RECENTLY IN FRIDAY FOCUS, we highlighted some of the new and ongoing initiatives taking place in our inpatient units that support two areas of Best Care—length of stay and readmissions (these are efforts that will help us improve our performance in efficiency and effectiveness, respectively).

Initiatives such as Progression of Care Rounds, reviewing the 8 Preventable Risk Factors (aka, the “8 Ps”) at all touchpoints of care, using and documenting “Teach Back”, and having a strong Care Management program are all important when it comes to helping our patients heal, discharging them from the hospital as soon as they are well, and helping them manage their condition(s) once they are home. Programs such as the Community Health Program and UTMB’s Patient-Centered Medical Homes also help provide support to our patients in the outpatient, community and home settings.

As a regional hospital service provider, UTMB provides the broadest range of care for patients with routine health care needs and those with complex and rare conditions. We accept referrals from across the region and the state. Like many other academic medical centers (AMCs), UTMB is also considered an “essential hospital”, which means we are dedicated to providing high-quality care for all, including uninsured, underinsured, and other vulnerable patients (vulnerable patients are those with lower income, Medicaid or no coverage, disability, or those belonging to racial minorities, who are at greater risk for poor health).

continued on page 2
At UTMB, our patients receive the same “best known” effective processes of care, regardless of differences in age, gender, payer status, etc. In fact, among 102 AMCs nationally, UTMB ranks first in equity of care, according to Vizient’s most recent Quality & Accountability Study. And, we continue to actively reach out to and care for vulnerable populations in the same way we care for all patients.

Helping underserved patients get well quickly can sometimes be challenging, however, because these populations often have limited access to routine primary health care, they do not have insurance coverage or their coverage is limited, or they have trouble affording their medications or copays. As a result, they often forego preventive care and recommended screenings. They also do not adequately manage chronic diseases, like diabetes and chronic obstructive pulmonary disease (COPD), or they are often diagnosed at late stages in a disease process, which means they will require a more advanced level of care.

Ensuring these patients stay well once they are discharged and that they do not end up quickly readmitted can also be a challenge, because these patients have difficulty getting timely access to outpatient care, or they face other barriers to accessing care, such as a lack of dependable transportation or poor social support.

Some may wonder how caring for a sicker population (or a population with socio-economic challenges) impacts the quality and safety performance of academic medical centers when compared to private hospitals. Once a patient is discharged and they receive a care plan, their long-term outcome depends largely on how well they are able to comply with that care plan. This is one reason both length of stay and readmissions can be a challenge for safety net (essential) hospitals. For example, if the care team knows a patient will not be able to follow through with a strict antibiotic regimen once they are discharged, it may be necessary to keep them admitted until they have completed it, so the patient can get the care he or she needs, and a potentially preventable readmission can be avoided. Or, if a patient is discharged and simply does not follow their discharge plan or they do not take their medications as prescribed, they may end up back in the hospital.

It is true—when your patients are sicker or poorer, it can indeed lower your quality scores (consider comparing the outcomes and compliance of these patients to that of a private hospital setting, where patients are more likely to be covered by commercial insurance or by a managed care plan provided by their employer). This is why something known as “risk adjustment” is important when making comparisons. Risk adjustment is a method that helps “level the playing field,” so to speak. It helps to make fair comparisons in health care and takes into account factors such as the severity and complexity of illness of a provider’s patients. In other words, it is used to hold providers accountable only for their own care-giving actions and not for patient characteristics beyond their control. Risk adjustment also helps determine whether patients will require a higher utilization of medical services—for example, it would help determine if they require more tests, which ultimately increases the cost of care.

Caring for uninsured, underinsured and vulnerable patient populations is a challenge for all essential hospitals. This is one of the reasons UTMB voluntarily participates in Vizient’s Quality & Accountability Study each year—Vizient is one of the few organizations where data is collected from academic medical centers and then is benchmarked or “compared.” Like comparing apples to apples, it enables AMCs to understand how they rank compared to other AMCs.

As outlined in the recent Best Care Town Hall (www.utmb.edu/townhall), held on September 23, efficiency is also an important part of patient care, because it means we are doing the right thing at the right time in the right setting for our patients. According to Dr. Donald Berwick, former administrator for the Centers for Medicare and Medicaid Services (CMS), “Patients should get all the care they need and none they don’t; safely, efficiently and at a low cost.”

