Medical Economics magazine recently recognized Cleveland Clinic as a “Clinical Center of Excellence in Infertility.” Cleveland Clinic was one of only eight hospitals in the country to receive this distinction.

And now, patients at the newly opened Cleveland Clinic Fairview Infertility Center have full access to all the infertility and ancillary services available at Cleveland Clinic's main campus and Beachwood Family Health and Surgery Center, including dedicated and experienced infertility nurses, mental health professionals, acupuncture and radiology services, and a state-of-the-art in vitro fertilization laboratory.

The new center, which is a joint venture between the Center for Male Fertility in the Glickman Urological & Kidney Institute and the Section of Reproductive Endocrinology and Infertility in the Ob/Gyn & Women's Health Institute, offers all infertility treatments, including:

- ovulation induction,
- intrauterine insemination,
- male and female reproductive surgery, and
- all aspects of in vitro fertilization such as intracytoplasmic sperm injection; percutaneous epididymal sperm aspiration; testicular sperm extraction; donor gametes and gestation carriers; and cryopreservation of sperm, oocytes and embryos.

The center is supported by a full-service on-site andrology laboratory that performs semen analyses and sperm washes for intrauterine insemination.

The Cleveland Clinic Fairview Infertility Center is located in the Fairview Medical Office Building, Suite 212, at Fairview Hospital. To schedule a consultation for your female or male patients, please call 216.671.0380. To order a semen analysis, please call 216.444.8182.
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, or 216.448.0900 or toll-free 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 216.444.8302 or 800.553.5056.

**REQUEST FOR MEDICAL RECORDS**

216.444.2640 or toll-free 800.225.2273 ext. 42640

**TRACK YOUR PATIENT’S CARE ONLINE**

DrConnect offers referring physicians secure access to their patient’s treatment progress while at Cleveland Clinic. To establish a DrConnect account, visit clevelandclinic.org/drconnect or email drconnect@ccf.org.

**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, email eclevealndclinic@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.

Stay connected to Cleveland Clinic:
New Procedure Addresses Cancer of the Peritoneal Cavity

Cancer of the peritoneal cavity that originates from primary colorectal cancer, ovarian cancer, gastric cancer, appendiceal cancer, mesothelioma and peritoneal carcinomatosis has been virtually incurable. For patients diagnosed with stage IV peritoneal carcinomatosis, survival is approximately four months.

Surgical therapy is producing promising results for some patients. Cytoreductive (Debulking) Surgery (CS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) are aggressive treatments that have been shown to increase life expectancy for well-selected patients with advanced abdominal cancers.

"Recently, a series of research studies have shown clear benefits for patients who have undergone CS and HIPEC surgeries," says Cleveland Clinic hepato-pancreato-biliary and transplant surgeon Sricharan Chalikonda, MD, who performs approximately four CS and HIPEC surgeries every month. "For the right patients, we are starting to see survival rates increase by years."

CS is a complicated surgical procedure that takes 10 to 12 hours to perform. It involves the destruction and/or resection of visible tumors within the peritoneal cavity. Depending on the size and location of the tumors, the procedure also may involve the partial resection of various viscera, such as the small bowel, large bowel, spleen and uterus.

Removing all visible tumors is crucial to the patient’s prognosis for long-term survival. The patient’s survival also depends on the volume of tumors within the abdomen and the aggressiveness of the carcinoma. The patient’s survival outlook decreases when all tumors cannot be eradicated or resected, unless they are less than 2.5 millimeters.

HIPEC facilitates the destruction of very small tumors that cannot be seen by the surgeon. HIPEC also eliminates cancer cells that may be hiding or those that may have been released during resections of visible tumors or when portions of visceral organs have been removed. The HIPEC procedure involves placing special catheters in the patient’s abdomen. Once the chemotherapy agent is heated to 42° C, it is distributed into the abdomen through the catheters for 100 minutes.

"HIPEC enables us to deliver higher concentrations of the chemotherapy agent into the peritoneal cavity, which facilitates the destruction of remaining cancer cells,” explains Cleveland Clinic gynecologic oncologist Pedro Escobar, MD, who operates with Dr. Chalikonda on gyn cases.

HIPEC causes fewer side effects than IV chemotherapy because of the peritoneal plasma barrier, which prevents the high concentrations of the chemotherapy solution from invading the bloodstream.

Patients who may be candidates for CS and HIPEC are those with stage IV cancer that is confined to the abdomen with no evidence of hematogenous spread of the disease. Other factors include comorbidities, the type of cancer, surgical history and the patient’s overall physical strength to withstand the CS and HIPEC procedures.

