

CANCER GENETICS

Unwinding the Double Helix


BEACON
HEALTH SYSTEM

Winter 2016



PHYSICIAN

QUARTERLY

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Physician Quarterly

is published by Beacon Health System to connect and educate physicians and health care professionals in support of clinical integration, graceful patient transitions and improved quality and safety.

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Do you have a story idea? Contact us at MScroope@BeaconHealthSystem.org or call 574.647.3234.

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coming together as

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Psychiatric services of Beacon Health System took a big step this summer by integrating Memorial Epworth Center and Elkhart General Behavioral Health services into a single, cohesive group. Beacon Psychiatry becomes the leading resource for behavioral health inpatient and outpatient services in the region.

"I am so glad that Beacon Health System has an excellent group of mental health providers in St. Joseph and Elkhart counties," says Suhayl Nasr, MD, Medical Director of Beacon Psychiatry. "The integration of these services creates a fertile ground for exchange of ideas and application of the best practices of each program without losing our individuality."

The benefits of the integration:

- Physician coverage for inpatient psychiatric services will be improved across Beacon Health System
- Standardizes psychiatric care across the health system
- Enables patients a wider range of services and access to more inpatient services
- Improves patient access to medical staff specializing in people of all ages
- Enhances ability to recruit additional providers in the future

The integration is viewed as a plus by everyone involved.

"The integration has brought the expertise of both hospitals together to better serve our primary care colleagues and meet the need of our community for mental health care," says Majid Malik, MD, Clinical Director of Elkhart services. "I am excited to be working in a bigger team where we can share ideas and provide evidence-based care to our patients. We are looking forward to growing our inpatient and outpatient psychiatric services."

Among those areas that are expanding is interventional psychiatry.

"Since psychiatry is the most evolving specialty in medicine, there was a need for a new era of psychiatric intervention that would provide an alternative treatment option that had the potential to help our patients," explains Ahmed Elmaadawi, MD, Clinical Director of Interventional services. "Beacon Health System is one of the few centers in the region that started an interventional psychiatry program to help patients with treatment-resistant psychiatric diseases, and also for providing alternative options to mental health providers in the community. We are committed to

upholding the highest standards of excellence in patient care and to serving as a leading resource for mental health care."

Beacon Psychiatry now includes 10 psychiatrists, four nurse practitioners and five licensed clinical social workers. Suhayl Nasr, MD, is the Medical Director for Beacon Psychiatry and is supported by the following departmental directors:

- Majid Malik, MD, Clinical Director of Elkhart services
- John Haskin, MD, Clinical Director of Inpatient services
- Ahmed Elmaadawi, MD, Clinical Director of Interventional services
- Jagadeesh Reddy, MD, Clinical Director of LaPorte and South Bend Outpatient services

To learn more about Beacon Psychiatry and their expanding services, call **574.647.8400**.

Powerful Medicine

INTENSIVE CARDIAC REHABILITATION PROGRAM HELPS PATIENTS HALT OR REVERSE EFFECTS OF HEART DISEASE

This August, the first participants in Dr. Ornish's Program for Reversing Heart Disease program at Beacon Health System began a nine-week journey toward better health. Upon graduating in October, the group's results were impressive. One participant's outcome was life-changing: Dave Foster improved his heart health so dramatically that he was able to postpone having a heart transplant.

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For Beacon program co-directors **Andrew Fiedler, MD, MDiv, FACC**, and **Luisito Gonzales, MD**, the Ornish Reversal Program's combination of nutrition, exercise, stress management and group support is an exciting, health-forward approach for patients.

"The Ornish Reversal Program is different from other programs because it is scientifically proven," explains Dr. Gonzales, an interventional cardiologist at Beacon Medical Group Elkhart Cardiology. "It's a low-tech intervention but it yields high-tech results."

Currently the only program of its kind within a 250-mile radius (Cleveland Clinic and Louisville's KentuckyOne – Medical Center

Jewish Northeast are the closest sites), the Ornish Reversal Program includes 18 four-hour sessions held within a group setting at Elkhart General Hospital and Memorial Hospital. Each group, or cohort, is led by Drs. Fiedler and Gonzales as well as an experienced team of cardiac nurses, dietitians, exercise physiologists, social workers and stress management specialists.

"As physicians, we're trained primarily to meet patients at the point where they are sick and in crisis," says Dr. Fiedler, a cardiologist at Beacon Medical Group Advanced Cardiovascular Specialists South Bend. "Now we have a program of comprehensive lifestyle change to help patients avert crisis."

In His Own Words: Patient Averts Heart Transplant



(L-R): Dave, Shelby and Cindy Foster

Dave, a retired paramedic, recounts his journey with the Ornish Reversal Program at Memorial Hospital after learning he needed a heart transplant:

"After delivering the prognosis, the doctor told me that the survival rate for people who have had heart transplants is 11 years.

I remember sitting there — 57 years old and just having adopted a newborn baby girl — and thinking that 11 years wasn't good enough. Dying at 68 years old wasn't good enough.

