

In This Issue

Programs and Services Spotlight

From the Research and Clinical Trials Administration Office

Focus On: Continuing Education and Graduate Medical Education

Clinical Corner

Introductions

Compliance Central

Progress Notes

From the Research and Clinical Trials Administration Office

Alzheimer's Disease Study

The Rush Alzheimer's Disease Center is recruiting people with mild to moderate Alzheimer's disease for a study to evaluate the effectiveness and safety of an investigational medication that may help treat the symptoms of Alzheimer's disease. As part of this study, which will last one year, participants will have a thorough evaluation. Participants will also be asked to take the study medication once daily and to return to the clinic about 10 times during the year for testing and evaluations. To participate, subjects must be 50 to 90 years of age, have a diagnosis of mild to moderate Alzheimer's disease and have a reliable study partner who can accompany them to all clinic visits. For more information, please contact Raj C. Shah, MD, at (312) 563-2902. Prospective patients should contact Julie Bach, MSW, at (312) 942-4463.

Artificial Cervical (Neck) Disc Study

Spine surgeons at RUSH are participating in a prospective, randomized, controlled study to evaluate the safety and effectiveness of the porous coated motion (PCM) artificial cervical (neck) disc for treatment of degenerative disc disease compared to conventional anterior cervical discectomy and spinal fusion surgery. Patients will be randomly selected (at a 2-to-1 ratio) to receive either the PCM artificial cervical disc surgery or anterior cervical discectomy and fusion surgery. Qualified participants must be between the ages of 18 and 65; have been diagnosed with disc degeneration or disk herniation in the cervical spine; and have arm or shoulder pain and weakness or other symptoms of nerve compression. In addition, they must have been treated by a physician for more than six weeks for pain and symptoms. Patients will be required to return for follow-up visits at RUSH for at least two years. For more information, please contact Frank M. Phillips, MD, at (312) 432-2389. Prospective patients should call Jim Strom, BSN, RN, at (312) 432-2389.

RUSH Programs and Services Spotlight

Parkinson's disease program

Part of the Section of Movement Disorders, the internationally recognized Parkinson's disease program at RUSH is dedicated to patient care, clinical and basic research, and education. With these three components as a foundation, the program is able to provide comprehensive services for patients now, while working toward its long-term goal of delineating the cause and progression of the disease.

Patients are cared for by a team comprising neurologists and neurosurgeons; a neuropsychologist who focuses exclusively on movement disorders; a psychiatrist with expertise in the pharmacology of depression, anxiety and common behavioral elements of Parkinson's disease; speech therapists; physical and occupational therapists and a neurorehabilitation neurologist. Patients may also be referred to internists, urologists, psychiatrists and social workers who have extensive experience dealing with Parkinson's.

In the multidisciplinary basic science laboratory at RUSH, internationally renowned researchers are studying new drugs and gene and cellular transplant therapies that are transforming Parkinson's treatment.

Highlights of the Parkinson's program at RUSH include:

- Expert physical and psychological diagnostic confirmation and treatment consultations
- New medications for enhancing independence and autonomy
- Access to new treatment studies not otherwise available in Midwest
- New clinical trials on halting disease progression
- Access to innovative neuroimaging techniques to chart the extent of the disease and the basis of complications
- Access to new surgical interventions, such as deep brain stimulation, cellular transplant and gene therapy, performed by neurosurgeons who in some cases were among the first in the Midwest to offer these techniques
- A monthly patient support group

Participating Physicians

All offices are located at 1725 W. Harrison, Suite 755, (312) 563-2900, unless otherwise indicated.

Christopher Goetz, MD
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Director, Section of Movement Disorders

Roy Bakay, MD
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Bryan Bernard, PhD
Neuropsychologist

Cynthia Comella, MD
Neurologist

Jennifer Goldman, MD
Neurologist

Aikaterini (Katie) Kompoliti, MD
Neurologist

Kathleen Shannon, MD
Neurologist

Leo Verhagen, MD, PhD
Neurologist

focus on

CONTINUING AND GRADUATE MEDICAL EDUCATION

Upcoming CME Courses at RUSH

Chicago Men's Health Symposium

A Program directed to medical issues in the aging male

Saturday, November 5, 2005

Credit hours: Maximum of 8

Cost: Free

Course director: Laurence A. Levine, MD

Sponsored by: RUSH Office of Continuing Medical Education

Location: Hyatt-Regency O'Hare, Rosemont, Ill.

Contact: Linda Levine, Urology Specialists

Phone: (312) 563-5000

The 27th Annual Neurology for the Non-Neurologist

December 7, 8 and 9, 2005

Credit hours: Maximum of 17.25

Course directors: Steven Lewis, MD, and Jordan L. Topel, MD

Sponsoring department: Department of Neurological Sciences

Location: Hotel 71, 71 East Wacker Drive, Chicago

Contact: Carrie Miller

Phone: (312) 563-2518

Email: Carrie_A_Miller@rush.edu

Grand Rounds

Department of Otolaryngology

John Bent Conference Room, Jelke, 7th floor

Wednesday, October 26, 4 p.m.

