

AlphaSights

A look at tomorrow's health care today at Baystate Medical Center

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Details on back cover.

3T MRI Technology

Midurethral Slings

Ventricular Assist Devices

Children's Hospital
Medical Home Philosophy



Baystate
Medical Center

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Cover photo: MRI showing a coronal view of a brain slice in which there is evidence of a cerebral vascular accident and its associated tissue damage.

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This publication was developed for the medical staff and friends of Baystate Health.

REFORM *Inspires* INNOVATION



Health care reform is changing the way we deliver medical care to our patients and places a renewed focus on population-based health education, disease prevention, and chronic disease management.

As an integrated delivery system, Baystate Health provides the best model to meet patients' needs for highly coordinated, cost-effective, and efficient quality care.

We are among a small number of health systems nationally that are leading the transformation of health care through the creation of patient-centered "medical homes," physician practices that provide cost-effective, highly coordinated, primary medical care. Inside this issue of *AlphaSights*, you'll see how this philosophy is being embraced at Baystate Children's Hospital.

Beyond primary care, we also need to ensure that our patients receive the appropriate level of diagnostic and specialty care, at the appropriate time. Some of our efforts in that arena are also highlighted in this issue, including our new 3T MRI technology, a ventricular assist device that helps bridge the gap between cardiac surgery and recovery, and an effective new minimally invasive treatment for women suffering from incontinence.

Our efforts are being recognized on a national level. An annual study from Thomson Reuters found that Baystate Medical Center is among the top 100 hospitals in the country, based on 10 metrics including patient safety, patient satisfaction, outcomes, and financial stability.

The study authors said that if all patients received care at the same level as those at the top 100 hospitals, it would have the following benefits to the health care system:

- Nearly 116,000 additional patients would survive each year.
- More than 197,000 patient complications would be avoided annually.
- Expense per adjusted discharge would drop by \$462.
- The average patient stay would decrease by half a day.

We have made great strides, but we still have a long way to go. We are committed to ensuring that our patients, their families, and our communities are early beneficiaries of the remarkable changes occurring in health care. Our future is being created every day, and we at Baystate Health are proud to be at the forefront of innovation during these challenging and exciting times.

Sincerely,

Mark R. Tolosky, J.D., FACHE
President & Chief Executive Officer
Baystate Health



Advances in Imaging

3T MRI Technology

By Scott P. Edwards



Radiologists (left to right) Drs. John Loh, Dmitry Rakita, and Richard Hicks appreciate the high level of detail afforded by the 3 Tesla MRI device, especially for difficult situations and diagnoses.

Nearly a year ago, Baystate Medical Center raised the level of imaging in the region with a new 3 Tesla MRI device at the Baystate MRI & Imaging Center, delivering an unprecedented level of detail in its images and offering the most advanced imaging technology available in Western Massachusetts.

“The 3 Tesla technology—3T for short—is essentially a stronger magnet, which enables physicians to see and interpret scans at a level of detail we’ve never had before,” says Richard Hicks, MD, chief of MRI and Neuroradiology at Baystate. “From neurology to orthopedic imaging, we are able to detect and diagnose a range of health issues faster and more effectively than ever.”

MRI scanners typically operate at field strengths between .35T (low field strength) to 1.5T (high field strength) to 3T (ultra high field strength). In comparison, the Earth’s gravitational pull is only 0.00005T. Thus, physicists say, a 3T scanner, like the one used at Baystate, operates at 60,000 times the gravitational pull of the Earth. These more powerful MRI scanners also have a higher signal-to-noise ratio, which helps to improve the quality of the images produced.

“The key with 3T,” says Dr. Hicks, “is more signal strength in the system, which allows us to do two things. We can make higher resolution scans with thinner slices, and we can trade this high signal for scan time, meaning we can do a scan on 3T in about half the time we can using a 1.5T magnet.” He says that in most cases at Baystate, they opt for higher resolution studies in the same scan time. In special circumstances, parameters are changed for a faster scan.

In addition to image quality and time, Baystate’s 3T MRI unit has a large open bore so it can accommodate patients who, in the past, might have struggled getting MRIs, including people of size, those who are claustrophobic, and children who might have difficulty staying still for a longer scan.

While 3T MRI has a wide range of applications, Baystate is focusing on three areas: neuroradiology, musculoskeletal imaging, and abdominal imaging.

