UH Primary Care Institute Established

University Hospitals has established a new institute designed to create an environment that supports primary care physicians in providing high-quality patient care.

Among the institute’s goals are to advance physician engagement among UH’s network of primary care doctors and to enhance the integration of care within UH. It also will create greater efficiency, easier access and improved continuity of care for patients.

Todd Zeiger, MD, has been named Vice President of the UH Primary Care Institute. Previously, he had been the Regional Medical Director of University Hospitals Medical Practices (UHMP). He will continue to serve as Senior FAA Medical Examiner, Associate Medical Team Physician for the Cleveland Browns and a family physician with a practice at the UHMP/Sharon Family Physicians in Wadsworth.

Dr. Zeiger is collaborating with system leaders, including William L. Annable, MD, Chief Quality Officer; Catherine S. Koppelman, RN, MSN, NEA-BC, Chief Nursing and Patient Experience Officer; Cliff Megerian, MD, interim President of UHPS; and Cindy Zelis, MD, MBA, Vice President of Clinical Integration.

Dr. Zeiger points out that the institute will increase the satisfaction and value of being a UH physician, as well as reduce the burden of physician work that does not involve direct patient care.

“We will create opportunities for sharing ideas and best practices among colleagues,” says Dr. Zeiger. “We also will provide opportunities for physicians who desire leadership development – and we’ll encourage two-way communication between physicians and UH leadership.”

Spurring this connectivity will be the creation of six regions within the system.

“The practice of medicine is regional, and what affects one region might not affect another,” Dr. Zeiger says. “In each region, we will identify hospitals that will be included and allow for more connection between the hospital’s president and chief medical officer and the primary care physicians in the region.”

“We also will have specialists identified for that region so that primary care physicians know the physicians to whom they are making referrals.”

Primary care physicians who are interested in participating in regional leadership should email Dr. Zeiger at Todd.Zeiger@UHhospitals.org.

Save the date for these continuing medical education programs:

**Radiology CME Webinar Series for Clinicians: Updated Indication for Clinical PET**

Led by Peter Faulhaber, MD, Department of Radiology, UH Case Medical Center, Professor, Case Western Reserve University School of Medicine

**Thursday, Jan. 22, 2015, 12 – 1 p.m.**

Go to [https://meetings.uhhospitals.org/orion/joinmeeting.do?MK=999787734](https://meetings.uhhospitals.org/orion/joinmeeting.do?MK=999787734)

For CME credit, make sure to enter your FIRST AND LAST name under the “join meeting” tab. Please use WebEx Meeting ID # 999 787 734 and click “Participate Now.”

Presented by UH Case Medical Center and sponsored by Case Western Reserve University School of Medicine

**12th All-Ohio Institute on Community Psychiatry Integrating Care: Preparing Your Workforce for the Future**

**Friday – Saturday, March 27 – 28, 2015**

DoubleTree by Hilton, 3663 Park East Drive

Beachwood, Ohio 44122

For more information, call 216-983-1239 or 1-800-274-8263 or visit casemed.case.edu/cme.

Presented by UH Case Medical Center and the Department of Psychiatry at Case Western Reserve University School of Medicine

**18th Management of Humanitarian Emergencies Focus on Children, Women and Families: A Course in Disaster Preparedness**

**Monday – Friday, June 8 – 12, 2015**

Mandel Community Studies Center, Case Western Reserve University, 11402 Bellflower Road, Cleveland, Ohio 44106

For more information, call 216-983-1239 or visit casemed.case.edu/cme.

Presented by UH Case Medical Center, UH Rainbow Babies & Children’s Hospital, Case Western Reserve University School of Medicine, MetroHealth and Health Frontiers
Diverse Participants Needed for National “A4” Alzheimer’s Study

University Hospitals is only study site in Ohio

The Brain Health & Memory Center of University Hospitals Neurological Institute is beginning work on the Anti-Amyloid Treatment in Asymptomatic Alzheimer’s (A4) study, an ongoing national trial that aims to clarify the role of an investigational anti-amyloid antibody in slowing memory loss associated with Alzheimer’s disease. Nationally, the A4 study will enroll 1,150 people between the ages of 65 and 85 who have normal thinking and memory function but whose PET scans show evidence of amyloid plaque buildup in the brain. UH will enroll 17 people in the study.

