurgery fellowships in 1996 and earned a PhD in 1997. Dr. Zhu relocated to SUNY Upstate Medical University in Syracuse, New York, and completed his general surgery internship in 1998, a complex spine surgery program in 2004, and his neurosurgery residency in 2004 (serving as chief resident during 2003-2004). He is Board-certified in neurological surgery.



Arthur Mathiesen, FACHE, has joined Bon Secours Hampton Roads Health System as administrative director of operations for Bon Secours Medical Group. He will provide oversight for the orthopedics, pulmonology, neurology and hospitalists practices. Prior to joining Bon Secours, Mathisen served as chief operating officer at Munson Army Health Center in Fort Leavenworth, Kansas. Mathisen earned his Bachelor of Public Management from the University of Maine in Orono, Maine, and holds a Master's of Health Administration from Baylor University in Waco, Texas. He is a Fellow (FACHE) and a member of the American College of Healthcare Executives.



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



Alfred Abuhamad, MD, Chair and Professor of Obstetrics and Gynecology and Associate Dean for Clinical Affairs at EVMS, has been tapped to lead the newly-formed Council on Patient Safety in Women's Health Care. The Council, composed of the nation's leading Women's Health organizations, aims to improve patient safety by sharing best practices that can save lives. Participants

include: American Board of Obstetrics and Gynecology, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American Urogynecologic Society, National Association of Nurse Practitioners in Women's Health, American College of Osteopathic Obstetricians and Gynecologists, American Society for Reproductive Medicine, Association of Women's Health Obstetric and Neonatal Nurses, Society for Maternal Fetal Medicine, Society for Reproductive Endocrinology and Fertility, American Hospital Association, American Association of Birth Centers, Centers for Medicare and Medicaid Innovation, The Joint Commission, The Centers for Disease Control and Prevention and many others.



Bon Secours DePaul Medical Plaza, which will house the Bon Secours Cancer Institute at DePaul and physician offices, recently held a beam signing and topping off event to celebrate the placing of a pivotal piece of steel atop the Medical Plaza and Cancer Institute on Kingsley Lane. Bon Secours leadership, city officials, developers and guests were in attendance. The Medical Plaza and Cancer Institute is anticipated to open by November 1, 2014. The 103,700-square-foot, four-story facility also will house an outpatient pharmacy as well as primary care and specialty physician practices.

Bon Secours Hampton Roads Health System announced today that it has received a \$3,000 CVS Caremark Community grant to support the Bon Secours Care-A-Van mobile health care program. The Community Grants

program was created by CVS to support nonprofit organizations that are providing much-needed access to health care for at-risk and underserved populations. Hampton Roads is home to more than 146,000 uninsured people under the age of 65, approximately 17,000 of whom are children. Nearly a third are in families that are living at or below the federal poverty level. The lack of health insurance deeply affects not only the very low-income but also the working poor. According to the Virginia Atlas of Community Health, in 2013 there were an estimated 16,000 adults whose families earn between \$47,000 and \$58,000 (family of four) who do not have health insurance.

Bon Secours Health Center at Harbour View announces the expansion of the Millie Lancaster Women's Center to include an additional mammography room with 3-D mammography technology. 3-D mammography allows doctors to examine breast tissue one layer at a time to inspect for any abnormalities in the tissue. 3-D mammography, when combined with conventional 2-D mammography, has a 40 percent higher detection rate of invasive cancer than conventional 2-D mammography alone, helping doctors diagnose cancer at an earlier stage. The mammography room will be named in loving memory of Dr. Mark Kerner's wife, Dr. Anuradha Datyner Kerner, who lost her life to an aggressive form of breast cancer in 2009.



Björn Brücher, MD, PhD, FACS, a Bon Secours researcher and surgical oncologist, and 25 other nationally and internationally recognized cancer scientists, has proposed a new anticancer strategy, entitled *Imagine A World Without Cancer*. The debate was published this month in the peer-reviewed journal *BioMed Central Cancer (BMC Cancer)*. According to Dr. Brücher and his colleagues, an optimal anticancer strategy is an integrated and personal approach to care and treatment – predicated on disease, patient, and individual response variables. Cancer experts from 30 academic centers and countries, in addition



to the Bon Secours Cancer Institute, contributed to development of the strategy. They include: Theodor-Billroth-Academy® (TBA®), INCORE, International Consortium of Research Excellence of the TBA®, Germany – USA and academic centers in the USA (California, Georgia, Indiana, Ohio and Washington), South America (Brazil), Europe (Czech Republic, France, Germany, Italy, Poland and Netherlands), the Middle East (Qatar) and Asia (Japan, Korea and Singapore).