For example, it is sometimes possible to monitor a patient’s care in a clinic or by placing them in observation status (this means hospital care is being provided for patients who are not well enough to go home but who are not sick enough to be officially admitted). This helps provide a less expensive care setting for the patient. Meanwhile, for patients who have been admitted, the less time they spend in the hospital, the lower the cost of their care will be (not to mention the fact that patients do not want to be away from the comfort and convenience of home for longer than necessary). However, it is important to emphasize that patients should never be discharged before they are well enough, because that could result in a quick readmission for the patient.
Another way we can help lower the cost of care is by paying careful attention to ordering the correct labs and radiology tests (and avoid unnecessary tests) for a patient’s condition. In doing this, we also ensure our patients don’t experience the discomfort and inconvenience of repeated testing. Following the best known processes of care for a particular condition helps ensure we provide the right tests while also achieving the best patient outcomes.

A program in which UTMB Health participates to help provide affordable medications to patients is known as the 340B Drug Pricing Program, which was created by Congress in 1992 to lower drug costs for hospitals that care for a disproportionate share of low-income patients. Under the program, drug makers agree to give eligible providers discounts on outpatient drugs as a condition of participating in the large Medicaid and Medicare Part B markets. These providers—covered entities—include essential hospitals, community health centers, AIDS clinics, and others. The law explicitly makes covered entities the recipients of discounts and allows them to prescribe discounted drugs to all patients, including those with insurance. For patients, this means affordable medications, expanded access to community-based primary and specialty care, and help managing chronic conditions. In special cases, such as short-term medication needs, UTMB is even sometimes able to work with pharmaceutical companies to obtain drugs at no cost for patients.

Once uninsured, underinsured and vulnerable patients are discharged, it is important that we do the best we can to ensure they have what they need to care for themselves. That’s why outreach programs like the Community Health Program (CHP) are so important. For example, one of CHP’s initiatives is the Care Transitions DSRIP (Delivery System Reform Incentive Payment) project, which specifically focuses on improving the transition of care from the hospital to the home setting for patients age 18 and older of Galveston County who have Medicaid, Medicare/Medicaid (dual eligible) or are uninsured with a diagnosis of acute myocardial infarction, congestive heart failure, or pneumonia. This process includes follow-up visits and finding more affordable medication options for qualifying patients.

There are a number of programs like the Care Transitions project that help care for Medicaid patients under the 1115 Medicaid Transformation Waiver. However, it is important to note while this federally operated program has provided important funding to the state, it was never intended to be a permanent funding source. Renewal planning for the potential next round of the waiver is underway; meanwhile, Texas is trying to determine how to address the needs of these patients over the long term.

Texas in particular faces many challenges in caring for the uninsured and vulnerable patient population. The state leads the nation with 4.6 million uninsured individuals (approximately 17 percent of the population), according to the US Census Bureau—that is nearly twice the national average. According to a survey by the Commonwealth Fund, more than half of low-income Texans have at least one chronic medical problem. Yet nearly one-third have put off necessary medical care in the past year because they could not afford it, and only 51 percent had a primary care physician.
Texas is one of nearly 20 states that has not yet expanded its Medicaid program under the Affordable Care Act (ACA). For many of the state’s uninsured, this decision has left some without an option for health insurance. Others may be eligible but either do not know of the new coverage options, cannot afford it, have had difficulty navigating the enrollment process, or opted not to take up coverage. Affordability of coverage, even with the availability of financial assistance, remains a barrier to obtaining insurance, with remaining uninsured adults naming cost as an ongoing major reason for not being insured.

As UTMB and other providers across the state work to better manage underserved patient populations, teamwork and collaboration will be essential to our success. It will require innovation, creativity, and a willingness on the behalf of many physicians and hospitals to provide donated care for uninsured and underinsured patients.

Several student organizations at UTMB help provide such care:

- St. Vincent’s Clinic is cooperative effort between UTMB and St. Vincent’s House, supervised by UTMB faculty physician volunteers, that provides quality health care to the underserved population of Galveston while facilitating the education of UTMB Medical and Physician Assistant students.

- The Luke Society Medical Mission to the Homeless is run by a group of Physician Assistant students, supervised by faculty, who provide health care services for the on Saturdays at a free health clinic in First Presbyterian Church’s parking lot in Galveston. The group primarily offers screening for medical problems and basic treatment of wounds and infections.