The A4 study is investigating whether decreasing amyloid with an investigational anti-amyloid antibody called solanezumab can help slow memory loss associated with the development of Alzheimer’s disease. Although solanezumab did not appear to slow mental decline among patients with mild to moderate Alzheimer’s disease, previous studies suggest earlier intervention may be beneficial.

According to A4 study coordinator Maria Gross, RN, Clinical Research Nurse Specialist with the Brain Health & Memory Center, older African-Americans and Latinos are especially encouraged to participate in the A4 study.

“Older African-Americans are twice as likely as older Caucasians to have Alzheimer’s disease and other dementias, according to the Alzheimer’s Association,” she says. “The Alzheimer’s Association also suggests older Hispanics are at one-and-a-half times at risk, compared with Caucasians. The NIH has asked that we increase the screening of minority populations in the A4 study so we can eventually lessen health disparities between ethnic groups and better represent the American population.”

Participants enrolled in the A4 study at UH will visit the Brain Health & Memory Center once a month for three-and-a-half years to receive an intravenous infusion. Half the participants in the A4 study will receive the anti-amyloid investigational drug, and half will receive a placebo. Participants will also be asked to have a “study partner” — someone who can answer questions once a year about the participant’s memory and ability to perform “daily-life” activities. Study participants will also undergo memory and thinking tests, PET scans, ECGs, MRIs, as well as blood and urine tests.

To refer a patient for the A4 study, please call or email Maria Gross, RN, at 216-464-6454 or Maria.Gross@UHhospitals.org. To learn more about the trial, visit www.a4study.org.

Michael Nochomovitz, MD, appointed to New York Presbyterian position

Michael Nochomovitz, MD, who served as President of University Hospitals Physician Services, has accepted a position with New York Presbyterian Healthcare System as the inaugural Chief Clinical Integration and Network Development Officer.

Dr. Nochomovitz was recognized in December at the annual UHPS dinner. The program recognized his contributions in the development of the UH physician network over the past 17 years. He spoke of his UH experiences and the future of health care organizations in a fast-changing local and national environment.

“I leave behind great memories of wonderful people that differentiate UH,” he says. “I am honored to have had the opportunity to lead the development of the UH physician network over the past 17 years. He spoke of his UH experiences and the future of health care organizations in a fast-changing local and national environment.

“I leave behind great memories of wonderful people that differentiate UH,” he says. “I am honored to have had the opportunity to lead the development of the UH physician network over the past 17 years. He spoke of his UH experiences and the future of health care organizations in a fast-changing local and national environment.

To learn more about the trial, visit www.a4study.org.
Physicians who use UHCare Ambulatory will welcome ongoing enhancements to the system planned for the first three months of 2015 as part of our multiyear Ambulatory Practice Enhancement Initiative (APEI). The goal of APEI is to streamline workflow, develop and share best practices, enhance technology and improve staffing models in ambulatory practices.

In the fourth quarter of 2014, the APEI team began a pilot program working with Drew Hertz, MD, and community pediatric physicians to improve the efficiency and user experience with UHCare Ambulatory. In addition to content updates and workflow changes, the team is training 32 “super users” throughout pediatrics to help provide on-site knowledge and support of the EMR tools.

In the first quarter of 2015, the APEI will launch four additional major improvements. On Jan. 17, a significant application software upgrade will occur, followed by a database optimization update. Together these updates will improve stability, resolve approximately 35 issues identified by users and allow the system to read and store data more efficiently.

In late February, an upgrade to the UHCare Ambulatory Scan software will improve the capability to scan documents into UHCare Ambulatory. Then in March, the AEMR team will upgrade the underlying database software and hardware further to increase capacity and enable improved system resilience leading toward continuous uptime.

Watch for periodic updates from the UHCare Ambulatory team throughout 2015.

Ambulatory EMR Supports Physician Productivity

By September 2014, two-thirds of physicians using UHCare Ambulatory report they now see more patients than they did before going live on their EMR.