To make a referral or for more information, please contact Dr. Chalikonda at 216.445.0053 or Dr. Escobar at 216.445.8486.
Referring Physician Center Opens

Cleveland Clinic has established a full-service Referring Physician Center to streamline access to our medical specialists and services for referring physicians and their office staffs. Our goal is to make it as easy as possible for you and your patients when you entrust us with their care.

The staff in the new Referring Physician Center will:

- Maintain current physician contact information and record your preferred method of communication
- Assist you and your staff in the resolution of any service-related issues
- Provide up-to-date information about our clinical specialists and services
- Provide information to you regarding CME opportunities

“We know that our referring physicians have a number of options when sending patients for specialized care. We established this center to ensure that our service to this important group of colleagues matches the quality of care we extend to their patients,” says Referring Physician Center Medical Director J. Stephen Jones, MD.

Please let us know how we can assist you and your staff at refdr@ccf.org or by calling 216.448.0900 or 888.637.0568.

Epilepsy Monitoring Unit Expands

Cleveland Clinic’s internationally recognized Epilepsy Center has expanded its epilepsy monitoring units to improve access for you and your adult or pediatric patient.

The Adult Epilepsy Monitoring Unit now includes 14 beds and the Pediatric Unit has 10 beds. Our experienced team monitors in excess of 600 adults and 500 children each year. Both of our monitoring units operate around the clock, are staffed with dedicated nursing and technical personnel, and are equipped with the latest, most innovative technology.

We’ll See Your Patient Promptly

If two or more anticonvulsive medications have not been effective for your patient, a confirmation of the epilepsy diagnosis and a surgical evaluation may be indicated. In this case, one of our expert epileptologists will see your patient in 24 to 48 hours. We’ll expedite admission to the appropriate monitoring unit to accurately diagnose seizure problems and design the best possible treatment plan.

For more information on our Epilepsy Center monitoring units, please visit clevelandclinic.org/epilepsy.

To refer to the Epilepsy Center, call 866.588.2264 or email epilepsy@ccf.org.
The center for Geriatric medicine serves as an umbrella for geriatric learning, research and clinical activities throughout the Cleveland Clinic health system’s nine hospitals and 15 family health centers. The center serves as a resource to guide hospitals with their geriatric activities including protocols for falls and delirium. Tools available through Cleveland Clinic’s electronic medical record enable coordination of nursing assessment. Metrics for cognitive and physical function are common to all care sites, which facilitates harmonization of practice and improved quality of care throughout the system. The center for Geriatric medicine will develop common protocols for managing geriatric problems and will maintain a centralized listing of geriatric resources throughout the system, such as locations of driver evaluations, neurological rehabilitation, geriatric oncology, etc. Current plans include the addition of new outpatient geriatric assessment offices throughout the region.

The Center for Geriatric Medicine includes family medicine and internal medicine physicians with specialty certification in geriatrics based at the main campus, as well as several hospitals and family health centers throughout the system including the Weston and West Palm Beach Cleveland Clinic facilities. A family physician/geriatrician is the medical director of Cleveland Clinic Home Care and runs the mobile physician (house call) service. The care team also includes psychiatrists and pharmacists with geriatric certification. Several system emergency department specialists have grants to study geriatric health in that setting. Multiple specialists, including cardiologists, gynecologists, urologists, neurologists, neurosurgeons and orthopedists, focus on problems that are prevalent in the older population. Therapists who specialize in problems common to geriatric patients, such as cognition, swallowing disorders, incontinence, osteoporosis, balance and others, support the Center for Geriatric Medicine.

To refer a patient to the Center for Geriatric Medicine, please call 216.444.8091.

Cleveland Clinic’s new Center for Geriatric Medicine is moving to expanded and renovated space at 10685 Carnegie Ave. on main campus in the fall. The 11,000-square-foot building is notable for its accessibility, with close-in patient parking in the front and a check-in desk near the outside door. Elders with or without mobility difficulties will be accommodated with side hallways, accessible restrooms and large examination rooms that have space for the patient and up to two family members. A quiet consultation room will offer privacy for patient and family counseling and education. The first floor includes 12 exam rooms, an on-site laboratory, a Coumadin Clinic and a library.

clevelandclinic.org/rounds

Geriatric Services Expand
one call to this dedicated line immediately launches a flight — with no delay-causing dispatch protocols.

“what really matters is not how far away the patients are, but how quickly patients can be transported to cleveland clinic to undergo appropriate interventions that can save their lives,” says cleveland clinic cardiologist venugopal menon, md, who helped develop the critical care Transport team.