Luckily for me, just a few minutes after the doctor left the room, someone came in and told me about the Ornish Reversal Program. Immediately, a little beacon of light popped back into my life. From that moment on, I was going to beat this thing. I was all in.

Today, after just 9 weeks on the program, they've suspended my heart transplant. Nobody's saying that it's out of the question yet, but my heart function has improved drastically in just two months, and the doctors no longer believe that a heart transplant is the right course of action for me.

"After just 9 weeks on the program ... my heart function has improved drastically."

— Dave Foster

I have hope again; it's amazing. When you're looking fate in the eye, and your days are numbered, you don't have a lot of hope. You wake up and you think, 'Okay, here we go. Here's another day.' But when you get that spark back, everything changes. That's what the Ornish Reversal Program has done for me — a new spark, a new hope, a new life. Thanks to the program, it doesn't look like I'll ever have a heart transplant."



ornish reversal program

Could Your Patients Benefit?

This nationally recognized program has been so effective in undoing years of damage to the heart that Medicare and other insurers have made the decision to cover it under a new benefit category — intensive cardiac rehabilitation — making it the first integrative medicine of its kind to receive this level of support.

Potential participants will have experienced one or more of the following:

- ☐ Acute myocardial infarction within the last 12 months
- ☐ Coronary artery bypass surgery
- ☐ Current stable angina pectoris
- ☐ Heart valve repair or replacement
- ☐ Percutaneous transluminal coronary angioplasty or coronary stenting
- ☐ Heart or heart-lung transplant

When added to current therapies, treatments and medication, the Ornish Reversal Program has been proven to reduce the number of daily medications needed to manage heart disease and the likelihood for repeat procedures.

Upcoming Ornish Reversal Program Cohort Dates

Elkhart General Hospital

COHORT 4 | Jan. 19 through March 17
1 to 5:10 p.m. (Tues./Thurs.)

COHORT 5 | Feb. 15 through April 13
1 to 5:10 p.m. (Mon./Weds.)

COHORT 6 | March 29 through May 26
1 to 5 p.m. (Tues./Thurs.)

Memorial Hospital

COHORT 5 | Jan. 12 through March 10
8 a.m. to noon (Tues./Thurs.)

COHORT 6 | Feb. 9 through April 7
3 to 7 p.m. (Tues./Thurs.)

COHORT 7 | March 15 through May 12
8 a.m. to noon (Tues./Thurs.)

For more information, upcoming open house dates or to refer a patient to the Ornish Reversal Program at Beacon Health System, please contact:

Elkhart General Hospital **574.296.6496**

Memorial Hospital **574.647.7620**

A Regional Approach to End-of-Life Care



Article submitted by **Genevieve Lankowicz, MD, CPE**,
Vice President, Medical Staff Affairs,
Elkhart General Hospital

This summer, Greg Losasso, President of Elkhart General Hospital, invited leaders from our area hospitals and the Ruth M. Hillebrand Center for Compassionate Care in Medicine at the University of Notre Dame to participate in a discussion about our community's approach to considering life's final choices. Recently, our group decided on a new name: Michiana Life Wishes Coalition.

Mr. Losasso, a passionate advocate on the subject, wanted to inspire others to recognize the important need for patients and families to talk about their own health care choices at the end of life. Many times, families are torn when they are unsure about their loved one's wishes; health care providers can be equally as torn. As we know, these painful and complicated decisions must be made during what is sometimes the most challenging time a family has ever faced.

Our regional community group has met several times; we are now examining programs which have worked well in other parts of the country. In particular, the evidence-based Respecting Choices® Advance Care Planning program of Gundersen Health System in LaCrosse, Wisconsin, has captured our attention. In LaCrosse, community members have developed an improved social acceptance regarding advance care planning discussions. This success stems from a coordinated, systematic, person-centered advance care planning program which has contributed to greater effectiveness of advance directives.

Here in our region, we have been working on standardizing our hospitals' advance care directives forms and agreeing on a location for these forms to be held which could be accessible by all care facilities. Indiana has useful standardized forms online and has recently adopted the POST (Physician Orders for Scope of Treatment) Program for patients with conditions identified as terminal.

Our discussions have also included palliative care, which has been recognized as an essential part of caring for people

with painful or serious health conditions which significantly alter their quality of life. All of our area hospitals are expanding their palliative care efforts. Hospice care is also an important program with many benefits for patients and families facing end-of-life care decisions.

Our committee plans to involve other stakeholders and, through collaboration, will soon develop a strong regional effort to improved end-of-life care. We would like to ensure quality of care and an improved process to assure our ability to honor the individual preferences and choices of patients and their families near the end of life.

