Summer 2014

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HAMPTON ROADS

Physician

A publication for and about the local medical community

Leonard J. Weireter, MD

Francis L. Counselman, MD

Cheryl L. Lawson, MD, FACEP

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HAMPTON ROADS
Physician
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Summer 2014, Volume II/Issue III

Recognizing the achievements of the local medical community

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Hampton Roads Physician is published by DocDirect Publishing, LLC,
1017 Timber Neck Mall; Chesapeake, VA 23320.

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Welcome to the Summer 2014 edition of Hampton Roads Physician

Holly Barlow
Publisher

It was a pleasure to honor Dr. Leonard Weireter, Dr. Frank Counselman and Dr. Cheryl Lawson in this issue, who work in the fields of acute care, emergency medicine and trauma surgery. During the course of interviewing these three, we learned that they 'go back a long way', as the saying goes: Dr. Lawson studied with both Dr. Weireter and Dr. Counselman during her residency at EVMS. In fact, Dr. Counselman was her program director.

In this issue, we're introducing a topic that we've had several requests to cover: the future of healthcare. It's a broad subject, to be sure, and one that continues to vex doctors, legislators and administrators – and patients – as everyone tries to navigate the changing landscape of medical practice in post-ACA America. In this issue, *Hampton Roads Physician* offers a brief outline of our discussions with leaders in the local medical community: the CEOs of Bon Secours, Chesapeake Regional Medical Center, EVMS Medical Group, Riverside Regional Medical Center and Sentara Healthcare. As you read over this, please let us know if there are any specific areas you'd like to see covered. We anticipate this series of articles will be of continuing interest.

Bobbie Fisher
Editor

In our Fall issue, we look at a field that's also changing every day, although for different reasons: **geriatric medicine**. As more and more Baby Boomers hit their middle and late sixties, taking care of "the elderly" isn't what it used to be. These seniors are living longer, taking better care of their health, and are increasingly less likely to smoke (although they may have at one time.) Their care can as often include setting a broken arm after a skiing accident as dealing with hearing loss, dementia or high blood pressure. In our Fall issue, we'll explore the world of treating patients in the Autumn of their lives.

We invite nominations for exceptional physicians in this area. Our nomination form is easily accessible on our website – www.hrphysician.com - or we'd be pleased to provide one by snail- or e-mail. You can reach us at any time by calling our publisher at 757.237.1106 or our editor at 757.733.7550. You can fax us at 757.222.1345.

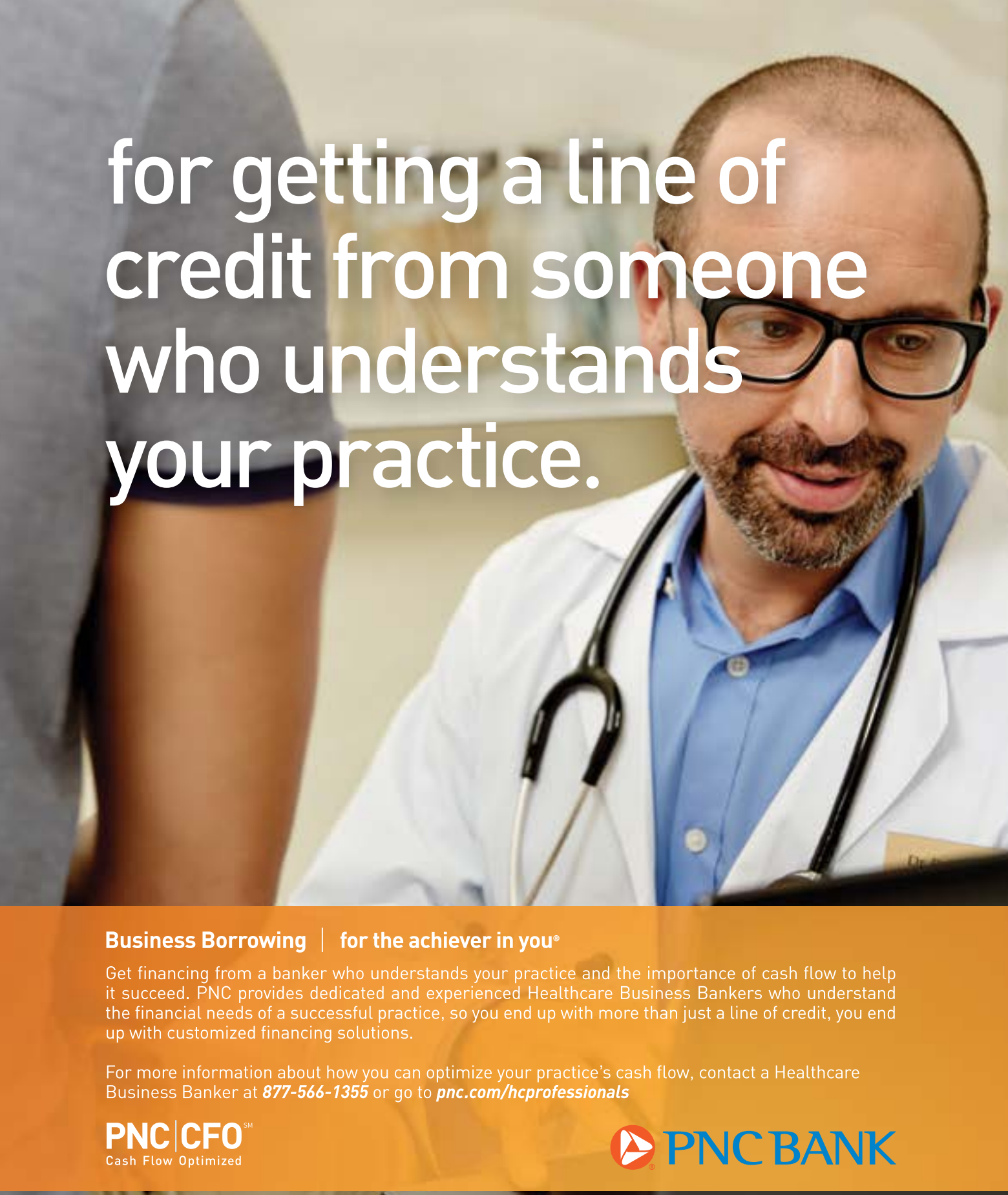
Deadline for Physician Cover Nominations is September 8th

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

Holly Barlow, Publisher 757.237.1106
Bobbie Fisher, Editor 757.773.7550
www.hrphysician.com

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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We are honored to have their input for editorial content and direction of the magazine. We are grateful for the time they take, along with our Emeritus Board, to view all nominations and select our featured physicians.

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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.

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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.

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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.

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

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Richard G. Rento II, MD

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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.

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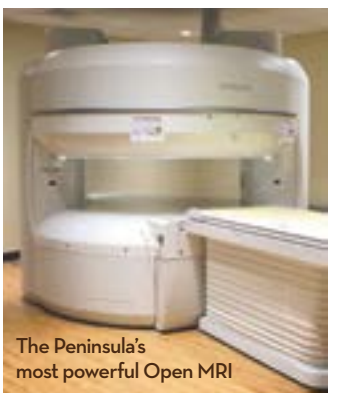

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Emergency Medicine and Trauma Care

The most recent statistics available from the Centers for Disease Control and Prevention indicate that 129.8 million Americans visit the emergency room each year. Of those, 37.9 million are occasioned by injury, and 13.3 percent result in hospital admission.

Trauma accounts for many of those hospitalizations. According to the American Association for the Surgery of Trauma, trauma is the leading cause of death for individuals up to the age of 45 years, and the fourth leading cause of death overall for all ages. Traumatic brain injury is the single largest cause of death from injury in the US.

In this issue, we look at the different but related disciplines of emergency medicine and trauma care. Summer seems a particularly apt time to look at these practice areas: it's estimated that emergency room visits increase by as much as 20 percent in the warmer months, when people are likely to be far more active, pursuing outdoor activities like biking, swimming, skateboarding, playing sports, mowing grass and cooking out.

In Hampton Roads, that's particularly true, with our beaches, parks, hiking trails and other attractions: our normal population base of 1.7 million swells to as much as 2.7 million in the summer, given the number of tourists who come to enjoy our various vacation destinations. Those additional million people are just as likely to suffer sudden illness and significant injury as native Hampton Roads residents. Whether they sustain a cat scratch, have a cardiac event or survive a hurricane, they need immediate care to avoid further harm.

In Hampton Roads, both residents and visitors alike can be assured that the emergency and trauma care readily available throughout the community is second to none in the country.

The three physicians who were chosen by our Physician Advisory Board from the many nominations submitted are self-described "adrenalin junkies" – they thrive in the fast-paced, demanding world of treating people who are in extremis. Their ability to respond to any and every situation that presents – to stabilize, diagnose and treat patients, and when indicated, refer them for advanced care – can make all the difference in a patient's outcome.

Emergency Medicine

The International Federation for Emergency Medicine (IFEM) defines the specialty as "concerned with the stabilization, management, diagnosis, and disposition of individuals with acute illness and injury. It also includes the management of trauma resuscitation, advanced cardiac life support, advanced airway management, poisonings, pre-hospital care and disaster preparedness. Emergency Medicine encompasses a large amount of general medicine but involves the technical and cognitive aspects of virtually all fields of medicine and surgery including the surgical sub-specialties."

Physicians who practice emergency medicine, whether in the ER or as a first responder at a crisis scene, must have a broad knowledge base, with the skills of many specialists. In one day, they may be required to manage an airway, suture a laceration, treat a bone fracture, deliver a baby, stop a nosebleed or take care of a heart attack patient. Many ER physicians complete fellowships that include toxicology, pediatric medicine, sports medicine, critical care, ultrasound and other specialties.

In the US, the IFEM continues, the emergency department serves as the only access to medical care for millions of people. "As a result," the report reads, "in addition to delivering the highest quality of medical care, the emergency physician's practice includes elements of public health, population health, and prevention. This may include screening, intervention, treatment and referral for a variety of illnesses and behaviors such as substance use disorders, interpersonal violence, depression and other mental

health disorders, and undiagnosed illnesses such as hypertension, diabetes, and HIV."

Trauma

Categorizing the discipline of trauma care can be challenging. Trauma surgeons treat patients with sudden illnesses that require immediate surgical intervention, such as acute appendicitis, pancreatitis or gall bladder attacks. They take care of burn victims at any level of severity. They treat injuries of every conceivable etiology, whether auto accidents, workplace incidents, falls or injuries sustained at home – even abuse or other criminal violent acts. Thus all trauma surgeons are by definition intensive care doctors.

Additionally, over the past 10 years, there's been a shift in terminology; that is, the discipline was formerly referred to collectively as trauma, or trauma and burns. Today's more contemporary thinking is to consider trauma, burns and emergency general surgery as three subcategories that fall under the overarching discipline of Acute Care.

The National Institutes of Health recently described the specialty of trauma surgery as 'evolving,' elaborating: "The continued decline in general surgery operative interventions in trauma patients has led to an exodus of promising young surgeons away from the field. A concurrent decline in the number of burn surgeons, as well as orthopaedists and neurosurgeons interested in providing emergency care, led to a pressing need for surgeons able to perform emergency surgical care. In addition, the general surgery workforce has followed a trend of increased specialization, with young surgeons gravitating toward specialties that are perceived to have a more forgiving lifestyle. This development has led to troublesome gaps in the emergency surgery call schedule at many institutions. Several intrepid centers already have begun assimilating acute care surgery into their departments with impressive results for their patients. Increased operative volume, increased reimbursements, and a palatable lifestyle add to the allure of treating these complex and interesting patients. Training future surgeons to staff the ranks of acute care surgery is an important and exciting challenge."

In Hampton Roads, both residents and visitors alike can be assured that the emergency and trauma care readily available throughout the community is second to none in the country. ■

Surgical Treatment of Traumatic Spine Fractures

Jeffrey R. Carlson, MD

One of the more commonly-observed orthopaedic issues is fracture of the vertebrae due to a sports injury, car accident, fall or other high-energy trauma. Traumatic injuries of the spine and spinal cord are one of the leading causes of death and permanent disability. In less severe cases, spinal stabilization can be achieved through the use of external bracing or traction. In cases involving more extensive spinal injury or polytrauma, surgery will be required. The type of surgical fixation depends on a variety of factors, including the type of fracture(s), the overall condition of the patient, and any concomitant injuries.

There are several schools of thought about the timing of surgical fixation for traumatic spine fractures and whether surgery should be undertaken in the first few days after traumatic injury or if it should be delayed to allow for the patient's condition to stabilize. This topic remains controversial as findings have not been conclusive for either side of the argument.

Several studies indicate that early intervention may actually be beneficial, especially for fractures of the thoracic spine. In a study by the Presley Regional Trauma Center in 2001, patients with early surgically-fixated thoracic fractures were shown to have less incidence of pneumonia, less intensive-care bed days, less ventilator days, less incidence of embolic issues and lower overall costs for care. Most high-risk patients had lower hospital resource utilization and a reduced incidence of pneumonia, regardless of the level of spinal fracture.

Another study released in the Journal of Trauma - Injury, Infection & Critical Care, December 2007, studied a cohort of 361 traumatic spine fracture and vertebral dislocation patients. Of those, 158 patients underwent early surgical fixation. The study found that surgical fixation within 48 hours of the traumatic event showed an increased mortality rate for those patients.

This controversy ultimately revolves around the condition of the patient. Spinal cord injuries can be improved (not the reversal of paralysis, but returning use of the triceps for patient transfer) up to several months from the time of injury. Spinal nerve injuries generally improve with earlier surgery. The longer the nerve (outside of the spinal cord) is compressed, the more likely there will be a permanent injury. Those multi-trauma patients that have long bone or abdominal injuries will need to have lifesaving treatment prior to performing spinal stabilization. This may dictate a delay in the decompression of the neurologic elements and may decrease the potential for their recovery. The evaluation of these studies then concludes that the surgical timing is dependent on the status of the patient; operations for spinal stabilization are done when the patient is stabilized sufficiently from the initial injury to successfully recover from the surgery.

Jeffrey R. Carlson, MD is a Harvard Spine Trauma/Neurosurgical Fellow who practices at Orthopaedic & Spine Center in Newport News, VA. Voted a "Top Doc" for 2012, 2013, 2014, Dr. Carlson is a pioneer in the development of outpatient spine surgeries and minimally-invasive surgical techniques.