New Leadership of the Division of Pulmonary/Critical Care & Sleep Medicine

Rodney J. Folz, MD, PhD, has been appointed as Chief of the Division of Pulmonary/Critical Care & Sleep Medicine, effective Feb. 1, 2015. He will also serve as the inaugural Director of the UH Respiratory Health Institute and, pending approval of his faculty appointment by the Case Western Reserve University Board of Trustees, the Hubell Professor of Medicine at the School of Medicine.

Dr. Folz is a nationally recognized authority in pulmonary disease, specifically in the areas of lung disease and older adults with asthma. Prior to his new appointment, he was Chief of Pulmonary, Critical Care and Sleep Disorders Medicine at the University of Louisville, where he also served as the Medical Director of the University of Louisville Health Plan and University of Louisville Disease Management. In these leadership roles, he developed and significantly expanded clinical, research and educational programs at the university.

Dr. Folz’ NIH-funded research programs have focused on the role of oxidant stress in lung injury and recently expanded to clinical studies evaluating factors impacting outcomes in older adults with asthma. He has published more than 90 papers and book chapters relating to lung and heart disease.

Dr. Folz earned his medical degree and doctorate at Washington University in St. Louis. He completed his residency and pulmonary fellowship at Duke University, where he remained on the faculty for several years.
Early last year, urologists at University Hospitals began performing MRIs routinely when prostate biopsies were planned. Since then, they’ve been working as part of a multidisciplinary team with radiologists and oncologists to hone the technology and its ability to guide treatment.

“About five years ago, we would have considered magnetic resonance imaging (MRI) a poor tool for detection because it missed a lot of low-risk lesions, and we were still interested in aggressively treating all prostate cancer,” says Lee Ponsky, MD, Chief of Urologic Oncology at UH Case Medical Center. “Now we see that MRI is excellent for detecting and discerning high-risk cancer lesions.”

By optimizing MRI for sensitivity to high-grade lesions, UH urologists are able to select which patients need to be treated aggressively. “By incorporating MRI into our practice, we have found high-risk cancers in about 30 percent of the cases that would have gone undetected,” Dr. Ponsky says.

MRIs also inform urologists’ decisions about which area of the prostate to biopsy. “The prostate remains the only part of the body that is blindly biopsied for cancer without a specific target,” Dr. Ponsky says. By performing the MRI prior to the biopsy, UH urologists can find the exact region of the prostate to target. Fusing MRI images with live ultrasound images improves biopsy accuracy even further.

“We are excited about the new fusion technology that drastically improves what we do,” says Dr. Ponsky. “We are able to pinpoint and precisely target the lesion that we are interested in, even when it is only millimeters in size. We are finding that this approach is making a difference in patient outcomes.”

For more information or to refer a patient, contact Dr. Ponsky at 216-844-3009 or Lee.Ponsky@UHhospitals.org.

The laboratories at University Hospitals are using new polymerase chain reaction (PCR) procedures to test for *Bordetella pertussis* and group A *Streptococcus*. The changes went into effect early last month.

The assay for detecting *Bordetella* uses DNA amplification on nasopharyngeal swabs. A single specimen is sufficient for testing in most cases. To ensure proper testing, please submit samples in universal viral transport medium (pink) using the swabs provided in the package.

For detection of group A *Streptococcus*, the PCR method can be used in place of rapid antigen testing and/or culture. PCR is much quicker than culture, which can take up to 72 hours. It also does not require confirmatory testing as antigen testing does. For group A Strep testing, throat swabs must be submitted in E-swab bacterial transport medium.

For more information on these changes, contact Michael Jacobs, MD, PhD, Director of Clinical Microbiology at UH Case Medical Center, at 216-844-3484 or Michael.Jacobs@UHhospitals.org, or Kathy Roman, Microbiology Manager at UH Case Medical Center, at 216-844-8616 or Kathy.Roman@UHhospitals.org.
Graduate medical education at University Hospitals has embraced the continuous improvement model of the Accreditation Council for Graduate Medical Education’s (ACGME) new accreditation system. Our program directors are assessing the progress of our residents and fellows using milestones that help each individual understand his or her strengths and weaknesses in the journey toward becoming a master clinician.

