

physician's update

January 2008

- 2 NEW FACULTY
- 2 EBM UPDATE
- 3 HONORS AND AWARDS
- 3 STAFF GROWTH
- 4 NEWS BRIEFS



“At the present time, we are recruiting in every subspecialty of pediatrics and I expect to hire 35-50 additional talented individuals this year.”

Kevin J. Kelly, MD

CHANGES AHEAD FOR PEDIATRICS

Dear Colleagues:

I wanted personally to write a letter to all of you about changes and plans for the future of the Department of Pediatrics.

A little over two years ago, I arrived in our community to try to add my touches to the improvement of health care for children in the region. My most important goal was simple: to provide access to specialty care for your patients in two weeks or less when they needed it routinely and within 24 hours when urgent consultation was required. In addition, we would improve our communication to you as a referring physician about the care of every child whose care you entrusted to us; our faculty would exceed your expectations for speaking to a specialty physician when you called for advice or help; and we would start to invest in new programs that the children of our region needed, but did not have access to.

Achieving these goals is complex, but critical to success as measured by patients and families. I initially expected that it would take at least seven years and close to 400 faculty physicians to achieve this level of access. That may seem far into the future, but my prior experience as a chief medical officer of a very large academic pediatric specialty group suggested that this was the time frame people should expect.

In September of 2005, the Department of Pediatrics at Children's Mercy Hospitals and Clinics had 200 faculty physicians. By September of 2007, we had increased to 280. At the present time we are recruiting in every subspecialty of pediatrics and I expect to hire 35-50 additional talented individuals this year. We currently have one of the largest pediatric departments in the country; it is needed because of the large number of patients and physicians we serve. Increased staffing has already allowed us to start evening and weekend specialty clinics in some sections, and as a result, you can expect more convenience for the families.

At the same time, a comprehensive plan for improved communication has been implemented using technology such as automatic faxing and a multidisciplinary call center for direct phone communication from you to our attending physicians immediately for emergent issues, and communication within four hours for non-urgent issues. I am happy to report that for the past two months, when you use our provider call center (1-800-GO MERCY), our physicians have been in direct communication within 3.5 minutes on average for emergent issues.

In the future, I will write to you about many new innovations, programs, and expansions that will serve the children and your practices.

Have a happy new year. We look forward to serving your patients when you call on us to do so.

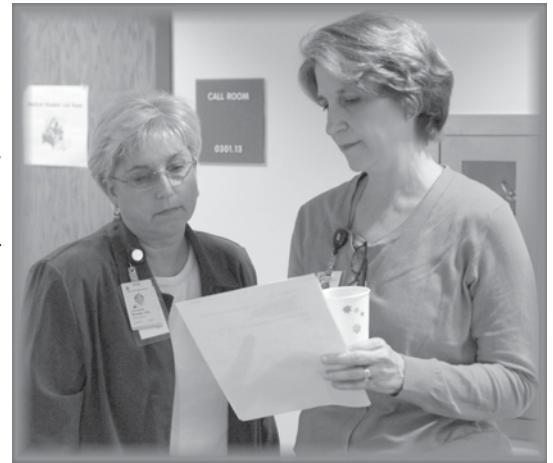
Sincerely,

Kevin J. Kelly, MD

Joyce C. Hall Distinguished Professor of Pediatrics
Chairman, Department of Pediatrics

Pediatrician-in-Chief, Children's Mercy Hospitals and Clinics

Associate Dean, University of Missouri-Kansas City School of Medicine



Improving physician to physician communication is one of the main goals for the hospital in the coming year.

COMMENTS OR CONCERNS? CONTACT KEVIN KELLY, MD, (816) 234-3370
OR KJKELLY@CMH.EDU.

NEW FACULTY

J.B. Le Pichon, MD, PhD

Neurology
Assistant Professor of Pediatrics
(816) 234-3090

MD Degree: Medical Scientist Training Program/Hudson Scholar, Baylor College of Medicine, 2002
PhD Degree: Medical Scientist Training Program/Hudson Scholar, Baylor College of Medicine, 2000
Residencies: Pediatrics, Driscoll Children's Hospital, Corpus Christi, University of Texas, 2004; Pediatric Neurology, Baylor College of Medicine, 2007
Specialty interests: Head trauma