Francis L. Counselman, MD

Emergency Physicians of Tidewater
Chair, Department of Emergency Medicine, EVMS

It's not every physician who's treated stingray envenomation or needlefish punctures. For Dr. Frank Counselman, it's just another day in the Emergency Department. "Living on the Bay, so close to the Atlantic Ocean, these are frequent if not regular occurrences," he notes. "And they make fun anecdotes to include in my lectures. People are fascinated, whether they live near the water or as far away as Kansas."

Frank Counselman always knew he wanted to be a doctor, but didn't go to medical school right out of college (Notre Dame, '79, *cum laude*.) Instead, he took a year and taught high school science, and discovered a love for teaching that has stayed with him throughout his career. "It was at the same high school I attended, St. John's College High in Washington, DC," he says. "I was very fortunate that a formal certificate wasn't required to teach there. I had no idea I'd like it as much as I did."

"Someone told me once that if you find something you love, you'll never work a day in your life. It's corny, but it's true."

After a year at St. John's, he applied to Eastern Virginia Medical School, where his high school teaching experience stood him in good stead. "As a fourth year, you teach third year students," he says, "It wasn't formal, but it was clinical teaching, and I really enjoyed it."

Dr. Counselman didn't enter medical school with the idea of becoming an emergency medicine physician. In fact, during his last year at EVMS, he hadn't yet decided on a specialty – but he got some good advice from a Chief Resident in Internal Medicine. "He told me to do a year of internal medicine," Dr. Counselman remembers, "because no matter what I finally chose, it would be a good foundation."

Fortuitously, his first rotation in internal medicine was in the ER – a new experience for him, as he'd never had an emergency medicine rotation in medical school. "That wasn't uncommon in the early 1980s," he explains. "I was immediately excited about being able to treat so many different cases in a day, using so much of my training. We'd treat a heart attack patient, a teenager with appendicitis, a worker with an industrial injury – at the end of the day, you really felt like a doctor!" Realizing how much he enjoyed the work, he entered the emergency medicine residency program at EVMS.

Part of what he liked – and still likes – about emergency medicine is the diversity of people he sees. "When most medical students pick a specialty, they lose a certain part of the patient population," he says, "but that doesn't happen in my field. If you go into pediatrics, you won't treat adults. If you go into OB/GYN, you don't treat men. In emergency medicine, we see everybody – at all stages of life, all throughout our careers. That's tremendously appealing."

It's also procedure-oriented, which he finds very satisfying. A patient might present with a bad laceration that's bleeding, painful and looking horrible, Dr. Counselman says, "We can take care of a severe injury like that on the spot, clean it out, sew it up and it immediately looks and feels better. And the patient is very grateful."

Of course, few cases involve injuries from sea creatures – many emergency room visits are occasioned by routine complaints like chest pain, abdominal pain, sprains or headache. These presentations can range from the simplest etiology to life-threatening illness; thus the emergency medicine physician is required to be a diagnostician first and foremost. "In the ER, we're responsible for everybody who comes through the door," Dr. Counselman explains. "We're required to have a broad knowledge base; we're seeing patients with urologic, ophthalmologic and neurological problems as often as those with cat scratches or kids with fever."

Dr. Counselman and his team take care of all patients initially, but when their cases meet trauma alert criteria, they support the trauma surgeons by managing the airway of these patients so the trauma team can do its work.

Because no one is turned away from the emergency department, regardless of their insurance status or ability to pay, he notes, "We're referred to as the 'safety net' of health care. Patients used to see their primary care physician with complaints, but with the growing shortage of PCPs, the mindset is more and more 'go to the emergency room.' And as more people come into the health care system, that demand will only continue and increase."

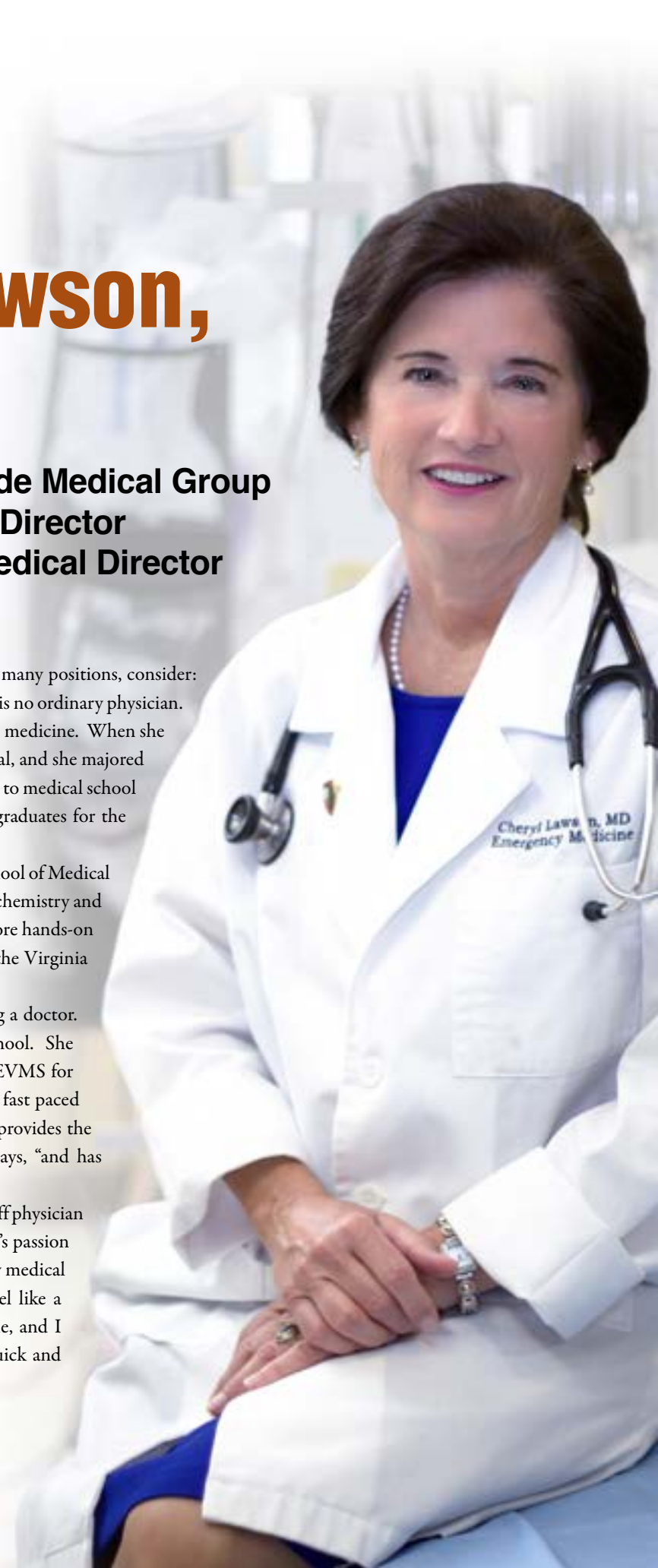
Dr. Counselman maintains his love of teaching. He spends about 50 percent of his time working in the emergency department seeing patients, but as he says, "That's also teaching." He considers himself fortunate to have affiliated with Emergency Physicians of Tidewater. "They recognized from Day One the importance of residency education in emergency medicine," he says. "EPT, in conjunction with EVMS, founded the residency here: the first in Virginia and one of the oldest in the country. EPT provides me the protected time to teach and do administrative work as Chair of the Department."

Dr. Counselman contributes to several emergency medicine journals, and lectures around the country. His greatest fortune, he says, is his wife Liz. "She's incredibly supportive. Any success I have is totally shared with her. Any failure is mine alone."

About his exhausting schedule, he says, "Someone told me once that if you find something you love, you'll never work a day in your life. It's corny, but it's true."

Cheryl L. Lawson, MD, FACEP

Emergency Medicine, Riverside Medical Group
PEMS Regional EMS Medical Director
City of Newport News EMS Medical Director



If it seems extraordinary that one person could hold that many positions, consider: this isn't even the full list. But then again, Cheryl Lawson is no ordinary physician.

For as long as she can remember, she wanted a career in medicine. When she was old enough, she became a nurse's aid at Riverside Hospital, and she majored in biology at James Madison University ('78), intending to go to medical school after graduation. "In those days, JMU wasn't preparing its graduates for the application process to medical school," she remembers.

But she never saw it as a defeat. Instead, she went to the School of Medical Technology in Greenville, SC, afterward landing a job in the chemistry and microbiology lab at Norfolk General Hospital. Wanting a more hands-on experience of helping people in crisis, she volunteered with the Virginia Beach Rescue Squad.

She enjoyed the work, but never lost interest in becoming a doctor. In 1986, she enrolled in Eastern Virginia Medical School. She completed her medical degree at Stanford, but returned to EVMS for her internship and residency in Emergency Medicine. "The fast paced clinical assessment and treatment required in ER medicine provides the challenge and satisfaction that defines our specialty," she says, "and has made my practice of medicine what I love to do."

As former President of the Medical Staff and a practicing staff physician in the ER at Riverside Regional Medical Center, Dr. Lawson's passion for her work is clearly evident. "I'm able to use every bit of my medical training daily. Whether in the ER or out in the field, I feel like a detective. I often have limited information and limited time, and I have to use every inch of knowledge that I have to make quick and potentially life-altering decisions for the patient."

When she says 'in the field,' she means it literally. Throughout her career, Dr. Lawson has focused on ensuring that emergency responders at all levels have the knowledge, technology and training they need. That's often meant spending time in the field herself.

As one of the Operational Medical Directors for the Hampton Roads Metropolitan Medical Response Team, Dr. Lawson is among the first responders to local mass casualty events. "We're a team of doctors, firefighters, first responders and support personnel, working under the Department of Homeland Security," she says, recalling being part of the team that responded to the 2008 tornado disaster in Suffolk: "The devastation was unbelievable. It was nighttime, and we went through rubble looking and listening for victims." As a member of the federal response team known as Virginia-1 DMAT, she deployed to the 2006 funeral of President Ford, the 2008 Democratic National Convention, and more recently, Hurricane Sandy in 2012.

As Regional Medical Director of the Peninsulas EMS Council (PEMS), she's also helped build emergency response protocols for a service area that includes the sixteen cities and counties located on the Virginia Peninsula, the Middle Peninsula and the Northern Neck, on the western shore of the Chesapeake Bay. "It can take as long as 30-40 minutes for an ambulance to reach some of these areas," she notes, "and another 30-40 minutes to get back to the hospital. The PEMS Council, through its regional protocols, enables EMS providers to start treating patients en route, and assists with coordinating educational courses."

During her time with PEMS, they became one of the first regions in the Commonwealth to set up EMS transmitted EKGs directly to the closest hospital. The region's hospitals collaborated to purchase EKG equipment for more rural rescue squads and held training classes for providers. "We've worked diligently to train our EMS providers to quickly identify the symptoms of a stroke or heart attack. This way, when those patients arrive at the ER doors, the appropriate medical team meets them at the door, ensuring better patient care and potential outcomes."

She serves as EMS Medical Director of the City of Newport News, a position she's held for seven years. The providers, she says, "totally devote themselves to helping people, and they want to do the best they can. Being their medical director has been a most gratifying position. I'm a Newport News native, and I feel a strong commitment to the community that's done so much for me."

Dr. Lawson is particularly proud of the Newport News EMS agency's Rapid Sequence Intubation program. Under her direction, two of the agency's EMS captains took the project on, and she says, "They've done an excellent job. They recently set up a system where each time the procedure is done, all credentialed RSI providers get a synopsis of what happened: good or bad and lessons learned as part of our quality improvement program." She explains, "We're the only agency in our region that performs RSI. It's something we're can do in a controlled setting in the emergency department; but in the field, when patients are struggling to breathe, circumstances can be less than perfect. We've developed protocols and initiated training and testing of our lead providers so they can perform this skill in those situations. They can control the patient's airway and initiate more critical care in the ambulance, rather than struggling with an hypoxic or brain injured patient."

No matter which title she's using, it's clear that Dr. Lawson's career provides her with tremendous satisfaction. "It's so gratifying to use your training and to know that you've saved a life," she says. "Life is the most precious thing patients and their family have." ■

It's not unusual to hear physicians say they chose a career in medicine because of the influence of a childhood doctor. Similarly, it's not uncommon for medical students to choose their specialties because of their experience with faculty members.

In Dr. Leonard Weireter's case, both situations pertain. He had a lifelong interest in science, and remembers being in grade school when a family member needed an operation. "I became very curious, and I started asking questions," he says, "and all of the medical personnel – including the surgeons – took time to answer them." He'd always been fascinated by how the body works, and how diseases work; and when he entered college, it was with the idea of pursuing a pre-medical curriculum.

"In college (BS, Manhattan College in New York City, *summa cum laude*), my interest just took off, so I applied to medical school," he remembers.

During his third-year surgery clerkship, "I knew right away that surgery was my field," he remembers clearly. "It was a trauma center in western New York, and I was working with faculty who were doing a lot of high-end injury cases. They really sparked my interest in trauma and acute care."

He went on to complete a residency in General Surgery in Buffalo, and then a fellowship in Trauma Surgery and Critical Care Medicine at the Maryland Institute for Emergency Medicine Services Systems at the University of Maryland.

Fortune followed him to Maryland, as it was there that he met another young surgeon: Dr. L. D. Britt.

Leonard J. Weireter, MD

General and Trauma Surgery, Critical Care Medicine
Arthur and Marie Kirk Family Professor of Surgery, EVMS

"We began our fellowship together in 1985," Dr. Weireter says, "and we've been working together pretty much ever since." The 'pretty much' exclusion refers to Dr. Weireter's additional year in a shock trauma fellowship after Dr. Britt returned to his Hampton Roads hometown. "I took the extra year because I wanted to work with a faculty member who was doing exciting things with shock trauma patients," Dr. Weireter says. "When Dr. Britt recruited me to come to EVMS, I knew I'd have the opportunity to do general surgery as well as the specialized critical care medicine and trauma surgery I trained for."

He's been at EVMS since 1987, and says, "The job has been superb in terms of what I've been able to do." With Dr. Britt, he helped mature the Level One Trauma Center that EVMS provides surgical staff for, one of only five in Virginia. He's had the opportunity to take care of patients at the Trauma Center, and as one of its directors, to begin to influence expectations and methods of trauma surgery and care in Hampton Roads. He's also become heavily involved with the American College of Surgeons, which gives him a voice in trauma care at both the state and national level as a member of its Committee on Trauma and the Board of Governors. "It's intensive work, but very gratifying professionally," he says. Previously he has been chairman of the COT committee on Mass Casualty and Disaster Management and chair of the COT Advocacy section. He's recently taken on the position of Vice Chair of the Committee on Trauma for the American College of Surgeons, assuming even greater responsibilities having to do with trauma systems across the United States.