Our program leaders and trainees together evaluate programs for resident performance, faculty development, program quality and graduate performance and create improvement plans with measurable outcomes. Our GME leaders work with the UH Institute for Health Care Quality & Innovation to engage residents in patient safety and quality improvement and to enhance supervision and improvement in transitions of care.

This spring, on April 8, there will be an interactive annual retreat to connect GME program leaders with colleagues in nursing, IT, pharmacy education and operational effectiveness to design new approaches for improving our clinical learning environment.

We are also creating a resident forum to encourage communication to and from our learners and to more fully engage them in the leadership of our institution. In addition, we are partnering with Case Western Reserve University School of Medicine to design interest groups for students, residents and faculty in areas such as global health. A multidisciplinary task force is also in the process of producing a patient brochure describing the advantages of receiving health care in an academic health center and describing the different learners a patient may encounter.

For more information about graduate medical education at UH, contact Director of GME Susan Nedorost, MD, at 216-844-8200 or Susan.Nedorost@UHhospitals.org.

New Developments in Graduate Medical Education at UH

Hernia surgery is something that a significant number of patients may have to go through more than once. About 30 to 50 percent of the surgeries performed at the Comprehensive Hernia Center are for a recurrent hernia, explains Yuri Novitsky, MD, who is Co-Director of the center with Ajita Prabhu, MD.

“That means we have to utilize more advanced reconstructive techniques,” he says. “Ultimately, instead of addressing recurrent hernias, we’d rather see it done right the first time. We do what we can to prevent complications, but for patients who have them, we have advanced techniques to address them.”

Dr. Novitsky, in fact, pioneered the refinement of a procedure known as TAR (transversus abdominis muscle release). The technique, which uses mesh in major abdominal wall reconstruction, was found to reduce the recurrence rate of hernia surgery to approximately 4.7 percent.

That said, the center also performs a good number of hernia procedures at the other end of the surgical spectrum. “We offer a variety of minimally invasive surgical techniques,” says Dr. Novitsky. For patients, these laparoscopic procedures lead to less pain, a faster recovery time, fewer complications and a lowered risk of recurrence of the hernia, he says.

The Comprehensive Hernia Center treats all the various types of hernias that can occur, from simple groin and umbilical hernias to more complex ventral incisional hernias. Additionally, the surgeons at the Hernia Center are engaged in studies aimed at improving hernia treatments, especially through the use of the implantable biomaterials such as new mesh products. With the support of a grant from the National Institutes of Health, Dr. Novitsky has been involved in developing a bioadhesive that will be used for less painful mesh fixation.

For more information on the Comprehensive Hernia Center or to refer a patient to Dr. Novitsky or Dr. Prabhu, call 216-844-7874.

Yuri Novitsky, MD

Ajita Prabhu, MD
A research team from University Hospitals Seidman Cancer Center and Case Western Reserve University has developed and tested a novel biochip aimed at improving outcomes for patients with sickle cell disease. The biochip provides information on the biophysical properties of red blood cells with just a few drops of blood, giving it the potential to become the standard test for monitoring sickle cell disease. The team presented its findings at the recent annual meeting of the American Society of Hematology (ASH).

“This new technology gives us a better understanding of the disease and provides us with an important new tool to enhance the monitoring and medical management of patients with sickle cell,” says Jane Little, MD, Director of the Adult Sickle Cell Anemia Center at UH Case Medical Center and Associate Professor at Case Western Reserve University School of Medicine. Dr. Little led the biochip research effort. Umut Gurkan, PhD, from the Department of Mechanical and Aerospace Engineering at Case Western Reserve University, developed the biochip. “If we can begin to identify and predict when patients will have flare-ups in their disease, we can avoid complications by more effectively treating them before their symptoms worsen,” Dr. Little says.

The team’s research showed that the novel biochip device could detect alterations in the biophysical properties of red blood cells present in people with sickle cell disease. Technology to date has not allowed physician-scientists to evaluate these properties on a large-scale basis. Based on the results of its findings, the team has opened a new clinical trial for 100 adult and pediatric sickle cell patients. For more information on this trial, call 216-844-5868 or email Jane.Little@UHhospitals.org.

