

## Statewide Health Information Exchange Will Mean Improved Ease in Getting Information for Physicians

**As the federal government continues to press for the adoption of electronic health information, states, health systems and hospitals are stepping up to the challenge. Already, Holy Cross Hospital is on the leading edge of this movement.**

The task is two-fold — to create integrated electronic health records (EHRs) and to establish secure ways to share those records in health information exchanges (HIEs) to improve health care quality for all. At Holy Cross Hospital, the Cerner Powerchart system is capturing electronic patient data for use within the hospital. Now Maryland has established the Chesapeake Regional Information System for our Patients (CRISP) to share electronic health care information throughout the state.

Holy Cross Hospital was one of the first Maryland hospitals to go online with CRISP, as of Sept. 30, 2010. The state selected Montgomery County as the site for a pilot project, and Holy Cross Hospital was the first of five county hospitals to upload clinical data. The remainder of the state's health care providers will be linked to the HIE by 2012. CRISP's mandate specifies connectivity among all state health care providers — hospitals, clinics, physician practices, pharmacies and ancillary service providers.



James Del Vecchio, MD, medical director, Emergency Medicine, pulls up a patient's lab report. Physicians will have access to this and other health information — such as test results, radiology reports, electronic reports and more — through CRISP, a secure, electronic statewide health information exchange that will give authorized medical providers throughout Maryland access to essential patient information.

"It's no accident that Holy Cross Hospital is the leader," says Blair Eig, MD, senior vice president and chief medical officer, Medical Affairs. "Through Cerner, our EHR is the most developed in the county and we've already sent information to the CRISP database. In addition, our parent system, Trinity Health, previously implemented programs like this in Michigan, Idaho and Indiana; so we have the benefit of their experience."

Some 90 pieces of essential clinical information are available from the Cerner system, including H&Ps, consults, discharge summaries, lab data and radiology results. Eventually, all of this data will be available through the HIE. Physicians will be able to

query the HIE database to find health care information about specific patients, send secure messages from their offices to hospital providers or other affiliated physicians, and prescribe medications. The system also can alert physicians when there are new results for their patients.

The intent is to securely share appropriate data to facilitate and integrate care, which will improve

If you are interested in incorporating EHRs into your practice, see page 3.

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# A Message from Blair Eig, MD, Senior Vice President and Chief Medical Officer



It is evident that technology plays a huge role in health care. As technology advances, so too does its use in the health care industry.

Today, robots can assist in optimizing the role of the surgeon in the operating room, radiological modalities can precisely pinpoint areas of the body for diagnosis or treatment and joint implants have become increasingly sophisticated. Many of the tools and medical equipment used today are a direct result of innovations in technology.

This edition of *Physician News* features another kind of technology that is aiding in the delivery of high-quality patient care – information technology.

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*“Holy Cross Hospital is excited about the future of technology and the seemingly limitless possibilities of advances that will surely take place.”*

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The cover story, “Statewide Health Information Exchange Will Mean Improved Ease in Getting Information for Physicians,” is about Holy Cross Hospital’s commitment to fully embrace the move toward a nationwide electronic health record system.

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*“Intended to increase efficiency, lower costs and avoid errors, the implementation of interconnected access to electronic health records is the way of the future and Holy Cross Hospital aims to be a leader in that movement.”*

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As a matter of fact, Holy Cross Hospital was one of the first Maryland hospitals to go online with the Chesapeake Regional Information System for our Patients (CRISP), which is a system designed to securely share electronic health care information throughout the state.

Intended to increase efficiency, lower costs and avoid errors, the implementation of interconnected access to electronic health records is the way of the future and Holy Cross Hospital aims to be a leader in that movement.

Check out pages 4 and 5 of the newsletter and you’ll see yet another new facet of recent technological development in information technology – virtual communication.

Leading the way for Holy Cross Hospital is Andrew Barbash, MD, medical director, Neuroscience, a national expert on the virtual care communications model. Dr. Barbash

is achieving great things in stroke care with its use. By using virtual communication, the neurologist, radiologist and Emergency Center physician all can access the CT or MRI scans for stroke patients online at the same time and can jointly review selected images together with other clinicians to provide the fastest, most efficient and highest quality diagnosis and treatment plan.

