

Overview



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Jefferson and Change-Redux

"Laws and institutions must go hand in hand with the progress of the human mind..."

– Thomas Jefferson, July 12, 1810

Our American health care system is under pressure to change from many directions: the government, the media, the economists, and others. In a recent Surgical Grand Rounds, I discussed my Baker's Dozen list of key topics: (1) health care spending is flattening out, (2) physicians and hospitals will be paid less for what they do, (3) payers are getting aggressive on cost and quality, (4) hospitals are targets for cost cuts, (5) cost reduction will entail standardization and elimination of variations, (6) waste control will be crucial, (7) current payment systems are mal-aligned with quality, health and wellness improvement, (8) Accountable Care Organizations exist, (9) the 5-50 rule reigns (the sickest 5% of the population consume 50% of the resources), (10) hospital systems will necessarily morph to Total Care systems, (11) physician elements are under transition, (12) physician integration (and leadership) will be crucial, (13) aspirational items for hospital corporate leaders have evolved.

We have much to do. The mantras will no longer be – "business as usual" or "increase volume to cover expenses". The focus needs to be on individual health, wellness and population health... We're working toward a new paradigm – "Livewell Jefferson" – a cooperative venture of Thomas Jefferson University Hospital, Thomas Jefferson University, Jefferson Medical College, the Jefferson Women's Board, Jefferson Health System and our communities: eliminate unhealthy cafeteria and vending choices, expand our non-smoking perimeter, increase wellness services, institute a maximum 30-minute meeting rule and mandate daily 30-minute on-the-job treadmill walking, freshen our stairways and label them "vertical exercise corridors", track BMI quarterly, and work with the city to design and maintain safe, measured walking routes around our campus. We have much to do to effect change!

To view Dr. Yeo's recent mini-Grand Rounds lecture on this topic visit:

www.jefferson.edu/surgerylectures

Jefferson Vascular Center Among the First to Implant Fenestrated Aortic Grafts

The Jefferson Vascular Center brings together surgical and medical specialties to provide comprehensive care to patients with vascular diseases (diseases of blood vessels) and thrombotic (blood-clotting) disorders, as well as care of complex vascular wounds.

The multidisciplinary center, launched in July 2009, is co-directed by Paul J. DiMuzio, MD, FACS, the William M. Measey Professor of Surgery and Director of the Division of Vascular and Endovascular Surgery; Geno Merli, MD, Senior Vice President and Chief Medical Officer of Thomas Jefferson University Hospital; and Laurence Needleman, MD, Associate Professor of Radiology and Director of the Division of Abdominal Imaging. In the first few years, the center directors have focused on implementing innovative surgical devices and techniques, building a strong team of specialists, and expanding the service area beyond Jefferson and Methodist Hospital.

As Dr. DiMuzio explains, Jefferson recently became one of the first centers in the United States to implant the new FDA-approved fenestrated aortic graft (Cook Medical, Inc.) to treat juxtarenal aneurysms via a minimally-invasive technique. This type of aneurysm occurs in the abdominal aorta up to and including the area where the renal arteries branch off to supply the kidneys.

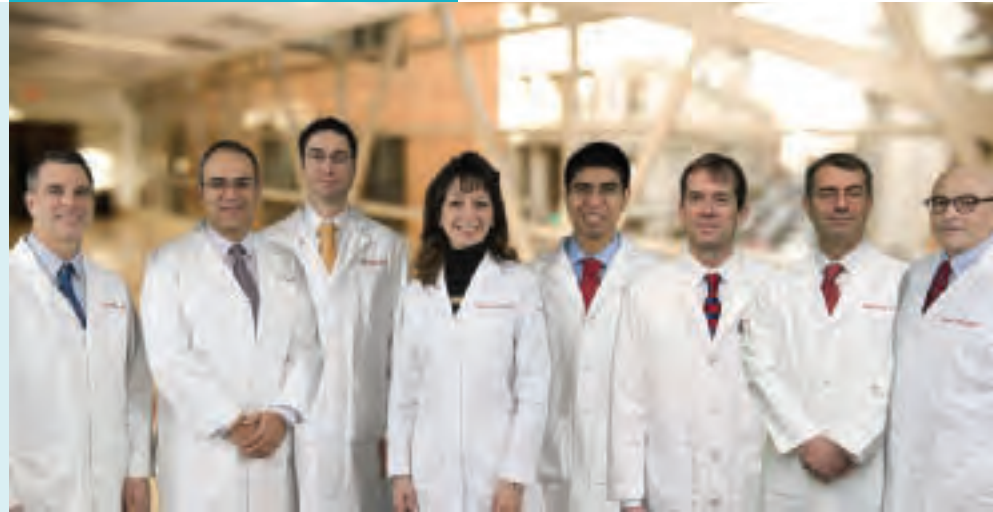
"Previously, the surgical approach required a large abdominal or thoracic incision," Dr. DiMuzio says. "With the new grafts, we're able to use a minimally invasive – including a totally percutaneous – approach that can result in less pain and scarring and support a faster recovery."

