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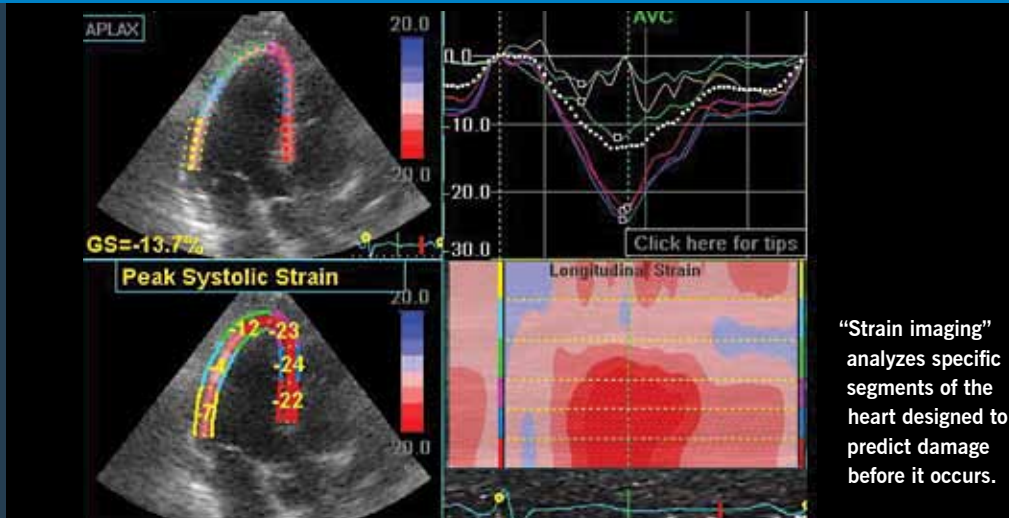
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## New Cardio-Oncology Center Created

Cleveland Clinic's Heart & Vascular Institute (HVI) and Taussig Cancer Institute (TCI) have created a new Cardio-Oncology Center focused on preventing or minimizing heart damage caused by chemotherapy and radiation. The new center is co-directed by HVI's Juan Carlos Plana, MD, and TCI's Thomas Budd, MD.

"There is always a chance that some cancer treatments can increase the risk of heart failure or cause the heart to weaken," says Thomas Marwick, MD, head of the Section of Cardiac Imaging. "We have sophisticated imaging technology to help us identify patients whose hearts may not be happy with cancer medication so we can take measures to prevent heart failure."

The imaging technology utilized is called "strain imaging" and it allows physicians to get a detailed analysis of specific segments of the heart in order to predict damage before it occurs. In a promising, small-scale study, strain predicted issues up to three months earlier than monitoring ejection fraction alone.

Not all patients undergoing cancer treatment experience heart damage. Those who should be considered for a consultation in the Cardio-Oncology Center include patients who have either already undergone chemotherapy and/or radiation therapy in the past and are presenting with symptoms of heart disease (such as weakness or fatigue, shortness of breath, swelling of the feet and legs, chest pains and irregular heart rhythm); or those who are newly diagnosed with cancer and also have, or are at risk for developing, heart disease. For these patients, the Cardio-Oncology Center team will develop an individualized strategy to minimize cardiotoxicity.

To learn more about the Cardio-Oncology Center, you can contact Dr. Plana at 216.444.5910 or [planaj@ccf.org](mailto:planaj@ccf.org). ■

## Physician Referral Hotline

24/7 hospital transfers or  
physician consults

**800.553.5056**

On the Web at [clevelandclinic.org](http://clevelandclinic.org)

### CANCER ANSWER LINE

a resource for cancer-related  
questions or appointments

**216.444.HOPE (4673) or  
866.223.8100**

## Services for Patients

### MEDICAL CONCIERGE

Complimentary assistance for  
out-of-state patients and families

**800.223.2273, ext. 55580**, or  
email [medicalconciierge@ccf.org](mailto:medicalconciierge@ccf.org)

### GLOBAL PATIENT SERVICES

Complimentary assistance  
for national and international  
patients and families

**001.216.444.8184** or visit  
[clevelandclinic.org/gps](http://clevelandclinic.org/gps)

## Services for Physicians

### REFERRING PHYSICIAN CENTER

For help with service-related issues, information about our clinical specialists and services, details about CME opportunities and more, contact us at [refdr@ccf.org](mailto:refdr@ccf.org), **216.448.0900** or **888.637.0568**.

### CRITICAL CARE TRANSPORT WORLDWIDE

Cleveland Clinic's critical care transport team and fleet of mobile ICU vehicles, helicopters and fixed-wing aircraft serve critically ill and highly complex patients across the globe.

To arrange a transfer for STEMI (ST elevated myocardial infarction), acute stroke, ICH (intracerebral hemorrhage), SAH (subarachnoid hemorrhage) or aortic syndromes, call **877.379.CODE (2633)**. For all other critical care transfers, call **216.448.7000** or **866.547.1467**.

