A Special Opportunity for UTMB Students at Camp Blessing Texas

Lower left corner: Natalie Bachynsky, assistant professor in the School of Nursing poses with UTMB nursing students at Camp Blessing Texas

On a hilltop in Garrison, Texas, Camp Blessing has offered special needs campers the chance to experience the joys of summer camp for the past ten years. Camp Blessing Texas welcomes campers ages seven through adult with a primary diagnosis of physical or intellectual disability.

Natalie Bachynsky, assistant professor in the UTMB School of Nursing, facilitates a service-learning experience for UTMB nursing students in the BSN program at Camp Blessing Texas. Students in the program have the opportunity to serve at Camp Blessing as part of their clinical experience in the “Care of the Child and Family” course, and Natalie says the student response to the program has been overwhelmingly positive.

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Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
Each year, students must apply to participate and compete for spots based on GPA, previous clinical evaluations, and an essay about their desire to serve at a special needs camp. Ten to twenty students are chosen to attend camp for six days, where they are each paired with one special camper. The students bunk with the campers, attend all activities with the campers, and are responsible for medication administration and other required procedures such as tube feedings, tracheostomy care, and any other special needs.

“The memories that I collected during this experience will stay with me for a lifetime. I get teary just thinking about how special this is, it can’t even be put into words.”

Quote from student counselor

Camp Blessing is particularly unique in that it offers a one-to-one camper to counselor ratio. The camp takes care to provide special accommodations for each camper’s needs—even campers who require wheelchairs are able to enjoy traditional camp activities such as horseback riding, canoeing and zip-lining.

“It was an awesome experience...I went to bless someone and the camp blessed me.”

“Camp really puts into perspective the difference between taking care of somebody for 12 hours a few times a week, and taking care of somebody for 24 hours back-to-back-to-back-to-back.”

Quotes from student counselors

Natalie says that although the students leave Camp Blessing with a much deeper understanding of complex pediatric medical conditions and procedures for special needs children, it’s clear that the empathy they gain for the campers and families impacts them the most. She looks forward to sharing many more summers at Camp Blessing with students, “I hope the Camp Blessing Texas and UTMB School of Nursing collaboration will continue for years to come!”

ICD-10 Update—Training

Just a reminder of training objectives for providers and staff who handle medical chart documentation: (1) Please review the Documentation Tip Sheets for your specialty (highly recommended); (2) View the 3M Video Module for your specialty—you’ll be auto-enrolled in the Enterprise Learning Management system (required), and the video should be viewed prior to your (3) Face-to-Face Training Session with a 3M Physician, scheduled Aug. 17 through Sept. 24 (required). Visit the ICD-10 website online for everything you need. [http://intranet.utmb.edu/icd10/Providers/default.asp]
UTMB Health System leadership is committed to regularly rounding with employees and visiting departments and clinics throughout the organization. This month, the team visited Hospital Transportation Services and the Pain Management Clinic at the Multispecialty Care Center in League City.

Hospital Transportation Services

Cheryl Stephens, hospital transportation services driver, picked up Emily Blomberg, associate vice president of Health System Operations, from the John Sealy Hospital lobby. Cheryl has worked at UTMB for 22 years, and in that time, she says she’s seen it all: “I’ve worked for Psychiatry, I’ve transported patients, given patients a lift who needed a ride, transported lab orders, everything.”

These days, Cheryl drives the sterile processing truck between the Primary Care Pavilion (PCP) and the Sterile Processing Department. She has a regular pick-up schedule, but if an order is urgent, a clinic can call her with “stat” or “super stat” code, meaning the lab work needs to be picked up and delivered within 30 minutes.

When Cheryl isn’t busy with her regular pick-up schedule or taking care of a “stat” order, she helps out at the entrance of the PCP. “When I’m not running lab orders, I’m here. The Geriatric Clinic is right here, and this entrance is always busy. We help people out of their cars, bring wheel chairs, watch where they park, and even go get them at their cars to help them inside.”

It wasn’t long before Cheryl received a stat call and was on her way, hurrying through the PCP halls to pick up an order for delivery to Sterile Processing. In the back of the truck are several coolers, some with ice and others without ice. Emily asks how Cheryl knows which lab orders need to be kept on ice and which need to stay room temperature. “It’s just something I learned over time. I don’t think about it anymore, because I just know. Now I help train the new hires, who go through formal training. We didn’t have that back when I started!”

