

PHYSICIAN QUARTERLY

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Inside

Mammography technology improves patient comfort • What does the future hold for telehealth?

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On Our Cover
Meghan Musser, DO,
 and imaging supervisor
 Deanne Rose help patients
 feel comfortable during
 their mammograms with
 the Pristina Dueta and
 SensorySuite at Kettering
 Breast Evaluation Center. (read
 more on pg. 20)

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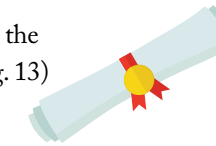
43,000

Number of lives that could be saved if all health systems evaluated by IBM Watson Health performed to the level of Kettering Health Network and the other 15 Top Health Systems (pg. 11)



4

Number of graduates from the After the Call program (pg. 13)



25

Years that Peter Bath, vice president of Mission and Ministry has been leading mission teams to Belize (pg. 10)

500-600

Number of patients Craig Nicholson, MD, FACS, and his team see weekly in Troy and Wapakoneta (pg. 4)

92.5%

Percentage of patients discharged home from the Inpatient Rehab Unit at Fort Hamilton Hospital (pg. 15)



Our goal is to help first responders to deal with, process, and accept the trauma they've experienced, as well as help them build some resilience so they can successfully continue their work.

Julie Manuel, clinical program manager for Kettering Behavioral Medicine Center on the mission of the After the Call first responder PTSD outpatient program. (pg. 13)

When patients are more comfortable and relaxed, we are able to get better images, which leads to a more confident diagnosis.

Sally Grady, director of Kettering Breast Evaluation Centers, on the benefits of Dueta, patient-assisted compression, when performing mammograms. (pg. 20)

Our employees and medical staff are committed to providing the best possible care to our patients, and I am proud that their dedication to delivering safe, high-quality, compassionate care has earned Kettering Health Network a spot among the best in the United States.

Fred Manchur, CEO of Kettering Health Network, on being named one of IBM Watson Health's 15 Top Health Systems in the country. (pg. 11)

At Renew, we are in a position to help give pieces of someone's life back to them.

Jaime Testa, manager of the Renew Boutique and Spa, on the impact the spa and boutique has on cancer patients. (pg. 12)

The healing power of gratitude is associated with better health, more positive emotions, increased progress toward goals, better sleep, and fewer aches and pains—all things we want for our patients as they're healing.

Rick Thie, president of Kettering Medical Center Foundation, on the spirit behind Project Gratitude. (pg. 6)

Robust APP Care Model Expands Access



Craig Nicholson, MD

When Craig Nicholson, MD, FACS, joined Kettering Health Network in October 2019, he brought with him a robust care team model that currently utilizes five advanced practice providers (APPs). Together, their team of providers sees 500-600 patients a week in both Troy and Wapakoneta. We asked Dr. Nicholson and one of his nurse practitioners, Logan Smith, APRN-CNP, what makes the model so successful.

PQ: Why did you decide to use APPs to the extent that you have?

Dr. Nicholson: The United States only has about half of the urologists needed, and that shortage will probably continue for the next 15 years. If urologists are going to meet the needs of our communities, each practice must be as efficient as possible. Using APPs who are practicing at the height of their licenses means better patient access, higher quality care, and more efficiency. My APPs free me up to do what only I can do, and as a result, I spend about 75% of my time in surgery.



PQ: What are APPs responsible for in the practice?

Smith: We have our own patients and see pretty much everything—routine cases like stones and circumcisions, but also more complex problems like cancer and benign prostate hyperplasia. If we think someone is going to need surgery, we make our recommendation to Dr. Nicholson, schedule the surgery, and provide follow-up care.

Dr. Nicholson is in the office once or twice a week, so most of our communication with him is by phone, text, and Epic. We have a lot of autonomy, but we know we can ask him questions any time.

PQ: How do APPs keep their skills up to date?

Smith: All of us adhere to American Urological Association clinical practice guidelines to make sure we're following best practices. Since there are so many of us, we're able to cover a wide variety of continuing medical education opportunities and report back to the group about what we've learned. We have monthly journal clubs, and our nurse practitioners run a teaching clinic for the medical assistants in our office, which helps them function at the top of their license, too.

Another great benefit to this model is that the APPs have been able to subspecialize. I focus on men's health and another one of our APPs specializes in cancer. This creates a lot of efficiency as well.

PQ: Any other keys to your success?

Dr. Nicholson: My APPs are involved in the hiring process to help make sure we get hard-working, capable people who will contribute. Another key is that all of us practice in similar ways. My APPs tend to recommend the same treatment plan that I would have, and we have great outcomes.

As a physician, my goal is to provide excellent care, period. APPs help me do that. I wouldn't want to practice medicine any other way.



Collaborative practice leads to partnership—Care TEAM Model

What is Kettering Physician Network's advanced practice provider strategy?

Advanced practice providers (APPs) are a valuable resource to Kettering Physician Network to expand access, better manage patients, and deliver cost-effective care. Many groups have realized this potential. Kettering Physician Network has seen a steady growth of APPs for the past four years—between 22-25% each year. In 2014, the network had a total of 17 APPs employed and currently, the network employs 225 APPs.

What are the Kettering Physician Network models of APP practice?

APPs work together with a physician to co-manage a panel, or manage their own panel. APPs see patients independently during office visits. Such models of practice are very important for success under value-based care and to align care delivery. Care teams made up of physicians, APPs, care navigators, medical assistants, managers, and nurses help accommodate patient access, and meet other population health demands. Working with a physician/APP ratio of one-to-one or up to one-to-five, allows expanded access and coverage. Patients can see either the physician or APP at each

visit, depending on provider availability and patient complexity. By working together, the team can get patients in sooner and efficiently manage their health.

What does a primary care team-based reveal?

At Kettering Physician Network Primary Care - Ross, Abigail Copper, PA-C, has her own panel and has partnered with **Kathleen Lang, MD**, to improve quality metrics from 6 to 11.

Dr. Lang said, "I find adding APPs to my practice has enhanced my ability to improve patient access, allows more time for patient education, and helps with getting required annual exams and preoperative exams promptly. Overall, the APPs provide great extensions of our practice." This practice has just recently added a second APP.

2019 APP ENGAGEMENT SURVEY RESULTS:

95TH PERCENTILE

APP TURNOVER RATE 4%

Project Gratitude: The Little Things Make a Big Difference

In the field of health care, the primary goal is always to help patients get well. At Kettering Health Network, we know that caring for patients' emotional and spiritual well-being is just as crucial as caring for them physically. Project Gratitude is a foundation initiative that empowers clinicians and caregivers to offer those small acts of care that add up to a big difference.

What is Project Gratitude?

Project Gratitude is a fund intended to help caregivers go the extra mile in supporting patients and families. Rick Thie, president of Kettering Medical Center Foundation, described Project Gratitude as another way in which Kettering Health Network providers can care for the whole patient—mind, body, and spirit.

As an example, imagine a man is rushed to the hospital after a heart attack and has to undergo emergency surgery. His wife is in the waiting room, in a state of clear anxiety and stress. "Project Gratitude empowers nurses or caregivers to provide some extra support for that wife—maybe it's picking up a phone charger for her, buying a sweatshirt because she keeps shivering, or gifting her a meal card for the cafeteria," Thie explained. "For many patients, coming to the hospital is unexpected and stressful. Project Gratitude is there for all the little things we can do to make someone's experience easier and better."

The healing power of gratitude

When a patient says, "thank you," it's common for caregivers to say, "no worries," or "it's my job; no problem." "But research has shown that expressing gratitude is actually part of the healing process," Thie shared. "When patients get an acknowledgement of their gratitude with a clear 'you're so welcome,' it actually helps them recover better."

Project Gratitude is currently in place at Kettering Medical Center, with a plan to roll out the fund to all four foundations within Kettering Health Network. The program is funded by grateful patients and generous donors, which include those who have had such a phenomenal experience with Kettering Health Network that they feel inspired to give back. Physician champions serve as ambassadors for the foundation by identifying and engaging grateful patients, while fostering a culture of gratitude throughout the network. Thie shared that while there are many formats for grateful patient programs, the one in place at Kettering Health Network was developed specifically with the network's culture and holistic approach in mind.

"The healing power of gratitude is associated with better health, more positive emotions, increased progress toward goals, better sleep, and fewer aches and pains—all things we want for our patients as they're healing," said Thie. "We are blessed to have such talented physicians and caregivers across our network. This is just one more way we can help them extend their care of our patients."

To learn more about Project Gratitude or the Grateful Patient program, contact Rick Thie at Rick.Thie@ketteringhealth.org or (937) 395-8607.

Network Expands Englewood Sleep Center Offerings



Kevin
Carter, DO

The network recently expanded their services at the Englewood Sleep Center, located at 50 Hillside Court. Previously, the center was privately owned, and the network did diagnostic testing at a lab in the building, but now with the practice incorporated into the network, patients and physicians can expect easier access and continuity of care.

