Grateful to Be Alive
Long Beach doctor’s quick intervention saves a life

P. 6

Plus:
HOPE AND HELP FOR PATIENTS WITH CHIARI MALFORMATION P. 3
NEW TREATMENT FOR ENLARGED PROSTATE P. 5
Our affiliation with Mount Sinai, announced earlier this year, holds great promise for the future of both institutions. The benefits are numerous and include sharing of clinical expertise, medical education and tertiary service development. The final agreement is expected to be completed by the end of this year.

Our cover story highlights how a physician’s astute diagnosis and quick intervention saved a life. Read Andrea L.’s dramatic story on page 6. Thanks to her physician’s dedication and persistence, Andrea L.’s four-month health journey, characterized by unanticipated twists and turns, had a happy ending. This physician’s talent, skills and compassion brought hope to this patient and her family, and they are forever grateful.

On page 3, read about Chiari malformation, a rare structural defect in the cerebellum. South Nassau’s Paolo Bolognese, MD, is advancing the treatment of this disorder and improving the lives of our patients.

An innovative, new approach to treating benign prostate hyperplasia is the Urolift System. On page 5, you will learn about the technique that Michael Herman, MD, is using to give men with this common condition an alternative to medication management or invasive surgery.

I know that you will find this publication both interesting and informative. It is just one of the tools that we use to keep you connected and up-to-date on the exciting developments at South Nassau. Thanks to your ongoing support, loyalty and dedication to the patients we all serve, Andrea and the hundreds of thousands of others whose lives we touch every day can look forward to a healthy future.

Sincerely,

[Signatures]
RELIEVING THE PAIN of an uncommon brain disorder

Stacie O., then 29, had chalked up her persistent headaches and nagging TMJ pain to the stress of her high-powered career. But after a car accident in 2002, an MRI of the brain and cervical spine revealed the Lexington, Kentucky resident had been born with Chiari malformation I, where brain tissue extends into the spine. The uncommon disorder occurs in about one of every 1,000 births, according to the National Institute of Neurological Disorders and Stroke.

In the weeks following the accident, Stacie developed a series of frightening symptoms: numbness in her arms and legs, dizziness, vertigo and dysphagia. Concerned, her primary care physician referred her to a local neurosurgeon for a follow-up evaluation.

Beginning in 2003, she underwent several successful procedures, including posterior fossa decompression surgery, cranial cervical fusion surgery and ventricular peritoneal shunt surgery to relieve pressure on the brain and spinal cord and stabilize the spine. With the surgeries behind her, Stacie settled into a new life as a wife and mother, giving birth to a daughter in 2008.

But by 2016, her world came crashing down. “I was living in a neck brace and cervical traction and was in pain and crying every day. I was also having terrible nausea and vomiting and balance issues,” recalled Stacie, now 45, who said that a leading neurosurgery expert in Iowa told her that “nothing further can be done.” “To be at a place of no hope is a bad place to be,” she said.

After undergoing a series of unsuccessful steroid injections and radiofrequency ablations to relieve her pain, she conducted online research and found neurosurgeon Paolo Bolognese, MD, considered an expert in the treatment of Chiari malformation. In an effort to confirm the diagnosis of craniocervical instability, Dr. Bolognese performed an invasive cervical traction test under fluoroscopy on April 4. “This confirmed what I had suspected,” said Dr. Bolognese. “She had instability of C 1 and C 2 and fractures at C 5, C 6 and C 7. She had neural foraminal stenosis throughout the cervical spine.” The following day she underwent a cranial cervical fusion to stabilize the cervical spine.

“Twelve hours after surgery, I was a different person,” said Stacie. “My vision was improved. The next morning, I could swallow pills, which is what I had difficulty doing. When I arrived back home, my doctors there said I had lost the expression of pain on my face.”

For Stacie, life is looking up. “I’m hopeful now that I’m going to continue to improve,” she said. “I’m so grateful to Dr. Bolognese and the hospital. I’m a veteran of brain and spinal cord surgery and hospitals and the experience at South Nassau was nothing short of amazing. I have a wonderful team in place that treats me like a whole person.”