- Frontera de Salud, an all-volunteer organization which has grown to include healthcare professionals-in-training at the University of Texas Medical Branch at Galveston, the University of Texas Health Science Center at San Antonio, the University of Texas Health Science Center-Houston, and the University of Texas School of Public Health, is another example of ways UTMB helps the underserved.

One way we can all help make a difference in providing assistance to these underserved populations is by contributing to this year’s State Employee Charitable Campaign (SECC), which begins October 7 and lasts until November 14, 2016. SECC is a chance to give back to our communities and to support the issues that are important to us. Some of the programs the campaign supports help meet the needs of our patients and those of their families. The UTMB Good Neighbor Program is one funding source that provides assistance to inpatients and outpatients receiving care at UTMB hospitals and any of the 80 clinics in Southeast Texas. Through this program, for example, UTMB was able to purchase a small air conditioning unit for a frequently readmitted patient with a chronic respiratory illness—since receiving the unit, she hasn’t returned to the emergency room for weeks!

More information on SECC and a complete list of organizations to which you can contribute is coming soon, so please stay tuned. And most importantly, thank you to everyone at UTMB who works so diligently to care for all of our patients in the best possible way—Best Care: Every Patient, Every Time!

Learn more about Best Care at intranet.utmb.edu/best-care

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**FREE MAMMOGRAM SUNDAY FOR UNINSURED GALVESTON COUNTY WOMEN**

Download a flyer with more information here: https://ispace.utmb.edu/xythoswfs/webview/xy-12977625_1

UTMB Health and The Ruth Kempner Endowment for Breast Cancer Screening are partnering to provide free screening mammograms for uninsured women in our community. The Susan G. Komen foundation has stated that a significant number of uninsured women in Galveston County are not receiving their annual screening mammograms. In an effort to reach these uninsured women, UTMB Health is bringing the mobile mammography van to churches in Galveston County. The screenings are being offered from 8 a.m. to 2 p.m. at:

**SUNDAY, OCTOBER 9, 2016**
Compton Memorial COGIC
2618 Ball St.
Galveston, Texas 77550
Phone: 409-739-5502

**SUNDAY, NOVEMBER 6, 2016**
Mount Olive Missionary Baptist Church
3602 Sealy St.
Galveston, Texas 77550
Phone: 409-762-0088
If you missed the Best Care Town Hall Meeting on September 23, the full video broadcast of the meeting is available online. Dr. David Callender, Dr. Danny Jacobs, Cheryl Sadro and Donna Sollenberger discussed the Best Care initiative and how all employees can contribute to UTMB’s goal to achieve a top 20 ranking among academic medical centers by fiscal year 2018. Visit www.utmb.edu/townhall to watch or visit the Best Care website, intranet.utmb.edu/best-care.

Know someone who exemplifies Best Care? Send us your story at friday.focus@utmb.edu.
With the opening of the new Jennie Sealy Hospital in April of this year and the League City Hospital in August, construction and renovation on several new projects has commenced across the Galveston and League City campuses. Here’s a look at what’s underway:

JOHN SEALY MODERNIZATION PHASE II

In April, all adult medical/surgical units and intensive care units relocated to Jennie Sealy Hospital. The Blocker Burn Unit, the Pediatric Medical-Surgical Unit and Women’s & Children’s Unit remained in John Sealy Hospital. These units were recently modernized, so the goal of Phase II of the modernization is to increase the number and size of rooms on the units. The new Pediatric Medical-Surgical Unit will include 32 patient rooms, 8 of which will be designated for Pediatric Intensive Care. Meanwhile, the new Women’s & Children’s Unit will comprise three floors. Half will be contiguous mother/baby units with 47 beds, 12 of which will be high-risk obstetrical beds and 4 of which will be Maternal Intensive Care Beds. Triage, the Post-Anesthesia Care Unit (PACU) and the Cesarean Section Operating Room will also be renovated. Schematic design, budget reconciliation and comprehensive construction schedule coordination is currently underway. Completion date is estimated for 2020.

When the second phase of the John Sealy Hospital modernization project is finished in 2020, the facade of the towers will look similar to Jennie Sealy Hospital, complete with gleaming glass running the building’s length and new brick to match the hue of the newest arrival to the Galveston campus.