In 2013, Dr. Weireter was appointed to the National Quality Forum's Regionalized Emergency Medical Care Services Measure Topic Prioritization expert panel, which provides guidance to the Department of Health and Human Services' Office of Preparedness and Response. It's a broad topic – encompassing both natural disasters and manmade situations – that he's focused on extensively throughout his career. He points to a recent series of articles in The Washington Post that notes Norfolk is second only to New Orleans in terms of devastating flood risk. "We – EVMS, Sentara Norfolk General Hospital and CHKD – are eight feet above sea level, and just 300 yards from the water," he explains. "The flooding in a Category 1 storm or greater could make us virtually inaccessible."

Dr. Weireter does much more than just explore and write about all aspects of the region's preparedness: he's participated in several task forces working on contingency planning in the event the campus floods severely. And in April 2013, he was part of a team that included personnel from EVMS, Sentara and CHKD that ran an active shooter drill. "We decided there were enough of these events happening across the nation," he explains. "We're a ripe target: we're a hospital, we're a school. We knew we ought to be thinking about how we'd respond, rather than making it up in the moment. We felt that until we hard-core practiced and drilled it, we hadn't done due diligence."

Pursuing due diligence, the team spent months drawing up a plan, making sure everyone knew exactly what to do in the moment. They mobilized campus police, and city and state police as well, and ran the drill, which contemplated a gunman shooting randomly through Lester Hall. "We did a half-day long exercise, and learned what worked, as well as what didn't," Dr. Weireter says. "We learned some very valuable lessons. We're talking about doing something similar again."

In the little free time he has, Dr. Weireter and his wife enjoy traveling for his growing ACS activities, and admiring the three successful children they've raised. ■

Virginia Board of Health Professions Laws and Regulations:

What you don't know can hurt you!

By Michael Goodman, JD and Eileen Talamante, RN, JD

In the Summer 2013 issue of *Hampton Roads Physician*, we discussed the epidemic of prescription drug use in Virginia and nationwide, the increase in related patient complaints to the Virginia Board of Health Professions, and the trend of heightened scrutiny and regulation by the Board in these cases. A year later, that trend continues: well-meaning doctors, acting solely on a sincere wish to relieve their patients' pain, are increasingly finding themselves before the Board. Unfortunately, they often know little or even nothing about the policies of the Board of Health Professions, and can easily feel overwhelmed.

That's not unusual. Ideally, physicians aren't that familiar with the Board for matters other than licensure – if they are, it could mean they've already run afoul of one of its regulations.

Both patients and colleagues can file complaints to the Board; and any known substance abuse or public action that reflects poorly on the medical profession is a sure path to a Board investigation. Having hospital privileges restricted is another. While it may seem intuitive that a suspicious drug prescription history would give rise to an inquiry, there are other, less obvious violations that can do the same. A few examples:

- Physicians cannot prescribe weight loss medications without first instructing their patients to attempt traditional methods like diet and exercise. In any case, prescriptions for most weight loss drugs can only be given after the patient has a cardiac workup, including an EKG.

- In this age of ever-present medical advertising, it's not unusual to see discounted drugs being offered, whether as a one-day special TV ad or even through online deal-of-the-day websites

that feature discounted gift certificates for goods or services. Physicians should exercise caution when advertising: offering a discount without including the original cost of the product or service is a violation.

• With regard to advertising, physicians and their marketing personnel should be aware of the language restrictions established by the Board. Claiming superiority in a field of practice is strictly prohibited. While it's acceptable to refer to awards won – such as "Top Doc" or "Best Doctors in Town" – even those should cite the specific reference. Likewise, any reference to Board certification must include the specialty.

One of the most frequent complaints that call nurses before their Board is suspected medication diversion. Health care professionals, including nurses, may be particularly susceptible to substance abuse problems due to the stresses of working in a health care environment. Because they have an increased opportunity to obtain controlled substances, proper charting procedures are vital to prove that no medications were diverted – particularly in the case of narcotics. As we noted in this column last year, document, document and then document again.

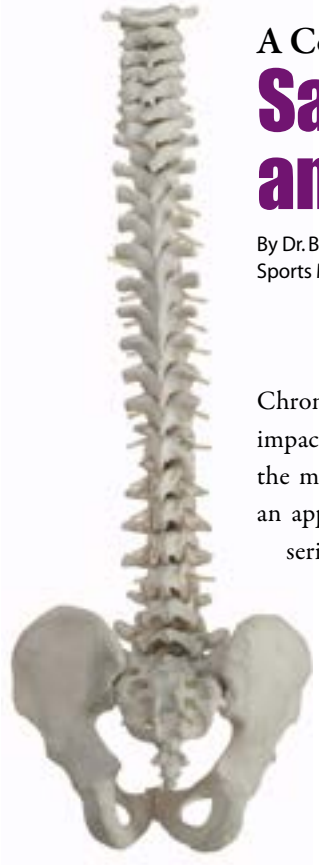
And while it's not necessarily against Board regulations, we suggest health care providers avoid social media when it comes to their patients. The most well-meaning text or Facebook post can be misconstrued, just as cell phone calls, unless recorded, can result in murky 'he-said-she-said' situations that have the potential to damage a physician or nurse just as much as an appearance before the Board.

A final thought.

Safe is always better than sorry. It would be time well spent to visit the website of the Virginia Board of Health Professions – http://www.dhp.virginia.gov/ - and become familiar with its laws and regulations.

Above all, if you get a letter from an investigator working on behalf of the Board, don't panic. It's not a criminal proceeding, and it's not an inquisition — but it's not a social invitation either. Not every letter from the Board means you have to call a lawyer, but if you do, make certain it's someone who handles healthcare regulatory matters. You wouldn't call your orthopaedist to deliver a baby! ■

Michael Goodman and Eileen Talamante, who also is a nurse, are attorneys with the law firm of Goodman, Allen & Filetti. Their practices focus on health care, risk management, representation of health care providers in credentialing matters, regulatory issues and before the various Boards of the Department of Health Professions.
www.goodmanallen.com



A Common Cause of Back Pain That Is Often Overlooked

Sacroiliac Joint Dysfunction and the SI Fusion Procedure

By Dr. Bryan Fox
Sports Medicine and Orthopaedic Center

Chronic lower back pain can have a huge impact on one's daily activities, and it's one of the most common reasons patients schedule an appointment. Despite the frequency and seriousness of the issue, a major contributor is often overlooked as a pain source.

A large percentage of lower back pain cases are related to the Sacroiliac (SI) joint, which many doctors were never trained to consider. The SI joint lies next to the bottom of the spine, and connects the sacrum to the pelvis. Unfortunately, those suffering from SI joint dysfunction are often treated for spine or hip problems instead.

Strong ligaments encase the SI joint and allow for only a few millimeters of movement. When the joint becomes inflamed, either by normal wear and tear or by injury, the joint becomes painful and can become a chronic source of pain.

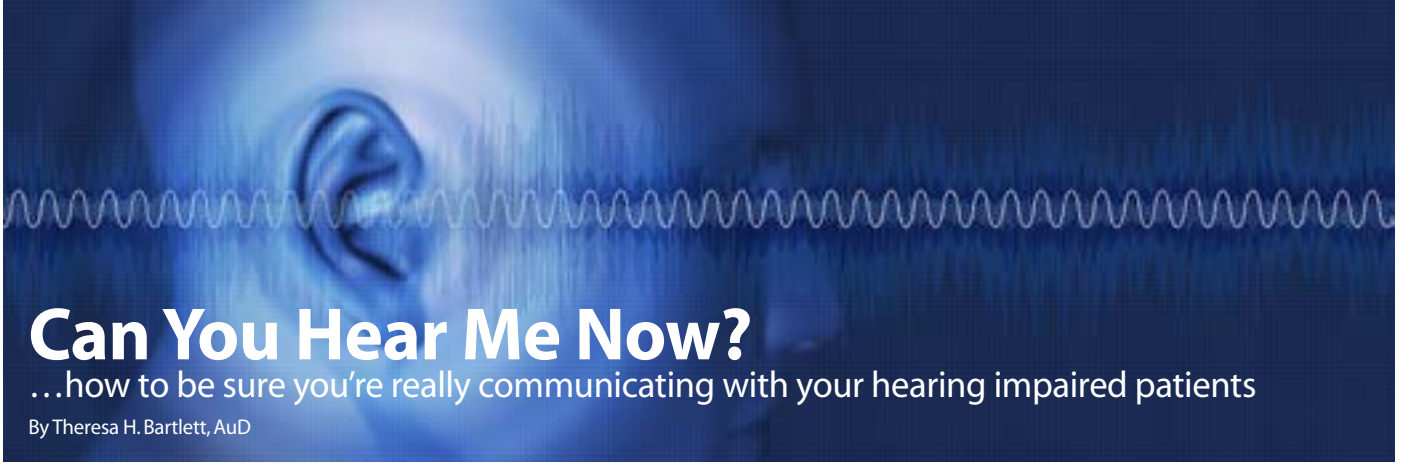
If your doctor thinks you may be suffering from SI joint dysfunction, it's relatively easy to diagnose with an injection. If an injection in the SI joint blocks the pain, that's where the problem is. If the pain comes back, the SI Fusion procedure may be considered. Fusing the bones together at the SI joint stops this mircomotion altogether and, more importantly, stops the pain for good.

The SI Fusion procedure is minimally invasive, and patient satisfaction is high. The surgeon uses a live x-ray fluoroscopy machine and performs the whole procedure through a two to three inch incision on the side of the buttocks. The surgeon inserts a metallic implant perpendicular to the joint, and the bone grows on the implant almost immediately, fusing the joint and stopping movement.

The procedure causes minimal injury to the muscles and doesn't go near the nerves, ligaments or vascular system, and it only takes about an hour to complete. Patients typically leave the hospital the next day and can usually resume daily living activities within six weeks.

It's important for patients to know: In most cases, you don't have to just live with pain. There are a lot of things medical professionals can do. If you think you may be suffering from SI joint dysfunction, talk to your doctor now. The sooner you do, the sooner you can get back to doing what you want to do. ■

Dr. Bryan Fox is a Board certified orthopaedic surgeon with Sports Medicine and Orthopaedic Center (SMOC). Visit www.smoc-pt.com to learn more about Dr. Fox and the rest of the team at SMOC. He performs SI Fusion surgery at Obici Hospital in Suffolk, next to SMOC's Suffolk office.



Can You Hear Me Now?

…how to be sure you're really communicating with your hearing impaired patients

By Theresa H. Bartlett, AuD

Do you know whether or not your patients hear everything you say? As a physician, the information you pass along to your patients is very important. But are they reporting that they're not hearing what you're telling them?

Let me clarify, I'm not saying that they don't understand what you are saying, but rather that they might not hear what you are saying. It's important for physicians to understand Effective Communication Strategies when working with their patients, especially their hearing impaired ones.

Here are some simple strategies:

Face your patient directly. Make sure you are on the same level and in good light whenever possible. Position yourself so that the light is shining on your face, not in the eyes of the listener.

Don't talk from another room. Your patients will hear and understand you better when they have an opportunity to see you face-to-face. Some hearing impaired persons rely on lip reading.

Reduce ambient noise levels. Background noise of any kind can interfere with your patient's ability to hear and understand what you are saying.

Speak clearly, slowly, distinctly, but naturally. Don't shout or exaggerate mouth movements. Shouting distorts speech sounds and over-exaggeration can make lip reading more difficult.

Say your patient's name before beginning a conversation. This gives the patient a chance to focus attention and reduces the chance of missing words at the beginning of the conversation.

Avoid talking too rapidly or using sentences that are too complex. Slow down a little, pause between sentences or phrases, and wait to make sure you patient understands before you go on.

Keep your hands away from your face while talking. If you're eating or chewing, etc. while talking, your speech will be more difficult to understand.

Rephrase rather than repeat. If your patient has difficulty understanding something you said, find a different way of saying it.

It's not only important for you, the physician, to practice these communication strategies; it's also important that you review these strategies with all of your employees. Hearing loss is an invisible disability. Why not practice Effective Communication Strategies with all of your patients? Increased patient satisfaction is guaranteed. ■

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

EXCEPTIONAL PROFESSIONAL

Recognizing Outstanding Nurse Practitioners and Physician Assistants in Hampton Roads

Erin Elizabeth Lee, PA-C

Orthopaedic & Spine Center

Even before she graduated from college and enrolled in a physician's assistant program, Erin Lee had earned the title 'surgical assistant.' Her father, Dr. N. Ray Lee, is an oral and maxillofacial surgeon in Newport News, and she spent many teenage summers working with him. "I grew up around medicine, and knew I wanted that career," she says, "but I wasn't sure in what field until I got to college."

By the time she graduated from North Carolina State, she knew she wanted to pursue surgery. She chose the University of Alabama at Birmingham because it offered the only Master's surgical PA program in the country. She had particularly enjoyed her orthopaedics rotation, and when she learned that Dr. Mark McFarland at OSC was recruiting for a surgical assistant, she applied online. "I knew I wanted to come back to the Williamsburg area," she says, "and when I met Dr. McFarland, and saw the work he was doing with spine surgery patients, I was excited."

She's been with Dr. McFarland four and-a-half years, and maintains that same level of excitement about the work. "There's a lot of variety," she says. "I'm in the office two days a week, where I have my own clinic – follow up appointments, post injections after epidurals, usually 25 to 30 patients each day. One day a week, I assist with in-office procedures."

The other two days, she says, she's in surgery with Dr. McFarland. "I'm his first assistant, so I'm helping throughout the case, retracting, putting in screws, suturing and closing. The specialized spine surgery that Dr. McFarland does is very complex and exacting, and it can be stressful. A six-hour case isn't unusual."

Lee has a very effective stress reliever, however, that she's turned into a passion: "A couple of years ago," she says, "I started running to get in shape." She decided she wanted to run some races, but wasn't sure it would be feasible given her surgical schedule. She tried a half-marathon (13.1 miles), which just whetted her appetite for the full 26.2-mile experience of a full marathon. Not sure about how to train for the longer run, she learned about a group called Team In Training (TNT), which coaches people to run both half and full marathons. "In exchange for their professional training," Lee says, "runners agree to raise funds for the Leukemia & Lymphoma Society."

For Lee, that was a no-brainer. She had lost a close friend to a very rare and devastating form of cancer. "When I found out about Team In Training, I thought it was a wonderful way to give back and honor her at the same time," she says. "I started racing in her name." Her initial fundraising goal was $1,600, but she didn't stop there. She also collected more than fifteen hundred pounds of gently used tennis shoes.

