

Just for Doctors



News from the Children's Hospital of Michigan

July 2013



*Herman B. Gray, M.D., M.B.A.
Chief Executive Officer
313-745-8737*

Dear Colleagues,

In recent issues of *Just For Docs*, we've shared news about the construction of our new Children's Hospital of Michigan Specialty Centers in Detroit and Canton and Bloomfield Hills. These outpatient facilities, which are now open and serving patients and families, help us provide the most appropriate and convenient access to expert pediatric subspecialty care and services. In recent months, we've also discussed our ongoing and planned renovations to several outpatient and inpatient units within the hospital. But we haven't recently discussed our long-term vision for a major expansion of Children's Hospital of Michigan.

We expect the hospital to expand to provide greater capacity for inpatient care and advanced technologies, but as the health care landscape evolves we need to carefully consider the size and scope of any major hospital expansion. So after several years of focusing on construction of the Specialty Centers and renovations to our existing hospital floors, we are now re-engaging in discussions about a major hospital expansion and, frankly, re-envisioning what that expansion might look like. We're now working with physicians, staff and consultants to develop a long-term expansion strategy that will best support us in achieving this mission.

While there are a number of interesting stories in this issue, I'd like to draw your attention to the story inside about Children's new Physician Leadership Council. As a specialty children's hospital, referring physicians in the community are critical to our success. We rely on your input into what we can do better to serve you and ultimately your patients and families.

The purpose of our Physician Leadership Council is to acknowledge the role community physicians play in treating kids and identify what we can do to help you. Our hope is that our face to face discussions with referring physicians will enable us to fast track answers to your questions and better understand your needs. You are the front door to children's health in our communities and represent a strategic partner for a medical center such as ours. It's a partnership that should be mutually beneficial. We want to know how to be a better resource for you so that you can easily tap into our expertise to benefit the children you serve. When a child needs specialty care, the most experienced hospital in the state with some of the best specialists anywhere is a resource for you and the patients you serve.

This council is also part of a much bigger effort to tell you about what Children's does well, and what makes us different. Part of that effort will soon include having members of our senior leadership team go on the road to talk and listen to referring physicians. We will be starting this soon and you will hear more about it. This is an effort on our part to learn what is important to you and provide you with the knowledge about services and expertise we offer that you might need.

Sincerely,

Herman B. Gray, M.D., M.B.A.
Chief Executive Officer, Children's Hospital of Michigan

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Physician Leader Profile: Jeffrey W. Taub, M.D.

*Jeffrey W. Taub, M.D., FAAP
Division Chief, Oncology
Ring Screw Textron Endowed Chair in
Pediatric Cancer Research
Professor, Wayne State University
School of Medicine*

EDUCATION AND TRAINING

University of Western Ontario, London, Ontario, Canada, M.D., 1987; Children's Hospital of Michigan, Residency in Pediatrics, 1991; Children's Hospital of Michigan, Fellowship in Pediatric Hematology/Oncology, 1994

CERTIFICATIONS

American Board of Pediatrics, 1991, 1998, 2005, 2012; American Board of Pediatrics, Hematology/Oncology, 1994, 2001, 2008

CLINICAL INTERESTS

Childhood Cancers including Leukemia, Lymphoma, and Retinoblastoma; Leukemia in Down Syndrome Children; Pediatric Cancer Survivorship

RESEARCH INTERESTS

Molecular Epidemiology and Pharmacology of Childhood Leukemia

The Pediatric Oncology Program at the Children's Hospital of Michigan is recognized as one of the top pediatric cancer programs in the nation. No other hospital in Metropolitan Detroit treats more children with cancer than the Children's Hospital of Michigan. The multidisciplinary oncology team includes 15 board-certified pediatric hematology and oncology physicians on staff and a highly trained support staff of more than 70 health care professionals. Under the leadership of Jeffrey W. Taub, M.D., FAAP, the Division of Oncology is involved in dozens of clinical trials, including studies of new treatment protocols for solid tumors and leukemia.

