SIDNEY R. GARFIELD, MD
EXCEPTIONAL CONTRIBUTION AWARD
2017
<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Klingman, MD</td>
<td>4</td>
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<tr>
<td>Mai Nguyen-Huynh, MD</td>
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<td>Vivek Rao, MD</td>
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<td>Steve Offerman, MD, FACMT</td>
<td>8</td>
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<tr>
<td>Joanna Ready, MD</td>
<td>10</td>
</tr>
<tr>
<td>Daniel Jacobs, MD</td>
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Sidney R. Garfield, MD, was the physician founder of Kaiser Permanente and one of the great innovators of 20th century American health care delivery.

Dr. Garfield was a surgeon and visionary. He first applied the novel principles of prepayment, prevention, and group medical practice in the 1930s, while he was providing medical and hospital services for construction workers building the Colorado River Aqueduct in the Mojave Desert.

Then, during World War II, he developed a medical care program for hundreds of thousands of workers and family members at Kaiser shipyards in the San Francisco Bay Area, the Vancouver/Portland area, and at the Kaiser Steel Mill in Southern California. His health care system focused as much on the prevention of illness as on caring for the sick.

Dr. Garfield looked for innovations in health care throughout his career. In the 1950s, his revolutionary hospital designs drew international praise. In 1960, he was in the vanguard of physicians who embraced the computer as a tool that could radically improve the delivery of medical care.

Historians writing about events of the 1900s see the work of Dr. Garfield in co-founding Kaiser Permanente as one of the major social contributions of the century.
The Exceptional Contribution Award was established by the TPMG Board of Directors in 2000 to recognize physicians who are instrumental in the development and dissemination of ideas and programs that have a significant impact on patients, colleagues, and the broader community.

“Keep your arms on each other’s shoulders and keep your eyes on the stars for innovation and change for the future.”

Sidney R. Garfield, MD
Jeffrey Klingman, MD
Neurology, Diablo Service Area

“If I were suffering a stroke, there’s nowhere I would rather be treated than at Kaiser Permanente Northern California. Every single medical center is delivering world-class stroke care.”

Mai Nguyen-Huynh, MD
Neurology, Diablo Service Area

“Our integrated system makes a project of this scale, involving thousands of providers, possible. It’s a powerful reflection of The Permanente Medical Group’s mission to collaborate across disciplines to save lives.”

Vivek Rao, MD
Neurosurgery, Redwood City

“Not only have we improved door-to-needle times, but we also identify patients more rapidly who are candidates for endovascular stroke therapy or who have other neurosurgical or neurointerventional needs.”
Stroke Express Program

When blood flow to the brain is obstructed during an acute stroke, a person loses an estimated 2 million neurons every minute. To save more lives and minimize brain damage, three TPMG neurologists—Drs. Jeffrey Klingman, Mai Nguyen-Huynh, and Vivek Rao—developed the Stroke Express Program, which standardizes and accelerates stroke care at all 21 medical centers in KP Northern California.

“For patients whose stroke is caused by a blood clot, it’s critical to administer the clot-busting drug tPA as quickly as possible,” says Dr. Klingman. “This program nearly cut in half how long it takes us to deliver tPA after arrival in the Emergency Department—and we were already a national leader on this front. Today our average door-to-needle time is 34 minutes.”

This exceptional outcome is the result of a three-pronged approach. The first is the use of teleneurology: When a patient arrives in the ED, a TPMG stroke neurologist is just an arm’s length away, via a teleconferencing cart at the foot of the gurney, ready to assess the patient’s condition.

The second is a coordinated stroke-care protocol designed to optimize efficiency. “It’s as if a pit crew arrives for the patient: Everybody knows exactly where to stand and what to do, with the teleneurologist leading the team,” says Dr. Rao.

The third is rapidly providing a CT scan, which enables tPA to be administered sooner—in the radiology suite instead of waiting to return to the ED. It also enables patients with large vessel occlusions to be transported faster to a KP comprehensive stroke center for endovascular stroke therapy.