“Two of the most common emergency issues we encounter are when patients experience an sT-segment elevation myocardial infarction or an acute aortic dissection,” dr. menon explains.

“The mortality rate for these critically ill patients is highly dependent on time to definitive treatment. By expediting transfer to our campus, we ensure that our patients and referring physicians have 24/7 access to potentially lifesaving interventions.”

Cleveland Clinic’s Critical Care Transport team has a dedicated line for acute transfers. To arrange transfer for STEMI (ST elevated myocardial infarction), acute stroke, ICH (intracerebral hemorrhage), SAH (subarachnoid hemorrhage) or aortic stroke, call 877.379.CODE (2633).

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Cleveland Clinic’s Critical Care Transport team is ready to respond 24/7 to just about any 9-1-1 call, from anywhere in the world. Our transport team can start tertiary care during transfer to one of our many facilities, thus improving the outcomes for many serious and complex conditions.

For all other transfers, call 216.444.8302 or 800.533.5056

When calling the Critical Care Transport team, have the following information ready: patient name; date of birth; insurance information; diagnosis and location of the patient; need for telemetry; if the patient has invasive lines, assistive devices or drips; and whether or not the patient is hemodynamically stable. ■
Now Recruiting for Incontinence Study

Recruitment is under way for a study comparing anticholinergic medicines and Botox injection for the treatment of urinary symptoms in women with urge incontinence or overactive bladder. Participation will last six to 12 months.

The study, sponsored by the Pelvic Floor Disorders Network (PFDN), seeks women who are 21 years of age or older, experience leakage two or more times per day; and who may have tried other treatment for overactive bladder including anticholinergic medicines. Participants will undergo a physical examination and bladder testing prior to enrollment. Cleveland Clinic is one of 10 sites involved in the study, called the ABC Trial.

To learn more about the ABC Trial or to refer a patient, call Ly Pung, RN, at 216.445.2494 or email pungl@ccf.org.

Pain Management Specialists Offer New Treatment for LSS Patients

The MILD (minimally invasive lumbar decompression) procedure is now available for lumbar spinal stenosis patients who are no longer responsive to medication or epidural steroid injections but are not yet candidates for open decompression or fusion surgery.

The image-guided procedure is minimally invasive, performed through a small portal in which the stenotic spinal canal is opened by resecting a small portion of the ligamentum flavum. The patient remains awake during the one-hour procedure with a local anesthetic.

Benefits to the patient include less scarring and quicker recovery time. Based on initial clinical experience, MILD patients experience more than 70 percent improved mobility and 75 percent less pain on average.

Cleveland Clinic specialists Nagy Mekhail, MD, PhD; Leonardo Kapural, MD, PhD; and Jianguo Cheng, MD, PhD, from Pain Management are trained in the MILD procedure.

To refer a patient with lumbar spinal stenosis for evaluation for the MILD procedure, call 216.444.PAIN (7246) or 800.392.3353.
FMD Clinic Helps Patients Get the Right Diagnosis

People who live with fibromuscular dysplasia (FMD) often are frustrated and misunderstood. Many people with FMD do not present with symptoms, and there is little information available to the general public.

"Many doctors have never heard of FMD or will never see an FMD patient in their practice," says Heather Gornik, MD, a vascular medicine specialist and cardiologist in Cleveland Clinic’s Robert and Suzanne Tomsich Department of Cardiovascular Medicine. “It is often misdiagnosed. Patients become very anxious.”

FMD is a rare disorder characterized by abnormal cellular growth in the walls of the medium and large arteries. It can lead to aneurysms and narrowing and tears in the arteries. It is most common in women ages 30 to 50, but it also may occur in children, the elderly and men. Because it is so rare, physicians often mistake it for essential hypertension, migraine headaches, or emotional or anxiety problems.

Dr. Gornik has long had an interest in FMD, as has Cleveland Clinic, where some of the original FMD research was conducted in the 1950s. She was introduced to the Fibromuscular Dysplasia Society of America in 2008, which led her to create the FMD Clinic at Cleveland Clinic, believed to be the first of its kind.

Opened in 2009, the clinic takes a multidisciplinary approach to treating patients. Dr. Gornik; John R. Bartholomew, MD, Section Head of Vascular Medicine; and Soo Hyun (Esther) Kim, MD, consult with specialists in interventional cardiology, vascular surgery, nephrology, genetics and neurology. Patients also can visit Leo Pozuelo, MD, FACP, Section Head of Consultation Psychiatry, to discuss quality-of-life issues.