"It's really transitioning to an all-in-one, comprehensive, sleep center," said Kevin Carter, DO, FAASM, medical director of the Englewood Sleep Center. Dr. Carter expressed integrating the sleep center into the network helps with access to

the electronic medical record, as well as a full range of services—a welcomed addition to the basic lab services that were available previously under the network umbrella. According to practice manager Elizabeth Steele, expanded and new services include diagnostic testing and equipment pick-up, overnight sleep testing, evaluations for other sleep-related issues such as restless leg syndrome, and indication for treatment options such as the new Inspire system for obstructive sleep apnea.

For more information, visit ketteringhealth.org/sleep

Information Systems Update

As the recovery from the COVID-19 pandemic disruption proceeds, some of the changes that were introduced have some significant value and will remain as standard process as we move forward. These include

- Increased use of telehealth
- Centralized preadmission testing

Some of the projects that were put on hold for the pandemic are now ramping back up—these include revamped physician training, preoperative electronic case requests, and preoperative computerized physician order entry. Updating proceduralist case preference cards is also ramping back up. You may have noticed that some of these initiatives were initially part of the Epic Refuel program and indeed this program is also regaining momentum lost during the height of the pandemic.

Many physicians and advanced practice providers have noticed a change in their Microsoft apps

on Kettering Health Network workstations. Due to significant overall cost of our Microsoft contract, some licenses have been set at a different level to save on those costs. Nearly all previous functionality is available with Microsoft Office web-based apps and Office Libre. Please contact Information Systems if you are having difficulty with the license change. There have also been some changes with how network employees access Kettering Health Network applications remotely. If you have not switched to Microsoft Authenticator, there is an article on the intranet to assist you, or you can contact Information Systems.

As always, if you have any questions or concerns, please do not hesitate to reach out to me.



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

Network Starts First Clinical Informatics Fellowship



Carrie Baker, DO

This fall two physicians joined the newly minted, ACGME-approved clinical informatics fellowship at Kettering Health Network. Over the next two years, these physicians will complete a curriculum that includes didactic and project-based learning. As part of their training, they will work with network leaders on projects designed to improve patient outcomes and achieve One Best Practice.

This fellowship includes online curriculum from Oregon Health and Science University (OHSU), a nationally recognized industry leader. The curriculum covers the five domains of clinical informatics subspecialty practice which, according to Silverman et al⁽¹⁾, are:

- The fundamentals of clinical informatics
- Improving care delivery and outcomes
- Enterprise information systems
- Data governance and data analytics
- Leadership and professionalism

Faculty members will provide shadowing opportunities, oversee rotations, assign projects and readings, and mentor fellows as they learn the role of a medical informaticist.

Leading the way is **Carrie Baker, DO, MS, FACEP**. Dr. Baker graduated from OHSU's Biomedical Informatics Graduate Program in 2019, majoring in Health and Clinical Informatics. Over the past eight years, she has led multiple clinical informatics projects at Kettering Health Network, including a quality improvement initiative during residency that helped transition the emergency department's paging system from faxed paper schedules to a software solution. Currently, she is working with Information Systems and network leadership to improve congestive heart failure care using informatics tools.

"The fellowship is part of the network's commitment to clinical informatics, which has the potential to standardize care, decrease variation, improve clinical decision support, and improve patient outcomes," said Dr. Baker, who is also director of Medical Informatics, Education, and Innovation for the network. "Clinical informatics is a tool that can help us identify the most effective ways to achieve optimal outcomes as health care transitions from fee-for-service to value-based care."

The two fellows, **Erica Glancy, MD**, and **Sunita Mall, MD**, are board-certified and will have the opportunity to work part-time as attendings in their specialty area. They will take clinical informatics courses in Epic and collaborate with physicians and staff in areas such as analytics, information security, process excellence, population health, and medical informatics. They'll also spend time in clinical areas, with the potential to touch all specialties in medicine. Over time they'll develop clinical informatics projects and join existing ones to work toward goals that benefit the network and its patients.

Dr. Baker said that fellows will also benefit from the quality of the program's faculty members, who represent many clinical and administrative areas (see box). "Clinical informatics is a multidisciplinary field in which leaders collaborate to effect change, so our faculty needed to represent diverse expertise and experiences," she explained. "We are excited about helping our fellows develop into leaders who understand the important role that clinical informatics plays in improving patient care."

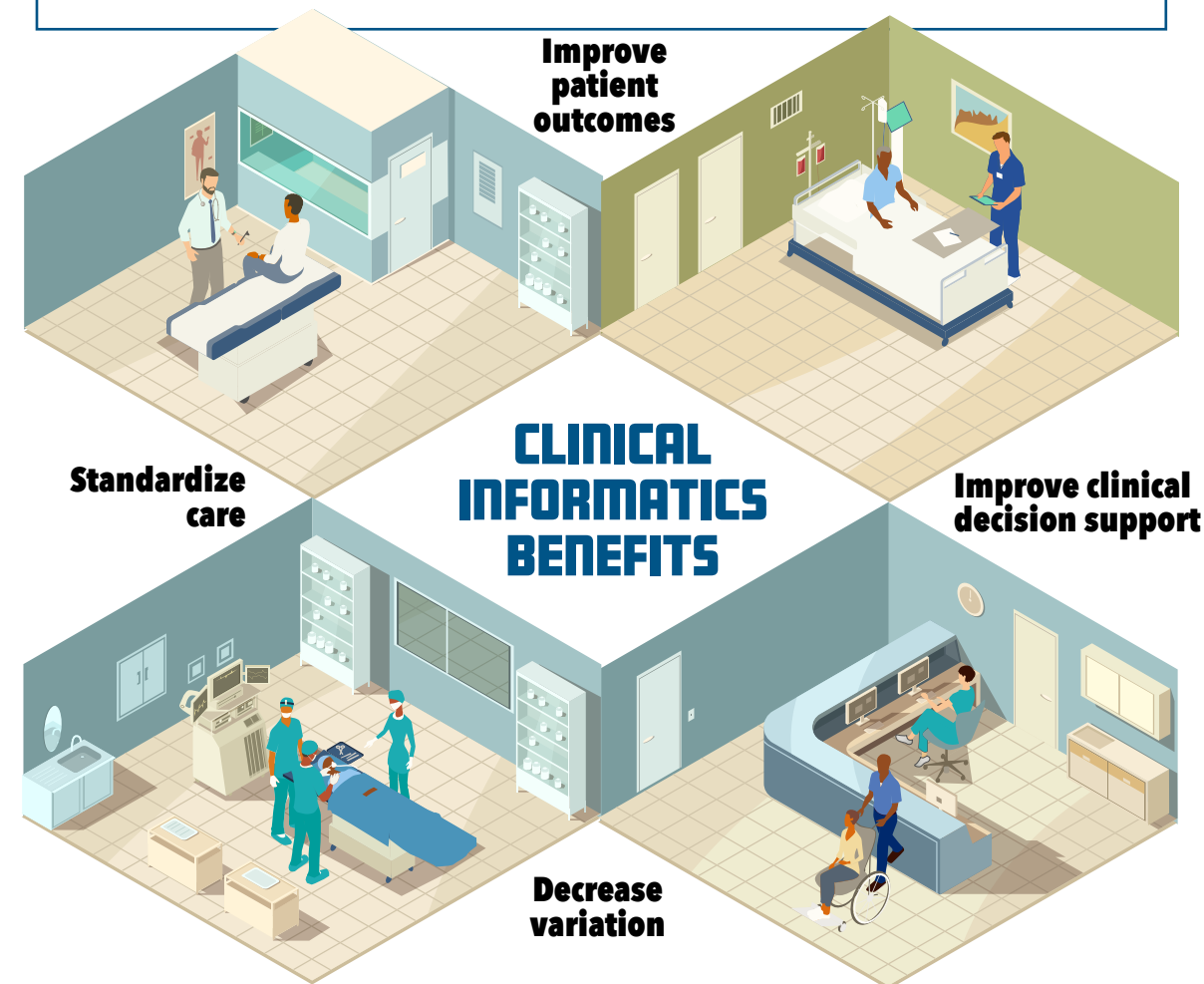
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1. Howard D Silverman, Elaine B Steen, Jacqueline N Carpenito, Christopher J Ondrula, Jeffrey J Williamson, Douglas B Fridsma, Domains, tasks, and knowledge for clinical informatics subspecialty practice: results of a practice analysis, *Journal of the American Medical Informatics Association*, Volume 26, Issue 7, July 2019, Pages 586-593, <https://doi.org/10.1093/jamia/ocz051>

