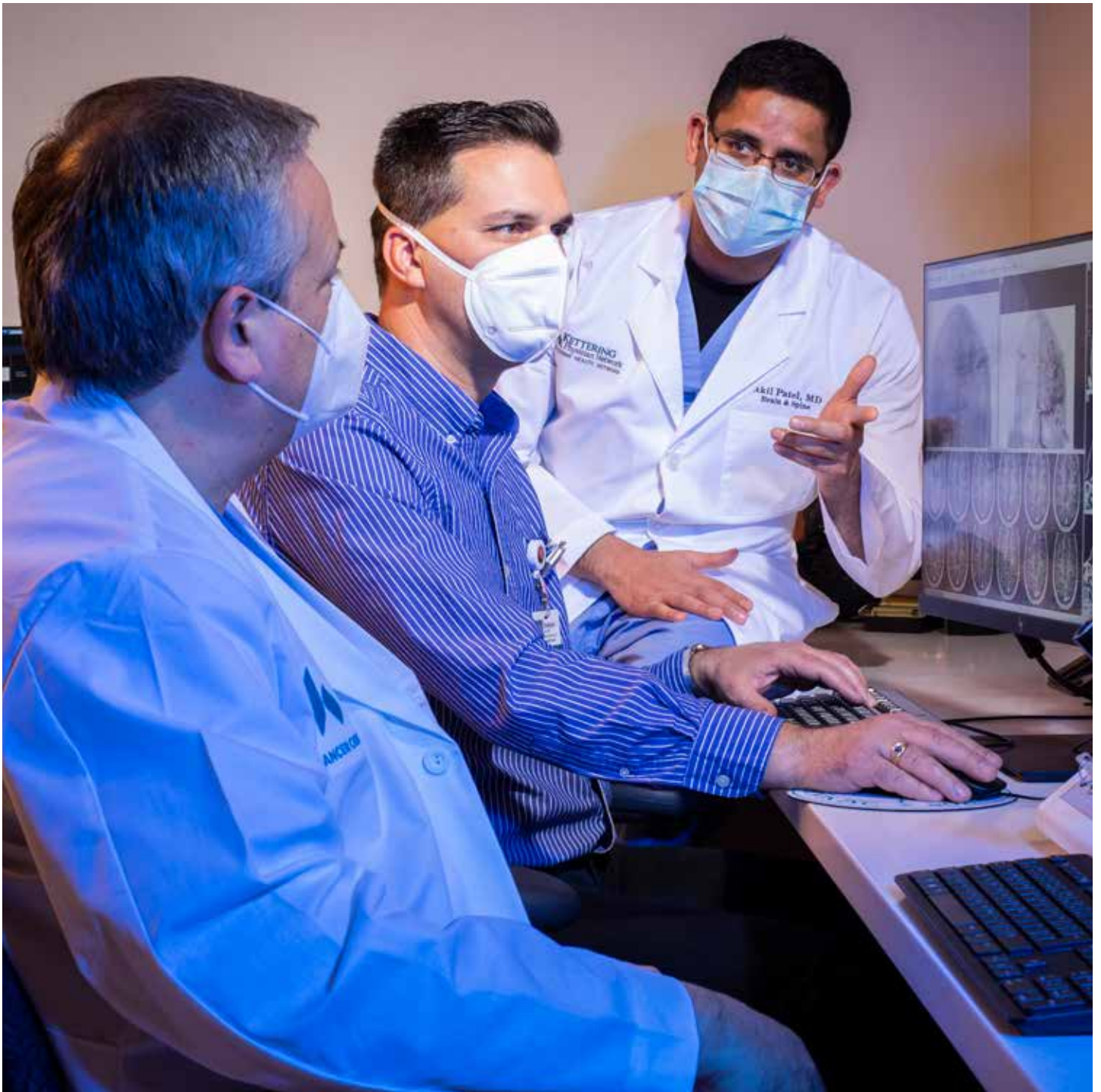


# PHYSICIAN QUARTERLY

Published by Kettering Health Network • Q1 2021



*Inside*

*Brain & Spine team conquer complicated case • Are you prepared for an airway emergency?*

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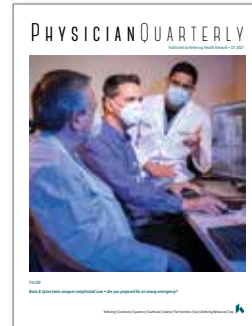
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*Physician Quarterly* is published by Kettering Health Network to support communications between physicians, residents, fellows, alumni, and hospital administration.

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# WE NEED PHYSICIAN EXPERTS!

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**44**

Percent of physicians that report feelings of burnout (pg. 8)

**10**

Additional surgery prep and recovery beds in the new Soin Medical Center south tower (pg. 12)



**3**

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**170,000**

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**Pharmacy is an industry that's ripe for disruption, with many opportunities to improve the patient and provider experience.**

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**With the support of the network to invest in these technologies, we can bring significant advancements to the way we operate.**

Mark, Hoeprich, MD, neurosurgeon, on the network's commitment to technology, specifically the Brainlab Cirq.® (pg. 15)

**Completing the course and taking opportunities like this when they present themselves will only increase provider comfort and competence in an emergent situation.**

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**Having an emergency department in town and within easy access from the highway is a much-needed benefit for the community.**

James Burkhardt, DO, primary care physician, on how Kettering Health Network Piqua is expanding access. (pg. 10)

**As an organization, we realized how valuable it would be to self-publish our scores and comments so that patients can see the great work we are doing.**

Laurie Bankston, MD, primary care physician, on why Kettering Physician Network is using Press Ganey star ratings. (pg. 4)

# Star Ratings Yield Valuable Information Providers and Patients Can Trust



Laurie Bankston, MD

Many providers have had the experience of searching their name only to see a handful of reviews that seem unfair or written by patients they didn't even see, which is one of the many reasons Kettering Physician Network adopted the star ratings program in October 2020. The program provides verified patient ratings and reviews that are published on the Kettering Physician Network website.

We asked primary care provider **Laurie Bankston, MD**, to tell us about the program and how it benefits providers and patients alike. Dr. Bankston, medical director for Primary Care Quality at Kettering Physician Network, sees patients at Progress Drive Primary Care in Xenia.

## Where do star ratings and reviews come from?

**Dr. Bankston:** Star ratings and reviews are based on Press Ganey patient survey results, which have been available to providers for many years but not to the public. Kettering Physician Network provider scores are excellent—the median is around 4.8 out of 5.

Patients rely on word-of-mouth and online reviews to decide which provider to see and familiarize themselves with the practice before their first appointment. As an organization, we realized how valuable it would be to self-publish our scores and comments so that patients can see the great work we are doing.

## How does the program work?

**Dr. Bankston:** We are partnering with a vendor called NRC Health. They receive survey results directly from Press Ganey, which helps ensure that the ratings and reviews we publish are from actual patients and matched with the correct provider.

Each month, NRC Health prescreens the survey results for appropriateness and sends each provider a scorecard that shows their overall score plus individual ratings and reviews. This allows providers to flag anything that doesn't

seem accurate, fair, or constructive. We offer an internal appeals process, and if the panel decides a comment is out of bounds, we'll exclude it from the website.

We publish every rating and review that passes through the review process, without edits. When patients visit our website and see dozens of comments about a provider, both positive and negative, that builds trust.

## How else can these reviews help?

**Dr. Bankston:** Constructive comments from our patients help individual providers and practices understand what they can do better. For example, a patient might comment, "I love my doctor, but I often have to sit in the waiting room for 30 minutes." That's good feedback that can lead to positive changes.

Most of our providers are consistently getting four- and five-star reviews. If a provider is averaging in the two- to three-star range and getting many critical comments, the network can help step in and support them with improvement efforts.