Charisse Lachica, MD

Neonatology
(816) 234-3591

MD Degree: University of the Philippines, Manila, Philippines, 1987
Residency: Pediatrics, Yale University, Bridgeport, CT; OB/GYN, Philippine General Hospital Medical Center, Manila, Philippines
Fellowships: Neonatal-Perinatal Medicine, University of Toronto—The Hospital for Sick Children and University of Alberta—Royal Alexandria Hospital; Stolley Children's Health Centre
Certification: Pediatrics, 1997, 2006; Neonatal/Perinatal Medicine, 2001
Specialty interests: Long-term developmental follow-up



EBM UPDATE: TRIAL DESIGNS

Recently the subtle differences between noninferiority and superiority trials were discussed. A noninferiority trial attempts to show that one treatment is no worse than another, while a superiority trial is to show one is better. This difference requires different trial designs.

One difference is that a noninferiority trial may employ a "per-protocol analysis" versus a "intention to treat analysis." This is to prevent the false conclusion that the two study arms are similar.

This analysis only includes subjects that have completed their protocol and will usually err on the side of showing differences between groups. Therefore, if there was no difference seen, there is more confidence that this is the actual case.

In comparison, an intention-to-treat analysis requires that all patients, regardless if they finished their protocol, are included in the analysis. Generally this will lessen the differences between groups. This is to prevent a false conclusion that there are differences.

The type of analysis affects the study protocol. If a per-protocol analysis is done, the investigators must anticipate the protocol drop out rate to insure that the required numbers are recruited for a properly powered study (since an underpowered study will increase the chance that differences would not be detected.).

Data analysis is only one difference between noninferiority trials and superiority trials. It is important for all of us to know these differences as these distinctions are often times missed. In the assessment of published noninferiority, randomized controlled trials, It was found that there were "important deficiencies."¹ Only 20 percent fulfilled reporting requirements specific to noninferiority and equivalence trials. For additional reading please refer to references below.^{2,3}

RAYMOND CHAN, MD
 DIRECTOR, EVIDENCE-BASED PRACTICE
 COLLABORATIVE
 ASSISTANT PROFESSOR OF PEDIATRICS,
 UMKC

1) Le Henanff, A. L. et al. (2006). Quality of Reporting of Noninferiority and Equivalence Randomized Trials. *JAMA*, 295(10), 1147 – 1151.

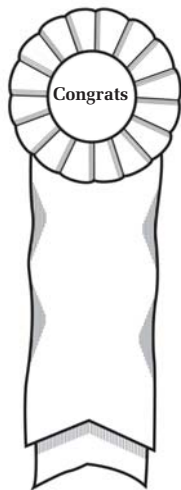
2) Piaggio, G. et al. (2006). Reporting of Noninferiority and Equivalence Randomized Trials: An Extension of the CONSORT Statement. *JAMA*, 295(10), 1152 – 1160.

3) Zee, B. (2006). Planned Equivalence or Noninferiority Trials Versus Unplanned Noninferiority Claims: Are They Equal? *Journal of Clinical Oncology*, 24(7), 1026 – 1028.

HONORS AND AWARDS HIGHLIGHT 2007

The Children's Mercy commitment to providing world-class quality care was in evidence in 2007 as the hospital and hospital staff received numerous honors and awards. Here are a few highlights from the past year.

- Children's Mercy became the first hospital in Missouri or Kansas to be re-designated a **Magnet** hospital for excellence in nursing services.
- Emergency Department honored by Child magazine as one of the **top five pediatric emergency departments in the country**.
- The Critical Care Transport Program received the **Transport Program of the Year** award from the Association of Air Medical Services.
- Children's Mercy was named one of the **Top Ten Best Places to Work** by the Kansas City Business Journal and was named one of the Top 10 Companies in Kansas City by Kansas City Magazine.
- Children's Mercy received the **National HRSA Medal of Honor for Excellence in Organ Donation**.
- Children's Mercy was the only pediatric hospital and one of only 31 hospitals nationwide to receive the **Commission on Cancer's Outstanding Achievement Award**.
- The Children's Mercy Intensive Care Nursery received the **Vermont Oxford Network Award** in honor of the work the nursery has done to implement evidence based



practice guidelines to provide various aspects of respiratory care to critically ill newborns.

