

URMC CONNECTION

FOR PHYSICIANS AND HEALTH PROFESSIONALS

WINTER 2010

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Strong Aims for Perfect Care

It's the top goal in the University of Rochester Medical Center's (URMC) Strategic Plan, the centerpiece of Strong Memorial Hospital's Management Plan, and the leading agenda item at every URMC Board meeting: how to deliver care with zero preventable complications, no unnecessary readmissions, zero avoidable adverse outcomes.

"Our primary approach has been on infection prevention, particularly surgical site infections and central line-associated infections," said Acting

CEO **Mark Taubman, M.D.** In addition to broad, institution-wide interventions such as a rigorous handwashing campaign, Strong has commissioned dozens of unit-level teams to rethink care processes, draft checklists of action items, and educate staff about potential sources of infection. From the NICU to the cardiac service to the general medical floors, the number of infections is now down dramatically over the past year.

Continued on next page

FDA Approves Destination Therapy Device for Heart Failure

URMC Only Site in Upstate N.Y. to Offer HeartMate LVAD

Heart failure patients in upstate New York and across the country have a new option that has demonstrated significant survival rate results. The Food and Drug Administration (FDA) in January approved HeartMate II, the next generation of HeartMate left ventricular assist devices (LVAD), for destination therapy (DT). URMC's Program in Heart Failure and Transplantation is currently the only provider in upstate New York implanting the device.

HeartMate II, an axial flow device produced by Thoratec Corporation that earned FDA approval in 2008 for bridge-to-transplantation (BTT), is logging dramatic survival rate statistics. In a recent two-year study, survival was 58 percent for HeartMate II patients versus 24 percent for the HeartMate XVE patients. By contrast, in the REMATCH study (Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure), the survival rate for heart failure patients randomized for not receiving an LVAD at 24 months was zero.

In addition to being longer-lasting, HeartMate II is considerably lighter – about 1 pound compared to the nearly 5-pound HeartMate XVE – and also smaller in size, which makes it possible to implant the HeartMate II in smaller patients, particularly women whose bodies could not accommodate the larger HeartMate model.

FDA approval makes the device more widely available to heart failure patients who don't qualify for transplant because of other health problems. "HeartMate II is a significant leap in mechanical support devices and is bringing us closer to the 'heart on a shelf' device that we have been working towards," said **H. Todd Massey, M.D.**, surgical director of the Program in Heart Failure and



Transplantation and director of the hospital's ventricular assist device program. "The device is appropriate for advanced medically refractory heart failure patients. Patients who receive HeartMate II can live longer, more productive lives."

URMC was involved in initial clinical trials of the HeartMate II in which the device achieved statistically superior results over the XVE. Survival rates were significantly higher for HeartMate II patients who also remained free from disabling stroke or the need for reoperation to replace or repair the pump.

URMC is a Joint Commission Certified Ventricular Assisted Devices Center. This certification is new to the Joint Commission in the last two years.

For more information or to refer a patient, call the Program in Heart Failure and Transplantation at **(800) 892-4964** or **(585) 273-3760**, or visit **www.mystrongheart.com**.

Perfect Care, *continued from front page . . .*

"Along with fewer infections we're seeing improvements in every aspect of what we're doing. It's saving lives, improving access, and even enhancing revenue. It's true that investing in quality is a bargain," Taubman said.

According to Strong's Chief Quality Officer **Robert Panzer, M.D.**, Strong's vigilant pursuit of perfect care marks a change in thinking from the days when complications were considered unavoidable. "For example, in both adult and pediatric ICUs, we're seeing fewer infections per 1,000 line days," he said. Panzer attributes the improvement to disciplined use of care bundles both when central lines are put in place and as they are maintained in the days after insertion.

Strong's leaders credit the plunge in the infection rate with improvements in overall mortality. According to the United

Healthsystem Consortium (UHC) which benchmarks quality scores of 107 academic medical centers (some 220 peer hospitals), Strong's observed-to-expected mortality rate has dipped from 1.1 to 0.85 since 2007. In fact, in areas such as treatment for heart attacks, preventing pneumonias and surgical complications—as well as central line infections—Strong has been at or better than the UHC benchmark for the last several months.

In the spirit of transparency, the Medical Center has built one of the most robust quality websites of any hospital in upstate New York. Across a range of services and conditions, it includes case volumes, performance on standard CMS process measures, and outcome measures such as mortality and readmissions. To learn more about our Strong Commitment, visit **www.urmc.rochester.edu/quality**.



New URM Surgery Center Improving Access for Patients *Ambulatory Surgery Center's Quality, Convenience Praised*

URMC Surgery Center, which opened in August at 180 Sawgrass Drive in Brighton, is earning rave reviews from physicians and patients for providing quality care while improving access and convenience. With 10 operating suites and three procedure rooms equipped with advanced technology, and spacious facilities for enhanced comfort and privacy, it's the largest hospital-affiliated ambulatory surgery center in New York state.

"We always seek patient feedback with surveys and phone follow-ups and they have been universally positive," said **Michael Maloney, M.D.**, medical director of the Surgery Center. "They like the ease of access, the polite, conscientious staff, and clean, spacious environment. I think patients have great confidence having their procedure performed at such a state-of-the-art facility."



Michael Maloney, M.D.

URMC launched plans for the Center three years ago, as growth in specialty care placed more pressure on Strong Memorial Hospital's existing operating suites for urgent, high-acuity inpatient procedures. Meanwhile, emerging, minimally invasive technologies, improved anesthesia techniques and other innovations led to a surge in outpatient surgeries, URM's fastest growing clinical activity.

"With demands on the hospital's operating rooms and growth in ambulatory cases, it was clear that we needed to quickly address the issue with a patient-focused solution," said Maloney.

URMC partnered with real estate developer Castle Office Group, LLC, to develop the 80,000-square-foot medical facility, which includes operating and procedure rooms, 43 private pre- and post-anesthesia cubicles, 10 post-anesthesia bays, a pharmacy, and facilities for sterile equipment processing. It also accommodates URM's Pain Treatment Center, the Division of Colorectal Surgery, and is the future home of the Gastroenterology, Hepatology and Endoscopy Center, slated to open in February.

The Surgery Center's spacious facilities—with 625-square-foot operating rooms and procedure rooms measuring 400 square feet—are nearly double their in-hospital counterparts. Operating rooms are equipped with the latest anesthesia, monitoring, and high-definition

video devices that are boom-mounted on the ceiling, freeing up floor space for surgical staff and allowing for more efficient transitions between cases. Procedure rooms accommodate cases that do not require anesthesia, with one procedure room specifically equipped for colorectal procedures.

"The Center's state-of-the-art equipment, high definition videos and the latest in arthroscopic technology benefit all—physicians, nurses and mostly patients," said Orthopaedic Surgeon **Ilya Voloshin, M.D.** "Everything in the center was built with patient care in mind."

Feedback from patient surveys has been positive and physicians and staff find the Center an optimal setting for patient care, according to Maloney. "Patients appreciate the easy access a free-standing facility offers, versus many of the logistical issues encountered when coming to the Medical Center. Surgeons are pleased with the working experience. It's a credit to the outstanding effort all the staff have put forward, which has made the transition very smooth."

The new Center's benefits are doubled for patients of the Division of Colorectal Surgery, with clinic services and procedures available under one roof.