Chesapeake Surgical Specialists (CSS), an affiliate of Chesapeake Regional Medical Group, now offers the HET System, a non-surgical technology that can treat most symptomatic internal hemorrhoids in a single, simple procedure. CSS are the only specialists to offer this treatment in the Hampton Roads area. The HET System uses a combination of gentle tissue compression and mild radiofrequency heat to seal off the blood supply to internal hemorrhoids in minutes. Patients receive sedation for the procedure, but most experience very little pain after treatment and go back to work the next day. The treatment can also be performed, if indicated, at the same time as a sedated colonoscopy, which is a recommended preventive exam for anyone after 50 years of age or with a family history of colon cancer.

Chesapeake Regional Medical Center has opened the largest operating room in Chesapeake, featuring state-of-the-art equipment and measuring 857 square feet. The bigger space will better accommodate orthopedic, neurosurgical and robotic-assisted surgical cases. The OR was officially opened in March.



(From left) Chesapeake Hospital Authority Chairman Bob Oman, Chief of Surgery Robert Schnarrs, MD, Chief Nursing Officer Elaine Griffiths, Perioperative Services Administrator Sandra Sherry and Chesapeake Hospital Authority Vice Chairperson Rhonda Bridgeman cut the ribbon opening the hospital's largest operating room.



Laura Dabney, MD, has accepted the role of psychiatric consultant for Relationship 911, a daily call-in radio talk show on 94.9 The Point. Dr. Dabney offers insight and exceptional expertise with an occasional humorous twist, both helping and entertaining the collective listeners.



Eastern Virginia Medical School hosted medical educators from around the world at the second annual Conference on Ultrasound in Anatomy and Physiology Education March 21-22. Sponsored by the Society of Ultrasound in Medical Education (SUSME), the conference emphasized the importance of ultrasound education for medical and health professions students and offered practical advice to help educators begin or enhance their training efforts. Bonnie Dickinson, right, instructs workshop participants Ann Poznanski, MD, PhD, of California Northstate University School of Medicine, and Ben Kalu, MD, of Liberty University. The conference drew participants from around the globe.



Cheryl Hayes, RN, of Bon Secours Maryview Medical Center, has been named Director of Nursing Quality. Ms. Hayes, a Certified Professional in Healthcare Quality (CPHQ), was selected for her expertise in medical staff performance improvement programs and indicators development, as well as her background in administrative oversight of policies and procedures. Ms.

Hayes previously served as Director of Quality and Risk Management at Forest Park Medical Center in Southlake, Texas. She holds a Master's in Business Administration, a Bachelor's of Arts in Health Administration, and an Associates Degree in Nursing.

Mark Kerner, MD, FAAOS, with Virginia Orthopaedic and Spine Specialists, a Bon Secours Virginia Medical Group specialty practice, is offering iFuse, a procedure at Bon Secours Maryview Medical Center, which addresses sacroiliac joint pain using a minimally invasive, tissue sparing, surgical approach. The new fusion approach offers patients with unresolved low back symptoms related to the sacroiliac joint an option for pain



relief. The procedure takes about an hour and involves three small titanium implants inserted surgically across the sacroiliac joint. The entire process is done through a small incision, with no soft tissue stripping and minimal tendon irritation.

Thomas D. Kimble, MD, has been named Assistant Dean for Admissions at EVMS, a part-time role, effective April 1. Dr. Kimble will continue in his current capacity as Assistant Professor of Obstetrics and Gynecology and a Clinical Investigator with the EVMS CONRAD program in Obstetrics and Gynecology. Richard Homan, MD, President and Provost of EVMS and Dean of the School of Medicine, made the announcement in concert with Ronald Flenner, MD, Vice Dean of Academic Affairs. In his new role, Dr. Kimble will assist Donald C. Meyer, PhD, Associate Dean for Admissions, with selection of each new MD class. That process includes student recruitment in addition to interviews with and extensive review of more than 5,000 applicants.