Michiana Life Wishes Coalition Participants

Elkhart General Hospital

Greg Losasso, President
Genevieve Lankowicz, MD, CPE,
Vice President of Medical Affairs
Cindie McPhie, Executive Director
of Specialty Services and
Exceptional Experience
Amerly Burger, MD, Medical
Director for Palliative Care

Indiana University Health Goshen

Larry Allen, MD, Chief Medical
Officer
Sister Nora Frost, Spiritual Care
Coordinator/Chaplain

Memorial Hospital of South Bend

Cheryl Wibbens, MD, Vice
President of Medical Affairs

Saint Joseph Health System

Stephen Anderson, MD, MMM,
FACP, Chief Medical Officer
Geoff Zimpelman, Manager of
Population of Health
Mark Sandock, MD, Physician
Consultant
Sister Lauren M. Painter, Vice
President of Mission Integration
and Ministry Formation

The University of Notre Dame

Dominic Vachon, MDiv, PhD,
Director of Ruth M. Hillebrand
Center for Compassionate Care
in Medicine
Jaclyn Champagne, MA,
Research Assistant and Program
Coordinator
Shaley Albaugh, Student Summer
Intern 2015

BEACON *Bulletin*

MedFlight Reaches Milestone

Memorial MedFlight, the only medical flight service in Michiana and based at the South Bend Regional Airport, is celebrating 10 years of lifesaving service in our region. For the last 10 years, MedFlight has been an invaluable resource to those in our region needing highly trained critical care transport.

"In those situations where minutes can mean the difference for a good patient outcome, MedFlight extends



Memorial's trauma and critical care capabilities to a much wider community and provides the safe, expert and rapid transport needed to help make that difference a reality.

Providing this service is a privilege and responsibility to which everyone on the MedFlight team is committed 24/7, 100 percent," says **Keith Sherry, MD**, MedFlight Medical Director.

Radiologist Named to Two National ACR Committees



Samir Patel, MD, diagnostic radiologist at Elkhart General Hospital, has accepted a position on the American College of Radiology's Metrics Committee (under the ACR Commission on Quality and

Safety). The 15-member committee focuses on developing standardized metrics relevant for diagnostic and interventional radiology related to reporting performance measures for value-based payment models.

Dr. Patel has also joined the Economics Committee for the ACR Commission on Patient- and Family-Centered Care. The newly formed commission recommends ways radiology practices can enhance experiences of patients and their families; provides information about the best ways to measure outcomes; and collaborates with other ACR commissions to develop tools for meeting Merit-based Incentives Payment System and alternative payment model requirements.

Nephrologist Earns Board Certification



Syed Rizvi, MD, a Beacon Medical Group nephrologist, received his board certification in internal medicine this summer. He is also board-certified in nephrology and is a certified hypertension specialist.

Leadership Updates at Beacon Health System



Kreg Gruber was named Chief Operating Officer of Beacon Health System. He held the position of Chief Operating Officer of Memorial Hospital from 2006 to 2015.

Prior to arriving in South Bend, Gruber served as President of Doctors Hospital in Columbus, Ohio. He has also held the positions of Senior Vice President & Chief Operating Officer of Amerigard Health Services Garden City Hospital in Garden City, Michigan. He is a graduate of Ohio State University and Indiana University.



Vince Henderson, MD, was named President of Beacon Medical Group. Formerly Chairman of the Physicians Governance Council of Beacon Medical Group, Dr. Henderson has been with Memorial Hospital since 1995.

Dr. Henderson received his medical degree from Indiana University School of Medicine and completed his residency at Memorial Hospital of South Bend. He is board-certified in family medicine.



Mark Warlick was officially named Beacon Chief Information Officer in September 2015, after serving on an interim basis since 2014. He has been with Beacon Health System since 1997, serving

previously as Director of Information Technology. Warlick received his bachelor's degree in computer information systems management and master's degree in business administration from Bethel College.

CONTINUING MEDICAL EDUCATION

Memorial Hospital of South Bend Hospital Auditorium

(unless otherwise noted)

12:10 to 1:10 p.m.

Lunch available at 11:30 a.m.

Registration is not required.

Call **574.647.7381** with questions.

January 13

Nonyem Onujiogu, MD

Adnexal Masses and Post-Menopausal Bleeding: When to Refer to a Gynecologic Oncologist

January 27

Mark Walsh, MD; Richard Skupski, MD; Donald Zimmer, MD and Warren Bontrager, MD

Google Glass: Why We Keep Going Back to Haiti

February 10

Daniel Cooke, MD

Opioid Management and Local Anesthetic Systemic Toxicity (LAST)

February 24

Breno Pessanha, MD

Pre-Operative Evaluations for Patients and Stress Testing

March 9

Jay B. Patel, MD

Update: Cardiothoracic Surgery

March 17

Linda Mansfield, MD

Pediatric Ground Rounds: Challenges of the Young Athlete

12:30 to 1:30 p.m. Lunch at noon.

March 30

Arif Nazir, MD, CMD, FACP, CMO, Signature HealthCare, Louisville, Kentucky

Selecting the Best Post-Acute Setting: Role of Discharge Teams in Care Continuum

SPECIALTY SPOTLIGHT:

New clinic offers minimally invasive treatments for varicose veins



Superficial venous insufficiency of the lower extremities is a very common condition, affecting more than 25 million people in the United States alone. The prevalence of superficial venous insufficiency is actually more than twice that of peripheral arterial disease.