### REQUEST FOR MEDICAL RECORDS

**216.444.2640** or **800.223.2273, ext. 42640**

### TRACK YOUR PATIENT'S CARE ONLINE

Our practice-tested **DrConnect** service elevates the team approach to a new level by giving you and your staff an instantaneous, comprehensive and secure online view of your patients' treatment progress while at Cleveland Clinic. With **DrConnect**, our specialty care becomes a seamless part of your practice, providing you added confidence when making decisions regarding the next step in your patients' care.

To get more information or to sign-up online, please visit [clevelandclinic.org/drconnect](http://clevelandclinic.org/drconnect) or call our **DrConnect** help desk at 216.738.5073 or 877.224.7367.

### REMOTE CONSULTS

Online medical second opinions from Cleveland Clinic's **MyConsult** are particularly valuable for patients who wish to avoid the time and expense of travel. Visit [clevelandclinic.org/myconsult](http://clevelandclinic.org/myconsult), email [eclevelandclinic@ccf.org](mailto:eclevelandclinic@ccf.org) or call **800.223.2273, ext. 43223**.

### OUTCOMES DATA

View the latest clinical Outcomes book from many Cleveland Clinic institutes at [clevelandclinic.org/quality/outcomes](http://clevelandclinic.org/quality/outcomes).

Stay connected to Cleveland Clinic:





## 24/7 Access to Advanced Neurosurgical Care for Pediatric Patients

Physicians and patients from near and far have direct access to the largest group of neurosurgeons for children in Ohio. This multidisciplinary team is dedicated to providing the best possible care to all pediatric patients with neurosurgical needs.

### AREAS OF EXPERTISE:

Cleveland Clinic's pediatric and congenital neurosurgery services were one of the first in the country to emphasize the continuity of treatment of pediatric problems into adulthood, treating congenital problems regardless of age.

### WE OFFER:

- Advanced pediatric epilepsy and epilepsy surgery program, widely regarded as the best in the world.
- Leading-edge hydrocephalus and shunt expertise
- Minimally invasive endoscopic neurosurgery
- Intra-operative MRI suite for tumor resection and other applications (IMRIS)
- A comprehensive multidisciplinary approach to the diagnosis and management of brain and spinal cord tumors
- Comprehensive Gamma Knife program for tumors and vascular malformations
- Complex pediatric and congenital spine and spinal cord disease expertise
- Deep brain stimulation (DBS) for dystonia
- Multidisciplinary Chiari, craniofacial and spasticity programs
- Stereotactic cranial and spine surgery

**Our pediatric and congenital neurosurgery team is available to assist referring physicians 24 hours a day, 7 days a week, offering timely communication with referring physicians to support ongoing patient care. Same-day or next-day appointments at Cleveland Clinic main campus are available; for an urgent referral or to speak with one of the pediatric neurosurgeons, call 216.636.1496 or 216.444.2200 and ask for the pediatric neurosurgeon on call. ■**

## Multidisciplinary Care for Children with Vasculitis

Unfortunately, children may be affected by rare and potentially organ- or life-threatening forms of vasculitis. The rarity of these childhood conditions has limited our understanding of the most efficacious approaches to treating childhood vasculitis.

However, at Cleveland Clinic our pediatric rheumatology team, including Andrew Zeft, MD, MPH, and Stephen Spaulding, MD, works within the Center for Vasculitis Care and Research. This onsite collaboration provides a breadth of expertise and allows for the delivery of expert care.

- Otolaryngologists specialize in the treatment of subglottic stenosis resulting from Granulomatosis with polyangiitis (GPA, aka Wegener's Granulomatosis).
- Vascular surgeons are experienced in managing stenotic or aneurysmal changes in vessels affected by medium (polyarteritis nodosum) and large vessel vasculitis (Takayasu arteritis).
- Neurologists are specialized in the diagnosis and treatment of primary brain vasculitis.
- Radiologists are expert in both noninvasive and invasive vascular imaging techniques required to carefully evaluate the extent of vasculitic disease.

**To refer a pediatric rheumatology patient, call 216.444.9000. ■**

## Geriatric Falls Clinic

The Geriatric Falls Clinic provides evaluation and follow-up for the treatment and prevention of falls. The multidisciplinary assessment includes screening of vision, medical conditions, polypharmacy, nutritional status, mental alertness, physical function, balance and strength. A summary letter will be provided to the patient and physician.

The Falls Clinic is advised for any elderly patient who has had a fall or fracture, has balance problems, or is at high risk for falls.

Clinical nurse specialist Anne Vanderbilt, MSN, CNS, CNP, will evaluate the patient's health issues, nutrition and living environment as related to falls.

A physical therapist will assess the patient's physical function, balance and strength and, if appropriate, recommend a physical therapy program tailored to the patient's needs. The patient can go to any Cleveland Clinic facility for physical therapy.

The team will generate a summary of recommendations for the patient and primary care provider and facilitate testing and referrals to other specialists, if needed. A follow-up appointment typically is requested in six weeks.