## What feedback are you getting from providers about this new program?

**Dr. Bankston:** Overall, it's positive. This is the information age, and people depend on online reviews every day—whether they are buying a car or deciding which restaurant to go to. Choosing a provider is one of the most important decisions a person can make, and star ratings provide valuable, verified information that people can trust. A lot of other top-performing physician groups use star ratings, including Cleveland Clinic and Intermountain Healthcare. They have had good results with it, and I expect that we will, too.

**Dr. Bankston is part of the Patient Experience team that launched the star ratings initiative at Kettering Physician Network. For more information, contact her at [Laurie.Bankston@ketteringhealth.org](mailto:Laurie.Bankston@ketteringhealth.org)**

# Expanded Open and Direct Scheduling Options Coming

New Kettering Physician Network offerings are set to expand patient access

Open and direct scheduling has been rolled out to several Kettering Physician Network service lines, with hopes to roll out and expand offerings in the coming months. Here's what providers should know about the new options.

## What is the difference between open and direct scheduling?

Both programs provide an easier way for patients to schedule appointments online. Through direct scheduling, patients can book appointments via MyChart with a care provider or team with whom they already have an existing relationship. Open scheduling offers new patients the ability to book their first appointment with a provider through Kettering Physician Network's website or through MyChart.

## Are open and direct scheduling available for all service lines?

Open and direct scheduling went live on August 4 for Kettering Physician Network Primary Care. The network also rolled out open scheduling with advanced practice providers for Orthopedics, and open scheduling for Women's Health in December 2020.

## What are the benefits of these services for patients?

"Scheduling appointments online allows our guests to evaluate availability and make choices on their own time, 24/7," said Anthony Brown, director of Application Services for Kettering Health Network. "It puts them at the center of the scheduling process, which is more efficient both for patients and for the scheduling team at Kettering Health Network."

"Open scheduling allows patients to schedule appointments faster and leaves staff available to assist with patients in the office versus managing multiple phone lines as the only source of scheduling," said Tracy Winans, director of Operations for Kettering Physician Network Primary Care North.

Previous scheduling processes will remain in place. The addition of open and direct scheduling options provides the types of self-service that consumers are used to using in other industries, such as personal banking or hospitality.

## What are the benefits of these services for physicians and advanced practice providers?

Giving patients more choices helps to engage them as active participants in their care. "When we have more engaged guests, they are more likely to take charge of their recommended care plans while they are away from the office," Brown said. He also notes that online scheduling drives more efficient workflows, such as e-check-in capabilities, which allows patients to fill out digital forms ahead of their appointment.

"Providers' schedule templates have been optimized based on how the provider prefers to work," explained Winans. "We can set blocks or session limits so that we offer appointment times that best fit the providers' workflow and preferences. For example, you may not prefer to take new patient appointments, which can last longer, as the last appointment before lunch. But you may like to stack these appointments first thing in the morning or right after lunch. We can control what appointment times are offered to allow for better office efficiencies."

## What else should providers know about open and direct scheduling?

Overall, when patients use self-scheduling versus a traditional call to a scheduler, health systems save around \$7 per appointment. Over time, this efficiency adds up to considerable cost-savings across practices, service lines, and the entire network. Kettering Physician Network expects the new scheduling strategies to produce less cancellations, reschedules, and no-shows.



# New Rural Health Clinic Brings Network Number to Three

With its recent expansion of services and designation as a Rural Health Clinic by the Centers for Medicare & Medicaid Services, Jamestown Health Center is now the third Rural Health Clinic in the network—the other two being Community Physicians of Yellow Springs and Cedarville Family Practice.

Jamestown Health Center, a service of Greene Memorial Hospital, is another opportunity for the network to show its commitment to the communities it serves, including the generally underserved rural areas.

Primary care and lab services were available at the health center before the expansion, but with the

expansion came radiology services, with the intent to add more specialty services as the center grows. 10 exam rooms were also added. There are 16 providers seeing patients at Jamestown, and 24 providers in total across the three Rural Health Clinics.

“We are honored that these patients have entrusted us with their care,” said Kevin Sharrett, MD, medical director of Rural Health for Kettering Health Network. “We’re excited to bring this expanded access, hours, and services.”

The health center has extended hours of 6 a.m. to 8 p.m. Monday through Thursday, and is open 6 a.m. to 6 p.m. on Friday.

# New Epic App Brings Transparency to Prescription Drug Prices

Imagine ordering dinner at a restaurant and not knowing what it will cost until the bill arrives, or clicking “add to cart” before knowing what your Amazon purchase will cost. That’s the experience many patients have when it comes to filling prescriptions at a pharmacy. Unfortunately, the sticker shock can lead to serious health outcomes.

A new app called CenterX changes that scenario by providing real-time pricing when providers e-prescribe. Available now in Epic, CenterX allows the provider to

- See what the patient will pay for their medication based on their pharmacy benefits
- Compare prices at different pharmacies
- Learn whether prior authorization is needed
- Recommend less expensive drugs

It’s all part of Jim O’Donnell’s plan to remove “pain points” for patients who are prescribed medication. “Pharmacy is an industry that’s ripe for disruption, with many opportunities to improve the patient and provider experience,”

said O’Donnell, executive director of Pharmacy Services at Kettering Health Network. “Price transparency can have a significant impact, and the best place to provide that is at the point of e-prescribing. If there aren’t any lower-cost alternative drugs, the provider or office staff may be able to connect patients with medication assistance programs available through the manufacturer, Kettering Health Network, or other organizations. This process eliminates sticker shock and makes it much more likely that a patient will fill the prescription.”

Kettering Health Network is one of the first hospital systems in the United States to use CenterX, which was created by coders who used to work for Epic. O’Donnell says he hopes to expand its use to include infusible, injectable, and chemotherapy drugs.

Pharmacy services also is developing a comprehensive mail-order program for patients who take more than 10 prescription and over-the-counter medications. Instead of providing each drug in a separate container, the program combines the various pills a patient takes daily into individual packets. Each is labeled with the date and time the patient should take the drugs. It is the same type of service that Amazon paid \$753 million for in 2018 when it bought PillPack—but is created by and for Kettering Health Network’s pharmacy.



# Information Systems Update

Despite the recent COVID-19 surge, Information Systems has been able to place limited focus on some other projects.

The Epic Refuel project is again accelerating with initiatives affecting physicians, including

- Revamped physician Information Systems required training beginning January 2, 2021
- The sunsetting of traditional dictation transcription services in favor of newer voice recognition technology
- Preoperative orders being entered in proceduralists’ offices
- Compliance with the 21st Century Cures Act, including open notes and results release to MyChart
- Continued preference card clean-up

Governance and management of the patient’s problem list has seen the creation of a physician-led task force to begin to tackle this long-standing issue.

Kettering Health Network’s first two clinical informatics fellows began their two-year fellowship this fall. The American Board of Medical Specialties-

approved sub-specialty fellowship leads to board certification in clinical informatics. The fellowship not only provides training for the fellows but also increases informatics support to network providers. If you are interested in the new fellowship, please contact **Carrie Baker, DO**, at [carrie.baker@ketteringhealth.org](mailto:carrie.baker@ketteringhealth.org).

If you have any questions concerning the Refuel initiative, 21st Century Cures Act, or revamped training, please do not hesitate to contact me at (937) 914-7361.



by **Charles Watson, DO**, Chief Medical Information Officer for Kettering Health Network

For more information, contact [Jim.ODonnell@ketteringhealth.org](mailto:Jim.ODonnell@ketteringhealth.org)

# Prioritizing Resident Well-being and Resilience Amid COVID-19

Recent surveys have shown that up to 44% of physicians report feelings of burnout. While rates vary across specialties, 50% of female providers and 39% of male providers have difficulty maintaining a work-life balance.

