

2023

Sidney R. Garfield, MD

Exceptional Contribution Award



About the Sidney R. Garfield, MD **Exceptional Contribution Award**

The Exceptional Contribution Award was established by the Board of Directors of The Permanente Medical Group 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 your eyes on the stars for innovation and change in the future.”

– Sidney R. Garfield, MD

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Sidney R. Garfield, MD

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.

A portrait of Priya Rao, MD, a woman with dark hair, smiling, wearing blue scrubs. The background is a teal gradient with diagonal stripes in various shades of blue and purple on the left side.

Priya Rao, MD

Hospital Medicine, KP San Jose

“The power of collaboration and grassroots innovation led to this transformational change in how we care for our patients with diabetic ketoacidosis.”

Subcutaneous Diabetic Ketoacidosis Treatment

Diabetic ketoacidosis is the most common acute hyperglycemic emergency among people with diabetes and is associated with significant morbidity and health care cost, and it can be life-threatening if not treated promptly. Under traditional treatment protocols, patients are admitted to the intensive care unit (ICU) for intravenous insulin infusions and hourly glucose monitoring.

Dr. Rao led a multidisciplinary team that piloted a subcutaneous insulin treatment protocol for diabetic ketoacidosis at KP hospitals in San Jose, initially in one of the telemetry units. Based on the inclusion and exclusion criteria, patients received long- and short-acting insulin delivered subcutaneously, with treatment starting in the emergency department and patients being admitted to the telemetry unit or clinical decision areas rather than the ICU.

Partnering with investigators at the KP Division of Research, Dr. Rao published results in *JAMA Network Open* which demonstrated a 57% reduction in ICU admissions at KP San Jose compared with hospitals not using the subcutaneous diabetic ketoacidosis protocol, without evidence of increased adverse outcomes compared with the traditional management of intravenous insulin infusion.

“We have done a lot of chart reviews and real-time monitoring to ensure that this protocol is safe for our patients,” Dr. Rao says. “It’s extremely satisfying to see them benefiting from this paradigm shift in care delivery for diabetic ketoacidosis.”

After demonstrating the protocol’s safety and effectiveness, Dr. Rao spearheaded efforts to facilitate its adoption across the region. As a result, the subcutaneous insulin protocol for diabetic ketoacidosis was deployed throughout all KP Northern California hospitals in April 2021, with the added benefit of easing the burden on ICUs during COVID-19 surges.

“The most significant credit goes to the exceptional teamwork and the willingness to change from all 21 medical centers, keeping the focus on our patients,” Dr. Rao says.

“Dr. Rao did not start this journey as a researcher or performance improvement expert,” says Vivian Reyes, MD, The Permanente Medical Group’s regional medical director for strategic hospital initiatives. “However, by executing her vision and persevering, she learned to be both and successfully achieved a goal many would have thought impossible.”

Douglas Balster, MD, PhD Pediatrics, KP Redwood City

“This program has measurably improved quality of life for our transgender and gender-nonbinary patients. Patients tell us they feel like they’ve finally unlocked the ability to express their gender the way they have always wanted.”

Charles Shih, MD Facial Plastic and Reconstructive Surgery, KP East Bay

“After patients have gone through this program, they have an easier time communicating their goals for surgery. My goal is for patients to have the best possible results, and Gender Expression Care helps us achieve that together.”

Jennifer Slovis, MD Family Medicine, KP East Bay

“Gender expression care saves lives, yet in the community it exists as a luxury available only to those who can afford it. In Kaiser Permanente, we’ve made it universally accessible. This is truly the definition of equity.”



Gender Expression Care

Transgender and gender-nonbinary people face enormous barriers to their safety, health, and well-being in the United States. These include high rates of poverty, harassment, and violence, as well as limited job opportunities and isolation from their larger communities. They also are at increased risk of depression and suicide, and lack sufficient access nationwide to physicians and care teams with expertise in their specialized needs.

To support this vulnerable population, KP Northern California established a comprehensive multispecialty gender care services program a decade ago, in which a team of experts provide patients with culturally responsive mental health services, hormone therapy, and surgical care. Drs. Balster, Shih, and Slovis, who have worked with patients in this program since its inception, recognized an opportunity to take it to the next level.

“We saw in our practices that patients also need social transition skills to enable them to move about safely in the world — skills like gender-affirming mannerisms, gait, speech, hair, and wardrobe,” says Dr. Slovis. “This is something that traditional medical models do not recognize as important in the care for gender-diverse people. And yet, the ability for patients to have a successful social transition –

holding a job, attending school, being safe in a public restroom or public transit – can be literally lifesaving.”