Superficial venous insufficiency is typically a progressive condition. Patients may initially notice scattered spider veins, but over time, they can develop painful bulging varicosities, lower extremity edema, ulceration, bleeding and delayed wound healing. Prompt access to treatment is imperative to halt the progression of disease and to improve quality of life. Given the high prevalence of superficial venous insufficiency in our community, Beacon Health System recently opened a dedicated outpatient facility, Beacon Medical Group Vein Specialists in Granger, to provide a comprehensive approach to vein care.

Our understanding of the pathogenesis of superficial venous insufficiency has evolved over the last several years. Initially, the development of varicose veins was thought to be caused exclusively by poorly functioning valves within the large superficial veins of the lower extremities. While some cases of varicose veins can be linked directly to valve damage caused by prior vein thrombosis, several studies have recently supported the theory that the genesis of varicose veins is multifactorial:

- Varicose veins often arise in the setting of genetic or hormonal predisposition.
- Superficial venous insufficiency afflicts women more often than men.
- The condition is significantly more likely to occur in those who have a strong family history of varicose veins.

Other risk factors associated with the development of varicose veins include occupations that require prolonged standing, multiple pregnancies, increased exposure to estrogen, obesity, tall height and advanced age.

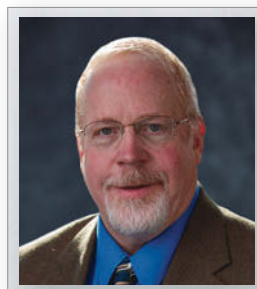
When varicose veins develop, patients can present with a wide variety of symptoms, ranging from focal pain at the site of bulging

varicosities to diffuse lower extremity discomfort, fatigue, pruritus, heaviness or skin changes.

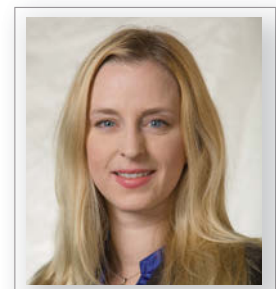
Fortunately, there are multiple minimally invasive treatments that are very effective in the management of superficial venous insufficiency. Beacon Medical Group Vein Specialists offer endovenous laser ablation, ultrasound-guided sclerotherapy and surface sclerotherapy of spider veins.

The larger superficial veins of the lower extremities (namely, the greater saphenous vein and the small saphenous vein) are often amenable to occlusion via endovenous laser ablation. The laser fiber inserted into the vein emits heat, which damages the inner lining of the vein and causes it to close. In sclerotherapy, the smaller, more tortuous varicose veins are closed by injecting an irritant, which damages the inner lining of the vein. Sclerotherapy can be performed under ultrasound guidance for occlusion of larger varicose veins or using specialized lights for obliteration of spider veins. Patients often require multiple treatment sessions to achieve optimal control of their condition, but the treatments overall are highly effective in dramatically reducing or eliminating symptoms.

For more information regarding varicose veins or to schedule a referral, please contact Beacon Medical Group Vein Specialists at **574.647.3990**.



Thomas Fischbach, MD



Kelly Mortell, MD

Best Practice – Education Key to High Performance at Beacon Medical Group

Like most physicians, family practice physician and Beacon Medical Group President Vince Henderson, MD, is quick to offer his help wherever there's a need. When he joined the Physician Governance Council of the newly formed Memorial Medical Group (the predecessor to Beacon Medical Group) nearly 20 years ago, a need found him.

"All of the physicians were given the title of leadership without the training," he explains. "Many had little experience and the direction of the group was a bit chaotic at times."

After approaching then-Memorial Health System Executive Vice President and Chief Operating Officer David Sage (now retired) with concerns that the group's model was unsustainable, Dr. Henderson became more involved with the council's evolution.

"We changed the governance model of the medical group to something that has been sustainable and I'm sure it will continue to be so," says Dr. Henderson.

Today, the foundation he helped establish for Beacon Medical Group affords Dr. Henderson a more focused approach in developing the leadership talents of the more than 230 physicians within the multispecialty group.

As he and his colleagues manage the day-to-day demands of active practice along with the external pressures of health

care reform and population health (among others), Dr. Henderson believes physician education is key to the continued health of the group. To that end, the eight-member Beacon Medical Group Governance Council draws on several resources and initiatives, including:

- The Advisory Board Company
- The American Association for Physician Leadership (formerly the American College of Executive Physicians)
- Group Practice Improvement Network (GPIN)
- Group practice improvement meetings
- 30- to 60-minute education sessions on physician leadership or administrative issues
- Enhancements to continuing medical education for all Beacon Medical Group physicians

Navigating the Business of Health Care

Throughout his career, Dr. Henderson has taken on the challenge of guiding and growing Beacon Medical Group from a few primary care practices to more than 50 locations.

"The business aspect of medicine has always interested me, and I thought I could help our health system to be more functional," he explains.