Neuroradiology

One major advantage of 3T is that it has better sensitivity for contrast enhancement, which is important for brain and spinal scans. This sensitivity is especially important in detecting new multiple sclerosis lesions and subtle changes in brain tumors.

Experts agree that MRI is the most sensitive, noninvasive way of detecting central nervous system demyelination, a hallmark of MS, making it especially beneficial in the diagnosis of the disease. “The 3T scans give

One **major advantage** of 3T is that it has *better sensitivity for contrast enhancement*, which is **important** for brain and spinal scans.

us better comparison between studies,” says Dr. Hicks, “so we can determine which lesions are old and which are new.”

Baystate is also using 3T MRI for all follow-up studies of patients with brain tumors in order to detect any subtle changes to the tumor. Pituitary and orbital imaging is frequently done at 3T for improved image quality. The use of rapid 3T MRI to replace CT in pediatric patients is also being explored.

Musculoskeletal Imaging

For diagnosing musculoskeletal injuries such as tears of the meniscus, cartilage, ligaments, and labrum, 3T MRI also offers significant benefits, providing improved diagnostic evaluation and valuable pathological detail.

“Meniscal, labral, and cartilage pathology is much easier to see on 3T,” says John Loh, MD, chief of Musculoskeletal Imaging at Baystate. “We are able to obtain thinner cuts—down to 2mm—so we can detect and characterize pathology in these structures more accurately and completely.”

Dr. Loh says the technology has taken Baystate to a “whole new level” of orthopedic care. Radiologists and orthopedic specialists are better able to determine where meniscal tears are in the knee, where labral tears are in the shoulder and hip, what type of tear is present, and how complex a tear is. Chondral injury is more completely characterized. For the patient, this means greater patient comfort, fewer arthrograms, and more accurate diagnoses.

Abdominal Imaging

Dmitry Rakita, MD, Baystate’s chief of Abdominal Imaging, says that certain abdominal or pelvic imaging has “become indispensable” with 3T, no more so

than in prostate imaging. At Baystate, 3T MRI is used to diagnose occult, clinically suspicious prostate cancer following a negative biopsy, and to determine the extent of disease.

3T MRI has
taken Baystate to a
“whole new level”
of orthopedic care.

“We use 3T for characterization of newly diagnosed high risk prostate cancer and for search missions in cases of clinically suspected occult prostate cancer,” says Dr. Rakita, calling 3T “exceedingly useful” for both indications.

In addition, 3T is used for the diagnosis and evaluation of other anal/rectal problems, including perianal fistula and complex pelvic abscesses related to Crohn’s disease, as well as rectal cancer staging.

Says Dr. Rakita, “The high-resolution magnet has allowed us to expand pelvic imaging into other realms,” including uterine and cervical cancer staging after hysterectomy and improved rectal cancer staging and prostate imaging.

Refer a Patient
Baystate MRI & Imaging Center
80 Wason Avenue
Springfield, Massachusetts
MRI: 1-800-258-4674 • PET/CT: 1-866-258-4738

3T MR enterography is also used in the pediatric population for monitoring and facilitating diagnosis of intestinal Crohn’s disease and its complications, typically done with CT scan, and thus avoiding the radiation exposure.

“In the average case,” says Dr. Hicks, “there’s not a specific advantage between 3T and 1.5T MRI. But with difficult situations and diagnoses, 3T provides improved resolution so we can make a better, more accurate diagnosis. That’s probably its biggest advantage.”

Baystate
MRI & Imaging Center
80 Wason Avenue
Springfield



New Imaging Center

Last year, Baystate MRI & Imaging moved from 3300 Main Street to its new location at 80 Wason Avenue, just off Main Street and minutes away from Baystate Medical Center and other medical offices in Springfield’s North End.

Baystate MRI is a partnership between Baystate Medical Center and Shields Health Care Group, which provides MRI services across central and southern New England. In addition to 3T MRI, the new Baystate MRI & Imaging Center includes two open-bore 1.5T MRI units and the most advanced PET/CT technology for oncology and brain imaging. For patient convenience, the center offers easy parking and access, and evening and weekend appointments.

Midurethral Slings:

An Effective Treatment for Incontinence

By Scott P. Edwards



Advances in urinary incontinence treatment are allowing millions of women around the world with a specific type of incontinence to get on with their lives, free of the complications associated with older procedures.