**To refer a patient to the Geriatric Falls Clinic, please call 216.444.5665 or 800.223.2273, ext. 45665. ■**



## DDI Establishes Collaborative Surgical Oncology Program

Cleveland Clinic Digestive Disease Institute's surgical oncology program is dedicated to offering high-quality multidisciplinary treatment of primary and metastatic tumors. Our program, which collaborates with experts from Taussig Cancer Institute, includes innovative treatment options including robotic surgery, hyperthermic intraperitoneal chemotherapy (HIPEC) and intraoperative radiotherapy.

Our surgeons have all been fellowship trained and are experts in treating gastric cancer, pancreatic cancers, metastatic colon cancer, appendiceal cancers, sarcomas and melanomas.

Among the state-of-the-art treatments offered, our robotic surgery program has successfully performed hundreds of procedures and is currently involved in training visiting surgeons from around the world. The tumors successfully treated utilizing minimally invasive techniques include pancreatic, gastric, adrenal, liver, spleen and melanoma.

Novel therapies, including ablation of unresectable pancreatic and other soft tissue tumors, are also being offered. This new therapy is used to treat tumors that may otherwise not be amenable to surgical resection. In addition, we utilize intraoperative and perioperative radiation therapy for the treatment of recurrent and primary intra-abdominal sarcomas.

DDI's surgical oncology program also houses established programs for the treatment of advanced tumors. The peritoneal carcinomatosis program is the region's busiest and treats patients from around the world. Treatment focuses on debulking surgery combined with HIPEC. This treatment option is indicated for patients with tumors of the appendix, colon, stomach, ovary, as well as peritoneal mesothelioma.

At our multidisciplinary surgical oncology clinic, patients can visit with specialists from surgical oncology, medical oncology, radiation therapy and plastic surgery during a single visit.

**To refer a patient to DDI's surgical oncology program, call 800.223.2273, ext. 44643. For more information or questions about the services offered, contact Dr. Chalikonda at 216.445.0056. ■**



## Bariatric Surgery Now Standard Treatment for Morbidly Obese Diabetic Patients

In March 2011, the International Diabetes Federation (IDF) issued a position statement upgrading bariatric surgery from an option to a priority for morbidly obese patients (BMI > 35 kg/m<sup>2</sup>) with type 2 diabetes mellitus (DM).

“The value of bariatric procedures in helping morbidly obese patients achieve glycemic control has been confirmed. It is time for metabolic surgery to be an accepted option, because diabetes in severely obese patients is often refractory to conventional therapy with insulin and oral agents, due to severe insulin resistance,” explains Philip Schauer, MD, Director of the Cleveland Clinic Bariatric and Metabolic Institute and a member of the IDF expert panel that authored the position statement.

The IDF statement also says that patients with a BMI of 30–35 kg/m<sup>2</sup> should be considered for surgery when hemoglobin A1c is > 7.5 percent despite optimal therapy, and particularly if weight is increasing or in the presence of other weight-responsive co-morbidities that are not achieving targets using conventional therapies, including hypertension, dyslipidemia and obstructive sleep apnea.

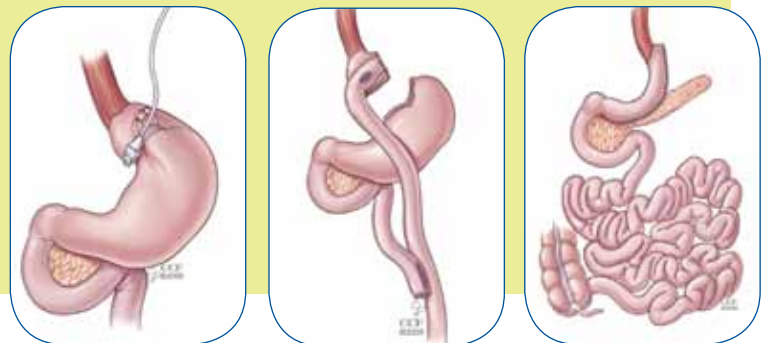
**To have patients evaluated for bariatric surgery at Cleveland Clinic’s Bariatric and Metabolic Institute, call 216.445.2224 or 800.223.2273, ext. 52224. ■**

### STAMPEDE II STUDY ENROLLING MORBIDLY OBESE PATIENTS WITH DIABETES

Cleveland Clinic is currently enrolling patients for the STAMPEDE II (Surgical Therapy and Medications Potentially Eradicate Diabetes Efficiently) study. The randomized, controlled trial will examine short- and long-term outcomes of advanced medical therapy versus advanced medical therapy combined with Roux-en-Y gastric bypass.

The effect of each approach on disease progression, complications and organ damage will be evaluated. Sixty men and women with type 2 diabetes are sought for the study. Candidates must be between 20 and 60 years of age and have a body mass index between 27 and 43 kg/m<sup>2</sup>.