"It's revolutionized access for patients, having everything in one building, with spacious facilities and good parking. Patients like it and it's opened up the possibility for us to see patients every day of the week, and to accommodate urgent cases right away," said **John R. T. Monson, M.D.**, head of the Colorectal Surgery Division. "It's streamlined our services and provides a higher quality experience for both patients and staff."

More than 1,500 procedures have been performed since the Surgery Center opened, well on its way toward its goal of 8,500 procedures in its first year, including orthopaedic, otolaryngology, and plastic surgery cases, as well as some colorectal procedures. By its third year, the Center's capacity could reach 18,000 procedures annually.

URMC Surgery Center Phone Numbers

(585) 275-URMC (275-8762); Fax (585) 244-2411

Division of Colorectal Surgery

(585) 275-2727; Fax (585) 276-2655

Pain Treatment Center

(585) 242-1300; Fax (585) 473-5007

Gastroenterology, Hepatology and Endoscopy Center

(585) 275-4711; Fax (585) 276-0101

New Colorectal Physiology Center at Highland Is Centerpiece of Comprehensive Colorectal Surgery Services

The University of Rochester Medical Center Division of Colorectal Surgery has opened the Colorectal Physiology Center at Highland Hospital, the only clinic of its kind in a 450-mile radius of Rochester, offering the most advanced diagnostics and treatments for individuals with defecatory disorders.

The Center is integral to Division's development of the most comprehensive approach to colorectal care in the northeastern United States, according to **John R. T. Monson, M.B.B.Ch., M.D.**, chief of Colorectal Surgery.

The Division encompasses inpatient surgery at Strong Memorial and Highland hospitals, outpatient care and procedures at the URMC Surgery Center, and outpatient diagnosis and treatment at Highland's Colorectal Physiology Center.

The Physiology Center treats a variety of conditions, including loss of bowel control, obstructed defecation, constipation, pelvic floor dysfunction, and pelvic pain or trauma. It is the first and only center in the region to offer comprehensive services in one convenient location, including:

- State-of-the-art imaging technologies, such as 3-D ultrasound and anal manometry
- Advanced surgical procedures
- Highly effective non-surgical treatments, including pelvic floor muscle rehabilitation and dietary modification.



Jenny R. Speranza, M.D. (center) directs the Colorectal Physiology Center

"We offer compassionate care and support from a team of providers who specialize in caring for patients with these disorders, to enhance patients' quality of life," said Center Director **Jenny R. Speranza, M.D.**, who is fellowship-trained in diagnosing and treating colon and rectal disorders.

The Colorectal Physiology Center is one of the most advanced centers of its kind in the country. To refer a patient to the Center, call (585) 341-0747.

URMC Revises Bed Expansion Plans Adult Beds to be Added to Wilmot Cancer Center



URMC has begun plans to add inpatient beds for at least 30 adults to the James P. Wilmot Cancer Center, a move that will address the critical shortage of space for Rochester's hospitalized patients.

Once building designs are finalized and approved by the University Trustees, construction could begin next summer on three new floors – one to house hospitalized patients undergoing cancer treatment, plus two unfinished floors for future expansion of research or patient care services within the Cancer Center.

The Cancer Center addition is the first phase of the Medical Center's strategic plan to increase its capacity to care for adult patients, modernize and expand its Golisano Children's Hospital, and provide much-needed space for imaging technology.

Next, Strong Memorial Hospital anticipates constructing additional space for pediatrics and imaging, although plans for this second phase are not yet finalized. The new, two-step plan achieves the objectives of the Medical Center's originally proposed PRISM plan, but opens adult beds sooner while incurring less debt.

"The critical need to add beds for adults, modernize and expand our pediatric services, and decompress Imaging Sciences has not changed, although economic realities challenge us to be more flexible and more creative," said Acting CEO **Mark B. Taubman, M.D.** "Approaching these needs in two phases allows us to add adult beds more quickly than in the original plan, yet preserves our ability to subsequently address critical needs in pediatrics and imaging."

Patients could begin occupying the new unit by early 2012—sooner than what was expected with the originally proposed PRISM tower. Perhaps most important, this approach will create more integrated care for patients with cancer.

"This is a very exciting opportunity to bring inpatient and outpatient care for cancer patients together in a single building," said **Richard I. Fisher, M.D.**, director of the James P. Wilmot Cancer Center. "The integration of research, teaching, and now all aspects of patient care is a strategy that's been used successfully at the very best cancer centers like M.D. Anderson and Memorial Sloan Kettering."

For more information, visit www.urmc.rochester.edu.

Innovative Hip and Knee Arthritis Clinic Offers Timely Access to Specialists

The University of Rochester Medical Center's Orthopaedics Department and Highland Hospital's Everts Joint Center collaborated to open the region's first hip and knee arthritis clinic, located at Clinton Crossings in Brighton.

Under the guidance of fellowship-trained physiatrist **Thomas Cesarz, M.D.**, the program partners with orthopaedic surgeons to provide quick access to specialists in advanced arthritis care and a full array of non-surgical treatment options for the discomfort and loss of function arthritis can cause. Treatments may include injections to reduce joint inflammation and/or improve the cushioning between bones to alleviate pain, as well as physical therapy, lifestyle modification, and assistive devices to reduce pain and improve patients' ability to function.

"We launched this clinic to address the chief concern that arthritis patients have: timely access to specialized care when they first need it," said **Allen D. Boyd Jr., M.D.**, chief of Orthopaedics at Highland Hospital. "At the onset of arthritis, when symptoms are relatively mild, many patients can manage the disease in partnership with their primary care physicians. At a certain point, though, they may need and want to see a specialist for more advanced treatments, such as injections into the affected joints, and to evaluate whether they are a candidate for surgery."

The clinic gives patients long-term medical management of arthritis to ensure their timely evaluation and treatment by orthopaedic surgeons at Everts Joint Center.



Thomas Cesarz, M.D., directs the new arthritis clinic.

"Before the start of this clinic, patients' only option for advanced care was to consult with an orthopaedic surgeon and, due to the increasing demand for orthopaedic surgery, access to a physician appointment could sometimes be delayed," Boyd said. "By offering an alternative between the primary care physician and the orthopaedic surgeon, the clinic ensures a more appropriate level of care for patients in the early and middle stages of this disease."

The new clinic gives patients quick access to specialized physician care when they are in pain and experiencing a loss of function and serves as a resource for primary care providers to refer patients for early, effective evaluation of the problem and ongoing management.

"Proper management of arthritis keeps people comfortable, maximizes their ability to function, and can even delay the need for surgery," said Cesarz. "Arthritis is a progressive disease and a very frustrating one for patients and their primary physician. I know that we can make a difference in their lives and am excited to be part of this clinic's introduction to the region."

Cesarz works closely with URMC's orthopaedic surgeons, who will consult on cases, review patient x-rays, and identify candidates for surgical procedures.

Cesarz sees arthritis patients at University Orthopaedics, Clinton Crossings, 4901 Lac de Ville Blvd., Building D. For information or to refer patients to the hip and knee arthritis clinic, please call **(585) 275-2225**.

Endoscopic Cryospray Ablation Offers Minimally Invasive Treatment for Tumors

Interventional gastroenterologists at the University of Rochester Medical Center were the first in upstate New York to treat early esophageal tumors and precancerous growths with a deep-freezing spray of liquid nitrogen.