“In acute stroke care, we say ‘time is brain,’” says Dr. Nguyen-Huynh. “In TPMG, neurologists, emergency physicians, radiologists, technicians, nurses, and pharmacy staff work together to preserve as much functionality for the patient as possible.”
Lynda Lam, MD
Neurology, San Rafael

“ALS is an incredibly daunting disease for patients and their families. Our role is to provide both medical services and emotional support, to let them know we are trying to walk that journey with them.”

Will North, MD
Neurology, Greater Southern Alameda Area

“Our team functions as one, united by the fundamental experience of caring for people with a disease that involves increasing needs, and an existential element that few other human diseases have.”
Amyotrophic lateral sclerosis (ALS) is a rare disease, but it exacts an incredible toll, not only on those diagnosed with it, but on their caregivers too. This neurodegenerative condition initially causes slurred speech or weakness in an arm or leg. As it progresses, it renders people unable to walk, use their arms, talk and, eventually, to breathe.

Several years ago, Lynda Lam, MD, Will North, MD, and several other TPMG neurologists saw an opportunity to lighten the load for these patients. It takes many different care specialists, such as a neurologist; nutritionist; registered nurse; social worker; palliative care specialist; and physical, occupational, respiratory, and speech therapists, to help people with ALS manage the progression of their disease. Research demonstrates that being able to access multidisciplinary clinical care helps patients with ALS live significantly longer and with better quality of life.

Drs. Lam and North and their colleagues Aaron Lewis, MD, and Daniel Lavery, MD, established ALS Multidisciplinary Care Teams at KP San Rafael, San Leandro, San Francisco, and Sacramento medical centers, so that all of the approximately 250 ALS patients in KP Northern California would be able to see all the providers they need to see—on the same visit, and in the same exam room.

With this approach, patients visit the medical centers approximately every 3 months, with each visit typically taking from 2-to-4 hours. The teams also partner with a care manager from the ALS Association, who provides additional support and resources from the community. When patients are no longer able to travel to their appointments, video visits are available, in which the whole team, one by one, talks with the patient.

An ALS Multidisciplinary Care Team was recently established at KP San Jose, and plans are underway to create an additional multidisciplinary care team at KP Walnut Creek.

Last year the ALS Association awarded Kaiser Permanente Northern California the 2016 Commitment to Care Award for coordinated, expert care and treatment of people with ALS.
Steve Offerman, MD, FACMT
Emergency Medicine, South Sacramento

“We offer a unique service, one that is reducing hospital stays and length of stays for our patients. And because of the volume we do, our toxicologists are some of the most experienced in the country.”
Regional Toxicology Service

When Steve Offerman, MD, joined The Permanente Medical Group in 2005, he quickly became familiar with its motto: “Provide the right care, at the right time, in the right way.” With this in mind, he soon saw an opportunity. He wanted patients who go to any of KP Northern California’s 21 medical centers for poisoning to have access to a trained toxicologist who can provide the best, timely care.

“Less than 500 toxicologists practice in the United States today,” explains Dr. Offerman. “That leaves physicians nearly everywhere with just two options—treat the patient if you are familiar with the protocol for a particular toxin, or consult the nearest Poison Control Center, which isn’t optimal, since they don’t have electronic access to patients’ medical records like we do.”

Dr. Offerman, himself a toxicologist, believed there had to be a better way. He studied the data and found that a large, integrated health care organization like Kaiser Permanente Northern California with over 4 million members had a demonstrable need for a dedicated toxicology service.

In 2010, Dr. Offerman successfully argued his case and recruited two toxicologists to launch the service. “Then we quickly realized three toxicologists weren’t enough and added a fourth,” he says.

Today the KP Northern California Toxicology Service provides 250-to-300 telemedicine consults a month to emergency medicine, critical care, pediatric intensivist, and hospital-based medicine physicians. The service leverages our integration and the KP HealthConnect electronic health record system so that any physician at any KP Northern California medical center can access a toxicologist 24/7 for a virtual consultation.