If you would like to discuss a patient with Dr. Bolognese, you can reach him at 516-442-2250.
A PRIMER ON CHIARI MALFORMATION

Continued from page 3

What causes Chiari malformations?

**Primary or Congenital Chiari malformation:** Often caused by structural defects in the brain and spinal cord that occur during fetal development. This can be the result of genetic mutations or a maternal diet that lacked certain vitamins or nutrients.

**Acquired or Secondary Chiari malformation:** Caused later in life if spinal fluid is drained excessively from the lumbar or thoracic areas of the spine either due to traumatic injury, disease or infection.

**What are the symptoms of Chiari malformation?**
Headache is the hallmark sign of Chiari malformation, especially after sudden coughing, sneezing or straining. Other symptoms may vary among individuals and include:

- Neck pain
- Hearing or balance problems
- Muscle weakness or numbness
- Dizziness
- Difficulty swallowing
- Vomiting

How are Chiari malformations classified?

**Chiari Malformation Type I:** The most common form. Occurs when the cerebellar tonsils extend into the foramen magnum. It is usually noticed in adolescence or adulthood, often by accident during an exam for another condition.

**Chiari Malformation Type II:** Also called classic Chiari malformation, the cerebellum and brain stem tissue protrude into the foramen magnum. Also the nerve tissue that connects the two halves of the cerebellum may be missing or partially formed. Type II is usually accompanied by a myelomeningocele.

**Chiari Malformation Type III:** Very rare and the most serious form of Chiari malformation. In Type III, some of the cerebellum and the brain herniate through an abnormal opening in the back of the skull.

**Chiari Malformation Type IV:** Involves an incomplete or underdeveloped cerebellum. In this rare form of Chiari malformation, the cerebellum is located in its normal position but parts of it are missing and portions of the skull and spinal cord may be visible.

Source: ninds.nih.gov/
UroLift® System Treats Enlarged Prostate

For some men 50 and older, the symptoms are all too common: a frequent or urgent need to urinate … difficulty starting urination … dribbling at the end of urination … a weak urine stream … or a stream that stops and starts.

Benign prostatic hyperplasia (BPH) affects 210 million men worldwide, or about 6 percent of the male population, according to a 2012 report in The Lancet.

“Medication is often the first-line therapy, but relief can be inadequate and temporary, with side effects that can include sexual dysfunction, dizziness and headaches, prompting many patients to stop using the drugs,” said Michael Herman, MD, director of the Division of Urology.

But since 2017, Dr. Herman and his team of urologic surgeons at South Nassau have been implanting the UroLift® System. “UroLift provides men suffering from an enlarged prostate a beneficial first-line treatment alternative to drug therapy or more invasive surgery and has an excellent safety profile,” he said.

UroLift, the first permanent implant to treat symptoms of BPH in men 45 or older, provides an alternative to tissue-removing surgery for the treatment of an enlarged prostate. While other surgical options, such as transurethral resection of the prostate (TURP), can be very effective in relieving symptoms, they can also leave patients with permanent side effects, such as urinary incontinence, erectile dysfunction and retrograde ejaculation (dry orgasm).

The UroLift implants, placed in patients during a minimally invasive surgical procedure through the urethra, act like curtain tiebacks to hold the lobes of an enlarged prostate open. This opens the urethra while leaving the prostate intact.

The UroLift was cleared by the Food and Drug Administration in 2013 after clinical trials demonstrated that patients receiving implants reported rapid symptom improvement, enhanced urinary flow rates, sustained sexual function and improved quality of life.

How Does The UroLift System Work?

The UroLift System uses a revolutionary approach to treating BPH that lifts and holds the enlarged prostate tissue so it no longer blocks the urethra. It is the only BPH treatment performed by a urologist that does not require heating, cutting, or removal of the prostate tissue. The procedure is typically performed using local anesthesia in a physician’s office or ambulatory surgery center. Patients typically return home the same day without a catheter.