Urogynecologists Drs. Oz Harmanli and Keisha Jones use a midurethral sling in a minimally invasive, 30-minute outpatient procedure to treat women with stress urinary incontinence.

Tension-free support, also called a midurethral sling, is a minimally invasive, effective, 30-minute outpatient procedure to treat women with stress urinary incontinence (SUI).

“Today’s incontinence procedures are not the same as our grandmothers’,” says Oz Harmanli, MD, chief of Urogynecology and Pelvic Reconstructive Surgery at Baystate Medical Center. “The midurethral sling is 90 percent effective, with very few complications. Some recent modifications that we also use at Baystate make it even safer.”

The Procedure

SUI occurs when a woman increases the pressure on her bladder by sneezing, coughing, laughing, lifting, exercising, etc. The pelvic floor muscles normally support the urethra, maintaining a tight seal and preventing urine from involuntarily leaking. In women with SUI, these muscles and other connective tissue are weakened, most commonly by pregnancy, childbirth, and aging. They cannot support the urethra in its normal position any more. When pressure is exerted on the urethra, urine leaks out.

To correct the problem with tension-free support, a surgeon places a piece of synthetic mesh at the mid-portion of the urethra, creating a sling that helps keep the urethra closed, especially when the patient coughs or sneezes.

A small incision (about 2 cm) is made inside the vagina, with two additional, 1/2-cm incisions just above the pubic bone or in the groin area. “We then place the mesh to support the midurethra,” says Keisha Jones, MD,



SUI occurs when a woman increases pressure on her bladder by sneezing, coughing, laughing, lifting, etc.

a Baystate urogynecologist who has been performing the procedure for more than four years, “and scar tissue attaches it to the body. This scarring mimics the suburethral fibromuscular support, and restores continence.”

The patient returns home the same day as the procedure and can return to work and normal activity within a couple of days. Women can exercise after about a week, once the mesh is firmly in place, but intercourse must wait for the incisions to heal completely.

“This procedure is for women of any age with stress urinary incontinence,” says Dr. Jones. Women should have completed childbearing to be candidates for the tension-free support procedure.

The best indication that the procedure works, say Drs. Harmanli and Jones, are patient satisfaction rates above 90 percent. In addition, they say, several well

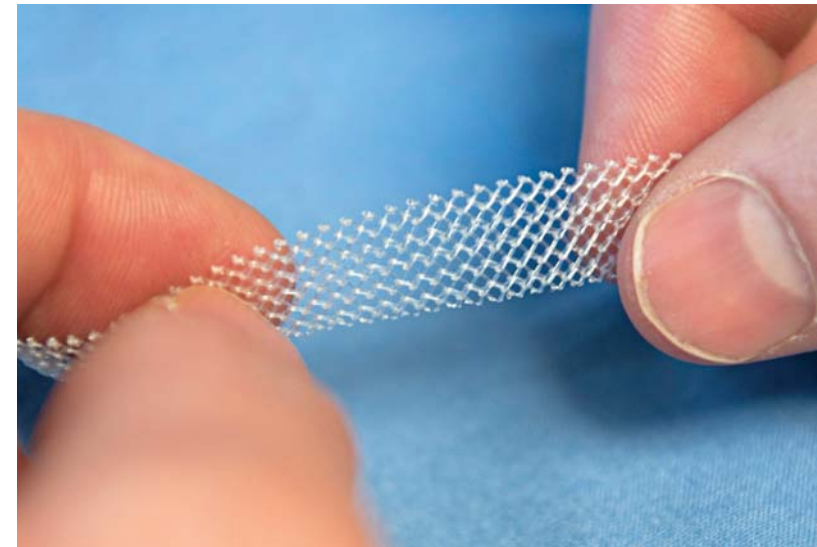
The midurethral sling is
90 percent
effective,
with *very few* complications.

designed, randomized trials have shown that tension-free support is “statistically better” than other SUI treatments.

Changing Lives

When hearing about treatments for urinary incontinence, says Dr. Harmanli, many women think of older, more complicated procedures to fix these problems because they have heard of a relative who had one. Prior to tension-free support, surgery to correct SUI included a large incision in the abdomen—similar to a C-section—more tissue dissection and blood loss, extensive tissue grafting, and greater risk to surrounding organs. Patients typically stayed in the hospital for a couple of days, most had a urinary catheter, and recovery took considerably longer.