"Head and Neck Surgery"

Eyas Othman, MD, instructor, Department of Otolaryngology

Division of Hematology and Oncology

Searle Conference Center, Room 542

Thursday, October 27, 8 a.m.

"The Evolution of Hormone Therapy in Breast Cancer"

Rowan T. Cheblowski, MD, David Gaffen School of Medicine, Harbor-UCLA Medical Center

Department of Neurological Sciences

Cohn Research Building, ground floor

Thursday, October 27, 4 p.m.

Morrell Lecture

Mark Hallett, MD, National Institute of Neurological Disorders and Stroke, Human Motor Control Section

All health care workers are welcome.

Clinical CORNER

New use for vagus nerve stimulator: treating depression

Psychiatrists at RUSH are the first in Chicago to use a vagus nerve stimulator (VNS), an implantable, pacemaker-like device, as a therapy to treat long-term, treatment-resistant depression in adults.

The device delivers mild, intermittent, brief pulses to the left vagus nerve. The pulses are then transmitted via the nerve to the central nervous system, to specific areas in the central nervous system that control mood, motivation, sleep, appetite and other symptoms relevant to depression. Several studies have shown that VNS therapy may modulate neurotransmitters such as serotonin and norepinephrine thought to be involved in mood regulation.

VNS therapy is approved by the Food and Drug Administration as a long-term adjunctive treatment for patients 18 years of age and older who are experiencing a major depressive episode and have not had an adequate response to four or more antidepressant treatments. It is now the first treatment specifically studied and approved for treatment-resistant depression.

Of the nearly 19 million Americans affected by major depressive disorder each year, 20 percent do not respond to multiple antidepressant treatments. "The availability of VNS therapy is important for the millions of people who, until now, have not had a proven long-term option for controlling depressive symptoms," says psychiatrist John Zajecka, MD.

In clinical studies of VNS therapy, more than half of the patients who had experienced an average of 25 years of major depressive disorder and multiple treatment trials realized some clinical benefit, and one-third of the patients had at least a 50 percent improvement in their depression. Patients also reported significant improvements in quality-of-life areas, such as vitality, mental health, emotional well-being and social function.

Progress Notes

David A. Ansell, MD, has been appointed vice president and chief medical officer for RUSH University Medical Center. In this newly created position, Dr. Ansell directs quality, clinical resource management and patient experience processes at the medical center. In addition, he has been appointed professor in the Department of Internal Medicine and serves as associate dean for hospital affairs at RUSH Medical College. Before coming to RUSH, Dr. Ansell was chairman of the Department of Internal Medicine at Mount Sinai Hospital Medical Center in Chicago and executive vice chairman of Internal Medicine at the Chicago Medical School.

Brian T. Smith has been appointed executive director of the RUSH University Medical Group, RUSH's faculty practice plan, and associate vice president for medical affairs-clinical practice. Smith is the senior executive of the practice plan, which has more than 300 physicians employed in more than 70 offices. In this newly created position, he coordinates all of the multiple medical service plans currently operating at RUSH. Smith previously was executive director of the University of South Florida Physicians Group, where he was senior administrator of the faculty practice plan of the University of South Florida College of Medicine.

INTRODUCTIONS The following is a list of physicians who joined the medical staff at RUSH between July 1, 2005 and August 30, 2005. The Medical Staff Office and the Office of Marketing Communications have made every effort to publish accurate information that is as complete as possible; however, if the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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COMPLIANCE CENTRAL

HIPAA Says: It's OK to Leave Messages for Patients at Home

Since the inception of the HIPAA Privacy Rule, physician practices have questioned the permissibility of contacting patients at their homes and leaving messages — on an answering machine or with a family member — to remind them of appointments or to inform them that a prescription is ready.

According to the Office of Civil Rights, the HIPAA Privacy Rule permits health care providers to communicate with patients regarding their health care; this includes communicating with patients at their homes, whether through the mail or by phone or in some other manner. The rule does not prohibit providers from leaving messages for patients on their answering machines.

To reasonably safeguard the individual's privacy, however, providers should take care to limit the amount

of information disclosed on the answering machine. For example, a provider should consider leaving only their name and number and other information necessary to confirm an appointment or ask the individual to call back.

A provider also may leave a message with a family member or other person who answers the phone when the patient is not home. The Privacy Rule permits providers to disclose limited information to family members, friends or other people regarding an individual's care, even when the individual is not present. Providers should, however, use professional judgment to ensure that such disclosures are in the best interest of the individual and limit the information disclosed.

If you have any questions, contact the RUSH Compliance Office at (312) 942-5303.

focus on *continued*

Department of Behavioral Sciences Colloquium Series

Searle Conference Center
Tuesday, November 8, 4 p.m.

"Implications from Functional Brain Imaging Studies Across the Sleep/Wake Cycle"

Thomas J. Balkin, PhD, chief, Department of Behavioral Biology, Walter Reed Army Institute of Research
All health care workers are welcome.