Doctors are using cryospray ablation therapy, technology only available at a few centers across the country, to treat a variety of conditions, including dysplastic Barrett's esophagus and early gastrointestinal tumors and dysplasia. It is also being used as palliative therapy for luminal tumors.

"This technology opens up doors for people with tumors and pre-cancerous conditions in the gastrointestinal tract to receive a minimally invasive endoscopic treatment on an outpatient basis," said **Vivek Kaul, M.D.**, acting chief for the Division of Gastroenterology and Hepatology at Strong Memorial Hospital. Kaul partnered with Thoracic Surgery Chief **Thomas Watson, M.D.**, to bring the technology to the region's patients and treat them in a multidisciplinary setting.

"The cryospray technique gives us another way to treat tumors and pre-cancerous lesions in the esophagus or stomach when surgery isn't feasible or as an alternative to surgery, and the recent data is very promising," Kaul said. He was the first doctor in upstate New York trained to use the technology.

Cryospray ablation is another option for treating Barrett's esophagus with dysplasia or early cancer, a condition seen in people who have gastroesophageal reflux disease. The procedure entails insertion of a catheter through an endoscope and, under direct endoscopic vision, liquid nitrogen is sprayed on the target tissue. Over the next few days, the treated tissue sloughs off and is typically replaced by normal tissue, or the area of damaged tissue will shrink and will require subsequent treatments as indicated. Patients report that side effects are minimal, Kaul said.

For further information on cryospray ablation, please call **(585) 275 4711** or e-mail vivek_kaul@urmc.rochester.edu.

New Services Enhance Fertility Treatment Offerings at URMC



Adam M. Griffin, M.D.

A fertility preservation program and advanced minimally invasive surgical techniques have expanded services at URMC's Strong Fertility Center.

The new programs coincided with the August 2009 arrival of Fertility Specialist **Adam M. Griffin, M.D.** Griffin came to Rochester from Boston, where he completed a fellowship in reproductive endocrinology at Brigham and Women's Hospital, and Children's Hospital, and served as a clinical instructor in reproductive endocrinology at Harvard Medical School.

Griffin launched Strong Fertility Center's Childbearing After Recovery (CARE) program, which assists cancer patients who are faced with treatment choices that can affect their fertility.

"In recent years, important strides have been made in fertility preservation that offer several options for patients to achieve their fertility goals and become parents," Griffin said. One new option is oocyte freezing, which allows women to preserve eggs for future use in fertility treatments while they undergo cancer treatment such as chemotherapy or radiation.

CARE also provides education and counseling, donor services, support services, and financial assistance for patients diagnosed with cancer or other illnesses whose treatments may impact fertility.

At URMC, Griffin is also spearheading the use of the daVinci robotic surgical system for minimally-invasive infertility treatments and surgeries that require reconstruction of a woman's uterus, such as myomectomy, where repair of the uterus must be both precise and strong in order to restore fertility and carry a pregnancy to term.

Griffin, who completed his residency at the University of Rochester, has earned numerous awards, including a 2008 Expanding the Boundaries research grant from Brigham and Women's Hospital to investigate public opinion regarding the status of human embryos; a National Institutes of Health grant from the Society of Reproductive Endocrinology and Infertility in 2007 for research to characterize amniotic fluid-derived stem cells; and Brigham and Women's Resident Teaching Award for 2007, presented to the Reproductive Endocrinology and Infertility fellow who makes the most significant contribution to resident education. His current research is focused on the potential use of stem cells in fertility preservation.

Griffin is a fellow of the American College of Obstetricians and Gynecologists, a member of the American Society for Reproductive Medicine and the Society of Reproductive Surgeons, an associate member of the Society for Reproductive Endocrinology and Infertility, and a member of the American Medical Association.

Strong Fertility Center is the longest-standing in vitro fertilization center in upstate New York, with an experienced medical team of board-certified reproductive endocrinologists. That team includes Strong Fertility Center Director **Kathleen Hoeger, M.D., M.P.H., Vivian Lewis, M.D., and John T. Queenan Jr., M.D.,** complemented by an extensive, highly skilled support staff.

In addition to providing the latest fertility treatments, the Center's experts are actively involved in research to advance diagnosis and care for couples who face infertility.

For information or to refer patients to Strong Fertility Center, visit www.fertility.urmc.edu or call (585) 487-3378.

Pulmonary Care Services Expand at Convenient Location

Patient access to URMC's Pulmonary and Critical Care services improved recently with its relocation to Strong Memorial Hospital's Ambulatory Care Facility. Serving both outpatients and hospital inpatients, the new site offers efficient check-in and check-out for patients, ample space for evaluations and procedures, and close proximity to the hospital's parking garage.

The Division offers general pulmonary care plus subspecialty clinics in interstitial lung disease, pulmonary hypertension, pulmonary nodules and masses, and obstructive lung diseases including asthma.

"We have expanded our faculty and services to meet a growing clinical demand," said Division Chief **Steve Georas, M.D.** "Our new location provided a much-needed increase in the number of

exam rooms available to the pulmonary clinicians, and modernizes and increases the pulmonary function testing capability of the Division."

The clinic includes a state-of-the-art bronchoscopy suite with two bays for performing bronchoscopies, a four-bed recovery unit, and a procedure room for sputum induction and thoracentesis with or without ultrasound guidance. The bronchoscopy suite serves both inpatients and outpatients with diagnostic and therapeutic procedures performed under conscious sedation. More than four times the size of its predecessor, the suite also features fluoroscopy for improved imaging during procedures.

The Division also performs endobronchial ultrasound-guided biopsies (EBUS) in the bronchoscopy suite. EBUS is a powerful tool for staging lung cancer and sampling mediastinal lymph nodes.

For information or referrals, please contact the Pulmonary Division at (585) 275-4161.

Wilmot Cancer Center Offers Outpatient Stem Cell Transplants

Outpatient stem cell transplants are now an option for patients of the James P. Wilmot Cancer Center, opening the door for some people with cancer to receive transplants without being hospitalized.

“This is a significant step forward that we’ve been able to make because of the safety measures and support systems we’ve put in place for our patients,” said **Gordon L. Phillips II, M.D., Ph.D.**, director of the Samuel E. Durand Blood and Marrow Transplant Program, the only program of its kind in the Rochester and Finger Lakes region. He praised the program’s doctors, nurses, and support staff for their work building systems to support future patients who can benefit from this.

Marty Wheeler, of Bloomfield, N.Y., was the first to undergo an outpatient transplant at Wilmot. Diagnosed in January 2008 with multiple myeloma by Clifton Springs oncologist **Bruce Yirinec, M.D.**, Wheeler underwent a regimen of chemotherapy and was referred to the Wilmot Cancer Center for his first autologous stem cell transplant in December 2008. Doctors used Wheeler’s own healthy cells, collected earlier, to perform the successful transplant.

Wheeler’s disease returned and Wilmot doctors began preparing for a second transplant in April 2009. It’s common practice for people with multiple myeloma to undergo tandem, or back-to-back, stem cell transplants, Phillips said.

“It was an ideal situation. He is a relatively healthy individual with a great home-based support system who had already done well with the first transplant,” he said. “Our team created a solid education program for them and was in constant contact to ensure that Mr. Wheeler progressed well.”

The Blood and Marrow Transplant Center performs about 130 transplants per year and is the second largest program in New York, behind Memorial Sloan Kettering Cancer Center.

