

Rounds

SAVE THE DATE
Alumni Jubilee
October 8-10, 2020

*Hospital Receives
Prestigious Baldwin
Award!*

New hope for Advanced Pancreatic Cancer

See page 2

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Rounds

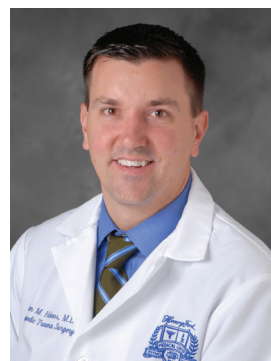
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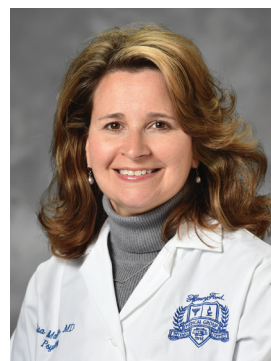
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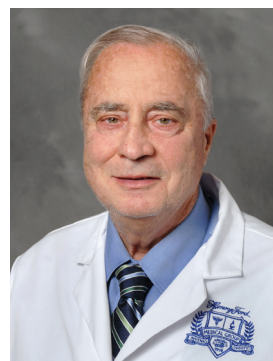
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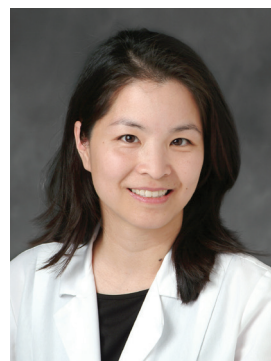
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FROM THE PRESIDENT

It's spring, and after another long, cold Michigan winter, everything around us is starting to feel new again—the trees, the grass, the sunshine.

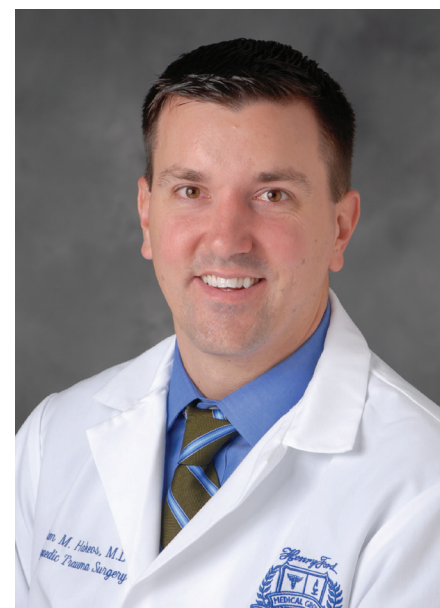
Though spring always feels like the perfect opportunity for a fresh start, Henry Ford has never needed the change of seasons as an excuse to try something new or, better yet, reinvent something old.

In this issue, you'll hear about some of the ways we've been taking tried-and-true treatments and technologies and turning them into potentially groundbreaking new solutions for the most pressing problems in the areas of cancer and cardiac care. And, true to form, we're doing it in a way that puts the patients' wellbeing and quality of life at the forefront.

These new developments in treatment and research come at a time when Henry Ford is also being recognized for its excellence in both patient safety practices and in fostering an exemplary educational environment for our residents and fellows.

In November, for the first time ever, all five of our acute care hospitals earned 'A' grades from the Leapfrog Group for patient safety performance—one of just two hospital systems in the nation to achieve 'A' grades across the board. In March, Henry Ford received the prestigious DeWitt C. Baldwin Jr. Award from the Accreditation Council for Graduate Medical Education and The Arnold P. Gold Foundation for outstanding resident education.

One final note: since we're well into 2019, it's certainly not too early to start thinking about the 2020 Henry Ford Medical Association Jubilee reunion. I am thrilled to bring this event—and all of our outstanding friends and colleagues—back to Detroit in October, 2020. I'm looking forward to everything that we will achieve between now and then that will give us even more cause to celebrate.



William Hakeos, M.D.
Henry Ford Medical Group Alumni Association

FEATURE

Pancreatic cancer
survivor Jack Liang
and his wife Debbie.

Getting S.M.A.R.T. *about* pancreatic cancer

WE'RE TREATING CANCER AGGRESSIVELY, WHILE TREATING HUMANS COMPASSIONATELY. THAT MEANS USING TREATMENT METHODS THAT ARE MORE TARGETED AND REDUCE THE POSSIBILITY OF CANCER COMING BACK. BUT IT ALSO MEANS FIGURING OUT WAYS TO ELIMINATE THE COLLATERAL DAMAGE THAT CHEMOTHERAPY AND RADIATION CAN CAUSE ON THE BODY—SO THAT LIFE DURING TREATMENT IS EASIER, AND LIFE AFTER TREATMENT IS NOT ONLY POSSIBLE, BUT BETTER.



Pancreatic Cancer: A Diagnosis *No Doctor Wants to Deliver...*

...and No Patient Wants to Receive.



EYES ON THE TARGET

The Henry Ford Cancer Institute was the first in the world to use the ViewRay MRIdian Linac system in 2017, when it debuted the MRI-guided radiation technique. More than two-thirds of cancer patients receive radiation as part of their treatment, but the ViewRay has proven particularly useful in cases where accuracy is difficult due to movement of the tumor and the area around it. The pancreas is one of those areas.

The SMART trial will evaluate the effectiveness of watching the pancreas in real-time, using the ViewRay MRI, while delivering the radiation beam directly to the target location. This new level of precision could allow higher, ablative doses of radiation to be delivered without increasing the toxicity of the surrounding gastrointestinal organs.

It worked for Henry Ford patient Jack Liang, who received a pancreatic cancer diagnosis in May of 2017, and was in remission less than a year later after

undergoing radiation treatment delivered by the then-brand-new ViewRay MRIdian Linac system at Henry Ford Medical Center—Grosse Pointe.

After chemotherapy alone didn't seem to be effective in shrinking the tumor on Jack's pancreas, he met with David Kwon, M.D., Director of Surgical Oncology at the Henry Ford Cancer Institute and Director of the Multidisciplinary Pancreas Clinic at Henry Ford Hospital to discuss other options. Dr. Kwon introduced Jack to Jadranka Dragovic, M.D., radiation oncologist and Medical Director of the Edith McNaughton Ford Radiation Oncology Center. Dr. Dragovic recommended this highly targeted MRI-guided treatment for Jack's case.