Grateful to Be Alive
Long Beach doctor’s quick intervention saves a life

Andrea L., then 62, hadn’t been to a doctor in nearly a decade. Thinking it was “time” for a check-up, she scheduled an appointment with a local internist near her Bayswater, Queens, home who recommended she lose weight and lower her cholesterol. But Andrea didn’t take the advice to heart. “I wasn’t ready to take care of myself,” she said. She did not schedule a follow-up.

Nearly five years after that check-up, Andrea, now 66, experienced fatigue that hit her like a hammer. “I thought it was because I wasn’t sleeping well and that I was carrying around extra weight,” recalled the mother of five. Her daughter suggested she see a different doctor, Lee Weitzman, MD, a Long Beach internist and cardiologist, so Andrea scheduled an appointment.

Following her visit that included an EKG and blood tests, Dr. Weitzman diagnosed Andrea with hypertension and hypercholesterolemia. “Based on the findings of my physical exam, he was concerned that I might have a blockage in the carotid artery to my brain,” she said, “so he scheduled a Doppler ultrasound test, which showed a significant narrowing in the artery, requiring surgery. I also had an abnormal EKG and with my history, he insisted on a stress test and a coronary calcium scan. Dr. Weitzman told me the scan showed blockages in my coronary arteries.”

But before she could undergo surgery on her carotid artery, he recommended a cardiac catheterization to provide more detailed information about the location and severity of the blockages. Hopeful that her condition wasn’t serious, she was stunned to learn she had yet another medical problem. “She had severe triple vessel coronary artery disease,” explained Jason Freeman, MD, director of Interventional Cardiology at South Nassau, who performed the catheterization. “I recommended she consult with a cardiac surgeon for coronary artery bypass grafting.”

Within four months, Andrea had undergone successful open heart surgery and a carotid endarterectomy. “I am a walking miracle,” she said. “If it hadn’t been for Dr. Weitzman, they would have found me on the ground. I can’t believe I had this and didn’t know.”

Andrea believes in second chances and is now in cardiac rehabilitation at South Nassau’s Sports Medicine and Rehabilitation Therapy Center. “Overall I’m feeling good, and I’m watching my diet and physical activity,” she said. “I went to a wedding the other night and I told some people that I am a walking miracle, so I had better do something good with it now.”

To discuss a patient with Dr. Weitzman, call 516-432-2004.

ABOUT THE DOCTOR

Lee Weitzman, MD, is board-certified in internal medicine and cardiology. He has been practicing cardiology and internal medicine for nearly 35 years and has affiliated his practice with South Nassau to expand cardiovascular health and primary care services for residents of Long Beach and the barrier island. Dr. Weitzman earned a medical degree from New York University School of Medicine and completed an internship and residency in internal medicine. He was fellowship-trained in cardiology at New York University Medical Center and Bellevue Hospital.
Half of all adult Americans suffer from serious chronic conditions, such as arthritis, cancer, diabetes, heart disease or dementia, and a quarter have two or more. But coordinating services and comprehensively managing patients with multiple chronic conditions sometimes can be challenging when coping with time constraints.

Enter Connected Care. Launched by the Centers for Medicare & Medicaid Services, Office of Minority Health in partnership with the Federal Office of Rural Health Policy at the Health Resources & Services Administration, the program aims to help primary care providers deliver coordinated care to chronically ill patients while helping them stay on track with their treatment plans.

To be eligible for chronic care reimbursement, primary care providers or qualified clinical staff, under the direction of a physician, must document a minimum of 20 minutes of chronic care management per month. The 20-minute session can be delivered on one day during the calendar month or during several minutes over several days that total 20 minutes during the calendar month. Services can be rendered face-to-face or by telephone.

The billing CPT code for chronic care management services (CCM) is 99490. Medicare’s 2018 allowable fee for CCM is $49.38, with Medicare paying 80 percent and the secondary insurance or patient responsibility set at 20 percent.