To learn more, contact Dr. Baker at Carrie.Baker@ketteringhealth.org

MEET THE CLINICAL INFORMATICS FELLOWSHIP FACULTY

- **Carrie Baker, DO**, Clinical Informatics Program Director
- **Diana Bodell**, Analytics Manager
- **Steven Crawford, MD, MBA**, Chief Medical Officer of Soin Medical Center and Greene Memorial Hospital, and Medical Director of Ambulatory Informatics
- **Christina Fink**, Medical Informatics Manager
- **Richard Gregg, MD**, Medical Director of Hospital Informatics, Physician Advisor
- **Jeanette Ikan, MD**, Epic Physician Specialist - Medical Informatics
- **Tracie Johnson**, Director of Clinical Informatics
- **Jeffrey Nielson, MD, MS, FACEP, FAMIA**, Board of Directors, Clinical Informatics Community of Practice (CICOP, AMIA), Remote faculty, Akron, Ohio
- **Melissa Shepherd**, IS Manager of Population Health
- **Lisa Shivers, BS, PMP**, Information Systems Center for Improvement, Project Management Team Manager
- **Charles Watson DO**, Chief Medical Information Officer
- **David R Whittridge, CISSP-ISSMP**, Manager of Information Security
- **Lisa Zengel MS, RN NE-BC, PMP, CPHIMS**, Manager Clinical Applications, Information Systems



Trip to Belize Reflects Network Mission to Care



Peter Bath, vice president of Mission and Ministry, has been leading network mission trips to La Loma Luz Adventist Hospital in Santa Elena, Belize, since 1995, when he was president of Kettering College. “Over the years, I have led groups that have built churches, hospital additions, mobile clinics, radio health programming, and congregational health awareness,” Bath said. On this past trip in February, Bath, and Fort Hamilton Hospital chaplain Rick Aldridge led a team of Fort Hamilton and network employees to La Loma Luz Hospital in Santa Elena, where in addition to community health screenings and care, they helped construct a housing structure for attending physicians, and brought a shipping container full of medicine, office furnishings, and medical equipment.

More notably, the teams that go to Belize help bring much needed health care to the largely undeveloped country. According to Bath, Belize’s mass transit consists of four major paved highways, while most terrain is fairly rugged and difficult to traverse, with no ambulances, and minimal-to-no readily available health care.

The efforts in Belize are focused on ensuring sustainable, life-changing advances. One example of such change was retrofitting an old bus, so health care workers could take mobile care into more remote areas. “We’ve tried to equip the hospital with the means to not only have a strong medical presence internally, but also to reach out to the larger community,” Bath said. Another important facet of these trips is basic medical education—knowing what is good and bad for the body, educating Belizean people on danger levels of important health metrics, and creating accessible, easy-to-understand charts and graphs to help them ensure their health is under control.

Clinical staff are responsible for providing screenings, and contributing to “Doc Talk,” a one-and-a-half-hour radio show, where a particular topic

is presented, and listeners from Belize and Mexico can text questions to be answered by a specialist.

Syed Ahmed, MD, cardiologist with Kettering Health Network, said for him, being able to practice medicine in its most basic form helped him hone his skills as a physician. “To be able to go back to the basics and practice medicine with limited resources challenged me intellectually and made me think outside the box.” Dr. Ahmed noted that he operated out of a walk-in clinic, which offered basic checkups, as well as EKGs or other heart-specific procedures.

Just like Bath, Dr. Ahmed stressed that the biggest agent for long-lasting change is health education and literacy. “A lot of them were lacking basic education—exercise, eating right, what is a heart-healthy diet, how to manage stress, and how important it is to check your numbers,” Dr. Ahmed said. “There was a big knowledge gap that we were able to fill as a team.”

Bath and Dr. Ahmed both agreed that what these trips accomplish—both for those who come from Kettering Health Network and those in need in Belize—harkens back to the network’s value of holistic care: nourishment for the mind, body, and spirit.

For Bath, these trips are a time to become connected to others, see a much different culture, and make lasting change in these communities. For Dr. Ahmed—whose family accompanied him on this trip—using medicine and manpower to build up this area of Belize was a fulfilling experience for his mind, but also spiritually. “You’re able to experience other human beings and their world,” Dr. Ahmed said. “It is very rewarding to do something for the greater good.”

For more information, visit ketteringhealth.org/missions, or email Courtney Haas at missions@ketteringhealth.org

Network Named 15 Top Health System in United States



Kettering Medical Center was named a Top 50 Cardiovascular Hospital by IBM Watson Health. Hospitals on this year’s list had better results on several clinical and operational benchmarks, including fewer patients with complications, lower readmission rates, and lower costs per patient case.

IBM Watson Health has named Kettering Health Network as one of the 15 Top Health Systems in the country, and four Kettering Health Network hospitals were named to the 100 Top Hospitals list.

This year’s 15 Top Health Systems study evaluated 332-member health systems and nearly 2,500 hospitals to identify the top-performing health systems in the United States, based on clinical outcomes, operational efficiency, and patient experience.

“We are honored to be recognized as one of the country’s 15 Top Health Systems and have four of our hospitals named a 100 Top Hospital,” said Fred Manchur, chief executive officer of Kettering Health Network. “Our employees and medical staff are committed to providing the best possible care to our patients, and I am proud that their dedication to delivering safe, high-quality, compassionate care has

earned Kettering Health Network a spot among the best in the United States.”

In addition to the network being named a 15 Top Health System, Kettering Medical Center, Sycamore Medical Center, and Grandview Medical Center, which includes Southview Medical Center, were named on the IBM Watson Health 100 Top Hospitals list. The annual list recognizes excellence in clinical outcomes, operational efficiency, patient experience, and financial health.

According to IBM data, if all health systems evaluated performed to the level of Kettering Health Network and the other top 15 systems, 43,000 additional lives could be saved, 29,000 additional patients could be complication-free, and health care-associated infections would decrease by 12 percent.

Shout Outs

Kettering Medical Center has been recognized as a Best Hospital and as High Performing for seven procedures and conditions for 2020-21 by *U.S. News & World Report*. The annual Best Hospitals rankings and Procedures & Conditions ratings are designed to assist patients and their doctors in making informed decisions about where to receive care for challenging health conditions or for common elective procedures.

Sycamore Medical Center was also named as High Performing for hip replacement procedures.

All eligible emergency departments have been accredited as senior-friendly by the American College of Emergency Physicians (ACEP). The ACEP’s Geriatric Emergency Department Accreditation (GEDA) program is an effort to improve and standardize emergency care for senior patients.

Seven of Kettering Health Network’s hospitals have been recognized for their high-quality stroke care by earning the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Gold and Silver Plus Quality Achievement Awards.

Kettering Medical Center – Gold Plus
Sycamore Medical Center – Gold Plus
Grandview Medical Center – Silver Plus
Southview Medical Center – Silver Plus
Soin Medical Center – Silver Plus
Fort Hamilton Hospital – Silver Plus
Greene Memorial Hospital – Silver Plus

Troy Hospital opened in June 2019, and thus does not currently have enough data available to qualify.

What Clinicians Need to Know About the Renew Boutique and Spa

The Renew Boutique and Spa is a crucial resource for women recovering from breast cancer. In addition to offering wellness and relaxation resources like massage therapy, the boutique offers a variety of services to specifically support women after a mastectomy or lumpectomy.

These specialty services and products include

- Breast prosthesis, bras, and post-surgery garments
- Wigs and hair alternatives for complete or partial hair loss
- Hats and scarves
- Mastectomy swimwear
- Private fitting rooms
- Personalized fitting appointments
- Arm compression garments for patients with lymphedema

The Renew Boutique and Spa is located on the first floor of the Pavilion at Kettering Medical Center. However, oncology patients from any Kettering Health Network campus can access the services Renew offers. The boutique and spa partners with nearly all commercial insurances, Medicare/Medicaid, as well as with the U.S. Department of Veterans Affairs, Kettering Medical Center Foundation, Miami Valley Foundation, and numerous other organizations.



Understanding DME orders

Many of the products available at Renew qualify as durable medical equipment (DME)—equipment that improves a patient’s quality of life. Compression garments and wigs are considered DME, although Medicare, Medicaid, and some commercial plans do not currently offer coverage for these items. In these cases, Renew works with social workers and foundation partners to assess the financial impact of these items and seek local support to provide the items at no cost to the patient.

“Typically, we see someone right after surgery to help fit them for a garment,” explained Jaime Testa, manager of the Renew Boutique and Spa. “Many patients don’t realize that insurance will cover the cost of a garment after surgery.” The experts at Renew help patients with fittings after a mastectomy, lumpectomy, or in cases of reconstruction when the patient needs a more customized garment.

Because DME orders follow a different format than standard prescriptions, Testa noted that Renew is always willing to partner with care teams to answer questions about DME requests. “We always want to make sure we’re checking all the boxes insurance requires so that the patient isn’t stuck with an erroneous charge.”