**For more information about STAMPEDE II, call 216.445.3983 or visit [clinicaltrials.gov](http://clinicaltrials.gov). ■**



## Hearing Implant Program Expands to Meet Growing Demand

The Hearing Implant Program at Cleveland Clinic’s Head & Neck Institute has expanded significantly in the past year. We now have four cochlear implant (CI) surgeons and four CI audiologists, in addition to a well-established auditory-verbal therapy program. This expansion allows us to remain at the forefront of CI technology and deliver personalized hearing rehabilitation, including bilateral cochlear implants.

Bimodal and bilateral recipients may perform better in background noise, and binaural hearing is critical for sound localization. Binaural hearing also improves the sound quality of speech and provides more safety in a variety of environments. Many patients also take comfort in having a “backup ear” so that if their processor breaks or needs repair, they are not cut off from the hearing world.

Although simultaneous bilateral implant surgery is medically safe for most individuals, many patients start with one side, then eventually receive the second side. When CI was new, implants were generally placed in the poorer-hearing ear. Subsequent research has shown the patient’s better-hearing ear is often the best candidate for an implant and that individuals may gain greater word understanding from an implant on the second side, even years after the first.

**To refer patients to our Hearing Implant Program, call 800.553.5056. ■**

## Case Study: Why Emergent Evaluation is Critical for Lung Transplantation

By Marie Budev, DO

**PRESENTATION:** A 55-year-old male with no prior smoking history who recently underwent a video-assisted thoracoscopy (VAT) for evaluation of progressive interstitial infiltrates was emergently transferred from an outside hospital via Cleveland Clinic Critical Care Transport's fixed wing to the Cleveland Clinic for rapid evaluation for lung transplantation for severe hypoxemia due to progressive interstitial pulmonary fibrosis. Prior to this, the patient had been extremely active and it only had symptoms of a mild cough. He had recently seen his primary care doctor who diagnosed him as having bronchitis and treated him with antibiotics, steroids and inhalers. Shortly after initiating therapy, he began to have worsening dyspnea at rest and was admitted to an outside hospital for further evaluation. Subsequently, CT chest revealed extensive interstitial fibrosis with subpleural reticulation and honeycombing radiographically, consistent with the diagnosis of usual interstitial pneumonitis (UIP). The patient underwent a left-sided lung biopsy and shortly thereafter became hypoxic and was transferred to the medical intensive care unit where he was maintained on a high flow oxygen device. The patient also was treated with IV antibiotics steroids and did not improve. Forty-eight hours later, the decision was made to transfer the patient to Cleveland Clinic for emergent transplant evaluation for refractory hypoxemia due to his exacerbation of pulmonary fibrosis.

**EXAMINATION AND DIAGNOSIS:** Physical exam revealed a middle-aged male in severe respiratory distress on 100 percent high-flow mask with a respiratory rate of 44 breaths per minute. On auscultation, bilateral dry crackles were noted on inspiratory and expiratory excursion of the chest. He was also noted to have clubbing of both his fingers and toes on exam. Lung transplant evaluation was initiated on arrival. The patient underwent an emergent right and left heart catheterization, which yielded no evidence of coronary disease but presence of moderate pulmonary hypertension with a mean pulmonary artery pressure 50 mmHg. The patient's CT chest was reviewed, which was radiographically consistent with the diagnosis of UIP. Lung pathology from his VATS biopsy were also reviewed and were consistent with the diagnosis of UIP. Within 48 hours of arrival, the patient continued to decline and was intubated and maintained on mechanical ventilation with an FiO<sub>2</sub> 100 percent.

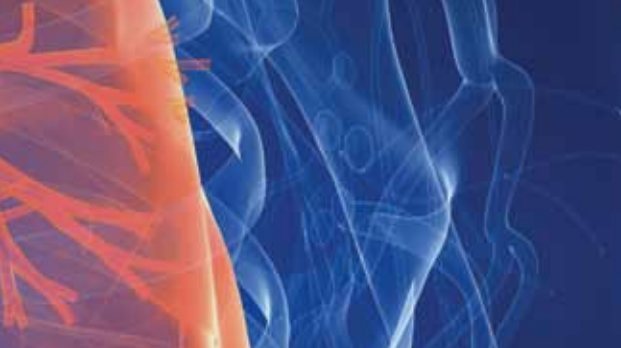
**TREATMENT:** The patient successfully underwent a sequential double lung transplant, bridged by mechanical ventilatory support, four days after he was transferred from an outside hospital to Cleveland Clinic.

**OUTCOME:** After two to three weeks, the patient was discharged from the hospital on no supplemental oxygen. Although the patient did have some side effects due to his immunosuppressive medications, he overall stated that his breathing and quality of life is significantly improved after the transplant.

**DISCUSSION:** Over the last three decades, lung transplantation has evolved to being considered standard of care for select patients with advanced and disabling lung disease. IPF now represents the leading indication for lung transplantation in the United States. Listing for transplantation should be considered when the lung disease has advanced to a disabling and potentially life-threatening stage. Although early referral to a transplant center is encouraged so that families as well as patient can familiarize himself with the transplant team and process, this may not always be possible in certain disease states – especially pulmonary fibrosis, which can progress at a rapid clinical trajectory leading to a potentially life-threatening stage, as with this patient. In this patient's case, ventilatory support was necessary to bridge the patient to lung transplantation when an appropriate organ became available. Ventilator dependence before transplantation has long been recognized as a risk factor for increased short-term post transplant mortality, although it does not appear to adversely impact outcomes beyond the first year. Transplantation of ventilator-dependent patients in the intensive care unit was previously discouraged, but the new lung allocation system in the United States has allowed transplant centers to reconsider this philosophy and assigned to a high lung allocation scores to patients that are maintained on ventilatory support as a bridge to transplant.