After the delivery is made, Emily’s visit with Cheryl comes to an end. Cheryl hops back into her truck and heads back to the PCP—it’s almost time for the next scheduled pickup of the day.

Pain Management Clinic

Deb McGrew, vice president and chief operations officer of the UTMB Health System, has been busy visiting clinics and departments since she joined UTMB in January 2013. Each week, she tries to spend at least two hours shadowing frontline staff.

This particular week, Deb stopped by the Pain Management Clinic at the Multispecialty Care Center in League City to shadow Wynisha Alcorn, nurse clinician III. The morning will consist of nurse visits, and the schedule is full.

The majority of patients will come to the clinic to speak with the nurse about prescriptions and refills. Patients who receive narcotic prescriptions are required to sign a contract and consent to undergo random drug
screening during any visit to the clinic. Once a prescription has been used, patients must come into the clinic in person to receive a new prescription.

The Pain Management and Neurology clinics share a suite at the Multispecialty Care Center and the nurses work together closely. Wynisha says the Neurology team always pitches in to help the Pain Management team when they are particularly busy: “I don’t know what we’d do without Neuro! They help us every day.” Wynisha explains that the most time-consuming part of the visits is entering all of the information into the medical record. For the most part, each individual patient visit usually only takes a few minutes—once in the exam room, the nurse verifies the patient’s identity, uses a number of questions to assess the patient’s pain, and verifies which medication is being refilled. The nurse then asks the patient if they are having any other problems or have any requests, and then instructs them to go to the front to schedule their next appointment, if needed.

As Deb shadows Wynisha through several appointments, Wynisha explains that the pain clinic serves a large region and many patients travel an hour or more just for a few minutes with a nurse, so it’s important to make sure that everything is taken care during the visit, when possible. As appointments begin to slow down, Deb and Wynisha say goodbye. It’s clear that the patient care mission and the value of teamwork are top priorities amongst the team members of the Pain Management Clinic.

Always Award

Congratulations to the latest winners of the Always Award, given quarterly to recognize units and clinics that have moved their teams closer to always doing the right thing for our patients.

The Transplant Unit (J9D), was recognized as the inpatient winner for overall exceptional performance. Jason Ziegler, Transplant Unit nurse manager, accepted the award on behalf of the team. From March through May, the unit ranked above the 90th percentile in almost every Press Ganey patient satisfaction domain, including communication with nurses, communication with doctors, responsiveness of staff, pain management, explanation of discharge information, and how likely patients are to recommend the hospital to others. Patient comments also reflected that the team demonstrates compassion, one of UTMB’s values, professionalism and courtesy.

UHC Dermatology was recognized as the ambulatory winner. The clinic was recognized for exceptional office staff quality, doctor ratings and physician communication. Patients have commented that the team listens well and demonstrates professionalism. Patients also commented that the staff is courteous, and helpful: “I find the level of care, the atmosphere, and the attitude of all the people at the UHC Dermatology clinic truly amazing. Every time I leave a visit, I comment to my husband just how kind everyone is, and that it must be wonderful working with such a great group of people.” Tammy McCrumb, practice manager, accepted the award on behalf of the UHC Dermatology clinic.

Inpatient Always Award Winners, Transplant Unit, J9D: Gisele Lombard, John Vincent Andres, Deatra Josiah, Trezray Wright, Tina Gomez, Judy Wafer, Jason Ziegler

Ambulatory Always Award winners UHC Dermatology: Eunice Steding, Griselda Varvarekos, Denise Buchalski, Erika Holmen, Tammy McCrumb, Thomas Stewart, Tammye Williams, Jeanne Harris, Michele Baer, Crystal Martinez, Janice Cavazos
UTMB Receives American Heart Association Get with the Guidelines Gold Award

Kate Ramos, American Heart Association director of quality and improvement, presents the Gold Award to Odette Comeau

UTMB Health has received the Get With Guidelines—Resuscitation Gold Quality Achievement Award from the American Heart Association for the second term in a row. UTMB was the first hospital in Texas to receive the program’s silver and gold awards. The award signifies that UTMB has reached an aggressive goal in using guidelines-based care to improve outcomes for patients who suffer cardiac arrests in the hospital.

The Get With the Guidelines — Resuscitation program was developed with the goal to save lives of those who experience cardiac arrests through consistently following the most up-to-date research-based guidelines for treatment. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely cardiopulmonary resuscitation and post-emergency care.