Dr. Dragovic explains: "Jack's tumor was located in the midst of other critical organs, such as the duodenum, small bowel, and kidneys, organs that can get damaged by radiation in higher doses. With ViewRay we are able to not only reduce the amount of normal tissue in

the radiation field, we can actually see and track the tumor in real-time, as it's being irradiated and control for tumor motion (due to breathing) by coaching the patient when to hold their breath, so the tumor stays in the targeted area."

After radiation therapy, there were continuing, positive changes in Jack's tumor. The CA 19-9 tumor marker that indicates the presence of pancreatic tumor cells in the body continued to decrease into a "normal range," meaning cancer cells were dying. The tumor was now one-third its original size. The radiation therapy had destroyed, or ablated, the tumor cells.

A few months after treatment, tests showed no signs of active cancer cells in his body. A year after his diagnosis, he was hiking national parks in Utah with his family.

"I think about how the planets aligned with chemotherapy and how Henry Ford Medical Center-Cottage got this new radiation therapy in July of 2017, so close to our home. It's hard to grasp how all of this happened," says Jack. "The confirmation from Dr. Kwon and other surgeons about the fortuitous changes to my tumor, I just shake my head. It's very humbling."

With more than 50,000 new cases of pancreatic cancer diagnosed each year, the success of this clinical trial doesn't just mean more survivors, it means healthier survivors. Like Jack.

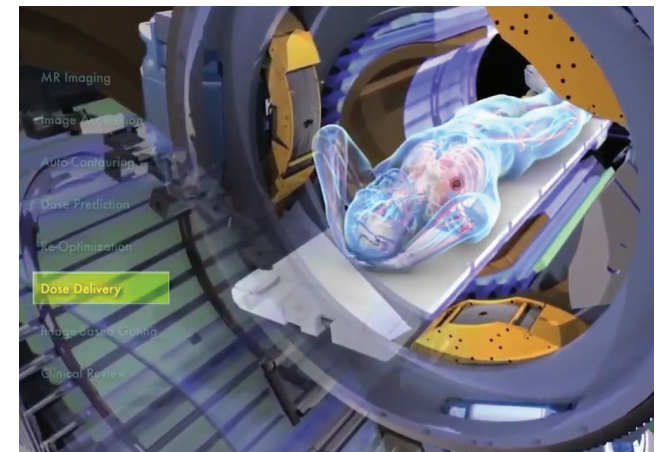
BUILDING ON OUR STRENGTHS

The Henry Ford Cancer Institute has long been a high-volume treatment center for pancreatic patients, making it uniquely positioned to support a clinical trial like this one. Now, an anonymous \$20 million gift, which in 2018 established a dedicated Pancreatic Cancer Center, is enabling doctors and researchers to partner with best-in-class national and international organizations to strive for even bigger innovations in pancreatic cancer research.

Researchers will take a multi-pronged approach to screening, diagnosis, and treatment. They're focusing on identifying both biomarkers of the disease, and patterns in patients' medical records (which will be analyzed using artificial intelligence) as potential clues to earlier detection. They will also push for investigator-initiated clinical trials.

The \$20 million gift will support the organizational infrastructure necessary to guide these studies. Henry Ford will establish and lead a Multi-Institutional Pancreatic Consortium of experts around the globe, and three endowed leadership positions in the Pancreatic Cancer Center: an administrative director, a clinical leader, and a research leader.

Like any work with great consequence, the SMART trial, and the big-picture research that Henry Ford Cancer Institute has begun to build around it, will take time. But if all goes well, it will give that time back—thousands of times over—to the trial participants, and to all the patients who come after.



With the patient situated in the MRI machine, physicians can get a clear view of what's happening inside their bodies and position the radiation beam accordingly.

"While we've made incredible advances in cancer diagnosis and treatment...we need a global crowd-sourced effort to diagnose pancreatic cancer earlier and give patients a fighting chance for survival."



STEVEN N. KALKANIS, M.D.,
MEDICAL DIRECTOR OF THE HENRY
FORD CANCER INSTITUTE

CANCER CARE

Keeping *her* Identity Alive



Left photo: *Laura Carey*

Right photo: *Laura wears the cooling cap during a chemotherapy treatment.*



Currently, insurance does not cover the cost of the cooling cap, which is available for purchase online.

“We are working to convince some of our payers to pay for this technology,” says Dr. Ali. “Right now, our philanthropy money is helping us understand what we need to do, so we can find a way to use this technology for more women.”

HAYTHAM Y ALI, M.D.

MEDICAL ONCOLOGY SPECIALIST FOR THE HENRY FORD CANCER INSTITUTE

Breast cancer patient Laura Carey, like so many patients—especially women—who go through chemotherapy, just wanted to continue going about her daily life during treatments. But a big part of “business as usual” is “looking the part,” and the hair loss that comes as a disheartening side-effect of chemotherapy makes that *really* difficult.

“This is not about vanity. It is about women being able to keep their privacy. Using a hat or bandana declares to the community that something is going on with this person, and patients may not want to disclose that. It can be very distressing,” says Haytham Ali, M.D., senior medical oncologist for the Breast Cancer Program at Henry Ford Cancer Institute. This can be particularly distressing for breast cancer patients, who may have also undergone a mastectomy *and* are facing hair loss.