“The service is the first of its kind in all of Kaiser Permanente, and allows us to provide consistent, efficient and expert care across Northern California,” says Karen Murrell, MD, TPMG Physician Lead for emergency medicine. “None of it would have been possible without Dr. Offerman’s energy, passion, and enthusiasm.”
Joanna Ready, MD
Gastroenterology, Santa Clara

“At Kaiser Permanente, we work to keep people healthy, not just take care of them when they’re sick,” says Dr. Ready. “So rather than wait for patients with HBV to come to us, why not bring the care to them?”
Hepatitis B Screening Program

Though nearly 70 million people in the United States have been vaccinated against hepatitis B (HBV), approximately 850,000 already are infected. HBV can become a chronic infection, putting people at high risk of death from cirrhosis and liver cancer. But with early treatment, those who develop complications stand a much greater chance of surviving. And if they are KP Northern California members, their chances are even better, thanks to Joanna Ready, MD.

Dr. Ready designed a systematic hepatitis B screening program in 2014 that involves reaching out to the 10,000 KP members who are chronically infected and inviting them to undergo laboratory tests and ultrasound every 6 months to monitor the progression of their disease and regularly screen them for liver cancer.

“By doing systematic screening and providing treatment to patients when they need it,” says Dr. Ready, “we can reduce the risk of cirrhosis and hopefully identify hepatocellular carcinoma earlier, when it can be treated surgically via resection rather than a liver transplant.”

The program required coordinating many resources, using information technology, and building multispecialty teams across medical centers to set up systems for providing outreach and follow-up.

Today 7,100 patients with chronic HBV are enrolled in the program, making it one of the largest of its kind in the United States. And more than 80 percent of these participants are up to date on their screenings, compared to less than 20 percent in 2011.

“The Hepatitis B Screening Program is an excellent example of the way Kaiser Permanente approaches health care—by combining prevention with acute care,” says Philip Madvig, MD, Associate Executive Director of The Permanente Medical Group. “Dr. Ready’s commitment to serving this population of patients, her clinical expertise, and her tenacity and clarity of purpose make her a role model for other physicians to follow.”
Daniel Jacobs, MD
Plastic Surgery, San Jose

“As patients come out of anesthesia, they often start counting their fingers,” says Dr. Jacobs. “And when they get to five, I don’t have to ask myself why I do this.”
Microvascular Hand and Finger Replantation Center

A mutilating finger or hand injury typically occurs in the blink of an eye. But what happens in the hours that follow can mean the difference between being able to use a finger again—and losing it altogether.

“Replant surgery involves getting blood flowing through the finger, and getting nerves, tendons, and bones working together again,” says Daniel Jacobs, MD. “How successful we are sets the tone for the rest of that patient’s life.”

It’s this passion for setting the right tone and providing outstanding patient care that inspired Dr. Jacobs to found the KP Northern California Microvascular Hand and Finger Replantation Center in 2013.

“Replant surgery is not a one-time intervention. It’s a long pathway, and you have to be there at the beginning to really have an impact at the end,” he says.

Dr. Jacobs realized that leveraging TPMG physician expertise and KP’s unique integration provided an opportunity to achieve higher-quality, more consistent outcomes for patients across the entire continuum of care—from the first call from the emergency physician to the very last hand-therapy appointment.

Dr. Jacobs enlisted the support of Raj Bhandari, MD, Physician-in-Chief at KP San Jose, and recruited Darrell Brooks, MD, a plastic surgeon with world-class experience in reconstructive microsurgery and replantation. Together they built a state-of-the-art specialty center at KP San Jose. Keith Follmar, MD, joined the effort, and the team was in place.