HEART AND VASCULAR CENTER

The Heart and Vascular Center will be located on the sixth floor of Jennie Sealy Hospital, which is currently shelled space in the facility. The almost 40,000 square foot center will eventually include interventional, echo and vascular laboratories. The Cardiac Catheterization Lab, currently in John Sealy Hospital, will also relocate to this area. Meetings are currently in progress and completion of the center is tied to John Sealy Modernization Phase II.

R. WAVERLEY SMITH PAVILION

The west entrance to R. Waverley Smith Pavilion is currently closed while construction crews complete a project that will connect Jennie Sealy Hospital and the Clinical Services Wing to John Sealy Hospital via a main public corridor. Additionally, the west tunnel that connects the lower level of the Hospital Garage to John Sealy Hospital Circle will close October 3 (until mid-November) in conjunction with the John Sealy Hospital Modernization project.
MD ANDERSON CANCER CENTER: UTMB HEALTH LEAGUE CITY CAMPUS

Construction will begin on the new four story cancer-treatment center at the end of this month. Substantial completion date for the facility is December 2017, with the first patient visit to occur in late Spring 2018. This is an MD Anderson project being built on land leased from UTMB.

THE PAT BURNS AND LYNDALL WORTHAM GARDEN

The Pat Burns and Lyndall Wortham Garden recently opened to the public. Located between Jennie Sealy Hospital and Waverly Smith Pavilion, the newly landscaped area includes a 100-gallon live oak tree, seven chaste trees, palm trees that line the walkways and an array of colorful flowers.

RONALD MCDONALD HOUSE

The Ronald McDonald house will be closed from February 2017 – May 2017. The original structure, built in 1987 will be renovated with new windows, siding, doors, flooring and air conditioning. The front entrance stairs will also be replaced with hurricane-resistant materials.

Hand Hygiene Integral to Best Care

Several years ago, UTMB embarked on a journey to improve hand hygiene compliance to 100 percent. At the time the initiative began, overall compliance hovered just above 70 percent. But with the complete understanding that UTMB should be the safest place for patients and their guests to visit, the organization became hyper-vigilant about compliance—after all, hand hygiene is one of the most important ways to prevent the spread of infection!

Steadily raising the bar month after month, and year after year, today UTMB steadily achieves an overall compliance rate of 98 percent or above, with most units at 100 percent and nearly all clinics consisten at 100 percent compliance.

UTMB must remain dedicated to 100 percent clean hands for every patient, every time. Traditionally, Healthcare Epidemiology conducted direct observation of hand hygiene practices to measure the organization performance. Now that hand hygiene is part of the fabric of our culture at UTMB, monitoring will transition to spot checks rather than continuous monthly monitoring. Epidemiology will continue to provide full support to managers and the team is available to train volunteers so units can perform self-audits (highly encouraged).

At UTMB, one of our Best Care goals is to eliminate patient safety events, such as healthcare-associated infections (HAIs). Hand hygiene remains a cornerstone of this effort. We must be vigilant in our efforts to reach zero HAIs, which, while challenging, is what our patients deserve!

CLABSI (CENTRAL-LINE-ASSOCIATED BLOODSTREAM INFECTION) PREVENTION: hands are cleaned to prepare the site for insertion, again to insert the line, and prior to accessing, manipulating, or discontinuing the line.

CAUTI (CATHETER-ASSOCIATED URINARY TRACT INFECTION) PREVENTION: hands are cleaned to insert the catheter and prior to accessing, manipulating, or discontinuing the catheter.

C. DIFFICILE PREVENTION: hands are cleaned prior to donning gloves by hand sanitizer or washing and are washed with soap and water after removing gloves. This prevents spores from being carried directly to other patients and patient care environments. Transmission by indirect contact occurs when surfaces such as computer keyboards or counters outside the patient room become contaminated and are touched by staff.
Imagine you are new to the community. You have high blood pressure and need to find a primary care provider, so you conduct an online search to find out what healthcare services are available near you. UTMB Health is one of the top search results. You click on the hyperlink and discover you can schedule your own clinic appointment with Open Scheduling!

You select your preferred specialty, Family Medicine, then choose “New Visit (First Time)”, and various dates and times come up. You then select the appointment date and time that’s most convenient for you. After entering your personal information and clicking submit, you receive an email confirming your upcoming appointment. Your appointment is set—no phone call or MyChart account required!