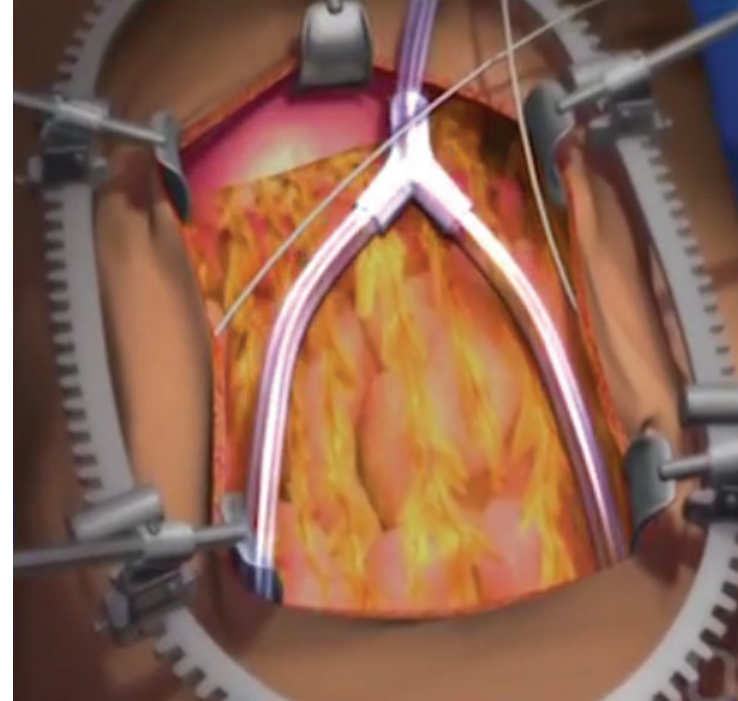
Enter: Paxman.

It’s an FDA-approved, innovative cooling cap system that keeps a uniform temperature of 64 degrees on the scalp. Liquid flowing through the cap picks up

heat from the scalp, moves it back into a cart refrigeration system to be cooled, then recirculates it. This process helps prevent hair loss by keeping the scalp cool enough that blood vessels become constricted and reduce the flow of chemotherapy to the scalp. When fewer drugs are distributed into the scalp tissue, hair follicles have less contact with the chemotherapy, and are spared.

Carey is among the first breast cancer patients at the Henry Ford Cancer Institute to successfully prevent and reduce hair loss during chemotherapy with Paxman, and she was able to return to work one week after beginning treatment, with nobody the wiser.

“I came back to work after chemotherapy treatment and nobody knew my health status,” says Carey, a 51-year-old corporate director at a major health system in Southeast Michigan. “I can be out with friends and family and they don’t focus on the fact that I’m sick. Even though it’s just the hair that they see, it may give them confidence that I’m still the same, or things are going to be OK.”



Left photo: *An illustration depicts the tools and process required to apply chemotherapy directly to the affected organs after tumors have been excised.*

Right photo: *Lindsey and Brett Finsilver, who helped bring the HIPEC program at the Henry Ford Cancer Institute to life.*

Fighting Aggressive Cancer—*Aggressively*

It’s been more than two years since the Lindsey and Brett Finsilver HIPEC Program was added to the roster of treatment options at the Henry Ford Cancer Institute, and it’s already making a difference for patients with appendiceal, colorectal, gastric, or ovarian cancer that has spread to the lining of the abdomen.

HIPEC (hyperthermic intraperitoneal chemotherapy) takes an aggressive, two-pronged approach that looks nothing like the traditional chemotherapy-via-intravenous-drip procedure most people are familiar with.

First, doctors perform surgery to remove all visible tumors from the affected areas of the abdomen. Then, heated chemotherapy is delivered directly to the surgical site and the surrounding organs. It is a complex procedure that can

take up to 12 hours, but the benefits outweigh the challenges. Allowing the affected area to bathe in chemotherapy destroys any microscopic cancer cells in the abdomen that couldn’t be excised with the tumors during the surgical portion of the procedure, while minimizing the rest of the body’s exposure to such a strong dose of chemotherapy.

“Our program gives hope to patients who will benefit from this specialized treatment,” says Adnan Munkarah, M.D., Executive Vice President and Chief Clinical Officer. “We are encouraged by the extended survival rate for patients who are in HIPEC treatment and see tremendous value by offering this option to patients who have had to travel out of state for treatment in the past,” Dr. Munkarah says.

Dr. Munkarah adds that the Cancer Institute is deeply grateful to Lindsey Finsilver, who enthusiastically championed the HIPEC cause while fighting a courageous battle with appendiceal cancer. The Lindsey and Brett Finsilver HIPEC Program is so named to honor the \$1.5 million Lindsey helped raise to get the program off the ground.

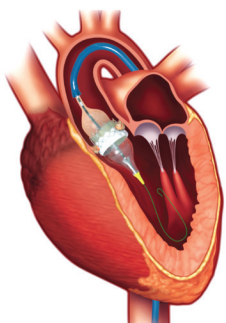
The HIPEC program is comprised of new equipment to perform the treatment and an integrated HIPEC team of more than 30 cancer specialists, including specialty-trained surgical oncologists, medical oncologists, anesthesiologists, nurse navigators and other support staff.

Julie Oldani, who is alive today thanks to the quick action and a leading-edge procedure performed by doctors in the Center for Structural Heart Disease at Henry Ford.

FEATURE

Unbreaking A Heart, On Valentine's Day

LOOK NO FURTHER THAN SOME OF OUR LATEST CARDIAC SUCCESS STORIES FOR PROOF THAT WE'RE NOT AFRAID TO PIONEER GROUNDBREAKING NEW SURGICAL PROCEDURES, BUT WE'RE ALSO NOT AFRAID TO TAKE TRIED-AND-TRUE TREATMENTS FOR COMMON HEART CONDITIONS AND USE THEM IN INNOVATIVE NEW WAYS, TO TREAT EVEN THE MOST PERPLEXING CASES. AS LONG AS HENRY FORD HEALTH SYSTEM IS AROUND, PATIENTS WILL NEVER BE OUT OF OPTIONS.



FEATURE

BASILICA Procedure Keeps the *Blood Flowing*

The Impella heart pump wasn't always part of the protocol for treating cardiogenic shock, but thanks to the pioneering work of Henry Ford physician Dr. William W. O'Neill, there is now a national network of hospitals that are beginning to include the Impella pump in their treatment protocols and track its effectiveness. In Southeast Michigan alone, the survival rate for cardiogenic shock has jumped from 51% to 76% among participating hospitals. The key to this success? Recognizing the signs of cardiogenic shock, and inserting the Impella as soon as possible thereafter to keep the patient's blood pumping while treatment is administered.



WILLIAM W. O'NEILL, M.D.,
MEDICAL DIRECTOR OF
THE CENTER FOR
STRUCTURAL HEART
DISEASE AT HENRY
FORD HOSPITAL

Julie Oldani of Bloomfield Hills knew something was wrong when she couldn't seem to get through her daily activities. "It seemed that I couldn't walk five steps without resting or catching my breath," she says.