Just For Doctors recently spoke with Dr. Taub.

Why is a multidisciplinary approach to pediatric cancer care so important?

We have 15 pediatric hematologists/oncologists on our staff and we also work closely with pediatric specialists in radiology, pathology, surgery and radiation oncology. Our multidisciplinary team also includes oncology nurse specialists, dedicated social workers, pharmacists and child life specialists. We develop an individual treatment plan for each patient and then we all review the plan together in our multidisciplinary team meetings. We have two meetings a week, one for patients with solid tumors and one for patients with leukemia and other blood cancers. This multidisciplinary approach means that every patient has many different experts reviewing their treatment plan so we can be sure we are providing the most appropriate and up-to-date care. As a partner with the Karmanos Cancer Institute, one of only 41 National Cancer Institute-designated comprehensive cancer centers in the country, we also have the resources of additional specialists to aid in the care we provide.

How does your participation in pediatric cancer research and clinical trials help your patients?

My colleagues in the division and I participate in a tremendous number of clinical trials and some of us are also involved in translational laboratory-based research. This means we not only understand the latest thinking and research into pediatric cancer treatment, we're helping to shape it. We participate in many Children's Oncology Group (COG) clinical trials as well as other trials with an elite group of pediatric medical centers including St. Jude Children's Research Hospital and Boston Children's Hospital. In fact, we were one of only five sites in the United States to participate in St. Jude's study of a treatment protocol for acute myeloid leukemia, which turned out to offer the best clinical outcomes for patients that has been reported nationally or internationally. We're also developing new immunotherapies to treat solid tumors. One of the ways all this helps patients is by giving them access to the most innovative treatment protocols before they become widely available. Members of our division have published extensively on pediatric oncology topics in top-rated medical journals and we are contacted by physicians both nationally and internationally for our opinions

about treatment of complicated cases. In fact, just today I was contacted by three different physicians in California, Idaho and Indiana to get my opinion regarding several complicated leukemia cases.

Why is patient volume important in pediatric cancer care?

For years, we sort of intuitively have known that the more children with cancer that you treat, the better you become at it. You gain a better understanding of the various symptoms children may present with when they are diagnosed with cancer, how the different treatment protocols work, what the complications are likely to be, and how best to minimize side effects and complications of treatment. This volume of patients extends from newborn babies to young adults with cancers. For some of our young adult cancer patients, we actually have more experience treating their specific types of cancer compared to adult specialists. Treating such a large number of patients also improves our ability to provide the best psychosocial support for both the patient and their family. This latter point is often ignored, but reflects our focus on family-centered care and ensuring that we provide the best quality of life during this stressful time in any family's life. And since we treat a very high volume of pediatric cancer patients, we've always believed this is one of the reasons we have good patient outcomes. But we didn't really have scientific evidence to back this up until now. A study recently published in the *Annals of Oncology* demonstrates a clear link between higher volume and better outcomes for pediatric cancer care. So we think that's a very important reason for families to seek pediatric cancer care at a large children's hospital like the Children's Hospital of Michigan. We have all the resources and specialists available onsite, including a dedicated pediatric oncology inpatient unit and bone marrow/stem cell transplant unit to treat all patients at our hospital.

How does teaching residents and fellows help you provide better care to patients?

When you are teaching others to become hematologists and oncologists, you need to be at the top of your game. These are very smart doctors and they are always looking over your shoulder and questioning what you are doing and why. They ask a lot of questions and that's good. It really keeps you on your toes. To effectively teach, we

Introducing the Physician Leadership Council

need to be experts in the latest procedures and state-of-the-art treatments. We need to understand how to deal with possible complications and anticipate them. All that just raises the bar on the level of care our patients receive.

How do you and your team celebrate cancer survivorship?