Testa shared that Renew maintains over a 98% satisfaction rate. “So much about the breast cancer journey involves a sense of loss, whether that’s breasts, hair, or lost abilities,” said Testa. “At Renew, we are in a position to help give pieces of someone’s life back to them.”

To learn more about the Renew Boutique and Spa or to ask questions about DME orders, call (937) 281-3855.

Kettering Behavioral Medicine Center Launches Program for First Responders

Being a first responder means regularly facing stress, chaos, and tragedy—sometimes even on a daily basis. Without a strong sense of resilience, constantly facing these triggers takes a significant toll. After prolonged exposure to trauma, first responders can develop nightmares or flashbacks, extreme worry or anger, self-isolation, sleep disorders, or dependency on alcohol, drugs, or food.

Experts estimate that up to 30% of first responders develop behavioral health conditions such as depression, anxiety, and post-traumatic stress. In contrast, only about 20% of the general population faces the same conditions. In response, Kettering Behavioral Medicine Center has launched an intensive outpatient program specifically designed to support first responders.

What happens “After the Call”?

After the Call is a first responder-specific intensive outpatient program. The program can last between four and six weeks, and involves group sessions four days a week and one-on-one therapy. Participants also have the option to participate in an individualized treatment plan to help them cope with job-related post-traumatic stress.

“We’ve had firefighters, paramedics, physicians, and police officers,” said Julie Manuel, MSEd, LPCC, clinical program manager for Kettering Behavioral Medicine Center. “The program is open to any first responder who is struggling with a mental health issue. This could be related to everyday job stress and trauma specifically, or any other type of historical psychiatric struggle.”

Manuel explained that the primary focus of the outpatient program is the group therapy. “In many departments, there’s a longstanding tradition of suffering in silence,” she noted. “We see a lot of isolation and shame in this population, which, unfortunately, can perpetuate ongoing challenges. The group programming helps people understand that there’s someone else out there going through the same thing.”

Trauma as a beach ball

Manuel shared that she often describes trauma like a beach ball: “You can try to keep it underwater, but eventually it won’t stay hidden, and when it pops out, it will do so with a tremendous force.” After the Call helps first responders specifically to understand the need to process their trauma and gives them the tools to do so effectively. The program itself is modeled after the structure of a first response, and graduates have shared that the organization and accountability of the program has been particularly helpful.

“Part of what we do is try to help people understand that burying their trauma is like trying to sit on top of this beach ball,” Manuel said. Anxiety, depression, and addiction can all be related to trauma. “Our goal is to help first responders to deal with, process, and accept the trauma they’ve experienced, as well as help them build some resilience so they can successfully continue their work.”

Breaking the bubble of self-isolation

Kettering Behavioral Medicine Center works directly with peer support teams who are integrated into first responders’ departments. Manuel noted that this model is particularly helpful, as these peer supporters are often the first to notice and identify when someone is pulling away or self-isolating.

After the Call meets in groups of less than 10. Since the official start of the pilot in April, the program has had four graduates successfully return to work and utilize their coping skills effectively. As the program expands, Kettering Behavioral Medicine Center is working to continue developing best practices and providing education and resources to first response and peer support teams.

Patients can be referred to the program by a health care provider, or they can enroll without a referral. To learn more, contact Julie.Manuel@ketteringhealth.org or call (937) 534-4617.



Caccamo's Corner

Friendship—What a Wonderful Thing

I want to begin by giving a heartfelt “thank you” to everyone at Grandview and Southview medical centers for their sacrifices and hard work during the COVID-19 pandemic. I especially want to thank our physician leaders—**Patrick Allan, MD**, and his group; **Troy Tyner, DO**, and his group; and **Ashlee Ames, MD**, and **Sylvia Polenakovic, MD**, who lead our Kettering Physician Network hospitalist group. Your dedication and commitment to your profession help Kettering Health Network fulfill its mission of improving the quality of life of the people in the communities we serve.

These have been difficult months for all of us. But like many of you, I have experienced some unexpected blessings as well. Working from home meant that my wife and I had more time to get to know our neighbors. Having just moved, we didn't know anyone in the neighborhood. But our trusty companion Maggie needed fresh air and exercise, and we were happy to oblige. Every evening brought a welcome event of walking our dog and meeting and talking to others who were doing the same (all at a safe distance, of course). As we got to know our neighbors, we truly became friends with them.

That got me thinking more about the friendships we develop as adults. According to a 2004 Gallup poll, the average American has nine close friends. Many Americans say they are satisfied with the number of friends they have, but some wish they had a few more. The researchers discovered that the more money people made, the fewer friends they had. The old cliché “money can't buy happiness” is so true. Friendship is one of the greatest gifts in life.

Many of us made friends during our teen years that have lasted a lifetime. Developing friendships can become more challenging as we get older, but it isn't impossible. People might move to a new community, attend a new church, or begin a new job, and have opportunities for new relationships to develop.

We sometimes minimize the importance of having friends at work, but we spend more time with our colleagues than we do with our own family or friends. If you are happy with the people you interact with every day it translates to an improved sense of job satisfaction and overall happiness.

The Bible tell us how to choose friends, keep friends, and value our friends:

“A friend loves at all times, and a brother is born for a time of adversity.” (*Proverbs 17:17*)

“As iron sharpens iron, so one person sharpens another.” (*Proverbs 27:17*)

Jesus even refers to his followers as his friends:

“My command is this: Love each other as I have loved you. Greater love has no one than this: to lay down one's life for one's friends. You are my friends if you do what I command. I no longer call you servants, because a servant does not know his master's business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you.” (*John 15:12-15*)

As we all have been learning through this time of social isolation, a good support system of friends and family goes a long way in dealing with difficulties of life. Any investment we make now in our personal relationships will enrich our lives—no matter what trials and tribulations we face now and in the future.



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



Maggie makes friends wherever she goes on her nightly walks around the neighborhood.

New Inpatient Rehab Unit Keeps Patients Close to Home During Recovery



Ryan Hinman, MD

The new 12-bed Inpatient Rehabilitation Unit at Fort Hamilton Hospital allows patients to recover from a serious illness or injury closer to home, while receiving care from a multidisciplinary team of specialists.

The other inpatient rehab units in the network are at Kettering and Sycamore medical centers. Since those are about an hour away, patients in Hamilton often opted for an out-of-network facility in the Greater Cincinnati area.

“These patients are recovering from a major life changing event such as a stroke, traumatic brain injury, traumatic orthopedic injury, or amputation, so it's important for them to be close to family and friends who can provide support,” said Chris Kwee, PT, DPT, MBA, network director of Inpatient Rehabilitation. “Our goal is to get them discharged home rather than to another facility, and we have been very successful with that so far.”

The Inpatient Rehab Unit is exceeding national and regional averages in the percentage of patients discharged home. In the first six months of operation, 92.5% of the unit's patients were discharged home, compared to 77.8% regionally

and 79.4% nationally. The unit's average length of stay is about 11.2 days, compared to the regional average of 12.7 and national average of 13.1.

Medical director **Ryan Hinman, MD**, a physical medicine and rehabilitation specialist, leads the multidisciplinary team, which includes

- Case managers
- Nurses
- Physical, occupational, and speech therapists
- Social workers
- Registered dietitians (as needed)

Patients who qualify for inpatient rehab must be able to participate in rehabilitation therapy for at least three hours a day, five days a week. They receive a high level of personal attention and medical supervision at Fort Hamilton Hospital, with a nursing-to-patient ratio comparable to the acute care setting. Patients also have immediate access to providers, procedures, and tests offered at the hospital. In contrast, those who receive inpatient rehab at a freestanding facility often must be transported to a nearby hospital for these services.

The unit opened in December 2019 and accepts referrals from many hospitals in the region. About 12% of referrals are coming from hospitals outside of Kettering Health Network, including UC Health West Chester Hospital, Bethesda North Hospital, and Atrium Medical Center.

The Inpatient Rehab Unit admits patients seven days a week. To see if a patient of yours would qualify, contact our clinical liaison for further assessment at (513) 867-6418.



Fort Hamilton Receives Provisional Level III Trauma Designation



Ryan Grote, DO

On February 24, 2020, the State of Ohio gave Fort Hamilton Hospital designation as a Provisional Level III Trauma Center to provide the most rapid, coordinated medical services to seriously injured people. Ryan Grote, DO, medical director for the trauma center, said this provisional status has allowed the hospital to treat and consult many trauma cases. Trauma volumes at Fort Hamilton have exceeded expectations, and the center is frequently the second busiest in the network.

As a Provisional Level III Trauma Center, Fort Hamilton's physicians, nurses, technicians, and staff will provide prompt assessment, resuscitation, emergency operations and stabilization and definitive care with admission to the hospital if needed. The hospital also can arrange for transfer to a Level II or Level I facility if required.