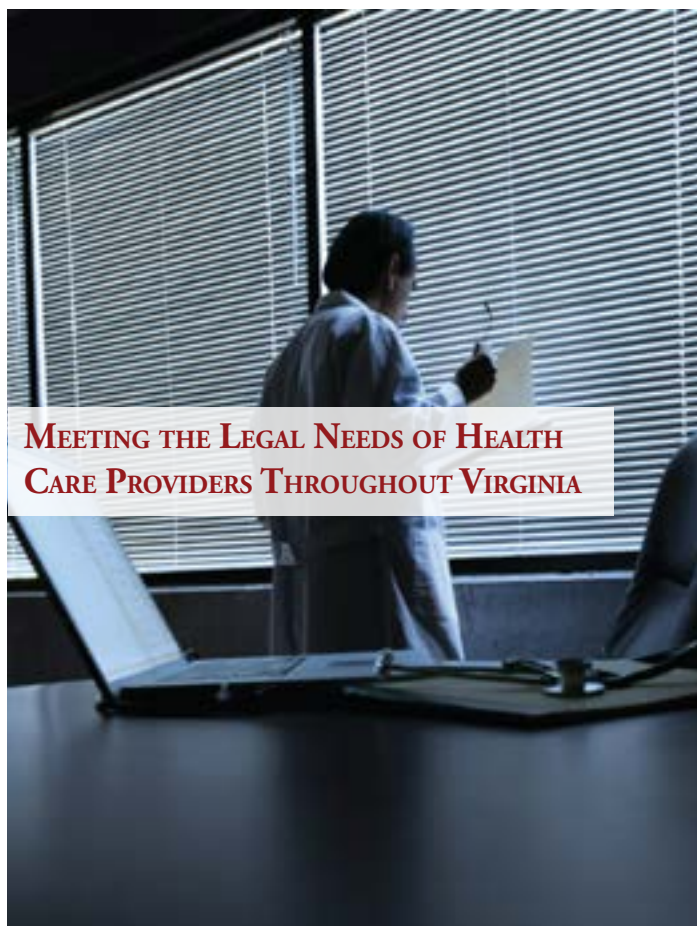


Naval Medical Center Portsmouth (NMCP) has inaugurated the Centering Pregnancy® model for prenatal care. Patients receive prenatal care in groups of 8-12 women with similar due dates. Groups meet each month or twice monthly with their provider, allowing extra time for learning about

pregnancy/childbirth/child care and for getting to know one another. The program was developed in 1993, and has been shown to be a very effective way to receive prenatal care. Participating in Centering Pregnancy® group care allows most patients 10 times more time with their provider, a community of friends, an opportunity to actively participate in health decisions, time to discuss questions, and an enjoyable prenatal visit.

The New Hope Center For Reproductive Medicine

has been awarded ultrasound practice accreditation for First Trimester Obstetric and Gynecologic Ultrasound by the Ultrasound Practice Accreditation Council of the American Institute of Ultrasound in Medicine. The New Hope Center achieved this recognition by meeting rigorous voluntary guidelines set by the diagnostic ultrasound profession. All facets of the practice were assessed, including the training and qualifications of physicians and sonographers; ultrasound equipment maintenance; documentation; storage and record-keeping practices; policies, and procedures to protect patients and staff; quality assurance methods; and the thoroughness, technical quality and interpretation of sonograms which the Virginia Beach fertility clinic performs.



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Goodman, Allen & Filetti's attorneys have been recognized by U. S. News and World Report's listing of Best Law Firms in Medical Malpractice Defense, Health Care Law, Intellectual Property Law and Personal Injury Litigation-Defense.

Sergio Oehninger, MD, PhD, Professor and Vice-chair of Obstetrics and Gynecology, and Director of the Division of Reproductive Endocrinology and Infertility at the Jones Institute for Reproductive Medicine, has been appointed to the Executive Council of SART and the position of Treasurer of SART.

SART is the primary organization of professionals dedicated to the practice of assisted reproductive technologies (ART) in the United States. ART includes the practice of In Vitro Fertilization (IVF). Its mission is to set up and help maintain the standards for ART (including IVF, egg/embryo cryopreservation, and others) in an effort to better serve members and for patients to receive the highest possible level of care.

Dr. Oehninger has also been named to the Henry Clay Hofheimer II Chair in Obstetrics and Gynecology. This Endowment was established in honor of Mr. Henry Clay Hofheimer II, a Hampton Roads business and civic leader and philanthropist who helped bring EVMS to the region. Mr. Hofheimer died in 2005 but his legacy as a leading role in the establishment of EVMS in 1973 and in building continuing support to its growth is extended through this Endowment.