To meet this need, Drs. Balster, Shih, and Slovis developed Gender Expression Care, a program that helps transgender and gender-nonbinary youth and adult patients learn to express themselves in their social environment. Patients move through the program in a cohort, and receive professional coaching and workshops delivered by a gender expression specialist, with support from gender therapists, physicians, pediatricians, speech therapists, and physical therapists. Available in-person and virtually, the program provides patients with a safe space to experiment with ways of communicating and helps build community and belonging among peers. It also helps patients plan their transition timeline and goals.

“Our Gender Expression Care program is groundbreaking, and it’s attracting international attention,” says Erica Metz, MD, TPMG medical director for transgender health. “The three physicians who helped build it exemplify all the strengths of our organization and how integrated our care can be.”

James Click, MD Dermatology, KP Diablo Service Area

“Members love this. They love the convenience, they love the availability, and they are so thankful to be able to control their psoriasis from the comfort of their own homes, at an affordable level.”

Katherine Clyman, MD Dermatology, KP Diablo Service Area

“When our members were asked to shelter in place they could no longer come into the clinic for ultraviolet treatment. With the pandemic, we were able to pivot quickly and get patients to safely treat their psoriasis at home.”

Maisha Draves, MD Family Medicine, KP Napa-Solano

“The impetus came from Dr. Bill Lide, a dermatologist who we all adored. He saw the need for better customized treatment of psoriasis in the patient’s hands, and which didn’t require medications.”

Ngoc Pham, MD Dermatology, KP Santa Clara

“This clinically transformative program really emphasizes the patient-doctor relationship and the shared decision-making that goes into the patient’s care.”



Home Phototherapy for Psoriasis

Psoriasis is a chronic skin condition affecting 2% to 3% of the population; in severe cases, hospitalization can result if left untreated. Phototherapy with ultraviolet light is a safe and effective treatment, in which patients sit in front of a lightbox for several minutes, 2 or 3 times per week. However, receiving this simple treatment can be inconvenient for patients who live far from the clinic or have work, home, or transportation barriers, and many of those unable to receive phototherapy treatment in the clinic elect to take systemic medications with greater risk of side effects.

At the initiation of William Lide, MD (former dermatologist with The Permanente Medical Group, now with Northwest Permanente), Drs. Click, Draves, and Pham began advocating in 2015 for Kaiser Health Plan to cover phototherapy units for home use. Once this was approved, Dr. Clyman worked with regional pharmacy to develop a program of educating patients and ordering home lightboxes for those with moderate-to-severe psoriasis.

Pilot research led by Drs. Lide and Click showed that one-quarter of patients who received a lightbox for home use no longer took systemic medications. At the same time, the physician-researchers learned that

patients with high cost-shares were unlikely to obtain the equipment.

When KP dermatology clinics shut down in-office phototherapy treatments in spring 2020 due to the pandemic, Drs. Click, Clyman, Draves, and Pham leveraged the pilot lightbox program to transition Northern California psoriasis patients to home care, which also reduced the risk of more-severe COVID-19 infection in patients on immunosuppressive medications.

In July 2021, home phototherapy coverage was extended across Kaiser Permanente via an enhancement in the durable medical equipment formulary, with no copay for most members. Today more than 5,000 patients in Northern California are using home phototherapy at almost no or very little cost for the lightbox.

“These four physicians exemplify the best in Permanente medicine,” says Sameer Awsare, MD, TPMG associate executive director. “Not only did they collaborate across specialties, but they also did the right thing for our patients by giving them the safest, most convenient care which treats their condition without systemic medications that have potentially harmful side effects.”



Daniel Greninger, MD

Pediatric Ophthalmology, KP Diablo Service Area

“The vision impairment from amblyopia can be permanent and lifelong. The ‘20/20 in 2020’ program doubled down on our preventive care model by helping to diagnose this problem in children as early as possible.”

Pediatric Vision Screening

Amblyopia is a disease that affects vision development in 3% of all children. It is caused by uncorrected refractive error (a need for glasses), strabismus (eye misalignment), or other conditions that deprive the eye of the normal images needed for eyesight development.