In light of these statistics, Kettering Health Network has spearheaded specific initiatives to improve physician well-being and prevent burnout. Our current emphases also include a focus on improving resident wellness. As we continue to serve our community amid the COVID-19 pandemic, finding ways to build resilience and prioritize self-care is more important than ever.

## Resident well-being

To better serve our residents, we have assembled an advisory council made up of well-being task force leaders and members of each resident program. Our goal is for every program to send two representatives from their specialty area: a resident, faculty member, program director, or program coordinator. Each month, the advisory council meets to discuss new well-being concerns and current initiatives. For example, current plans include implementing the Mayo Clinic Well-Being Index. This tool provides valuable information regarding the trends and rates of burnout among our residents. With the results, we can implement more effective and strategic well-being initiatives.

Another priority has been our virtual resident well-being community. In this support group, a licensed clinical counselor offers resilience-building tools, resources for self-care, and tips for improving well-being.

## Self-care during a pandemic

Health care providers need to prioritize building resilience and stamina while working during an infectious disease outbreak. Consider some of the ways you can take better care during this highly stressful period:

- **Prioritize sleep.** While hospital workers notoriously get less than the recommended seven-to-nine hours per night, there are ways you can improve your sleep routine. Try to avoid caffeine within six hours of bedtime, limit your exposure to screens and bright lights within one-to-two hours of rest, and expose yourself to 15 or more minutes of bright light upon waking. Exercising close to wake-time can also improve sleep quality and signal “daytime” for people who are on non-traditional schedules.



- **Take breaks.** Whenever possible, try to find time for activities that are entirely non-work-related. Take a walk, listen to music, read a book, or call a loved one. If feelings of guilt creep in, remember that taking appropriate breaks energizes you to take better care of your patients.
- **Find a buddy.** Your colleagues have a better understanding of the stressors you are experiencing. It can be particularly helpful to find a work “buddy” who you check in with periodically. In the resident program, we designate work buddies so that everyone has someone to speak openly with on a regular basis.
- **Set social media boundaries.** Worrisome news or graphic imagery can significantly increase stress. Find one or two reliable sources of information, and then set clear boundaries around your news consumption and time online.

- **Practice breathing exercises.** You may feel overwhelmed when trying to carve out 30-60 minutes for self-care activities. Fortunately, there are easy techniques, such as short breathing or meditation exercises, that you can practice throughout the day. Even during a busy shift, taking two or three minutes for breathing can make a significant impact on your stress and well-being.

1 Advisory Board, <https://www.advisory.com/daily-briefing/2019/01/18/burnout-report>

For more information regarding resident well-being initiatives, reach out to Rebecca Yeager, MD, at [Rebecca.Yeager@ketteringhealth.org](mailto:Rebecca.Yeager@ketteringhealth.org)



by  
**Robert Smith, MD**, Chief Medical Officer for Kettering Health Network  
and  
**Rebecca Yeager, MD**, Physician Leader for Resident Well-being Support



# Virtual Opening, Real Community Impact at Kettering Health Network Piqua



Jason Faber, MD

With social distancing measures in place, opening ceremonies were anything but typical, but the important thing is that on August 11, Kettering Health Network Piqua opened its doors and is now providing community members with emergency medical services, primary care, and specialty care close to home.

The 31,175-square-foot complex is located just off I-75, about nine miles from Troy Hospital, which the network opened in June 2019. The \$30 million facility added over 60 jobs to the network, including nurses, respiratory therapists, imaging and lab technicians, and support staff. The new complex is two stories, and includes

- An emergency department with 12 exam rooms; imaging (computed tomography, ultrasound, and X-ray); and an outpatient laboratory. A telehealth service allows emergency medicine providers to access specialists across the network when they need a consult for patients with stroke symptoms, behavioral health issues, or other acute conditions.



James Burkhardt, DO

- Primary and specialty care physician practices with 14 exam rooms; shell space to accommodate expansion; and a classroom for community education classes. Providers offer family medicine, internal medicine, general surgery, cardiology, and pain management, as well as a transition clinic for patients who received care at an emergency department and need a primary care provider.

Several area physicians have begun seeing patients at the new facility, including **Jason Faber, MD**, and **James Burkhardt, DO**. “The new building is beautiful and very impressive, but it is more about the people who are providing care,” said Dr. Burkhardt, a family medicine physician who has been practicing in Piqua for more than 30 years and joined Kettering Physician Network in 2016. “I am blessed that I get to work with great people who are truly caring and compassionate. Having an emergency department in town and within easy access from the highway is a much-needed benefit for the community.”

For a virtual tour of Kettering Health Network Piqua, visit [ketteringhealth.org/piqua](http://ketteringhealth.org/piqua)



# Eagle Seekers Exceeds Fundraising Goal Despite COVID-19



Roland Gazaille, DO

In a typical year, Eagle Seekers raises between \$220,000 and \$250,000 to support the educational mission of the Grandview Foundation. Of course, this year was anything but typical, and the 2020 golf event was canceled due to COVID-19.

Faced with the prospect of “no golf, no goodies, and no fun,” the foundation pressed on with a virtual fundraising effort themed “We Hit a Divot; Please Help Us Pivot.” Thanks to the generosity of the foundation’s core group of significant sponsors, “the event that wasn’t” netted more than \$170,000. These funds were used to purchase SonoSim® ultrasound simulation technology to train physicians across eight residency programs within the Grandview Medical Center system.

Point-of-care ultrasound is becoming a must-have skill in the primary care and specialty care setting. In fact, the Accreditation Council for Graduate Medical Education (ACGME) requires diagnostic radiology residency programs to provide hands-on ultrasound training.

Funds raised through Eagle Seekers covered the cost of the technology and a five-year license. Residents will be able to hone their diagnostic and therapeutic ultrasound skills in the coming months. The curriculum includes

- More than 65 didactic courses, which provide foundational knowledge on both anatomy and pathology
- Simulation technology using a mock ultrasound probe to develop hands-on psychomotor skills and cognitive task awareness required to perform diagnostic ultrasounds and procedures
- Knowledge assessment tools to help trainees and faculty monitor their progress

**Roland Gazaille, DO**, program director for the diagnostic radiology resident program, led the effort to adopt the ultrasound training curriculum.

His team included representatives from the seven other residency training programs that will utilize it: emergency medicine, family medicine, general surgery, internal medicine, obstetrics/gynecology, orthopedics, and otolaryngology.

“The SonoSim® platform is a vital tool to improve resident education across nearly all of the residency training programs at Grandview and Southview [medical centers],” said Dr. Gazaille. “It provides on-demand access and instruction on how to scan normal anatomy along with on-demand exposure to pathology, which is impossible to provide our trainees in an everyday clinical setting.”

## On to the next challenge

Following the successful Eagle Seekers event, the foundation pivoted to another project: a renovation of Cassano Health Center, long considered the “crown jewel” of Grandview’s residency training program. The facility is 17 years old and showing its age; the building needs new exterior siding, a complete refresh inside, and some new equipment and furnishings.

“Cassano serves many Dayton residents needing primary and specialty care, with a full complement of services including lab, radiology, pharmacy, and social work support,” said Kelly Fackel, vice president for Development at Grandview Medical Center. “Almost all of our residents spend time training there, and the foundation has supported the practice since day one. We are excited about making a significant investment in Cassano Health Center with the help of our generous donors.”

The Cassano project’s fundraising goal will be in the \$400,000 to \$500,000 range, and some facility upgrades are already underway. Cassano Health Center sits at the corner of South Edwin C. Moses Boulevard and Germantown Street and anchors Dayton’s Wright-Dunbar Historic District.