Holy Cross Hospital is committed to supporting a “virtual care” model for the future. So much so that a virtual care program has been created, which Dr. Barbash will lead along with a new virtual care project manager. The goal is to implement this virtual care model in as many specialties as possible.

Holy Cross Hospital is excited about the future of technology and the seemingly limitless possibilities of advances that will surely take place.

We hope you enjoy this edition of the newsletter. And remember, if you have any ideas about stories you’d like to see in the future or have a story to tell, we want to know about it. Check out the back page of this newsletter for information on how to contact us.

A handwritten signature in black ink, appearing to read 'Blair M. Eig, MD'.

**BLAIR M. EIG, MD**

# Statewide Health Information Exchange

Continued from page 1

health care quality, prevent medical errors and introduce efficiencies. In time, this will reduce health care costs and improve outcomes.

“Physicians can have accurate, up-to-date information on patients, no matter where they are seeing them,” Dr. Eig explains. “They can get the right information at the right place at the right time.”

For example, when an Emergency Center physician at Holy Cross Hospital refers a patient to a specialist on the Holy Cross Hospital medical staff or to a hospital clinic, the referral will come with a complete electronic file on that patient. Soon, that file will include the patient’s contacts with other Montgomery County hospitals. By 2012, the specialist or clinic will have access to the patient’s previous health care encounters at sites across the state.

“CRISP is more patient-centric than hospital-centric,” notes Heather Smith, director, Information Systems. “It will help us better meet the needs of our underserved population at our clinics.”

To establish a fully robust health information exchange, however, EHRs must be used everywhere. To that end, CRISP also works very closely with the Regional Extension Center (REC) for Maryland to help primary care practices incorporate EHRs.

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*Blair Eig, MD, Senior Vice President and Chief Medical Officer*

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Federal health care reform legislation has set forth incentives for EHR compliance and penalties for noncompliance. “They are using carrots and sticks to urge physicians to integrate EHRs,” Dr. Eig notes.

Working through designated vendors, the REC will help primary care providers

select the EHR system that best meets their needs, help implement the EHR, enhance clinical and administrative workflows to fully use the EHR’s potential to improve care, and comply with all patient privacy requirements. (See the chart below for eligibility criteria.)

The program offers financial incentives to participating practices for enrolling in the REC, implementing an EHR and establishing meaningful use for that EHR.

In the future, state information exchange highways will interface with each other,

creating a federal health information highway, to be called the National Health Information Network.

“We’re glad that we can be instrumental in helping Maryland build an effective electronic health information exchange system,” concludes Dr. Eig.

*For more information about electronic health records and the Health Information Exchange, please visit the CRISP website at [www.crisphealth.org](http://www.crisphealth.org) or call 410-402-9211.*

## Regional Extension Center (REC) Provider Eligibility

### Federal Criteria – Who are Priority Primary Care Providers

<b>Provider Credentials</b>	MD, DO, NP, CNMW, PA
<b>Provider Specialty</b>	Adolescent Medicine, Family Practice, Internal Medicine, OB, GYN, Pediatrics, Geriatrics
<b>Organization Type</b>	Private Practice (1-10 providers), Rural Health Clinic, Community Health Centers, Critical Access Hospitals, Public Hospitals, Other Underserved Settings

### What is CRISP?

The Chesapeake Regional Information System for our Patients (CRISP) is a secure, electronic statewide health information exchange (HIE) that will give authorized medical providers throughout Maryland access to essential patient information such as test results, lab reports, radiology reports, electronic reports, and more. CRISP also is Maryland’s Regional Extension Center, which provides primary care physicians with assistance for implementing electronic health records (EHRs).

### Why do we need a health information exchange?

A fully operational health information exchange will help you make more informed decisions about the care and treatment of your patients with accurate, up-to-date information. It also helps to eliminate repeated

testing, reduces the risk of adverse drug reactions, and minimizes errors caused by hard-to-read handwriting and transcriptions.

### Who created CRISP?

CRISP is a non-profit, community-run organization that has been formally designated Maryland’s statewide health information exchange by the Maryland Health Care Commission. CRISP has been developed by and for physicians, hospital systems, health insurers and privacy officers throughout Maryland. The state and federal government are promoting the creation of HIEs in a movement toward national standards for secure electronic exchange of health information.

