

## CANCER SERVICES INCLUDE PSYCHIATRIC CARE

One of the first things psychiatrist Aliya Hafeez, MD tells her patients is that she began specializing in psychiatry services for people with cancer because she is a breast cancer survivor, herself.

“I feel like it’s an additional degree that I’ve gotten,” she says of her health ordeal, which began with a diagnosis in November 2009. She went through chemotherapy, radiation and surgery at Upstate’s Regional Oncology Center. “Now I get to work with all the doctors who treated me.”

Her office is at the same location many cancer patients come to see their physicians. “Psychologically, it makes a huge difference if they get to see me where they come for their care,” she says. “I want to make them feel like my care is part of their cancer treatment.” Hafeez sees patients at the Patricia J. Numann Center at Upstate’s Harrison Specialty Services center.

Hafeez joined the Upstate staff a couple years ago, after completing her psychiatry residency in 2007 at Upstate. She obtained her medical degree from Fatima Jinnah Medical College in Pakistan. She has a research and clinical interest in integrative holistic medicine and integrative treatments for mental illness and breast cancer.

Her personal experience with breast cancer left her feeling fortunate. She was able to take time off work, and family members took care of her throughout chemotherapy, radiation and surgery. Her sister or brother would accompany her to medical appointments. “Mom and Dad stayed home and prayed.”

Cancer is something we cannot control, but Hafeez says her experience taught her that “you can control how you go through that experience with cancer,” and she hopes to share that with her patients.

Survival rates for cancer are improving, though the disease still has a negative association with death. Hafeez wants to step away from the gloom and doom and focus more on living the best life possible.

She offers individual psychotherapy and psychopharmacology and hopes to add a stress reduction group and other support groups after the Upstate Cancer Center opens. ■



Aliya Hafeez, MD

## UPSTATE DEVELOPS STRATEGIES TO REDUCE PREVENTABLE PATIENT READMISSIONS

Upstate University Hospital is working on lowering potentially preventable patient readmissions and ensuring a smooth transition for patients going home or to another health care facility.

Hospitals nationwide face financial penalties for increased rates of readmissions for Medicare patients with acute myocardial infarctions, pneumonia and congestive heart failure.

Upstate is focusing on patient-centered, best practice transitions for all patients, which will reduce potentially preventable readmission rates.

“The goal of transitional care is to facilitate patients’ moves from the hospital to the next setting,” said nurse Diane Nanno, assistant director of transitional care at Upstate. When a patient transitions to another facility, timely, accurate communication and patient-centered collaboration is needed.

“When a patient is discharged to home, transitional care consists of teaching the patient how to manage his or her condition, timely follow-up, and referral to home care when appropriate,” Nanno continued.



**Diane Nanno, assistant director of Upstate's Transitional Care Services, speaks at an education day for homecare nurses aimed at streamlining the patient transfer process to reduce hospital readmissions.**

### Team Approach

To assess the reasons for readmissions and identify ways to reduce them, Nanno has assembled a team from many hospital service areas (pharmacy, physical medicine and rehabilitation, social work, spiritual care and patient education) and from key groups that work outside the hospital (home care agencies, assisted living centers and others).

“We are all stakeholders in ensuring that when a patient no longer needs to be hospitalized, we provide a discharge and transition process that is seamless and helpful to the patients and their families,” she said.

This project emphasizes enhanced communication among patients, families, home care agencies, rehabilitation and long-term care facilities.

### Transition Coach

A key partner in Upstate’s discharge and transition planning is VNA Homecare in Syracuse, which provides a transition coach for at-risk heart attack and congestive heart failure patients who are being discharged from Upstate.

The VNA transition coach visits patients before hospital discharge and makes home visits to coach patients on medication use and ways to manage their medical conditions at home. The coach also helps patients recognize warning signs that indicate they may need medical attention. The transition coach can follow up with the patient on the phone for 30 days after discharge.

Upstate is hiring a nurse practitioner who will work with a partner skilled-nursing facility. The nurse practitioner will manage the patient transfer from Upstate to the facility, which has many services, including inpatient rehabilitation.

### Education Days

Upstate is hosting education days for staff from partner home care agencies in the areas of cardiac, pulmonary and vascular care. “Making connections and recognizing challenges is essential to

**Preventing readmissions – Continued from page A2**

making the transition process more patient friendly and medically sound,” said Nanno.

**Focus on Sickle Cell**

Upstate is already working with VNA Homecare to provide greater collaborative care for patients with sickle cell disease, a patient population with a high hospital readmission rate.