To learn more about Grandview Foundation or make an online donation, visit [ketteringhealth.org/givegrandview](http://ketteringhealth.org/givegrandview)

# Soin Medical Center Opens South Tower

Soin's growth meets community needs for surgery and critical care



Daniel Pearson, MD

The south tower at Soin Medical Center opened on September 8. This opening is the culmination of a 20-month building project that includes

- Four additional operating rooms
- 10 additional surgery prep and recovery beds
- Five additional intensive care unit beds
- New intermediate care unit with 12 beds

The five-story, 170,000-square-foot patient tower houses state-of-the-art technology that will allow for continued advancements in acute care. Additional shelled-out space on the second, fourth, and fifth floors of the tower provides opportunities for further expansion as Kettering Health Network continues to grow to meet community needs.

"The need for additional critical care capacity has never been more accentuated than during the COVID-19 crisis," said Rick Dodds, president of Soin Medical Center and Greene Memorial Hospital. "COVID-19 patients require higher acuity and a higher level of care. Having this

expanded capacity allows us to continue advancing in the ways that we can care for acute patients."

"The enhanced ICU enables our staff to provide individualized, patient-centered care in an environment that promotes healing," said **Daniel Pearson, MD**, medical director of the intensive care unit at Soin. "The investment ensures that we remain ready to serve our community with leading-edge critical care medicine for years to come."

Additionally, the new operating rooms provide the capability for surgeons and providers to schedule procedures locally. The new space highlights Soin's surgical Centers of Excellence, with two operating rooms dedicated to robotic surgery.

"The way that we build operating rooms now is very different than even 10 years ago," Dodds said. "As we look to the future, the type of equipment we need to be on the leading edge of care is changing rapidly. This expansion ensures that we can continue providing the latest advancements and technology well into the future."



# Caccamo's Corner

Woe to the hypocrites

**Hypocrisy** /hy•poc•ri•sy/ Noun  
1. The practice of claiming to have moral standards or beliefs to which one's own behavior does not conform;  
2. Pretense.

The word hypocrite is rooted in the Greek word hypokrites, which means "stage actor, pretender, or dissembler." A hypocrite is a person who pretends to be a certain way but acts and believes the total opposite. In short and to summarize: a hypocrite preaches one thing and does another.

Hypocrites are frustrating to deal with; you don't know what's the truth and what isn't. Hypocrites were on full display during the 2020 election cycle, as they are in every political season, but we can see hypocrites in our day-to-day lives, too.

Most of us, whether we admit it or not, can fall prey to hypocrisy. For instance, we may judge others more severely than we judge ourselves. Or we may act like we are more generous or gracious than we are to gain favor in someone's eyes. Or we may pretend to care about someone's well-being when we really don't.

I think back to parenting, to the times I would use colorful language, only to be reminded by my children that I had taught them not to swear—darn, the mind of a child.

In my current role as chief medical officer, it is very important to avoid hypocrisy in order to maintain my integrity. When I assure someone that the information they are sharing with me will be kept in confidence, I had better be as good as my word. If I'm not, I'm a hypocrite. My reputation will suffer and could even be destroyed. Rebuilding trust with that other person would be difficult.

Hypocrisy can erode the patient-physician relationship, too. Trust is at the core of that relationship. We should not do anything that can diminish our own reputation or Kettering Health Network's reputation for care and compassion. If

our providers appear judgmental or unsympathetic toward sick patients, that's hypocrisy. If a doctor treats his patients with kindness but is rude to his staff, patients will see the disconnect and lose trust. If patients can't trust us to be who we say we are, why should they trust the care and advice we give to improve their health?

Jesus never had a good thing to say about hypocrites.

*"Woe to you, teachers of the law and Pharisees, you hypocrites! You shut the door of the kingdom of heaven in people's faces. You yourselves do not enter, nor will you let those enter who are trying to."* — Matthew 23:13

*"Watch out for false prophets. They come to you in sheep's clothing, but inwardly they are ferocious wolves."* — Matthew 7:15

*"And when you pray, you must not be like the hypocrites. For they love to stand and pray in the synagogues and at the street corners, that they may be seen by others. Truly, I say to you, they have received their reward."* — Matthew 6:5

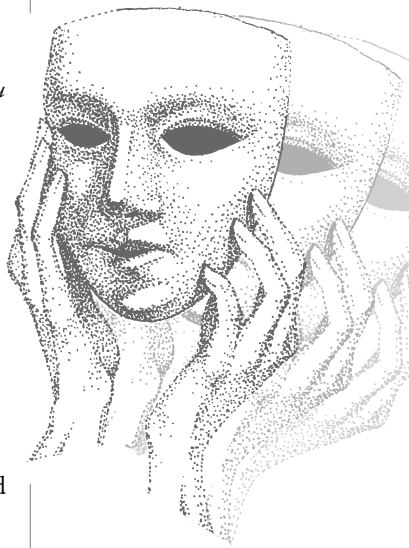
If you want to avoid hypocrisy in your own life and maintain the trust you've worked so hard to build, there are some things you can do:

- Act only based on your own moral compass.
- Avoid condemning others.
- Identify context and how it changes the way you think.
- Listen to your cognitive dissonance.
- Practice integrity.
- Never make promises that you don't think you can keep.

It's awfully hard to get through life without being a hypocrite at one time or another. If you find yourself straying into hypocritical territory, remember: a humble apology goes a long way!



by **Michael Caccamo, DO, CCD**,  
Chief Medical Officer at Grandview and Southview medical centers



# Shout Outs

**Kettering Health Network** has been recognized by The College of Healthcare Information Management (CHIME) as a 2020 Digital Health Most Wired recipient. The CHIME recognition assesses how effectively health care organizations apply core and advanced technologies to their clinical and business programs, helping improve health and care in their communities.



**Alina Joseph**

**Alina Joseph, MBA**, has been named executive director of the Heart & Vascular service line. Previously, Alina was director of Business Development at Kettering Medical Center, where she was instrumental in growing revenue and expanding the services.



**Norman Spence**

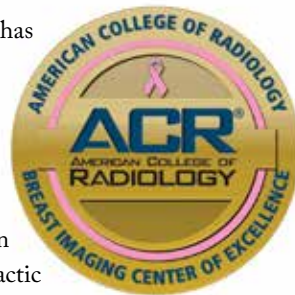
**Norman Spence, MBA**, has been named director of Business Development at Kettering Medical Center, which also supports Troy Hospital and Kettering Health Network Piqua. Norm has been with Kettering Health Network since 2011, most recently serving as Director of Business Development at Sycamore Medical Center.



**Kevin Attride**

**Kevin Attride, MBA**, has been named director of Business Development at Fort Hamilton Hospital. He joined Kettering Health Network in March 2020, focusing on business development, operations, and enhancing access to care.

**Fort Hamilton Hospital** has received an ACR Breast Imaging Center of Excellence designation. This designation is awarded to facilities that achieve ACR accreditation in mammography, stereotactic breast biopsy, breast ultrasound to include Ultrasound-Guided Breast Biopsy and Breast MRI. Fort Hamilton joins Soin and Sycamore medical centers and Kettering Cancer Care as the other centers of excellence in the network.



# Kettering Medical Center First in the Midwest to Use Cirq® for Spine Surgery



**Rick Gorman, DO**

In July, Kettering Medical Center became the first and only hospital in the Midwest and the fifth in the nation to use the Brainlab Cirq® Robotics arm for spinal surgery.

**Rick Gorman, DO**, neurosurgery, and **Mark Hoeprich, MD**, functional neurosurgery, were the first two surgeons in the network to use the Cirq®. Kettering Brain & Spine physicians can use the lightweight, surgeon-controlled device to increase precision in navigated spinal surgery procedures.