However, covered services must meet the following criteria:

- Multiple (two or more) chronic conditions should be expected to last at least 12 months, or until the death of the patient
- Chronic conditions should place the patient at significant risk of death, acute exacerbation/decompensation or functional decline
- Established comprehensive care plans must be implemented, revised or monitored

Taking advantage of CCM services can benefit both patients and health care providers. Patients can better manage their self-care and optimize their health while providers not only increase their clinical revenues, but also improve care delivery and enhance patient satisfaction.

Your Bottom Line
Are You Aware of Chronic Care Reimbursement?
By Nancy Grabow, Practice Management Billing/Coding Specialist

For more information, you can access the CMS Connected Care Tool Kit at: www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/connected-hcptoolkit.pdf
Adjustment of Insulin Dosage by Pharmacists to Prevent Hypoglycemia in Patients with Diabetes

By Christian Brickner, BSPharm, PharmD, CDE, Pharmacy Supervisor

The statistics are troubling. In the mid-1990s, the prevalence of Type 2 diabetes in the U.S. was nearly 9 million. By 2015, that number had skyrocketed to more than 30 million. Fortunately over the past decades, the development of glucose monitoring tools and advances in insulin technology have led to improved management of the disease in the hospital setting.

IMPROVING GLYCEMIC CONTROL

Despite such advances, South Nassau continues to record a higher number of glycemic episodes. To reverse this trend, the hospital has launched a multidisciplinary team consisting of physicians, nurses and pharmacists, some of whom are certified diabetes educators, to prevent recurrent hypoglycemia. One way South Nassau is addressing the problem is by using pharmacists to monitor blood glucose levels throughout the day. Now, blood glucose reports are distributed several times during a 24-hour period to proactively predict hypoglycemia before it occurs.

Efforts to keep blood glucose within an acceptable range also were initiated by South Nassau’s Medical Board. Now, pharmacists who possess a minimum of one year of hospital experience (inclusive of a residency) must pass a competency exam approved by the division director of Endocrinology (or designee) to adjust insulin doses.

The authorized pharmacist will be permitted to decrease the insulin dose by 20 percent to the basal/prandial component of the insulin regimen in patients whose two consecutive finger-stick readings show a decrease in blood glucose greater than or equal to 60mg/dl., resulting in blood glucose of less than 140 mg/dl., or in patients whose two consecutive finger-stick readings are less than 100 mg/dl.

CORRECTIONAL SCALE INSULIN ADJUSTMENTS

Correctional insulin algorithms allow for fine-tuned adjustments of insulin dosing above and beyond the standing orders. South Nassau currently offers three choices of correctional insulin algorithms: low-dose, medium-dose and high-dose. Pharmacists can also make adjustments to these algorithms depending on the patient’s total daily insulin requirements. If a reduction in insulin dosage results in a total daily dose of less than 40 units, then the medium-dose correctional scale insulin will be adjusted to low-dose correctional scale insulin.

At this time, pharmacists are not authorized to make adjustments for patients receiving insulin infusions, using insulin pumps and non-formulary insulin (for example, Tresiba). Prescribers will be contacted if the patient is at-risk for hypoglycemia or if the appropriate medication regimen adjustment falls outside the scope of the protocol described above.

Did You Know?
The prevalence of diabetes (Type 1 and Type 2) will increase by 54 percent to more than 54.9 million Americans between 2015 and 2030.

Source: Population Health Management

Questions? Contact Christian Brickner, pharmacy supervisor, at Christian.Brickner@snch.org or call 516-632-4546.
South Nassau has appointed **Carina Biggs, MD**, trauma medical director and chief of Trauma and Surgical Critical Care Services.

For nearly 10 years, she served as an attending surgeon in the Division of Trauma and Surgical Critical Care and as director of Trauma and Surgical Education at Kings County Hospital in Brooklyn. In addition, she was an assistant professor of surgery at Downstate Medical Center, also in Brooklyn.

After earning a medical degree from the University of Florida College of Medicine in Gainesville, Florida, she completed a residency in general surgery at St. Mary’s Hospital in Waterbury, Connecticut, where she also served as chief resident. Dr. Biggs was fellowship-trained in trauma and surgical critical care at the University of Medicine and Density of New Jersey in Newark, New Jersey. She is board-certified in general surgery and trauma and surgical critical care.