Also at the ASH meeting:
Stanton Gerson, MD, Director of UH Seidman Cancer Center and the Case Comprehensive Cancer Center at Case Western Reserve University, presented data on a novel Phase I gene therapy strategy for protecting healthy bone marrow in patients receiving chemotherapy for glioblastoma. He found that adding a strong DNA repair protein, MGMT, to stem cells makes the tumor more responsive to treatment. The project will now move forward to Phase II.

Also from Dr. Gerson’s lab, Paolo Caimi, MD, a hematologist-oncologist with UH Seidman Cancer Center and an Assistant Professor at Case Western Reserve University School of Medicine, presented research showing that combining methoxyamine with fludarabine to treat chronic lymphocytic leukemia and lymphoid malignancies damages cancer cells without damaging normal cells and is well-tolerated by patients. This project will also move to Phase II.

New Faces of UHMP: Lauren Burns, DO

Lauren Burns, DO, got an early start in medicine, examining bacteria on urine slides when she was 5 years old using the microscope in her father’s Copley Medical Group office. As she grew, so, too, did her responsibilities with the family practice group, encompassing everything from filing to phlebotomy.

“Working in my dad’s office as a medical assistant was so valuable to me,” Dr. Burns says. “It helped me make sure that I wanted to do medicine.”

Dr. Burns’ father, Robert C. Burns, MD, passed away in March 2011, just before Lauren finished her family practice residency. She began practice with the Copley Medical Group in 2012. “We never got to practice together, but I follow his example,” she says. “It’s my goal to try to lead and mentor my patients the way he did.”

For Dr. Burns, the appeal of family medicine is its variety, both in subject matter and the ages of the patients she sees. “You have to know a little bit about a lot of different topics, and that is what really drives me, figuring out the puzzle,” she says. “At the same time, I love being able to follow patients year to year, cradle to grave, making sure I’m helping them with all of their health concerns.”

She puts a premium on communication and collaboration with patients. “I’ve found that I really enjoy talking with people and helping them with their health experiences along the lifespan,” she says. “Also, I want the patient to put full trust in me as a physician, but then for us both to come together as a team going forward and decide how we’re going to address a particular problem.”

Copley Medical Group recently joined the University Hospitals system. Now located at the new UH Fairlawn Health Center, the practice serves patients in the Akron area and is growing. “When we joined University Hospitals, it was really about putting patients first and being able to offer services to them under one roof, such as lab services and radiology,” Dr. Burns says. “UH has helped us maintain our family-style practice but then offer more.”

For more information about the Copley Medical Group, call 330-666-4158 or email Dr. Burns at Lauren.Burns@UHhospitals.org.
Epilepsy Center Director to Co-Lead Large, National Effort to Understand Sudden Death in Epilepsy

Samden Lhatoo, MD, Director of the Epilepsy Center at University Hospitals Case Medical Center and Professor of Neurology at Case Western Reserve University School of Medicine, is co-director of a new $27.3 million international effort to understand the causes of sudden death in epilepsy (SUDEP), the most common cause of death for people with the condition. Together with Jeffrey Noebels, MD, PhD, of the Baylor University College of Medicine, Dr. Lhatoo will direct the SUDEP Center Without Walls for Collaborative Research, integrating the work of epilepsy researchers from 13 American institutions and one center in the U.K.

“This investment made by the National Institutes of Health is the most significant commitment to SUDEP research ever made,” Dr. Lhatoo says. “It is the culmination of several years of efforts to get to the crux of a perplexing and catastrophic phenomenon.” It’s estimated that as many as 3,000 Americans with epilepsy pass away suddenly each year.

The SUDEP Center Without Walls includes research projects on different aspects of SUDEP, including neuropathology, morphometrics, molecular diagnostics, respiratory and arousal mechanisms, induced pluripotent stem cells and mouse neurocardiac models, and cardiac gene and circuit mechanisms. Dr. Lhatoo will lead research into the autonomic and imaging biomarkers of SUDEP. Based at UH Case Medical Center, his team will examine how changes in brain structure may lead to abnormal physiological responses and altered breathing patterns that occur during seizures. Using various imaging technologies, they will identify risk factors for SUDEP that may eventually become therapeutic targets. Dr. Lhatoo will also lead the project’s administrative core to coordinate the interactions among contributing SUDEP centers and researchers.

