2019
RESEARCH & TEACHING
AWARDS

PERMANENTE MEDICINE®
The Permanente Medical Group
To be a good physician, you have to keep up with what is new, which means you have to be involved in research and training. Patient care is our first obligation, and to maintain a high quality of care, we must also research and teach. And we do.
The TPMG Research and Teaching Awards were established in 2003 to acknowledge the extraordinary accomplishments of practicing clinicians who also excel in research and teaching.

In 1948, Morris F. Collen, MD, became one of the seven founding physicians of The Permanente Medical Group. As a clinician, researcher and teacher, Dr. Collen made significant contributions to TPMG colleagues and Kaiser Permanente members. Today, he is recognized internationally for his pioneering work in applying computer technology to medicine.

From 1953 to 1961, Dr. Collen served as physician-in-chief at KP San Francisco. He became director of Medical Methods Research (now the KP Division of Research) in 1961, ending his tenure in 1979 when he became director of the Division of Technology Assessment.

Dr. Collen’s work in medical computing attracted national attention. He was elected to the Institute of Medicine of the National Academy of Science in 1981 and served as chair of the Library of Medicine’s Board of Scientific Counselors from 1985 to 1987. As a scholar-in-residence from 1987 to 1993, he wrote a definitive history of medical applications of the computer. From 1983 onward, Dr. Collen served as a consultant with the KP Division of Research, where he remained an enthusiastic supporter of research and teaching in TPMG.

Dr. Collen passed away in 2014 at age 100.
I wasn’t interested in conducting research during medical training, but as a clinician I became captivated by the kinds of questions being asked, and the fascinating answers that researchers were coming up with.
They say experience is the best teacher, and perhaps for no one is this more true than for Dr. Baer. When he joined TPMG in 1981, he had little desire to conduct oncology research. “I may have been the only hematology-oncology fellow at UCSF in 1980 who wasn’t doing it,” he says. “I very much wanted to be a clinician.” Yet looking back over his nearly 4 decades with the medical group, it’s clear that research evolved into a lifelong passion.

Dr. Baer cofounded the KP Oncology Clinical Trials program in the 1980s—just a few years after joining TPMG—and has remained a champion of the program throughout his career. He has enrolled significant numbers of patients in these trials, and helped expand the regional effort into a national KP program. He’s also been a leading member of the Northern California Central Research Committee for most of his career, providing valuable experience in the practicality of research within Kaiser Permanente.

As an individual researcher, Dr. Baer has initiated many projects, including monoclonal gammopathies, the role of hepatitis B in cancer chemotherapy, iron metabolism and cancer, lung cancer mortality, and others.

“I cannot think of any oncologist in TPMG who has contributed more to cancer research than Dr. Baer,” says Louis Fehrenbacher, MD, a retired TPMG oncologist and medical director of the KP Oncology Clinical Trials program for many years. “His knowledge of our integrated data system, the uses of big data, and the unique questions to be answered in cancer research have been of great value, not only to many researchers, but to cancer patients as well.”
Colorectal cancer is the second leading cause of cancer death in this country,” says Dr. Corley. “Yet convincing patients to get screened can be one of the biggest problems primary care physicians and gastroenterologists face.” Aiming to solve this problem and improve patient health, Drs. Corley and Levin developed a colorectal cancer (CRC) screening program in TPMG and studied its effects.

Each physician played a critical role in the research. Dr. Levin led the launch of the screening program team in 2006, which mails fecal immunochemical tests (FIT) to the home of every patient aged 50 to 75 across KP Northern California. The test checks for blood in the stool, an indicator that precancerous polyps or cancer may be present, and only positive FIT results require a follow-up colonoscopy. Patients who do not complete the test receive follow-up calls. Dr. Corley led the KP Division of Research team of coordinators, data analysts, and biostatisticians who studied CRC screening uptake, incidence, and mortality by analyzing data from all patients in KP Northern California eligible for screening from 2000 to 2015.