She can be reached at 516-632-3935 or Carina.Biggs@snch.org.

**Fredric R. Moon, DO**, has joined South Nassau’s full-time faculty in Obstetrics and Gynecology.

Dr. Moon is board-certified in obstetrics and gynecology. He obtained a medical degree from New York College of Osteopathic Medicine and completed a residency in Obstetrics and Gynecology at Saint Vincent’s Hospital and Medical Center.

Prior to joining South Nassau Communities Hospital, Dr. Moon served as the medical director of Women’s Contemporary Care Associates. He was also the division director of the Department of Obstetrics and Gynecology and an attending physician at NYU-Winthrop Hospital.

He can be reached at 516-227-3333 or FredricR.Moon@snch.org.

Long Beach cardiologist, **Lee Weitzman, MD**, affiliates with South Nassau to enhance health care services on the barrier island.

Lee Weitzman, MD, a Long Beach-based physician, who has been practicing cardiology and internal medicine for nearly 35 years, is affiliating with South Nassau to expand cardiovascular health and primary care services for residents of Long Beach and the barrier island.

Dr. Weitzman earned a medical degree from New York University School of Medicine and completed an internship and residency in internal medicine. He was fellowship-trained in cardiology at New York University Medical Center and Bellevue Hospital. He is board-certified in internal medicine and cardiology.

He can be reached at 516-432-2004 or at Lee.Weitzman@snch.org.

South Nassau Communities Hospital has named **Carlos Montoya-Iraheta, MD**, chief of Pediatric Cardiology.

Prior to joining South Nassau Communities Hospital, Dr. Montoya-Iraheta was the division director of Pediatric Cardiology at NYU-Winthrop Hospital for 25 years.

Dr. Montoya-Iraheta is board-certified in pediatric cardiology. After earning a medical degree from the University of San Carlos in Guatemala, he completed a residency at SUNY Downstate Medical Center in Brooklyn. He was fellowship-trained in pediatric cardiology at the College of Physicians and Surgeons of Columbia University.

He can be reached at 516-497-PEDS or Carlos.Montoya-Iraheta@snch.org.
Becker’s Hospital Review has named Adhi Sharma, MD, executive vice president of clinical and professional affairs and chief medical officer, to its prestigious list of “100 Hospital and Health System CMOs to Know” in the United States. The list is based on individuals’ experience in overseeing medical and quality affairs at their respective organizations.

South Nassau recognized Emergency Department physician Stephen Gunn, DO, third from left, with the Physician of the First Quarter Award for 2018 at the physicians’ Quarterly Staff Meeting on March 6. He was selected for his commitment to patient care and the hospital’s mission and values. Dr. Gunn joined the Emergency Department staff in 2005. He poses with, from left, Adhi Sharma, MD, executive vice president of clinical and professional affairs and chief medical officer; Stephen Onesti, MD, immediate past president of the medical staff; and Joshua Kugler, MD, chairman of the Department of Emergency Medicine.

Nicholas J. Tarricone, MD, of the department of Obstetrics and Gynecology, is the recipient of the Physician of the Second Quarter award. South Nassau honored Dr. Tarricone, third from left, for demonstrating excellence and compassion in patient care and for embodying the spirit of South Nassau’s mission. He was appointed to the medical staff in 2007. From left, Aaron Glatt, MD, chairman of the department of Medicine and hospital epidemiologist; Alan Garely, MD, chairman of Obstetrics and Gynecology and director of Urogynecology; Stephen Onesti, MD, immediate past president, medical staff; and Rajiv Datta, MD, chairman of the Department of Surgery and medical director of Gertrude & Louis Feil Cancer Center.

The Physician of the Quarter award was established by the 13-member Physician Engagement Committee, part of the Service Excellence Steering Committee, which aims to enhance patient-centered performance initiatives. Once per quarter, the program recognizes an upstanding physician member of the medical staff.
News Notes:

Alexander Gorny, MD, department of Hospitalist Medicine, published “A MRSA Infection in a Diabetic Patient Following Laparoscopic Cholecystectomy” in the April issue of Eurasian Journal of Clinical Sciences.