We've treated so many children with cancer over the years and our survivorship rates are excellent, with some cure rates reaching at least 90 percent for certain cancers. It's just wonderful to see a child I treated years ago all grown up and have a family of his or her own now. That's always been very powerful to me and reinforces the important work our entire oncology team provides in treating and curing patients. Children with cancer can grow up and have long, fulfilling lives and raise families of their own. Some of our patients have pursued careers in the medical field, including becoming doctors, pediatric oncologists and oncology nurses. I like to remind patients of that. One of the ways we do that is by having a cancer survivorship celebration every year at C.J. Barrymore's in Clinton Township. It's a very family friendly event and we always have lots of cancer survivors there as well as patients that might be currently going through treatment. Last year we had more than 1,200 individuals at the event. It's a great way to celebrate our successes and for our current patients to meet our cancer survivors and see how healthy and productive they are in their lives post cancer.

The PLC: A Partnership Between the Physicians and Administration

Children's Hospital of Michigan recently formed a Physician Leadership Council (PLC) comprised of 18 physicians of various specialties to serve as a liaison between physician membership and administration.

"We are a 'think tank' for the hospital president," explains co-chair Sharon Tice, M.D. "I agreed to participate in this group because it's not a frivolous committee that gets together just as an exercise. But instead it's a productive council that is committed to discussing issues that are important to both the physicians and administration. Issues are discussed openly and honestly, and action plans are created and immediately implemented."

"This is a great opportunity for us, as the medical staff, to get our needs heard by administration and acted on," explains co-chair Steven Antone, M.D. "Ultimately, this will not only help the hospital flourish, but most importantly, help address issues that will facilitate better patient care. Sitting at the table with administration, we can cut through the bureaucracy and red tape quickly."

To keep referring physicians informed, the issues and solutions discussed at these meetings will be discussed on a quarterly basis in *Just for Doctors*.

Physician Leadership Council Members:

Renny Abraham, M.D.
 Steven Antone, M.D. (Co-Chair)
 Roberto Benejam, M.D.
 Christine Brenner, M.D.
 Raymond Buzenski, M.D.
 Laura Clark, M.D.
 Helen Economy, M.D.
 Lobna Elhasan-Fakih, M.D.
 Luanne Thomas Ewald, FACHE
 Seth Foreman, M.D.
 Raquel Gonzales, M.D.
 Herman B. Gray, M.D, M.B.A.
 Lokesh Guglani, M.D.
 Lakshmi Hanasoge, M.D.
 Prashant Mahajan, M.D.
 Gerard Mosby, M.D.
 LaSharon Samuels, M.D.
 Kenneth Strzelecki, D.O.
 Sharon Tice, M.D. (Co-Chair)
 Rudy Valentini, M.D.
 Najeeb Zoubi, M.D.

Parents BEST

Neonatal and emergency care at Children's Hospital of Michigan gains national ranking as part of Parents magazine 10 Best Children's Hospitals 2013 survey. The Children's Hospital of Michigan ranked among the top 10 in two categories: emergency care (6th) and premie care (7th), and is the only hospital in Michigan to have ranked in these categories.



Physician Relations Team

The Children's Hospital of Michigan Physician Relations Team is available to you. If you would like to hear more about Children's Hospital or would like a physician liaison to visit your office, contact your Physician Relations Team member.



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 Monroe, Lenawee,
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Pediatric Sleep Center Expanding in Detroit and Suburban Locations

The Pediatric Sleep Center at the Children's Hospital of Michigan is expanding to meet the needs of children and families in southeast Michigan. The state's only sleep center designed exclusively for children is adding capacity for overnight sleep studies at its locations in Detroit and Clinton Township and recently opened a new sleep lab at the Children's Hospital of Michigan Specialty Center – Canton. The Sleep Center also offers pediatric sleep studies at the Children's Hospital of Michigan Specialty Center – Dearborn.

"We are focused on access and convenience as well as providing expert pediatric evaluations and care to children with sleep disorders," said Luanne Thomas Ewald, vice president, business development and strategic planning.

The additional sleep lab beds will make it easier for patients and families to schedule sleep studies in locations that are most convenient for them. The additional capacity will also decrease wait time for patients that need a sleep study.