So far, she's competed five half marathons – and one full. She's currently training for the Nike San Francisco Half Marathon in October, and TNT has asked her to serve as Assistant Run/Walk Coach for the Hampton Roads area.

To help her fundraising goal for the Nike run, she's coordinating an event at OSC's new physical therapy building. "It's a 24-hour charity run," she says. "From 5pm on Friday, August 22nd, 'til 5pm the next day, people can sign up for one hour on a treadmill. For each hour, they agree to raise $100 for the Leukemia & Lymphoma Society. There's more at http://www.raceit.com/search/event.aspx?id=28039."

For those without her stamina, Lee says, "They're welcome to come in groups of six and divide the run into 10-minute segments!"

If you work with or know a physician's assistant or nurse practitioner you'd like us to consider, please visit our website – www.hrphysician.com – or call our editor, Bobbie Fisher, at 757-773-7550

Recognizing physicians who are doing community service locally or outside the state or nation

Bruce D. Waldholtz, MD

Gastroenterology Associates Assistant Professor of Clinical Internal Medicine, EVMS

GOOD DEEDS

Bruce Waldholtz grew up in a family whose dynamic changed entirely when his grandfather died of lung cancer. "It was the 1950s," Dr. Waldholtz remembers, "when you didn't hear people talk about cancer very much."

But growing up in Pittsburgh, he did hear his mother talk about her friend Bernie, who she called "the smartest person in the world, who was going to figure out this breast cancer thing." Her friend Bernie, it turned out, was Dr. Bernard Fisher, who later became Chair of the National Surgical Adjuvant Breast Project at the University of Pittsburgh School of Medicine. "Dr. Fisher and my mother went to the same high school – Taylor Allderdice in Pittsburgh," Dr. Waldholtz says. "Of course, he's the one who proved that lumpectomy was an effective option, and that Tamoxifen saves lives post-breast cancer surgery."

"I don't know how she knew how smart Dr. Fisher was," Dr. Waldholtz says, "but she was prescient. Even in those days, she kept urging women to get mammograms. She's been a big influence on what I do."

Dr. Waldholtz and his wife chose to make Hampton Roads their home because it's close to her family in Baltimore and 14 degrees warmer than Pittsburgh. "I liked that there was a medical school here that would offer opportunities for me," he says. "When I left Johns Hopkins, I felt I'd been given a unique medical education, and I felt a responsibility to share what I'd been taught. I wanted to share that with medical students."

That notion of giving back – of contributing to the betterment of his community – inspires the impressive body of volunteer work he has embraced throughout his career, particularly for the American Cancer Society. He began his relationship with ACS in 2006, mounting a team for the annual Relay for Life. "My job was to recruit men to wear dresses and go around the track raising money in the 'Miss Relay' Pageant," he says. Since then, he's become one of the Society's most prolific fundraisers and speakers. A moment of particular pride was a 2006 invitation to speak to the African American Men's Forum at Norfolk State University. "There were around 700 men at the Forum," he remembers.

He was later invited to join the local ACS Board. That invitation gave him the opportunity to participate at a higher level: he began speaking not just regionally, but nationally as well. "I took advantage of the chance to help any way I could," he says, "and I was able to get involved in Cancer Prevention Study 3, a 20-30 year study looking at the epidemiologic causes of cancer, with a view to ultimately preventing the disease."

Dr. Waldholtz is currently Chair-elect of the Board of ACS South Atlantic, and chairs the South Hampton Roads Leadership Council. He's recently been designated a 2014 recipient of the American Cancer Society's prestigious St. George National Award, which recognizes volunteers' distinguished service in support of the Society's mission.

Volunteerism is a family affair for Dr. Waldholtz, his wife and children. His wife Baila drives for Lee's Friends and teaches children to read, and all three kids have their own causes. Ben, the family's beloved golden cocker, was a hard-working Board-certified pet therapist until he passed away in June.

Dr. Waldholtz would like to tell his colleagues that even with some of the frustrating changes going on in medicine, there are still many opportunities to help their communities in a satisfying fashion. He quotes another doctor – Dr. Seuss – who wrote, "Unless someone like you cares a whole lot / nothing but nothing is going to get better. It's not." ■

Dr. Waldholtz shared this photo of Ben, in hopes it might encourage a whole new generation of pet therapists.

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.

RIVERSIDE

Comprehensive Neurosciences:

exceptional neurovascular and neurosurgical care for all of Hampton Roads

Unexplained weakness. Pain. Tremor. Numbness. Blurry vision. Headache. These can be among the most bothersome symptoms a patient can experience. They're also among the symptoms that patients frequently ignore, believing they'll resolve on their own. Indeed, they often do.

But these symptoms can also be indicators of dangerous neurological conditions, which, if left untreated, can have devastating and even lethal consequences. When such symptoms linger, the patient should be immediately referred to a neurological specialist for a thorough evaluation and diagnosis – and given the opportunity to consider appropriate conservative treatment.

When conservative treatment fails or is inappropriate, patients and referring physicians throughout Hampton Roads need look no further than Riverside Comprehensive Neurosciences for exceptional care by world-class physicians, who have mastered the exacting and delicate technology available to treat neurological illness and injury.

Riverside Comprehensive Neurosciences has expanded exponentially, boasting the newest, state-of-the-art technology for

(L-R) Dean B. Kostov, MD; Javier Amadeo, MD; Jackson B. Salvant, Jr., MD; James E. Lesnick, MD; William H. McAllister, IV, MD

Bi-plane digital x-ray

treating neurological illness and injury. Riverside Comprehensive Neurosciences offers patients and their referring physicians the combined expertise of a team of fellowship-trained neurosurgeons, interventional neuroradiologists, neurologists, medical physicists, radiation oncologists and other highly skilled professionals. Each individual patient receives the full benefit of their collective body of knowledge, training and experience.

Unprecedented precision when micro-measurements count.

From the simplest to the most complex case, Riverside Comprehensive Neurosciences offers treatment modalities and care equivalent to the largest medical centers in the country. The use of a bi-plane digital x-ray in treating aneurysm cases is one example.

Statistics show that as many as 3 to 5 percent of people have one or more of these small, slow growing 'bulges' that form at weak spots in the wall of a blood vessel in the brain. Because in their earliest stages, aneurysms are asymptomatic, often the first sign of trouble is when they rupture. Between 30 and 50 percent of patients with a ruptured aneurysm die, or are left with significant disability; but when patients receive appropriate care in a timely fashion, they can survive and even thrive.

Timely treatment used to mean a craniotomy – a difficult surgery that involves removing the skull, retracting the brain and clipping the aneurysm.

Bi-plane digital x-ray.

As explained by neuroradiologist Frank Sanderson, MD, the procedure is far less invasive; it's safer and much easier on the patient. Utilizing the bi-plane digital x-ray for guidance, Riverside surgeons insert a flexible catheter into the femoral artery, and thread it up through the neck into the brain. The bi-plane utilizes two mounted, rotating cameras – one on each side of the patient, taking simultaneous pictures that are fed into a computer, which takes simultaneous two-dimensional images and creates a high-resolution 3-D reconstruction of the aneurysm. The surgeons can manipulate the image to give them an absolute, perfect projection of the aneurysm. They can then insert a smaller catheter into the aneurysm through which progressively smaller platinum coils can be introduced until the aneurysm is tightly packed, thus depriving the aneurysm of its blood supply. The patient, now headache and symptom free, goes home the next day.

The extraordinary high-resolution visualization of the brain's vascular network made possible by the imaging technology is assisting surgeons in managing stroke cases as well. With a fellowship-trained stroke neurologist, Wolfgang Leesch, MD, a neuroradiologist and a neurosurgeon on hand, stroke victims get the benefit of three different perspectives. The images revealed on the computer screen help surgeons guide catheters directly to the clot with pinpoint accuracy, allowing its removal from the brain. The formerly ominous empty space on x-ray, once blocked by the clot, is filled with vasculature as blood flows freely again.

It's important to note, however, Dr. Leesch emphasizes, that results always depend on how much time passes between the blockage and the time it's opened. Many more lives could be saved if patients could learn to act quickly.

A true Center of Excellence.

In 2006, understanding the potential of the stereotactic surgery being done by pioneering practitioners at the University of Virginia, Riverside Comprehensive Neurosciences partnered with UVA Health System to bring the technology to the Virginia Peninsula. James Lesnick, MD was instrumental in putting this partnership together. Today, he serves as co-medical director with Dr. Jason Sheehan from UVA.

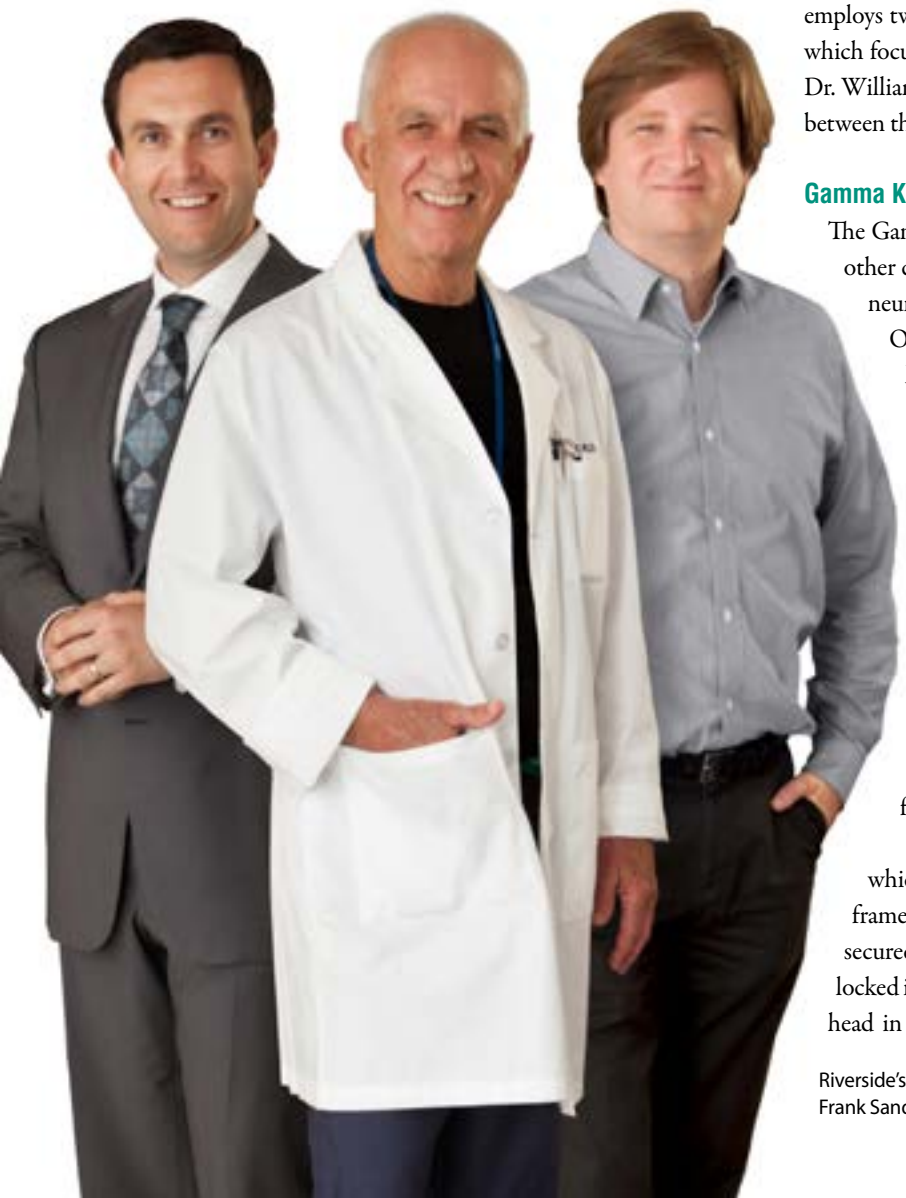
In 2012, Chesapeake Regional Medical Center joined the alliance, and the Chesapeake Regional, Riverside & University of Virginia Radiosurgery Center was created.

Stereotactic radiosurgery – the gold standard for brain tumors and abnormalities.

The concept of stereotactic radiosurgery, introduced in 1951 by Dr. Lars Leksell, has an impressive track record in treating brain tumors and other abnormalities. Dr. Leksell understood that the nervous system doesn't tolerate radiation as well as other parts of the body; thus his discovery has led to methods of limiting the toxicity of radiation to normal healthy tissue, while maximizing the amount of radiation that can be given to malignant or neoplastic tissue.

No other non-invasive treatment method in the field has greater clinical acceptance anywhere in the world. The Radiosurgery Center

Gamma Knife Technology (L-R) Ronald Kersh, MD; Dean B. Kostov, MD; Jackson B. Salvant, Jr., MD; Randi Cole, RN



employs two modalities that deliver stereotactic radiosurgery, both of which focus very high beams of radiation on a small part of the body. Dr. William H. McAllister, IV, a neurosurgeon, explains the difference between the two modalities.

Gamma Knife.

The Gamma Knife is used for patients with brain tumors as well as other conditions, such as arteriovenous malformations, trigeminal neuralgias or vestibular schwannomas (acoustic neuromas.) Often mistaken by patients as utilizing actual surgical knives making incisions, the Gamma Knife in actuality is 201 beams of radiation all coming on at the same time and meeting at one very carefully calculated point in the brain. Invented in 1967 by Dr. Leksell with Drs. Ladislau Steiner and Borje Larsson, the Gamma Knife administers high-intensity cobalt radiation therapy that concentrates the radiation over a small volume. Members of the professional staff at the Radiosurgery Center were fortunate enough to cultivate a working relationship with Dr. Steiner during his tenure as head of the Lars Leksell Gamma Knife Center at the University of Virginia, and bring to bear the benefits of that consultation for their patients.