Other treatments for urinary incontinence include behavior techniques such as bladder training to delay urination; pelvic floor muscle exercises to strengthen the muscles that help control urination; and medications to treat the symptoms of incontinence. Medical devices and interventional therapies (radiofrequency therapy and sacral nerve stimulators) are also used to treat certain types of incontinence, including SUI.



To correct the problem with tension-free support, a surgeon places a piece of synthetic mesh at the mid-portion of the urethra, creating a sling that helps keep the urethra closed.

Refer a Patient

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3300 Main Street, Suite 4D
Springfield, Massachusetts
413-794-7045

Pelvic Floor Repository Aids Patient Care, Science

A new pelvic floor repository at Baystate Medical Center, designed to gather information about a range of urogynecologic procedures, will help improve patient care and further scientific knowledge, says Oz Harmanli, MD, chief of Urogynecology and Pelvic Reconstructive Surgery at Baystate.

The repository includes information about all patients who come to the urogynecology clinic at Baystate, including procedure type, complications, patient satisfaction data, and

notes on follow-up visits. Patients are not identified by name, so patient confidentiality remains intact.

“This gives us a wealth of information to look at objectively,” says Dr. Harmanli. “We can use the data internally for quality improvement, and share it with our colleagues through studies, papers, and presentations to improve science.”

The repository is the idea of Baystate urogynecologist Keisha Jones, MD. She says the data gathered can be used in future studies on

complications and outcomes. “We’re gathering the same information on all patients so that we can compare them equally in the future,” she says.

Dr. Harmanli says the pelvic floor repository is the first of its kind at Baystate. Other departments are involved in national repositories, or registries, but, he says, “this one was born here.” Now, other departments at Baystate are contacting Drs. Harmanli and Jones to gain their insight before starting repositories of their own.

Ventricular Assist Devices:

A Bridge to Recovery

By Scott P. Edwards



Dr. Daniel Engelman and his colleagues have had the greatest success using external VADs to treat patients with short-term right-sided heart failure.

Recovery from cardiac surgery can be challenging by any measure. For many patients, especially the elderly, the stress of surgery to repair blocked arteries or leaky valves can leave their hearts in a weakened state, unable to efficiently pump blood throughout the body, further complicating their recovery.

However, a relatively new and evolving medical technology uses a device, called a ventricular assist device or VAD, to help many of these patients get back on their feet and lead an active life.

A VAD is a mechanical circulatory device used to either partially or completely replace the function of a failing heart. Some VADs are intended for short-term use in patients following surgery or a heart attack, while others are implanted for longer-term use in patients with heart failure as they await a transplant.

“Currently at Baystate, we’re using VADs in the short term as a bridge to recovery,” says Daniel Engelman, MD, a cardiac surgeon and surgical director of the Cardiac Intensive Care Unit at Baystate Medical Center. He adds that these mechanical support devices can be used to treat either right-sided heart failure, left-sided heart failure, or both. “The devices can also be used in patients with failing hearts following large heart attacks,” says Dr. Engelman.

External VADs

Dr. Engelman and his colleagues have had the greatest success using external VADs to treat patients with short-term failure of the right heart. In right-sided heart failure, the right ventricle loses its ability to efficiently pump blood to the lungs for oxygenation. This compromised pumping function can cause blood to back up into other areas of the body, producing congestion that can affect the liver, gastrointestinal tract, and the limbs. Among the most common causes of right-sided heart failure are coronary artery disease and heart valve disease.

The device takes blood from the right atrium and sends it to a pump—Dr. Engelman describes it as a “spinning wheel inside a plastic casing”—which sends it back into the lungs for oxygenation followed by distribution



The external VAD used at Baystate Medical Center—the CentriMag by Thoratec Corporation—is an external device, about six inches in diameter, that sits next to the patient’s bed.

to the rest of the body and vital organs, just like a healthy heart would. The device is mechanically levitated, providing a contact-free environment to minimize complications such as hemolysis.

Over the past year, Dr. Engelman and his colleagues at Baystate have used the CentriMag with four patients, each in their 60-80s, suffering from right-sided heart failure. The heart failure was due to either a heart attack from coronary artery disease, or short-term

Currently at Baystate, we're using **VADs** in the short term as a **bridge to recovery.**"

weakness of the heart muscle seen immediately following cardiac surgery to repair damaged coronary arteries or heart valves. These patients used the device for three to six days, until they were able to maintain normal heart function.