So she came to see a Henry Ford doctor—and thank goodness she did. An electrocardiogram showed that Julie needed immediate cardiac catheterization, and she was transported by ambulance to the hospital that very day, where she was admitted to the intensive care unit. Things escalated very quickly. Julie was on the verge of cardiogenic shock, and the cardiac team supported her heart with an Impella heart pump and inserted three stents—but what Julie really needed was an aortic valve replacement.

She was a candidate for Transcatheter Aortic Valve Replacement (TAVR), and would also require the newly developed BASILICA procedure—to be performed during TAVR. BASILICA stands for Bioprosthetic Aortic Scallop Intentional Laceration to prevent Iatrogenic Coronary Artery obstruction.

She would be just the 22nd patient in the world to have this life-saving procedure, and it would be done on Valentine's Day—the perfect day to fix a broken heart.

Julie's BASILICA procedure was

performed by Marvin Eng, M.D., director of Research for the Center of Structural Heart Disease and Structural Heart Disease fellowship director at the National Institutes of Health Team.

Dr. Eng explains, "In some patients the native valve's leaflets block the flow of blood to the coronary arteries as the new valve's scaffolding opens. The complication is fatal unless corrected and is prevented during traditional open heart surgery by cutting away the native valve itself."

"The BASILICA procedure solves this issue by weaving an electrified wire the size of a sewing thread through a catheter using it to slice the patient's native aortic leaflet. The slice prevents the flap from blocking critical blood flow through the heart when the doctor deploys the new valve."

After almost three weeks in the ICU, Julie began the Henry Ford Cardiac Rehabilitation Program's two to three weeks of rehabilitation, but Julie's breathing improved so well that she finished after five days. "Now I have no restrictions. I can walk for several miles and continue my busy professional and volunteer careers without experiencing any previous symptoms," she says.

Julie adds, "That Valentine's Day, a new life was breathed into me."

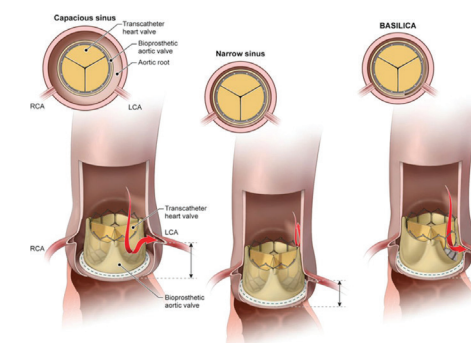


Approximately
5 million
people in the U.S. are
diagnosed with **HEART VALVE
DISEASE** annually. With an
aging population that is
often *too frail for open-heart
surgery*, more than

20,000 Americans
die of the disease each year,
according to the American
Heart Association. The
BASILICA procedure
performed during **TAVR**,
can significantly reduce this.

"There is not a day that goes by that I fail to reflect on how fortunate I am to have experienced such excellent care at Henry Ford. I faced extremely challenging health issues and each person who cared for me along the way respected my personal dignity. The words 'thank you' seem inadequate."

—JULIE OLDANI, HEART PATIENT



The BASILICA procedure uses an electrified wire to create a slice that prevents the patient's aortic flap from blocking blood flow through the heart.



“At Henry Ford, we’re continually working to advance science in the field of cardiology to provide the best care available to our patients.”

—HENRY KIM, M.D., CARDIOLOGIST AND MEDICAL DIRECTOR OF THE EDITH AND BENSON FORD HEART & VASCULAR INSTITUTE.

Moving at A Good ‘Clip’ Toward A Better Life for Heart Patients: *The COAPT Trial*

“The study is unprecedented in the fact that it brings a mitral valve and heart failure treatment option to patients who had been told in the past their heart failure was no longer treatable.”

—DEE DEE WANG, M.D., DIRECTOR OF
STRUCTURAL HEART IMAGING AT HENRY FORD

Mitral regurgitation is a common valve disorder with a wildly inconsistent prognosis. In some patients it causes a nearly-undetectable heart murmur and occasional bouts of fatigue. In others, it causes far more serious and disruptive heart palpitations and shortness of breath that make daily activities difficult and daunting. For some patients, it is nothing more than a mild nuisance for the duration of his or her life. For others, it can lead to heart failure.

But for patients who *already* have heart failure, dysfunction of the mitral valve—known as secondary mitral regurgitation—the prognosis is more consistent: it is an added burden that drastically affects their quality of life and the way they manage their condition. It can make simply *living* feel daunting. And it can mean more medication, more frequent hospitalizations, and a higher rate of all-cause mortality.

Doctors from institutions around the country were universally in agreement that they didn’t like that prognosis. So they launched a clinical trial.

Eight years later, the COAPT trial (which stands for Cardiovascular Outcomes Assessment of the Percutane-

ous Therapy) has become one of the most clinically impactful, landmark studies in recent history, and highlights the work of doctors in the Center for Structural Heart Disease at Henry Ford.

The trial centered around a dime-sized device called the MitraClip, which holds the leaflets of the mitral valve together so that it can close tightly and prevent blood from leaking back into the atrium. Implantation of the MitraClip is a transcatheter procedure, something that Structural Heart physicians have pioneered and refined for optimal patient safety. The procedure involves inserting the device through a blood vessel in the leg, eliminating the need for open heart surgery, which is an added benefit for patients whose hearts are already under great stress.

Investigators in the study hoped this minimally invasive repair would result in symptomatic improvement, fewer hospitalizations, and improved survival. It was a long shot, but they hoped it would make heart failure patients’ lives better.

They enrolled 614 patients in the study. All had moderate-to-severe leaky valves that hadn’t responded to medical treatment. They were divided into a control group of 312 patients who

continued with guideline-based medical therapy, and a device group of 302 patients who received the MitraClip along with the medical therapy.

Two years into the study, there was already a marked difference: 160 patients with the MitraClip were hospitalized for

heart-failure related concerns versus 283 patients in the control group. All-cause mortality rates at the two-year mark were different, too: 29.1 percent in the device group, compared to 46.1 percent in the control group.

In short, preliminary conclusions point to the study being a success. And for a place like Henry Ford, that means one more innovative treatment option to offer to our most critical heart patients—who come to us because they feel like they’ve run out of options.

