

Connected

FOR THE CLINICIANS AND STAFF OF UNIVERSITY OF CINCINNATI PHYSICIANS



AUGUST-SEPTEMBER 2009

*We're all
UC Health*



PHYLLIS THOMPSON
Echocardiographer

*Enjoys being part of a skilled,
supportive cardiology team
dedicated to exceptional care*

>> **READ MORE ON PAGE 2**



TRANSITIONAL CARE:

*UC Health teams are working
to bridge the gap between
childhood and adulthood
care for chronic illnesses.*

>> **READ MORE ON PAGE 3**

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Colleagues, We're excited to announce that the University of Cincinnati (UC), University of Cincinnati Physicians and University Hospital have come together to form UC Health.

Greater Cincinnatians value UC as an anchor institution in our community and a trusted provider of health care. UC Health is more than just a new name. This partnership will allow us to continue to sustain and support the College of Medicine and the hospital that takes on the toughest cases in the region and succeeds.

UC Health represents our organizations' deep commitment to patient-centered care and fulfilling our shared goal of provide the best quality health care in the Greater Cincinnati region. We have plenty of reasons to believe that we can succeed, starting with each of you.



David M Stern

DAVID STERN, MD
Vice President for Health Affairs,
UC Dean, College of Medicine

Thomas F Boat

THOMAS BOAT, MD
Chief Executive Officer
University of Cincinnati Physicians

Lee Ann Liska

LEE ANN LISKA
Chief Executive Officer and Senior
Vice President, University Hospital

UC Health Changes You'll See Soon

Transitioning our entire physician practice organization from the previous "UC Physicians" name to the strengthened UC Health brand identity will not take place overnight; however there are some tactical changes you will see implemented in the coming months including:

VOICEMAIL MESSAGES: We are in the process of rolling out new UC Health messaging for all practice locations. The messages will have consistent phone trees and be recorded by a single voice.

CALL ANSWERING TRAINING: We are also developing a standard call answering protocol centered on the UC Health brand that each practice's support staff will be trained in. This will ensure consistency among treatment locations for patients seeing multiple UC specialists. In the meantime, practice locations are encouraged to answer calls by saying "UC Health (specialty); this is (name). How can I help you?"

BUSINESS COLLATERAL: UC Health business and appointment card templates will be available by visiting healthnews.uc.edu/communications/artdesign or

calling (513) 558-0161. Practices are not expected to transition materials immediately—new cards should only be ordered to replenish stocks. UC Health Powerpoint templates and letterhead will be available for download on the University of Cincinnati Physicians Intranet site.

LAB COATS: We understand replacing every current lab coat with a UC Health lab coat can be a major cost and may not be a viable option at this time. Much like business cards and other supplies, we request our providers transition to UC Health lab coats only when new ones are needed. To order a UC Health lab coat contact Pete Reilly with Morgan Services, Inc. at (937) 223-5340 ext. 306 or reilly@morganservices.com.

SIGNAGE: Building signage will also be transitioned to UC Health over the next few years. Our first step will be exterior signage at our University Pointe campus. We have a major signage project already under way on the West Chester campus to improve patient way-finding issues. During this fiscal year we also plan to replace the highly visible sign on the Medical Arts Building in Clifton that faces Martin Luther King Drive to reflect UC Health and begin changing the signage in all the elevator landings at the Medical Arts Building.

We will continue to provide updates on the UC Health brand transition. Some UC Health FAQs can be found on page 2; complete FAQs available at uchealthnow.com. Contact Chris Ralston with questions at (513) 475-8006. •

UC HEALTH: FREQUENTLY ASKED QUESTIONS

Is this a merger?

No. University Hospital and University of Cincinnati Physicians will remain separate legal entities.

Is this a renaming of the Health Alliance?

No. UC Health is not a renaming of the Health Alliance. University Hospital remains a part of the Health Alliance, and UC remains a participating entity of the Health Alliance.

Is the name of University Hospital changing?

University Hospital is still called University Hospital.

What will be different? How will UC Health affect the way we provide care?

University Hospital and University of Cincinnati Physicians will now stand together and speak to our patients and consumers with a unified voice. We will also work more closely in developing new strategic initiatives that support our shared priorities and vision. Delivery of the highest quality patient care is still the No. 1 priority of the partners of UC Health and that will not change.