Source: [www.crisphealth.org](http://www.crisphealth.org)

# Virtual Communication Assists in High-Quality Neurological Care

*It's 10:30 on a busy Saturday night in Holy Cross Hospital's Emergency Center. A call comes through; an ambulance is 10 minutes out. The paramedic reports, "We have a 68-year-old male, suspicious for stroke. Patient has loss of vision, loss of speech, weakness on right side. Wife reports sudden onset of symptoms at approximately 7 p.m."*

*The nurse notifies an Emergency Center physician, who activates the Stroke Protocol. The Stroke Team assembles to quickly assess the patient and take additional history from the family, who arrive several minutes after the patient. A room is prepared, a lab tech is paged and a stat CT scan is ordered to rule out a bleed.*

A year ago, the protocol called for the Emergency Center physician to contact an on-call neurologist by phone or pager after CT scans had been read. But today, advances in the practical use of everyday communication tools allows off-site neurologists (and others) to get involved even earlier in the process. This type of

real-time collaboration can take place before a hospitalization even occurs.

"Before, the Emergency Center physician normally made the initial determination whether there was a reasonable chance that the patient had had an acute stroke," says Andrew Barbash, MD, medical director, Neuroscience. "The Emergency Center physician has to answer a series of important questions. First, is this likely a stroke, a seizure or low blood sugar? Second, how severe is the deficit compared to the person's 'baseline.' And, finally, if the index of suspicion for stroke is sufficiently high, is tPA (a drug which restores blood flow and stops ischemic strokes, thus reducing its disabling effects) or other complex intervention indicated?"

But often, answering these questions is not straightforward. To help in this critical decision making, it makes perfect sense for the on-call neurologist to get involved much earlier in the process. This virtual consultation — available 24 hours a day, seven days a week, 365 days a year — streamlines care and decision

making, all of which benefits patients, physicians and family members.

"By saving time, we can save lives, save brain function, reduce unnecessary investigations, and develop an appropriate care plan more efficiently," Dr. Barbash says.

That's particularly important at Holy Cross Hospital, because it is designated as a Primary Stroke Center by both The Joint Commission and the Maryland Institute for Emergency Medical Services Systems.

James Del Vecchio, MD, medical director, Emergency Medicine, is a big supporter of the virtual care model.

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From his office at Holy Cross Hospital, Andrew Barbash, MD, medical director, Neuroscience, conducts a virtual checkup with his patient in Michigan.



“This program has the effect of giving us an in-house neurologist 24 hours a day, seven days a week,” says Dr. Del Vecchio. “We can have a virtual consult with a stroke expert about whether tPA is indicated. The sooner we can administer it, the better the patient responds. We’ve seen a lot of remarkable recoveries as a result.”

The support for virtual care doesn’t end there.

“We’ve seen significant benefits of having immediate access to medical expertise through virtual care consulting,” said Blair Eig, MD, senior vice president of medical affairs and chief medical officer. “The Holy Cross Hospital administration shares Dr. Barbash’s vision of the future possibilities of this technology and how it can be applied toward improving health care delivery for all patients, whether in the hospital, in our community care clinics, in nursing homes or even in the patient’s home. We are fully committed toward supporting the growth of the virtual care model.”

### **Here’s how the virtual care model works.**

The Emergency Center physician and/or nursing support staff can send a secure text to the on-call neurologist, alerting him or her that a patient is on the way to the Emergency Center with a possible stroke.

As information gathers, the two doctors consult by text message exchange, phone or even email — whichever is most practical. From that point, it is very simple to drop into a secure two-way video conference among the doctors, the nursing staff, the patient and the family caregiver, depending on the complexity of the situation. Because the neurologist, radiologist and Emergency Center physician have access to the CT or MRI scans online at the same time, they can jointly review selected images with other clinicians so that all involved are “on the same page.”

This early-on involvement has already made a difference to the care of stroke patients. Dr. Barbash reports that Emergency Center physicians’ comfort level for administering tPA increases dramatically when they are able to confer with neurologists.

“We’re very fortunate to have the opportunity for an emergency neuro consult. Their professional input is invaluable in making the determination to order tPA,” Dr. Del Vecchio notes.