A recent educational session brought together 31 clinicians, home care professionals and social workers to collaborate on the best ways to provide care for sickle cell patients. The session focused both on coping with sickle cell from a medical standpoint and on understanding social barriers

faced by many patients with the disease.

Providers made contacts and shared information in order to handle patient concerns directly with those familiar with the cases.

**Benefits of Assessment**

Nanno said the process to develop other strategies to reduce potentially preventable readmissions will continue for some time. “We’re analyzing and assessing our efforts every step of the way.

“Some readmissions are medically necessary, but data shows comprehensive transitional care can prevent about half of readmissions,” Nanno said. ■

## NEUROPSYCHIATRIST TAPPED FOR NEW CHIEF MEDICAL OFFICER

**A**nthony Weiss, MD, MBA, a physician-executive who has held leadership roles in the area of quality management has been named chief medical officer of Upstate University Hospital.

In this role as chief medical officer, Weiss will oversee a number of key clinical initiatives at Upstate, including efforts to enhance patient experience and ensure quality of care. He will also serve as associate dean for Clinical Affairs at Upstate Medical University.

Weiss comes to Upstate from the Massachusetts General Hospital, where he has served in a variety of roles since 1997, most recently as director of quality management for the Department of Psychiatry. He led a number of initiatives to improve access and measure outcomes related to mental health care. He also helped to develop innovative methods of physician performance assessment, using computer-based simulated interviews.

Weiss has been a member of Harvard Medical School faculty since 2000, most recently as assistant professor. He has a wide-reaching

research background, initially focused on the use of brain imaging to better understand the underlying changes associated with mental illness. Over the last six years his work has shifted to health services research, including a large published study examining factors associated with emergency department length of stay for patients with psychiatric conditions.

Weiss is a board-certified psychiatrist, with a clinical focus in neuropsychiatry. He is an active member of the American Neuropsychiatric Association, the American College of Physician Executives and the Association of Professionals in Patient Safety.

A Wisconsin native, Weiss earned a bachelor’s degree in pharmacology and toxicology and a doctorate in medicine from the University of Wisconsin-Madison. He also holds a master’s degree from Harvard Medical School in Boston and an MBA from Babson College in Wellesley, Mass. ■



**Anthony Weiss, MD, MBA**

## HAVE YOU SEEN HIM ON THE COVER?

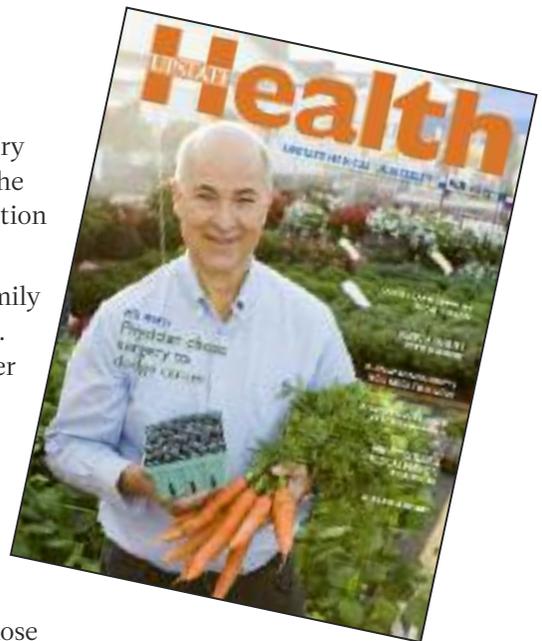
**A** surgeon with 30 years experience shares his personal story about having his pancreas removed prophylactically in the fall issue of Upstate Health, the consumer health publication produced by Upstate Medical University.

Colorectal surgeon David Halleran, MD, the middle child in a family of five children, had a strong family history of pancreatic cancer. His father died from the disease at the age of 58. His older brother died at 50, after having part of his pancreas removed. Both men had cancer in the exocrine cells, those in the outer part of the gland that are responsible for making digestive enzymes.

Halleran's younger brother wound up having his pancreas removed in 2003. A couple of years later David Halleran had his own "pancreas independence day," as he refers to his surgery.

Read his story, and about the research that is underway to diagnose pancreatic cancer at an earlier, more treatable stage, in Upstate Health.

Order your own own copy, or several for your waiting room, by calling Upstate's Communications office at 315-464-4836. ■



# BENEFITS OF JOINING THE WOMEN'S HEALTH NETWORK

The Upstate Women's Health Network is designed to help you serve your female patients of all ages. The network connects providers across the Upstate University Health System, combining the expertise of Upstate's health care team and providing your patient with the easiest access to care — whatever her needs or stage of life.