### Benefits of the technique

According to Brainlab, Cirq® is a “universal platform for robotic tasks.” The robotic arm not only uses intuitive positioning but can also perform automatic trajectory alignment. Cirq® is designed to mimic the design of the human arm, allowing for intuitive, reliable assistance during surgery.

“The Cirq® provides a mechanical arm with seven degrees of freedom to reach a wide range of positions and allow for instrument stabilization,” Dr. Hoeprich said. The spinal module allows surgeons to focus on alignment first. Once the device locks into place, surgeons can then perform the subsequent operative steps using

intraoperative navigation system saves valuable time while also providing increased stability and higher accuracy.



In addition to increased precision, the robotic arm offers

- Tissue-protecting trocars for minimally invasive surgery access
- Secure drill tube stabilization with sharp teeth for anchoring
- Full drilling guidance with depth control

For patients, this high level of precision means lower complication rates, smaller incisions, less tissue disruption, shorter operation times, and quicker recoveries. “The workflow has been quite smooth,” said Dr. Hoeprich. “We haven’t been using the technology long enough to report long-term outcomes, but all of our early outcomes have been very good—we’re quite pleased.”

### A history of innovation

Right now, the Cirq® is only indicated for spine surgery, but the technology will have indications for cranial surgery in the near future. Anticipated uses include stereotactic surgery, minimally invasive biopsies, implantation of electrodes for epilepsy surgery, as well as implantation of electrodes for movement disorder surgery.

“Kettering Health Network has a history of being early adopters of new technology,” Dr. Hoeprich said. “We’ve had early experience with Gamma Knife radiosurgery, interstitial thermal therapy, and now we can add robot-assisted spine surgery. With the support of the network to invest in these technologies, we can bring significant advancements to the way we operate.”

Patients who are candidates for spinal fusion surgery may benefit from Cirq® robotic surgery. To refer a patient to Kettering Brain & Spine, call 1-844-211-5482.



# Brain & Spine Team Conquers Complicated Case

Multidisciplinary medicine in action



Akil Patel, MD



Ronald Hale, MD

Brain treatments and procedures can be complicated—they allow little margin for error, and require significant planning and buy-in from many departments and staff members. Earlier this year, the clinical team at Kettering Medical Center had the opportunity to treat an extremely intricate arteriovenous malformation that drew on the expertise of many members of the service line, the technology available at Kettering Medical Center, and the dedication of the clinical team to deliver the care needed to improve the patient's condition and send him about his normal life.

Arteriovenous malformation (AVM) are tangles of veins and arteries that occur when regular blood flow is inhibited, and an abnormal connection is formed between the venous and arterial systems of the body. Though they can occur everywhere in the body, they typically develop in the brain and spine. If not treated, they can burst, which can cause a hemorrhage, stroke, or brain damage. According to Akil Patel, MD, neurosurgeon with Kettering Health Network and a member of the care team for this case, many people have AVMs that do not cause any issues, and thus they are never found.

Generally, AVMs can be treated through resection, embolization, or radiosurgery, using the Gamma Knife ICON, a treatment machine—of which Kettering Medical Center has the only one in the Dayton Area—that delivers highly precise doses of radiation to the brain. The Gamma Knife team maps out the brain using a series of CT scans, MRIs, and X-rays, and then “draws” the contour of the AVM in the planning system. A treatment plan is developed by the neurosurgeon, radiation oncologist, and medical physicist, making sure that the radiation can treat the bulk of the malformation without damaging the surrounding tissue. The patient is then docked in the Gamma Knife unit, and the radiation is administered to help gradually seal and shrink the malformation over time—usually a multi-year process.

The case that the team treated in February started in the ICU, where the patient was admitted with a severe brain bleed. Dr. Patel said that the multidisciplinary approach started there, when his team got involved after imaging showed the abnormality in the patient's brain. He then performed a cerebral angiogram, which revealed the complex AVM and led to more conversations with the Radiology, Neurosurgery, and Radiation Oncology teams.

“It was so involved and so extensive that I had to have multiple conversations not just with my partners here, but also with the Radiation Oncology team to see what our options were,” Dr. Patel said.

After these conversations and a review of the imaging, Dr. Patel knew it would be a multiple-step treatment plan—starting with endovascular surgery to shut down parts of the AVM, since it was too big originally to be treated using the Gamma Knife.

“I brought him in for an endovascular treatment, and while he was awake, started knocking down parts of this AVM,” Dr. Patel said. “I did that



specifically because I wanted to make sure he wasn't becoming symptomatic because of the treatment.”

According to Christopher Wennerstrom, medical physicist at Kettering Medical Center, the malformation was one of the most intricate AVMs he had seen and was being fed from both hemispheres of the brain, requiring Wennerstrom and the neurosurgeon to utilize images from a variety of scans in order to create an accurate map and treatment plan. “Invariably, we almost always use only one side of the angiographic imaging,” Wennerstrom said. “I have rarely, if ever, used imaging from both sides of the brain.”

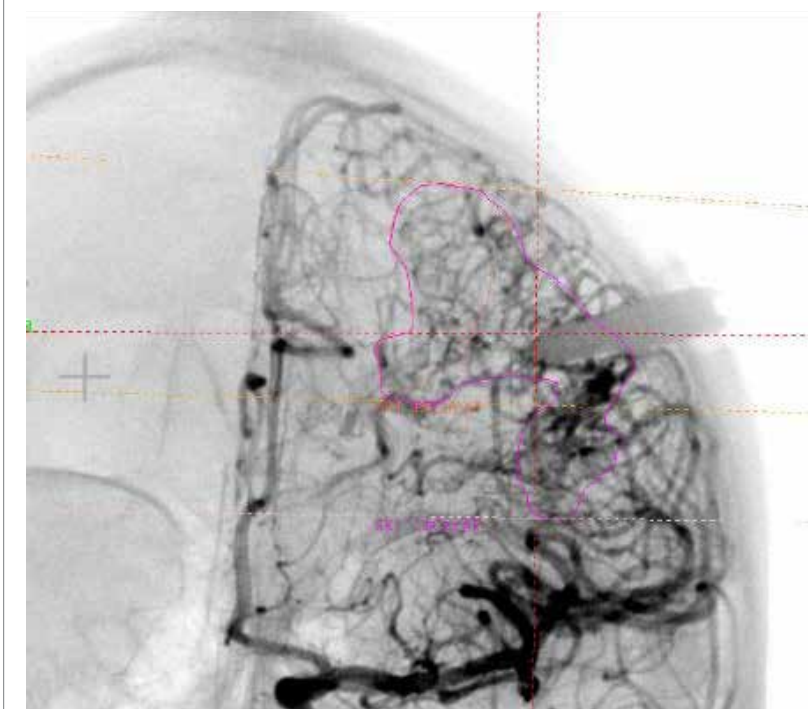
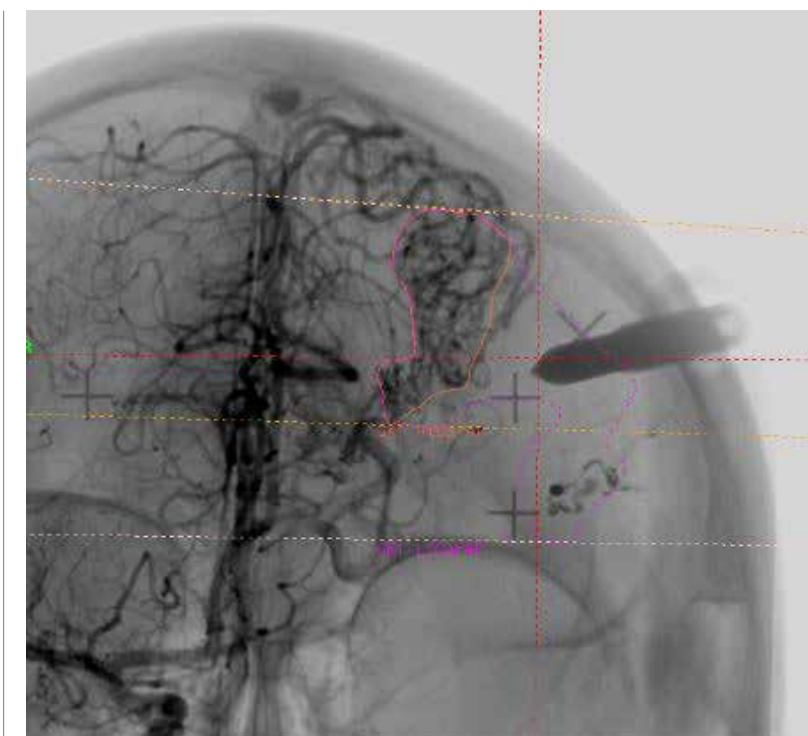
Wennerstrom noted that each scan—X-rays, MRIs, and CT scans—revealed intricacies about the malformation that required a new drawing and an addendum to the radiation plan. “We used 48 separate shots of radiation to cover it,” he said.