During the procedure, patients are given numbing medicine, which allows the surgeon to fix their head in a specially fitted frame, devised by Dr. Leksell and bearing his name, which is secured by four pins inserted into the skull. The frame is then locked into the Gamma Knife, and physicians can move the patient's head in an x-y-z plane that is predetermined using MRI and CT

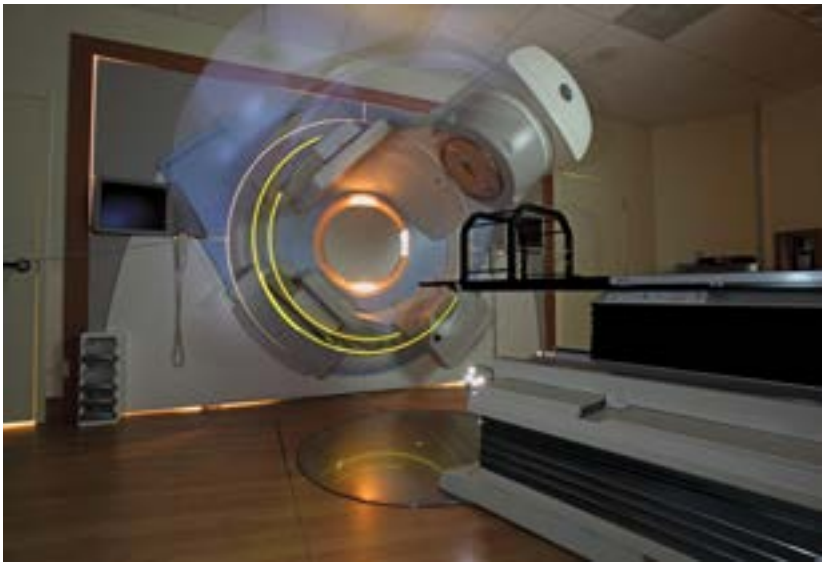
Riverside's Neurovascular Specialists (L-R) Dean B. Kostov, MD; Frank Sanderson, MD; Wolfgang Leesch, MD

images. The computer moves the patient into the appropriate plane, eliminating the need for physicians to come in and out of the room to position the patient.

The benefits of Gamma Knife cannot be overstated. The risks associated with open surgery are eliminated, and because no incisions are required, the procedure can be performed using only local anesthesia. Treatment can be planned and programmed within a matter of an hour or two, requiring fewer MRI sequences. Treatment time is significantly less than conventional radiation and other delivery systems – often just one or two sessions – and because it's most often done on an outpatient basis, most patients return to normal activity within 24 hours.

Synergy S.

Similarly, for cancers of the spine, neck, chest, lung, prostate, pancreas and liver – and for tumors in areas of the brain that are inaccessible to the Gamma Knife – the Synergy S is a highly accurate non-invasive delivery system for stereotactic radiation that combines a linear accelerator with the ability to visualize internal structure, including soft tissues, in three dimensions at the time of treatment. In this procedure, the beam of radiation moves around the patient, who is lying comfortably on a gurney on a specially fitted mesh 'mattress', which holds the body still during treatment. Because the radiation dose delivered by Synergy S is precisely targeted at the tumor or lesion, there's less damage to surrounding healthy tissue. As with the Gamma Knife, the benefits of non-invasive radiosurgery and radiosurgery include no risk of blood loss, fewer complications, faster recovery and the ability to effectively treat patients who are no longer able to be treated by other methods of care. Since 2012, more than 3,000 patients have been treated, and a tremendous body of clinical research has been shared via more than 40 publications and presentations throughout the world.



Synergy S

Safer and more effective modalities to treat an aching back.

Today, in the hands of the highly skilled neurosurgeons at Riverside Comprehensive Neurosciences, like Dr. Dean Kostov, who have mastered its state-of-the-art surgical guidance and imaging systems, patients have a far greater likelihood of relief from debilitating back pain than ever before.

Planning a StealthStation Guided Image

As a matter of their standard training, neurosurgeons spend a minimum of seven years learning and performing spine surgeries – including surgeries of the lumbar, cervical and thoracic spine. As a result, neurosurgeons routinely handle the depth and breadth of conditions that involve the spinal cord, the nerves and the bony structures of the spine.

The etiology of back pain can be mechanical, as in degenerative conditions like spinal stenosis, arthritis or herniated discs. It can be acquired, as in the case of scoliosis; or it can be from injuries: sprains, fractures or even osteoporosis. It can also be as a result of a primary or secondary cancer. In any case, the first and foremost goal of any spine surgery is to preserve neurological function – motor and sensory capability.

No matter how complicated the procedure, precision is absolutely critical to a safe and effective surgical result. Riverside Comprehensive Neurosciences is the only facility on the Peninsula with the capability to use both fluoroscopic and CT-based images intraoperatively. This capability, known as StealthStation, is a computer program that allows surgeons to build and visualize a 3-D model based on images obtained either from intraoperative x-rays obtained from a C-arm, or when indicated by the complexity of the pathology being treated, by intraoperative CT scans obtained from the O-arm. Because these 3-D images are more accurate than the traditional two-dimensional x-ray, the result is a quicker and more accurate operation.

Minimally invasive surgery.

Among the reasons back surgery has such a negative reputation are the traditional methods of performing it. As open procedures, such operations required a long incision in the back that would allow the surgeon to cut down to the fascia, the fibrous tissue overlying the muscles of the spine. Once the fascia was open, the surgeon would then peel away the muscles of the spine on both sides to expose the area needing surgical intervention – be it freeing up nerves, shaving down herniated discs, or even removing entire discs to fuse the spine. The unfortunate sequelae of open surgery were muscular damage and reduced circulation. Patients faced post-operative pain and possible significant damage to the muscles surrounding the spine. Recovery was lengthy and exhausting.

In the early 1990s, researchers began exploring the surgical procedures being done successfully by general, obstetric and orthopaedic surgeons utilizing scopes, in an effort to determine whether those procedures could be adapted to spine surgery. They found that working with a scope from images on a screen resulted in a loss of three-dimensionality. They also found that a tube could work more efficiently in the narrow and crowded area of the spine. Neurosurgeons, accustomed to working with microscopes and magnifying loops, began using a tubular retractor – always with a view to maintaining spinal stability by minimizing injury to the surrounding muscles.

Today's procedures – wider angle of attack, smaller opening.

In today's minimally invasive spine surgery, performed by neurosurgeons at Riverside Comprehensive Neurosciences like Dr. Javier Amadeo and his colleagues, surgeons localize the target area with intraoperative x-rays, allowing them to insert a dilator, a small tube that gently nudges the muscle fibers out of their way. The ultimate result is a surprisingly wide angle of attack through a very small opening. To compensate for the inability to see spinal landmarks directly, surgeons use x-ray guidance from the C-arm imaging system, or when indicated, CT scans produced by the O-arm multidimensional platform.

Because of these exceptional visualization capabilities, even difficult and complex procedures like fusions and decompressions can be performed with these tubular retractors, using small instruments that can fit through the center of the tube.

Such procedures bring quality of life to patients who thought they had lost any opportunity to regain it - especially cancer patients whose disease has metastasized to their spine, literally crippling them. These surgeries can decompress the spinal cord, allowing patients to walk out of the hospital and into a future free of back pain.

Smaller incisions, with less bleeding and requiring shorter hospital stays, result in significantly reduced pain for the patient. But as Riverside surgeons assure their patients, it's not the size of the incision, but what the surgeon does once inside. Their expertise at this especially complex surgery, and their mastery of the surgical techniques and tools with which they perform it, result in patients who can once again stand, sit and walk in comfort.

Deep brain stimulation and movement disorders.

Many of the conditions that affect the nervous system are relatively free of observable symptoms, while others produce unmistakable signs of the disease within. Two such conditions are essential tremor and Parkinson's disease. And because the symptoms are so similar and so overtly recognizable, many people believe they're the same condition.

But despite their seemingly similar manifestations, they are in fact very different, notes Dr. Jackson B. Salvant, a neurosurgeon who works with these patients. Essential tremor is a disorder of the nervous system that causes shaking on either side of the body. It's most commonly a genetic disorder caused by a dominant inherited gene; that is, it tends to pass from parent to offspring. Essential tremor can affect almost any part of the body, but the shaking or trembling occurs most often in the hands — especially when attempting simple tasks like drinking from a glass, tying shoelaces, writing or shaving. Essential tremor also may affect the head, voice, arms or legs.

Parkinson's disease is a progressive disorder of the nervous system that affects movement. It develops gradually, often starting with a barely noticeable resting tremor in just one hand. But while tremor may be the most well-known sign of Parkinson's disease, the disorder also commonly causes a slowing or freezing of movement. Patients experience slowness of their movements, a feeling of stiffness in arms and legs, and difficulty with balance and walking. Their speech often becomes soft and mumbling. As Parkinson's symptoms tend to worsen as the disease progresses, what began as a slight resting tremor of the hand can become very pronounced.

Deep brain stimulation is being used to treat Essential Tremor and Parkinson's disease.

Significant results in controlling tremor.

No matter the etiology of the condition, patients with these conditions tend to suffer social anxiety, which especially in the case of essential tremor can exacerbate symptoms. While there is no cure for either condition, there are treatment options and techniques that can greatly improve the quality of life of these patients. But understanding the distinction between the two conditions is important, because each responds differently to different treatments.

Riverside Comprehensive Neurosciences has the only facility on the Peninsula that offers a unique treatment option to patients with either condition: deep brain stimulation, a modality that has shown significant results in controlling tremors. Prior to administering the stimulation, the patient receives mild sedation, and then under local anesthesia, is fitted with a frame similar to the Leksell frame used in Gamma Knife procedures. Once the frame is secure, the patient is awake, alert and responding to commands – enabling the surgeon to test and measure the effects of the stimulation.

Using MRI imaging and stereotactic techniques, the surgeon guides an electrical stimulation lead to a target deep within the brain in the area of the thalamus. The target areas for Essential Tremor and Parkinson's are in relatively close proximity within the brain, but they are decidedly different in their functions and in the effects of treatment. Thus precision in reaching the appropriate target is critical.

Once a stimulating lead is precisely placed to obtain the ideal results, it is later connected to an implanted pulse generator similar to a pacemaker. The device then transmits painless electrical pulses to interrupt signals from the thalamus that may cause the tremors.

Patient selection.

Less frequently considered, but just as critical to outcomes, is the art of patient selection. Not every neurosurgical procedure is indicated for every patient with symptoms. In the age of Internet medicine, patients are more informed than ever about treatment options that are available. They are not, however, medically skilled enough to understand what will work and what will not. Additionally, some patients will bypass their family physicians to seek specialized treatment they've learned about when it may not, in fact, be indicated.

Patients and their referring physicians should always first seek the advice of a skilled neurologist when symptoms suggest any defect or disorder of the nervous system. Patients should be given every opportunity to try conservative forms of treatment, such as medications that may well be effective.

The medical team at Riverside Comprehensive Neurosciences insists on reserving the specialized treatment options considered herein for only those patients who will benefit the most. Each case is thoughtfully reviewed, and each procedure performed under the strictest criteria, done in coordination with other specialists.

A combination of instinct, training and skill.

It is an exquisite combination of instinct, training and skill that enables Riverside Comprehensive Neurosciences to choose the right procedure for the right patient – to perform it at the right time and with the highest standards of practice – that continue to advance this complex area of medical care to the world-class standard that the people of Greater Hampton Roads – and beyond – deserve.

For more information call: 757-534-5808 or visit our website: riversideonline.com/services/neurosciences/

A Preview of….

The Future of Healthcare

By Alex Strauss

To say that American healthcare is undergoing massive change would be a serious understatement. The methods by which medical care is accessed, delivered and reimbursed in this country are changing more dramatically and more quickly than anyone in the industry can ever remember.

Although much is still unknown, with issues such as the 'meaningful use' of Electronic Health Records, ICD-10, the management and dissemination of clinical quality data, and the shift from fee-for-service healthcare pending, everyone agrees that the future is certain to be very different from the past.

Two big questions for area providers and administrators are who will pay for these changes and what will they mean for the health of Virginians? For answers to these and other questions, *Hampton Roads Physician* has invited top medical community leaders to share their vision of The Future of Healthcare for an article to be featured in our Fall issue.

The following is an introduction to the five CEOs who agreed to share their thoughts, as well as some of what they had to say.

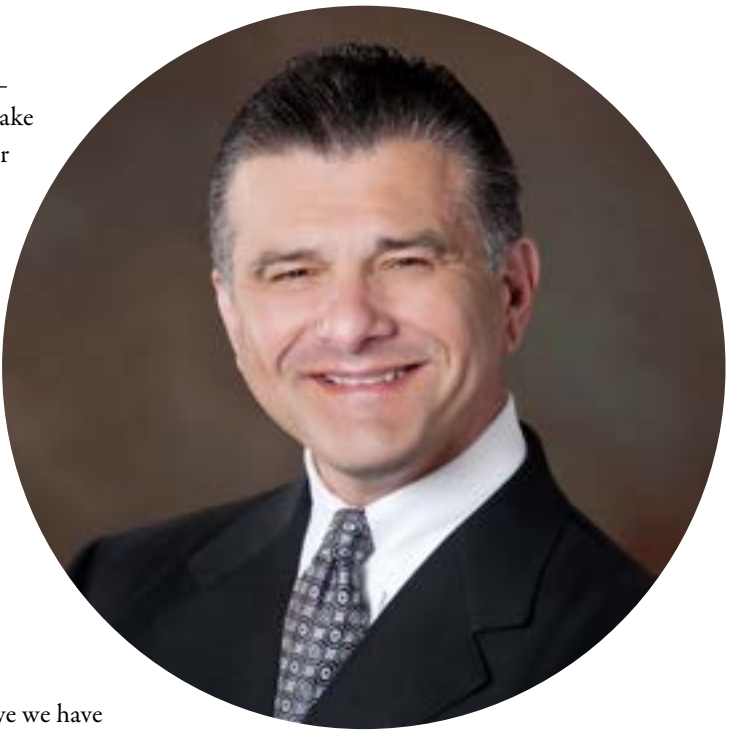
Michael Kerner, CEO,
Bon Secours Hampton Roads

Michael K. Kerner joined Bon Secours Hampton Roads as the CEO in August 2008, when Bon Secours Richmond merged with Bon Secours Hampton Roads to form Bon Secours Virginia, making Bon Secours Virginia the state's fourth largest integrated health network. Prior to coming to Hampton Roads, Mr. Kerner was the Executive VP /Administrator for Bon Secours St. Mary's Hospital in Richmond, a 391-bed acute care facility. Mr. Kerner is a graduate of the University of Virginia and holds a Master's of Health Administration from the Medical College of Virginia. During his tenure at Bon Secours Hampton Roads, the health system has doubled the size of its medical group and implemented electronic medical records in all practices.

Michael Kerner
on the move from Fee-for-Service to Value-Based Care:

"I think we still have one foot on the dock and one in the boat on this change. This is a big challenge because we have been focused on growing volume. But the future is likely to be more focused on prevention and wellness than what we have seen in the past. But in our world, our budgets are still based on volume, so we haven't made the full transition. But it's going to happen."