Within the network is a broad spectrum of specialty services to supplement and enhance primary care, and all ready to accept new patients. Network participants are committed to communicating thoroughly with referring doctors about details of the visit.

Patients will appreciate nurse-guided access to a network of services and providers, educational presentations and series and the members-only special events.

For details, contact Nurse Liaison Melissa Cosser at 315-464-2756, 855-890-UWHN (8946), [WHNNurse@upstate.edu](mailto:WHNNurse@upstate.edu).



[www.upstate.edu/women](http://www.upstate.edu/women)



## RESEARCHERS WORK TO REDUCE DENGUE FEVER RISKS, LOOK TOWARD VACCINE

A study by an international team of researchers led by Upstate's Anna Stewart Ibarra, PhD has provided public health officials with information that will help decrease the risk of dengue, a life-threatening viral disease that is one of the world's fastest spreading tropical diseases.

Stewart Ibarra's team discovered that certain household risk factors, combined with changes in rainfall and minimum temperature, can predict the presence and abundance of the mosquito that transmits dengue fever.

The study was published in PLOS ONE, an international, peer-reviewed, open-access, online publication that reports on primary research from different scientific disciplines.

Dengue fever is emerging as a public health threat in Florida and along the Texas border. It is transmitted to people primarily by the *Aedes aegypti* mosquito, which reproduces in standing water. The virus cannot be spread directly from person-to-person. Dengue vaccine trials are ongoing at Upstate and elsewhere, but no vaccine or drugs are currently available.

Until a vaccine becomes available, mosquito control is the only way to control the spread of the disease. "This study will help public health officials develop mosquito control campaigns that target high-risk households and mosquito habitats in each season," said Stewart Ibarra.

The team conducted this study in Machala, Ecuador, an area where dengue is prevalent. Members monitored mosquito populations and conducted household surveys to identify dengue risk factors, such as water storage practices, access to piped water and knowledge and perceptions of



**Anna Stewart Ibarra inspects an ovitrap in the patio of a study household to look for *Aedes aegypti* mosquito eggs. Ovitrap were monitored over a period of eight months to estimate *Aedes aegypti* populations, the mosquito that transmits the disease dengue fever.**

dengue. They also looked at local climate factors, since previous studies by Stewart Ibarra and colleagues demonstrated that climate and sea surface temperature (El Niño-Southern Oscillation) influence dengue transmission.

"Our findings can help reduce dengue by conducting interventions that target high-risk households and containers in each season and by developing predictive models using climate and non-climate information," said Stewart Ibarra.

Results from this study also have contributed to a multi-year investigation of climate, the dengue virus, and *Aedes aegypti* in the same region, led by Stewart Ibarra and colleague Timothy Endy, MD, MPH (pictured at right). ■



## SURGICAL IMPLANT HELPS PATIENTS ACHIEVE BOWEL CONTROL

**W**hen the trauma of delivery damages the anal sphincter muscle in new mothers, Margaret Plocek, MD routinely makes surgical repairs.

Her older patients presented more of a challenge.

They would come seeking help to her office at Colon Rectal Associates of Central New York, on the community campus of Upstate University Hospital, or at North Medical Center in Liverpool. Their problems with bowel incontinence ranged from staining to stool loss. Often they struggled with their condition for years without confiding in anyone, not even their primary care physicians. Plocek could offer compassion, and little more.

“We really didn’t have anything to offer them until 2011,” she explained.

Now she provides bowel control therapy using Medtronic’s InterStim system. “It is a neuromodulation, which enhances rectal sensation via the sacral nerve roots as they emerge from the spinal canal. Basically it increases the communication of the nerve to the brain so that you have better ability to sense when you have to go to the bathroom, to help reduce urgency and loss.”

Patients use the stimulator for a two-week trial before deciding whether to have the device implanted. Plocek said a patient is a good candidate for the implant if their symptoms improve by at least 50 percent. She said she has been amazed by the results over time: 83 percent of patients experience at least a 50-percent improvement, including 48 percent who regain complete continence.

The device is a disc that is implanted through a small incision in an outpatient surgical procedure. Like any surgery, placing the InterStim system has risks, including swelling, bruising and bleeding. Complications can include pain at the implant

site, new pain, infection, wire movement, technical or device problems and undesirable changes in urinary or bowel function. Medtronic officials caution that any of these situations could require additional surgery or cause a patient’s symptoms to return.

Bowel incontinence is believed to affect more than 8 percent of adults, whose risk increases with age. It can be caused by obstetrical injury from pregnancy or childbirth, stroke, nerve or muscular damage caused by surgery or injury, inflammatory bowel disease and irritable bowel syndrome or conditions that affect the nerve such as diabetes, Parkinson’s disease and multiple sclerosis.