Kate Ramos, American Heart Association director of quality and improvement, presented the award to the Resuscitation Committee. Odette Comeau, clinical nurse specialist, proudly accepted the award on the committee’s behalf and thanked everyone for achieving this milestone, “We came back after Hurricane Ike and realized we had a lot of room for improvement and a lot of work to do. It takes a village for a turnaround and outcomes like these. It takes support from hospital administration, quality, physicians, responders, nurses, pharmacists, respiratory care services, the education lab, chaplain services—everyone!”

Welcome Aboard Sarah Jones, Administrative Fellow

There is a new face on the Health System Administrative team! Please welcome Sarah Jones, who joined the Health System as the 2015-2016 Administrative Fellow.

Sarah comes to UTMB from UT Southwestern Medical Center in Dallas, Texas, where she served as an Administrative Resident. While at UT Southwestern, Sarah implemented lean initiatives in imaging and patient flow, analyzed data, conducted revenue enhancement projects and developed an administrative fellow program. Sarah concurrently worked with MedStar CHF Community Health Program Development and began a journal article focused on evaluating materials and methods for reduction in health care spending.

Coming from a medically underserved background, Sarah’s passion to make a difference in health care arose from her diverse experiences and a desire to serve others.

She earned her Master’s in Health Care Administration from the University of North Texas Health Science Center. In her role as Administrative Fellow, Sarah will assist with Health System projects, monthly operations reports, lead the recruitment for the future Administrative Fellow, and serve on a number of committees across the institution to gain knowledge of the organization and the health care industry.

Employee Access 2-Care

Employee appointments for immediate primary and specialty care needs Call Access 2-CARE (2-2273) or (409) 772-2273 for an appointment with a specialist within 14 days or primary care physician within 24 hours.

www.utmbhealth.com/2care
UTMB Nursing Interprofessional Simulation Center Provides State-of-the-Art Education for Future Health Care Providers

On any given day of the week, the staff in the Nursing Interprofessional Simulation Center (NISC) can be found in one of the center’s lab spaces assisting medical and nursing students through skill stations, seminars and testing.

Valerie Andrews, director of the NISC, leads a team who oversees 19 high-fidelity simulators and provides interprofessional simulation training to hundreds of students from the UTMB School of Medicine, School of Health Professions and the School of Nursing each semester. The focus on collaboration and communication in the NISC prepares future health care professionals to work together for the benefit of the patient.

The NISC has two divisions: the School of Nursing (SON) Simulation Lab and the NISC Smart Hospital. The labs are equipped to support cognitive, technical, and behavioral objectives through task training and simulated activities.

The SON Simulation Lab, located in the SON building, includes a primary care lab, acute care lab and the Hillcrest Birthing Suite. The acute care and primary care labs are used to teach assessment, basic care and comfort, hygiene, splinting, suturing, point-of-care testing, personal protective equipment use and mobility techniques. The birthing suite has four high-fidelity birthing simulators with the technology to respond like a real patient, including various labor and delivery scenarios that accommodate a variety of expertise, from beginner to expert.

The NISC Smart Hospital, located in the Rebecca Sealy Building on a former surgical unit, provides an environment identical to an active hospital floor with state-of-the-art technologies that support innovative teaching methodologies. Private patient rooms in the Smart Hospital are equipped with a call light system, nurse’s station, electronic charting and a medication dispense system. It also features a Pediatric & Adult Unit that has 11 high-fidelity simulators, over 20 mid-fidelity simulators, and a variety of task trainers to help support student learning. A control room located behind the nurse’s station has six stations where facilitators can respond through the patient as well as change physiological responses of the patients based on the student interventions. Video capture software allows for video and audio playback of simulated activity that is used for debriefing feedback and evaluation.

A typical day for the NISC Smart Hospital staff and faculty begins at 7 a.m. They run 255 medical students through four simulations each. Four groups of 30 students go through skills stations that include IV start, intramuscular injections, subcutaneous injections, intradermal injections, blood draw, Foley catheter, nasogastric tubing and hand hygiene, while other medical students are taking point-of-care testing. Meanwhile, in the School of Nursing Lab, 144 students go through four stations that include two simulators and two classroom set ups and take downs.

Valerie says that the staff at the NISC are what make it all possible, “We are so fortunate to have such dedicated and hardworking employees on the NISC team. I am truly amazed at what we do!”