Are University Hospital and University of Cincinnati Physicians becoming UC employees?

No. University Hospital associates will remain associates of the Health Alliance, and associates of University of Cincinnati Physicians will remain associates of that organization. You will continue to be paid by your respective organizations.



UC Health launch event at University Hospital, Aug. 21

Is UC Physicians changing its name?

Yes and no. UC Physicians is legally called University of Cincinnati Physicians. You will see this spelled out as part of the UC Health logo in wayfinding, marketing and advertising pieces, and business stationery items, but other key communications will focus on the UC Health brand and specialties. In some internal communications, and for the purpose of brevity, we may still say UCP; however, we encourage you to begin using UC Health when referring to our organization.

FOR MORE INFORMATION,
visit uhealthnow.com

Readership Survey Highlights

Thanks to everyone who participated in the June 2009 *Connected* readership survey. Highlights include:

- 95 percent of respondents say the newsletter is useful and interesting and that they read it regularly. Half of those who disagree say it's because they don't receive it. We are working to overcome this problem. If you know of employees who are not receiving the newsletter, please contact Amanda Harper, amanda.harper@uc.edu.
- Most read stories include: clinical spotlights, staff profiles, re-engineering updates and features on organizational strategic changes and priorities.
- 14 percent of respondents have made a referral based on a story in *Connected*, including ENT, neurology, audiology, dermatology, infectious diseases, internal medicine, and thoracic surgery.
- New topics suggested: customer service tips, best practice case studies, employee benefits and staff contribution features.
- 82 percent of respondents would refer a family member or friend to one of our physicians. •

We're all UC Health: Meet Phyllis Thompson, Echocardiographer

As a UC Health echocardiographer, Phyllis Thompson says she enjoys the satisfaction that comes with making an accurate diagnosis and understanding the many aspects of care the UC Health cardiology team offers its patients.

In addition to performing cardiac ultrasounds at UC Health cardiology care locations, Thompson serves as technical director for the echocardiography labs at the Medical Arts Building and University Pointe Medical Office Building. This role requires her to maintain patient records and track data to meet health accreditation standards.



A member of the UC Health cardiology team for two years, Thompson says she appreciates the camaraderie and support that comes with being part of a strong team of doctors, nurses and support staff truly dedicated to delivering comprehensive care to patients.

Thompson attended the Kettering Medical College for Echocardiography and has completed several medical certificate programs at Cincinnati State. She is a registered diagnostic cardiac sonographer and echocardiography technologist through the American Registry for Diagnostic Medical Sonography.

Outside of work Thompson is an avid reader—most recently “The Shack” by William Young and “Excuses Be Gone” by Wayne Dyer—and enjoys attending concerts (particularly jazz, gospel and rhythm and blues) as well as a variety of plays, from comedy to Shakespearean tragedies. She resides with her husband, Derek, and their son Jordan in Wayne Township, Ohio, where they are members of the New Beginning Covenant Church. •

Bridging the Gap in Childhood and Adult Care for Chronic Illnesses

At UC Health and Cincinnati Children's Hospital Medical Center, there are already transitional programs in place—and the development continues, with hopes of providing life-long care for local patients.

A child is diagnosed with a chronic illness and finds treatment at the best local facility possible. But the story—and specialized treatment—ends at age 18.

Transitional care for chronic illnesses is necessary but unfortunately not widely integrated into health care practices throughout the country. UC Health is working to change that in Cincinnati and throughout the Tristate.

"Chronic disease consumes the majority of medical resources in our country," says Thomas Boat, MD, University of

Cincinnati Physicians chief executive officer and executive associate dean at the College of Medicine. "Increasingly, numbers of adults with chronic disease since childhood, and even though the need is great, the response has been minimal.

"Very little has been done nationwide to improve the transition of children with chronic disease to care for adults that focuses on their chronic disease."

But at UC Health and Cincinnati Children's Hospital Medical Center, there are already transitional programs in place—and the development continues, with hopes of providing life-long care for local patients.

Boat says the cystic fibrosis program was the first to springboard this initiative almost a decade ago with the help of Patricia Joseph, MD, who is trained in both pediatric and adult pulmonary diseases.