The availability of transfer—to both Kettering Medical Center and other Cincinnati-area hospitals—has significantly increased the accessibility of trauma care in the network's southernmost sphere. Dr. Grote, a Hamilton-area native, said that the advantageous location of Fort Hamilton Hospital has greatly improved the level of care available in the area, as well as significantly shortened the time needed for a trauma patient to be seen.



Michael Lee, MD

"We saw the need for the hospital to offer this additional lifesaving, highly specialized service to our patients," said Dr. Grote. "In 2019, Fort Hamilton treated more than 37,000 patients in the Emergency Department. Many of these patients required trauma care, where the number of minutes until the patient receives proper care could mean the difference between life and death."

"Beside Fort Hamilton Hospital, the closest trauma center is a 20-minute drive east," Dr. Grote said. "If people that live west of Fort Hamilton Hospital in Ross, Oxford, Sinclair Township, or Camden have a serious injury or accident, it may be quite some time before they get to a hospital. It will help many people get care quicker, because we can keep them in the Hamilton region and treat them properly."

The Fort Hamilton Hospital Trauma program consists of Ryan Grote, DO, trauma medical director; Michael Lee, MD, trauma surgeon; Andrew Lichter, MD, trauma surgeon; Leana Weiss, PA-C; Cristi Clark, trauma program manager; Jennifer Mason, EMS coordinator; and Alysia Lazear, trauma data analyst.



Andrew Lichter, MD

CareSense Adds Connectivity for Patients and Physicians

Kettering Health Network is always searching out ways to improve the care we provide to our patients. The clinical care we provide is a small portion of holistic care—care that goes beyond a procedure or a hospital visit.

In line with this commitment, certain network service lines are piloting CareSense, an integrative digital platform that allows physicians and patients to communicate—in a HIPAA-compliant way—during their continuum of care to ensure that patients are being cared for to the best of a provider's ability.

According to Teresa Smith, manager of the Orthopedics service line for Kettering Health Network, joint replacement patients receive communication through email, text alerts, phone calls, or through the CareSense app. These communications guide them through each step of their procedure—how to prepare, what might be expected after surgery, and tips for maintaining good health.



Michael Welker, MD

Michael Welker, MD, said that utilizing CareSense is not only an investment in patient's care, but also an investment in the communities we serve. "It allows us to provide immediate feedback and proactive care," Dr. Welker said.

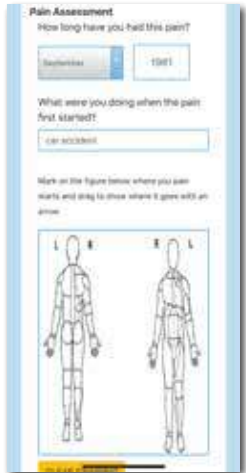
Several weeks before surgery, patients sign up for the service, and receive periodic reminders about things that will help ensure a successful surgery such as hygiene tips, exercise reminders, and notifications to schedule the appropriate preoperative appointments. Dr. Welker added that this program aids in the accessibility of physicians to answer questions a patient might have outside of the joint replacement classes that the network offers.

According to Bruce Chan, executive director of the Brain & Spine service line, they use CareSense in

a similar fashion, however, their pathways are divided by type of upcoming surgery—fusion versus non-fusion. Then, based on what type of surgery a patient is having, the pathways split and the patient is advised on pre-admission testing, accesses FAQs about recovery and tips for a successful surgery, and receives emails and updates about their care team—a soft hand-off to the surgical process in the comfort of a patient's home.

Immediately after surgery, the system will periodically ask questions such as "is your room clean?" and "are you in pain?" that aid in figuring out what to prioritize for patients—in this way, CareSense also has a hand in improving patient experience scores, as well.

During the healing process, CareSense sends questionnaires regarding pain and recovery, and certain answers trigger a patient's care team to contact the patient and follow-up. According to Dr. Welker, the bulk of CareSense's functions deal with proactively caring for the patient. The integration of CareSense with Epic, Dr. Welker added, is another way for our patient experience to continue to improve—even after discharge. For instance, if a patient does not like the way an incision is healing, they are able to communicate via photos with their doctor, who can aid in treating them, or schedule an appointment for any appropriate care.



For more information on CareSense, visit caresense.com

Telehealth Services Broaden Network Access



Steven Taylor, MD

As COVID-19 began to ramp up in the United States, remote access quickly became buzzwords—how could society continue to function efficiently, while following proper precautions about social distancing?

According to Bryan Beer, manager of technology and innovation with Kettering Physician Network, telehealth for the network was not necessarily a response to COVID-19, but the pandemic did make it necessary to speed up the process of implementation. “We were developing some test cases and business cases, but that would be a longer arc ... then COVID-19 hit, and a lot of patients were very uncomfortable coming into the office or being around other providers, patients, or staff,” Beer said. “We needed to identify a solution that would allow our patients to see their providers from the comfort of their home.” And according to Jody Underwood, executive director of Population Health for Kettering Physician Network, the turnaround time from analyzing consumer demand to deployment was about 10 days.

A proper solution required accessibility on both user ends—patients wouldn’t need new apps or passwords, and physicians could quickly access their patients.

By using doxy.me and integrating into Epic workflows, Information Systems set Kettering Physician Network physicians and residents up with individual accounts, which feature a queue (a “waiting room”) where they can view their docket of patients. They also assessed what equipment would be needed to make telehealth successful for all users, and acquired the necessary equipment to make visits flow smoothly.

Continuing telehealth success

The long-term success of telehealth relies on four pillars, Underwood said—compliance, reimbursability, demand, and quality. According to Underwood, the demand for telehealth is apparent, and once it was introduced to the network, “the genie was out of the bottle.” “The patient and providers have now demanded it, so trying to pull back on that demand will be difficult,” Underwood said. “That’s why we’ve put up those pillars—so we can understand, as people continue to have certain needs, does it meet the other three pillars in order to be successful?”

What remains unsure, however, is how a post-COVID-19 world interacts with telehealth services—will the demand continue to be high? What legislation will be put back into place in terms of payers and services? When COVID-19 hit, the state of Ohio rolled back legislation regarding telehealth reimbursement and procedures, and the uncertainty of how, when, and to what extent these will be put back into place will undoubtedly affect the role telehealth services play in the network moving forward.

According to **Steven Taylor, MD**, the implementation of telehealth in Behavioral Health across the network has resulted in a lower number of no-shows for appointments, however, this number can be attributed to a few things—telehealth capabilities, perhaps, but also, an increase in demand for behavioral health appointments due to the stressors surrounding COVID-19.

Dr. Taylor also echoed some of the concerns Underwood and Beer expressed about the future of telehealth, namely, how certain restrictions will be implemented moving forward, and how payers will take to telehealth once certain activities are deemed acceptable and safe again.

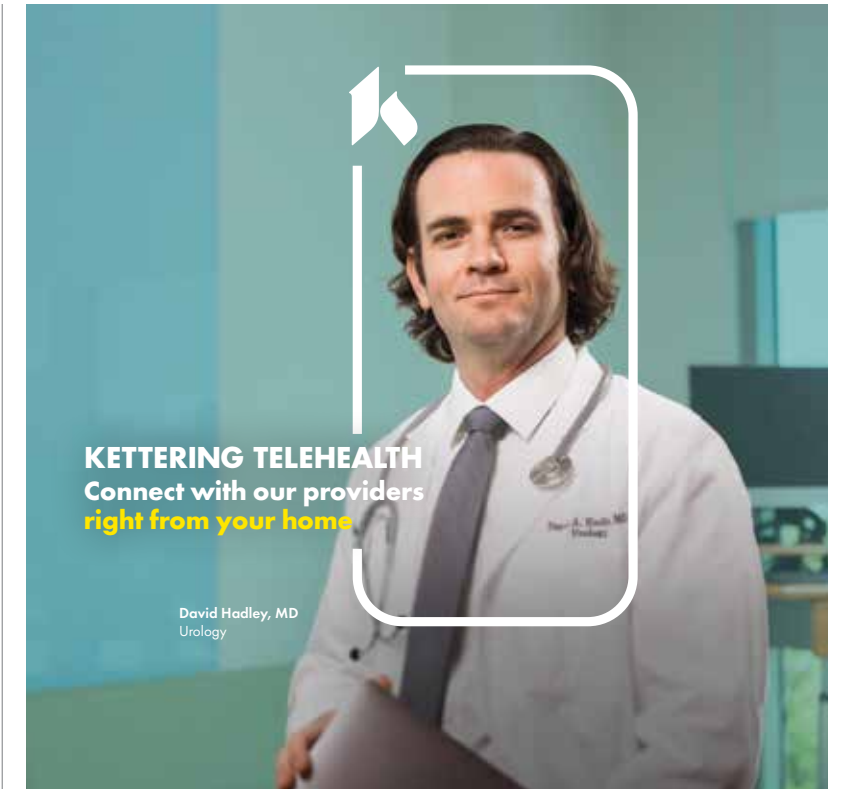
For example, Dr. Taylor stated that initial visits could not be done remotely in his area of medicine, and also, if controlled substances were being prescribed, those visits could not be done remotely—both of which the state has waived during COVID-19. Moving forward, Dr. Taylor said, it is important to keep in mind that though telehealth did provide accessibility and benefits during the pandemic, some discretion is advised moving forward. “You’ve got to be flexible about what might happen here,” Dr. Taylor said. “We don’t know what the future might be. The state could easily say, ‘we’re going back to how things used to be.’”