"These patients had hearts that were unable to support themselves in the short term," says Dr. Engelman. "We used the device for several days until their hearts recovered. The device was outstanding for short-term failure of the right heart."

During VAD therapy, each of the patients received anticoagulant medication to minimize the risk of blood clotting in the VAD. Following successful removal of the device, each patient completed standard cardiac rehabilitation.

Dr. Engelman says Baystate is one of only a few hospitals in Massachusetts using VADs in high-risk elderly patients. "We're confident that in appropriate candidates, this technology can improve recovery rates and save lives," he says.

Short-term VAD Support Aids Ware Man

Wallace Drenzek, age 82, doesn't remember being hooked up to a ventricular assist device (VAD) following his heart-valve repair surgery in January, but he was for five days.

In the fall of 2010, Mr. Drenzek and his wife Phyllis talked about taking a vacation, but he says he did not "feel up to it." Instead, Phyllis went on a cruise with one of their children. While she was away, Mr. Drenzek became weaker, losing both strength and weight. Then, during a follow-up visit after a colonoscopy in December, Mr. Drenzek's doctor was concerned about

Mr. Drenzek's breathing and sent him to the emergency room at Baystate Medical Center.

"They found that my heart wasn't working well," says Mr. Drenzek. Doctors at Baystate determined that his mitral and tricuspid valves were faulty and that some of his coronary arteries were clogged, which compromised his heart function, and booked him for surgery.

Following surgery, "Mr. Drenzek's heart was unable to support him in the short term, so we used the VAD as a bridge

to his recovery," says Daniel Engelman, MD, the Baystate cardiac surgeon who operated on Mr. Drenzek.

Mr. Drenzek, who was always very active, playing basketball twice a week until age 75, says he is doing well after his surgery and VAD therapy, still weak, but gaining strength. "I've had five operations over the past several months," he says, "but I feel much better now."



Medical Home Philosophy:

Family-Centered Care Coordination

By Aubin Tyler



With the “medical home” model of care, health care teams focus on patient and family needs, coordinating all the types of care and support services each patient needs.

Meredith Andrade, RN, pediatric ambulatory care coordinator for Baystate Children's Hospital, helps families navigate the often complex maze of health care.

After neurosurgery in Boston, a four-year-old Springfield girl needed six weeks of inpatient physical therapy. With her husband working nights and four other children at home, the mother couldn't stay in Boston for that length of time, and didn't want to leave her little girl there alone.

Meredith Andrade, RN, in the newly created position of pediatric ambulatory care coordinator for Baystate Children's Hospital, arranged for the child to have intensive in-home physical therapy instead, until she was well enough to start local outpatient treatment.

“The child is doing very, very well,” she says. “Normally, she would have had to stay in Boston, and the mom would only be able to visit occasionally—this allowed her mom to be with her.” Ms. Andrade checks in with the family periodically, and the mom has the number for her direct line.

This case illustrates an evolving philosophy in health care, the concept of a “medical home.” With this model, health care teams—medical staff, social workers, inpatient caseworkers, even insurance company managers—focus on patient and family needs.

“Pediatric care in the 21st century is extraordinarily complex and anxiety provoking for families,” says Lindsey Grossman, MD, chair, Pediatrics, Baystate Children's Hospital. “We are providing support on the primary care, specialty, and subspecialty levels so that our young patients and their families get everything they need.”

Different Components, One Philosophy

The idea of creating “medical homes” for pediatric patients is not new to Baystate Children's Hospital. Matthew Sadof, MD, director, Medical Home and

Primary Care Asthma Intervention programs at Baystate High Street Health Center – Pediatrics, has used a medical home model for over a decade to



“Pediatric care in the 21st century is extraordinarily complex and anxiety provoking for families,” says Dr. Lindsey Grossman, chair, Pediatrics.

improve asthma care for children with special health care needs in Springfield and throughout the state, working with teachers, nurses, employers, social workers, housing officials, and health coalitions. That program has since been expanded at High Street Health Center to include all patients with medically and socially complex conditions.