Looking forward, Dr. Henderson expects the growth of Beacon Medical Group to be disciplined and measured while keeping relationships strong with nonaffiliated physicians to ensure robust quality and safety initiatives for patients.

"I've been blessed by Beacon Health System and I've been given a great opportunity," says Dr. Henderson. "I'm going to do my best for the community, for the health system and for the patients we serve."



Vince Henderson, MD

BEACON MEDICAL GROUP VITALS

More than 50 locations in northern Indiana and southwest Michigan

More than 35 specialties

Over 200 physicians

Over 80 nurse practitioners and physician assistants

Over 1,000 associates

Over 750,000 patient visits annually

BEACON HEALTH SYSTEM Welcomes New Docs (July – September 2015)

ALLERGY AND IMMUNOLOGY

Husam Baki, MD

CARDIOTHORACIC SURGERY

Jay B. Patel, MD

DERMATOLOGY

Donna Hart, MD

EMERGENCY MEDICINE

Nicole Brunette, MD

Stephen Eder, MD

FAMILY MEDICINE

Saadia Qasim, MD

Jenna Ruple, MD (Academic Hospitalist/Family Medicine Residency)

Kari Sears, MD

GENERAL SURGERY

Matthew Folstein, MD

HOSPITAL MEDICINE

Maham Ashraf, MD

Alpa Garg, MD

Stephanie Martin, MD

INTERNAL MEDICINE

Sylvana Atallah, MD

MATERNAL AND FETAL MEDICINE

Katherine Millen, MD

NEUROLOGY

Abraham Kuruvilla, MD

Bridget Patterson-Marshall, MD

OBSTETRICS AND GYNECOLOGY

Priya Sabharwal, MD

OPHTHALMOLOGY

Kevin Baxter, DO

ORTHOPAEDIC SURGERY

Deepak Reddy, MD

PEDIATRIC CRITICAL CARE MEDICINE

Talaat Abdelmoneim, MD

Joseph Dallessio, MD

Keith Kerr, MD

PODIATRY/FOOT AND ANKLE SURGERY

Robert Clemency III, DPM

PSYCHIATRY/CHILD AND ADOLESCENT

Elizabeth Hay, MD

PULMONOLOGY

Kamran Javaid, MD

For more information about new physicians, check out either EGH.org or QualityOfLife.org.

HEADS UP



Concussion clinic addressing nationwide health concern

No other sports health topic – from the NFL to youth soccer leagues – has drawn as much attention in recent years than concussions. The Beacon Concussion Clinic at Memorial Leighton HealthPlex launched in 2014 in response to the rising need to the health problems

associated with head injuries from sports.



Linda Mansfield, MD, Beacon Medical Group Sports Medicine

Medical Director, recently shared insights into Beacon's comprehensive concussion program.

Q: Why was the Beacon Concussion Clinic started?

With concussion coming to the forefront of concerns about young athletes, we at Beacon Sports Medicine felt it was important to develop a program where these could not only be diagnosed and managed, but also have resources to help with return-to-play decisions. In addition, there are some concussions that do not resolve as expected. In these more complicated cases, it is important to work in a collaborative effort with other health care professionals, and the Concussion Clinic allows for this.

Q: What are the leading short- and long-term health concerns, especially for the young?

A very concerning short-term concern is something called "second impact syndrome." It occurs when an athlete who has a current concussion is sent back in to play. This is a phenomenon where even a lesser impact to the head when a concussion is present could lead to sudden brain swelling and death. Although rare, this is a catastrophic occurrence.

Many concussions are straightforward with symptoms resolving in 7-14 days. More commonly we see short-term effects of difficulty with cognition and concentration, which greatly impair a child's ability to perform academically. It is also common to see emotional lability in an acutely concussed individual. If an individual suffers multiple concussions, over time we can start to see lasting effects of balance problems, persistent problems with memory and cognition and possible problems with attention deficit or even depression.

Q: What does it mean to be a comprehensive concussion management program?

There is more to treating a concussion than just deciding when an athlete can return to play. A comprehensive concussion management program addresses not only symptoms and treatment, but issues such as recommendations for academic activity, prolonged symptoms and counseling athletes who have suffered multiple concussions. These issues are best addressed by collaboration with multiple health care professionals, including physicians, certified athletic trainers, physical therapists, speech therapists, occupational therapists and a neuropsychologist, and communication between these providers is of utmost importance.

Q: Do you encourage parents to bring their kids to the Clinic even before a concussion in order to have baseline testing done?

Yes. We offer two different baseline-testing modalities. One is the Neurocom (Memorial Hospital is the only hospital in the region using the Neurocom) that assesses balance at baseline; the other is the Cogstate test, which is a computerized cognitive assessment. Neither is used to diagnose a concussion, however both are useful tools utilized by physicians to guide safe return-to-play decisions. At all high schools and colleges with which we contract for sports medicine coverage, athletes are baseline tested on the computerized cognitive testing.