20 minutes to A Better Life

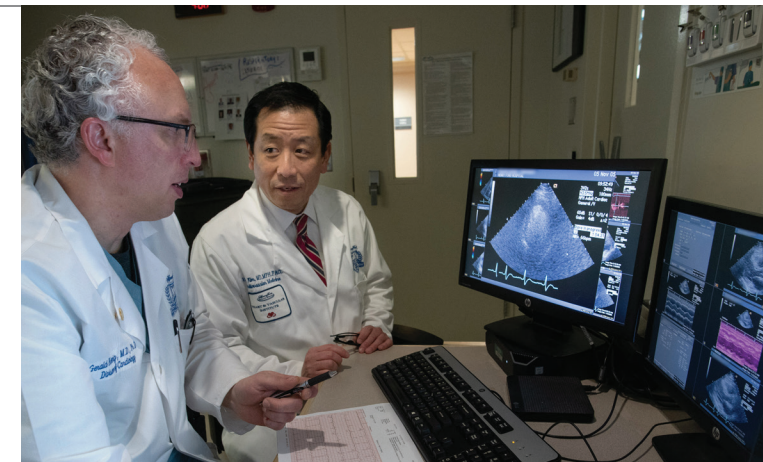
For the first time ever in the United States, cardiologists at Henry Ford Hospital used a device previously used only in Europe to treat a particularly difficult case of angina.

At the time the middle-aged, Detroit-area patient came to our cardiac doctors for care, he was taking nitroglycerin two to three times a week, and could walk just two blocks before experiencing debilitating chest pain due to angina. Needless to say, his quality of life wasn’t great.

It took 20 minutes—and several weeks of recovery, of course—to completely turn his condition around.

The procedure involves a device called the Neovasc Reducer: a stainless steel, hourglass-shaped mesh just three millimeters wide at its smallest point. Implantation into the coronary sinus is minimally invasive, via the internal jugular vein. And in six to eight weeks, as tissue begins to grow around the mesh, it narrows the passageway through which blood flows out of the coronary sinus. This creates backflow pressure that pushes blood into the areas that weren’t previously getting enough oxygenation—which it what caused angina in the first place.

In Europe, the procedure gave seventy percent of patients relief from their symptoms. And here in the States, it has the potential to do the same. The Henry Ford patient reported at



Dr. Gerald Koenig (left) and Dr. Henry Kim evaluate a cardiac patient to determine if they are a good fit for the Neovasc Reducer procedure.

his 12-week follow-up that his pain, previously at a 7-8/10 on the pain scale, was down to a two or three. He was down to one or two nitroglycerin doses a month and could walk miles without showing symptoms. Miles!

Trials and development are still underway to make the Neovasc Reducer a mainstream option in the United States, but Henry Ford administration and the U.S. Food and Drug Administration (FDA) considered this a “compassionate use” case, for which no other medically viable, commercially approved options were available to the patient.

This is just another example of Henry Ford’s commitment to finding treatment for the most stymying cases and providing care and relief to patients who thought they might never find it.

Q

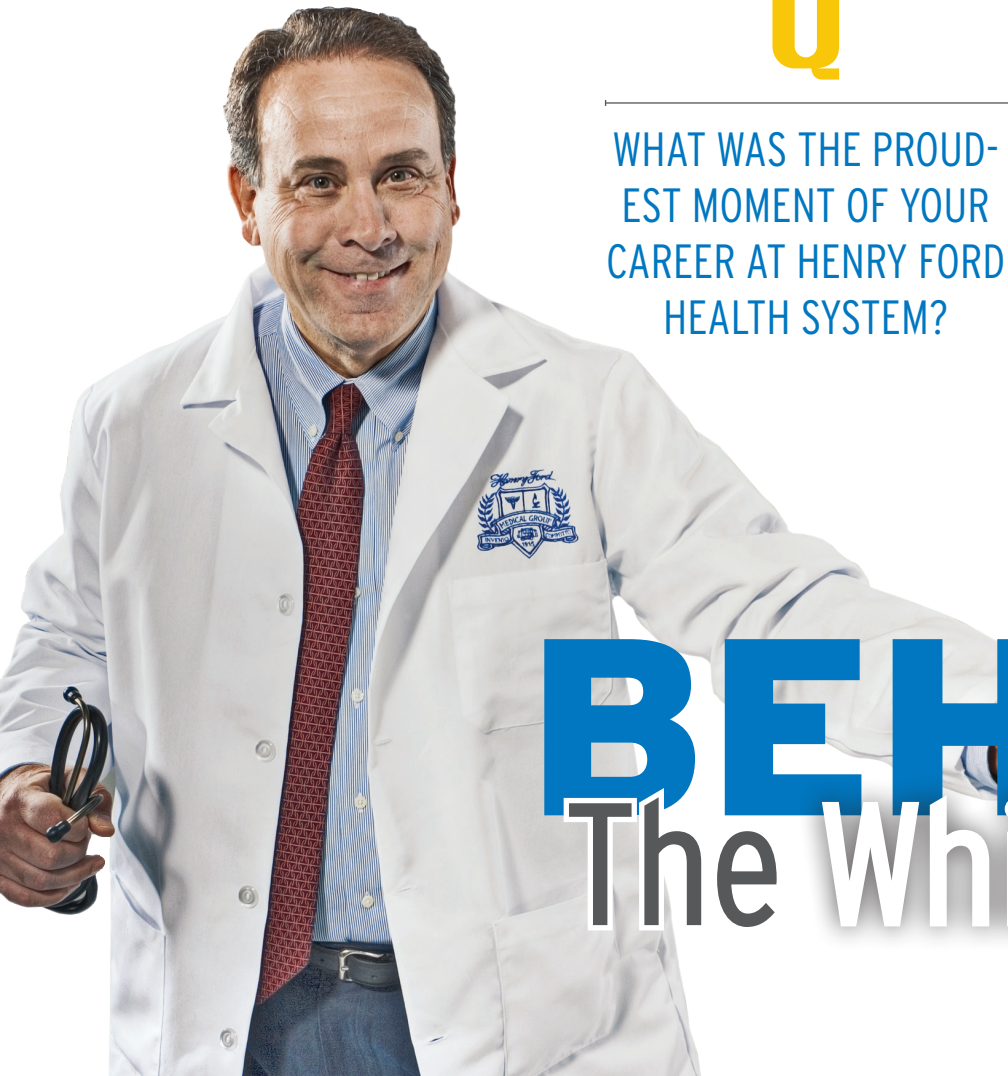
WHY DID YOU
BECOME A
PHYSICIAN?