“If the brain doesn’t get adequate visual input from the eyes it never learns to see well, even if the eyes are otherwise healthy,” Dr. Greninger says. Unfortunately, children with amblyopia often do not display symptoms, and if the condition is not identified and treated before age 7 their vision loss may be permanent.

When Dr. Greninger launched his ambitious “20/20 by 2020” program in 2017, only half of all amblyopia diagnoses were made before the critical age of 7, and less than half of the region’s 160,000 children between ages 3 and 6 had their eyes screened appropriately. By 2021, screening rates for children 3 to 6 years old had jumped to 90% across KP Northern California.

“His vision was very clear,” says Angela Wong, MD, The Permanente Medical Group chair of pediatrics chiefs. “He wanted us to have the best preventive eye care program in the United States.”

In collaboration with pediatric leaders, Dr. Greninger led the region in switching from wall “E-chart” vision tests to an age-appropriate, computerized screening system, which is now embedded in KP HealthConnect and administered by pediatric medical assistants. Further, he worked with TPMG Consulting Services to develop e-consults to allow easy referrals to further testing and evaluation with an eye doctor and a regional dashboard for tracking performance in pediatric eye screening.

“We can identify those sites which may not be screening at as high rates as other sites, and give them some extra help and training,” Dr. Greninger says. “We can also identify best performers and try to learn from them.”

Nancy Goler, MD, TPMG associate executive director (2016-2022), says, “Dr. Greninger saw a problem and recognized that we could solve it. With vision, strategy, and collaboration across specialties, we now are screening more effectively and preventing childhood blindness and other visual impairment.”

Sidney R. Garfield, MD | **Exceptional Contribution Awardees**

2021-2022

2022

Simon Ashiku, MD

Thoracic Surgery, KP East Bay
Gastric-Esophageal Cancer Program

Subhendra Banerjee, MD

General Surgery, KP Fresno
Senior Surgical Program

I-Yeh Gong, MD

Medical Oncology, KP South Sacramento
Gastric-Esophageal Cancer Program

Yan Li, MD

Medical Oncology, KP East Bay
Gastric-Esophageal Cancer Program

Betty Suh-Burgmann, MD

Gynecologic Oncology, KP Walnut Creek
*Standardized Ultrasonography-Based Ovarian
Cancer Risk Assessment*

Swee Teh, MD

Gastrointestinal Surgery, KP South San Francisco
Gastric-Esophageal Cancer Program

2021

Allen Fischer, MD

Neonatology, KP Walnut Creek
Early Onset Sepsis Calculator

Mark Gasparini, MD

Urology, KP South San Francisco
Kidney Stone Prevention Program

Tatjana Kolevska, MD

Oncology, KP Vallejo
*Transforming Oncology
& Hematology Care*

Michael Kuzniewicz, MD

Neonatology, KP San Francisco
Early Onset Sepsis Calculator

Charulata Ramaprasad, MD

Infectious Diseases, KP San Jose
Covid-19 Pandemic Response

Sidney R. Garfield, MD | **Exceptional Contribution Awardees** 2018-2020

2020

Gabriel J. Escobar, MD

Hospital Operations Research
KP Division of Research
Advance Alert Monitor

James Jang, MD

Cardiology, KP San Jose
*Helping Low-Income and
Homeless Populations*

Leonid Pravoverov, MD

Nephrology, KP Oakland
*Optimal Renal Replacement
Therapy*

David Witt, MD

Infectious Diseases, KP Oakland
*Preventing Hospital-Acquired
Pneumonia*

2019

Naveen Chandra, MD

Ophthalmology
KP Diablo Service Area
Corneal Crosslinking

Issa Fakhouri, MD

Internal Medicine, KP Stockton
Diabetes Care Management

Jason Lee, MD

Pathology, KP Santa Clara
Blood Conservation Program

Suchada Nopachai, MD

Ob-Gyn, KP San Jose
Turning CPR Into Law

Bethan Powell, MD

Gynecologic Oncology
KP San Francisco
Women's Hereditary Cancer Centers

2018

Ethan Cutts, MD

Pediatrics, KP North Valley
Safe Sleep Baby Program

Eric Dilda, MD

Emergency Medicine
KP South San Francisco
eHospital Safety Net Program

Dee Lacy, MD, PhD

Infectious Diseases, KP Fresno
*Vaccination Program for
Functional Asplenia*

Theodore Levin, MD

Gastroenterology
KP Diablo Service Area
Colorectal Cancer Screening Program

Please visit tpmgawards.kp.org for a complete list of award recipients



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