

2024

Sidney R. Garfield, MD

# Exceptional Contribution Award



**PERMANENTE** MEDICINE®  
The Permanente Medical Group

## 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.



## 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.

**“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

# 2024 AWARDEES

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**Jitesh Vasadia, MD**

Cardiology, KP Santa Rosa

“Patients feel cared for. They feel that somebody is watching over them with this powerful medication. It’s been very rewarding from both the safety and patient comfort perspectives.”

## Amiodarone Monitoring Program

Amiodarone is a powerful medication commonly used for treating cardiac rhythm disorders such as atrial fibrillation. While highly effective, if prescribed improperly it can have serious side effects.

“Amiodarone is a toxic medication when used outside the prescribing guidelines, and we felt there was a safety gap that we could address with a technology and workflow solution,” says Jitesh Vasadia, MD, who spearheaded the Amiodarone Monitoring Program.

Working with the KP chiefs of cardiology, Division of Research, and TPMG Consulting Services, Dr. Vasadia developed a workbench tool in the electronic medical record that automatically imports all patients taking amiodarone, creates alerts for missing and abnormal tests, and tracks quality metrics. A pharmacist-led medical assistant uses the workbench tool to monitor all patients taking amiodarone twice annually.

“Dr. Vasadia understood that to launch a successful program, he would need to pull on resources from many distinct parts of our integrated health care organization,” says Brian

Missett, MD, TPMG associate executive director. “He did this extremely efficiently to create a model program for the patients.”

“People enjoyed the work they did, and within 4 months we had a very robust process that could be tracked to show efficiency and success,” Dr. Vasadia says.

After the Amiodarone Monitoring Program was launched at 12 KP medical centers, compliance for recommended biannual laboratory monitoring jumped from 30-40% to upwards of 80%. Likewise, the program halted inappropriate prescribing, reducing associated risks to patients. Plans are now underway to extend the program to all KP medical centers and other arrhythmic medications.

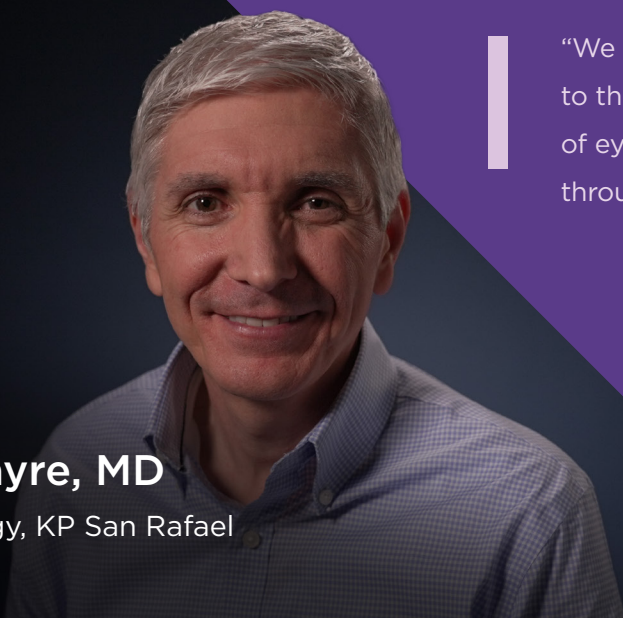
“Across the region, more than 200 cardiologists are extremely grateful to Dr. Vasadia,” says Howard Dinh, MD, KP Northern California chair of cardiology chiefs. “In this day and age of physician burnout, he was able to centralize the process, allowing us to take care of more urgent issues and loop us in when our expertise is really needed.”



“It was a lot of hard work, but I knew that this ophthalmic imaging system was going to be so much better than what we had before.”

### Bonnie Quiroz, MD

Ophthalmology, KP North Valley



“We are now contributing to the transformation of eye care delivery throughout the world.”

### Gregg Gayre, MD

Ophthalmology, KP San Rafael

## Enterprise Eye Care Imaging Modernization

The field of ophthalmology is transforming from examining eyes directly to using images for monitoring disease progression and intervening to prevent vision loss. Reviewing digital images is now essential to how ophthalmologists diagnose and treat eye conditions.

By the early 2020s, KP’s antiquated system for managing digital images was not keeping up. “We were acquiring hundreds of thousands of images each year,” says Gregg Gayre, MD, TPMG chief technology officer and former TPMG chief of ophthalmology. “We needed to organize, access, pull up and process them, and make medical decisions on the fly.”