Sound too good to be true? It really is that easy! With Open Scheduling, new and established UTMB patients can view and schedule available appointments online—they can even select their appointment based on provider availability. Existing patients can also use open scheduling to create appointments online with clinicians whom they may not have previously seen.

Since this convenient new tool went live in July 2016, more than 620 patients have self-scheduled their own appointments, eliminating phone calls to the clinics, filling open appointment times, and bringing new patients to UTMB.

A dedicated team of individuals from across the enterprise, led by the Information Services (IS) MyChart team and including representatives from IS, Ambulatory Operations and Health Information Management (HIM), worked together to create the application. Once a new patient enters their information, a new patient record is created. HIM oversees all of the newly created records in order to minimize any duplication of records. UTMB’s Marketing & Communications Department was involved with the project from the beginning and integrated the tool into UTMB Health’s “.com” web presence (www.utmbhealth.com). This was truly a collaborative effort!

UTMB clinic staff say the new feature helps them effectively use the time they previously spent on the phone or on the computer entering patient information and scheduling appointments. It has proven so beneficial, Student Health Services wanted in on the action, too—more than 94 percent of all students seen by Student Health Services are now active MyChart users and can utilize the “UTMB Students Only” feature when using the Open Scheduling feature.


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**Opening Soon! Texas City and Webster Open New Clinics October 3**

**TEXAS CITY**

**WHAT:** The Adult and Pediatric Urgent Care Clinic in Texas City will open on October 3.

**WHERE:** The clinic will be located in the UTMB Texas City Primary and Specialty Care Clinic

10121 Emmett F. Lowry Expressway, Texas City, 77591

**HOURS:** Monday through Friday: 6 p.m. to 10 p.m. and Saturday/Sunday: 10 a.m. to 10 p.m

**WEBSTER**

**WHAT:** Adult Primary Care Clinic will also open October 3 in Webster.

**WHERE:** Located in the same location as the current Women’s and Surgical Specialty Clinic

17448 Highway 3, Suite 200, Webster, TX 77598

**HOURS:** Monday through Friday: 8:00 a.m. to 5:00 p.m.

Visit UTMBHEALTH.COM or call 409-722-2222 to schedule an appointment.
AVOID THE FLU
WITH JUST ONE SHOT

Flu season officially begins October 1. UTMB offers its employees, retirees and volunteers free flu shots each year to help prevent the spread of seasonal influenza.

The 2016–2017 vaccine will be available:

• UTMB Clinics and Inpatient Units – Beginning Sept. 13
• Employee Health Clinic, Primary Care Pavilion, Suite 125—Beginning September 13
• League City Campus Hospital – Oct. 4, 5 and 6
• Angleton Danbury Campus Hospital – Oct. 11 and 13

For details about the university’s vaccination locations and health care worker requirements, see https://hr.utmb.edu/ehc/flufree/.

Texas Early Hearing Detection and Intervention Certification

The UTMB Galveston Infant Hearing Screening Program has received Distinguished Certification from the Texas Department of State Health Services (DSHS) Texas Early Hearing Detection and Intervention program.

In January and July of every year, DSHS Texas Early Hearing Detection and Intervention (TEHDI) reviews newborn hearing screening programs which are due a recertification. Currently, more than 240 facilities are eligible for certification in Texas, and 163 have received Distinguished Certification. Eight data metric standards measuring their performance against national standards and state performance averages are used to determine certification outcomes. UTMB received the highest achievable certification with an overall score of 99 percent. Congratulations!

SHOUT OUTS!

LETTERS FROM PATIENTS:

“We wanted to send a special note of thanks and recognition to your pharmacy team members, Kevin Allen, Elizabeth Yu and Nelvin Daniel. Last night, one of our intensive care patients at Shriners Hospital needed a medication that we did not have on hand, nor could we get it easily from our suppliers. We reached out for support and without hesitation, the wonderful UTMB pharmacy staff had the medication prepared in no time. Because of the team’s willingness to collaborate, our doctors were able to start the patient on the medication he needed without delay. We are so grateful for our partnership with UTMB and for the support you offered in this critical moment! Thank you!”

“I wish to share with you my experience at UTMB Occupational Therapy Department.