"Our goal is to get new patients scheduled for a sleep study within two weeks of physician referral," Ewald said. "With these new beds in various locations, we should be able to meet that target for families able to travel to any of our four locations."

The Pediatric Sleep Center is a multidisciplinary effort of the departments of Pediatric Pulmonary Medicine and Pediatric Neurology at the Children's Hospital of Michigan. The Sleep Center is staffed by pediatric pulmonologists and pediatric neurologists. Ibrahim Abdulhamid, M.D., serves as director of pulmonary medicine at the Children's Hospital of Michigan and clinical director of the Pediatric Sleep Center at the hospital's main campus. Mohsin Maqbool, M.D., serves as director of the Pediatric Sleep Center at the outpatient locations. In addition to pediatric subspecialty physicians, the Pediatric Sleep Center is staffed by highly trained pediatric sleep technicians who work closely with patients and families to make them feel comfortable and at ease during overnight sleep studies.

"All of our locations are designed with children and families in mind," Ewald said. "Young patients are encouraged to bring stuffed animals or 'blankies' from home to make their overnight stays even more comfortable."

Children experiencing any of the following symptoms should see a sleep specialist at the Children's Hospital of Michigan Sleep Center:

- Significant snoring
- Sleep apnea
- Trouble sleeping (insomnia)
- Excessive daytime sleepiness
- Unusual movements during sleep
- Excessive leg kicking
- Sleep walking
- Evening leg pain
- Nightmares or night terrors
- Problems with sleep or wake schedule
- Daytime behavior problems

"We've had specialists in many different disciplines recognize children with possible sleep disorders and refer to us," Ewald said. "We regularly get referrals from pediatricians, family practitioners, neurologists, ENTs, pulmonologists and plastic surgeons."

For more information or to refer a patient to the Pediatric Sleep Center, just call the Physician Link Line at (877) 99-4THEM. (8436).

Physician
Link
Line



CHILDREN'S HOSPITAL OF MICHIGAN

Want to admit a patient to the Children's Hospital of Michigan?
Consult with a pediatric subspecialist?
Schedule an appointment?
Check the status of your patient?
To connect with Michigan's leading pediatric specialists, day or night...

Just Call
(877) 99-4THEM
8436

Children's Hospital of Michigan

DMC DETROIT MEDICAL CENTER

Children's Hospital of Michigan Specialty Centers

Specialty Center – Birmingham
2059 E. 14 Mile Rd.
Birmingham, MI 48009

Specialty Center – Bloomfield Hills
43097 Woodward Ave., Ste. 204
Bloomfield Hills, MI 48302

Specialty Center – Canton
45250 Cherry Hill Rd.
Canton, MI 48187

Stilson Specialty Center – Clinton Township
42700 Garfield Rd.
Clinton Township, MI 48038
After-hours Pediatric Urgent Care
Monday-Friday, 6-10 p.m.
Weekends/Holidays, 1-7 p.m.

Specialty Center – Dearborn
25325 Ford Rd.
Dearborn, MI 48128

Specialty Center – Detroit
3950 Beaubien Blvd.
Detroit, MI 48201

Alex J. Etkin Specialty Center – Southfield
29120 Franklin Rd.
Southfield, MI 48034

Specialty Center – West Bloomfield
5635 W. Maple Rd.
West Bloomfield, MI 48322

Children's Hospital of Michigan Rehabilitation Centers

Specialty Center – Detroit
3950 Beaubien Blvd.
Detroit, MI 48201

Novi Rehabilitation Center
42005 W. 12 Mile Rd.
Novi, MI 48377

Stilson Specialty Center – Clinton Township
42700 Garfield Rd.
Clinton Township, MI 48038

Physician Leader Profile: Aparna Joshi, M.D.



*Aparna Joshi, M.D.
Interim Chief, Pediatric Imaging
Assistant Professor, Wayne State University
School of Medicine*

Aparna Joshi, M.D. serves as interim chief of pediatric imaging at the Children's Hospital of Michigan. A board-certified pediatric radiologist, she has been a member of the pediatric imaging staff at the Children's Hospital of Michigan since 2000. During that time she has also served as vice chief of the department, which has a medical staff of six board-certified pediatric radiologists and a support staff of 110 imaging techs and nurses.

