Dear Colleagues: I'm pleased to send you our third edition of this newsletter for physicians in our region. Please let me or any of the editorial advisory board members know if you have any suggestions or article ideas.

PHYSICIAN PIPELINE

Dr. Erik Hauck brings endovascular interventions to Sacred Heart

Endovascular interventionist Erik Hauck, MD, PhD, has performed more than 200 procedures in the four months since he joined the staff at Sacred Heart Medical Center at RiverBend – some routine, others most definitely not.

Take, for instance, the case of a man in his 60s complaining of debilitating back pain. An MRI revealed a tangle of veins that resembled a very rare spinal dural arteriovenous fistulae (SDAVF). By the time the patient was referred to Dr. Hauck, he could barely walk. Symptoms included progressive myelopathy and hypersensitivity in both legs.

Although surgery is the standard treatment for SDAVF, Dr. Hauck opted to perform endovascular glue embolization to occlude the fistula and normalize blood flow to the spinal cord. Only one report exists in the literature of a similar procedure, involving Christopher Ogilvy, MD, at Massachusetts General Hospital, who happened to be Dr. Hauck's co-fellow in endovascular neurosurgery at State University of New York in Buffalo. Long-term outcomes in that study found no evidence of recurrence a year after gluing. For Dr. Hauck's patient, a follow-up MRI performed two months later revealed no spinal swelling. The man was walking normally and his pain was gone. (Images above depict the fistula before and after gluing.)

A native of Germany, Dr. Hauck performs endovascular procedures for all kinds of ailments, from fistulae, to stroke, to cerebral aneurysms. His specialties include coiling, gluing, clipping, and, in the future, intracranial stenting. His addition to the medical staff in April completed Sacred Heart's ability to treat the entire vascular system.

Among those who have benefited from Dr. Hauck's expertise is a woman in her mid-40s who was hospitalized with a brain bleed caused by Moyamoya disease,
a rare, progressive cerebrovascular disorder that causes the main arteries of the brain to shut down, thus enlarging the collateral blood vessels, which are prone to hemorrhage, aneurysm and thrombosis. A shunt relieved some of the bleeding, but the patient continued to experience serious cognitive issues after discharge.

Dr. Hauck opted to perform a cerebral bypass to restore blood flow to the brain and reduce pressure on the collateral blood vessels. In open surgery, he dissected a 10-cm length of the superficial temporal artery and grafted it to the patient's middle cerebral artery, thereby increasing blood flow capacity. The patient responded favorably and was discharged a week after the procedure. Since then, she has resumed playing keno, a pastime she had abandoned after symptom onset, and her family told Dr. Hauck that she beats them on a regular basis.

Watch Dr. Hauck discussing his work and his role in the community.

**Telestroke saves time, time saves brain**

When it comes to heart attack, time is muscle. In the case of stroke, time is brain. With that in mind, PeaceHealth Oregon Region launched its new telestroke program this summer, linking emergency department doctors at Peace Harbor Hospital in Florence with Sacred Heart Medical Center at RiverBend's certified stroke center expertise, 24 hours a day, seven days a week.

Two weeks after the program went live, the first call for a neurologic consultation came in. An elderly man arrived at Peace Harbor's Emergency Department on Aug. 6 after sudden onset of decreased level of consciousness, right-side weakness, and slurred speech. Upon arrival, he ranked 15 on the NIH Stroke Scale, indicating a moderate to severe stroke.

Kathleen Wilken, MD, took the call at Sacred Heart at RiverBend. She performed an examination via the telestroke system's real-time, interactive audio/visual link and studied the patient's CT results. During the consultation, the patient began to improve, and Dr. Wilken reassessed him with an NIH Stroke Scale score of 8. The care team opted not to administer the clot-dissolving drug tissue plasminogen activator (tPA), and the patient was admitted for care at Peace Harbor. The next day he had returned to baseline. He was discharged to his care facility two days later.

Ray Englander, MD, Medical Director of Sacred Heart's Advanced Primary Stroke Center, said the telestroke system worked well, with no serious technical glitches. He said the case demonstrated that telestroke is a viable option for providing high quality stroke care to communities without certified stroke centers of their own.
"The idea behind all of this is to get stroke patients the most appropriate care in the most effective way possible, because time is brain," Dr. Englander said. "It's about making the right decision, and making it quickly."

View a telestroke demonstration.

**Primary care docs the missing link in cancer care**

Nine times a month, a multidisciplinary team of cancer care providers gathers at Sacred Heart Medical Center at RiverBend to discuss the hospital's most challenging cancer cases. These tumor board meetings are opportunities for physicians to discuss diagnoses, prognoses and treatment plans for complex cancer cases.