The idea, says Dr. Sadof, is that each child's primary care provider leads their care team, which also includes a case manager who arranges the necessary testing, care, and resources the family needs. So far, it's working. “Early estimates show that the clinic programs have dramatically reduced hospital and ER visits,” he says.

With the creation of Meredith Andrade's role of pediatric ambulatory care coordinator, this concept has expanded to include subspecialty components that may be out of range for primary care providers.

"When I came to Baystate, it was much like everywhere else I'd worked," recalls Dr. Grossman. "Pediatricians in the community complained that they could not get complicated patients evaluated by multiple subspecialists easily, and it was very confusing for families. Now if a pediatrician has a patient who needs such evaluation, he or she can call Ms. Andrade. She then contacts the other services, gets appointments,

and provides background information to each of those services."

Ms. Andrade serves as the family's liaison with the health system, explains Dr. Grossman. "She ensures their anxiety is taken care of, makes the necessary appointments, and educates the patient and family so they understand what is happening. She also coordinates the communications between primary and specialty providers, and assists with a range of other issues from insurance to transportation. She becomes the family's go-to person for any questions or concerns."

"The main thing is to have a warm person to talk to," says Ms. Andrade. "It's so frustrating for families to call and have to give their stories to two or three

The ambulatory care coordinator becomes *"the family's go-to person for any questions or concerns."*

people. Sometimes they just give up. I relieve them of a lot of the logistical burdens they have so that they can focus on caring for their child."

State-Wide Initiative

The Massachusetts Executive Office of Health and Human Services agrees with this philosophy. In December, Baystate's pediatric and adult High Street Health Centers and its Mason Square Neighborhood Health Center were among 46 primary care medical practices across the Commonwealth chosen to participate in a new Patient-Centered Medical Home Initiative over a three-year demonstration period.

In March, the management team led by John Snyder, MD, medical director, Baystate High Street Health Center - Pediatrics attended a two-day "Learning Session" in Marlborough for the participants in the initiative. Dr. Sadof served as a keynote speaker.

The learning collaborative is "one of the key building blocks in our strategic work to make all primary care practices in Massachusetts transformed into advanced patient-centered medical homes by 2015," wrote Secretary of Health and Human Services Dr. JudyAnn Bigby in a prepared statement.

More than a dozen Massachusetts health care insurance companies have signed on to participate in the payment reforms expected for the new initiative over the next several years. As every practice in the state moves to the medical home model, says Dr. Sadof, the quality of care will improve and decrease the emotional and financial cost of illness in our communities.

"Health care is difficult to negotiate," he concludes, "especially if you're sick or your child is sick. A three to four minute phone call can save an entire day in the emergency room. People need one number to call when they're sick: the care coordinator at their medical home."

Drs. John Snyder and Matthew Sadof, Baystate High Street Health Center – Pediatrics, are strong advocates for the medical home concept.



Refer a Patient

Pediatric Ambulatory Care Coordinator
Baystate Children's Hospital
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413-794-5860

Welcome New Physicians

Baystate Medical Center and Baystate Medical Practices proudly welcome the following physicians to its medical staff.

BAYSTATE MEDICAL PRACTICES Welcomes Northampton Cardiology



Baystate Heart and Vascular Program

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Baystate Heart and Vascular Program

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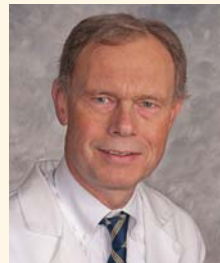
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Center/Centro de Salud
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413-794-4458



Ob/Gyn

Suzy Silverstein, MD
Baystate Wesson Women's Clinic
759 Chestnut Street, Springfield
413-794-5307

Honors & Announcements



Gregory Braden, MD



Michael Coppola, MD



Wayne Duke, MD



Richard Engelman, MD



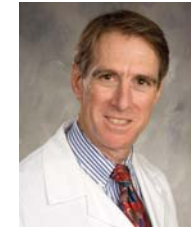
Kevin Hinchey, MD



Vandita Johari, MD



Benjamin Liptzin MD



Glenn Markenson, MD



Niels Rathlev, MD

New Department Chairs Announced



Michael T. Bailin, MD

Michael T. Bailin, MD, was appointed chair of the Department of Anesthesiology at Baystate Medical Center. He received his medical degree from Harvard Medical School, and comes to Baystate from Massachusetts General Hospital where he most recently served as interim chief of Anesthesiology for General Surgery.