Riverside Regional Medical Center has begun accepting patients for its new House Calls Practice, part of its Lifelong Health Division. The Practice is designed to bring primary care services – via physicians and nurse practitioners – to adults, primarily the elderly, who are home-limited or have mobility problems that inhibit access to office-based services. The practice gives adults with complicated and chronic medical conditions access to primary care services to better manage their conditions and diagnoses. Patients who join the Riverside House Calls Practice can receive virtually all of the same medical services they did when they visited a doctor in an office. In addition to the routine visits that typically occur every four to six weeks, the Practice also provides medication management and oversight from a Riverside pharmacist, education and support to patients, family members, and caregivers, as well as coordination of all medical care including specialty services.

Jesse Rohloff, MD, an OB/GYN physician at Naval Medical Center Portsmouth, was recently selected for training at the Helms Medical Institute in Washington, D.C., and will be the first Navy gynecologist certified to perform acupuncture to optimize the therapy for infertility, pain, and cancer. Dr. Rohloff completed medical school at Uniformed



Taking Nominations for the Summer Edition

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Submissions – June 9th**

Services University of Health Sciences and his residency at Naval Medical Center Portsmouth.



Jonathan Schreiber, MD, PhD, has partnered with the Integrated Dermatology Group to found Integrated Dermatology of Tidewater. Dr. Schreiber is a Board-certified dermatologist. He earned his medical degree from Duke University. In addition, Dr. Schreiber holds a Doctor of Philosophy from the Department of Pharmacology at Duke University.

He completed his residency training in the combined Boston Medical Center, Tufts New England Medical Center program. Dr. Schreiber has been practicing medical and surgical dermatology in the area since 2002.



Jennifer Smith, Interim Vice President of Bon Secours Virginia Neuroscience Services, has received the American Academy

of Medical Administrators' Healthcare (AAMA) Healthcare Executive of the Year Award. As recipient of the Academy's highest award, Smith is honored for her dedication to the profession, the Academy, the healthcare community, and improving healthcare processes.



Sentara Healthcare and Eastern Virginia Medical School have combined their expertise and state-of-the-art facilities to establish the Sentara EVMS Fetal Care Center, the only program of its kind in the region. The center, located on the

Eastern Virginia Medical Center campus in Norfolk, provides in-utero treatment for many fetal conditions once considered life threatening or treatable only after birth, and it is the only location in Virginia offering laser therapy for Twin-Twin Transfusion Syndrome (TTFS), which affects 15 percent of monochorionic-twin pregnancies and can be fatal for one or both fetuses. The Sentara EVMS Fetal Care Center also provides a range of routine and advanced services, including fetal endoscopic surgery, fetal transfusion, amniocentesis, amnioinfusion, fetal echocardiography and genetic counseling. The team – led by Jena Miller, MD, who also is an EVMS Assistant Professor of Obstetrics and Gynecology, poses with patient Crystal Springer and her infant twins, Anna and Ella.

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Awards and Accolades

Bon Secours Hampton Roads was recently recognized as a Top Company by the National Association for Female Executives which recognizes the health system as one of its Top Companies for Executive Women in 2014. This is the first year Bon Secours Hampton Roads has been honored. Bon Secours Virginia was featured in Working Mother's February/March 2014 issue, where the results of the NAFE Top Companies for Executive Women initiative will be published.

Bon Secours DePaul Medical Center has received the Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award from the American Heart Association and American Stroke Association. The award recognizes Bon Secours DePaul's 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 Gold Plus Quality Achievement Award, Bon Secours DePaul achieved at least 24 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 seven of 10 Get With The Guidelines®-Stroke Quality Measures during 12 months of that time.



Laura Dabney, MD, was recently recognized by The American College of Psychoanalysts for Superior Personal and Professional work as a psychotherapist, honoring her extensive study of psychoanalytical therapy. Dr. Dabney received her training at Eastern Virginia Medical School.

Marissa Galicia-Castillo, MD, Associate Professor of Internal Medicine and the Sue Faulkner Scribner Distinguished Professor in Geriatrics at EVMS, received the Young Internist Award at the annual Virginia Chapter meeting of the American College of Physicians.



Paul Marik, MD, Professor of Internal Medicine, Chief of Critical Care Medicine and the EVMS Foundation Distinguished Professor in Internal Medicine, received the Academic Teaching Award given by the Virginia chapter of the American College of Physicians.

Jerry Nadler, MD, Harry H. Mansbach Professor, Chair of Internal Medicine and Vice Dean for Research at EVMS, has received the Laureate Award, the highest honor given by the Virginia chapter of the American College of Physicians. Dr. Nadler also has been named to the Board of Trustees of the ODU Research Foundation.



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Edward Oldfield III, MD, Professor of Internal Medicine and Director of the EVMS Center for the Comprehensive Care

of Immune Deficiency, was among the EVMS-connected clinicians and volunteers honored during Inside Business' annual "Health Care Heroes Awards." He was recognized for work to provide outstanding care for patients living with conditions such as HIV/AIDS.