**Dr. Budev is the Assistant Medical Director of the lung and heart-lung transplant program at Cleveland Clinic.**

**To refer a patient for consideration for lung transplant or heart/lung transplant, please call our transplant coordinator at 216.444.8282, option 3. ■**



# Pipeline:

## Embolization That Preserves Vessel Integrity

Large or giant wideneck intracranial aneurysms that were once treatable only with open surgery and clipping, endovascular procedures or palliative care are now curable with a minimally invasive procedure. In April 2011, the U.S. FDA approved the Pipeline™ Embolization Device (PED), a flexible, fine-mesh stent that provides complete and lasting embolization by reducing blood flow to the aneurysm while reinforcing the vessel wall. Cleveland Clinic is one of the first U.S. institutions to perform this type of embolization.

The PED has many advantages over its predecessors. Its tubular mesh of cobalt chromium and platinum tungsten is woven so tightly that it can divert 85 percent of blood flow past the aneurysm, allowing the remaining blood in the aneurysm to clot and close it off. The fine weave makes the PED more flexible than previous stents, and it can be threaded through torturous vessel paths. Multiple PEDs can be telescoped, one through another, when extra length is required. Finally, the PED forms a scaffold upon which endothelial cells can grow. As the blood vessel heals, it grows over the mesh, further reinforcing the vessel wall.

PEDs incur fewer risks and provide better outcomes for large-aneurysm patients than conventional treatments. International success rates show 90 to 95 percent of aneurysms treated with PEDs completely resolved and non-recurring.

**To refer a patient to Cleveland Clinic Cerebrovascular Center, call 800.553.5056. ■**



### When transport is critical

Our transport team can begin treating a patient before arriving at one of our many facilities, thus improving the outcomes for many serious and complex conditions.

#### INSTRUCTIONS FOR TRANSPORT

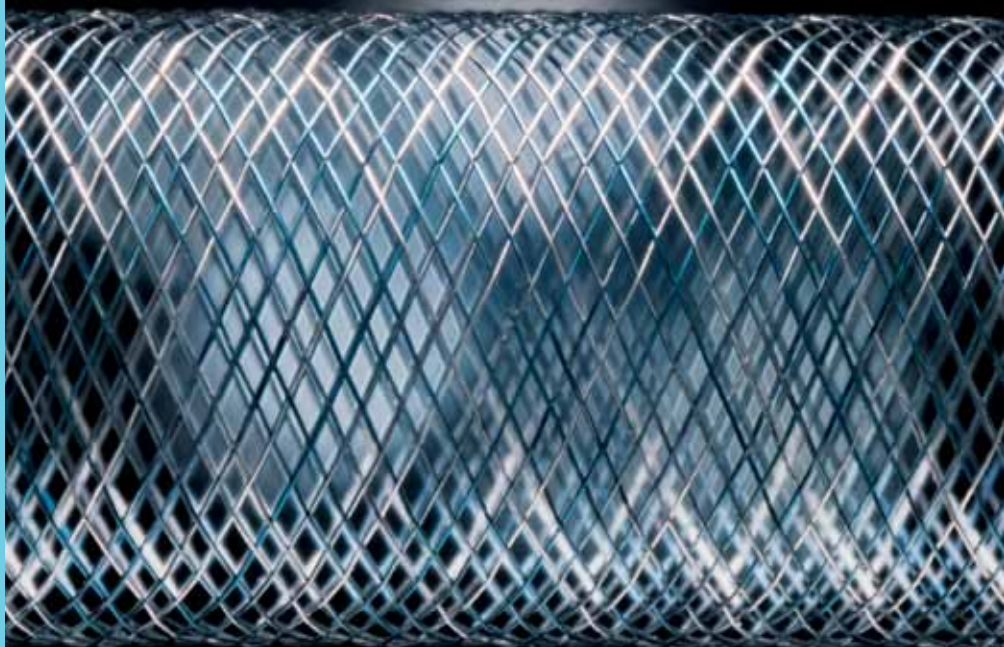
To transfer an adult or pediatric patient to Cleveland Clinic:

Acute transfers (acute stroke, STEMI, ICH, and aortic syndromes), call 877.379.CODE (2633)

Routine transfers, call 216.444.8302 or 800.533.5056

#### INFORMATION NEEDED:

- Patient name
- Date of birth
- Cleveland Clinic medical record number
- Insurance information
- Diagnosis and location of patient
- Need for telemetry
- If the patient has invasive lines, assistive devices or drip; if the patient is hemodynamically stable