The program was launched in 1989 and the team has performed more than 2,000 transplants, offering autologous or allogenic transplants to people with a variety of cancers. The center has seen significant success, with 100-day survival rates exceeding national benchmarks in all categories for marrow and stem cell transplants.

For more information, call **1-866-4 WILMOT** or **(585) 275-5830**.

Landmark *NEJM* Study Finds Device Therapy Prevents Heart Failure



A landmark study published in the *New England Journal of Medicine* and presented by University of Rochester investigator **Arthur J. Moss, M.D.**, at the European Society of Cardiology Congress, shows that patients who received an implanted cardiac resynchronization device combined with a defibrillator (CRT-D) had a 34 percent reduction in their risk of death or heart failure when compared to patients receiving only an implanted cardiac defibrillator (ICD).

The overall benefit observed from resynchronization therapy was driven by a 41 percent reduction in heart failure events. Women who received CRT-D had an astonishing 63 percent reduction in the risk of heart failure.

Previously, Moss and collaborators in the MADIT (Multicenter Automatic Defibrillator Implantation Trial) research group showed in the MADIT-II trial in 2002 that an ICD reduced the risk of death by 31 percent in cardiac patients. Shortly thereafter the therapy was approved by the U.S. Food and Drug Administration and became part of professional guidelines from the American Heart Association, the American College of Cardiology and the Heart Rhythm Society.

But then long-term follow-up studies showed that ICDs were so effective at preventing sudden death that patients were living longer and were subsequently at increased risk for heart failure. This created an urgent need to better address both risks in tandem.

Moss and his team designed MADIT-CRT to determine if preventive CRT-D therapy—the combination of an ICD with CRT—could reduce the risk of mortality and heart failure in patients with mild cardiac disease and few symptoms.

Over a four-and-a-half-year period, 1,820 patients from 110 medical centers in the U.S., Canada, and Europe were followed in MADIT-CRT. The trial was sponsored by Boston Scientific Corp. through a research grant to the University of Rochester.

“The findings from MADIT-CRT show that CRT-D effectively reduces the risk of heart failure,” said Moss, a professor of Medicine. “There is a very large population of patients with heart disease whom we believe will benefit from CRT-D therapy.”

Prior to 2009, Moss received honoraria from Boston Scientific for talks at scientific programs. He holds no stock in any device company, has never been a member of any corporate speakers’ bureau, and since late last year has not accepted honoraria from Boston Scientific for any professional activity.

URMC Committed to 'Imaging Gently'

With so much media attention paid recently to studies that raise public concern about the safety of CT scans, URMC is proud to reassure both its referring physicians and the Rochester community of its continuing commitment to "imaging gently" and reducing radiation dose whenever possible.

"You can't discount the value of these medical exams," said **David Waldman, M.D., Ph.D.**, professor and chair of Imaging Sciences at URMC. "Over the years, they've been helping us catch cancers sooner and improve life expectancy. Still, many of them, like CT scans, confer a limited degree of radiation exposure, and as physicians it's our duty to employ them responsibly."

URMC and its affiliates are accredited by the American College of Radiology (ACR), a key stamp of approval signifying that a facility's machines are functioning optimally and both its technologists who perform scans and its physicians who interpret them have met training and certification requirements. URMC already adheres to two fundamental safety principles: first, that no imaging exam should be performed unless there is a clear medical benefit that outweighs any associated risks, and second, that radiation dosing for every scan is "as low as reasonably achievable" while still providing a useful picture (commonly referred to as the ALARA principle).

"In December, we actually installed a dose-reduction algorithm on both of the existing CT scanners (manufactured by General Electric) at University Medical Imaging, our associate over at Clinton Crossings," Waldman said. "These are the first two units in upstate New York to be outfitted with this extra feature, which allows technologists to render equivalent images with nearly 40 percent less radiation."

Throughout 2010, Strong Memorial and Highland hospitals also will make a significant investment by implementing a beta-test version of Philips' dose-reduction software on many of their CT machines. Waldman said this technology expenditure is a natural extension of URMC's ongoing patient safety efforts to regulate and reduce radiation exposure whenever possible.

"This certainly is not the first study to propose a link between CT scans and supplementary cancers but, with so much press, it's certainly entered the national consciousness this winter. Understandably, patients will have questions and concerns about our decisions to scan," Waldman said.

The literature has yet to prove a direct link between imaging radiation and cancer. In fact, the *Archives of Internal Medicine* articles that caused the public stir were based on the rates of cancer occurring in people exposed to radiation from the atomic bombs dropped on Japanese cities at the end of World War II, a comparison many experts contend is unfair. But, even with the jury still out, URMC imaging scientists are taking steps to reduce unnecessary exposure.

"We're especially careful to give 'kid-sized' doses to young children, and we follow weight-based protocols," Waldman said. "They're still growing so quickly, and their tissue regenerates so much faster. If any group was most at risk for these hypothetical radiation risks, it would be them."



David Waldman, M.D., Ph.D.

Device Significantly Reduces Blood Pressure, Improves Heart Function

Long-Term Data from Rheos Clinical Trial Continues to Show Favorable Results

A device that was first implanted in the United States at the University of Rochester Medical Center as part of a clinical trial is showing not only a significant reduction in blood pressure, but also an improvement in heart structure function for heart failure patients.

The Rheos System, developed by CVRx Inc. of Minnesota, activates the carotid baroreflex, the body's system for regulating blood pressure, and may provide a future treatment option for the millions of people who cannot control their hypertension with medications and lifestyle modifications, said cardiologist **John Bisognano, M.D., Ph.D.**, associate professor of Medicine and director of Cardiac Rehabilitation and Clinical Preventive Cardiology.

Two-year and three-year data from European and U.S. clinical studies evaluating the safety and clinical effectiveness of the Rheos System were presented by Bisognano and Marcos Rothstein, M.D., of the Washington University School of Medicine, at a scientific session of the American College of Cardiology. The findings show a significant reduction in blood pressure in patients with drug-resistant hypertension who have a systolic blood pressure of 160 mmHg or greater, despite being on at least three anti-hypertension medications, including a diuretic.

Results are based on cuff measurements after two and three years of active Rheos therapy for the first European and U.S. patients

enrolled in these trials at 11 medical centers, Bisognano said. After three years of active Rheos treatment, systolic blood pressure was reduced by an average of 31 mmHg in 22 patients. The Rheos implants were well tolerated.

Additional clinical data demonstrate that continuous use of Rheos Therapy in 33 Stage II hypertension patients (systolic blood pressure > 160 mmHg) improves left atrial and ventricular chamber size and dimension and improves diastolic filling velocities. These benefits were incremental to those achieved with aggressive medical therapy.

Specifically, Rheos therapy decreased the size of the heart (left ventricular mass and left atrial dimension) and decreased diastolic blood flow velocities, suggesting an improvement in left ventricular filling pressure over a 12-month period. These changes reduce the amount of energy the heart uses to meet the needs of the body and decrease stress on the heart. A feasibility study is now under way to assess the potential benefit of Rheos therapy in advanced heart failure patients.

Karl A. Illig, M.D., chief of the URMC Division of Vascular Surgery, is principal investigator for the Rochester trial site. Bisognano has been involved in development of this technology and serves as a primary co-investigator.

For more information, please call (585) 275-6168.