Peter Bastone, CEO,
Chesapeake Regional Medical Center



Peter Bastone has served as President and CEO of Chesapeake Regional Medical Center since April of 2013. As the former Chief Administrative Office of CHA Health Systems in Los Angeles, California and Seoul, Korea, Bastone provided executive leadership for the U.S. operations and strategy of a privately owned health system, including eight international acute-care hospitals and one American hospital with a total patient capacity of 3,000 beds. A Chicago native, Dr. Bastone received his BA from Princeton and holds a Doctorate in Public Health from Williamstown University in Massachusetts as well as an MBA and an MS in Public Health/Corporate Management from the University of California, Berkeley. He earned an additional MS in Theology from St. Louis University in 2004.

Peter Bastone on the need for Economies of Scale:

"A lot of the economy of savings that bigger health systems have we have to find on our own. Our answer has been to align without necessarily selling out. Seamless ways to align for supplies, materials, food, legal, compliance are critical. This also includes information technology. This is one of the biggest challenges any health system has with regard to Meaningful Use and it's even more challenging for independent providers."

James Lind, Jr., CEO,
EVMS Medical Group

James F. Lind, Jr. joined Eastern Virginia Medical School in 1983, was selected as COO of EVMS Medical Group in 1989 and promoted to CEO in 1992. EVMS Medical Group is a not-for-profit physician group supporting EVMS with over 150 physicians who treat more than 400,000 patients annually in 50 offices throughout Norfolk, Portsmouth, Newport News, Suffolk and Virginia Beach. Mr. Lind has received the Dean's Faculty Award for Achievement in Institutional Services at EVMS Medical Group. He earned a BS and a Bachelor of Education from the University of Manitoba in Canada, where he also completed post-graduate work in educational psychology. Mr. Lind also holds an MBA from Old Dominion University.

James Lind on EHR and the promotion of Best Practices:

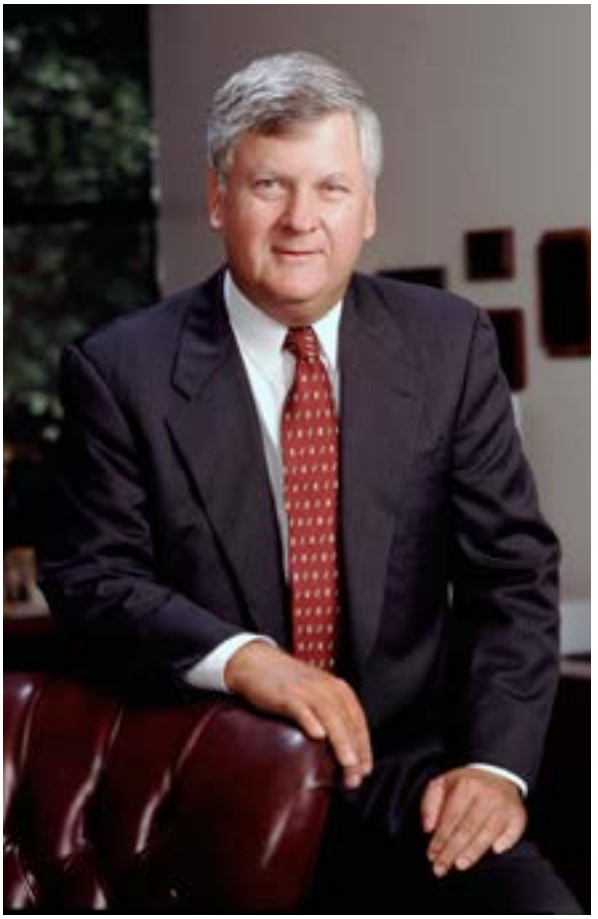
"These go hand in hand. EHR collects data and we use that information to evaluate the quality metrics. That is something we implemented about 10 years ago. We believe that this is the future of healthcare – this ability to collect data and to proactively look at developing best case practices and protocols and embedding them in your EHR so that they help your physicians utilize this information in their treatment of patients."

Bill Downey, President and CEO,
Riverside Health System

Bill Downey graduated from James Madison University and originally joined the Riverside team in May of 1981 as an Administrative Extern. After receiving his Master's in Health Administration from the Medical College of Virginia, he rejoined the Riverside team in May 1985 as an Assistant Administrator. He served as VP/Administrator at Riverside Walter Reed from January 1986 to December 1991 and as Senior VP, Riverside Regional Medical Center from January 1992 to July 1995. Mr. Downey returned to Riverside in 2001 after serving as President and CEO of Lewis-Gale Medical Center in Salem, Virginia and CEO, Regional Medical Center Bayonet Point, Hudson, Florida. He is a Fellow in the American College of Healthcare Executives.

Bill Downey on a fairer reimbursement system:

"From a reimbursement standpoint, the insurance companies and the federal government talk about shared savings, but right now those models don't reflect that. Since a lot of those supposed shared savings are based on lower utilization, there are not a lot of places where the savings are going to be shared back with providers right now. It's going to be important to recognize what providers bring in terms of improving outcomes."



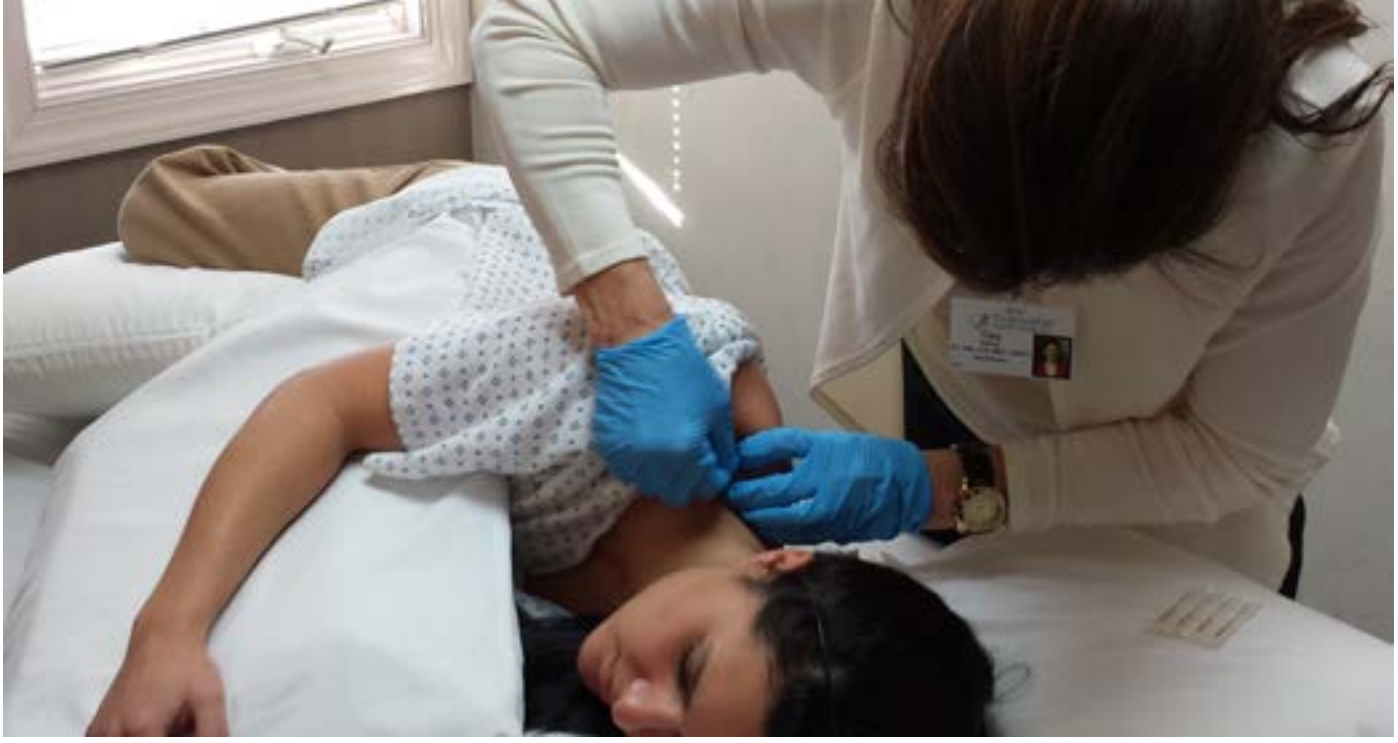
David Bernd, President and CEO,
Sentara Healthcare

David Bernd received his Masters of Hospital and Health Administration from the Medical College of Virginia in 1973 and served as Assistant Administrator at Sentara Norfolk General from 1973 to 1979, when he was named Administrator. In 1985, Mr. Bernd was named Executive VP/COO of Sentara Health System and President, Sentara Hospitals-Norfolk. He was named President and CEO of Sentara Health System (now Sentara Healthcare) in 1994. A $5 billion integrated health system, Sentara includes 12 acute care hospitals, a large medical group, and health plans. Mr. Bernd was named to the 'Measuring Innovation in the 21st Century Economy Advisory Committee' of the Commerce Department and is a fellow of the American College of Healthcare Executives.

David Bernd on the system-wide integration of EHR:

"The first thing that needs to happen is there needs to be adequate information sharing. This is something that has really been lacking in healthcare in the past. We are trying to address this with the Sentara Quality Care Network. This is a network designed to bring the disparate EHR systems together to help improve patient management across the continuum of care."

Watch for "The Future of Healthcare" in our next issue!



Pearls of Wisdom

Years ago, while attending a continuing education course, an instructor literally told me about a tiny little muscle above the Patella that I'd never heard of. Even when he showed us, I still had to go home and pull out some old anatomy books from physical therapy school to see how I'd possibly missed it.

Turns out, it wasn't in those textbooks. That incident fueled my appreciation for the true pearls of wisdom healthcare providers can gather when they dedicate themselves to clinical excellence

through an investment in continuing education throughout their careers.

As healthcare professionals, we all know the importance of continuing education. New research and advancements happen in medicine every day. And quite frankly, we're all required to earn a certain number of Continuing Education Units each year.

But there are continuing education courses (you know the ones, where you can read something and then take a test online and get credit) and then there are continuing education courses.

For physicians looking to refer their patients to movement and rehabilitation specialists, there are ways to identify how much emphasis a practice puts on their PTs to continue learning.

Don't get me wrong. PTs are experts in how the body moves. It's why today's newest PTs come out of school with a Doctorate in Physical Therapy. But in PT school, they teach us just the basic anatomy foundation that we use to build our career on. It's when we get into clinics and assess people, treat patients and get our hands on bodies that we hone our craft.

That's when you learn. You get better when you continue to get educated. That's where continuing education comes in.

Practices that invest in quality continuing education can be easily identified by the specialties and certifications of its clinicians.

Take dry needling as an example. Clinicians certified in dry needling have to give up several weekends to expand their knowledge and learn that latest pain management technique. On top of that they have to undergo a very intensive written and practical exam before earning their new certification.

The diversity of training and education among a staff is also telling. A practice that allows its clinicians to chase a variety of specialties generally benefits the entire practice as clinicians share best practices with each other. Look for a broad spectrum of certifications, like manual therapy, sports medicine, Orthopedics and strength training, running analysis, triathlon coaching and hand therapy.

Continuing education, like a PT practice, should be hands on. It should illustrate a dedication to clinical excellence. And it should be something physicians can readily see when looking to refer their patients to a specialist. ■

John Mitrovic, PT, SCS, ATC, CSCS is a Vice President and Williamsburg / Gloucester Regional Director for Tidewater Physical Therapy, an independent, physical therapist-owned outpatient practice headquartered in Newport News. Tidewater Physical Therapy features more than 30 Physical Therapy Clinics, five Aquatic Therapy Centers and three Performance Centers from Virginia Beach to Richmond. Learn more about Tidewater Physical Therapy at www.tpti.com.

IN THE NEWS

Itzhak Avital, MD, executive medical director and surgical oncologist at Bon Secours Cancer Institute and colleagues have authored a chapter to be included in one of the most prestigious cancer textbooks in the world. Dr. Avital is joined by colleagues and co-authors at MD Anderson Cancer Center, Memorial Sloan Kettering, Duke Cancer Center, who together wrote the chapter Cancer of the Stomach, for the 10th Edition of Cancer: Principles & Practice of Oncology, a text accepted worldwide as a definitive reference and source for cancer information.

Dr. Lisa Barr of APM Spine and Sports Physicians will be a contestant in a fund-raising event which benefits local arts groups called "Dancing with the Hampton Roads Celebrity Stars." The performance will be held August 16th at 7:30 pm at the Sandler Center for the Performing Arts in Virginia Beach. Twenty-four local celebrity contestants with limited or no dance experience, will be paired with a professional dancer/choreographer to perform before a live audience and professional judges.

Theresa Bartlett, AuD, owner of Virginia Hearing Consultants, has completed the Sensaphonic's Gold Circle Training Seminar and has been named a Gold Circle Audiologist. Sensaphonics is an in-ear monitoring (IEM) solutions manufacturer that specializes in musicians' hearing health. The gold circle seminar is designed to teach audiologists the specific skills required to successfully assist musicians and sound engineers.

Bon Secours DePaul Medical Center has introduced new software technology to be used during fluoroscopically guided procedures. LessRay® provides the surgical team with clear images while reducing the amount of radiation exposure. Bon Secours DePaul is the first hospital in Virginia to use this innovative approach to provide a safer alternative for patients, operative staff and surgeons.

LessRay is a proprietary software platform that allows lower dose X-rays to be enhanced to make them appear more like conventional radiation images. The result is greater usability of lower radiation images.

Bon Secours Maryview Medical Center orthopaedic surgeons are now using an advanced, computer-assisted navigation system for total knee replacement procedures. The Stryker Navigation System uses hardware and software that assist surgeons in properly aligning a prosthetic knee joint with a patient's leg bones. The system ensures better outcomes for total knee replacement procedures and may, in the long term, reduce the need for revision surgery. This technology opens up the possibility of total knee replacement to patients who previous were not good candidates for the procedure due to previous surgery on or fracture of the femur or thighbone.

Bon Secours researcher and surgical oncologist **Björn Brücher, MD, PhD, FACS, and Ijaz Jamall, PhD**, DABT of Risk-Based Decisions, Inc., Sacramento, CA, have recently been published in the peer– reviewed journal BMC Cancer, a new hypothesis for the origin of cancer, entitled "Epistemology of the Origin of Cancer: A New Paradigm." Brücher and Jamall propose that the majority of cancers originate in a sequence of six steps: (1) A pathogenic stimulus (biological or chemical) leads at first to a normal reaction seen in wound healing, namely, inflammation. When the inflammatory stimulus persists, is too great or too prolonged, the healing process is unsuccessful, and that results in (2) chronic inflammation.