"Matching the level of program support, personnel and medical approaches of two sites has been an ongoing challenge," he says. "Nevertheless, the cystic fibrosis care program in Cincinnati serves as a national model along with several others in the United States."

Pediatric and adult cardiologists are also working together through a clinic at Cincinnati Children's to provide adult care for congenital heart disease. Care for children with spina bifida—a developmental birth defect caused by the incomplete closure of the embryonic neural



Transitional care for chronic illnesses is necessary but unfortunately not widely integrated into health care practices throughout the country. UC Health is working to change that in Cincinnati and throughout the Tristate. Among departments and divisions at UC and UC's affiliate institutions, a number of adult programs have or are being developed to support life-long care for early-onset chronic diseases, including:

- Cancer
- Cardiology
- Cystic fibrosis
- Inflammatory bowel disease
- Neurodevelopmental disabilities, such as spina bifida
- Sickle cell disease

tube—as well as sickle cell disease, are also being coordinated through transitional partnerships at Children's and UC Health.

"These are all areas of success that are continually being tweaked to ensure growth and improvement," Boat says.

He adds that there is also a new transition program forming for children with inflammatory bowel disease, a painful condition resulting when the immune system attacks the gastrointestinal tract, led by Richard Rood, MD, and that the transition of diabetes patients remains on the drawing board as well.

"There has been conversation about identifying a site where care for adolescents and young adults with chronic diseases can take place," Boat says. "Organizing both outpatient and inpatient care at

such a site might provide opportunities for new models that provide better care that is less expensive—a goal that everyone embraces for U.S. health care reform."

Joseph says that in cystic fibrosis treatment and in treatment of other chronic diseases, care from a multidisciplinary team is a must.

"This includes physicians, social workers, pharmacists, nurses and others, such as therapists and nutritionists," she says. "Developing the right team means assembling a group with expertise in uncommon disorders."

But even with these programs in the works, Boat says the job is far from finished: "This opportunity is great, but there is much work to be done to plan and execute on a new approach or model for transitions in chronic care." •

Making a Case for Transitional Care

- The majority of U.S. patients with congenital heart disease are now adults, even though the problem started at birth
- Nearly half the individuals in this U.S. with cystic fibrosis are now over 18
- Half of all mental disorders in the United States began before 14 years of age and 75 percent began before 24 years of age
- Most childhood chronic diseases fall into the category of "rare disease," defined as diseases that have a prevalence of less than 200,000 cases across the entire United States. This means that there are not a lot of patients in any one area and organizing comprehensive care for both children and adults represents an expensive health care delivery model that may not be easily sustained.

Social Anxiety A Common, But Controllable Problem

To a certain extent, just about everyone has some sort of social anxiety—from the reluctance to chat with an airplane seat mate to the nervousness that comes with public speaking.

The problem, UC Health psychiatry specialists say, comes when the anxiety interferes with your ability to function in your daily life. In other words, shyness isn't a drawback if you're a lighthouse keeper, but it is if you're selling encyclopedias door-to-door.

"Most people never seek treatment for social anxiety," says Stephen Strakowski, MD, chair of UC's psychiatry

"The key question is: Is it impacting your life? Is it damaging your work or social relationships, your marriage, your interactions with your kids?"

department and UC Health psychiatrist. "They just struggle their way through life and limit some of their activities."

But there is a point, Strakowski says, at which treatment should be considered:

"The key question is: Is it impacting your life? Is it damaging your work or social relationships, your marriage, your interactions with your kids? If the answer is yes, it's

considered an impairment or a disorder, and it's at that point that you should seek treatment."

Treatment for social anxiety problems generally begins with cognitive behavioral therapy.

"That's not 'couch therapy,'" Strakowski points out. "It's a very pragmatic interactive therapy where you identify specific behaviors that you want to change—in this case, how to interact with others."

Treatment starts with relaxation techniques, then proceeds to a series of exposures that help patients manage their anxiety.

If your fear is public speaking, for example, a therapist might have you simply imagine yourself speaking to a room full of people. You would progress

through increasingly more difficult exposures, such as practicing a speech in front of family members, then friends, as you work toward your goal.