I had and accident and broke three of my fingers on my left hand. I am so fortunate that I was treated at UTMB. I was given prompt care and was in very capable hands with all the physicians and medical assistants there that evening. I felt that my care and two day stay was extremely stress free and overall tranquil. Nurses were friendly and very attentive. Although my hand was badly damaged I was assured that it would heal and that with the proper therapy treatment that I may regain the use of my hand.

From the very first time that I was scheduled to begin my therapy treatment at UTMB Health Occupational Therapy, I was very impressed with the staff and the reception area team. I began my treatments with Ms. Alexanna Godleski. She was very careful and extremely helpful in helping me cope with the pain that I was about to endure. My journey began with treatments and wonderful assurances that all would be well.

With all the confidence and reassuring from this fine group of therapists, we were ready to tackle this the best way that they could. Ms. Godleski and the team of Gail Hopshire, Kim Ha and student Katherine Kemp began rehabilitation. Even after a second surgery, we were able to rehabilitate my hand completely and it is due to your great group of therapists employed by UTMB. These ladies are my heroes and they have a special place in my heart for being very caring, diligent and thoughtful in working me and my hand to recovery.

Over the course of my visits to therapy, I felt as if I were a part of the UTMB family. I felt comfortable, reassured and was provided the wonderful care by all those in that department. Thank you.”

continued on page 10
**SHOUT OUTS!**

**Spotlight on Leslye Mlcak**

Leslye Mlcak was selected as the 2016 winner of the Anna Mary Lindsey Award which was announced at the Texas Alliance for Patient Services (TAPS) Annual Conference in Dallas, earlier this month.

One member is recognized each year at the TAPS Annual Conference for their generous contributions to the Texas Alliance for Patient Services. Congratulations, Leslye, on this well-deserved honor!

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**Hali Belcher** and **April Broussard** were two of the most outstanding nurses that have ever cared for me. Both should be commended for their wonderful care that they provided. (Cardiology/Coronary)

I have nothing but good things to say about my hospital stay. I would like to especially recognize to certain nurses that I feel went out of their way to be helpful, hardworking, considerate, understanding and overall good people. **Alison Perry** was just so sweet and caring. **Carl Thomas** is a great guy and he helped me when I was being released. **Ebony Jones** was just unreal—she went out of her way several times to help me! All of the staff were great, but these few were exceptional and should be noted! (Internal Medicine)

**Justin Neisser** was my nurse for the first several days of my stay. He did an amazing job of making me as comfortable as possible and answered any questions that my fiancé or I had. Thank you, Justin! (Ortho/Trauma)

**Dr. Matthew Mrazek** is very good at communicating with me through MyChart. He’s an awesome doctor! (PCP Internal Medicine)

**Dr. Guillermo Gomez** has always provided me with the best surgical care. He has come to the rescue more than once when I needed surgery. (General Surgery)

**Dr. Issam Alawin** cared for me as a person not just a patient. He even gave me his personal phone number for anytime I need him—that alone should tell anyone a lot about his care. (Medical Oncology)

I’ve been seeing **Dr. Angela Shepherd** for more than 25 years. She’s honest, trustworthy and a very good doctor. (Family Medicine)

During my recent dermatology appointment with **Dr. Brent Kelly**, my husband pushed up his sleeve and asked him if the spot on his forearm was something he needed to make an appointment to be examined. Dr. Kelly immediately recognized it was an aggressive squamous cell carcinoma and told us that he needed to remove it right away. With that said, the whole team clicked into action. Everything was done very quickly. Registration, release forms signed, a drape over my husband’s chest and eight stitches later we were done and released to go home. This is why I have confidence in Dr. Kelly and his team. (Dermatology)

Provider **Jennifer Karner** (maternal and child specialist) is absolutely amazing! She was with me for both of my pregnancies. She is by far the best provider at UTMB in Pearland. (Obstetrics/Gynecology)

**Isabelle Soria** (patient serves specialist I) at the front desk helped us get a test scheduled and a follow-up appointment quickly. Pediatric Urgent Care is a very helpful service. I wish we had a similar option on the island for adults.

**Dr. Lyuba Levine** is one of the best doctors I have ever had. She is up to date on the latest research and best practices in addition to being extremely compassionate. (Gynecological Oncology)

I have the utmost confidence in **Dr. Joel Patterson**. He is a caring and very competent physician, UTMB is fortunate to have him on staff. (Neurosurgery)

**Dr. Andrea Wirt** an excellent care provider. Thank you! (Internal Medicine)