Sydney S. Yoon, MD, Director of Interventional Radiology, has been elected a Fellow in the American College of Physicians. He also has been elected to serve a three-year term at the University of Chicago’s Medical & Biological Sciences Alumni Association’s council.

Steven M. Weiss, MD

The International Infectious Diseases Society of America has identified South Nassau’s Antimicrobial Stewardship Team as a Center of Excellence. The designation recognizes hospitals with high standards in stewardship programs that strengthen local expertise, and track, evaluate and report antibiotic use data. South Nassau is one of 18 such programs in the U.S., one of three in New York state and the only one on Long Island to receive the recognition.

The Department of Medicine has been accredited by the Accreditation Council for Graduate Medical Education to begin a three-year Internal Medicine Residency program led by Dr. Steven Weiss, South Nassau’s new residency program director. The first group of 30 students will start in July 2019.

HONORING SOUTH NASSAU’S PHYSICIANS

South Nassau marked National Doctors Day on March 30, by recognizing its more than 850 physicians for their work and dedication to keeping the community healthy. From left, Joanne Newcombe, RN, vice president for Community Health Development, and Joshua Yedvab, vice president of Network Development and Human Resources, pose with Frank Coletta, MD, co-director of Critical Care, and Neal Scolknick, MD, medical director of South Nassau’s Transitional Care Unit and chairman of the New York Medical Partners Independent Practice Association and Accountable Care Association.

NEW MEDICAL STAFF

Barry Katzman, MD
Surgery

Jenna Razeq, PA-C
Surgery

Renee McIntosh Thompson, FNP
Surgery

Eliana Weinberg, PA
Medicine

Alpeshkumar Bavishi, MD
Medicine

David Bezov, MD
Medicine

Daniel J. Flinn, PA-C
Surgery

Richard A. McCormack, MD
Surgery

Jeoniel Michel, PA
Surgery

Elizabeth Morrison, MD
Surgery

Nay Lin Oo, MD
Medicine

Ankineedu N. Prasad, MD
Medicine

Rinkhu Shah, PA-C
Surgery

Avery Sills, PA-C
Surgery

Steven M. Weiss, MD
Family Practice

Alexander J. Wicker, PA-C
Surgery

Stanislav Avshalumov, DO
Surgery

David Friedman, MD
Obstetrics/Gynecology

Nakul Karkare, MD
Surgery

Thor Robert Rhodin, MD
Surgery

William B. Terrin, MD
Emergency Medicine

Physicians’ Forum • Early Fall 2018 | 11
save the date:

2018 Soirée Under the Stars
Saturday, September 29, The Seawane Club, Hewlett Harbor

We’ve Added FUN to Fundraiser! Building on the success of last year’s most successful gala ever, we have moved the event to the South Shore and will reprise an extended two-hour reception outside under the early autumn sky - featuring unlimited top-shelf open bar, passed hot and cold hors d’oeuvres and popular food and carving stations, cold seafood bar and summer salads followed by an hour of first-class, Broadway-quality entertainment, and deluxe dessert display.

This event benefits the ED Expansion Campaign. To purchase tickets or sponsorships, call 516-377-5360.

physicians’ events calendar

2018 Quarterly Staff Meeting

When?
Tuesday, Oct. 2, from 5:30 p.m. to 7:30 p.m.

Where?
North Addition Conference Center A, B and C

Providing Language Assistance to Limited English-Proficient Patients

Office-based Medicaid providers can now be reimbursed for language interpretation services to limited English proficient patients in their offices. This includes language services provided over the phone through companies such as CyraCom, which offers interpretation services in more than 170 languages, 24 hours a day, seven days a week. For more information, refer to the “New York State Medicaid Update,” October 2012, V. 28, No. 11.

Read Physicians’ Forum online! go to www.southnassau.org and click on the “Medical Staff” link.