FOR PHYSICIANS AND HEALTH PROFESSIONALS

Physician, Family Join Forces to Fix Two Sisters' Legs



It was a fluke that the whole LaDuke family was present for young Juliana's first appointment with **James O. Sanders, M.D.**, professor of Pediatric Orthopaedics at the University of Rochester Medical Center's Golisano Children's Hospital. Yet, Marlene LaDuke recalled, having her husband Chad and other daughter Josie present helped Sanders quickly hone in on the reason for their visit.

With one look at Chad and the children, Sanders had an indication of their condition before the first x-ray or genetic test. He suspected Chad had multiple epiphyseal dysplasia (MED), a form of skeletal dysplasia characterized by malformed knees, feet, and hands, scoliosis, and joint pain that is usually in the hips or knees.

There is no cure for MED, but treatment earlier on produces more positive results. Sanders suggested treating Josie—who was 18 months at the time—right away by putting KFO (knee-foot orthosis) braces on her bowed legs. Since Josie was a bit older than the optimal age to begin this kind of treatment, Sanders recommended that she wear the KFO braces 24 hours a day, removing them only for bathing. Because Sanders had taken the time to work through the family's questions and concerns, the LaDuke family understood exactly why Josie needed the treatment she did.

Continued on next page

An administrative assistant at the pediatric residency program, Marlene was familiar with Sanders' reputation as a knowledgeable teacher to both parents and patients. She learned first-hand what that can mean to a family. "Dr. Sanders is very big on teaching parents about their child's condition and what possibilities there are for treatment. He wants to make sure you understand at whatever level of medical knowledge you have," said Marlene.

After three or four months, Josie's legs were still bowed and her bones had not moved at all. Sanders suggested another course of treatment—Taylor Spatial Frames, external fixators used to correct bone deformities. In October 2008, Sanders put on the two rings that went around each of Josie's legs and six vertical struts that could be adjusted to slowly move her bones. The rings connect to bones in the leg by wires or half pins. The LaDukes adjusted these according to calculated numbers Sanders gave them, so that little by little, the bones in Josie's legs moved inward and her legs became less bowed.

Josie's deformities were corrected in three to four weeks, as is typically the case with the frames, and the braces were left on to allow her bones to heal. Unfortunately, while Josie's bones were healing, she developed an infection so in December 2008, the frames were removed and replaced with full-leg casts. When Sanders checked her legs two weeks later, he found that Josie's right leg had healed but her left leg had not.

After two more months with a long-leg cast on Josie's left leg, x-rays revealed that the bones had still not healed. In early March, Sanders decided to do a bone marrow aspirate, extracting bone marrow from her hip and injecting it into the break site to help with healing. Sanders then put a custom brace on Josie's left leg so it could continue to heal.

In mid March, Sanders found that Josie had a vitamin D deficiency, which may have contributed to the delay in healing of her left leg, and recommended vitamin D supplements to strengthen her bones.

From the first appointment, Sanders recognized that Juliana's treatment might be different than Josie's. Juliana started out wearing A-frame braces at night but the 18-month-old found them to be very

restrictive and difficult to sleep in. Instead, Sanders fitted Juliana with KFO braces to be worn at night. After nine months, Sanders found no change in her condition. Sanders and the family discussed their options in light of the children's differences.

"Really, when it comes down to it, Dr. Sanders treats the child, not the disease. He can't alter every single variable, but he absolutely tailors his treatment of each patient based on their own distinct personalities," said Marlene.

Sanders suggested that he could do the majority of the correction in the operating room when he put the frames on, rather than asking the family to adjust the braces a little bit every day, as they done had with Josie. Juliana had the surgery in May.

Added together, the girls had seen Sanders more than 30 times over the past year—sometimes with multiple visits in the same week. Once Juliana's braces come off, the family is hopeful that appointments with Sanders will be limited to just a couple times a year until puberty. The girls will have to be monitored more closely as they mature, and there is a 20 percent chance the girls' legs will need to be corrected again.

It is still not clear exactly what genetic disorder the LaDuke toddlers have. While Sanders treats the girls, **Chin-To Fong, M.D.**, associate professor of Pediatric Genetics at Golisano Children's Hospital, works on identifying their exact diagnoses.

As Juliana went into surgery in May, her father went to the Imaging Sciences Department at Strong for a full skeletal survey ordered by Fong. Fong then sent the genetics information, along with the skeletal survey, to a registry in California, where a genetic analysis will determine definitively whether Chad and his daughters have MED.

While there is not a cure, the LaDukes are hopeful that in 25 to 30 years, when the girls are ready to have children, there may be a way to alter the gene mutation. "We are hopeful that science will catch up with them," Marlene said.

For information or referrals to Pediatric Orthopaedics, please call **(585) 275-5321**.

Golisano Children's Hospital Ranks 25th in Nation for Orthopaedics

Golisano Children's Hospital at the University of Rochester Medical Center (URMC) is the place to go for pediatric orthopaedics, according to *U.S. News & World Report*. The hospital ranked 25th in Pediatric Orthopaedics in the magazine's 2009 edition of America's Best Children's Hospitals.

URMC has recently focused on expanding orthopaedic services to children. In 2005, the hospital opened a pediatric intensive care unit that made it possible to care for children with the most complicated orthopaedic conditions, and in 2008, it hired a new chief of Pediatric Orthopaedics who specializes in correcting scoliosis and severe spinal deformities.

"We are delighted that Golisano Children's Hospital has been recognized nationally for the expert care we are known for regionally," said **Nina F. Schor, M.D., Ph.D.**, chair of URMC's Department of Pediatrics and pediatrician-in-chief of Golisano Children's Hospital. "We are able to provide this top-notch care because of the collaboration among the departments of Orthopaedics and Pediatrics, the pediatric intensive care unit, the Department of Physical Medicine and Rehabilitation, the Ronald McDonald House and the community."



Pediatricians Take Aim at Reducing Obesity Rates

With an obesity epidemic sweeping the globe, Rochester's certainly not been left behind—30 percent of Monroe County kids over age 2 are either overweight or obese, a figure that's comparable to national averages.

"This isn't caused by one single factor, but a thousand tiny issues that feed into the problem," said **Stephen Cook, M.D., M.P.H.**, an assistant professor of Pediatrics at URM's Golisano Children's Hospital, who recently mapped the county's childhood obesity rates by zip code. "Kids say that school lunches are gross, so they fill up on chips and candies. Busy families have less time to sit down to nutritious, home-cooked meals. Parents feel uncomfortable letting their kids run around the neighborhoods till dusk, and instead, kids resort to watching TV, surfing the net, and texting constantly. Plus, our society has increased portion sizes and cheap, fast food outlets are open all hours."

While Rochester may be saddled with extra pounds like the rest of nation, what's less typical is the community's sense of shared responsibility when it comes to kids' health—a practice called "community pediatrics." Area daycare experts, health policy pundits, school boards, pediatricians (including Cook), even food suppliers all have pulled together for the Greater Rochester Health Foundation's five-pronged Strategic Plan for the Prevention of Overweight and Obesity. Jointly, they are aiming to dramatically scale back the county's childhood obesity rates over the next decade.

Some task force members are focusing on policy change; others are incorporating developmentally appropriate teaching tools, like nutrition-themed puppet shows, into daycares. Still others are overhauling school lunches.

"My project is focusing on another front—the pediatrician's office," Cook said.