The department provides all forms of imaging modalities, including digital X-rays, CT scans, 1.5 and 3.0 Tesla MRI scans, ultrasound, fluoroscopy and interventional radiology procedures. The hospital also offers pediatric PET scanning on-site. With three locations in metropolitan Detroit, the program has performed more than 450,000 pediatric imaging exams during the last five years, making it Michigan's busiest pediatric imaging center.

Just For Doctors recently spoke with Dr. Joshi.

How has the Pediatric Imaging Department changed during your 13 years here?

The biggest change is related to pediatric protocols for minimizing radiation exposure during imaging – especially during CT scans. One of my predecessors, Dr. Thomas Slovis, was a leader in recognizing the need to minimize radiation exposure and put protocols in place to make radiography and CT imaging as safe as possible for children. This is still one of our top priorities and we are continually looking for ways to capture the best images with the lowest radiation exposure.

Why should physicians send their patients to your team for pediatric imaging?

Beyond the pediatric protocols to minimize radiation exposure that I mentioned, all of the radiologists on staff here are board-certified in pediatric radiology. We are entirely focused on treating children and we understand the unique diseases and conditions that can present in children. That's all we do, so naturally we are more attuned to what we need to look for in these patients; and the sheer volume of children we examine means that we often see pediatric disorders and conditions that are highly unusual elsewhere. Another hospital might see an unusual condition once a month while we see it almost every day. It's also important to note that all of our nurses and imaging technologists work with children every day. They understand how to

work with kids to get the best images. That's quite unique compared to other hospitals; and our facilities are very child friendly – designed to put children and families at ease, which is very important.

Why is it important to have access to a pediatric sedation team?

Sometimes we need to sedate small children for MRIs. They just can't stay still long enough without sedation. And any time you sedate a child, you want to have the appropriate pediatric experts on hand. Our pediatric sedation team is a combined effort of pediatric anesthesiologists and pediatric emergency medicine specialists on staff at the hospital. They are very capable of handling any airway or breathing problem that might arise during sedation. Of course, those problems don't arise often, but when they do, you want a pediatric ED specialist there to take care of that child. We offer sedation services at the hospital as well as in Clinton Township.

How is the hospital making it easier for patients and families to access these specialized pediatric imaging services?

In addition to our Pediatric Imaging Center at the Children's Hospital of Michigan in Detroit, we also offer expert pediatric imaging services at convenient locations in Clinton Township and Canton. While our largest imaging center with the greatest variety of modalities is located at the hospital in Detroit, our locations in Canton and Clinton Township both provide advanced imaging services and pediatric expertise to better serve children and families. We also offer weekend appointments and try to get patients scheduled as quickly as possible.

How quickly do you report back to ordering physicians?

We see communication with the ordering physicians as a very important part of our job. Beyond being able to acquire and interpret the images, we need to get that information back to the ordering physician in a timely manner. If we're not doing that, we're not doing our job. We strive to report back to the ordering physician within 24 hours and we usually meet that goal. But if we have a critical or unexpected finding, we always call the doctor right away. That's part of our partnership with physicians.

What's the best kept secret about your program?

We have a lot of experience performing fetal MRIs. Our Fetal MRI Program is staffed by pediatric radiologists and subspecialists in

EDUCATION AND TRAINING

Northwestern University School of Medicine, Chicago, IL., M.D., 1994; Columbia-Presbyterian Medical Center, New York, N.Y., Residency in Diagnostic Radiology, 1999; Columbia-Presbyterian Medical Center, New York, N.Y., Fellowship in Diagnostic Radiology, 2000

CERTIFICATIONS

American Board of Radiology – Diagnostic Radiology, 1999; American Board of Radiology – Pediatric Radiology, 2001, 2011

CLINICAL INTERESTS

Pediatric Body Imaging; Ultrasound; Fetal MRI; CT/MRI; Thoracic and Abdominal MR Angiography

RESEARCH INTERESTS

Pediatric Body Imaging; Ultrasound

pediatric neuroradiology and pediatric body imaging. Together, these experts are among Michigan's best at interpreting images of newborns and the developing fetus. We're very proud of this program; it serves such an important need in the community.