### **Here’s who benefits.**

Everyone involved benefits from virtual consultation. Patients and families benefit from a timely neuro consult, and Emergency Center physicians benefit from the help of a neurologist in determining care. On-call stroke neurologists benefit because they can get involved from off site while still providing high-quality care. The hospital benefits because more neurologists are on call.

“This system is respectful of people’s time and personal efficiency,” Dr. Barbash notes.

Holy Cross Hospital is on the leading edge of this virtual consultation revolution – thanks to the willingness of the clinicians, nurses and support staff, under the guidance of Dr. Barbash – to innovate in order to advance the care process. In recognition of the value of this process, the hospital’s medical staff office has created a department of virtual care services that Dr. Barbash will be directing, along with a new virtual care project manager to help with implementation. The goal is to bring this model to many specialties and clinical contexts, both within and beyond the hospital or clinic settings.

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*“This system is respectful of people’s time and personal efficiency.”*

**Andrew Barbash, MD,  
medical director, Neuroscience**

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### **Here’s what it requires.**

This revolutionary way to practice specialty medicine requires no special training or equipment. Instead, it makes use of everyday laptops, Internet access, a simple webcam, and speakers or a headset, all of which connects users in real time. It also uses applications that are already part of the lexicon, such as Gmail for emailing, SMS texting, Google Talk for online chats, virtual video consult rooms for face-to-face consultations, and webinar tools for screen-sharing, conferencing and training sessions.

“We don’t need to spend huge amounts of money on complicated technology. Much of this is inexpensive, almost ‘off the shelf’ and very pragmatic and secure. We just figured out how to apply it to health care,” explains Dr. Barbash.

Dr. Barbash is so excited about the possibilities that he has established a Web portal called NowDox to educate health care professionals about the possibilities in virtual care. The site also links users to commercial applications that easily can be adapted to the requirements of medicine.

“NowDox is an education and support community that brings together the technologies that address the best ways for doctors to reach each other,” says Dr. Barbash. “My goal is to establish a broad network of people who know how to leverage technology to bridge all the traditional communication barriers and improve everyone’s efficiency and comfort levels.”

### **Here’s how you can get on board.**

- Sign up for a Gmail account at [gmail.com](http://gmail.com).
- Email Dr. Barbash at [abarbash@gmail.com](mailto:abarbash@gmail.com) to set up a time to talk.
- Check out [www.NowDox.com](http://www.NowDox.com) to learn more and to sign up for training.

# Japanese Surgeons Travel to Holy Cross Hospital to be Trained in Minimally Invasive Surgery

Japan may be known as a technology powerhouse, but that does not mean it has all the latest surgical tools and techniques. That's why two groups of Japanese orthopedic surgeons traveled to Holy Cross Hospital to learn how to perform minimally invasive surgery.

The first group of surgeons came to Silver Spring in October 2009, followed by another group in June 2010.

Orthopedic surgeon Philip Schneider, MD, medical director, Spine Center, used the services of Holy Cross Hospital's GATE Institute to conduct the courses. He performed a minimally invasive spinal fusion, while his Japanese colleagues watched in the operating room, or in an adjoining room where they could view the cameras and listen in. Several translators accompanied each group to facilitate education and conversation.

"We do a tremendous amount of minimally invasive surgery at Holy Cross Hospital and have for years," Dr. Schneider explains. "For the past decade, many surgeons have come to observe us and learn how to perform minimally invasive surgery through the GATE Institute."

Last year, Dr. Schneider traveled to the Erasmus University in the Netherlands to conduct a course for European surgeons. That's how the Japanese surgeons heard about his training sessions.

There are several reasons that some countries have been slower to adopt minimally invasive surgery techniques, Dr. Schneider explains. First, the equipment is expensive. "Many countries don't spend as much money on health care as we do," he notes.

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*“Minimally invasive techniques have long-term results that are at least as good as open procedures.”*

**Philip Schneider, MD, medical director, Spine Center**

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Another reason is cultural. Because minimally invasive techniques use special instrumentation and cameras, practice is required. In Japan, for example, practice on cadavers is not allowed. So the Japanese surgeons watched Dr. Schneider perform

several procedures one day and then worked in the cadaver lab the next day.