He estimates that, by working with the 20 largest local practices to step up obesity surveillance and prevention efforts, the project will reach two-thirds of the kids in Rochester. "That'd be a sort of tipping point, and chance to do some really good interventions with families, one-on-one," he said.

But doctors are already burdened with constantly changing best-practice guidelines and busy schedules. It can be overwhelming for them to adopt new approaches to keeping kids on a healthy weight trajectory—techniques such as "motivational interviewing" to more effectively broach issues of weight, nutrition, and physical activity, using the correct BMI growth curves, and even administering simple lifestyle surveys during well-child visits.

"The last thing we want to do is demand that pediatricians simply tack more items onto their checklists," Cook said. Via one-year "learning collaboratives," Cook and Health Foundation collaborators are offering individual practices the chance to seriously rethink their roles in stemming the obesity tide. Core teams (composed of a physician, nurse, office staff member, and even a patient's parent) at each participating practice attend quarterly training workshops and monthly conference calls. They also gain access to a tool-kit of helpful resources, like BMI measurement tools for quick, in-office computing and sample "scripts" for counseling overweight patients. Perhaps most importantly, though, is the built-in networking support: these teams can swap clever ideas of what works and what doesn't with other learning collaborative peers.

"One practice held a canal-side run with their patients," Cook said. "Another shared a trick—setting the office's electronic medical record to remind him to update parents on their kid's 'weight status.' Others advised that discussions about a child's unhealthy weight were more effective when the talk revolved around adopting healthier lifestyle habits, not dropping a certain number of pounds."

And that's the goal, Cook said—shared learning.

"We're figuring out what works. At the end of the year, these learning collaborative participants emerge as the experts; they're veterans who have found practical ways to incorporate new clinical guidelines," he said. "They, in turn, will talk to next year's round of newcomers—allowing us to rely less on outside consultants, because more or less, we've grown our own."

Last year, nine practices completed their cycle in the learning collaborative. This year, eight more will.

Studies Search for What Autism Treatments Work

It's a challenge for parents to choose among the dozens of treatment options for children with autism because so many haven't been scientifically studied. University of Rochester Medical Center (URMC) researchers are working to give families a better idea of what might work best for their children.

Two National Institutes of Health grants to URMC, totaling more than \$3.25 million, are aimed at finding effective ways of addressing hyperactive behaviors and language development in children with autism.

"These grants acknowledge the University of Rochester Medical Center as a center for studying behavioral treatment options for children with autism spectrum disorders. For local families, this gives them the opportunity to participate in cutting-edge research. Tristram Smith will be studying the delivery of educational and behavioral interventions for young children with ASD (autism spectrum disorders) in the most efficient and effective manner possible," said **Susan Hyman, M.D.**, chief of URMC's Division of Neurodevelopmental and Behavioral Pediatrics. "For families, world-wide, it gives them hope that we will help find the best interventions for their children with ASD to reach their fullest potential."

Children with ASD often also exhibit symptoms of attention deficit hyperactivity disorder (ADHD), but many don't respond well to stimulants, which comprise the most commonly used ADHD medications. URMC's Department of Pediatrics has teamed up with the University of Pittsburgh and Ohio State University to determine whether a non-stimulant ADHD medication or parent training or a combination of both work best for children with ASD and ADHD.

"This is important work because, right now, we don't really know what to do for children with both autism and ADHD," said **Tristram Smith, Ph.D.**, associate director for Research for the Division of Neurodevelopmental and Behavioral Pediatrics and the Strong Center for Developmental Disabilities. "Some of these children have a lot of ADHD behaviors and the medications that have traditionally worked best for children with only ADHD often don't help children who also have autism."

The \$1.386 million, five-year grant from the National Institutes of Health's National Institute of Mental Health will allow the study to enroll 144 children from 5- to 13-years-old across the three sites.

The results should go a long way to helping parents, doctors, and autism specialists determine the best course of treatment for



children with both ASD and ADHD, potentially setting up a standard of care, Smith said.

URMC received a separate grant to address severe language delays in children with autism. Typically developing preschoolers usually know a thousand words and can speak in full sentences by age 3. Many children with autism lag behind their typically developing peers, but a smaller subset of these children develop no words at all by preschool.

Smith and his colleagues at several partnering institutions are looking at whether these children are best taught through a standard behavioral approach or through an interpersonal, developmental approach. The differences between the approaches are subtle but could significantly influence how a child develops. There is some question about whether children who learn through the standard approach are only memorizing typical interactions expected of them or if they are truly connecting with other people. The interpersonal approach works to find natural teachable moments that arise during social exchanges in which children can acquire and use new skills.

"We aren't sure which method would work best with these children. Obviously children who haven't learned to speak by 3 years of age are already far behind most children without autism, so we can't waste time with them trying to figure out what will help them most. We need to know what method is most successful and start it as early as possible," Smith said.

The \$1.87 million, five-year grant incorporates URMC, University of California - Los Angeles and the Kennedy Krieger Institute and expects to enroll 192 preschool-age children across the three sites. URMC will begin recruiting patients early in 2010 with the help of local early intervention agencies, such as Stepping Stones Learning Center in Irondequoit and KidStart in Geneseo.

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URMC Joins National Clinical Research Recruitment Effort

URMC is participating in ResearchMatch, a national effort to increase participation in health research. ResearchMatch, introduced in November by the National Institutes of Health, is an online registry that helps connect researchers and individuals interested in volunteering for clinical studies.

“One of the most significant and persistent challenges to improving health is low participation in medical research, especially persons from racial and ethnic groups who have been under-represented in our research studies,” said **Thomas Pearson, M.D., M.P.H., Ph.D.**, director of the URMC Clinical and Translational Science Institute. “For researchers, the obstacle is not being able to identify enough volunteers for their studies. For individuals who want to volunteer for medical research, the obstacle is often not knowing where to start. This new initiative will help potential volunteers and researchers ‘find’ each other.”

ResearchMatch is a secure electronic database that brings together researchers and potential volunteers in a manner that protects individual privacy and empowers volunteers to choose which studies to learn more about. The site functions in a manner similar to online dating services which matches individuals based

on certain criteria but then leaves it to them whether or not act upon the information.

Individuals create a “profile” on the site which includes their contact, basic demographic information, and any health information they choose to share. Researchers can query the site and search for potential volunteers based on the criteria of their study. An individual’s identity and contact information is hidden from researchers who can only select an individual based on details the volunteer chooses to provide.

Once identified as a potential volunteer by a researcher, the site contacts the individual to let them know about the opportunity. The volunteer then determines whether or not to allow the site to share their identity and contact information with the researcher so they can learn more about the study. More information about the registry and how it works is available at www.researchmatch.org.

The ResearchMatch site is supported by a consortium of more than 39 institutions that are a part of the Clinical and Translational Science Award program created by the National Institutes of Health (NIH). The website is funded by the NIH and is hosted by Vanderbilt University.



Hospitals to Begin ‘Epic’ Journey

In August 2009, the State Hospital Review and Planning Council (SHRPC) gave URMC the nod of approval to embark on a \$49 million venture that will revolutionize the way Highland and Strong hospitals deliver patient care.

Called *eRecord*—the centerpiece technology investment of the Medical Center’s strategic plan – the project aims to dramatically integrate care delivery by building a single patient-centric electronic medical record (EMR) that spans URMC’s entire acute-care system. This one record will put nurses, attending physicians, even community doctors on the same page (or, technically, the same screen), as they leverage the same integrated tools to promote patient safety, enhance care quality and efficiency, and extract the data needed to drive clinical research.