Laurie Gianturco, MD

Laurie Gianturco, MD, was appointed chair of the Department of Radiology at Baystate Medical Center. She previously served as interim chair. She is also associate clinical professor and deputy chair of the Department of Radiology at Tufts University School of Medicine.



Thomas Higgins, MD

Thomas Higgins, MD, was appointed interim chair of the Department of Medicine at Baystate Medical Center. He joined Baystate in 1996, serving as chief, Critical Care Division for 14 years. Dr. Higgins is a professor of Medicine, Surgery, and Anesthesiology at Tufts University School of Medicine, and is a member of BMC's Hospital of the Future Steering Committee. He also serves as medical director for Care Management and medical director for Inpatient Informatics at Baystate.

Gregory Braden, MD, chief of the Nephrology Division at Baystate Medical Center and program director of Baystate's Nephrology Fellowship, was elected to the American Society of Nephrology's Training Program Directors Executive Committee.

Michael Coppola, MD, was named president elect of the American Sleep Apnea Association. The ASAA promotes education and awareness, support groups, research, and continuous improvement in the care of patients with sleep apnea.

Wayne Duke, MD, was appointed vice chair of the Department of Pathology at Baystate Medical Center. He also serves as associate director of Dermatopathology at Baystate and assistant professor of Pathology for Tufts University School of Medicine.

Richard Engelman, MD, chief, Cardiac Surgical Research, was named to the editorial board of the *Journal of Cardiac Surgery*, an open access, peer-reviewed online journal that encompasses all aspects of research in the field of cardiothoracic surgery.

Barbara Greco, MD, associate program director for Baystate Medical Center's Nephrology Fellowship, was appointed to the editorial board of the *Clinical Journal of the American Society of Nephrology*.

Kevin Hinchey, MD, was appointed Associate Designated Institutional Official in the Department of Academic Affairs at Baystate Health. In this role, he will collaborate with the Graduate Medical Education Committee for the institutional support of the 10 residencies and 13 fellowships that are accredited by the Accreditation Council of Graduate Medical Education, as well as three fellowships for which accreditation is not offered, and additional fellowships under development.

Vandita Johari, MD, was appointed chief of Clinical Pathology at Baystate Medical Center. She also serves as medical director of Hematology, Immunology & Flow Cytometry at Baystate, and assistant professor of Pathology for Tufts University School of Medicine.

Benjamin Liptzin MD, chair, Department of Psychiatry, was awarded the 2010 Weinberg Family Prize for his outstanding work as a teacher, leader, researcher, and advocate in geriatric psychiatry. This prize is awarded annually to a faculty member whose

innovative research, publications, or leadership of a national academic organization have brought honor to Baystate Health. Dr. Liptzin has also been nominated for the Jack Weinberg Memorial Award for Geriatric Psychiatry of the American Psychiatric Association, a very competitive national award.

Glenn Markenson, MD, was appointed Institutional Official for Baystate's Human Research Protection Program (HRPP). In this role, he will work with Karen Christianson, director of the HRPP, to assure institutional compliance with federal regulations and best practices, including the standards of the Association for Accreditation of Human Research Protection Programs.

Niels Rathlev, MD, chair, Department of Emergency Medicine, was appointed to the editorial board of *WestJEM*, the peer-reviewed journal of the California Chapter of the American Academy of Emergency Medicine and the California Chapter of the American College of Emergency Physicians.

The Baystate Regional Cancer Program

has achieved American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI) Certification. The QOPI Program is designed to promote excellence in cancer care by helping practices create a culture of self-examination and improvement and demonstrate excellence in the care provided to patients with cancer.

 **Baystate Regional Cancer Program**

Baystate Health Continuing Education Calendar

Fall 2011

For course information and registration or to access your personal
BH Continuing Education transcript, go to baystatehealth.org/learn.