Drs. Corley and Levin discovered a remarkable impact. CRC screening rates in KP Northern California went from 39% in 2000 to nearly 83% in 2015—even in the face of a 50% increase in the eligible patient population. Within that same time period and patient population, mortality from colorectal cancer declined by 52%, and incidence went down by 26%.

Their study, published in Gastroenterology in 2018, has received national recognition, including from the National Colorectal Cancer Round Table (NCCRT). They’ve been praised not only for their successes, but also for creating a roadmap to help others attain screening rates of 80%, which the NCCRT set as a national goal in 2013, to be achieved by 2018. TPMG had already reached it in 2011.
This research is the first demonstration of the value of colorectal cancer screening in a real-world population. It was made possible by the extraordinary efforts of colleagues across TPMG.

—Dr. Levin

Doing research enables physicians to develop new knowledge and approaches that can improve the health of entire populations. It magnifies our ability to take care of patients.

—Dr. Corley (photo left)
I find clinical research exciting because it allows me to ask questions about how to best take care of my patients and use data to figure out the answers.
Neonatal jaundice is a common condition, caused by high levels of bilirubin in a newborn’s bloodstream. It’s easily treatable with phototherapy, and the American Academy of Pediatrics (AAP) has established clear guidelines for the levels at which treatment is indicated. However, in recent years physicians have started giving phototherapy to babies with bilirubin levels that, while high, are lower than the AAP’s recommended threshold for treatment.

“The reason for this is to save parents from having to return to the hospital for phototherapy later, in the event that bilirubin levels continue to rise,” says Dr. Wickremasinghe. “But no research had been done on the effectiveness of subthreshold phototherapy at preventing hospital readmissions.”

So Dr. Wickremasinghe collaborated with the KP Division of Research to conduct a 5-year cohort study in KP Northern California of nearly 26,000 newborns born at 35 or more weeks’ gestation with bilirubin levels just below the threshold. She found that 19% of them received subthreshold phototherapy, with a 5% readmission rate, compared to a 13% readmission rate in the group that did not receive subthreshold treatment.

“Although subthreshold phototherapy during birth hospitalization decreases readmissions, we found for each readmission prevented, many newborns receive phototherapy who would otherwise not need it,” says Dr. Wickremasinghe, whose findings were published in *JAMA Pediatrics* in 2018. “It also increases birth hospitalization length of stay by an average of 22 hours.”

“Dr. Wickremasinghe’s research enables physicians to better educate families on the risks and benefits of subthreshold phototherapy, and to advocate for deferring treatment when appropriate,” says Betty Suh-Burgmann, MD, chair of the Central Research Committee. “The study helps us to know how to best balance the desire to reduce readmission with the desire to avoid unnecessary treatment.”
His medical assistants often joke that Dr. Kenia always has an “entourage” in tow, from pediatric and family practice physicians, to residents, medical students, and even college and high school students, who accompany him in his pediatric and sports medicine practice.

Much of Dr. Kenia’s teaching career has been dedicated to helping fellow physicians better care for children and young adults with sports-related ailments and injuries. “In our primary care medical education, we don’t receive a lot of sports medicine training,” says Dr. Kenia. “I’m passionate about helping fill that knowledge gap.”

Covering topics ranging from joint exams and growth plate injuries to injury prevention and concussion care, Dr. Kenia has given countless grand rounds at his medical center and beyond, as well as moderated and served as faculty for regional CME webinars and conferences, including one for the American Academy of Pediatrics.

When California passed state law AB25 in 2012, which requires that student athletes with a suspected head injury or concussion be cleared by a health care provider before returning to the activity, Dr. Kenia helped develop a decision tool in our electronic health record system to help physicians evaluate these patients. He also cochaired a conference to educate TPMG colleagues about changes in concussion care workflows based on the new law, and has been coleading the regional concussion task force ever since.

Dr. Kenia also serves as an assistant clinical professor at University of California, San Francisco, where he’s been teaching since 2004, and was KP San Francisco’s Continuity Clinic site director for UCSF pediatric residents for 7 years, until 2018.