Other advantages of telehealth technology

Even with the uncertainty surrounding the future implementation of telehealth, both Beer and Underwood addressed that this technology can be used in other ways to improve the care provided: shortening time to see specialists and even allowing visitors more access to their loved ones while in facilities.

“Can we be more creative with how to use telehealth?” Underwood said. “Typically, right now, if you see a primary care provider, and are requesting a referral to a specialty care provider, you might have to wait a certain amount of time. If we have the capabilities to do virtual appointments, that could dramatically reduce the time to clinical opinion of that specialty. We’re trying to understand what consumers want.”

For more information, visit ketteringhealth.org/telehealth



Kettering Breast Evaluation Centers Improves the Mammography Experience

Kettering Breast Evaluation Centers has now rolled out 3D mammography to all 13 locations across Kettering Health Network. All locations have also incorporated Sensory Suites, which aim to help make the mammogram experience more comfortable.

A more comfortable experience

All Kettering Breast Evaluation Center locations offer SensorySuite technology, which is designed to simultaneously stimulate three senses: sight, smell, and hearing. Sally Grady, director of Kettering Breast Evaluation Centers explained that these suites transform the experience of getting a mammogram. “Many women fear the pain and discomfort of a mammogram,” Grady said. “The SensorySuite aims to affect what they see, hear, smell, and wear so that they can be as comfortable as possible.”

“All of the options we offer are intended to help give patients a sense of control.”

The mammography area includes a 50-inch flat panel monitor where the patient can decide what images they'd like to see—either seaside, garden, or waterfall. The monitors also have relaxing ambient sounds that match the environment the woman chooses. For maximum comfort, women are given a choice between room temperature or warmed gowns, which are more similar to robes than traditional hospital gowns.

Benefits of 3D mammography and risk assessment

Also called digital breast tomosynthesis, 3D mammography captures multiple images of the breast in one single data set. With 2D capabilities alone, there is a risk of potential lesions being hidden in overlapping tissue. 3D screenings are associated with less callbacks for both clinical or medical reasons and are particularly helpful for women with dense breast tissue.

Breast density is a significant factor in whether or not mammograms will detect cancer. A breast with more fatty tissue will show up black and gray on a mammogram. A dense breast will show up whiter, and can hide potential cancer, which also shows up white. Kettering Breast Evaluation Center perform a 3D mammogram for every patient and the entire appointment takes only about 15 minutes, the same length of time as a 2D screening.

To further detect risk, every woman who has a screening mammogram with Kettering Breast Evaluation Center is given the opportunity to complete a comprehensive risk assessment for overall cancer risk. The assessment uses advanced software and analysis to measure a woman's risk for breast, ovarian, colon, uterine, gastric, pancreatic, melanoma, or prostate cancer. The results are integrated directly into Epic. The network began using this tool in June 2019 and was the first health system in the country to use an option that pushed risk assessment data directly into the patient's medical record.

Screening improvements

Another unique aspect of mammography that Kettering Health Network offers is called Dueta, or patient-assisted compression. To use Dueta, a mammography technologist positions the patient's

breast on the plate and begins the compression. Then, the patient is handed a remote control so that they can control the level of compression themselves. “Compression is crucial to a good mammogram. We tend to see that women will apply more pressure themselves than they would allow other people to do,” explained Grady. “When patients are more comfortable and relaxed, we are able to get better images, which leads to a more confident diagnosis.”

In cases when further testing is needed, Grady shared that there is one significant way physicians can help their patients. When ordering a mammogram in Epic, a dropdown menu shows four other boxes to check for diagnostic mammogram, breast ultrasound, ultrasound biopsy, or stereotactic biopsy. If the referring physician keeps all these boxes checked, it rapidly speeds up how efficiently a patient receives care if the radiologist finds reason for further testing. These orders are valid for up to one year, so they can also be used for a patient to receive follow-up testing in six months.

“All of the options we offer are intended to help give patients a sense of control,” Grady shared. “Often, patients feel like we're doing things to them. We want their experience with us to be one where they feel like we're doing things with them.”

To schedule a screening mammogram, patients can call 1-800-373-2160, visit ketteringhealth.org/breasthealth or they can schedule directly through their individual MyChart account.



New Mammogram Tool Helps Radiologists Evaluate Breast Cancer Risk



Meghan Musser, DO

Women in the highest category of breast density have a four- to six-fold higher risk of developing breast cancer than those in the lowest category. Breast density cannot be determined by breast size or by a clinical breast exam—it is only determined on a mammogram, which is why Kettering Breast Evaluation Centers are using Volpara, a sophisticated software program that calculates a woman's breast density score as part of a routine screening mammogram.

Breast density is the proportion of the breast comprised of fibroglandular tissue compared to fatty tissue. Breast density can change throughout a woman's life and in response to many factors, such as body mass index, monthly hormonal cycles, age at first childbirth, and use of post-menopausal hormone replacement. Having dense breasts not only can increase your chance of developing breast cancer, it also can make cancer detection more challenging, since both fibroglandular tissue and cancer appear white on a mammogram.

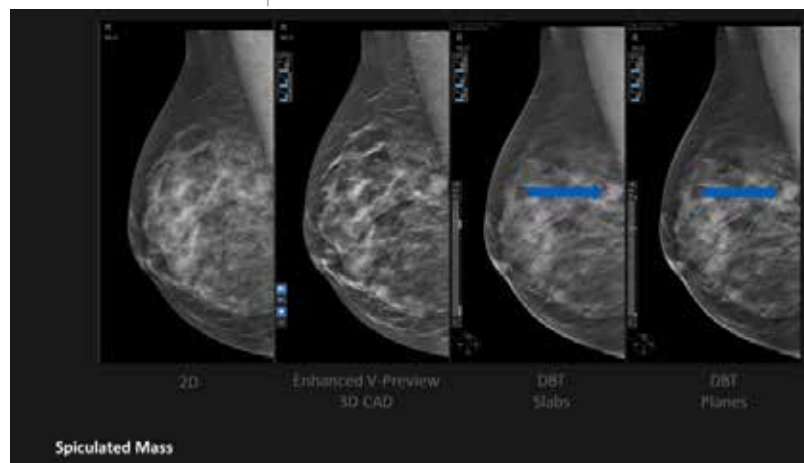
Volpara provides a breast density score that providers can use to help patients manage their breast health more effectively. "Volpara evaluates the true volume of the glandular breast tissue versus fatty tissue within each breast to assign a density category," said **Meghan Musser, DO**, a radiologist and medical director of Kettering Breast Evaluation Centers. "Breast volume can

be difficult to appreciate on two-dimensional mammographic views, but it does influence a woman's breast density category and subsequent personal risk level. For instance, the same amount of fibroglandular tissue within a woman's breast can place her in different breast density categories based on the overall volume of her breasts. Volpara helps to make a breast density category assignment based on volumetric data rather than a subjective assessment of the patient's breast tissue."

All Kettering Breast Evaluation Centers locations have been using Volpara for about a year. The radiologist communicates the patient's breast density as part of the mammographic report to the patient's primary care provider. The provider can take the patient's breast density into account when talking to the patient about other risk factors, such as age, family history of cancer, and hormone history when deciding next steps.

"We send each patient a result letter after their screening mammogram, and if she has dense breasts, this information is included in the letter," Dr. Musser said. "We are working toward providing more detailed information regarding each patient's breast density at the time of her screening mammogram in a way that is meaningful, helpful, and doesn't cause undue anxiety. So for now, it's especially important that primary care providers understand how breast density affects cancer risk. We hope primary care providers will use it as part of a discussion with the patient regarding potential additional screening tools and disease prevention."

Sharing this kind of information with patients is empowering for them, Dr. Musser said. "We're excited about Volpara and the other risk assessment tools we are using because they provide women with knowledge about their personal risk for breast cancer," she explained. "This allows patients and providers to act with confidence and we are doing everything in our power to prevent the development of this disease."