Surgeons come to Holy Cross Hospital once a month to learn minimally invasive orthopedic surgery with Dr. Schneider.

"Minimally invasive techniques have long-term results that are at least as good as open procedures," Dr. Schneider says. "You're spreading apart the muscles instead of cutting them, so there is much less muscle damage. That means less pain, less bleeding and faster recovery."

Dr. Schneider enjoyed his experience training Japanese surgeons. "They were interested in every single thing," he remembers. "They asked lots of questions."

## Minimally invasive surgical options

Surgeons at Holy Cross Hospital have applied the latest minimally invasive surgery technology to several areas of medicine.

- women's cancers such as uterine, ovarian and cervical
- common gynecological problems such as uterine fibroids and ovarian cysts
- spine and joint conditions
- urologic conditions, such as kidney blockages
- breast masses
- prostate cancer
- appendicitis, obesity and more

In June 2010, surgeons from Japan visited Holy Cross Hospital to be trained in minimally invasive surgery by Phillip Schneider, MD, medical director, Spine Center.



The GATE Institute at Holy Cross Hospital is a specialized, interactive training center that trains surgeons in cutting-edge surgical technology, including robotics. Its faculty members combine hands-on surgical training with telemedicine and videoconferencing to teach surgeons about the latest instrumentation and equipment in areas such as OB/GYN, orthopedics, neuroscience and general surgery. Since it opened in 1998, many surgeons from around the world have been trained at GATE.

For more information about the GATE Institute, call 301-754-7174.

# NEWS... YOU CAN USE

## Update on Flu Vaccination Program

Holy Cross Hospital has implemented a mandatory flu vaccination program for employees, volunteers, vendors and physicians.

"Patient safety is fundamental to Holy Cross Hospital's mission of serving the community, and we have implemented several initiatives to prevent hospital-acquired infections," said Blair Eig, MD, senior vice president and chief medical officer. "Yet, our flu vaccination compliance rate had been well below that of other hospitals in the state."

The Society for Healthcare Epidemiology of America views influenza vaccination of health care personnel as a core patient safety practice with which noncompliance should not be tolerated. It published a position paper on the subject in August 2010.

In a study of Maryland hospital flu compliance rates, those hospitals that neared 100 percent required annual influenza vaccination. Local hospitals that have implemented mandatory flu vaccination include Washington Hospital Center and Montgomery General Hospital.

Holy Cross Hospital's own Medical Executive Committee unanimously endorsed the mandatory flu vaccine approach. This flu season, 1,200 of our physicians have been vaccinated.

The health department reports that Maryland flu activity has moved from local to widespread. Also, the patient specimens from Holy Cross Hospital sent to the health department have matched the vaccine strains.

There has been an up-tick in the numbers of patients coming to the Holy Cross Hospital Emergency Center with signs and symptoms of the flu as well as the number of patients who have actually been admitted as an in-patient with rule-out flu.



Joyce Buckley, RN, administers the flu shot to Yancy Phillips, MD, vice president, Quality and Care Management.

## 2010 Holy Cross Hospital Gala

The 2010 Holy Cross Hospital Gala was a record-breaking success with nearly 700 attendees raising more than \$643,000 for Holy Cross Hospital's Community Care programs. The Holy Cross Hospital Foundation would like to thank the medical and dental staff for their continued and generous support.



From left to right: Amin Amini, MD, medical director, Neurosurgery; Gary Ward, vice president, Surgical Services and Materials Management; Nadia Hashimi, MD, Pediatrics; and Kevin Sexton, President and CEO, Holy Cross Hospital, at the Holy Cross Hospital Gala on Sept. 25, 2010, at the Marriott Wardman Park in Washington, DC.

Funds raised from the 2010 Gala will help to build our third primary care health center for uninsured adults as well as to continue to expand our innovative education and fitness outreach programs offered by the Community Health division. Through these programs, we provide access to high-quality health care and help to improve the health status of the most vulnerable and underserved in our region.

It is through the generosity of supporters like our physician community that Holy Cross Hospital is able to sustain vital services that otherwise would not be provided to such a wonderful extent. We thank the physicians who purchased sponsorships, tables and tickets for supporting our efforts to provide a continuum of care to those who need it most.