Children's Hospital of Michigan Imaging Services

Children's Hospital of Michigan
Bone Density, CT, Fluoroscopy, MRI, PET/CT, Ultrasound, Nuclear Medicine, Interventional Services, X-Ray

Specialty Center - Detroit
Ultrasound, X-Ray

Specialty Center - Canton
Ultrasound, X-Ray

Stilson Specialty Center - Clinton Township
CT, Fluoroscopy, MRI, Ultrasound, X-Ray

To schedule an appointment for your patients call Physician Link Line at 877-99-4THEM (8436)



Private Practice Profile: Baqir Malik, M.D.

Baqir Malik, M.D.

EDUCATION AND TRAINING:

University of Rome School of Medicine, Italy; Henry Ford Hospital, Detroit, MI, Residency in Pediatrics, 2000; Children's Hospital of Michigan, Detroit, MI, Fellowship in Pediatric Emergency Medicine, 2003

CERTIFICATIONS

American Board of Pediatrics, 2002; Pediatric Emergency Medicine, 2009

CAREER

Dr. Malik is board certified in both Pediatrics and Pediatric Emergency Medicine. In addition to his private pediatrics practice in Canton, he also serves on the medical staff of the Emergency Department at the Children's Hospital of Michigan. He serves as a Clinical Assistant Professor of Pediatrics and Emergency Medicine at the Wayne State University School of Medicine.

Baqir Malik, M.D. has worked in the Emergency Department at the Children's Hospital of Michigan since 2003. While he enjoys providing emergency care to children, he wanted to develop longer-term relationships with patients and families to help improve their health over time. So, in 2006, Dr. Malik and his wife, Kauser Malik, M.D., established Canton Center Pediatrics – not far from their home in Canton, MI. Today he splits his time between their private practice and his work in the Emergency Department at the Children's Hospital of Michigan. *Just For Doctors* recently spoke with Dr. Malik.

You have a unique perspective into pediatric primary care and emergency care.

It's true. My background is in pediatrics, but I've worked in the Emergency Department at Children's Hospital of Michigan since 2003. These two roles give me an interesting balance in my medical practice. I can see a child who is relatively

healthy and happy here in my office and then see how a sick child looks in the emergency department. I know how to interact with a happy and healthy family in my office, but I've also learned how to work with distressed children and families in the emergency department. It's quite interesting to see how these two worlds work. Frankly, most doctors do not practice both because it requires a lot of energy, motivation and time.

Why did you open your private practice?

I enjoy practicing pediatric emergency medicine. That's what I was trained to do, but I've always had a passion for primary pediatric care. In the ED, you see a child, you treat them and then they go back home or are admitted. Either way, you usually don't see them again. In primary care, you can follow up with patients and build relationships with families. For example, I might see a child today with vomiting and diarrhea. In three days, this family may return and say it's all better. Or, they may come back with no improvement and we need to take a closer look. I enjoy working with children and families over time to help them improve their health.

Are there situations when you refer patients to the Emergency Department?

Absolutely. I won't hesitate to send a patient to the ED when it's appropriate. But it's fairly well documented that a lot of the care that is provided in emergency departments is care that could have actually been provided in the primary care setting. Maybe 50 to 60 percent of the patients we see in an ED probably could have been cared for by a primary care physician. And this, of course, puts a strain on emergency department capacity. While I won't hesitate to send a patient to the ED when it's appropriate, as a board certified pediatric emergency medicine specialist, I feel there are many things I can do right here in my office. We can treat minor medical and trauma urgencies in the office. For example, I can give a child a breathing treatment. I can remove a foreign object from a child's nose or remove wax from a child's ear. With the appropriate skills and experience, there's no reason I can't do those things in my office; and, ultimately, that helps the EDs provide faster care to the really sick or injured children who need the full range of services available in an ED.