Ronald Hale, MD, medical director of Radiation Oncology at Kettering Health Network, said that with AVMs, the radiation is centered in on the nidus—the center of the entanglements which form the malformations. Using this precise and high-powered radiation on the center of the AVM causes vasoconstriction of blood vessels, which inhibits blood flow into the malformation over time.

“We focus the radiation on the connection between the artery and the vein that should not be there, and the radiation causes it to clamp down and close off,” Dr. Hale said.

Closing off this abnormal connection allows the blood to flow properly, and through the correct tissue with the correct amount of pressure.

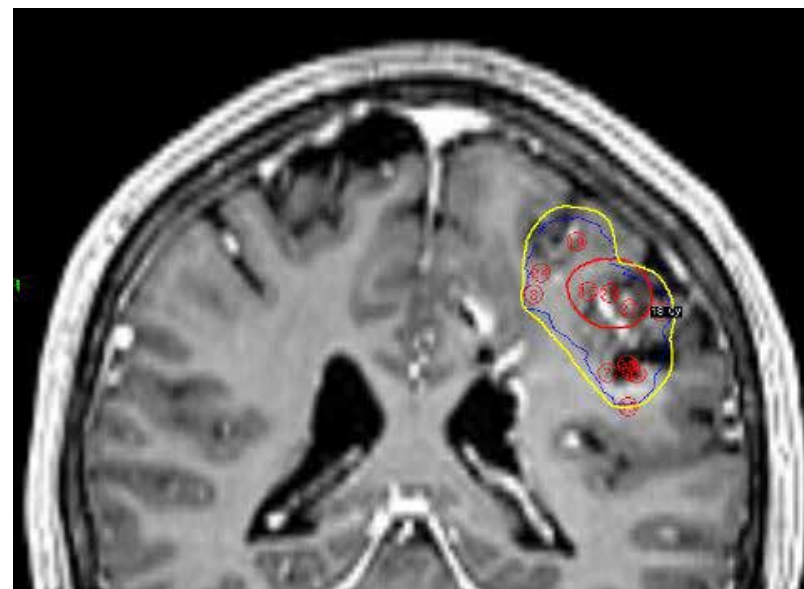
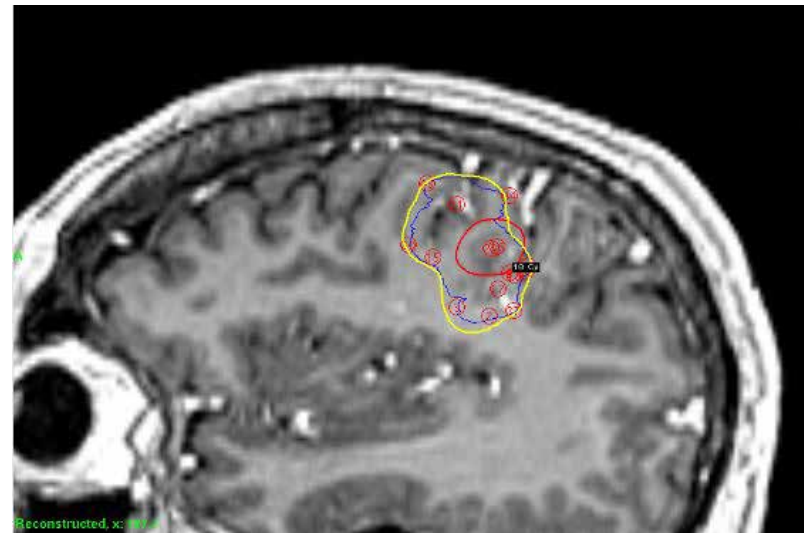
(continued on page 18)



Anterior projections of right and left ICA angiography

# Radial Access for Peripheral Vascular Interventions

New technique allows for lower-risk, cost-effective PAD intervention



MRI images showing AVM contour (blue) surrounded by conformal dose (yellow) with one of the 48 treatment shots outlined (red).

## Brain & Spine Team Conquers Complicated Case (cont.)

Using six different image sets, the team mapped out a plan to administer radiation to the malformation. Wennerstrom and a radiation therapist loaded the plan into the software associated with the Gamma Knife to begin treatment—in all, the treatment time was under an hour.

According to Wennerstrom, aside from the complexities of the case, what struck him most was the spirit of collaboration and dedication from the clinical team. For instance, Wennerstrom noted that Dr. Patel spent more than two hours mapping the treatment plan—an abnormally long time for these types of treatments.

Dr. Hale added that this interdisciplinary medicine creates an approach allows for more effective and specific care and should be applied to all areas of medicine.

“What we’ve learned over the years is when you can have different disciplines—in this case neurosurgery, interventional radiology, and radiation oncology—collaborate earlier in the patient’s treatment, you have more robust care,” Dr. Hale said. “I believe very firmly that the ideal we’re pushing toward is to have all of the players at the table early to discuss what the options are and what is the best course of action.”

For Dr. Patel, the multi-team and multi-staged approach, though complex and involved, ultimately was the best option for the patient, which was what mattered. “Something this complex is not a ‘one-and-done’ scenario. We say ‘hey, it’s going to take multiple-staged treatments,’” Dr. Patel said. “In this case, looking back, it was absolutely the right thing to do.”

For more information, or to refer to the Gamma Knife, call (937) 395-8488.



Peripheral arterial disease (PAD) affects more than 200 million people worldwide and is associated with substantial mortality and health care costs. In recent years, PAD has become more prevalent in the developing world, affecting 40% of women and 30% of men over 80 years old.

More than 90% of peripheral interventions are performed via transfemoral artery access (TFA). The complications associated with TFA can include hematoma, pseudoaneurysm formation, and retroperitoneal hematoma, which are associated with higher health care costs related to hospitalization and surgical repair. For example, patients with access-site complications spend an additional 2.8 days in the hospital, on average, and are almost three times more likely to have increased short- and long-term mortality.

Transradial artery access (TRA) is associated with a lower risk of these complications among patients undergoing percutaneous coronary intervention. However, historically, the technique has not commonly been used for percutaneous vascular intervention.

## Using transradial access for PAD

Until recently, the most significant limitations to using TRA for vascular intervention were in the length of the devices and the sheath size—the radial artery is more prone to spasm and asymptomatic occlusion with larger size sheaths. Newly developed wires, balloons, and sheaths have allowed operators to introduce devices that can treat most lesions of bilateral lower extremities.

The benefits of transradial access have been extensively described in medical literature with significant multi-center trials. Among the greatest benefits include significantly reduced major and access-site complications, the ability to treat fully anticoagulant patients with no bleeding risk, fast mobilization, and cost-effectiveness.