Our patients include those referred by family physicians or those self-referred directly following a concussion. The Beacon Concussion Clinic is located in the Memorial Leighton HealthPlex, 111 W. Jefferson, Suite 100, in downtown South Bend. For more information, call **574.647.1670**.

Great Things Come in Small Packages

Innovative Surgery Producing Great Patient Outcomes

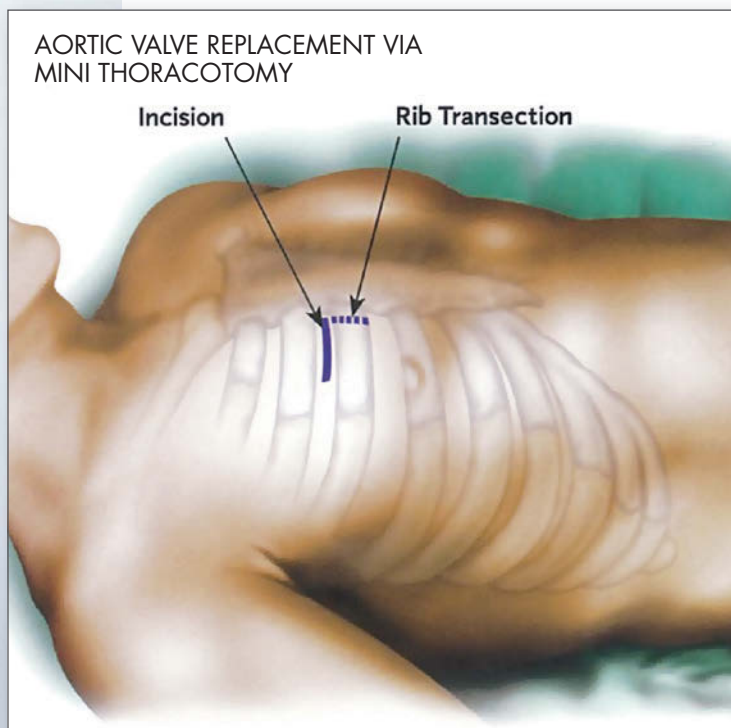


Walter Halloran, MD, FACS,
Beacon Medical Group
Cardiothoracic Surgery Elkhart

Among the most recent innovative developments at Elkhart General is minimally invasive aortic replacement surgery.

Cardiothoracic surgeon Walter Halloran, MD, FACS, of Beacon Medical Group Cardiothoracic Surgery Elkhart, is the only surgeon in north central Indiana performing this complex procedure. For him, it's not a matter of keeping up with what large hospitals in big cities are doing; it's about doing what's best for his patients.

"We don't want a surgery to be fancy and at the same time less safe than traditional, full-vertical sternotomy," he explains. "With patient safety at the heart of every decision we make, we ensure any treatment we implement is a verifiably accepted technique. And because we have a talented, experienced surgical team, we can apply these innovative surgical approaches."



He has performed thousands of traditional valve repairs and replacements, and the fundamentals of the procedure are constant regardless of entry technique. Once he fully researched how successful the minimally invasive approach is, he was convinced that he could offer it in Michiana. He underwent specialized training for aortic valve replacement via mini thoracotomy in June 2014 in Miami.

Two months later, he performed his first surgery. To date, Dr. Halloran and his team have performed close to 50 minimally invasive valve replacements and valve repairs. In addition to causing very few complications, the surgery requires fewer blood products and yields a much faster recovery. Restrictions for activity typically go away after 2 to 3 weeks compared with three months with the full-vertical sternotomy.

"I'm really happy with this approach," says Dr. Halloran. "It has always been my practice to stay current on the most effective and safe surgical techniques; and this is a significant advance in our ability to offer state-of-the-art care, even in our smaller communities."

Joyce Harber, 76, of Elkhart, underwent aortic valve replacement via the mini thoracotomy approach on May 21 at Elkhart General.

"It was an easy procedure overall. I was glad (Dr. Halloran) didn't have to break my breastbone as part of the surgery," she says. "It didn't take long at all for me to feel like myself again. Today, I'm feeling great."

Patients of all ages, gender and size can be considered for the surgery following thorough preoperative testing and evaluation. To learn more if minimally invasive aortic replacement surgery might be right for your patients, call **574.522.6565**.



Unwinding the Double Helix:

Oncology genetic counseling helps patients determine risks, weigh options

Growing up with a known genetic condition in her family heavily influenced Melissa Beyer, MS, LCGC, in her decision to become a genetic counselor herself. The field blends her interest in genetic science with the personalized approach of helping patients. Now, as a licensed and certified genetic counselor at Memorial Regional Cancer Center, she's using her skills to guide patients through the genetic testing process.

"Genetic testing is a great example of personalized medicine, which is the future of medicine," Melissa explains. "Genetic testing has an impact on an individual's whole family. We have the opportunity to prevent cancer for all of those patients and family members who are identified early. It's a good feeling to be working to prevent cancer."

Though oncology genetic testing has existed for around 20 years, it has only been in the last five years or so that the field has evolved, says Melissa.