“Dr. Kenia has a contagious warmth, generous spirit, and unbridled enthusiasm for teaching,” says Ingrid Lim, MD, chief of CME at KP San Francisco. “It’s no wonder he is adored by all.”

Teaching Award for Excellence in Continuing Medical Education

NEELESH KENIA, MD — Pediatrics & Sports Medicine, KP San Francisco
The practice of medicine is education. It’s an honor to educate not only patients, but colleagues and future physicians, with the hope that these teachings help us all provide even better care.
What I hope residents take away from our experience together is that medicine involves continuous learning, a lot of humility, skepticism about dogma, and genuinely caring for and being interested in each patient.
There’s an adage that says “Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime.” If it’s true, Dr. Patton, who has been working with residents for 32 years, has provided a lifetime of sustenance to more than a village of budding physicians.

Dr. Patton joined TPMG as a primary care internist at KP Oakland in 1987 and has served as an assistant program director for the Internal Medicine Residency program since 1998. With a combination of vigor, passion, humility, and grace, she has taught, mentored, and advised hundreds of residents, many of whom are now practicing physicians in TPMG. She’s also highly sought out by new TPMG physicians in her role as new-physician mentor for the Department of Medicine, a position she’s held since 2004.

In addition to her mentorship, teaching, and full-time clinical practice, Dr. Patton also maintains an active regional and national presence in physician and educator organizations, including the American College of Physicians. And she’s been an associate clinical professor at University of California, San Francisco, School of Medicine since 1998.

“For so many physicians, Mary is emblematic of what it means to find joy and meaning in the practice of medicine,” says Rita Ng, MD, physician-in-chief at KP Oakland. “She demonstrates compassion, warmth, and intellectual curiosity in a way that we all want to emulate, whether she’s walking the corridors or in the exam room with a patient. If you’ve ever seen her engage with residents—there’s simply an excitement and energy that surrounds them. They are inquisitive and actively learning from one another. That’s the very best kind of education.”
Morris F. Collen Research Award

2018  Dustin Ballard, MD, MBE, Emergency Medicine, KP San Rafael
      Uli Chettipally, MD, MPH, Emergency Medicine, KP South San Francisco
      Tara Greenhow, MD, Pediatric Infectious Diseases, KP San Francisco
      Mamata Kene, MD, Emergency Medicine, KP Fremont
      Dustin Mark, MD, Emergency Medicine, KP Oakland
      Dana Sax, MD, MPH, Emergency Medicine, KP Oakland
      David Vinson, MD, Emergency Medicine, KP Sacramento

2017  Robert Lundstrom, MD, Cardiology, KP San Francisco
      Jamal Rana, MD, Cardiology, KP Oakland

2016  Harley Goldberg, DO, Physical Medicine & Rehabilitation, KP San Jose
      Walter Kinney, MD, Gynecologic Oncology, KP Sacramento

2015  Douglas Corley, MD, PhD, Gastroenterology, KP San Francisco
      Elizabeth Suh-Burgmann, MD, Ob-Gyn, KP Walnut Creek

2014  Roger Baxter, MD, Infectious Diseases, KP Oakland
      Jean-Luc Szpakowski, MD, Gastroenterology, KP Fremont
Teaching Award for Excellence in CME

2018  Victor Silvestre, MD, Internal Medicine, KP Oakland
2017  Cynthia Carmichael, MD, Family Medicine, KP Pinole
2016  Klaus Kernbach, DPM, Podiatry, KP Vallejo
2015  Ruma Kumar, MD, Palliative Care, KP San Jose
2014  Joel Levis, MD, PhD, Emergency Medicine, KP Santa Clara

Teaching Award for Excellence in UME/GME

2018  Gabriel Flaxman, MD, Family Medicine, KP Vallejo
2017  Diane Sklar, MD, Urogynecology, KP San Francisco
2016  Douglas Holsclaw, MD, Ophthalmology, KP Redwood City
       Matthew Lando, MD, Head and Neck Surgery, KP Hayward
2015  Laura Minikel, MD, Ob-Gyn, KP Oakland
2014  David Manske, MD, Orthopedic Surgery, KP South Sacramento