In some cases, Strakowski says, a medication that reduces nervous system arousal can be used to address peripheral responses to social anxieties such as sweating and elevated heart rate. "Those responses can make you even more nervous," Strakowski says, "so by stopping them, you might prevent some of the anxiety."

If the social anxiety persists, antidepressants or anxiety medications might be used for a short time to work through exposures, Strakowski says, "but most people can improve with behavioral intervention if they stick with it." •

>> PATIENT APPOINTMENTS
The UC Health psychiatry team sees patients at the Stetson Building (Clifton). **For appointments, call (513) 558-7700.**



Stockphoto

PRECISION RADIOTHERAPY CENTER AT UNIVERSITY POINTE

Cancer patients who live in northern Cincinnati or Dayton and require radiation therapy can get it in an advanced, comfortable setting at the Precision Radiotherapy Center in West Chester. A partnership between UC Health radiation oncology and the Mayfield Clinic, the center offers highly targeted radiotherapy and radiosurgery for tumors in the brain, head and neck, and other areas.

Accuracy is improved further with technology such as the Tomotherapy Hi-Art System (shown here). The system allows radiation oncologists to treat tumors using real-time, three-dimensional image guidance. Precision Radiotherapy also offers treatment for vascular malformations, trigeminal neuralgia, acoustic neuromas and pituitary adenomas.

For patient appointments, call (513) 475-7777.



Courtesy of Mayfield Clinic

Internal Medicine Team Focuses on Subspecialty Care

Everyone needs a doctor at some point in their lives—and for most ailments, an internist is your one-stop-shop.

Internal medicine physicians are highly trained to provide preventative and comprehensive care of all non-surgical adult medical problems and will recommend specialists for specific needs if warranted.

But Bradley Britigan, MD, chair of UC's internal medicine department, says at UC Health these all function under a single organizational umbrella, ensuring convenience and more cohesive and integrated care for patients.

"This situation is not common in internal medicine community practices," he says. "We are a multi-specialty group of over 200 general internists and medical subspecialists who strive to work together as a care team to develop and implement the best diagnostic and treatment plan for a common patient.

"The communication between our doctors ensures more consistent, efficient and successful treatment."

Britigan says many specialists within the practice are also the internists who make up the divisions of immunology, cardiology, endocrinology, gastroenterology, hematology/oncology, infectious disease, nephrology, rheumatology and pulmonary, critical care and sleep disorders.

"All specialists completed internal medicine residency training before pursuing additional training," he adds. "As an academic practice, our subspecialists are nationally and internationally recognized for their expertise in specific types of diseases within their broader areas."

Britigan says there are a number of changes ongoing in the department that will enhance care and the patient's

INTERNAL MEDICINE: AT A GLANCE

- 225 physicians in nine subspecialty divisions
 - Cardiology
 - Gastroenterology
 - Endocrinology
 - General Internal Medicine
 - Hematology/Oncology
 - Immunology/Rheumatology
 - Infectious Diseases
 - Nephrology
 - Pulmonary, Critical Care, and Sleep Medicine
- Establishing new centralized patient scheduling for all internal medicine divisions
- Focused on creating a more integrated and effective health system to manage complex diseases and transitional care issues
- Committed to translational research and giving patients easy access to potentially life-saving research trials
- 110 internal medicine residents and 65 subspecialty fellows trained each year
- 36 additional faculty recruited in the past year

experience with UC Health's clinical practices.

"We are revamping our scheduling and phone systems so that there will be one number for access to all of our primary care and subspecialty clinics," he says. "This will allow people to make appointments in multiple specialty clinics with a single phone call."

The department is also collaborating more closely with UC Health University Hospital to provide more integrated care of complex diseases and with Cincinnati Children's Hospital Medical Center to create transitional care options for chronically ill patients as they move from childhood to adulthood.

Britigan adds that access to



"We have a major commitment to translational research. We want our patients to have immediate, easy access to clinical trials and other clinical research that could be life-saving or greatly improve their quality of life."

Bradley Britigan, MD, (*right*) with Greg Rouan, MD

clinical trials is also of great importance for the internal medicine practice because it provides opportunities for patients to receive care that may not be broadly available.