"The availability of testing has increased due to new advances in technology," she says. "We used to do genetic testing one gene at a time. We would test for the most common, well-known mutations in just a few genes. Now we're able to look at a lot of genes at one time — up to 25 genes or so — with one test."

The proliferation and availability of testing brings the field out of larger academic centers and into the community setting, explains Thomas J. Reid, III, MD, PhD, FACP, Medical Director of Memorial Regional Cancer Center.

"The whole area of genetic testing is in a constant state of evolution," says Dr. Reid. "It's very important for us to have someone like Melissa in-house who can discuss these topics with patients, including what it means to be genetically tested and what one might need to do if the test is positive."

Insurance coverage for genetic testing is growing, too, according to Melissa:

"Patients with commercial insurance can generally get testing covered very easily. There are options for individuals with Medicare and Medicaid. As testing becomes more widespread and more laboratories are offering testing, we're able to get affordable testing for almost everyone who meets national guidelines."

Who Should Have Oncology Genetic Counseling?

Oftentimes, primary care physicians have already gathered patients' extensive family histories of cancer, says Melissa. "But it's hard to know what to do with that information." Physician referrals for genetic counseling may or may not result in a recommendation for genetic testing, she explains.

"I have a conversation with patients about the many genetic testing options that are available and what information different tests could provide," says Melissa. "I help patients to make those decisions for themselves about what testing is right for them as well as whether or not testing is right for them at this point. There may be another family member who is more appropriate for genetic testing, or the patient may be hesitant to learn that they are at an increased risk of cancer. In these cases, we can still make recommendations for personalized cancer screening based on the family history alone."

Using guidelines established by the National Comprehensive Cancer Network, Melissa considers the patient's personal and familial cancer histories, including these hallmarks of hereditary cancer:

- Cancer that develops in those younger than age 50, including breast cancer, colon cancer and endometrial cancer.
- Women diagnosed with ovarian cancer at any age and those with a first- or second-degree relative with ovarian cancer.
- Individuals who have multiple cancers, including two primary cancers or multiple types of the same or similar cancer on one side of their family.
- Individuals with rare types of cancer, e.g., male breast cancer or certain types of thyroid cancer.

Both Melissa and Dr. Reid say the media attention surrounding the recent health care decisions by actress Angelina Jolie Pitt have brought more awareness to the field of hereditary cancer. The actress chose to have prophylactic breast and ovary removal surgeries after she disclosed two years ago that she tested positive for the BRCA1 gene mutation. Many of Melissa's patients bring up the actress during counseling sessions, particularly women of childbearing age who've been diagnosed with cancer.

"One of the leading reasons patients tell me they are interested in genetic counseling is to get information for their children," says Melissa. "For example, a woman who was diagnosed with breast cancer at a young age may be very worried about her daughters' or siblings' risk."

Though hereditary cancer is rare — estimated at approximately five to 10 percent of cancers — both Dr. Reid and Melissa believe primary care physicians should remain diligent in monitoring patients (whether or not they have cancer) who have a family history of cancer. This is especially important for children of cancer patients.

"Children of patients with hereditary cancer may need to begin cancer screening 15 years before the age the parent was diagnosed, depending on the cancer," explains Dr. Reid. "If the children's genetic testing results are negative, they don't need to worry; that is, they have an average risk of cancer but are not at increased risk. But if their genetic testing is positive, they will need to plan for appropriate cancer screening earlier in their life."

Other reasons Melissa may recommend genetic testing include helping to determine if patients may be at high risk of getting cancer again, the availability of more treatment options and more aggressive screening options for themselves or for family members.

Receiving Results and Next Steps

As a board-certified genetic counselor, Melissa has the training to suss out the significance of genetic testing results for patients.

"Genetic testing is most appropriate in the context of genetic counseling," she explains. "Some physicians are very comfortable ordering genetic tests, and others are not. Sometimes the results come back with something unexpected, and then the patient gets referred to the genetic counselor. That's not an ideal way to do things. As a genetic counselor, I am able to sit down with patients and go over the different options in detail and make sure the appropriate test is ordered and the patient isn't caught off guard by unexpected results."

Melissa typically spends an hour during an initial consultation with a patient, and a half-hour reviewing test results when they are available. For patients who test positive for a genetic mutation for cancer, she provides a detailed report to those patients, their primary care physicians and appropriate specialists about the cancer risks associated with the mutation and any available guidelines for managing the risks.

For Further Study

To learn more, visit the National Cancer Institute's Physician Data Query (PDQ) on Cancer Genetics Risk Assessment and Counseling at: www.Cancer.gov/About-Cancer/Causes-Prevention/Genetics/Risk-Assessment-PDQ.

For More Information

To contact Melissa Beyer for more information or to make a patient referral for oncology genetic counseling, call the Memorial Regional Cancer Center at **574.647.1100**. To download a comprehensive questionnaire for patients regarding their own personal cancer risk, visit QualityOfLife.org/Services/Cancer.