Plocek said diagnosis begins with a physical exam and a “bowel diary” kept by the patient. He or she may require a colonoscopy and/or an ultrasound so that Plocek can visualize the affected muscle.

For patients with mild fecal incontinence, treatment options include dietary improvements to avoid diarrhea, anti-diarrhea medications and biofeedback, a noninvasive way to teach how to properly contract the right muscles. Plocek says surgical sphincter repair used to be an option for mild incontinence, but that has not been shown to offer lasting relief. Also, especially in older patients, surgery can make the problem worse – which is why neuromodulation is such an important option.

Plocek, a member of Upstate Medical University’s Women’s Health Network, can be reached at 855-890-8946. ■



Margaret Plocek, MD



**Paul Aridgides, MD**

**Scott Albert, MD**

**Prashant Upadhyaya, MD**

**Srinivas Vourganti, MD**

**Dimitra Bourmpoulia, PhD**

**Leszek Kotula, MD, PhD**

**Mehdi Mollapour, PhD**

## UPSTATE ROUND UP

**U**pstate hosted the **CNY Diabetes Forum**, which focused on diabetes and technology, and offered sessions on phone apps, insulin pumps and glucose meters. Co-sponsored by Upstate's Joslin Diabetes Center and the American Diabetes Association.

**Rosemary Rochford, PhD**, vice president for research, cut the ribbon to open Upstate's Neuroscience Research Building. The \$72-million, 158,273 square foot building is an expansion of Upstate's Institute for Human Performance. To mark the opening, three of the country's leading names in brain science research gave lectures at Upstate.

**S**afe Kids Upstate NY Coalition, which is supported by Upstate Golisano Children's Hospital, launched a **Safe Sleep Awareness Campaign**, reminding parents to keep their children's sleeping environments free of clutter and encouraging safe sleeping practices.

"The only safe crib is an empty crib, except for the baby," said Clemencia Molina of the Sudden Infant and Child Death Resource Center. "No blankets, no pillows, no bumpers, no stuffed animals. Just baby."

Instead of bundling a baby in covers, authorities recommend using a sleep sack. The children's hospital is giving sleep sacks to parents of infant patients and newborns.



**M**iss America **Nina Davuluri** visited the Upstate Golisano Children's Hospital during her Homecoming Celebration. Davuluri spent time with patients making crowns and tiaras, signing autographs and posing for pictures. Upstate is a hospital of the Children's Miracle Network, which partners with the Miss America Organization.

**M**ore than 60 Upstate nurses were recognized for exceptional commitment to patient- and family-centered care at Upstate's **Nursing Excellence Celebration**.

**R**adiation oncologist **Paul Aridgides, MD** will see patients at Upstate University Hospital and Oswego County Radiation Oncology. He is a graduate of Upstate's College of Medicine, and after an internship at St. Vincent's Hospital in New York City, Aridgides finished residency training at Upstate, and served as chief resident. He recently completed a pediatric radiation oncology fellowship at St. Jude Children's Research Hospital.



**Progress continues on construction of the Upstate Cancer Center, which was enclosed so that interior work can continue through the winter. Much of the building's exterior is complete. Administrators believe the building will be open for patients by July.**

**S**urgical oncologist **Scott Albert, MD** is seeing patients in Upstate's Patricia J. Numann Center as well as the Hepatobiliary and Pancreatic Surgery programs. He completed a fellowship at Ohio State University College of Medicine after his residency at Upstate.

**A** new plastic surgeon has joined Upstate's breast cancer program. **Prashant Upadhyaya, MD** completed a residency at Creighton University in Omaha and a fellowship at the University of Minnesota before coming to Syracuse. He will also see patients in the Plastic Surgery Clinic and the Patricia J. Numann Center at Harrison Specialty Services Center.

**U**rologic oncologist **Srinivas Vourganti, MD** has joined Upstate Urology. He specializes in voiding dysfunction, female urology and urodynamics and adult urology.

In addition, three researchers have joined the staffs of urology and biochemistry and molecular biology. **Dimitra Bourmpoulia, PhD** studies cancer biology and cell signaling, molecular mechanisms of tumor invasion and metastasis, and prostate cancer development and progression. **Leszek Kotula, MD, PhD** studies cancer biology, cell signaling, mouse models of cancer and the role of actin cytoskeleton in tumor progression. **Mehdi Mollapour, PhD** is studying a protein on which cancer cells depend. ■