This approach also allows opportunity for the treatment of bilateral lower extremities during

the same index procedure, and alternative access for treatment in cases where TFA may not be suitable. For example, patients may have severely calcified femoral arteries, tortuous iliac arteries that make retrograde access unsuitable, or prosthetic endographs.

## Starting radial to peripheral program

In recent months, we have begun the radial to peripheral program with excellent results. This new technique is one of the greatest opportunities to improve patients’ lives and function with minimal complication rates. For many patients, we can open both occluded arteries in just one session, and the patient can return home within 3–4 hours.

We believe that with the safety of transradial access compared with transfemoral access, combined with an emergent collection of devices that make radial to peripheral procedures feasible, the stage is set for the emergence of TRA as a viable alternative to TFA for lower extremity peripheral vascular interventions. There is ample opportunity for the industry to recognize and develop tools to meet these needs and shift access choice for lower extremity interventions in the same way they have for cardiac coronary interventions.

With the advancement in techniques and devices, and as more device companies introduce longer devices that can treat PAD from the radial approach, we are one step closer to bridging the gap with the latest tools.

Kettering Physician Network Heart & Vascular physicians began performing transradial interventions for PAD in early 2020, leading the way in the community for adopting this new technique. Drs. Reddy and Safar were the first to perform these procedures at Kettering Health Network.



by **Ammar Safar, MD**, interventional cardiology, Kettering Physician Network Heart & Vascular and **Niranjan Reddy, MD**, interventional cardiology, Kettering Physician Network Heart & Vascular



# Are You Prepared for an Airway Emergency?



**Meghan Skotnicki, DO**



**Mike Elrod, DO**

Imagine that you are called to a ventilator-dependent patient's bedside in the intensive care unit. Her trach has become dislodged and her respiratory status is declining fast. The overhead page is summoning an otolaryngologist to the bedside. Knowing that time is of the essence, you attempt to reposition the trach yourself. But instead, you create a false passage. You try again, but it doesn't work. Panic levels are rising in the room, and the nurse calls the otolaryngologist's cell phone—only to discover that the doctor is at a different hospital. The otolaryngologist rushes to the ICU but is too late.

For fifth-year otolaryngology resident **Meghan Skotnicki, DO**, this situation isn't hard to imagine. Two years ago, she was that otolaryngologist on call. "For the vast majority of hospitals in the Dayton area, otolaryngologists are only 'in house' when they are operating. Therefore, it cannot be assumed that otolaryngology will always be immediately available in the event of an airway emergency," Dr. Skotnicki said. "Physicians from other specialties need to learn how to manage tracheostomy and laryngectomy emergencies so that when the need arises, they can respond appropriately."

worldwide die from trach and laryngectomy incidents. In 2012, four intensive care physicians in Manchester, England, established the UK National Tracheostomy Safety Project to improve the safety and quality of care for patients with tracheostomies and laryngectomies. Dr. Skotnicki utilized some of the group's educational materials when developing her course, which was part of a quality improvement project.

## An interactive course

The course provides didactic instruction with video demonstrations, diagrams, photos, and interactive quizzes. It covers

- Anatomy and physiology as they relate to tracheostomies and laryngectomies
- Tracheostomy tubes, their components, accessories, and indications
- Emergency algorithms that provide pathways to troubleshoot and establish a safe airway for both tracheostomy and laryngectomy patients

"The thought of responding to an airway emergency can create fear for providers who don't do it very often," Dr. Skotnicki said. "Being familiar with the anatomy, equipment, procedures, and algorithms is essential. The more you educate yourself, the less intimidating it is. My otolaryngology colleagues and I hope that this course will significantly improve care for trach and laryngectomy patients, especially when an emergency arises."

Dr. Skotnicki said that such emergencies occur all too often, even in patients who present with medical issues unrelated to their airway. "If a patient comes to the emergency department for care and the doctor sees a stoma, the immediate thought may be that the patient's trach has fallen out," she said. "But if that patient has had a total laryngectomy, they never had a trach. The stoma is their only airway, and if that is not understood and that airway is occluded, they will asphyxiate."



## Building competence and confidence

Dr. Skotnicki said that she and other otolaryngologists are often consulted for tracheostomy issues that could be managed by physicians in other specialties. "A patient might arrive from another facility in stable condition but needing their long-term trach replaced," Dr. Skotnicki said. "This controlled setting presents an excellent opportunity for providers, especially resident physicians, to ask an otolaryngology resident to supervise while the tracheostomy is placed. Completing the course and taking opportunities like this when they present themselves will only increase provider comfort and competence in an emergent situation."

The course is available to any provider with a HealthStream log-in. About 100 physicians have completed it, including trainees in surgery, anesthesiology, internal medicine, and emergency medicine. The course is earning high marks from providers, including **Mike Elrod, DO**, program director for General Surgery at Grandview Medical Center. "Dr. Skotnicki's HealthStream

module is by far the most clinically relevant, most educational module I have seen," he said. "Her module will truly improve patient care, and I commend her on a job well done."

As part of the quality improvement project, Dr. Skotnicki is offering head-of-the-bed cards for Kettering Health Network intensive care units. When a patient with a trach or laryngectomy is admitted, the care team completes the card so that providers can see essential information at a glance, such as tube size and whether an inner cannula is present.

The airway management training course is available in the "Catalog" section of HealthStream and is titled "KHN Medical Staff Surgical Airway Understanding and Management."

For more information or to request ICU "head-of-the-bed" cards for trach and laryngectomy patients, contact [Meghan.Skotnicki@ketteringhealth.org](mailto:Meghan.Skotnicki@ketteringhealth.org)

“Dr. Skotnicki's HealthStream module is by far the most clinically relevant, most educational module I have seen.”

— Mike Elrod, DO, program director for General Surgery at Grandview Medical Center

To that end, Dr. Skotnicki has developed an airway management course that is available on HealthStream. The need for this type of airway management training is not unique to Kettering Health Network. Every year, thousands of patients

# Cardio-Oncology Partnership Aids in Continuity of Care, Patient Wellness



R. Jordan Bohinc, DO



Heather Riggs, MD

The development and expansion of treatment options has inevitably increased survival rates and the lifespan for those suffering from cancer. With these new treatment options, however, comes another factor that physicians and patients should be in the know about, and check on regularly—cardiovascular health.

R. Jordan Bohinc, DO, leads a team—consisting of technicians and oncologists from multiple specialties—that is working to ensure the long-term cardiovascular health of those who are being treated for, or have undergone treatment for, cancer.

The need for a cardio-oncology partnership at Kettering Health Network is two-fold, according to Dr. Bohinc. First, oncologists have become so effective at treating cancer that their patients are now living long enough to develop certain heart conditions, which necessitates monitoring once their treatment is complete.

“Data has shown that people who have had cancer of all types and cancer treatments have a higher lifetime risk of cardiovascular disease,” Dr. Bohinc said. “We continue to monitor them after their treatment to really maximize their cardiovascular health going forward.”

Second, certain more effective, targeted treatments have the potential to be cardiotoxic, so it’s necessary for a cardiologist knowledgeable on the cardiovascular risk factors associated with cancer treatment to be involved to ensure heart health is optimal during treatment.

“Historically, there were always certain chemotherapy agents [that needed monitoring],” said Heather Riggs, MD, MS, oncologist with Kettering Health Network. “But now many targeted therapies require monitoring as well.”

For example, Dr. Riggs pointed out that almost all therapies that inhibit the HER2 growth receptor—which is found in about 25 percent of breast cancers—have the potential to be cardiotoxic. Because these therapies are effective and necessary, at the present there is not a lot of variability in options, so those undergoing this treatment require regular monitoring with echocardiograms to check for global longitudinal strain and other cardiovascular issues.