I was strongly influenced by my grandfather, who worked as a machine repairman at the pharmaceutical firm Parke Davis and managed a small farm where my family lived. He had a passion for life and a fascination with all things biological. He also had tremendous respect for the doctors and researchers he saw at Parke Davis. He shared that passion with me at a very early age and by the time I was ten years old I knew I wanted to be a physician.

Q

WHAT WAS THE PROUD-
EST MOMENT OF YOUR
CAREER AT HENRY FORD
HEALTH SYSTEM?

The day I assumed the CEO position at Henry Ford Hospital. There was no greater honor than to work with and serve the enormously skilled and committed doctors, nurses and other health professionals working seamlessly to care for our patients at Henry Ford Hospital and Henry Ford Medical Group. Their expertise was only surpassed by their dedication to patients.



BEHIND The White Coat

Q&A with recently retired John Popovich, M.D.,
former President and C.E.O. of Henry Ford Hospi-
tal and former Executive Vice President, Chief
Medical Officer, Henry Ford Health System

Q

YOU RECENTLY
ESTABLISHED THE
BETH AND JOHN
POPOVICH, JR., MD
NURSING LEADERSHIP
FUND. WHY IS
NURSING AND
NURSING EDUCATION
IMPORTANT TO YOU?

The core strength of a hospital is the nursing staff. Nothing in a hospital or health care setting can be accomplished without a skilled and continuously learning nursing cohort. I learned this early as an intensive care physician—my skills and judgments were insufficient to return a patient to health. The one factor that could was excellent nursing.

Q

TELL ME ABOUT A
TIME IN YOUR CAREER
WHEN A PARTNERSHIP
WITH A NURSE MADE
A CRITICAL
DIFFERENCE IN THE
PROVISION OF CARE.

Ronnie Hall, current President of Henry Ford Hospital, has been a colleague for thirty years. When we worked together in the Medical ICU we established collaborative practice with nurses and doctors as the norm of care. This created an environment of trust, full understanding of goals and better outcomes. The Medical ICU at Henry Ford Hospital became the benchmark for care and outcomes, as well one of the greatest training sites within Michigan. Having started together so many years before, it was an incredibly gratifying experience having Ronnie as my Chief Operating Officer during my tenure as CEO of Henry Ford Hospital. I cannot tell you how proud I am of her as she now leads this great hospital.

Q

DESPITE YOUR
RETIREMENT FROM
HENRY FORD, YOU ARE
STILL VERY ACTIVE.
WHAT ARE YOU
WORKING ON NEXT?

I actually told several people that I would be doing “nothing” after retirement, but realistically, I am not wired to do “nothing.” My interests are largely in augmenting the academic relationships that we have at Henry Ford and in working with large medical groups to achieve improvements in their performance. I also have a hand in a few entrepreneurial ventures. I also have a personal goal to enjoy my family and each day as a gift. Maybe hit more fairways and greens.



Q

WHY HAS IT BEEN
IMPORTANT TO
YOU TO GIVE BACK
THROUGHOUT
YOUR CAREER?

Giving back is the best way to ensure that the ongoing cycle of caring and achieving is continued. If you are fortunate enough to have something to return to others, you are obligated to do so. None of us would be here without someone having done this for each of us.

Thousands of Patients. Zero Suicides.

PATIENT SUICIDES AT HENRY FORD WERE

REDUCED TO NEARLY **ZERO**

2nd
Leading Cause
OF DEATH AGES
15-34
IN MICHIGAN



10th
LEADING CAUSE OF
DEATH IN MICHIGAN

MORE THAN
2X
AS MANY PEOPLE
DIE BY **SUICIDE**
IN MICHIGAN
ANNUALLY THAN
BY HOMICIDE.

\$4.8M
GRANT AWARDED TO HENRY
FORD TO CONTINUE SUICIDE
PREVENTION EFFORTS

IF YOU'RE INTERESTED IN ADDING HENRY FORD TO YOUR ESTATE PLANS, PLEASE CONTACT CHRISTINE FORESTER AT CFOREST1@HFHS.ORG



How Dr. Cathrine Frank Set An Audacious Goal for Henry Ford—And Met It

One suicide is too many in the eyes of Cathrine Frank, M.D., Chair of Henry Ford Health System's Department of Psychiatry and Behavioral Health Services.

"Suicide is a major public health crisis. Someone kills him or herself every 14 minutes," says Dr. Frank. "It is a tragedy like any death that could have been prevented."

For more than 18 years, Dr. Frank has helped lead an ambitious and much-lauded effort to reduce suicide in Henry Ford's patient population to nearly zero, even as suicide rates in Michigan and across the United States have skyrocketed.

"We know that depression as well as other syndromes can be comorbid with certain medical illnesses, but we also know that if mental health conditions are effectively treated, physical health and quality of life improve and healthcare costs decrease," she says.

In 2001, Dr. Frank and her colleagues in conjunction with C. Edward Coffey, M.D., then the chairman of the Department of Psychiatry, developed a program called "Perfect Depression Care," with the aim of better addressing the mental health needs of patients across the health system. Instead of setting a safe goal to merely reduce the rate of suicides, Dr. Frank and her colleagues pushed for more: they aimed for no patient suicides at all. To some, this was radical.

"In the automobile industry, or in the manufacturing industry, there is always a 'zero defect' rule. At the time, though, we were not thinking of healthcare in those same terms. The idea that suicide could be zero was a novel concept," says Dr. Frank.

Dr. Frank and her departmental partners persevered, developing and ultimately overseeing implementation of the Henry Ford zero suicide guidelines, which identify risk factors for suicide among the patient population. These guidelines required all mental health professionals to assess every patient during every visit for suicide risk and each patient's risk was divided into high, moderate or low—but never "none."