"We have a major commitment to translational research," he says. "We want our patients to have immediate, easy access to clinical research that could be life-saving or greatly improve their quality of life."

With these improvements and the continual growth of the department, Britigan says he sees nothing but success in the future.

"We have about 110 trainees in our internal medicine residency program and another 65 physicians receiving subspecialty fellowship training each year. Over 80 percent of these residents go on to subspecialize," he says. "We are also one of 20 institutions selected to be part of the Educational Innovation Project, led by Eric Warm, MD, facilitating quality and outcome

assessments in clinical practices. This is cutting-edge in training students and residents."

He adds that a large number of the general internists and medical subspecialists in practice in Greater Cincinnati received some aspect of their training in the UC College of Medicine internal medicine program.

"The positives continue with growth in numbers of faculty, fiscal improvements and expansion of clinical services throughout the Tristate area," he says. "We are proud of the care we provide but are continuing to develop our practices to create the best patient experiences." •

>> PATIENT APPOINTMENTS

UC Health internal medicine specialists see patients at the Medical Arts Building (Clifton), Montgomery Building Center (Montgomery) and University Pointe (West Chester). **For a full list of specialists, visit www.ucphysicians.com.**

IN BRIEF

Clinical Department Administrator Changes

University of Cincinnati Physicians is pleased to announce three clinical department administrator (CDA) changes.

Timothy Hafley has joined the organization as CDA for the department of dermatology. Hafley comes from Prexus Health where



his most recent position was director of business office functions.

Marcia Miladinov has accepted the position of CDA for the department of obstetrics and gynecology. She will continue to



serve as CDA for the department of orthopaedic surgery.

Bill Walker has accepted the position of CDA for the department of family medicine. He will continue to serve as



CDA for the department of ophthalmology as well.

Two Surgical Divisions Merge

In August, the UC College of Medicine's divisions of burn surgery and plastic, reconstructive and hand surgery were integrated into a newly desig-

nated section of plastic surgery. Richard Kagan, MD, will continue as chief of staff at the Shriners Hospitals for Children in the department of surgery. W. John Kitzmiller, MD, will continue as chief of plastic, reconstructive and hand surgery and program director for the plastic surgery residency. Kitzmiller will be responsible for administration of the integrated unit. The move was made to better serve the missions of the two programs.

403(b) Plans Still Available

Effective January 2009, any 403(b) contributions University of Cincinnati Physicians employees elect to make are being made to the 403(b) Plan. Employer contributions are no longer being made to a 403(b) plan; instead, those contributions now are being made to the 401(a) Defined Contribution Plan.

Employees have two basic options moving forward: The first is to keep funds in the prior 403(b) arrangement. Under this condition, employees continue to be subject to the arrangement's terms and conditions.

The second option is to transfer prior 403(b) arrangements to the University of Cincinnati Physicians 403(b) plan. The advantages include: having all 403(b) funds combined, potentially lower investment/administrative fees, option to invest among all options available under the University of Cincinnati Physicians plan with

TIAA-CREF and Fidelity and Internet access to all funds.

All employees should have received an e-mail or letter with instructions concerning next steps in transferring most old 403(b) plans that were not held with Fidelity or TIAA-CREF to the new University of Cincinnati Physicians plan. Contact your department's human resources consultant if you did not receive the letter or have questions.

Update on Enhanced HIPAA Security Regulations

The Health Insurance Portability and Accountability Act (HIPAA) has instituted enhanced security regulations around electronic communication, effective Sept. 14, 2009. The new HIPAA regulations require that all electronic communication containing any electronic protected health information be secured.

Individuals using a UC, University of Cincinnati Physicians or Health Alliance e-mail client who are sending within these three organizations are not required to take any special security actions; however, e-mails sent to or by anyone outside the three organizations must type the word "Encrypt" at the beginning of the e-mail subject line. This automatically triggers the encryption server (Zix Corp.) to encrypt the message. (Example subject line format: ENCRYPT Follow Up to Monday Meeting.) Recipients who are

not registered by the Zix system will be asked to register before they can retrieve the encrypted message.

Physicians and staff should never use third-party e-mail hosting solutions such as Gmail, Yahoo or Hotmail to send e-mails with electronic protected health information.