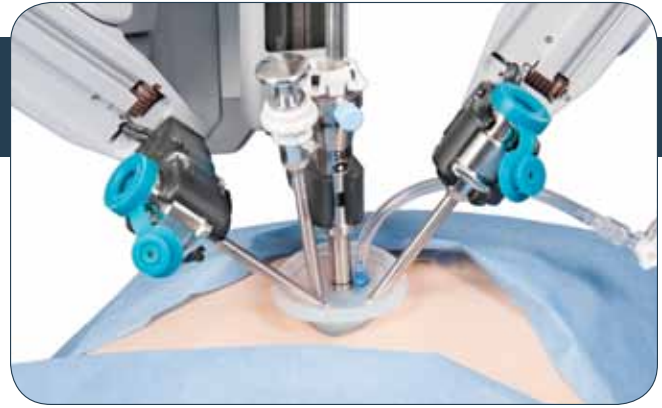
## Meet ViKy the Robot

An increasing number of gynecologic oncology patients at Cleveland Clinic now benefit from laparoendoscopic single site (LESS) surgery. Pioneered at Cleveland Clinic, the technique enables surgeons to use several robotic devices through a single incision in the patient's umbilicus.

Pedro Escobar, MD, was the first to use a voice-activated robotic camera. He wears a wireless earpiece and microphone to communicate with the camera, nicknamed ViKY.

"Laparoscopic surgery used to involve up to seven 5-millimeter incisions to accommodate the robotics. The ergonomics of the technology could be cumbersome for the surgeon because of wrist movements and discomfort," says Dr. Escobar, Director of Minimally Invasive Surgery and Robotics at Cleveland Clinic's OB/GYN & Women's Health Institute.

A 15-mm incision is made in the umbilicus and a multi-channel port is inserted, allowing the use of several robotic devices. Organs and tissues are removed through the patient's vagina.



da Vinci Single-Site Platform

LESS surgery helps alleviate the crowded conditions previously associated with laparoscopic surgery. Studies of LESS suggest improved postoperative pain profiles when compared to conventional laparoscopic surgery.

Women with more than two previous midline vertical laparotomies, a prior panniculectomy or who do not possess a native umbilicus, or who have a diagnosis of advanced malignancy may not be suitable candidates.

**To refer a patient for LESS, please call 800.553.5056. ■**

## AlignRT® Equipment Provides Precise, Immediate Patient Positioning

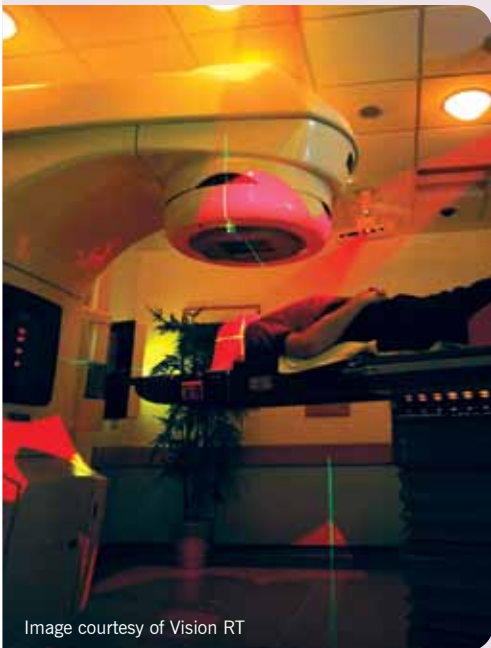


Image courtesy of Vision RT

Today, through the use of advanced Image Guided Radiation Therapy (IGRT), tumors can be imaged immediately prior to treatment, thus enabling the radiation oncologist to determine the tumor's exact location. There are a range of image guidance methods that have been developed for this purpose.

Cleveland Clinic uses Vision RT product AlignRT® to address the challenges of patient positioning and setup, patient motion during radiation therapy, and to facilitate the safe implementation of high end radiation delivery. The device can track the patient's 3-D surface in real time, and monitor patient movement, including that from respiration.

AlignRT uses 3-D imaging for patient setup and real-time tracking during radiation therapy, providing speed and accuracy, driven through a simple and intuitive user interface. This non-invasive system does not require the use of any markers and adds no further irradiation.

This new equipment augments the capabilities of traditional IGRT methods for certain setup procedures so that the patient can be tracked continuously through their real-time surveillance functionality following pre-treatment target localization.

**For more information, contact Rahul Tendulkar, MD, at 216.445.9869. ■**



## Special Delivery Unit and Adjoining Pediatric Cath Lab Created

Cleveland Clinic Children's Hospital has opened a Special Delivery Unit (SDU) at the main campus for deliveries complicated by serious maternal or fetal conditions. The SDU also adjoins a new, state-of-the-art Pediatric Cardiac Catheterization Laboratory.

Both the SDU and Cath Lab are key components of Cleveland Clinic's Fetal Care Center. In the center, maternal-fetal medicine specialists and neonatologists team up with pediatric surgeons and other specialists to offer diagnosis and management from initial consultation through delivery and the postpartum period. Advanced practice nurses provide families with continued support and coordinated services.