Patients can receive effective treatments, including medications to control blood pressure and prevent blood clots, and balloon angioplasty to treat narrowed arteries using intravascular ultrasound to guide the procedure. Surgical reconstruction also is available in the most severe cases of FMD, where angioplasty has failed. A research arm of the FMD Clinic is enrolling patients in an FMD registry, sponsored by the FMD Society of America, aimed at gaining more knowledge of the disease.

To refer a patient to the FMD Clinic, call 216.444.3689.
New Staff

David Frid, MD
Sections of Preventive Cardiology and Clinical Cardiology
Miller Family Heart & Vascular Institute

**SPECIALTY INTERESTS:**
primary and secondary prevention of cardiovascular diseases

**PHONE:**
216.445.2332

Kenneth Greene, MD
Department of Orthopaedic Surgery

**SPECIALTY INTERESTS:**
primary and complex total hip and knee replacements

Dr. Greene sees patients at the Brunswick Family Health Center and Medina Medical Office Building.

**PHONE:**
216.445.0096

**EMAIL:**
greenek2@ccf.org

Fadi Khoury, MD
Department of Obstetrics & Gynecology

**SPECIALTY INTERESTS:**
maternal fetal medicine

Dr. Khoury sees patients at Fairview Medical Center.

**PHONE:**
216.476.7144

**EMAIL:**
khouryf@ccf.org

Amy Merlino, MD
Department of Obstetrics & Gynecology

**SPECIALTY INTERESTS:**
high-risk pregnancy care

Dr. Merlino sees patients at Hillcrest Hospital and the Elyria Family Health and Surgery Center.

**PHONE:**
Hillcrest — 440.312.2229
Elyria — 440.366.9444

**EMAIL:**
merlina@ccf.org

Sangithan (Jules) Moodley, MD
Department of Obstetrics & Gynecology

**SPECIALTY INTERESTS:**
maternal fetal medicine

Dr. Moodley sees patients at Fairview Medical Center.

**PHONE:**
216.476.7144

**EMAIL:**
jules.moodley@fairviewhospital.org

Abelaziz Saleh, MD
Department of Obstetrics & Gynecology

**SPECIALTY INTERESTS:**
maternal fetal medicine

Dr. Saleh sees patients at Fairview Medical Center.

**PHONE:**
216.476.7144

**EMAIL:**
abelaziz.saleh@fairviewhospital.org
New Staff (continued)

Yogesh Shah, MD
Department of Obstetrics & Gynecology

**SPECIALTY INTERESTS:**
maternal fetal medicine

Dr. Shah sees patients at Fairview Medical Center.

**PHONE:**  
216.476.7144

**EMAIL:**  
yogesh.shah@fairviewhospital.org

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Brenda Powell, MD
Center for Integrative Medicine
Family Practice, Beachwood Family Health and Surgery Center

**SPECIALTY INTERESTS:**
integrative medicine, preventive medicine, wilderness and travel medicine, women's health

Dr. Powell sees patients at Cleveland Clinic’s Lyndhurst Campus and at the Beachwood Family Health and Surgery Center.

**PHONE:**  
216.839.3900

**EMAIL:**  
powellb1@ccf.org

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New Location (continued)

Jyoti Krishna, MD
Sleep Disorders Center

**SPECIALTY INTERESTS:**
pediatric sleep disorders including sleep apnea, sleep-disordered breathing, circadian rhythm disorders, excessive daytime sleepiness, insomnia, narcolepsy, obstructive sleep apnea

Dr. Krishna sees patients at Cleveland Clinic Main Campus, Fairview Medical Center and the Independence Family Health Center.

**PHONE:**  
216.444.5559

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Cleveland Clinic

2010
Medical Innovation Summit

The Medical Innovation Summit provides an unrivaled perspective on the newest obesity and diabetes technologies and their financial drivers.

Join 1,000 senior executives, investors, entrepreneurs and clinicians. Speakers include CEOs of Johnson & Johnson, Sanofi-aventis, Lilly, Amgen, McKesson, Medtronic, Stryker, Covidien, CR Bard & more.

Innovation weighs in.
Obesity, Diabetes & the Metabolic Crisis

November 1-3, 2010 | Cleveland, Ohio
Register Now: www.ClevelandClinic.org/Summit • 216.445.5004
### CME Opportunities: Live and Online

Cleveland Clinic’s Center for Continuing Education’s website, [clevelandclinicmeded.com](http://clevelandclinicmeded.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.