Today, the Microvascular Hand and Finger Replantation Center offers around-the-clock treatment to any KP member who suffers finger or hand amputations, vascular problems of the upper extremities, or other mutilating hand injuries. It’s so well-coordinated that by the time a patient arrives at the KP San Jose Emergency Department, the microsurgeon and anesthesiologist are ready and waiting, even in the middle of the night.
2000

**Wendy Huber, MD**
Dermatology, South Sacramento
Latex Allergy Prevention Program

**Tom Kidwell, MD**
Ophthalmology, North Valley
Re-Engineering Vision Services

**Keith Matsuoka, MD**
Head and Neck Surgery
Greater Southern Alameda Area
Hearing Aid Centers

**Barry J. Miller, MD**
Orthopedics, San Jose
Medical Spine Unit

**Michael Wilkes, MD**
Internal Medicine
South San Francisco
Congestive Heart Failure Program

2001

**Ernie Bodai, MD**
Surgery, North Valley
Breast Cancer Stamp

**Richard Boise, MD** and **Maria Borquez, MD**
Pediatrics, Diablo Service Area
Pregnancy Teen Counseling Program

**Susan Kutner, MD**
Surgery, San Jose
Breast Cancer Care Delivery

**Brigid McCaw, MD**
Internal Medicine
East Bay Area
Family Violence Prevention Program

2002

**Louis Fehrenbacher, MD**
Oncology, Napa/Solano
Oncology Clinical Trials Program

**Doug Grey, MD**
Surgery, San Francisco
Operation Access

**Walter Kinney, MD**
Ob/Gyn, North Valley
Cervical Cancer Screening

**Ron Melles, MD**
Ophthalmology, Redwood City
TrackER and Notewriter

**Michael Wong, MD**
Allergy, Central Valley Area
Neighbors in Health

2003

**Charles Wibbelsman, MD**
Adolescent Medicine
San Francisco
Adolescent Health Services

**Steve Bornstein, MD**
Ob/Gyn, South San Francisco
Clinical Information Presentation System

**Ronald Bachman, MD** and **Edgar Schoen, MD**
Genetics, East Bay Area
Regional Genetics Service

**Eleanor Levin, MD**
Cardiology, Santa Clara
Cholesterol Management,
Cardiac Rehabilitation & Heart Failure Programs

**Hernando Garzon, MD**
Emergency, North Valley
Urban Search and Rescue Team

2004

**John Chuck, MD**
Medicine and Family Practice
North Valley
New Physician Orientation
and Mentoring Programs

**Scott Gee, MD**
Pediatrics, Diablo Service Area
CIPS Preventive Health Prompt

**Pat Hybarger, MD**
HNS/Mohs, San Rafael
Mohs Surgery Reconstruction Program

**Tim Tsang, MD**
Urology, San Jose
eConsult System

2005

**Towie Fong, MD**
Internal Medicine
San Francisco
Chinese Bilingual Bicultural Module

**Preston Maring, MD**
Ob/Gyn, East Bay Area
Friday Fresh Farmers’ Markets

**Mary Pat Pauly, MD**
Gastroenterology, North Valley
Hepatitis C Care Pathway

**Charito Sico, MD**
Pediatrics, Fresno
Community Health Fair

**David Sobel, MD**
Internal Medicine, San Jose
Health Education and
Health Promotion
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2006

David Baer, MD
Oncology, East Bay Area
Case Management for Medical Oncology

Sobha Kollipara, MD
Endocrinology, North Valley
Programs for Children and Adolescents with Diabetes

John Rego, MD
Radiology, San Francisco
Virtual Radiology and Digital Imaging

KM Tan, MD
Radiology, San Rafael
Allied School of Health Sciences

2007

Rob Burger, MD
Occupational Medicine
North Valley
Prevention and Emergency Management of Youth Sports Injuries

Richard Fleming, MD
Internal Medicine
Napa/Solano
Volunteers in Public Service

Joseph Phaneuf, MD
Dermatology
Greater Southern Alameda Area
Ashland Free Medical Clinic