Cardio-oncology as a specialty is fairly new but is growing as the innovation in treatment requires the collaboration between the services. At Kettering Health Network, the program began in 2013, and has expanded since then. Generally, the program sees breast cancer patients, but has begun seeing patients dealing with all forms of cancer.

This field of study is common in many research environments, but Dr. Riggs said it is rare to witness someone with Dr. Bohinc’s expertise and interest in the subject in the community hospital setting.

“Not all community cancer centers will have the resource of a cardiologist who understands what these issues are and follows these patients with close monitoring,” Dr. Riggs said. “We’re thankful that his practice and his interest exists.”



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July-October 2020

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Nishanta Baidya, MD  
Lori Freetage, DO  
Arie Moszkowicz, MD  
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July-October 2020

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Kettering Physician Network New Physicians and Advanced Practice Providers  
July-October 2020

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July-October 2020

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(937) 438-8910

Robert Edmonds, MD  
TAA SpecialtyCare  
(937) 395-8556

## FAMILY MEDICINE

Gabriella Snow, MD  
KPN Primary Care - Beaver View  
(937) 531-7902

Huong-Thao Tran, MD  
KPN Primary Care - Englewood  
(937) 836-6000

Nancy Costa, DO  
KPN Primary Care - Ollie Davis  
(937) 531-0132

Jonathan Gaskill, MD  
Isaac Koh, MD  
Soin Family Practice Center  
(937) 558-3900

Christopher Holloway, MD  
KPN Primary Care - Springfield  
Center-South  
(937) 399-7777

Holly Miller-Eshleman, APRN-CNP  
Nicole Carroll, PA-C  
Pure Healthcare  
(937) 668-7873

## INTERNAL MEDICINE

Juan Rojas-Gomez  
Obiora Okafor, MD  
Erik Poldemann, MD  
Lisa Hemphill, APRN-CNP  
Hannah Moore, APRN-CNP  
Camelia Nelson, APRN-CNP  
KHN IP Med  
(937) 395-6665

Leesa Comparin, MD  
Hillor Mehta, MD  
Parminder Modgil, MD  
Asma Riaz, MD  
Sharmila Price, MD  
Kelsey Wilson, MD  
Nadia Haller, APRN-CNP  
Bindhu Sajay, APRN-CNP  
Jill-Renae Gulczynski, PA-C  
Tara Perdue, PA-C  
Jeremy Bickett, PA-C  
South Dayton Acute Care  
Consultants, Inc.  
(937) 433-8990

Debra Steel, APRN-CNP  
KMC ICU  
(937) 298-4331

## NEUROLOGY

Taylor Kabacinski, DO  
KPN Neuro IP/ED Services  
(937) 643-9299

Martha Girolamo, APRN-CNP  
Dayton Center for Neurological  
Disorders, Inc.  
(937) 439-6186

## OB-GYN

Amy Brown, MD  
TAA SpecialtyCare  
(937) 702-4000

## ONCOLOGY

Roxana Aguirre Pedroza, MD  
Kettering Cancer Care  
1-855-500-2873  
Neetu Radhakrishnan, MD  
Kettering Cancer Care -  
Fort Hamilton Hospital  
1-855-500-2873

Daniel Sufficool, MD  
Kettering Cancer Care -  
Radiation Oncology - Troy  
(937) 980-7053

## ORTHOPEDICS

Jerrod Steimle, DO  
David Martineau, MD  
Kristen Horgan, PA-C  
Orthopedic Assoc. of S.W. Ohio, Inc.  
(937) 415-9100

Domingo Molina IV, MD  
Springfield Orthopaedic &  
Sports Medicine  
(937) 398-1066

Zachary Baum, APRN-CNP  
Orthopedic Associates of Dayton  
(937) 280-4988

## OTOLARYNGOLOGY

John Balazs, DO  
Alway, Balazs & Associates, Inc.  
(937) 723-5888

## PEDIATRICS

Shreyas Arya, MD  
Dayton Children's Hospital  
(937) 641-3414

## RADIOLOGY

Katherine Abraham, MD  
Nishanta Baidya, MD  
Lori Freetage, DO  
Arie Moszkowicz, MD  
Kettering Network Radiologists, Inc.  
(937) 297-6307

## SURGERY

Wesley Johnson, DO  
KPN General Surgery - Soin  
(937) 490-2270

Kyle Conway, MD  
Benjamin Davies, MD  
Andrew Galusha, MD  
TAA SpecialtyCare  
(937) 702-4000

Justin Fox, MD  
WPAFB Medical Center  
(937) 257-9257

Margaret Dunn, MD  
Wright State University -  
Dept. of Surgery  
(937) 208-2951

UROLOGY  
Kaye Sekas, APRN-CNP  
KPN Urology - Troy  
(937) 980-7460

# Welcome Providers

Fort Hamilton New Physicians and Advanced Practice Providers

July-October 2020

## ANESTHESIA

David Tabor, APRN-CRNA  
TeamHealth Anesthesia, LLC  
(561) 623-2021

## CARDIOLOGY

Ashwin Bhirud, MD  
KPN Heart & Vascular - Lincoln Park  
(937) 298-8058

## EMERGENCY MEDICINE

John Ford, MD  
TeamHealth Emergency Medicine  
(937) 312-3330

## GASTROENTEROLOGY

Meghan Opperman, PA-C  
Gastrocare of Southwest Ohio, LLC  
(513) 896-2200

## INTERNAL MEDICINE

Shannon Caruso, APRN-CNP  
Associates in Adult Health Care  
(440) 842-8675

## NEPHROLOGY

R. Motz, MD  
The Kidney and Hypertension  
Center  
(513) 487-5305

## NEUROLOGY

Nattasha Acevedo Ramirez, MD  
Rebecca Jimenez-Sanders, MD  
Tao Tong, MD  
Telespecialists, LLC  
(513) 867-2000

## ONCOLOGY

Roxana Aguirre Pedroza, MD  
Daniel Sufficool, MD  
Kettering Cancer Care  
1-855-500-2873

Neetu Radhakrishnan, MD  
Kettering Cancer Care -  
Fort Hamilton Hospital  
1-855-500-2873

## OPHTHALMOLOGY

Aaron Noll, MD  
Tri-State Centers for Sight, Inc.  
(513) 868-2181

## PEDIATRICS

Emily Miller, MD  
Cincinnati Children's Hospital -  
Newborn Care Associates  
(513) 636-7216

## SURGERY

Robert Owens, MD  
Advanced Pelvic Surgery, LLC  
(513) 942-7640

James Nall, DMD  
Affiliates in Oral and Maxillofacial  
Surgery  
(513) 829-8080

Alyssa Bonta, MD  
Julie Gilkeson, MD  
Jonathan Velasco, MD  
KPN Surgical Care  
(937) 228-4126

## Kettering | Sycamore | Troy Providers (cont.)

### SURGERY

David Surprenant, MD  
Dayton Skin Surgery Center, Inc  
(937) 293-5567

Alexander Armstrong, PA-C  
Mallory Getts, PA-C  
Colleen Hill, PA-C  
Rachel Snyder, APRN-CNP  
Rebekah Sooy, PA-C  
Connor Wolfe, PA-C  
Kettering Acute Care Surgery  
(937) 395-8556

Jessica Pasquale, CST, CFA  
Kettering Perioperative Services  
(937) 395-6787

Santosh Kale, MD  
Midwest Breast & Aesthetic  
Surgery  
1-855-687-6227

Eric Bauer, MD  
Southwest Ohio  
ENT Specialist, Inc.  
(937) 496-2600

### UROLOGY

Lori McKibben, CST  
Kaye Sekas, APRN-CNP  
KPN Urology - Troy  
(937) 980-7460





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Kettering OH, 45429

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# Required provider Information Systems training

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