"We have incredible physician participation, which is a reflection of the amount of compassion and care they have for their patients," said Eileen Reynolds, Executive Director of the Oncology Institute at Sacred Heart at RiverBend. "People often think they have to go up to Portland to get this kind of care, but it's available right here."

All too often, however, a key player in patient treatment planning is missing: the primary care physician. Although primary care physicians are welcome and wanted at tumor board meetings concerning their patients, few attend, Reynolds said. Without them, the multi-disciplinary approach is incomplete.

Primary care physicians can provide vital information about a patient's medical history, including how likely they are to participate in particular treatment approaches. And while patients receive treatment at Sacred Heart for cancer, they may still have other medical needs relevant to the primary care provider. Participating in tumor board meetings also allows primary care physicians to contribute to and stay abreast of the patient's treatment plan in real time.

In 2009, about 500 cases were presented at tumor board, representing about 650 physician hours. At a recent meeting, a group of providers, including oncologists, radiologists, surgeons, and a nutritionist, discussed the case of a 75-year-old woman with a history of rectal cancer who was back with another mass and new liver lesions. A surgeon had already removed the rectal mass,
but what to do about the liver? The patient had received radiation therapy during initial treatment five years earlier; should she have it again?

The team examined tissue slides and CT scans from the case and discussed the patient's treatment options. Pelvic radiation and body radiosurgery, followed by chemotherapy? The group debated. Chemotherapy alone? More debate.

Ultimately, the group concurred with the decision of the patient's oncologist: First, try chemotherapy and see how well the patient tolerates it. Then reassess.

"It's not just the tumor that is discussed," Reynolds said. "It's the patient's needs, what's best for the patient. In developing a treatment plan, doctors account for things like transportation, family support and social support."

Primary care physicians who cannot attend in person can call in to meetings, which typically begin at 7 a.m. or 7:30 a.m. A tumor board calendar is available online (under Schedules/Communication). To refer a patient or arrange to participate in a tumor board meeting, contact Sylvia Clyma.

**More psychiatry beds for acutely unwell patients**

Sacred Heart Medical Center, University District's inpatient psychiatry service, the Johnson Unit, is better equipped to handle the community's most unwell patients after an extensive remodel this summer.

The remodel increased secure bed capacity within the unit, providing more space for people experiencing serious crisis.

"The goal was to provide increased access and capacity for the more acutely unwell patients that our inpatient unit is increasingly called upon to serve," said Bob Brasted, MD, Medical Director of the Johnson Unit. The unit has the same overall number of beds, but more are devoted to more acutely unwell patients. The remodel also improved safety standards.

For physicians, the process of referring patients through the Admissions Coordinator and medical staff will result in more rapid and efficient admission of appropriate patients. The remodel was designed with an eye toward more efficient use of physician and medical staff work time, as well as improved service to the community's most vulnerable and needy patients, Brasted said.

In addition, Behavioral Health Services is moving ahead with plans to expand and develop its telemedicine services. The department has successfully used telemedicine for night shift crisis evaluation of patients in the Sacred Heart at RiverBend Emergency Department by connecting doctors there with crisis workers in the University District Emergency Department. Work is under way to
expand the service regionally to provide telemedicine crisis services to Peace Harbor Hospital in Florence. The department is also developing outpatient tele-psychiatry services to be provided by PeaceHealth Medical Group psychiatrists and nurse practitioners to adults and youth in Florence.

**State approves plans for University District renewal**

The state of Oregon has approved PeaceHealth Oregon Region's plan to build a new hospital building on the University District campus in Eugene rather than pursue extensive renovations of the existing facility.

The planned construction will provide mission-critical services to the most vulnerable patients in the community.

The Oregon Public Health Division approved modifications to the Certificate of Need for Sacred Heart Medical Center, University District in July. The new plan calls for construction to begin in October 2011 and end in October 2014.

Under the new plan, four wings on the blocks bordered by Hilyard and Alder streets and 11th and 13th avenues will be demolished to make way for a new, 95,310-square-foot, three-story hospital building and 140 parking spaces.

As proposed, the rebuilt University District campus will continue to house the emergency department, general medicine, gerontology, palliative care, behavioral health and rehabilitative medicine. The campus will also serve as a hub for medical education and research.