In a percutaneous procedure, the surgeon punctures the skin of the groin area to access a blood vessel through which they insert and place the graft.

In addition to incorporating new devices, the Center has welcomed two new surgeons, Babak Abai, MD, FACS, and Dawn M. Salvatore, MD. The new faculty members are both fellowship-trained vascular surgeons board certified in General Surgery and Vascular Surgery. Both will be practicing in Center City and at satellite locations. Dr. Salvatore is expanding the Center's reach to Voorhees, NJ, while Dr. Abai will be providing care to patients in Northeast Philadelphia.

On the medical side, Dr. Merli's vascular medicine team treats many conditions, including deep vein thrombosis, peripheral artery disease and chronic venous

Clinical Integration



Members of the multidisciplinary Jefferson Vascular Team (from l to r): Drs. Paul J. DiMuzio, Luis Eraso, Taki Galanis, Dawn Salvatore, Alejandro Perez, Walter Kraft, Babak Abai, and Geno Merli.

insufficiency, and it staffs the Wound Care Program component of the Jefferson Vascular Center. The wound care specialists can diagnose and treat all types of wounds, such as surgical wounds that have not healed properly, radiation injuries and diabetic ulcers. Treatment options include debridement, application of skin substitutes and hyperbaric oxygen treatment, which involves the therapeutic use of oxygen to promote faster, more effective healing. The program has now attained 100 percent certification for hyperbaric wound care, meaning all five physicians have completed a series of tests to become board certified in this technique.

Finally, Dr. DiMuzio says, the Jefferson Vascular Center is anticipating its expansion later this year to a state-of-the-art space on the sixth floor of the Gibbon Building at 111 South 11th Street. In addition to tripling the Center's footprint, this next phase of development makes the patient experience even more streamlined. The new office will be adjacent to a new multidisciplinary center devoted to angioplasty.

For more information about the Jefferson Vascular Center visit: www.jeffersonhospital.org/JVC

Faculty Profile

Herbert E. Cohn, MD, FACS

One might say if you don't know Dr. Herbert Cohn, you don't really know Jefferson. Dr. Cohn arrived at Jefferson Medical College in 1951 as a medical student (JMC '55). Since that time, he has left only for his intern year at Atlantic City Hospital and two years of service in the U.S. Air Force. After graduating from the medical school, he completed his residency training on the service of John H. Gibbon, Jr., MD and his fellowship training in cardiovascular surgery. He was appointed to the faculty in 1962 and that was just the beginning.

In the following decades, Dr. Cohn's surgical practice focused on endocrine and thoracic surgery. He earned a reputation as an exceptional educator with high expectations, and an excellent clinician with a gentle bedside manner. Dr. Cohn has made immeasurable contributions to the educational initiatives at Jefferson and trained hundreds of surgeons. He received the Lindback Award for Distinguished Teaching in 1980, was named the first Anthony E. Narducci, MD Professor of Surgery in 1998 and was appointed to the JMC Academy of Distinguished Educators in 2011. He has also been a tireless advocate for patient safety and performance improvement,



most recently as Surgeon Champion of the National Surgical Quality Improvement Program (NSQIP) and the Vice Chair for Quality in the Department of Surgery.

Last summer Dr. Cohn initiated a phased retirement with plans to fully retire in 2014. It will be an end of an era, literally and figuratively. Dr. Cohn's presence has provided today's young surgeons with one-degree of separation from Dr. John Gibbon, Jr. – a neatly dressed, perfectly polite living connection to a surgical pioneer and a physician who has made his own indelible mark on Jefferson.

A video about Dr. Cohn is available on www.jefferson.edu/SurgeryChairs. The tribute was shown at the Jefferson Awards Gala in 2009 and features several Jefferson colleagues along with his three sons and his wife of 59 years, Natalie. Sadly, she passed away on February 4, 2013.