Björn Brücher, MD, PhD, FACS

Ijaz Jamall, PhD

Jon Crockford, MD, a Urogynecologist with The Group for Women is announcing the opening of The Female Pelvic Medicine Center, a new division of the practice, in the fall of 2014. Dr. Crockford was one of the first Urogynecologists in the area to become Board-certified in Female Pelvic Medicine and Reconstructive Surgery. His practice provides urogynecological care for women suffering with urinary and bladder disorders and pelvic floor defects.

Dr. Allen R. Jones, Jr., owner of Dominion Physical Therapy & Associates, class of the University of Connecticut's Physical Therapy Program, 1986, has received his Doctorate in Physical Therapy from Rocky Mountain University School of Health Professions in May of 2014. He will implement an evidence-based physical therapy approach in each of his locations. In 2014 Virginia's Governor Terence R. McAuliffe appointed Dr. Jones to the Virginia State Board of Physical Therapy.

Eric Crouch, MD, of Virginia Pediatric Eye Center, has been elected Vice-Chair of the Pediatric Eye Disease Investigator Group (PEDIG). He also serves on PEDIG's Operations Committee and Executive Committee. The PEDIG is a collaborative network dedicated to facilitating multicenter clinical research in strabismus, amblyopia and other eye disorders that affect children. The network, formed in 1997, is funded by the National Eye Institute (NEI). There are currently over 105 participating sites with over 700 pediatric ophthalmologists, pediatric optometrists, and staff in the United States, Canada and the United Kingdom participating in the network. Dr. Crouch is also Associate Professor of Ophthalmology and Assistant Professor of Pediatrics at EVMS.

Hampton Roads Orthopaedics & Sports Medicine hosted an official open house and ribbon cutting ceremony with Mayor Price of Newport News to celebrate the opening of their expanded Pain Management Center on Friday, June 6th. Featured in the above picture from left to right are Pain Management physicians of HROSM Dr. Kinjal Sohagia and Dr. Jeremy Hoff, as well as senior partner Dr. Jon Swenson, and Mayor Price of Newport News.

Jennifer Pelkowski of Sports Medicine and Orthopaedic Center has earned the prestigious certification for hand therapy, making her a Certified Hand Therapist (CHT). A CHT is an occupational therapist or physical therapist who has a minimum of five years of clinical experience, including 4,000 hours or more of direct practice in hand therapy. In addition, a CHT must successfully pass a comprehensive test of advanced clinical skills and theory in upper quarter rehabilitation.

Infectious Disease Associates of Hampton Roads is now Riverside Infectious Disease Specialists. Daniel M. Kluger, MD, Sharon C. Hopson, MD, and Jeffery E. Harris MD are fellowship-trained, Board-certified infectious disease specialists. The practice will continue at the same location at 11747 Jefferson Avenue, Newport News.

In July, Riverside's Stereotactic Radiosurgery Center (a joint venture with the University of Virginia and Chesapeake Regional) hosted a scientific and cultural visit from The Sverdlovsk Regional Oncology Center from Yekaterinburg, Russia. Dr. Dmitry Bentsion, Chair of Radiation Oncology, Dr. Yulia Mironova, Radiation Oncologist and Dr. Sergey Bayankin, Chair of Medical Physics visited the Radiosurgery Center to learn about these precise tools for radiating tumors. Riverside physician Dr. Ron Kersh had previously helped Russian health care professionals set up two other stereotactic programs in two other cities previously with his colleague, Dr. Olga Anikeeva at the Meshalkin State Research Institute in Novosibirsk, Russia and in St. Perersburg. Their Spinal Radiosurgery Programs are modeled after Riverside's program and have become very successful.

Riverside Health System has been named Most Wired for the tenth consecutive year by Hospitals & Health Networks. Riverside has been designated as one of 20 organizations across the country that exceeded "core" development in all four focus areas of the 2014 Most Wired survey. This newly established recognition shows that Riverside's electronic connectivity benefits customers and patients-- generally not available in other communities across the country.

Michael Romash, MD, an orthopedic surgeon, has successfully completed the first three Zimmer® Trabecular Metal™ Total Ankle Replacement implantation surgeries in the Hampton Roads area at Chesapeake Regional Medical Center. Dr. Romash is the only surgeon in Hampton Roads trained to implant this device. Prior ankle replacements involved moving nerves and vessels, which risked damage to these structures. The new procedure offers a safer approach reducing the threat of nerve and vessel damage.

Courtney Bouvee, MD, EVMS Ophthalmology; Anne Donnelly, MD, EVMS; Deborah Morris, MD, MHS, EVMS; and Lora Herman, MD, Sentara Obici Hospital participated in the Medical Society of Virginia Foundation's new educational program that provides clinical teams with the leadership, business and innovation skills needed to be successful in today's fast-changing health care environment. During evolve™, the four physicians worked with multidisciplinary clinical teams to find and test solutions to challenges they are currently facing in delivering care.

Sentara Leigh Hospital held a topping-off ceremony to mark the end of steel frame construction for its new West Tower, and the beginning of closing

in the building. The West Tower will be a mirror image of the East Tower, which opened to patients in November of 2013. The East Tower is the site of the world's largest clinical trial on whether copper-infused hard surfaces and linens will help prevent hospital-acquired infections. The West Tower will also be outfitted with copper materials when it opens in 2015.

Multidisciplinary teams at **Sentara Healthcare** hospitals have launched a Mobility Initiative to ensure that inpatients move at least three times per day. The Mobility Initiative grew from a study of nursing literature that indicates better outcomes and shorter lengths of stay for inpatients who move versus those who don't. Movement can be as simple as range-of-motion exercises for the most infirm patients, to sitting up on the side of the bed, to eating lunch in a chair, to walking down the hall.

Sentara Pediatric Physicians have started the first " Walk with a Doc" event in Virginia Beach. "Walk with a Doc" is a walking program for everyone interested in taking steps for a healthier lifestyle. The walk was held on May 10, offering people of all ages the opportunity to walk 3.5 miles while learning about the health benefits of walking and healthy nutrition – and to have their questions answered by physicians.

Raj N. Sureja, MD, of Orthopaedic & Spine Center in Newport News, became the first doctor in Virginia (and one of the first in the United States) to use the new Stryker TroFlex Curved Needle to treat a vertebral compression fracture (VCF) patient during a Balloon Kyphoplasty procedure. The operation took place at the OSC facility. Balloon Kyphoplasty is typically done in a hospital setting, but because of recent developments, including coverage by insurance companies and more sophisticated surgical kits, OSC physicians can now do this procedure in their facility, saving thousands of dollars over doing the same procedure in a hospital setting. The patient is not subjected to general anesthesia, the entire procedure only takes about 30 minutes and patients walk out of the office when released.

Tidewater Physical Therapy is pleased to announce that 14 of its clinicians have earned their dry needling certification and the innovative treatment for pain is now being offered in 11 of its clinics from Virginia Beach to Richmond. Dry needling is an invasive procedure where a certified physical therapist inserts a sterile, solid filament needle into the skin and muscle of a patient and directly into a trigger point to help alleviate pain and other discomfort associated with a variety of conditions. There is no medication administered during the procedure, thus giving the treatment the "dry" name. While often associated with acupuncture because a similar tool is used, dry needling is strictly based on Western medicine and research.

Hussain Aboud, MD has joined Sentara Hospital Medicine Physicians at Sentara Norfolk General Hospital in Norfolk. Dr. Aboud earned his medical degree at the University of Baghdad in Iraq in 2003. He completed his internal medicine internship and residency at Prince George Hospital Center in Brentwood, MD, in 2011. During his residency, Dr. Aboud was a senior resident who was responsible for supervising medical students and interns in the intensive care unit along with his own obligations to perform clinical procedures.

Eddie Akragorn, MD has joined Sentara Urgent Care in Virginia Beach. Dr. Akragorn is focused on providing patients with immediate, quality care and is trained to provide quality care to patients of all ages. Dr. Akragorn earned his medical degree from St. George's University in Grenada, in 2010. He completed his residency in family medicine at Virginia Tech Carilion School of Medicine and Research Institute in Blacksburg in 2013.

Robert C. Cajes, MD has joined Sentara Hospital Medicine Physicians at Sentara Virginia Beach General Hospital. Dr. Cajes earned his medical degree from Cebu Doctors' College of Medicine in Cebu, Philippines, in 1997 where he completed a post-graduate internship in 1998. He completed a general surgery residency at Cebu Doctors' Hospital in 2003, where he participated in surgical missions to impoverished areas in the Philippines. Dr. Cajes completed another residency in general internal medicine at EVMS in 2011.

Wirt W. Cross Jr. , MD is joining Riverside Surgical Specialists in Tappahannock. Dr. Cross earned his medical degree from Virginia Commonwealth University and spent five years in the United States Navy as a Battalion Surgeon with the SeeBees and Marines and as a medical officer with the Navy Information Operations Command. He has an interest in hernia and GI surgery as well as vascular surgery related to dialysis access and endovascular approaches to peripheral vascular disease.

Brad H. Douglas, MD, MPH, FACOG has joined EVMS Obstetrics & Gynecology as a Hospitalist. Dr. Douglas earned his medical degree from the Uniformed Services University of the Health Sciences (USUHS), School of Medicine and completed his residency at Naval Medical Center Portsmouth in Portsmouth, Virginia. Dr. Douglas completed a Masters in Public Health at The Johns Hopkins University School of Hygiene and Public Health in Baltimore, Maryland. He is board certified in OB/GYN. Prior to joining EVMS Medical Group, Dr. Douglas served as an OB/GYN Hospitalist at St. Mary's Hospital in Richmond, Virginia.

Roger E. Emory, MD, FACS has opened an office of Plastic Surgery Specialists, PC in Williamsburg. Dr. Emory is double Board-certified by the American Board of Plastic Surgery and the American Board of

Roger E. Emory, MD, FACS

Surgery. He is a graduate of EVMS, a member of the American Society of Plastic Surgeons, the American Society for Aesthetic Plastic Surgery, and a Fellow of the American College of Surgeons. Dr. Emory completed his five year general surgery training at the Mayo Clinic, and then trained for an additional two years in plastic surgery at the George Washington University and Children's National Medical Center in Washington, DC.

Kathleen H. Freeman, MD has joined Riverside Pulmonary & Sleep Specialists in Newport News and Williamsburg. Dr. Freeman is a graduate of the University of Mississippi Medical Center, and completed her residency at MCV and fellowship training in pulmonary and critical care at UVA. She has an interest in treating chronic pulmonary diseases including asthma, chronic obstructive pulmonary disease, sarcoidosis, and interstitial lung disease.

Melissa Fischesser, MD has joined Sentara Internal Medicine Physicians in Norfolk. Dr. Fischesser earned her medical degree from Tulane University School of Medicine in New Orleans in 2005. She also holds a Master of Public Health degree from Tulane University School of Public Health and Tropical Medicine. Dr. Fischesser completed an internship in internal medicine at Tulane University School of Medicine in 2006. She completed her residency in internal medicine at Naval Medical Center San Diego in 2012.

Claude Hawkins, MD, FACS, a fellowship-trained surgeon in breast reconstruction and aesthetic surgery, has joined Riverside Plastic & Reconstructive Surgery Specialists in Newport News. Dr. Hawkins completed his General Surgery Residency at Wright State University in Dayton Ohio in 2002 and his Plastic Surgery Fellowship at Oregon Health and Sciences University in Portland Oregon in 2004. He served in the USAF for 21 years and served two tours in 2007 and 2009 at Craig Joint Theater Hospital—the region's Trauma Hospital at Bagram Airbase Afghanistan. Dr. Hawkins was the Commander of the Surgical Operations Squadron at Langley Air Force Base for three years. In 2014, he completed an additional 12-month fellowship at Georgetown University Hospital in breast reconstruction and aesthetic surgery.

Erik Lappinen, MD has joined EVMS Radiation Oncology. An Eastern Virginia Medical School graduate, Dr. Lappinen completed his Radiation Oncology Residency at Allegheny General Hospital in Pittsburg, PA. His clinical interests and skills include Head & Neck Cancer, Gastrointestinal Cancer, CNS Cancer, Lung Cancer, Cyberknife Radiosurgery, Adaptive treatment planning. Dr. Lappinen is Board eligible in Radiation Oncology.

Melbeth M. Lusica, MD has joined Sentara Hospital Medicine Physicians at Sentara Virginia Beach General Hospital. Dr. Lusica earned her medical degree from De La Salle University in Manila, Philippines, in 2001, along with her bachelor's degree in 1998. She completed her internship at Philippine General Hospital in Manila, Philippines, in 2003.

Dr. Jonathan Mason, a Norfolk native, has joined the team of subspecialists at Tidewater Orthopaedics. Having completed his residency training at the University of Virginia and his fellowship training at Twin Cities Spine Center in Minneapolis, MN, Dr. Mason will begin seeing patients at Tidewater Orthopaedics in August 2014.

Christina A. McDowell, MD, FACC has joined Sentara Cardiology Specialists in Western Tidewater. Dr. McDowell earned her medical degree at Eastern Virginia Medical School in 2004, along with her internal medicine internship in 2005 and her internal medicine residency in 2008 (chief resident 2007-2008). She completed her fellowship training in cardiology at Saint Louis University Hospital in Saint Louis, MO.

Sonal Patel, MD has joined the staff at Bon Secours Hampton Roads Health System's Patient Choice Oceana in Virginia Beach. Dr. Patel received her bachelor of medicine and bachelor of surgery in India. She performed medical observerships at Decatur Memorial Hospital in Decatur, Illinois, and Faxton St. Luke's Hospital in Utica, New York. She completed her family medicine residency at St.

Elizabeth Medical Center in Utica, New York. Before joining Bon Secours Medical Group, Dr. Patel practiced family medicine in Buffalo, New York. She has contributed to several medical publications. Dr. Patel speaks Gujarati and Hindi.

Dr. Loel Z. Payne and Tidewater Orthopaedics have announced Dr. Payne's return to the Hampton Roads community. Dr. Payne focuses his orthopaedic care on treatment of the shoulder and knee. He is a graduate of the medical school at the University of North Carolina Chapel Hill.