Why did you choose to open your private practice in Canton?

We live in Canton. I always wanted to be the doctor who lives in town and practices in town. Here, I see my patients around the community. They see me and say hello. Sometimes I'll be wearing shorts or at a soccer game. I tell them, "Don't be surprised. I don't always dress like a doctor! I wear shorts. I play soccer too. You might even see me outside doing yard work."

Your practice has grown very quickly in just seven years. Why?

We went from zero patients in 2006 to between 3,000 and 4,000 patients today. I think our patients and families sense that we try to provide compassionate care and we enjoy what we do. And we schedule our patients so they don't have to wait a long time to see us. I actually try to be ready for my patients five minutes before the scheduled appointment time so they can come straight back into the exam room and see me. We also offer same day appointments if you call before 10:30 a.m.

Also, we have a lot of respect for our patients and families, regardless of their ability to pay. If you walk through my door and you don't have insurance, if you don't have money to pay, you'll still be seen. We're not trying to be a free clinic here, but I believe if I see two or three patients a day that cannot pay, it won't make me rich or poor. But it will make me feel good about my practice.

When do you refer patients to the Children's Hospital of Michigan?

In this part of Wayne County, we're actually closer to Ann Arbor. But I always encourage patients to go to the Children's Hospital of Michigan for pediatric subspecialty care like orthopaedics, gastroenterology, neurology/neurosurgery, urology, cardiology and hematology. I give them options; and now since the Children's Hospital of Michigan opened its Specialty Center in Canton, it's even easier to refer patients to subspecialists on staff at the Children's Hospital of Michigan.

Michigan's Largest Pediatric Surgery Program

Pediatric surgeons on staff at the Children's Hospital of Michigan perform more surgical procedures and operations than any other hospital in the state with nearly 15,000 surgeries annually. But why does surgical volume matter?

"A number of studies suggest that higher volume in certain complex procedures positively correlates with better surgical outcomes and improved quality of care," said Joseph L. Lelli, Jr., M.D., Interim Surgeon-in-Chief and Chief of Pediatric Surgery at the Children's Hospital of Michigan. "If you think about that, it just makes sense. The more often you perform a procedure, the better you will get at it."

Bringing a child in for surgery to a place that specializes in children — where outstanding pain management and distraction techniques and complex pediatric instruments are always available — is obviously a plus. The specialized pediatric surgical team at the Children's Hospital of Michigan includes pediatric surgeons, pediatric anesthesiologists

and nurse anesthetists, pediatric radiologists, pediatric pathologists, and pediatric nurses.

"Physicians often refer their most complex pediatric surgical cases to the Children's Hospital of Michigan," said Dr. Lelli. "But many also see the benefit of sending us their less complex cases too. At the Children's Hospital of Michigan, everyone involved in each child's care is exclusively dedicated to treating children."

Pediatric surgeons direct the hospital's extracorporeal membrane oxygenation (ECMO) team, nutrition support team, IV team, burn center and trauma center. The Burn Center at the Children's Hospital of Michigan is the only dedicated pediatric burn center in Michigan — and one of only 10 in the nation — to be verified by the American Burn Association (ABA) and the Committee on Trauma of the American Colleges of Surgeons (ACS). The hospital is also home to the state's first Level 1 Pediatric Trauma Center verified by the American College of Surgeons Committee on Trauma.

"And we were one of the first hospitals in the country to participate in the American College of Surgeons' National Surgical Quality Improvement Program — or NSQIP — for pediatric surgery," Dr. Lelli said. "We believe this really demonstrates our level of expertise and commitment to quality."

Today, Children's Hospital of Michigan pediatric medical specialists are working side by side with Henry Ford Medical Group transplant surgeons, also on staff at Children's, to perform kidney, and now liver transplants at Children's Hospital. This new multidisciplinary Pediatric Liver Disease and Transplant Program will provide a continuum of care for children and teens with liver disease. From expert evaluation and medical management of liver disease to living-donor and deceased-donor liver transplantation, the Children's Hospital of Michigan is metropolitan Detroit's leader in pediatric liver disease care.