Both the University District renewal project and the plans for renovating the Physicians & Surgeons Center--South building must be approved by the PeaceHealth Executive Team and PeaceHealth System Board later this year. "The transformation of the University District campus is vital to our long-term ability to serve our community and the wider region," Tim Herrmann, Regional Vice President for Hospital Operations.

The rebuild is expected to cost about $70.3 million, compared with the $89
A slow commercial construction market has driven down the price of building materials and supplies, lowering the cost of new construction.

**OHVI to release first quality report**

The Oregon Heart & Vascular Institute will soon release its inaugural quality report, detailing the quality and range of clinical care available at Sacred Heart Medical Center at RiverBend.

High points of the 2009-2010 Quality Report include:

- **National recognition.** In 2009, OHVI's cardiothoracic surgery program received a prestigious "3 star" rating from the Society of Thoracic Surgeons. Only 11.7 percent of 960 eligible hospitals received the rating, which denotes the highest category of quality.

- **Dramatic improvements in treating AMI patients.** At 2.06 percent, Sacred Heart's heart attack mortality rate is now among the very best in the country. Our mortality rate is roughly half that predicted for our population by the federal Centers for Medicare and Medicaid Services, and about a quarter of what it was six years ago.

The report will be available later this month on the OHVI website.

**CME Courses**

Continuing Medical Education offerings at Sacred Heart Medical Center at RiverBend

*All-Day, Half-Day Symposia*

**Sept. 10:** 20th Annual Women's Health Care Symposium, 8 a.m. to 4 p.m., Holiday Inn Springfield, 919 Kruse Way, Springfield. Keynote Speaker: William J. Watson, MD, Mayo Clinic, Obstetrics & Gynecology.

**Sept. 17:** Cardiovascular Symposium 2010, 7:30 a.m. to 4:35 p.m., Hilton Eugene & Conference Center, 66 E. Sixth Ave., Eugene. Lunch Speaker: Timothy Duy, PhD, Adjunct Assistant Professor and Director, Oregon Economic Forum, University of Oregon.

**Oct. 22:** Eating Disorders Conference, 9 a.m. to 1 p.m., Holiday Inn Springfield, 919 Kruse Way, Springfield. Keynote Speaker: Ovidio Bermudez, MD, Medical Director, Eating Disorders Program, Laureate Psychiatric Clinic and Hospital, Tulsa, Okla.

Register for a symposium (select CME from list at left).

*Medicine Grand Rounds*
Sacred Heart Medical Center at RiverBend, Conference Room 200A
(1 Category 1 AMA PRA credit™)

**Oct. 8**, 7-8 a.m.: Colin MacColl, MD, Oregon Bariatric Center
**Nov. 12**, 12:30-1 p.m.: Khuram Ameen, MD, "Pulmonary Hypertension"

**Pediatric Grand Rounds**
Sacred Heart Medical Center at RiverBend, Conference Room 200A, **all sessions 7:50-8:50 a.m.**
(1 Category 1 AMA PRA credit™)
**Sept. 13:** Case Conference
**Sept. 27:** Nathen Seldan, MD, OHSU, "Flat/Misshapen Heads: When to Refer, How to Image"
**Oct. 11:** George Wadie, MD
**Oct. 25:** Suman Malempati, MD
**Nov. 14:** Bob Nickel, MD

**Tumor Boards**
Sacred Heart Medical Center at RiverBend, Conference Room 200E
One hour CME credit for all tumor board meetings, excluding lymphoma. See cancer case conference calendar (under Schedules/Communication) for details.
Contact Treena Bell for more information.

**People**
Please welcome the following physicians, who are new to these practices

**Allergy & Asthma Center:** Justin S. Treat, DO.
**Neonatal Specialists:** Douglas T. Leonard, MD.
**Neuros spine Institute:** Carmina F. Angeles, MD.
**NightShift Radiology:** Susan A. Enlow, MD.
**Northwest Anesthesia Physicians:** Scott B. Myrick, MD; Stacie H. Oh, MD.
**Northwest Surgical Specialists:** Winnie W. Henderson, MD; Travis A. Littman, MD.
**Northwest Oral Maxillofacial and Implant Surgery:** Carlos M. Ugalde, DDS, oral surgery.
**Pain Consultants of Oregon:** Brian M. Starr, MD.
**PeaceHealth Medical Group:** Mariquita I.T. Belen, MD, family medicine; Sunil B. Jacques, MD, psychiatry; Joseph R. Thoits, MD, behavioral health; Molly H. Tveite, MD, internal medicine; Sandra K. Wu, MD, dermatology.

Send notice of new physicians to Rebecca Taylor.

To send this email to a friend, click here.