Salim Qazizadeh, MD has joined Neurological Associates of Hampton Roads, an affiliate of Chesapeake Regional Medical Group. Dr. Qazizadeh received his medical degree in Pecs, Hungary. He completed an internship in internal medicine at the University of Pittsburgh Internal Medicine Residency Program of the University of Pittsburgh Medical Center completed a residency in neurology and a fellowship in clinic neurophysiology in the Neurology Department of the University of Pittsburgh Medical Center. Dr. Qazizadeh is Board-certified in neurology, sleep medicine, clinical neurophysiology and vascular neurology. He is a member of the American Academy of Neurology and American Academy of Sleep Medicine.

Craig H. Ruetzel, MD has joined Atlantic OBGYN. Dr. Ruetzel 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 NC. He is Board-certified by the American Board of Obstetrics and Gynecology and specializes in laparoscopic and robotic surgeries. ***NOTE: Dr. Ruetzel's announcement appeared in our Spring 2014 issue; however, the wrong photograph accompanied the item. Hampton Roads Physician sincerely apologizes for the error.*

Jennifer Quilter, DO has joined Sentara Hospital Medicine Physicians as Medical Director of the Inpatient Physical Rehabilitation Center located in Sentara Virginia Beach General Hospital. Dr. Quilter earned a Doctor of Osteopathic Medicine degree at the College of Osteopathic Medicine of the New York Institute of Technology in Old Westbury, NY, in 2007. She completed her internal medicine internship (in 2008) and her physical medicine rehabilitation residency (in 2011) at EVMS.

Gwendolyn L. Riddick, DO has joined TotalCare for Women, a Division of Mid-Atlantic Women's Care, PLC. Dr. Riddick earned her DO at Edward Via College of Osteopathic Medicine (affiliated with Virginia Tech), and completed her residency at Riverside Regional Medical Center. She has a special interest in teen gynecology, but evaluates and treats all obstetrical and gynecological issues including well woman and problem visits.

Robyn A. Vargo, DO has joined Riverside Orthopaedic Specialists in Hampton. Dr. Vargo received fellowship training at Centennial Medical Center in Nashville with a focus on Adult Reconstructive Surgery of the Foot and Ankle. She graduated from Ohio University College of Osteopathic Medicine and completed her residency training at Brentwood Hospital in Cleveland. Dr. Vargo specializes in total ankle replacement, ankle arthroscopy and ligament reconstruction, bunion surgery as well as treatment for rheumatoid deformities and complex fractures of the ankle and foot.

Lori L. Epstein, MSN, FNP-C has joined Sentara Comprehensive Weight Loss Solutions in Norfolk. Ms. Epstein earned her Master of Science in Nursing/Family Nurse Practitioner degree at Thomas Jefferson University in Philadelphia, PA, in 1995.

Michael Mitchell, PA-C, has joined Sports Medicine and Orthopaedic Center. Mitchell's medical career started in the military, where he worked as a hospital corpsman and surgical technician at various US Naval facilities. He earned his Masters of Physician Assistant Studies from the University of Nebraska Medical Center, and he completed his Orthopedic Surgical PA fellowship at the Bone and Joint Sports Medicine Institute at Naval Medical Center Portsmouth.

Awards & Accolades

Celebrating the accomplishments of those who have received major honors

APM Spine and Sports Physicians has received Ultrasound Practice Accreditation in the area of musculoskeletal ultrasound. APM achieved this recognition by meeting rigorous voluntary guidelines set by the diagnostic ultrasound profession. All facets of the practice were assessed, including training and qualifications of physicians, ultrasound equipment maintenance, quality assurance methods and other standards.

Bon Secours Virginia is honored to be a recipient of the 2014 Veterans Employment Transition (VET) Award from the Families and Work Institute. The health system is one of three companies nationwide to receive the award, formerly called the Work Life Legacy Military Award, for its support of transitioning service members, veterans and their families. Creating and sharing best recruitment and hiring practices and programs for the entire military family has been a focus of Bon Secours, which won the award in 2012 and received an honorable mention in 2013.

Bon Secours Health Center at Harbour View has been selected for the 2014 Best of Suffolk Award in the Medical Hospitals category by the Suffolk Award Program, the 4th consecutive year the health center has been honored. The program identifies companies that have achieved exceptional marketing success in their local community and business category. Winners are determined based on the information gathered both internally by the Suffolk Award Program and data provided by third parties.

Bon Secours Health System is one of the recipients of the 2014 Gallup Great Workplace Award, the 3rd year it has been honored. The award honors organizations whose employee engagement results demonstrate they have the most productive and engaged workforces in the world. Bon Secours Health System was also the winner of Gallup's "Essence of Engagement" Award, which recognizes organizations that demonstrate the epitome of an engaged culture and where engagement permeates throughout the entire organization. Ingrid Manley, Director of Bon Secours' Enterprise Information Services Support Center, was named a finalist for the first-ever 2014 Gallup Manager of the Year award.

2014
WOMEN'S CHOICE AWARD®

Chesapeake Regional Medical Center was recently honored with three Women's Choice Awards for America's Best Hospitals for Orthopedics, America's Best Breast Care Centers and America's Best Hospitals for Cancer Care. The Women's Choice Award is the only distinction that identifies the nation's best health care institutions based on robust criteria that considers patient satisfaction, clinical excellence and women's highest preferences when it comes to treatment and a quality hospital experience.

Chesapeake Regional Medical Center was the only hospital recently awarded HRSD's "Diamond Excellence Award" for 14 years of perfect environmental permit compliance. Lead Plant Operator West Baum and Director of Facilities and Construction Paul Peaden, were on hand to accept the award at the 21st annual pretreatment excellence awards ceremony held in Norfolk on May 7.

Chesapeake Regional Medical Center has received the Get With The Guidelines®–Resuscitation Gold Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer cardiac arrest in the hospital. The program was developed with the goal to save lives of those who experience cardiac arrest through consistently following the most up-to-date research-based guidelines for treatment. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely (CPR) and post-emergency care. CRMC was awarded for meeting specific measures in treating adult cardiac arrest patients.

Chesapeake Regional Medical Center has received the Mission: Lifeline® Bronze Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks. CRMC earned the award by meeting specific criteria and standards of performance for the quick and appropriate treatment of STEMI patients. The American Heart Association's Mission: Lifeline program helps hospitals, emergency medical services and communities improve response times so people who suffer from a STEMI get prompt, appropriate treatment.

Calin Maniu, MD, a cardiologist at Bon Secours Maryview Medical Center was the recipient of the 2014 Frank M. Yeiser, Jr., MD Outstanding Contribution to EMS by a Physician award from the Tidewater Emergency Services Council. Dr. Maniu serves as Medical Director for the Chest Pain Center at Bon Secours Maryview Medical Center and Bon Secours Health Center at Harbour View. The Tidewater Emergency Medical Services Council, Inc. honored all areas of emergency medical services during its annual regional EMS awards on June 15, 2014. Awards were given to those nominated by their peers for their exceptional level of service to the region's EMS system.

Riverside Shore Memorial Hospital's cancer care program earned an Outstanding Achievement Award from the American College of Surgeons Commission on Cancer, a distinction received by only 74 of the 519 programs surveyed in 2013. The Outstanding Achievement Award recognizes cancer programs that achieve excellence in providing highest quality care to cancer patients. Riverside Regional Medical Center and Riverside Walter Reed Hospital received the award in previous years.

Employee Versus Independent Contractor

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

More physicians are opting to work part-time. According to one survey, the percentage of male physicians working part-time jumped from 7% in 2005 to 22% in 2011, and the percentage of female physicians working part-time increased from 29% to 44% during the same period.*

If your practice plans on hiring part-time physicians, be careful to determine whether they are employees or independent contractors. The IRS looks at factors in three categories to determine whether a worker is an employee or an independent contractor.

Behavioral Control

"Behavioral control" refers to whether the business has the right to direct or control how the work is accomplished. Significant factors include:

- Type of instructions given
- Degree of instruction
- Training
- Evaluation systems

For example, if a medical practice retains the authority to tell a physician what to do and how and when to perform that work, the physician would more likely be considered an employee. The more detailed the instructions, the more control the practice exercises over the physician.

Financial Control

"Financial control" refers to whether the business has the right to direct or control the economic aspects of the worker's job. Significant factors include:

- The extent of the worker's investment
- The extent to which the worker has unreimbursed business expenses
- How the business pays the worker
- The extent to which the worker has the opportunity to realize a profit or loss
- The extent to which the worker makes services available to others

For example, a practice might have to classify a physician as an employee if the physician has no opportunity for profit or loss in the practice, lacks a significant investment in the practice's facilities or equipment, or is guaranteed a regular wage amount for an hourly, weekly, or other period of time. Independent contractors are generally free to seek out and remain available for other work opportunities.

Type of Relationship

This category includes factors that show how the worker and business perceive their relationship to each other, such as:

- Written contracts
- Employee benefits
- Permanency of the relationship
- Services provided as a key activity of the business

An independent contractor's services are typically for separate and distinct projects. However, employees also may be hired on a seasonal or project basis.

Getting It Right

If a physician is your employee, you must withhold income tax and FICA (Social Security and Medicare) taxes from the physician's pay and contribute the employer's share of FICA taxes and the applicable unemployment taxes for the physician. With an independent contractor, you are not required to withhold income tax and the contractor is fully liable for his or her own self-employment taxes.

Because of these differences, worker classification is a significant issue for the IRS. Be sure you consider it carefully whenever you hire a new person.

* Cejka Search and the American Medical Group Association, 2012

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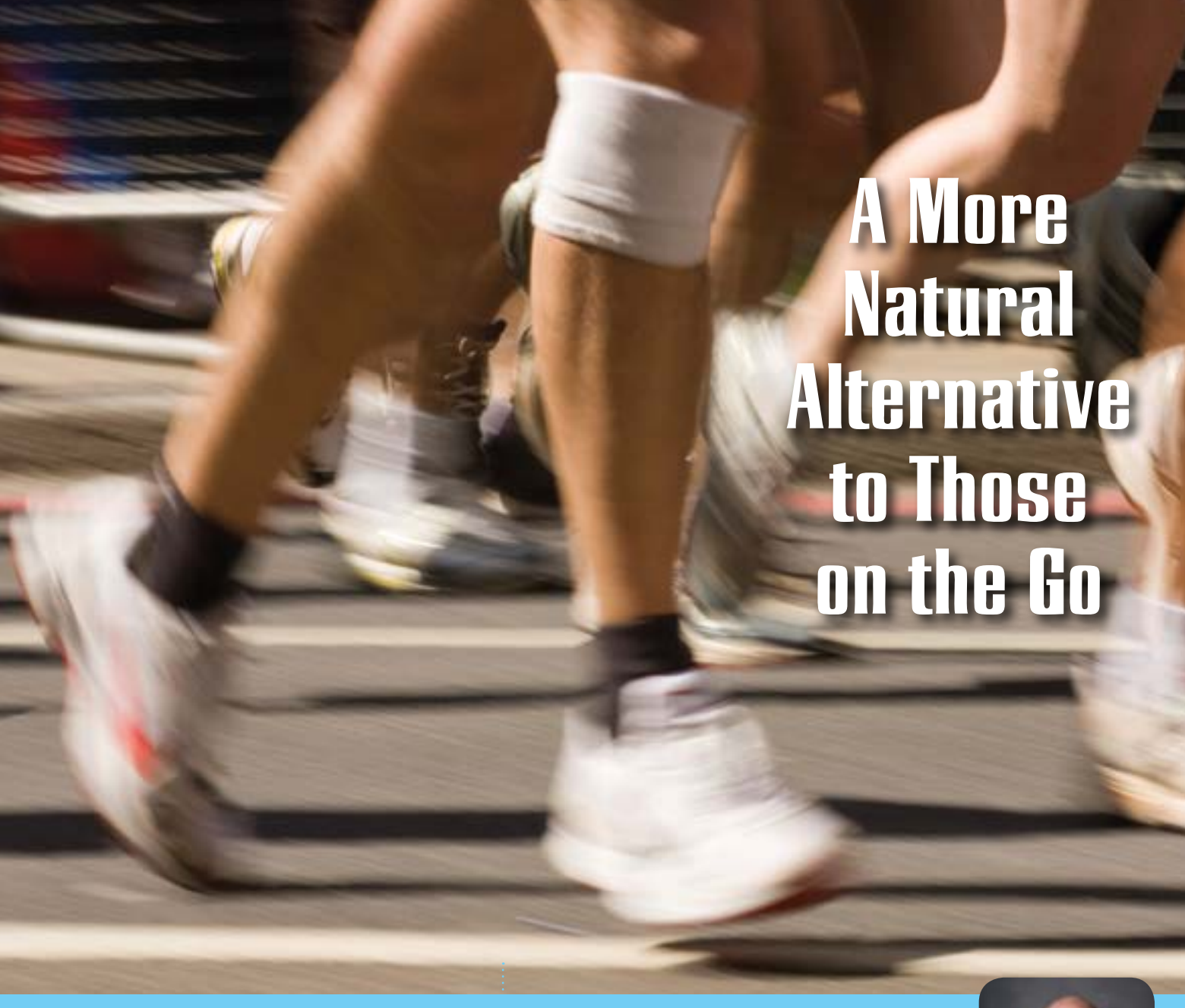

A More Natural Alternative to Those on the Go

Anthony M. Bevilacqua, D.O.

The Uni Knee is an advanced procedure performed by Dr. Anthony Bevilacqua for patients suffering from osteoarthritis and pain in the knee. The Unicompartmental Knee Anthroplasty (UNI) is an alternative to full knee replacement surgery that conserves two-thirds of the knee when compared to total replacement.

Since the surgery is less invasive, the Uni Knee solution results in a *more natural feeling knee and shorter recovery period for the patient.* Dr. Bevilacqua is performing the Uni Knee approach on an outpatient basis for those who are medically suitable. Sports Medicine Orthopaedic Center is pleased to offer this alternative.

If you've been told you need a full or partial knee replacement, contact us today to schedule an appointment with Dr. Bevilacqua to see if you are a candidate for the Uni Knee.

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front row (left to right): Lora Blount, FNP; Richard Knauft, MD; Theresa Jackson, MD; Wayne T. Johnson, MD; LaTara Harris, FNP; Ernesto Luciano-Perez, MD; Reeta Arora, MD; Mark Kerner, MD; Melissa Sinkiewicz, DO
back row (left to right): Sarah Milosek, PA-C; Nancy Orie, PA-C; Alexander Aboka, MD; Aaron Marlow, MD; Nickolas Pezzella III, MD; M. Andrew Caines, MD; M. Steven Blasdell, MD; Jon Brillhart, PA-C; not pictured: Nadira Keith, FNP; Jason Miller, PA-C

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