For more information or to refer a patient, just call the Physician Link Line at (877) 99-4THEM (8436).

DMC Children's Hospital of Michigan Ranks Among America's Best in U.S. News & World Report's 2013-14 Best Children's Hospitals Rankings

Children's Hospital of Michigan is among the best in the country in pediatric specialties according to the *U.S. News & World Report's* 2013-14 Best Children's Hospitals rankings. The Children's Hospital of Michigan is nationally ranked in seven of the 10 evaluated categories: Cancer (#41), Cardiology & Heart Surgery (#28), Nephrology (#41), Neurology & Neurosurgery (#23), Orthopedics (#37), Pulmonology (#38), and Urology (#17).

The rankings highlight the top 50 U.S. hospitals in each of these pediatric specialties: cancer, cardiology & heart surgery, diabetes & endocrinology, gastroenterology & GI surgery, neonatology, nephrology, neurology & neurosurgery, orthopedics, pulmonology, and urology. Eighty-seven hospitals ranked in at least one of the 10 specialties.

"We are honored and humbled to have the Children's Hospital of Michigan recognized again as one of America's best hospitals for children. This would not be possible without the relentless dedication, commitment and expertise of our entire health care team who care for the children

and families we serve," says Children's Hospital of Michigan Chief Executive Officer Herman Gray, M.D.

U.S. News introduced the Best Children's Hospitals rankings in 2007 to help families of sick children find the best medical care available. The rankings offer families an exclusive look at quality-related information at the individual hospital level.

Each hospital's reputation among doctors was only a small part of what *U.S. News* factored into its rankings. Three-quarters of each hospital's score was determined through an analysis of patient outcomes and data on the structural resources each hospital has for pediatric care. To gather data, *U.S. News* used two surveys: a clinical questionnaire sent to 179 pediatric hospitals and, for the reputational assessment, a survey of 150 pediatric specialists and subspecialists in each specialty. The 1,500 physicians were asked where they would send the sickest children in their specialty, setting aside location and expense.

The rankings are available now online at <http://health.usnews.com/best-hospitals/pediatric-rankings> and will be published in the *U.S. News Best Hospitals 2014* guidebook, available beginning in August.

New Docs on the Block 

The Children's Hospital of Michigan welcomes the following new physicians:

Christine Brenner, M.D.
Pediatrics

Harrietta Christodoulos, D.O.
Pediatric Hospital Medicine

Wael Ghanim, M.D.
Pediatric Hospital Medicine

Rossitza P. Pironkova, M.D.
Pediatrics

Just for Doctors

July 2013



Events & Happenings

Grand Rounds Schedule

The Children's Hospital of Michigan Auditorium, 8-9 a.m.

There will be no Grand Rounds scheduled from Friday, June 14, 2013 - Friday, July 12, 2013

July 19, 2013

Topic TBD

Christopher Mastropietro, M.D.
Critical Care Medicine
Children's Hospital of Michigan

Visit www.childrensdmc.org/cme for additional CME offerings.

Children's Hospital of Michigan Saturday CME Lecture Series in Pediatric Medicine

Topics:

**Pediatric Liver Disease,
Sensorineural Hearing Loss,
Pediatric Surgery, Orthopaedic
Surgery**

Date:

Saturday, August 3, 2013

Time:

7:30 a.m. - Noon

Location:

The Inn at St. John's
44045 Five Mile Road,
Plymouth, MI 48170

Cost:

Free (preregistration is required)

Contact the Physician Link Link at **877-99-4THEM** (8436) or chmlinkline@dmc.org to register or for further information

CHILDREN'S HOSPITAL OF MICHIGAN

56th Annual Clinic Days

Save the Date
October 3, 2013

Westin Book Cadillac Detroit
7:30 a.m. to 4:30 p.m.

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