Melissa Beyer, MS, LCGC
Certified Genetic Counselor
Memorial Regional Cancer Center

- Board-certified by the American Board of Genetic Counseling
- Licensed by the Medical Licensing Board, Indiana
- Master of Science Degree in Genetic Counseling, Virginia Commonwealth University, Richmond, Virginia
- Bachelor of Science Degree in Genetics, Minor in Psychology, Clemson University, South Carolina

MARK YOUR CALENDAR

Familial Cancer Syndromes:
What Every Primary Care Physician Needs to Know

May 11, 2016

Watch for details coming in early 2016 through Memorial Hospital Medical Education.



A DAY IN THE LIFE

Chris Sloan, MD
Memorial Family Medicine
Residency Program

Dr. Sloan attended Indiana Wesleyan University where he majored in pre-med biology and then received his medical degree from Indiana University School of Medicine. He and his wife, Kathleen, lived in northern Haiti for eight months helping at a health clinic and teaching English.

As a medical student, the challenges and the stories I heard about residency seemed overwhelming. Now, a year into my Memorial Family Medicine Residency, I can honestly say the positive experiences have far outweighed the negative. Here is a snapshot of a day in the life of a resident at Memorial Hospital:

05:20

My alarm sounds at 5:20 a.m. and I'm off to the hospital dressed for clinic and anticipating my first cup of coffee. I arrive by six and begin reviewing the charts of my patients in the hospital and those I will see in clinic that afternoon. Seeing at least three of my six hospital patients before 7:00 rounds is the goal. During rounds, we will hear about anyone new who came

in overnight, discuss the medical plans for each one and distribute them among the team. We each discuss plans for our patients and receive feedback and teaching.

08:30

By 8:30 we hope to be rounding, which involves connecting and examining each of our patients in hopes of making informed medical decisions on their behalf, finishing notes and preparing some for discharge. This takes most of the morning, although assisting with Rapid Assessment Team calls, codes and answering pages can be expected. Sometimes I will even get to deliver a baby if one of my clinic patients goes into labor!

12:00

By noon I am heading across the street to our noon conference lecture and lunch. This is a great time of seeing my fellow residents and faculty and learning up-to-date medical practices.

13:00

My first clinic patient will have arrived by 1 o'clock, and I'll spend the rest of the day as a family doctor seeing 10 to 12 people. These patients are varied in their complexity, so thankfully we can discuss each one's care with a community or faculty physician while determining the best care plan.

17:00

My day inevitably finishes with an hour or two of notes and following up with my patients in the hospital.

19:00

At 7 p.m. I hand off my patients to the night resident, and enjoy a few hours with my family before some much-needed sleep. The days are long and sometimes difficult, but highly rewarding and worth every effort.

Memorial Children's Hospital is Growing

More than 200 people attended the Sept. 17 celebration to mark the start of construction for the new 100,000-square-foot expansion of Memorial Children's Hospital. Slated to open in 2017, the new children's hospital will help expand innovative ways of caring for our area's most critically ill and injured infants and children. From couplet care for even the most critically ill NICU babies, patient rooms with private bathrooms and showers, acuity adaptable general pediatric and Pediatric Intensive Care Unit rooms and many more important features, it will be the perfect blend of form, function and beauty.

Specialty Growth at Children's Hospital

New specialists have joined the medical team of Memorial Children's Hospital in 2015. "By expanding our specialties, Memorial Children's Hospital is able to offer comprehensive, expert care for an array of diagnoses," says Michaelleen Conlee, Executive Director, Women's & Children's at Memorial Children's Hospital.



New Children's Hospital specialists in 2015:



Marlon Brathwaite, MD,
Pediatric Hospitalist



Andreas Deymann, MD,
Pediatric Intensivist



Shruti Fadia, MD,
Pediatric Endocrinologist



Michael Ferguson, MD,
Pediatric Hematologist/
Oncologist



Asif Masood, MD,
Pediatric Cardiologist



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**Surgery Center
Community Open House
Saturday, January 9, 2016
10 a.m. to 1 p.m.**

Beacon Health System medical staff and community physicians are invited to tour the new state-of-the-art surgery suites and all-private inpatient floor at Elkhart General Hospital. The \$83 million, 165,000-square-foot project will transform the level of care thanks to more dedicated surgical space, greater medical capabilities, new technology and a more patient- and visitor-friendly environment. Real-time patient/surgical tracking and a helistop are just two of the many unique features included in the new facility.



**16th Annual Trauma Symposium
Saturday, March 5, 2016
University of Notre Dame,
Jordan Hall of Science**

Presented by the Memorial Leighton Trauma Center, the Annual Trauma Symposium continues the tradition of exploring successful and innovative trauma care. Dynamic speakers will present recommendations for multidisciplinary care within the larger context of the trauma system. The symposium is designed for trauma/general surgeons, orthopaedic surgeons, neurosurgeons, emergency physicians, anesthesiologists, intensivists, nurses, therapists, allied health and EMS personnel involved in providing trauma care. For more information, contact Jan Howard at **574.647.3221**.

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DATES