For questions, contact UC IT support at (513) 556-HELP.

Otolaryngology Adds Two Physician Assistants

UC Health otolaryngology has hired two physician assistants.

Kelly McGuire will join the otology team, seeing primarily patients who are experiencing dizziness and



problems related to the inner ear. McGuire is a graduate of Midwestern University in Arizona and holds a master's of medical science from the physician assistant program.

Kimberly Thornton joins the head and neck surgery team, working closely with physicians and patients to ensure effective and



efficient care. Thornton is also a graduate of Midwestern University with a master's of medical science from the physician assistant program. •

Welcome New Clinicians



Amy Argus, MD
Radiology
(Breast Imaging)



Roy Hall, MD
Anesthesiology



Thomas Kunkel, MD
Anesthesiology



Charles Lee, MD
Radiology
(Neuroradiology)



Suju Lee, MD
Radiology
(Breast Imaging)



Paul Wojciechowski, MD
Anesthesiology

Team Successfully Negotiates First Combined Payer Contract

Outcome results in a projected quarter million in additional reimbursements

A combined clinical practice organization means power in numbers—which is particularly important when it comes to negotiating with third-party payers who set the price and implied value of services rendered by UC Health's team of teaching physicians.

"For years, our clinicians have been undervalued—and underpaid—by third-party payers because each clinical practice was negotiating contracts independently," explains Marcia Miladinov, clinical department administrator for the UC departments of orthopaedics and OB/GYN and chair of the UC clinical practice organization's payer contracting work group. "We can wield a lot more influence with a 600-plus physician group that includes surgeons, anesthesiologists, trauma surgeons and numerous subspecialty treatment teams compared with 16 single, smaller disciplines."

In July, University of Cincinnati Physicians Chief Operating Officer Lori Mackey, Miladinov and Chief Financial Officer Tom Ducro met with Medical Mutual of Ohio as a first step in contract renegotiations.

"We did not specifically target Medical Mutual," adds Miladinov, "but our contract with them was coming to an end and we had not realized an increase from this payer in several years."

Approximately 18 percent of Medical Mutual's 45,000 insured individuals have seen a UC Health specialist in the last 18 months.

In an effort to negotiate a more fair reimbursement rate, the team proposed a 6 percent increase to the Medical Mutual contracting team, with the



Payer contracting work group members pictured above (left to right): Kelly Fischbein, Laura Mason, Tom Ducro, group chair Marcia Miladinov, Neil Holsing, and Joe Fodor

'An Absolute Must'

University of Cincinnati Physicians Chief Operating Officer Lori Mackey says renegotiating individual practice contracts into a single third-party payer agreement is one of her foremost priorities for 2010 and an absolute must for the organization's success moving forward.

"With increased health care costs and our genuine status as a competitive, premier academic health center, we cannot continue to ignore stagnant and subpar third-party payer contracts," Mackey says.

expectation that this revised reimbursement rate would suffice for another year to be comparable to similarly sized health care providers.

Originally, Medical Mutual refused the increase in rates, but the team persisted and was able to negotiate a more favorable contract that included an immediate 3 percent increase in reimbursement and an additional 3 percent effective

"For years, our clinicians have been undervalued—and underpaid—by third-party payers because each clinical practice was negotiating contracts independently.

We can wield a lot more influence with a 600-plus physician group that includes surgeons, anesthesiologists, trauma surgeons and numerous subspecialty treatment teams compared with 16 single, smaller disciplines."

Marcia Miladinov, clinical department administrator, for orthopaedics and OB/GYN, and chair, UC clinical practice organization's payer contracting work group

in December 2009. Given the percentage of UC Health's patients that have Medical Mutual insurance, this will mean \$265,000 in additional reimbursements for the organization.

In the Greater Cincinnati/Northern Kentucky region, UC Health is a powerhouse for evolved, smart health care. The

same is quickly becoming true in the Dayton area as well.