In September 2009, the project finalized contract negotiations with Epic Systems, a Wisconsin-based software solutions company renowned for its ability to collaborate alongside its academic medical center and health-system clients.

Acting CEO **Mark Taubman, M.D.**, said Epic’s solution promises to be a great functional fit for URMC.

“Epic’s outstanding dedication to customer service at a number of top academic medical centers—the Cleveland Clinic,

NYU, Mount Sinai, the University of Chicago, and Stanford’s hospitals and clinics—really impresses us,” Taubman said. “This was no small decision, as this project is the single most important investment toward the strategic plan’s goal of improving patient safety, and Dr. Berk has championed it right from the start. We’re thrilled that this vendor selection was made from the ground-up; our 200-plus-person project advisory committee, which is composed of all types of providers from across Strong and Highland, overwhelmingly recommended Epic.”

In October, members of the project’s clinician-led implementation team attended Epic training. Beginning in February 2010, this team will spend a full year “in the trenches,” working closely with subject-matter experts within departments scheduled for the system’s initial roll-out (which includes both Strong’s and Highland’s inpatient units, EDs, pharmacies and oncology departments). This implementation team will actively seek user participation and input as the model is reviewed, configured, and tested.

“In the interest of enhancing patient safety and care quality, it’s important that we get these systems up and running as soon as possible,” said **Jerry Powell**, URMC chief information officer. “After we go live, we’ll have the opportunity to really kick the tires, making adjustments or optimizations where necessary.”

In 2011, Strong Memorial staff will undergo intense user training, which is expected to wrap up before the hospital’s system goes live in spring 2011. Highland staff training will follow, prepping for that hospital’s go-live in fall 2011. URMC hopes to add key clinical areas to the platform within the next five years.

KUDOS KUDOS KUDOS KUDOS KUDOS



Strong Memorial Hospital has once again earned the American Heart Association/American Stroke Association Triple Performance Achievement Award for meeting its highest standards for coronary artery disease, heart failure, and stroke care. Strong is the only

Rochester-area hospital to receive any level of American Heart Association recognition for its coronary artery disease and heart failure care. Only 13 hospitals in the U.S. were recognized in 2009 with the Triple Performance Achievement Award. The achievements of Strong Memorial in three program modules of the AHA/ASA Get With the Guidelines program consist of: coronary artery disease, heart failure, and stroke care, all of which each earned a Gold Sustained Performance Award to celebrate three years of adherence to all measures of AHA/ASA performance standards.

Strong Memorial Hospital's Cardiac-Vascular Intensive Care Unit (7-1600) for the third consecutive year earned The Beacon Award for Critical Care Excellence, sponsored by the American Association of Critical-Care Nurses. The award recognizes the nation's top hospital ICUs that consistently exhibit high quality standards, exceptional care of patients and families, and healthy work environments.

The nation's leading surgical quality improvement program recently honored the University of Rochester Medical Center (URMC) for demonstrating exemplary outcomes in reducing surgical site infections and post-operative pneumonias. URMC was recognized as a top performing hospital at the American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP) Clinical Congress in Chicago in October 2009. More than 280 U.S. hospitals report quality data to NSQIP, including most academic medical centers.

Led by editors **John D. Bisognano, M.D., Ph.D.**, associate professor of Medicine/Cardiology and director of Outpatient Cardiology, **Mary Beth Earley, C.C.R.N., N.C.-P.**, senior nurse practitioner in the Program in Heart Failure and Transplantation, and **Marc L. Baker, M.D. Ph.D.**, a fellow in the Division of Cardiology, a group of 38 URMC faculty and staff members, primarily from the departments of Internal Medicine, Surgery, Psychiatry, Pharmacy and Community and Preventive Medicine, collaborated to publish a book for health care providers titled "Manual of Heart Failure Management." Contributing faculty include: **Mehmet Aktas, M.D., Jeffrey Alexis, M.D., G. Ronald Beck, A.N.P., M.S., Burns Blaxall, Ph.D., Robert Block, M.D., M.P.H., Leway Chen, M.D., M.P.H., Joseph Delehanty, M.D., Jennifer Falvey, Pharm.D., Michael Fong, M.D., George Hicks Jr., M.D., Laurie Kopin, M.S., A.N.P., H. Todd Massey, M.D., Mark Nickels, M.D., Lisa Norsen, Ph.D., Aaron Olden, M.D., Timothy Quill, M.D., Jill Quinn, Ph.D., Spencer Rosero, M.D., Eugene Storozynsky, M.D., Ph.D., J. Chad Teeters, M.D., and Gladys Velarde, M.D.**



Jack G. Caton, D.D.S., M.S., professor, chair and program director of the Periodontics Division at URMC's Eastman Institute for Oral Health, has received the 2009 Award for Outstanding Periodontal Educator from the American Academy of Periodontology. This award recognizes an exemplary periodontal faculty member whose career demonstrates excellence in teaching and is an inspiration to students. Since 1973, Caton has been educating students at the Eastman Institute, formerly known as Eastman Dental Center.



Edward M. Messing, M.D., F.A.C.S., professor and chair of Urology, received the James P. Wilmot Cancer Center's Davey Memorial Award for Outstanding Cancer Research, for his work advancing bladder cancer research. Messing is a renowned expert in the diagnosis and treatment of cancers of the bladder, prostate, kidney, and other genitourinary organs. He leads extensive research in the basic biology of bladder and prostate cancers.



Ruth A. Lawrence, M.D., professor of Pediatrics and Obstetrics and Gynecology, was awarded the 2009 Martha May Eliot Award by the American Public Health Association for her tireless efforts to improve the health of women and children. For nearly six decades, Lawrence has inspired her colleagues and young people in the field to be advocates for women and children from all walks of life. She has readily shared her research and clinical work about infant nutrition and clinical toxicology with the public and medical professionals.

Strong Memorial Again Named Consumer Favorite

For the fourteenth consecutive year, Strong Memorial Hospital has won the National Research Corporation's (NRC) Consumer Choice Award. The annual award identifies hospitals that health care consumers have chosen as having the highest quality and best image in 190 markets throughout the U.S. through NRC's annual Healthcare Market Guide study.

"We are delighted that Strong Memorial Hospital has again been recognized as Rochester's most preferred hospital," said **Robert Panzer, M.D.**, Strong Memorial's chief quality officer. "This recognition reflects the success of our staff in meeting the increasingly difficult challenge of providing care that is patient-centered, safe, high-quality, and cost-effective."

Strong Memorial Hospital CEO **Steven I. Goldstein** said, "This award carries special significance because it is based on the experiences and impressions of our most important audience—our patients."

NRC's Healthcare Market Guide is the most comprehensive image/preference study of its kind, containing more consumer responses than any other study. The 2009 study surveyed more than 200,000 households representing 400,000 consumers in the contiguous 48 states and the District of Columbia.

National Health Care TV Series Offers CME Credits

PBS's healthcare series "Second Opinion: Taking Charge of Your Health" offers free continuing medical education (CME) credits to help health care providers maintain competence in various subject areas while exposing them to the latest advances in diagnosis and treatment of disease.