Stephanie

Troy, MD, Assistant Professor of Internal Medicine at EVMS, will receive the 2014 Young Physician-Scientist Award from the American Society for Clinical Investigation.



Several EVMS faculty and staff were honored recently by Inside Business as "Health Care Heroes." They are **Francis Counselman, MD**, Professor and Chair of EVMS Emergency Medicine and the EVMS Foundation Distinguished Professor in Emergency Medicine; **Barry Strasnick, MD**, Professor and Chair of EVMS Otolaryngology-Head and Neck Surgery; **Kim Moloney**, a nurse at EVMS' Strelitz Diabetes Center; **Edward Oldfield III, MD**, Professor of Internal Medicine and Director of the EVMS Center for the Comprehensive Care of Immune Deficiency; **Mitchell Shiffman, MD**, Professor of Internal Medicine; **Marta Satin-Smith, MD**, Assistant Professor of Pediatrics; **Fred Quarles, MD**, Assistant Professor of Clinical Dermatology; **Keith Newby, MD**, Assistant Professor of Clinical Internal Medicine; and **Kacie Schappert, MPA**.



Cori Brander, DMC, Neuroscience Coordinator at Bon Secours DePaul Medical Center, is the recipient of the 2013 Melanie

Minton Certified Neuroscience Registered Nurse (CNRN) of the Year Award. Ms. Brander was selected for demonstrating outstanding leadership and for her contributions to neuroscience nursing through professional service, mentoring/education, staff /patient advocacy and promotion of the CNRN certification. Brander received her Registered Nurse (RN) from Norfolk State University and completed the medical-surgical internship at Sentara Norfolk General Hospital.

Dr. Jeremy Tonkin and **Dr. Shaun Waso** of Urology of Virginia, recently were named Diplomates of the American Board of Urology.

We would like to recognize medical professionals receiving honors. Send announcements (with photos, please), for the summer edition, to our editor: bobbie@hrphysician.com by July 14.



Dr. Jeremy Tonkin



Dr. Shaun Wasen

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Preparing for ICD-10

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

It's coming. The transition to the International Classification of Diseases, 10th Edition (ICD-10), Clinical Modification/Procedure Coding System will occur on October 1, 2014, and will affect everyone working in the health care field. The most significant impact on you and your practice is likely to be the increase in outpatient diagnostic codes from close to 13,000 to more than 68,000.

A Big Transition

Transitioning to the new coding system will be a challenge for medical practices. It will place stresses and burdens on practice systems and staff. The costs for training and software upgrades could be significant. However, the cost of incorrectly implementing ICD-10 could be even greater. If you do not submit claims correctly, you will not be paid for your services. And remember, there is no phased implementation for ICD-10. It is a one-day transition.

Since ICD-10 will require a far greater specificity in coding than ICD-9, it's important that your practice lay the groundwork now to ensure a successful transition.



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Organize

If you haven't already done so, select one person to manage the process, identify what work needs to be done, and prioritize. If yours is a larger practice, you may require several people to assume different roles in helping to implement ICD-10.

As soon as possible, map out the time and costs involved in system changes, resource materials, and training. Develop a timeline for training staff on the new coding, for claims testing, and for reviewing your coders' test results.

Most practices perform a predictable set of patient examinations and tests. Your practice may be similar and use certain codes more frequently than others. Identify those codes and have your staff determine what they will be in ICD-10.

Reach Out

You will need to determine whether your systems support these changes. Most electronic health record (EHR) vendors are updating their software to accommodate ICD-10 in time for the transition. However, don't assume all vendors will be on top of things. It's better to contact them to determine their rollout plans, the dates of the rollouts, and what upgrades may be necessary to your systems.

Contact payers to discuss their ICD-10 preparations. Ask them to commit to a date when you can start testing claims.

Arrange for Training

Allocate a lot of time for training clinical staff and providers, coders, and IT staffers to handle the upcoming changes. The Centers for Medicaid and Medicare Services projects that 24 to 40 hours of training will be required to get coders up to speed on ICD-10. Training for clinical staff should emphasize how the documentation they provide will affect the coding process.

Allow Time for Testing

Before going live, you'll want to test transactions containing ICD-10 codes to ensure they are being successfully transferred and received. Identify where the flaws and failures may be and work closely with all stakeholders to fix any problems. This process may require multiple tests to bring your operations up to a satisfactory level. ■

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