Fetal conditions that merit referral include abdominal wall defects, congenital heart defects, open neural tube defects, congenital diaphragmatic hernias, CNS lesions, kidney and urinary tract malformations, twin-twin transfusion syndrome, skeletal dysplasia, vascular anomalies and stroke. Maternal conditions that may merit referral include adult congenital heart disease, cancer and autoimmune disease.

Mothers requiring subspecialty expertise may benefit from delivery in the SDU whether they are managed through our Fetal Care Center or elsewhere. Our Maternal-Fetal Medicine team understands the bond between mothers and Ob/Gyns and strives for close contact with referring physicians.

### FACILITIES EQUIPPED FOR EVERY NEED

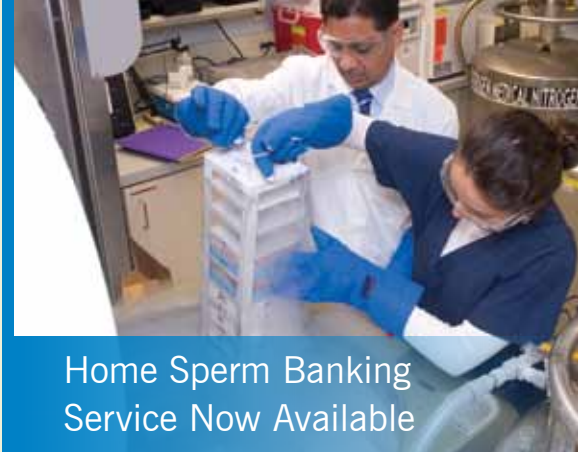
The SDU has a labor and delivery suite, an OR for C-sections, and an advanced newborn resuscitation and treatment room.

The new adjoining Pediatric Cardiac Catheterization Lab offers immediate lifesaving intervention for newborns with hypoplastic left heart syndrome, transposition of the great vessels and pulmonary atresia. State-of-the-art minimally invasive Pediatric Surgical Suites across the hall from the SDU allow emergency procedures to be performed shortly after birth.

A Level III Neonatal ICU provides 24/7 coverage by in-house neonatologists who utilize evidence-based care, including therapeutic hypothermia, nutritional support, continuous EEG monitoring, advanced ventilation modes (including ECMO), and family-centered multidisciplinary rounds.

Neonatal Neuro-Intensive Care is available for newborns with intractable seizures, neurometabolic disease, neuromuscular disorders, hypoxic ischemic encephalopathy and other neurological/neurosurgical problems.

**To refer patients to the Fetal Care Center, please call 216.444.9706 or 866.864.0430. For emergency transfer of mothers with ST-elevated MI, acute stroke, intracerebral or subarachnoid hemorrhage or aortic syndromes, call 877.379.CODE (2633). For all other transport, call 216.444.7000 or 866.547.1467. ■**



## Home Sperm Banking Service Now Available

All of Cleveland Clinic's endeavors focus on putting the patient first. In keeping with this long-established tradition, the Andrology Laboratory recognizes that many patients may view sperm banking as a personal and private activity.

The Andrology Lab and Reproductive Tissue Bank has established the new and novel NextGen™ Home Sperm Banking Service. Individuals opting for this service will receive a specially-designed NextGen sample-collection kit that is delivered with instructions. Home collection alleviates the anxiety that may accompany giving a sample in a clinical setting. This program is ideal for men with cancer or underlying subfertility; pre-vasectomy patients who may want to cryopreserve in advance of their vasectomy; men with a desire to insure potential future fertility and military personnel going on long-term deployment.

Cleveland Clinic also offers sperm collection at its Reproductive Tissue Bank in the Glickman Urology and Kidney Institute on Cleveland Clinic's main campus.

**Physicians and patients can call 1.866.922.6546 (866.9BANKIN) Monday through Friday between 7:30 a.m. and 4 p.m., ET, to speak with a specialist about the NextGen Home Sperm Banking Service. ■**

## Introducing the Cleveland Clinic Richard E. Jacobs Health Center in Avon

A new 190,000 square-foot, full-service healthcare facility is opening in Avon in December 2011. This project is an example of Cleveland Clinic's commitment to providing convenient, high-quality medical care and to working closely with local physicians to meet the healthcare needs of Avon and surrounding communities.

The state-of-the-art Cleveland Clinic Richard E. Jacobs Health Center will include a 24-hour emergency department (opening in 2013), a pharmacy, an on-site laboratory and full conference facilities. Four operating rooms, four procedure rooms and 23-hour overnight stay capabilities will round out the facility. Besides primary care, services will range from allergy to vascular surgery.

Cleveland Clinic Richard E. Jacobs Health Center is located at I-90 and Lear Nagle Road in Avon. Same-day appointments are available.