**NOTE:** All courses are at the spectacular state-of-the-art InterContinental Hotel & Conference Center on the Cleveland Clinic campus in Cleveland, OH, unless otherwise noted.

#### JULY 2010

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<tr>
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<th>Event Description</th>
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<tr>
<td>7-13</td>
<td>Cleveland Spine Review</td>
<td>Lutheran Hospital, Cleveland, OH</td>
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<tr>
<td>16-17</td>
<td>Cardiovascular Physicians Roundtable</td>
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#### AUGUST 2010

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<td>6-8</td>
<td>2010 Neurology Update — A Comprehensive Review for the Clinician</td>
<td>Ritz-Carlton Hotel, Washington, D.C.</td>
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<tr>
<td>13-14</td>
<td>Epilepsy Surgery: A New Beginning</td>
<td>Embassy Suites, Independence, OH</td>
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<td>13-20</td>
<td>Cardiovascular CT Training Program</td>
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<td>18-19</td>
<td>Lung Summit: Update in Pulmonary and Critical Care Medicine</td>
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<tr>
<td>22-25</td>
<td>11th Annual Intensive Review of Cardiology</td>
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<td>16th Annual Pediatric Board Review Symposium</td>
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#### SEPTEMBER 2010

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<td>8th Annual Pediatric Neurology Update Seminar</td>
<td>Executive Caterers at Landerhaven, Mayfield Heights, OH</td>
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<tr>
<td>10-11</td>
<td>Rheumatology Highlights Report LIVE, featuring Advances in B Cell Biology</td>
<td>Renaissance Hotel, Cleveland, OH</td>
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<td>38th Annual Dermatopathology Self-Assessment Workshop</td>
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<tr>
<td>13-14</td>
<td>2010 Diabetes and the Heart — joint-sponsored with Joslin Diabetes Center</td>
<td>Sheraton Hotel, Boston, MA</td>
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<td>13-17</td>
<td>2010-2011 Preceptorship in Carotid Ultrasound Interpretation</td>
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<td>23-24</td>
<td>Heart-Brain Summit 2010</td>
<td>Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, NV</td>
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<td>24</td>
<td>2010 Women’s Health Update</td>
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<tr>
<td>24-25</td>
<td>Hot Topics in Healthcare — Alumni Reunion</td>
<td>Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, NV</td>
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<tr>
<td>28-10/1</td>
<td>2010 Digestive Disease Institute Week</td>
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**Save the Date: October 23, 2010**

**Pain Management for Your Practice**

Cleveland Clinic Administrative Campus, Beachwood, Ohio

This one-day course will provide an update and framework for healthcare practitioners to evaluate, diagnose and manage patients with chronic pain. This activity is approved for AMA PRA Category 1 Credit™.

Submit your email for notification of when online information and registration becomes available by visiting [ccfcme.org/painmgmt10](http://ccfcme.org/painmgmt10).
How Did We Get Here?

Over the past several years, healthcare in America has been the topic of almost constant conversation and debate. While the public dialogue around this enormously important subject will doubtless continue, the role of health information technology (HIT) as an engine of positive change is becoming increasingly clear.

To help provide some perspective as to where HIT stands as a developing tool set designed to help securely connect healthcare providers to their patients, and one another, the following chronology traces some important moments in recent history.

2008
Ohio governor Ted Strickland creates a health information technology task force charged with proposing a structure through which the efforts of various organizations related to HIT implementation may be coordinated across the state.

2009
FEBRUARY: American Recovery and Reinvestment Act (ARRA) is signed into law. Of the $787 billion intended to help strengthen the nation’s economy through investments in a wide range of areas, $19 billion supports projects to encourage the adoption of HIT systems and to develop a national health information exchange.

SEPTEMBER: Gov. Strickland designates the Ohio Health Information Partnership (OHIP) as the nonprofit organization that will lead Ohio’s HIT efforts.

2010
FEBRUARY: OHIP is awarded $43 million in ARRA funding to develop an Ohio health information exchange and to designate regional extension center (REC) partners to support the HIT needs of Ohio’s healthcare community.

APRIL: Seven regional Ohio groups are awarded a total of $26.8 million in ARRA funding to support entities that will provide education, outreach and technical assistance to regional providers as they select and implement electronic medical record systems in their practices.

Each of these events represents another step in the ongoing march toward our common goal of ensuring that all providers have all the tools they need to deliver healthcare of the highest possible quality to every patient.

As you pursue your health information technology options, please remember to include the MyPractice Community electronic medical record system among your choices. To find out more about MyPractice Community, please call 216.738.4617 or visit clevelandclinic.org/transform.