“Through collaboration, we can develop findings in the approaching years compared to the decades it might take otherwise,” Dr. Lhatoo says. “We also will be training and mentoring the next generation of epilepsy clinicians and researchers so we have covered all the key aspects of the SUDEP research enterprise.”

For more information or to refer a patient to the Epilepsy Center, contact Dr. Lhatoo at 216-844-3192 or Samden.Lhatoo@UHhospitals.org.

Lüders Wins Prestigious Award

Hans Lüders, MD, PhD, a neurologist and epilepsy specialist in the UH Neurological Institute and Professor of Neurology at Case Western Reserve University School of Medicine, received the prestigious William G. Lennox Award at the recent meeting of the American Epilepsy Society (AES). The award recognizes a lifetime record of contributions and accomplishments in epilepsy research and treatment.

Dr. Lüders developed a new classification of epileptic seizures, based exclusively on ictal clinical semiology. He also performed electrical stimulation of the human brain and identified a number of new brain centers, including a brain region essential for planning of voluntary movements and a brain center essential for processing language.

The goal of Innovation Day is to improve patient care by stimulating the development, redesign and reformulation of needed medical devices, drugs, procedures and processes for our patients. If you have questions, please contact Christopher Gedeon, Licensing Associate with the UH Center for Clinical Research, at Christopher.Gedeon@UHhospitals.org.

The inaugural University Hospitals Eye Institute Innovation Day will be held on Jan. 24 from 7:45 a.m. – 12 p.m. at the Wolstein Research Building (WRB 1420) on the campus of Case Western Reserve University.

Andy Schieber, Senior Research and Development Engineer of Ivantis, will serve as the keynote speaker. Faruk Orge, MD, pediatric ophthalmologist with UH, Kris Palczewski, PhD, John H. Hord Professor and Chair of the Department of Pharmacology at Case Western Reserve University School of Medicine, and representatives from NASA and the University of Akron will also speak.

Instead of taking applications before Innovation Day, the UH Eye Institute will launch the idea competition after Innovation Day occurs. Submissions are due May 1, 2015, with winners announced at the end of June. Those who submit the top three most innovative ideas will each receive $10,000 to further develop and implement their ideas.

All National Institutes of Health (NIH) funding for basic and clinical research is awarded to the School of Medicine at Case Western Reserve University.
New UH Physicians

Rodolfo Denadai Benatti, MD
Cardiology
Areas of interest:
- Cardiomyopathy
- Echocardiography
- Heart failure
- Heart transplantation
440-593-0101
UH Harrington Heart & Vascular Institute
UH Conneaut Medical Center
UH Geneva Medical Center

Gary Dinger, DO
Family Medicine
Areas of interest:
- Office procedures
- Medical education
- Sports medicine
440-934-2650
Elyria Family Practice
UH Amherst Health Center
as of April 1, 2015

Florin Penciu, MD
Internal Medicine
Area of interest:
- Chronic disease prevention
216-749-5877
UH Parma Medical Center
UH Wellpointe Health Center

Vanessa Ho, MD, MPH
Trauma Surgery
Areas of interest:
- Emergency general surgery
- Surgical critical care
- Surgical infections
216-844-7874
UH Case Medical Center

Sharmeela Saha, MD
Nephrology
Area of interest:
- Nephrology
216-844-8307
UH Case Medical Center

Babak Moini, MD
Internal Medicine
Areas of interest:
- Cardiology
- Global health
- Graduate medical education
440-646-2200
MRSA Associates, Mayfield Heights

Marie Clark, MD, MPH
Pediatrics
Areas of interest:
- Developmental and behavioral pediatrics
216-844-3230
UH Rainbow Babies & Children's Hospital
UH Pediatric Specialties, Medina

Christopher Towe, MD
Thoracic Surgery
Areas of interest:
- Achalasia
- Lung and esophageal cancers
- Robotic thoracic surgery
- Thoracic surgical oncology
216-844-0405
UH Case Medical Center

Among the nation’s leading academic medical centers, University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine, a nationally recognized leader in medical research and education.

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