## Commission Approves Holy Cross Hospital's Expansion Plans

On Jan. 20, 2011, the Maryland Health Care Commission approved Holy Cross Hospital's plan to build a new hospital on the campus of Montgomery College in Germantown. The Commission also approved our proposal to build a new tower at the existing Silver Spring location.

These are significant achievements that, together with our physician partners, will help us meet the health care needs of our communities today and in the future.

Our planned six-story, full-service hospital on the Germantown campus of Montgomery College will meet the needs of the large and growing population by:

- providing more than 90 private rooms for adults requiring medical, surgical, obstetric or psychiatric care and eight private rooms for babies requiring care in our special care nursery
- extending the current teaching partnership with Montgomery College to train new nurses
- enabling the college to educate a new generation of health care workers

For more information visit [www.holycrosshealth.org/germantown.htm](http://www.holycrosshealth.org/germantown.htm).



This computer-generated model illustrates Holy Cross Hospital's planned facility in northern Montgomery County, which will improve access to health care for everyone and expand educational opportunities for people who are interested in health care careers.



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*Physician News* is an informative bimonthly publication for all members of Holy Cross Hospital's medical and dental staff. It is a forum to report news of interest to the medical staff, disseminate information about hospital activity and recognize the accomplishments of our practitioners. Its overall goal is to help foster and celebrate a sense of community among Holy Cross Hospital's diverse physician membership.

**Kevin J. Sexton**, President and CEO

**Blair Eig, MD**, Senior Vice President and Chief Medical Officer

**Andy Barbash, MD**, Physician Editor

**Diane Meyers**, Vice President, Communications and Marketing

**Nicole Leandro**, Managing Editor

If you have ideas or suggestions for future articles, please contact Nicole Leandro at leandn@holycrosshealth.org or 301-754-7141.

To be added to the mailing list, email leandn@holycrosshealth.org.

Holy Cross Hospital is a 454-bed, not-for-profit, faith-based, mission-driven teaching hospital. Holy Cross Hospital is a member of Trinity Health of Novi, Mich., one of the largest health systems in the country.

Holy Cross Hospital **recognizes the following health professionals** who have recently joined our medical and dental staff.

**Farah Z. Abdulsalam**  
Internal Medicine

**Rammy I. Alam**  
Anesthesia

**Kudiratu A. Aranmolate**  
Anesthesia

**Donny D. Ard**  
Physicians Assistant

**Negash Ayele**  
Internal Medicine

**Elizabeth Bayne**  
Nurse Practitioner

**Maria T. Defendini**  
Anesthesia

**Christopher Farnworth**  
Podiatry

**Terisa L. Flick**  
Pediatrics

**Michael Frank**  
Podiatry

**Francis Freisinger**  
Internal Medicine

**Terry M. Gilliland**  
General Surgery

**Kenneth Goldstein**  
Hematology

**Meredith L. Heltzer**  
Allergy & Immunology

**Sorana Hila**  
Nephrology

**Michael A. Isaacson**  
Urology

**Rae Kennedy**  
Obstetrics & Gynecology

**Hilary S. Koyanagi**  
Neurology

**Thaddeus I. Lancaster**  
Obstetrics & Gynecology

**Genea A. Lawrence**  
Obstetrics & Gynecology

**Dwayne A. Lay**  
Podiatry

**Alina Libster**  
Obstetrics & Gynecology

**Stella J. Lii**  
Obstetrics & Gynecology

**Rebecca F. Macejko**  
Physicians Assistant

**Gregory Mathews**  
Neurology

**Sami Mourad**  
Internal Medicine

**Mythili Murthy**  
Endocrinology

**Emeric S. Palmer**  
Internal Medicine

**Ashwini P. Pandit**  
Obstetrics & Gynecology

**Hadi S. Rassael**  
Surgical House Officers

**Rikkita L. Russell**  
Physicians Assistant

**Kaveh Sadeghi**  
Family Practice

**Chevonne T. Salmon**  
Family Practice

**Elizabeth A. See**  
Family Practice

**Lisa Shah**  
Internal Medicine

**Luis Telles-Hernandez**  
Physicians Assistant

**Tesfaye Tetemke**  
Internal Medicine

**Priya Vaidya**  
Physicians Assistant