"There is no such thing as no risk," says Dr. Frank. "That was quite a novel idea at the time. The focus of our suicide guidelines is to modulate risk to decrease and eliminate risk and prevent suicide altogether."

Since its launch, the program has shown remarkable success: for a few years, there were—literally—zero patient suicides, and even in the years where it was not zero it was 80% lower than it was before the program began, and significantly lower than the state and national average. Zero suicide has now been adopted both nationally and internationally as a goal. Word has even spread to health advocates in other countries, some of whom have sought out Dr. Frank to learn more about the zero suicides initiative and its efficacy.

"When England was coming up with their guidelines, they heard about what we had done. Their initial goal was to decrease suicide by 19%," she says. "The idea that they would not aim for zero is striking in how people view this issue and indicative of the importance of this work."

Dr. Frank, along with her director of research, Brian Ahmedani, Ph.D., continue to study the impact of the guidelines, fine-tuning them as they gain new insights and educating the medical community on their benefits. The Department of Psychiatry is part of a national consortium studying zero suicide and Dr. Ahmedani has been awarded a \$4.8 million grant from the NIMH to study various models of suicide prevention.

Dr. Frank is optimistic about the future of suicide prevention research, pointing to the thousands of lives the zero-suicide initiative has saved at Henry Ford—and beyond. In 2018, Dr. Frank and her husband, Dr. Stephen T. Smith, a physician in Henry Ford's Department of Cardiology, furthered cemented their support for suicide prevention by establishing a planned gift for this research at Henry Ford, ensuring that this critical issue continues to receive the attention it deserves for a long time to come.

"My husband and I have a passion to prevent and eliminate suicide," says Dr. Frank. "We saw this gift as one way to contribute to those efforts not only at Henry Ford, but across the nation and worldwide as we learn from our research here. Zero suicide is now an international phenomenon."



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1. Dr. Michael Gabbard
Orthopedics
Above and beyond in the support of peers/colleagues and behind the scenes superstar

2. Dr. Khaled Kashlan
Otolaryngology
Behind the scenes superstar

3. Dr. Andrew Nelson
Orthopedic Surgery
Outstanding Humanitarian Service

4. Dr. Shumaila Khawja
General Surgery
Behind the scenes superstar, Above and beyond in the support of peers/colleagues

5. Dr. Shoshana Rosenthal
Emergency Medicine
Outstanding Humanitarian Service

6. Dr. Semeret Munie
Surgery ICU Fellow
Provides/Provided extraordinary patient care

7. Dr. Mohammad Osam Salim Khan
Neurology
Consistently spreads the joy of medicine

8. Dr. Danielle Ortega
Family Medicine
Above and beyond in the support of peers and colleagues

9. Dr. Heidi Davis
Anesthesiology
Above and beyond in the support of peers/colleagues and Provides/Provided extraordinary patient care

10. Dr. Theresa Toledo
Psychiatry
Above and beyond in the support of peers/colleagues

11. Dr. Bianca Kizy
Ophthalmology
Provides/Provided extraordinary patient care and Above and beyond in the support of peers/colleagues

12. Dr. Tamara Roumayah
Internal Medicine
Above and beyond in the support of peers/colleagues



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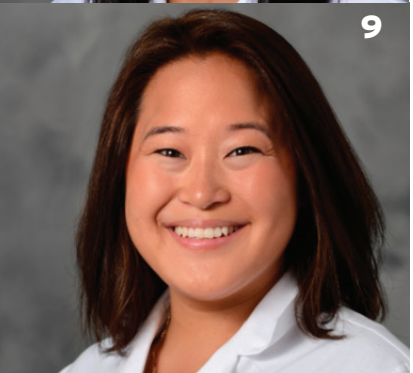
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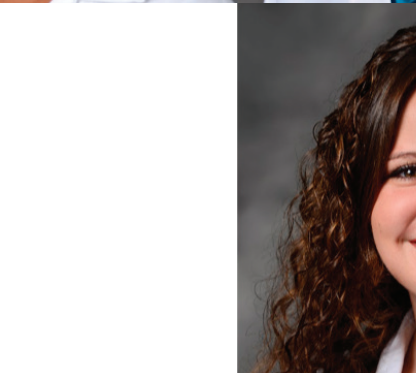
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13. Dr. Haleema Saeed
Obstetrics/Gynecology
Above and beyond in the support of peers/colleagues

14. Dr. Danielle Yeager
Dermatology
Outstanding Humanitarian Service and Above and beyond in the support of peers/colleagues

15. Dr. Jayanth Lakshmikanth
Nephrology
Provides/Provided extraordinary patient care

16. Dr. Zaid Abdel Rahman
Internal Medicine
Provides/Provided extraordinary patient care

17. Dr. Beena Umar
Pathology
Above and beyond in the support of peers/colleagues

18. Dr. Jonathan Williams
Infectious Disease
Above and beyond in the support of peers/colleagues and Behind the scenes superstar

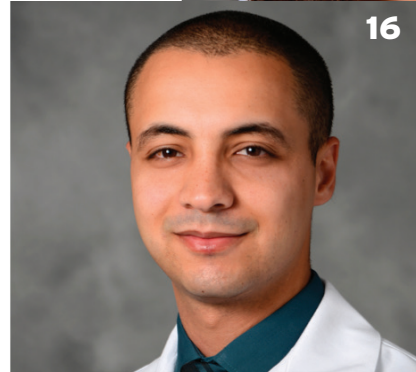
19. Dr. Amna Shaikh
Anesthesiology
Above and beyond in the support of peers/colleagues and Behind the scenes superstar