Produced in conjunction with WXXI Public Broadcasting and the University of Rochester Medical Center, and supported by the Blue Cross and Blue Shield Association, "Second Opinion" is seen on more than 250 PBS stations across the country. The award-winning program presents an actual medical case to a panel of experts that includes three specialists, a primary care physician, a patient diagnosed with the condition, and an expert in doctor-patient communication, and provides viewers a unique opportunity to observe behind-the-scenes into health team interactions.

CME credits are currently available for three episodes from the program's fifth season, including "Coronary Microvascular Disease," "Hospital Acquired Infection," and "Non-Hodgkin Lymphoma." These episodes are available for viewing online at the CME Corner Second Opinion Web Portal. Registrants who watch the episodes and participate in a post-activity evaluation will earn 0.75 AMA PRA Category 1 Credits™ per episode.

"This online CME center provides medical professionals with the most convenient methods in which to earn their CME credits," said "Second Opinion" chief medical officer **Roger Oskvig, M.D.** "Second Opinion' and this CME also address a unique niche of the core competencies of medicine, that of communication and health literacy. The case-based discussion reveals how the interaction between a person and their health team affects the entire diagnostic and therapeutic process, from common and mundane conditions to the complex, urgent, and/or life threatening. Panelists discuss miscommunication, disparities in access and care, public health policy, and other factors that influence each topic, the objective being that physicians and viewers will have more effective and efficient information exchange."

URMC is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. Activities are designed to enhance professional performance, impart new knowledge, teach new skills, and develop appropriate physician-patient relations thereby serving the needs of the patient and improving the quality of health care.

URMC APPOINTMENTS

Yuhchyan Chen, M.D., Ph.D., professor and director of Clinical Investigation of Radiation Oncology, is serving as interim chair of the Department of Radiation Oncology as Paul Okunieff, M.D., steps down as chair to serve as Cancer Center Director and Radiation Oncology Chairman at the University of Florida's Shands Cancer Center in Gainesville. Chen was recruited to URMC in 1995 and is nationally recognized for the treatment of people with lung cancer. She also specializes in treating patients with head and neck tumors. Chen is recognized as a master clinician-educator and a dedicated investigator at URMC whose research focuses on clinical and translational research of lung cancer and radiation biologic effects. Jeffrey H. Peters, M.D., Seymour I. Schwartz Professor and Chair of the Department of Surgery, will head a search committee for the next chair of Radiation Oncology.

Vivek Kaul, M.D., F.A.C.G., was named acting chief for the Division of Gastroenterology and Hepatology. An associate professor of Medicine, Kaul was associate director of Endoscopic Services and most recently served as director of clinical operations for the division. In addition to overseeing clinical programs and the planned expansion of the endoscopy program into the URMC Surgery Center, Kaul will work closely with **Patricia Sime, M.D., F.R.C.P.**, associate chair for Research in the Department of Medicine, to help manage and expand the research programs of the division. **Richard G. Farmer, M.D., M.A.C.P.**, recently stepped down as division chief after serving in that capacity since 2004, bringing years of outstanding leadership in gastroenterology, administration, and medical education. Farmer continues to maintain an active clinical practice and assists in educational programs.

J. Edward Puzas, Ph.D., Donald and Mary Clark Professor of Orthopaedics and director of orthopaedic research, was named senior associate dean for basic science research at URMC. Puzas will work to develop a collaborative environment that encourages interaction between basic science and translational researchers as a way to speed discoveries into treatments for major diseases. Puzas will build on the superb accomplishments of the previous senior associate dean, **Stephen Dewhurst, Ph.D.**, who recently took over as chair of the Department of Microbiology and Immunology.

Anesthesiology

Keith Franklin, M.D.
Angela Mahajan, M.D.
Jennifer MacPherson, M.D.
Jahan Porhomayon, M.D.
Gary Zane, M.D.

Colo-Rectal Surgery

Christina Cellini, M.D.
Todd Francone, M.D.

Emergency

Peter Crane, M.D.

Family Medicine

Bradley Van Heukelum, M.D.

Gastroenterology

Nuri Ozden, M.D.
Thomas Park, M.D.

Hospital Medicine

Marilyn Augustine, M.D.
Richard Evans, M.D., M.P.H.

Imaging Sciences

Johan Blickman, M.D., Ph.D.
Susan Hobbs, M.D., Ph.D.
George Holland, M.D.
Ashwani Sharma, M.D.

Medicine

Ruth Kouides, M.D.

Neurology

Rebecca Lehman, M.D.

Obstetrics and Gynecology

Katrina Nicandri, M.D.

Ophthalmology

Zoe Williams, M.D.

Orthopaedics

Gregg Nicandri, M.D.
Wakenda Tyler, M.D., M.P.H.

Pediatrics

Denise Aronzon, M.D.
Meera Beharry, M.D.
Kelly Brown, M.D.
Denise Casey, M.D.
Colleen Jo, M.D.
Rae-Ellen Kavey, M.D.
Jessica Roesser, M.D.
Britta Svoren, M.D.

Plastic Surgery

Derek Bell, M.D.

Psychiatry

Laura Cardella, M.D.

Radiation Oncology

Kenneth Usuki, M.D.

Surgery

Francisco Gensini, M.D.

Transplant Surgery

Christopher Barry, M.D., Ph.D.

Urology

Dragan Golijanin, M.D.

FOR YOUR CME CALENDAR

All programs are held at the University of Rochester Medical Center unless otherwise noted.

February 18 to 23, 2010

Medical and Surgical Aspects of Esophageal and Foregut Disorders: Pathophysiology and Treatment

Hapuna Beach Prince Hotel,
Kamuela, Hawaii

Activity Director:

Jeffrey Peters, M.D.

February 26, 2010

Cardiac Dysrhythmia Conference 2010

Hyatt Regency Rochester

Activity Directors:

*Mehmet K. Aktas, M.D.,
David Huang, M.D.*

March 19 to 20, 2010

55th Annual Ophthalmology Conference

Activity Directors:

*James Aquavella, M.D.,
Deborah Friedman, M.D., M.P.H.,
Rebecca Nally, O.D.*

April 1, 2010

CTSI Behavioral Science Symposium

Activity Director:

Nancy Bennett, M.D.

April 10, 2010

Advances in Pain Management

Activity Director:

John Markman, M.D.

April 24, 2010

Cardiology for Clinicians

Activity Director:

Ronald G. Schwartz, M.D.

April 30 to May 2, 2010

Rochester Vascular

Radisson Hotel Rochester Riverside

Activity Director:

Karl Illig, M.D.

May 6 to 8, 2010

Promoting Mindful Practice in Medical Education

Chapin Mill Retreat Center, Batavia

Activity Director:

*Ron Epstein, M.D.,
Mick Krasner, M.D.*

May 7, 2010

Update in Neuro-Oncology

Inn on the Lake, Canandaigua

Activity Director:

Kevin Walter, M.D.

May 27, 2010

23rd Annual Rochester Conference in Perinatal Medicine

Activity Director:

Eva K. Pressman, M.D.

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URMC Connection Goes Green

In keeping with URMC efforts to use resources more efficiently, *URMC Connection* will transition to an electronic format over the next several issues. Our goal is to provide you with timely, useful information about URMC, delivered in a convenient, easy-to-read format. While we recognize that an online newsletter may not reach all readers, we know that many would appreciate the convenience, accessibility, and environmental benefits of an online publication.

Watch your mail for updates and thank you for your interest in the University of Rochester Medical Center.

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