Welcome Providers

Kettering | Sycamore | Troy New Physicians and Advanced Practice Providers
March-June 2020

ANESTHESIOLOGY

Lydia Chun-Tang, APRN-CRNA
Mark Albright, APRN-CRNA
Amanda Brown, APRN-CRNA
Nicholas Pacione, APRN-CRNA
Kettering Anesthesia Assoc., Inc
(937) 293-8228

Megan Harnish, APRN-CNS
KPN IP Pain Management
(937) 395-8439

BEHAVIORAL HEALTH

Tamara Thorn, APRN-CNP
Polly Vaughan, APRN-CNP
Kettering Behavioral
Professional Group
(937) 534-4651

Holly Sackett, PsyD
Empower Psychology and Wellness
(937) 294-6004

Melissa Whitesell, APRN-CNP
API - Fort Hamilton
Psychiatric Services
(513) 867-2433

CARDIOLOGY

Eugene Chung, MD
Gregory Egnaczyk, MD
Thomas O'Brien, MD
The Christ Hospital
Cardiovascular Assoc.
(513) 206-1180

DERMATOLOGY

Rishi Gandhi, MD
Ohio Skin Surgery & Cosmetic Center
(937) 224-7546

EMERGENCY MEDICINE

Kenneth Jacobs, DO
Matthew Kasher, MD
Justin Lake, DO
David Lamont, DO
Christine Rukamp, DO
Emergency Medicine Specialists, Inc.
(937) 438-8910

James Manley, MD
TAA Specialty Care
(937) 395-8556

FAMILY MEDICINE
Elise Striebach, MD
KPN Primary Care - Englewood
(937) 836-6000

David de la Pena, DO
Katherine de la Pena, DO
KPN Primary Care - Far Hills
(937) 298-7351

Mark Frazer, MD
Kevin Strait, MD
Timothy Wourms, MD
KPN Primary Care -
Middletown Summit
(513) 424-0122

Kathleen Whelan, APRN-CNP
KPN Primary Care - Mound
(937) 866-0741

Elizabeth Rammel, APRN-CNP
KPN Primary Care - Wapakoneta
(419) 739-1817

Bryan Stephens, PA-C
On-Demand Care -
Washington Township
(937) 425-4020

Amanda Nichols, APRN-CNP
KPN Primary Care - Centerville
(937) 425-4000

GASTROENTEROLOGY

Imad Jaafar, MD
Dhairya Mehta, MD
Dayton Gastroenterology, Inc.
(937) 320-5050

Roopa Gandhi, MD
Gandhi GI, LLC
(937) 350-6700

INTERNAL MEDICINE

Erhan Erdeger, MD
Lisa Hemphill, APRN-CNP
Michael Kelley, PA-C
Chelsea Long, APRN-CNP
Constance Vann, APRN-CNP
Daniel Opris, DO
KHN IP Med
(937) 395-6665

Michael Lorey, PA-C
Ryan W. Hinman, MD
(937) 395-8666

Chizoba Ugwummadu, MD
Kelly Nagel, APRN-CNP
KPN GVH IP MED
(937) 723-3276

Xavier Atencio, MD
KPN Troy IP Med
(937) 395-6665

William Venanzi, MD
Providence Medical Group
(937) 208-7000

Sharmila Price, MD
Chinedu Ukemenam, MD
South Dayton Acute Care
Consultants, Inc.
(937) 433-8990

NEUROLOGY

Lydia Little, PA-C
Derek Menkedick, DO
Dayton Center for
Neurological Disorders, Inc.
(937) 439-6186

Erin Jordan, APRN-CNP
Maria Buchanan, PA-C
James Dunlap, MD
KPN Brain & Spine
(937) 643-9299

ONCOLOGY

Sarah-Jane McPherson, APRN-CNP
Elizabeth Murphy, APRN-CNP
Deborah Wise, APRN-CNS
Kettering Cancer Care
1-855-500-2873

Karen Seta, PA-C
Glenda Updyke, PA-C
Kettering Cancer Care -
Radiation Oncology
(937) 395-8646

PATHOLOGY

Sara Sundean, PA-C
Kettering Pathology Associates
(937) 395-8849

PEDIATRICS

Shankar Baskar, MD
Emily Willey, MD
Cincinnati Children's Hospital
(513) 636-6977

Amy Letts, APRN-CNP
Springboro Pediatrics, Inc.
(937) 748-5437

PULMONOLOGY

Rami Alashram, MD
Pulmonary Medicine of Dayton, Inc.
(937) 439-3600

RADIOLOGY

Michael Berven, MD
Rick Brittain, MD
Bruce Gearhart, MD
Anjali Singh, MD
James Welch, MD
Kettering Network Radiologists, Inc.
(937) 297-6307

(continued on page 27)

Welcome Providers

Grandview | Southview New Physicians and Advanced Practice Providers
March-June 2020

ANESTHESIOLOGY

Steven Ihrke, APRN-CRNA
Eujenee James, APRN-CRNA
Kim Krichko, APRN-CRNA
Wendi McHugh, APRN-CRNA
Shawn Stansbery, DO
TeamHealth Anesthesia, LLC
(561) 799-3552

CARDIOLOGY

Todd Christie, PA-C
Shauna Reed, PA-C
KPN Heart & Vascular -
Centerville
(937) 454-9527

Muhammed Rishi, MD

KPN Heart & Vascular - Hamilton
(513) 867-3331

Ashwin Bhirud, MD

KPN Heart & Vascular -
Lincoln Park
(937) 298-8058

EMERGENCY MEDICINE

Nicholas Elliott, DO
Kenneth Jacobs, DO
Ryan Johnson, MD
Matthew Kasher, MD
Emergency Medicine
Specialists, Inc.
(937) 438-8910

ENDOCRINOLOGY

Leonor Aguilar, CNP
KPN Endocrinology and Diabetes
(937) 401-7575

FAMILY MEDICINE

Sarah Neal, APRN-CNP
Beavercreek Urgent Care - API
(937) 458-4200

Kristi Dees, APRN-CNP
KPN Primary Care - Eaton 105
(937) 456-8350

Rhea Rowser, MD
KPN Primary Care - Grand
(937) 294-3603

Ashley Hoskins, APRN-CNP
Jamie Pearson, APRN-CNP
KPN Primary Care - Upper Valley
(937) 339-5355

Phardha Vishnumolakala, MD
Damynus Gekonde, MD
Chizoba Ugwummadu, MD
KPN GVH IP MED
(937) 723-3276

INTERNAL MEDICINE

Robert Moore, MD
Martin Burbank, MD
Michael Kelley, PA-C
Melissa Lippincott, PA-C
Nicholas Niazi, MD
Erhan Erdeger, MD
KHN IP Med
(937) 395-6665

Alexander Botsch, APRN-CNP
NEXT Travel Nursing
(937) 281-3609

NEPHROLOGY

Swe Zin Oo, MD
Nephrology Associates
of Dayton, Inc.
(937) 312-6551

Naveed Haq, MD
Surmeet Bedi, MD
(937) 383-2700

NEUROLOGY

Lydia Little, PA-C
Derek Menkedick, DO
Carrie Steward, APRN-CNP
Dayton Center for
Neurological Disorders, Inc.
(937) 439-6186

Maria Buchanan, PA-C
James Dunlap, MD
KPN Brain & Spine
(937) 643-9299

ORTHOPEDICS

Matthew Kaufman, DO
Orthopedics & Sports
Medicine - GMH
(937) 374-4036

OTOLARYNGOLOGY

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

PEDIATRICS

Amy Letts, APRN-CNP
Springboro Pediatrics, Inc.
(937) 748-5437

PULMONOLOGY

Syed Taqi Hussain, APRN-CNP
Dayton Lung and
Sleep Medicine, Inc.
(937) 832-5292

RADIOLOGY

Michael Berven, MD
Rick Brittain, MD
Bruce Gearhart, MD
Anjali Singh, MD
James Welch, MD
Kettering Network
Radiologist, Inc.
(937) 297-6307

SURGERY

Douglas Paul, DO
Justin Stafford, PA-C
Kettering Acute Care Surgery
(937) 395-8556

Kristie Pencil, APRN-CNP
Kettering Vascular Surgery
Associates
(937) 458-0085

Stacie Singleton, PA-C
KPN Surgical Care
(937) 228-4126

Welcome Providers

Kettering Physician Network New Physicians and Advanced Practice Providers
March-June 2020

ANESTHESIA

Megan Harnish, APRN-CNP
KPN Pain Management
(937) 395-8439

BEHAVIORAL HEALTH

Polly Vaughan, APRN-CNP
Kettering Behavioral
Professional Group
(937) 534-4651

CRITICAL CARE

Lucy Xayathone, APRN-CNP
KPN GV ICU Pulm Critical Care
(937) 723-3874

Brandon Mosely, APRN-CNP
Soin ICU
(937) 702-4024

ENDOCRINOLOGY

Richard Davis, DO
L. Natalie Aguilar, APRN-CNP
KPN Endocrinology & Diabetes
(937) 401-7575