Dr. Gayre partnered with Bonnie Quiroz, MD, KP North Valley ophthalmologist and a member of the KP national technology standards committee, to completely overhaul and modernize the technology that KP doctors use to review digital eye images. Dr. Gayre had the strategic vision while Dr. Quiroz took the tactical lead on training and user acceptance.

KP ophthalmologists across all 8 regions now have the ability to quickly access and compare multiple images. “We built in functionality to give ophthalmologists what they want with the least number of clicks,” Dr. Quiroz says.

Poorab Sangani, MD, KP Northern California co-chair of ophthalmology chiefs, says, “All of us who work in ophthalmology went from absolutely frustrated to absolutely ecstatic in a span of less than two and a half years.”

The new system is also fully integrated with KP’s electronic medical record. “They came up with an order-based workflow to integrate from one system to another, which reduced the time physicians spent manually entering images,” says Smita Rouillard, MD, TPMG associate executive director. “It was brilliant.”

The American Academy of Ophthalmology now describes KP as the model for digital eye imaging standardization. Drs. Gayre and Quiroz are working on expanding the new technology to additional image-reliant KP specialties such as radiology and integrating artificial intelligence to further improve efficiency.

“The new system is reliable and fast, and we can do lots of things we couldn’t before,” says Robin Vora, MD, KP Northern California co-chair of ophthalmology chiefs. “Most importantly, the clinicians love it. We went from a pain point to a great source of pride.”



## Gregory Marelich, MD

Critical Care Medicine, KP South Sacramento

“I’ve spoken with families with questions about care in the middle of the night and have been able to alleviate their concerns. For patients and caregivers, the ability to talk to an intensivist overnight is very meaningful.”

## TeleCritical Care

Across KP Northern California, the TeleCritical Care program spearheaded by Gregory Marelich, MD, now provides patients in the intensive care unit (ICU) and their nurses with access to a TPMG “teleintensivist” during the critical nighttime hours.

“We utilize telepresence and remote monitoring systems to deliver rapid, early interventions for our intensive care unit patients,” says Dr. Marelich, regional medical director of TeleCritical Care. “We have demonstrated reductions in mortality as well as in ICU and hospital length of stay in facilities that have TeleCritical Care.”

Operating at three regional hubs from 8 p.m. to 8 a.m., 73 intensivists and 12 nurses provide coverage to more than 330 ICU beds nightly. If a nurse is concerned about an ICU patient, they contact the TeleCritical Care hub, consult with an ICU nurse, and may be transferred to a physician for remote evaluation of the patient.

“Physicians are taking over 100 calls a night, so there’s a clear need for this kind of coverage,” says Stephen Parodi, MD, TPMG associate executive director.

“They’re taking the full spectrum of care, from a code blue to simple electrolyte abnormalities. Everything is covered by this team.”

During its pilot phase, the TeleCritical Care program reduced the length of hospital stays by 28.5 hours and ICU stays by 14 hours. Extrapolated across KP Northern California, that would save more than 16,000 days of hospital stays annually.

“The hospitalists are over the moon about this program,” says Vivian Reyes, MD, TPMG regional director of strategic hospital initiatives. “They enjoy the benefit of having a critical care specialist to provide advice or guidance on managing critical care patients.”

Dr. Marelich was compelled to take on this work because he thought it was “going to be the best thing I ever did for TPMG and KP. The time spent at night-working, the extra time taking care of this program during COVID when I was otherwise clinically overwhelmed — it’s all paid off.”

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

2023

**Douglas Balster, MD, PhD**

Pediatrics, KP Redwood City  
*Gender Expression Care*

**James Click, MD**

Dermatology, KP Diablo Service Area  
*Home Phototherapy for Psoriasis*

**Katherine Clyman, MD**

Dermatology, KP Diablo Service Area  
*Home Phototherapy for Psoriasis*

**Maisha Draves, MD**

Family Medicine, KP Napa-Solano  
*Home Phototherapy for Psoriasis*

**Daniel Greninger, MD**

Pediatric Ophthalmology  
KP Diablo Service Area  
*Pediatric Vision Screening*

**Ngoc Pham, MD**

Dermatology, KP Santa Clara  
*Home Phototherapy for Psoriasis*

**Priya Rao, MD**

Hospital Medicine, KP San Jose  
*Subcutaneous Diabetic Ketoacidosis Treatment*

**Charles Shih, MD**

Facial Plastic and Reconstructive Surgery, KP East Bay  
*Gender Expression Care*

**Jennifer Slovis, MD**

Family Medicine, KP East Bay  
*Gender Expression Care*

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*

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

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*

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*

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