Your patients can make an appointment by calling 440.695.4000 or 800.274.2009. Learn more at [clevelandclinic.org/avon](http://clevelandclinic.org/avon). ■

## Cleveland Clinic Stephanie Tubbs Jones Health Center Opens in East Cleveland



Cleveland Clinic is proud to invest in East Cleveland with the new \$25 million, three-story, 50,000-square-foot Cleveland Clinic Stephanie Tubbs Jones Health Center. The outpatient health center, dedicated to the memory of the congresswoman whose life was distinguished by good works and community service, opened Oct. 3, 2011.

With the center, located at 13944 Euclid Ave., Cleveland Clinic combines healthcare, financial and social services in one location for the first time. Primary care (including Ob/Gyn care, midwifery and pediatrics) and specialty care (ranging from endocrinology to diabetic ulcer/wound care) will be provided. The center includes its own pharmacy, laboratory and imaging services.

### OTHER SERVICES INCLUDE:

**Chronic disease care.** The center offers treatment for chronic kidney disease, prekidney transplant assessments, a Congestive Heart Failure Clinic, a Coumadin Clinic, diabetes education and an Outpatient Dialysis Center run by the Ohio Renal Care Group.

**Prevention and wellness services.** A teaching kitchen and nutrition program, wellness and lifestyle enhancement programs, community

programs and a meeting room are on-site.

**Behavioral healthcare.** Medication management, and outpatient substance abuse and mental healthcare are provided by Recovery Resources.

**Navigation Center.** This unique service helps adults and teens access social workers, financial counselors, appointments, follow-up care and transportation.

**Cleveland Clinic will transport patients free from the center to our main campus, Euclid, Hillcrest and South Pointe hospitals or other facilities for further specialty care or overnight stays. For transportation information, call 216.761.6909. To refer a patient or for more information, call 216.761.4242. ■**

## Coming Events

CME Opportunities: Live and Online – Cleveland Clinic's Center for Continuing Education's website, [ccfcme.com](http://ccfcme.com), offers convenient, complimentary learning opportunities, from a virtual textbook of medicine (Disease Management Project) and a medical newsfeed refreshed daily to myCME, a system for physicians to manage their CME portfolios. Many live CME courses are hosted in Cleveland, an economical option for business travel.

### 14th Annual Pain Management Symposium

Jan. 21-25, 2012

M Resort  
Las Vegas, Nevada

Register at [ccf.cme.org/pain12](http://ccf.cme.org/pain12)

### 15th Diastology and New Echo Technologies Summit

Featuring Heart Valve and Contrast Echo Mini Symposium

Feb. 22-25, 2012

Harbor Beach Marriott  
Fort Lauderdale, Florida

Register at [ccfcme.org/echo12](http://ccfcme.org/echo12)

### Advances in B Cell Biology: RA, SLE, and Vasculitis

Feb. 18, 2012

Gainey Ranch Golf Club  
Scottsdale, Arizona

Register at [ccfcme.org/bcell12](http://ccfcme.org/bcell12)

### Palliative Medicine and Supportive Oncology: The 15th International Symposium

Feb. 23-25, 2012

Key Largo Marriott  
Key Largo, Florida

Register at [ccfcme.org/pm2012](http://ccfcme.org/pm2012)



## From Promise to Practice: EHR Study Features Northeast Ohio Providers and Patients

During the past year, Ohio's Regional Extension Centers, a public/private partnership charged with providing electronic health record (EHR)-related decision support services to physicians in private practice, reported adoption rates that were among the best of any state program in the country. And, as of the last day of August 2011, more than 550 Cleveland Clinic physicians (including several regional physicians in private practice who use the MyPractice Community electronic medical record system), had successfully attested to "meaningful use" compliance.

Given Ohio's leadership position in EHR adoption, it may come as no surprise that northeast Ohio physicians, hospitals, and public and private organizations (all part of Better Health Greater Cleveland, an independent, not-for-profit program begun in 2007 under the Robert Wood Johnson Foundation's "Aligning Forces for Quality" initiative) were quick to collaborate in an effort intended to begin illuminating the impact an EHR may have on patient care.

As part of a "special article" titled, "Electronic Health Records and Quality of Diabetes Care," which appeared in the Sept. 1, 2011 *New England Journal of Medicine*, an analysis of reported data for 27,207 diabetic adults (18 to 75 years of age) seen at 46 regional practices (569 providers) associated

with seven care organizations between July 2009 and June 2010 indicated that the achievement of composite standards for diabetes care and outcomes were both higher for patients treated at practice sites that used an EHR system than at those achieved by patients treated at paper-based sites.\*

With so much EHR-related work being done by local and regional clinicians and their partners, it is becoming increasingly apparent that a significant portion of the map that will describe America's healthcare future could well be drawn right here in Ohio.

**To find out how the MyPractice Community electronic medical record system can work for your private physician practice, please call 216.738.4617, or visit [clevelandclinic.org/mpc](http://clevelandclinic.org/mpc). ■**

\* Cebul, RD, Love, TE, Jain, AK, Hebert, CJ. Electronic Health Records and Quality of Diabetes Care. *N Engl J Med* 2011;365(9):825-33.