The population of the United States is comprised of many cultures and ethnicities. Many of these cultures hold the family unit in very high regard—so much so, in fact, that individual decisions are often made only after consulting the family. For example, there is a concept in traditional Hispanic culture called *familismo*, which encompasses loyalty, reciprocity, and solidarity within the immediate and extended family; it plays a factor in the decision process (Kaiser Permanente National Diversity Council, 2001). From Middle Eastern cultures to African, Asian cultures to American Indian, this concept is prevalent in many backgrounds.

As caregivers, we must be sensitive to the significance of family to patients when decision making is involved. After all, the best path to health care improvement is to engage with patients and families, understand what matters most to them, and design care around those perspectives and choices. Families play an important role in a patient’s plan of care, and can offer important information, help the patient make better decisions, and improve the quality and safety of care. To meet the expectations of patients who wish to have their families engaged in the plan of care, we must focus not only on outcomes, but how care is delivered.

The word “family” refers to two or more persons who are related in any way—biologically, legally, or emotionally. Patients and families define their families. In the patient- and family-centered approach, the definition of family, as well as the degree of the family’s involvement in health care, is determined by the patient, provided that he or she is developmentally mature and competent to do so. The term “family-centered” is in no way intended to remove control from patients who are competent to make decisions concerning their own health care.

As health care providers, we believe the patients and families should be fully engaged in making decisions about their care and treatment. In most instances, hospital privileges (i.e. visitors and decision making) are extended to the immediate family (parents, siblings, spouses, and children of patients). However, within traditional cultures, their view of their family unit often expands to aunts, uncles, cousins and godparents, which can sometimes complicate care delivery and decision making. However, since the family unit is a major factor in certain cultures, understanding its importance and realizing its unique dynamics within that family provides a better experience for both patients and their loved ones.

Making an effort to understand the diversity of our patients and their cultures is an important part of delivering an excellent patient experience and quality care. As the U.S. population continues to grow and diversify, UTMB must remain focused on what’s best for each patient as part of best practices and outcomes to stay in the forefront of the health care industry.

References:
Department of Anthropology, California State University, Los Angeles, USA.
Nuño, I.N. (1998) Que Dios guíe sus manos [May God guide your hands]. In D. Hayes-Bautista & R. Chiprut (Eds.), Healing Latinos: Realidad y fantasía (pp. 159-169). Los Angeles: Cedars-Sinai Health System

Department of Pediatrics “Back to School” School Supplies Drive

The Department of Pediatrics is hosting their annual “Back to School” school supplies drive. Supply donations will benefit GISD students and monetary donations will be used to purchase supplies for students at L.A. Morgan Elementary School.

Donations will be accepted at the Pediatric Administration Office, Building #6 (Old Children’s Hospital), Room 3.300 through August 14.

A suggested list of supplies may be found at www.facebook.com/utmbpediatrics, under the “donations” tab. For questions, contact Tayna Vazquez, tavazque@utmb.edu.
The inaugural members of the Academy of Master Clinicians were inducted by UTMB President Dr. David Callender and Executive Vice President and Provost Dr. Danny Jacobs at the UTMB Open Gates Conference Center on Wednesday, June 24, 2015.

The Academy of Master Clinicians (AMC) program, supported by institutional funding, was introduced in 2014 as a major initiative to recognize and celebrate the contributions of our clinicians while simultaneously strengthening UTMB’s commitment toward providing leadership in patient care for the future.

The AMC aims to honor clinicians who are recognized as consistently outstanding in their domain. Election to the AMC is envisioned to be the highest honor given to a physician at UTMB. While providing excellent patient-centric clinical care, a Master Clinician will be distinguished and recognized by:

- Demonstrating superior depth of knowledge in the clinical field and pursuit of new clinical knowledge and innovative methods and strategies
- Exhibiting excellence in judgment, integrity, interpersonal working relationships with colleagues and communication skills with patients and their families
- Demonstrating and exemplifying the highest levels of ethics and professionalism
- Demonstrating attributes (trust, accountability, agency, and stewardship) of a supportive and collaborative team player
- Providing superior care to all patients (safe, effective, patient-centered, timely, efficient, and evidence-based) in an equitable manner without favor or prejudice and being a strong patient advocate
- Demonstrating compassion and empathy toward patients and their families
- Elevating the performance of colleagues, coworkers, and trainees through education, role-modeling, and mentoring

Please join us in congratulating the inaugural members of the UTMB Academy of Master Clinicians: Dr. Masood Ahmad, Dr. J. Sean Funston, Dr. Gloria Brandburg, Dr. Luis Pacheco, Dr. Jennifer Raley, Dr. Janak Patel, Dr. William Mileski, Dr. Carolyn Utsey, Dr. Michael Stone, Dr. Vinod Panchbhavi, Dr. Sandra “Sunny” Hatch, Dr. Michelle Mercatante.