SEPTEMBER

Friday-Sunday, September 16-18
Red Jacket Resort, Cape Cod

5th Annual Medicine-Pediatrics Conference

OCTOBER

October 13-16, 2011 & April 19-22, 2012
Baystate Education Center, Holyoke

End of Life Certificate Program

Friday, October 21
Log Cabin, Holyoke

Suicide Prevention

Saturday, October 22
Sheraton Hotel, Springfield

Contemporary Topics in Ob/Gyn

Wednesday, October 26
Chestnut Conference Center, Springfield
Oncology: Isaac Lewin Symposium

Thursday, October 27
Log Cabin, Holyoke
**Meditation and Mindfulness in Health Care
across the Lifespan**

NOVEMBER

Tuesday, November 1
Log Cabin, Holyoke

Update in Endocrinology

Wednesday, November 2
Log Cabin, Holyoke

Child Psychiatry

Friday, November 4
Log Cabin, Holyoke

Women's Health

Thursday, November 10
Marriott Hotel, Springfield
Neonatal Intensive Care Conference

Friday, November 11
Chestnut Conference Center, Springfield
**The Simulation Center Revolution: Expanding the
Mission and Targeting the Outcomes**

Wednesday, November 16
Log Cabin, Holyoke
Pain Management

Thursday-Friday, November 17-18
Chestnut Conference Center, Springfield
Fundamental Critical Care Support

ACLS, PALS, TNCC, ATLS, & ENPC

Basic Life Support (BLS) is a prerequisite.
All classes are held at the Baystate Health
Education Center in Holyoke.

July 14, August 18, October 27

**(ACLS) Advanced Cardiac Life Support
Recertification**

July 21, November 10

**(PALS) Pediatric Advanced Life Support
Recertification**

September 15 & 16, November 17 & 18
(ACLS) Advanced Cardiac Life Support

September 22 & 23

(PALS) Pediatric Advanced Life Support

October 4 & 5

(TNCC) Trauma Nursing Core Course

October 9-11

Interdisciplinary Certificate in Palliative Care

October 27 & 28

(ATLS) Advanced Trauma Life Support

November 15 & 16

(ENPC) Emergency Nursing Pediatric Core

Online Courses

If scheduling problems prevent you from attending CE events, consider taking online courses for credit at baystatehealth.org/learn. Courses are presented by Baystate Health faculty and visiting professors, and include interactive post-tests, online evaluations, and the ability to print your attendance verification immediately.

Medical & Nursing Positions Available at Baystate Health

Baystate Medical Center, Springfield

- **Clinical Pharmacists**
- **Medical Assistants** (AAMA Certified)
- **Physical Therapists**
- **Registered Nurses**
 - Cardiac Telemetry
 - Cardiovascular Intensive Care
 - Emergency Department
 - Medical Practice/Community Health
 - Oncology
 - OR and Heart & Vascular OR
 - PACU
- **Respiratory Therapists**
- **Social Worker (LCSW, LICSW)**
- **Surgical Technologists**
- **Vascular Sonographers**

Baystate Franklin Medical Center, Greenfield

- **Physical Therapist for Spine
and Sports**
- **Per Diem RN Case Manager**

Baystate Mary Lane Hospital, Ware

- **Physical Therapists**

Baystate Visiting Nurse Association & Hospice

- **Physical Therapist**
- **Registered Nurses**
- **Occupational Therapists**

Physician & Advanced Practitioner Career Opportunities

Call 413-794-2571,
fax 413-794-5059, or email:
John.Larson@baystatehealth.org

Physician Leadership Opportunities

Developmental & Behavioral Pediatrics,
Chief
General Medicine, Chief
Hospital Medicine, Chief
Neonatology, Chief
Pediatric Infectious Diseases, Chief

Physician Faculty & Staff Opportunities

Colorectal Surgery
Critical Care Pulmonology
Critical Care Medicine
Emergency Medicine
Gastroenterology
General Surgery
Genetics/Pediatrics
Geriatric Medicine
Gynecologic Oncology
Hospital Medicine
Internal Medicine
Medicine/Pediatrics
Neurology/Epilepsy
Otolaryngology
Outpatient Primary Care
Palliative Care
Pathology
Pediatrics/General
Pediatric Emergency Medicine
Pediatric Gastroenterology
Pediatric Genetics
Urology

Advanced Practitioner Opportunities

Cardiovascular Surgical Nurse
Practitioner/Physician Assistant
Neurosurgery Physician Assistant
Gastroenterology Physician Assistant
Emergency Medicine Physician Assistant
Certified Nurse-Midwife for Triage

To Learn More

about career opportunities within Baystate Health or to apply for
a specific position, apply online at baystatehealth.org/jobs,

or call 1-800-767-6612. EOE/AA



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Sunday, July 31, 2011 to enter.