FAMILY MEDICINE

Jill Lykins, APRN-CNP
Cedarville Family Practice
(937) 766-2611

Danielle Swisshelm, PA-C
Lisa White, APRN-CNP
Community Physicians
of Yellow Springs
(937) 767-7291

Mark Striebel, DO
KPN Primary Care - Beaver View
(937) 531-7902

Kyle Ott, MD
KPN Primary Care - Beavercreek
(937) 426-0049

Amanda Nichols, APRN-CNP
KPN Primary Care - Centerville
(937) 425-4000

Kristi Dees, APRN-CNP
KPN Primary Care - Eaton 105
(937) 456-8350

Kendra von der Embse, DO
KPN Primary Care - Grand
(937) 294-3603

Angelique Winston, LISW-S
KPN Primary Care - Middletown
(513) 261-3400

Kathleen Whelan, APRN-CNP
KPN Primary Care - Mound
(937) 866-0741

Jamie Pearson, APRN-CNP
Ashley Hoskins, APRN-CNP
KPN Primary Care - Upper Valley
(937) 339-5355

Elizabeth Rammel, APRN-CNP
KPN Primary Care - Wapakoneta
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INTERNAL MEDICINE

Carlos Gallego, MD
Yaser Jbara, MD
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(937) 395-6665

Ugochukwu Ozumba, MD
Mopoloki Nkhumane, MD
Chizoba Ugwummadu, MD
Anne Reddington, DO
KPN GVH IP Med
(937) 723-3276

NEUROLOGY

Erin Jordan, APRN-CNP
Neil Patel, MD
James Dunlap, MD
KPN Brain & Spine
(937) 643-9299

SURGERY

Yalaunda Thomas, MD
Casey Young, PA-C
Emily Schwieterman, APRN-CNP
Sean Niederst, APRN-CNP
Kettering Acute Care Surgery
(937) 395-6010

Kristie Pencil, APRN-CNP
Kettering Vascular
Surgery Associates
(937) 458-0085

URGENT CARE

Sarah Neal, APRN-CNP
KPN Urgent Care - Beavercreek
(937) 458-4200

UROLOGY

Kellye Moore-Texter, PA-C
KPN Urology - Wapakoneta
(419) 739-1980

Welcome Providers

Soin | Greene New Physicians and Advanced Practice Providers

March-June 2020

ANESTHESIOLOGY

Brian Church, APRN-CRNA
(614) 668-2771

Edward Brewer III, MD
Alexander Barrow, APRN-CRNA
William Belden, APRN-CRNA
James Bocchicchio, APRN-CRNA
Michael Bruderly, APRN-CRNA
Nicholas Christiansen, APRN-CRNA
Brannon Churchwell, DO
Alton Dunlap Jr., APRN-CRNA
Lindsey Fisher, APRN-CRNA
Candice Hithe, DO
Jacob Holsinger, APRN-CRNA
Jerome Huebsch, DO
Eujenee James, APRN-CRNA
Daniel Kidney, APRN-CRNA
Samuel Knight, APRN-CRNA
Robert Melashenko, MD
Lisa Minor, APRN-CRNA
Daniel Mosher, APRN-CRNA
Trevor Mueller, APRN-CRNA
Michael Webster, MD
Rodney White, APRN-CRNA
TeamHealth Anesthesia
(561) 799-3552

BEHAVIORAL MEDICINE

Polly Vaughan, APRN-CNP
Melissa Whitesell, APRN-CNP
API-Fort Hamilton Psychiatric Services
(513) 867-2433

Otto Dueno, MD
Dayton Behavioral Care, LLC
(937) 281-0900

CARDIOLOGY

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

Muhammed Rishi, MD
KPN Heart & Vascular - Hamilton
(513) 867-3331

CRITICAL CARE

Brandon Mosely, APRN-CNP
Soin ICU
(937) 702-4024

EMERGENCY MEDICINE

Kenneth Jacobs, DO
Matthew Kasher, MD
James Manley, MD
Christine Rukamp, DO
Justin Thai, DO
Emergency Medicine Specialists, Inc.
(937) 438-8910

ENDOCRINOLOGY

Leonor Aguilar, APRN-CNP
KPN Endocrinology and Diabetes
(937) 401-7575

FAMILY MEDICINE

Danielle Swisshelm, PA-C
Lisa White, APRN-CNP
Community Physicians of Yellow Springs
(937) 767-7291

Jennifer Otterbacher, DO
Jamestown - Rural Health Clinic
(937) 675-2870

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

Melissa Alcazar, APRN-CNP
Pure Healthcare
(937) 668-7873

Robert Moore, MD
(937) 382-7435

GASTROENTEROLOGY

Mauricio Carballo Montero, MD
Imad Jaafar, MD
Dhairya Mehta, MD
Dayton Gastroenterology, Inc.
(937) 320-5050

Roopa Gandhi, MD
Gandhi GI, LLC
(937) 350-6700

INTERNAL MEDICINE

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Edgar Roberto Santillan, MD, LLC
(937) 304-4268

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Subbaraju Budharaju, MD
Martin Burbank, MD
Erhan Erdeger, MD
Yaser Jbara, MD
Thomas Koroscil, MD
Melissa Lippincott, PA-C
Thomas Murphy, MD
Camelia Nelson, APRN-CNP
Daniel Opris, DO
Arshad Shah, MD
Kathryn Small, APRN-CNP
Constance Vann, APRN-CNP
KHN IP Med
(937) 395-6665

Damynus Gekonde, MD
Stephen Hudson, MD
Kelly Nagel, APRN-CNP
Chizoba Ugwummadu, MD
KPN GVH IP MED
(937) 723-3276

Xavier Atencio, MD
KPN Troy IP Med
(937) 395-6665

Sharmila Price, MD
Chinedu Ukemenam, MD
South Dayton Acute Care Consultants, Inc.
(937) 433-8990

NEUROLOGY

Lydia Little, PA-C
Derek Menkedick, DO
Carrie Steward, APRN-CNP
Dayton Center for Neurological Disorders, Inc.
(937) 439-6186

James Dunlap, MD
Neil Patel, DO
KPN Brain & Spine
(937) 643-9299

OB-GYN

Daniel Dilworth, MD
Miami County OB/GYN & Associates
(937) 339-7982

ONCOLOGY

Karen Seta, PA-C
Kettering Cancer Care - Radiation Oncology
(937) 281-3810

Nickolay Markov, MD
Kettering Cancer Care - Surgical Oncology Clinic
(937) 270-3522

ORTHOPEDICS

Carla Robinson, PA-C
Orthopedics Assoc. of S.W. Ohio, Inc.
(937) 428-0400

David Galluch, MD
Ian Thompson, MD
Springfield Orthopaedic & Sports Medicine
(937) 398-1066

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Welcome Providers

Fort Hamilton New Physicians and Advanced Practice Providers

March-June 2020

ANESTHESIOLOGY

Shawn Stansbery, DO
Jerome Huebsch, DO
TeamHealth Anesthesia, LLC
(561) 799-3552

BEHAVIORAL HEALTH

Otto Dueno, MD
Dayton Behavioral Care, LLC
(937) 281-0900

CARDIOLOGY

Muhammed Rishi, MD
KPN Heart & Vascular - Hamilton
(513) 867-3331

Kettering | Sycamore | Troy Providers (cont.)

SURGERY

Nathan McNiel, PA-C
Advanced Neurosurgery, Inc.
(937) 299-8242

Emily Schwieterman, APRN-CNP
Marshall Spalding, DO
Yalaunda Thomas, MD
Kettering Acute Care Surgery
(937) 395-6010

Kristie Pencil, APRN-CNP
Kettering Vascular Surgery Associates
(937) 458-0085

Peritha Garland, PA-C
KPN Bariatric Surgery
(937) 439-4145

UROLOGY

Julie Broeker, APRN-CNP
Kellye Moore-Texter, PA-C
KPN Urology - Wapakoneta
(419) 739-1980

NEUROLOGY

Amanda Cheshire, MD
Clifford Meyers, MD
Sui Li, MD
Neil Patel, MD
Rebecca Jimenez-Sanders, MD
Telespecialists, LLC
(239) 208-2212

OB/GYN

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

OTOLARYNGOLOGY

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

RADIOLOGY

Jessica Martin, MD
Professional Radiology, Inc.
(513) 872-4500

SURGERY

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

Andrew Lichter, MD
Kettering Surgical Associates
(513) 829-7133

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PULMONOLOGY

Syed Hussain, APRN-CNP
Dayton Lung and Sleep Medicine, Inc.
(937) 832-5292

RADIOLOGY

Michael Berven, MD
Rick Brittain, MD
Bruce Gearhart, MD
Anjali Singh, MD
James Welch, MD
Kettering Network Radiologists, Inc.
(937) 297-6307

SURGERY

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