For more information on the Academy of Master Clinicians, visit http://www.utmb.edu/amc/default.asp.
UTMB Project CARE Seeks to Improve Access to Care Resources

by Fernando Lopez, Quality & Health Care Safety

Since December 2013, UTMB Health has undertaken significant efforts to reduce preventable hospital readmissions by establishing Project CARE (Controlling Avoidable Readmissions Effectively). Modeled after Project BOOST (Better Outcomes by Optimizing Safe Transitions), an initiative of the Society of Hospital Medicine, the project was piloted on a single unit, with a goal to identify and understand a patient’s risk for adverse events after discharge before they leave the hospital. By identifying these risks early on, the health care team can begin to mitigate those possibilities while the patient is in their care.

The CARE Team utilizes the 8Ps Risk Prediction Model (problem medications, psychological, primary diagnosis, polypharmacy, poor health literacy, patient support, prior hospitalization and palliative care), to identify and select patients at risk for readmission. The 8Ps has been successfully integrated into the Epic EMR and is easy to use. In addition, Discharge and After Visit Summaries have been revised to assist primary care providers when talking with patients during their follow-up visits after discharge.

To determine the progress of the project’s interventions, the CARE team reviewed and analyzed over 175 readmissions from the pilot and control units (J7B and J5D, respectively). The cases were carefully examined to determine whether the readmissions were preventable and to identify the modifiable factor for readmission. Since March 2015, UTMB’s 30-day readmission year-over-year rates averaged 15.06% in 2013 and 14.35% in 2014, demonstrating a 0.71% readmission rate reduction.

Lessons learned from this project have lent themselves well to another initiative spearheaded by UTMB through its role as anchor for the Texas Medicaid 1115 Waiver Regional Health Partnership 2 (RHP-2). RHP-2, which is composed of various health care providers in the 16-county region. The dedicated Readmission Collaborative, which began in March 2014, is known as “The Enhance Performance Improvement and Reporting Capacity Project”.

Because the Centers for Medicare and Medicaid Services (CMS) mandates that every hospital must have a care transitions program, many providers in the region were already working hard to develop care transition resources, but most were at different stages in their projects or using different care transitions resources for their Delivery System Reform Incentive Payment (DSRIP) projects. This collaborative is helping to coordinate providers’ efforts across the region.

In addition to the reduction of preventable hospital readmissions through the coordination of care across RHP-2, the collaborative aims to improve access to primary, behavioral and specialty care; improve processes and the use of technology; and improve utilization of providers and staff. Long-term goals of the five-year collaborative include the establishment of regional infrastructure and the deployment of hospital-based teams to support the infrastructure.

Establishing medical homes for patients and appointing them a care manager helps patients to better manage their transition from an inpatient to outpatient care setting; it also helps the care team to prevent and/or identify medication-related and health-related risks and address them before they become so problematic they require a hospital admission.

The collaborative meets on an ongoing basis to share their progress, lessons they have learned, and how they will continue improvement. Initiatives so far have included improving coordination of patient care through patient navigation programs; health coaching and education programs; developing community partnerships with nursing homes, long-term acute care facilities and home health agencies; improving overall access to and coordination of care; implementing programs targeted to educate and care for patients with specific conditions, such as diabetes or high blood pressure; and more. These initiatives will continue to be monitored as teams work to improve the effectiveness of their approaches and, over the course of time, will engage other regional partnerships to help reduce preventable readmissions across the state.

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This project is important in an essential hospital system, because it not only addresses the health care needs of high-risk or hospital-dependent patients, but it also addresses a variety of behavioral and economic issues that make disease management complex. Overall, this collaborative has helped reduce Emergency Department utilization across the region, reduce costs to providers and reduce readmission rates.

The RHP-2 Readmissions Collaborative is just one of the many ways UTMB is working with its partners to work wonders and to improve health in the communities we collectively serve.

References:

Access Center Moves to New Location

The UTMB Access Center moved down the halls of the Clear Lake Center to their long awaited new space on July 1, 2015. The Access Center had been stationed in a temporary home since moving off of Galveston Island after Hurricane Ike in 2008. After several months of research of call center designs, Melinda Gerukos, senior practice manager, and Pam Kuchta, nurse manager, worked with Business Operations and Facilities to design the new call center.