20. Dr. Chandpreet Sohi
Family Medicine
Provides/Provided extraordinary patient care

21. Dr. Jasmine Omar
Internal Medicine
Consistently spreads the joy of medicine

22. Dr. Gaurav Chauhan
Anesthesiology
Behind the scenes superstar

23. Dr. Jesse Veenstra
Dermatology
Behind the scenes superstar



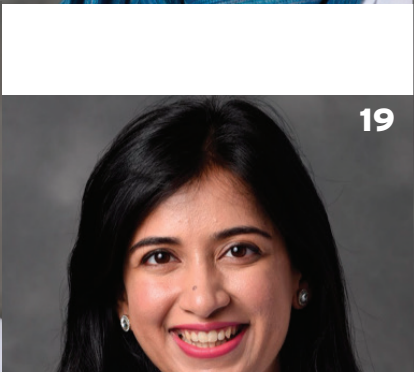
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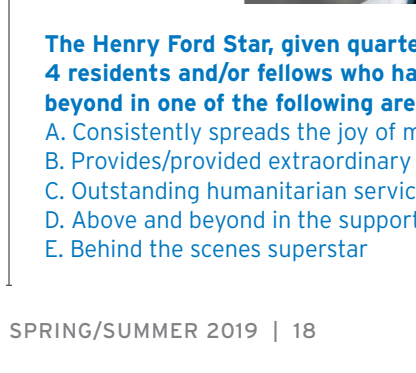
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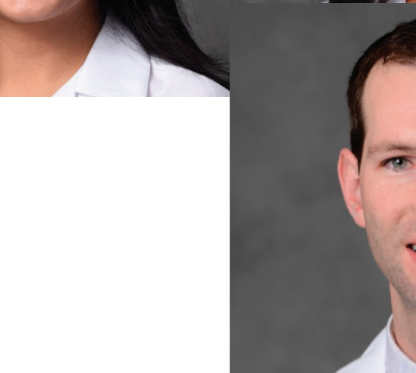
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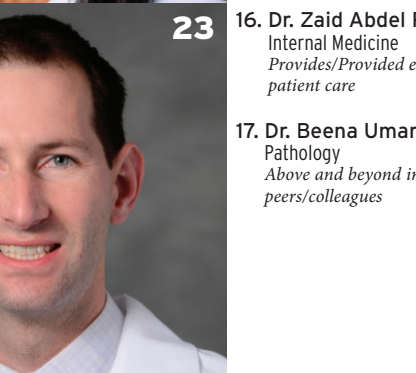
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The Henry Ford Star, given quarterly, honors up to 4 residents and/or fellows who have gone above and beyond in one of the following areas:
A. Consistently spreads the joy of medicine
B. Provides/provided extraordinary patient care
C. Outstanding humanitarian service
D. Above and beyond in the support of peers/colleagues
E. Behind the scenes superstar

WE WILL MISS: Obituaries

NAOMI BRESLAU, PH.D.

Naomi Breslau, Ph.D., age 86, passed away on October 13, 2018. Naomi had a distinguished career as a psychiatric epidemiologist and spent many years at the Henry Ford Health Center in Detroit. She retired from Michigan State University in 2016.

J. DAVID CAREY, M.D.

J. David Carey, M.D., age 79, passed away in his home on October 30, 2018. David completed medical school at The Ohio State University and began a 50-year career and legacy in the Ophthalmology Department at Henry Ford Hospital in Detroit. In his 25 years as residency director, David trained several generations of ophthalmologist.

COSME CRUZ, M.D.

Cosme Cruz, M.D., age 75, passed away on April 17, 2018 while visiting family in Mexico. Cosme practiced medicine for 45 years at Henry Ford Hospital in Detroit and Summit Medical Care in Chicago, specializing in nephrology.

WILLIAM R. EYLER, M.D.

William R. Eyler, M.D., age 100, passed away on December 5, 2018. William attended Harvard College on full scholarship and graduated from Harvard Medical School in 1943. He also served in WWII in the Army Medical Corps. He joined Henry Ford Hospital in 1953 where he was a dedicated teacher for 65 years.

DOREEN GANOS, M.D.

Doreen Ganos, M.D., age 58, passed away at home on February 19, 2018. Doreen was an accomplished board-certified plastic surgeon with a specialty in hand and reconstructive surgery and was an extremely dedicated surgeon at Henry Ford Hospital for 27 years.

DOROTHY "DOTTIE" M. KAHKONEN, M.D.

Dorothy "Dottie" M. Kahkonen, M.D., age 77, passed away on February 24, 2018. Dottie spent the entirety of her illustrious career at Henry Ford Hospital, where she was named the Division Head of Endocrinology and Metabolism in 1996, a position she held until her retirement in 2006.

MICHAEL KLEEREKOPER, M.D.

Michael Kleerekoper, M.D., age 73, passed away on May 10, 2018. Michael was a nationally recognized expert in the field of bone and mineral metabolism and joined the faculty at Henry Ford Hospital in 1976. He served in multiple roles there until his departure in 1993.

SUSAN M. LANG, M.S.

Susan M. Lang, M.S., passed away on April 5, 2019. Sue attended Wayne State University on a full scholarship, earning her bachelor of science degree in mechanical engineering. She attended Clemson University for her master's in biomechanical engineering before returning to Michigan to begin her career. She was a senior staff medical physicist with Henry Ford Health System.

JAMES M. MCMURTRY, M.D.

James M. McMurtry, M.D., age 78, passed away on January 4, 2019. James served in the Michigan Army National Guard and was on active duty in both Vietnam and Operation Desert Shield/Storm in Saudi Arabia. He practiced medicine for over 40 years in private practice and later with Henry Ford Health System.

FRED W. WHITEHOUSE, M.D.

Fred W. Whitehouse, M.D., age 92, passed away on March 1, 2019. Fred was enlisted in the US Navy during WWII and after medical school, he served as a flight surgeon during the Korean War. He completed his residency training in Internal Medicine at Henry Ford Hospital in 1954, joined the staff in 1955, and served more than 30 years as Division Head of Metabolic Diseases. He retired in 2015.

MARTIN "MARTY" C. ZONCA, M.D.

Martin "Marty" C. Zonca, M.D., age 77, passed away on May 15, 2018. Marty did his residency in Internal Medicine and a fellowship in Gastroenterology at Henry Ford Hospital. He served in the US Army from 1967-1969 as Battalion Medical Platoon Leader and saw action in Vietnam.

THINGS OF NOTE

SAVE THE DATE Alumni Jubilee October 8-10, 2020

Put it on your calendars now to attend the Henry Ford Medical Group Alumni Association Celebration and Awards Presentation at the MGM Grand in downtown Detroit.

Don't forget to register at Doximity
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OF LASTING INTEREST

THERAPY DOG BENSON USES HIS SMILE AND SPECIAL CHARM TO COMFORT A PATIENT AT HENRY FORD WEST BLOOMFIELD HOSPITAL