Alan Whippy, MD
Emergency Medicine
East Bay Area
Population Disease Management

2008

Tom Barber, MD
Orthopedic Surgery
East Bay Area
CyberKaiser

Evan Bloom, MD
Pediatrics
South Sacramento
Physician Wellness

Paul Preston, MD
Anesthesiology
San Francisco
Patient Safety

Gail Wagner, MD
Hematology/Oncology
Greater Southern Alameda Area
Matibabu Foundation

Alan Wong, MD
Pediatric Hematology/Oncology
Santa Clara
JW House

2009 continued

Warren Taylor, MD
Hospital Medicine
Napa/Solano
Cardiovascular Risk Reduction Program

Joe Young, MD
Internal Medicine
East Bay Area
Cardiovascular Risk Reduction Program

2010

Brian Hoberman, MD
Hospital Medicine
San Francisco
KP HealthConnect Inpatient Implementation

Edward Lee, MD
Internal Medicine
South Sacramento
KP HealthConnect Toolbar

Jerry Schlegel, MD
Neurology, San Rafael
Excellence in Stroke Care

Cliff Sweet, MD
Radiology, Santa Rosa
Radiology Information Integrator

2011

Eileen Crowley, MD
Dermatology, Napa/Solano
Teledermatology

Douglas Holsclaw, MD
Ophthalmology, Redwood City
Corneal Transplant Quality of Care

Elizabeth Kass, MD
Dermatology, Central Valley
Teledermatology

Stephen Parodi, MD
Infectious Diseases, Napa/Solano
Antimicrobial Stewardship and H1N1 Pandemic Response
<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Specialty</th>
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<td>2012</td>
<td>Robert Broadhurst, MD</td>
<td>Pediatrics</td>
<td>South Sacramento</td>
<td>Screening and Management for Developmental Disorders</td>
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<td>Podiatry</td>
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<td>Anita Lee, MD</td>
<td>Radiation Oncology</td>
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<td>Multidisciplinary Cancer Care</td>
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<td>Daniel Navarro, MD</td>
<td>Nuclear Medicine</td>
<td>Medical Imaging Technology</td>
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<td>Minggui Pan, MD, PhD</td>
<td>Hematology/Oncology</td>
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<td>Jorge Gutierrez, MD</td>
<td>Pediatric Critical Care</td>
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<td>Neurosurgery</td>
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<td>Neurosurgical Services Excellence</td>
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<td>Lisa Liu, MD</td>
<td>Internal Medicine</td>
<td>South Sacramento</td>
<td>Cultural Awareness and Community Health Education</td>
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<td>Diane Craig, MD</td>
<td>Hospital Medicine</td>
<td>Santa Clara</td>
<td>Sepsis Management</td>
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<td>Kevin Desai, MD</td>
<td>Pediatric Cardiology</td>
<td>Greater Southern Alameda Area</td>
<td>Camp Taylor</td>
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<td>Robert McLaughlin, MD</td>
<td>Head and Neck Surgery</td>
<td>North Valley</td>
<td>Specialty Care Access</td>
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<td>Karen Murrell, MD</td>
<td>Emergency Medicine</td>
<td>South Sacramento</td>
<td>Innovations in Emergency Department Care</td>
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<td>Clay Angel, MD</td>
<td>Hospital Medicine</td>
<td>San Rafael</td>
<td>Delirium Management Program</td>
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<td>Wendy Eberhardt, MD</td>
<td>Psychiatry</td>
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<td>Stephen Wang, MD</td>
<td>Interventional Radiology</td>
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<td>Genetics</td>
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<td>Cardiology</td>
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<td>Adult Congenital Heart Disease Care</td>
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<td>Veronica Shim, MD</td>
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<td>Lindsay Cheng, MD</td>
<td>Radiology</td>
<td>Diablo Service area</td>
<td>Breast Imaging and Same Day Biopsy Program</td>
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<td>Michéle Evans, MD</td>
<td>Pediatrics</td>
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<td>Dorothy Wilborn, MD</td>
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<td>North Valley</td>
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</tbody>
</table>
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