The combined staff of 50 employees, consisting of patient access specialists and nurses, facilitate more than 53,000 calls and more than 500 community referrals monthly. UTMB’s Access Center continues to meet the national standard telephone abandon rate of 5% and an average nurse call back time of less than 30 minutes.

Texas Primary Care & Health Home Summit

Representatives from UTMB Health participated in the Texas Primary Care & Health Home Summit June 18-19, 2015 in San Antonio, Texas. The conference, co-sponsored by the Texas Health Institute and The Texas Medical Home Initiative, was focused on advancing the principles of the health home, including patient-centered care, comprehensive and coordinated care, superb access to care and a system-based approach to quality and safety.

Dr. Cynthia Judice, chief medical officer for community-based clinics, Craig Kovacevich, assistant vice president for waiver operations and community health plans, and Ann O’Connell, vice president for ambulatory operations, presented on UTMB 1115 Waiver projects that aligned with the focus of the conference. One of the presentations focused on UTMB’s journey to NCQA recognition and was moderated by Dr. Kenneth Shine, Special Advisor to the Executive Vice Chancellor for Health Affairs for The University of Texas System.
This is a shout out for **Mara Wilson**. I am a retired UTMB faculty member. Mara is a nurse practitioner who specializes in diabetes, specifically in insulin pumps and continuous blood glucose monitors. I have been her patient for several years, and her knowledge of the above mentioned devices has significantly simplified living with Type I diabetes. She performs a great service for UTMB patients with diabetes.

**Dr. Harold Pine and his team** are the best of the best. I have had the same anesthesiologist, Daneshvari Solanki, for all 3 surgeries and she is amazing and kind. (Ear Nose and Throat)

**Dr. Obonoruma Ekaese** is the best! He eased my mind tremendously before and after surgery. (General Surgery)

**Dr. Whitney Baker** was excellent. Even though the procedure was painful, he was very caring, empathetic and moved things along quickly. (Emergency Department)

**Dr. Anju Kuruvilla** was excellent. She was concerned, listened to me and didn’t order any unnecessary tests. (Emergency Department)

**Marcus Williams** (Transportation) rolled me down to the front of the hospital in the wheelchair answered my questions and I would like to thank him for his help! He was very kind and kept me safe. I also would like to thank **Dr. Lindsay Sonstein**. Thank you for your very kindness and for taking very good care of me. I don’t remember the other physician’s names but thank you all. May God bless you all! Thank you! (Internal Medicine)

**Dr. Virginia Rauth** was very attentive and took the time to explain everything. I was also very impressed with the two residents that were part of my care team. (Gynecology)

**Dr. Gokhan Kilic** and **Olivia Doherty** are a great doctor-nurse team. I had a rough pregnancy and they took every bit as good care of me as I could have asked for. I was never worried about a thing. Dr. Kilic treated me like a friend. He and Olivia were very knowledgeable about my condition and always had good bedside manner. (Obstetrics/Gynecology)

**Dr. Lauren Rainer-Goodman** always takes time to listen to and validate my concerns. I trust her advice. (Friendswood Pediatric and Adult Specialties)

**Dr. Juan Ortega-Barnett** is very caring. I trust him fully with my care. (Neurological Surgery, Victory Lakes Breast Health Center)

**Dr. Christopher Phillips** went above and beyond what I expected in explaining my procedure. (PCP Family Medicine)

I wouldn’t go any other provider for my heart related issues. **Dr. Ken Fujise** knew exactly what worked for my body and he saved my life. I’m very thankful to Dr. Fujise and his team at UTMB. (Cardiology, Victory Lakes Surgical Specialties)

My daughter and I were very pleased and comfortable with the care we received from **Dr. Ann Jimerson**. She explained everything to us and was very patient. (Island Pediatric Urgent Care)

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**UTMB Health Policy Dialogues | Tuesday, August 11, 2015 | 2 p.m. - 3 p.m.**

“1115 Waiver: Using Telepsychiatry to Advance Healthcare’s Triple Aim & Optimize Resources”

Avrim Fishkind, M.D.
JSA Health Co-Founder/CEO/Consultant

and

Craig Kovacevich, MA
Associate Vice President, Waiver Operations & Community Health Plans

**Tuesday, August 11, 2015 | 2:00 p.m. - 3:00 p.m. | Research Building 6, Room 1.206**

Light Refreshments Served

RSVP to Becky Trout, rltrout@utmb.edu