"We are stronger as a cohesive organization, and we're speaking with one strong voice and operating with a clear vision. We hope that resonates so that we can develop mutually beneficial working relationships with each of our third-party payers," adds Miladinov. •

The payer contracting work group includes:

Tom Ducro	Neil Holsing	Marcia Miladinov
Kelly Fischbein	Linda Lane	Tal Richards
Joe Fodor	Lori Mackey	Bill Walker
	Laura Mason	

For questions, e-mail Miladinov at marcia.miladinov@ucphysicians.com

HOW WE MAKE A DIFFERENCE

Radiation Therapy Used to Treat Rare Mouth Cancer

Jensen Symposium

Oct. 14-16, 2009

UC College of Medicine

Conference honoring the contributions of Elwood Jensen, PhD, featuring invited talks by leading nuclear receptor scientists.

More information at (513) 558-1810 or uc.edu/conferencing/events/Jensen.

www.ucphysicians.com

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WYOMING

(513) 475-8007

Connected is a monthly publication for physicians and staff of University of Cincinnati Physicians. Send your comments and ideas to ucmarketing@ucphysicians.com or call (513) 475-8006.

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Mark Stephan describes himself as an athletic, healthy and active person. So when he was diagnosed with cancer in late 2008, it came as a shock—particularly since he was only 39 years old.

Stephan was driving down the road in December 2008 when he touched his neck and discovered an unusual lump.

“In my gut, I knew something wasn’t right because I’d been having problems for about eight months,” he recalls. “First I lost my voice, then a few months later I coughed up some blood. I thought it was just symptoms of my allergies.”

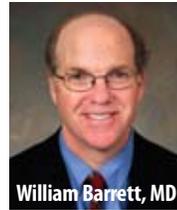
He went to see an ear, nose and throat specialist to have the lump examined. A diagnostic exam revealed something much more serious than allergies: stage-3 base of the tongue cancer.

Stephan’s aunt had recently been treated for breast cancer at the UC Barrett Cancer Institute at University Hospital and insisted he go there for treatment because, as she put it: “Their doctors do the research, so you’ll get the best, most advanced care options.”

The next day, Stephan headed to the UC Barrett Cancer Institute for

a consultation with William Barrett, MD, director of radiation oncology services and UC Health radiation oncologist.

“I’m a church-going guy and I will tell you Dr. Barrett is second next to God in my book,” Stephan says. “I’ve never in my life met a doctor who cared so much for his patients and was willing to go so far out of his way to make me feel comfortable in my entire life. I felt like he was a relative taking care of me.”



William Barrett, MD

“Dr. Barrett told me that it wasn’t going to be easy and explained how everything would go—in terms of treatment, side effects, everything—so I knew exactly what to expect,” he adds. “All I could think was: I have stage-3 cancer, and I’m going to die. How will I explain that to my kids?”

“Dr. Barrett made sure that my kids and my wife knew I was in good hands. He explained that I had cancer, but I would get better and be around for a long time. That meant a lot to me.”

In January 2009, Stephan began an aggressive regimen of radiation



Patient Mark Stephan with his wife, Sharon, and daughters Mikaela and Nicole

Courtesy of Mark Stephan

The UC Barrett Cancer Institute’s Trilogy Radiation Therapy System is one of the most advanced intensity modulated radiotherapy systems currently available for clinical treatment. The system allows physicians to deliver highly targeted radiation therapy using two- and three-dimensional image guidance to avoid damage to healthy tissues surrounding the cancerous



tumor. The Trilogy system also includes the latest radiosurgical capabilities, which will be used by UC Barrett Cancer Institute clinicians to treat brain tumors and other neurosurgical problems.

“These technologic advances allow for radiation to be more precisely delivered than has been previously available, which can lead to fewer side effects from radiation therapy and higher cure rates for our patients,” explains Barrett, chair of UC’s department of radiation oncology and Stephan’s radiation oncologist.

treatments on the UC Barrett Cancer Institute’s Trilogy Radiation Therapy System, one of the most advanced intensity modulated radiotherapy systems currently available for clinical treatment. Recently, Stephan was declared disease-free and has stopped using smokeless tobacco, a habit he had kept for more than 20 years. He will continue to have imaging tests every six months to monitor for recurrence, but he’s thrilled to get back to life. •

>> PATIENT APPOINTMENTS

For a full list of UC Health cancer specialists, visit www.ucphysicians.com. **Appointments can be made at (513) 584-3200.**