- **Gary Pettett, MD**, Neonatology, was one of four physicians named as a 2007 Doctor of Distinction by the Metropolitan Medical Society of Kansas City.
- **Merlin Butler, MD**, Section Chief, Medical Genetics, received the 2007 Distinguished Alumnus Award from the Indiana University School of Medicine's Department of Medical and Molecular Genetics.
- **Laura Fitzmaurice, MD**, Division Chief of Emergency Medical Services, was named one of Kansas City's Top Doctors by Ingram's magazine.
- **Gary Wasserman, DO**, Section Chief, Toxicology, received the 2007 Alumni Achievement Award from the Kansas City University of Medicine and Biosciences.
- **Greg Kearns, PharmD, PhD**, Chairman of the Department of Medical Research, was appointed by the World Health Organization to serve on an expert panel that will finalize the Essential Medicines for Children List.
- **Jay Portnoy, MD**, Allergy/Asthma/Immunology Section Chief, was elected President of the American College of Asthma, Allergy and Immunology.
- **Michele Kilo, MD**, Developmental and Behavioral Sciences Section Chief, received the Leonard Humanism in Medicine Award from the Arnold P. Gold Foundation.

NEW STAFF ADDS TO EXPERTISE

Adolescent Medicine

Michael Spaulding-Barclay, MD

Allergy/Immunology

Bridgette Jones, MD

Cardiology

Svjetlana Tisma-Dupanovic, MD

Cardiovascular Surgery

Stephen Hilbert, MD
Richard Hopkins, MD

Dentistry

Scott Thomas, DDS

Developmental & Behavioral Sciences

Anna Drury (Egan), PhD
Catherine Madden, MD

Emergency Medicine/Urgent Care

Timothy Johnson, DO
Kari Moore Larson, MD
Jeffrey Norvell, MD
Valerie McDougall-Kestner, MD
Beth Schissel, MD
Nirav Shastri, MD
Andrea Vandeven, MD
Aaron Waggle, DO

ENT

Robert Cullen, MD

General Pediatrics

Lauri Blanch, MD
Jean Carstensen, MD
Lily Nguyen, MD
Lisa Riojas, MD
Lillian Rojo Blue, MD

General Surgery

Romano DeMarco, MD
Kurt Schropp, MD

Hospitalists

Ashley Daly, MD
Julia Kesterson, MD

Neonatology

Michelle Johnson, DO
Paul Johnson, MD
Elizabeth Lessner, MD
Winston Manimtim, MD
Emily McNellis, MD

Infectious Disease

Robyn Livingston, MD

Medical Toxicology

Adam Algren, MD
Jennifer Lowry, MD

Nephrology

Rene VanDeVoorde, MD

Neurology

Robert Cruse, DO
Jean Baptiste LePichon, MD

Orthopaedic Surgery

Christine Cheng, MD

Pathology and Laboratory

Shihui Yu, PhD
Lei Zhang, PhD

Pulmonology

Robert Beckerman, MD
Wendy Estrellado, MD

Radiology

Douglas Rivard, DO

Rheumatology

Mark Hoeltzel, MD

In 2007, we were proud to welcome 44 more reasons why, for pediatric specialists, it has to be Children's Mercy.

NEWS BRIEFS

Super Doctors

Children's Mercy had 28 faculty members chosen as 2008 Super Doctors in Kansas City. An additional 32 physicians with Children's Mercy medical staff privileges were also named to the list. The list was compiled by Key Professional Media based on a survey of more than 3,200 Kansas City area physicians who were asked, "If you needed medical care, which doctor would you choose?" In addition to the ballots, the candidates were reviewed for peer recognition, professional achievement, and standing with their state boards. Children's Mercy-based faculty members named to the list were:

Mercedes Amado, MD; Walter Andrews, MD; Mark Bernhardt, MD; Dan Bruegger, MD; Thomas Cotton, MD; James Daniel, MD; Chitra Dinakar, MD; Paul Dowling, MD; Alan Gamis, MD; John Gatti, MD; George W. Holcomb, III, MD; Mary Anne Jackson, MD; Kevin Kelly, MD; Andrew Lasky, MD; Chris

Miller, MD; Wayne Moore, MD; Patrick Murphy, MD; Amy Nopper, MD; Scott Olitsky, MD; Brad Olney, MD; Jay Portnoy, MD; Charles Roberts, MD; Vidya Sharma, MD; Ronald Sharp, MD; Virender Singhal, MD; Bradley Warady, MD; Robert Weatherly, MD; and David Zwick, MD.

Kudos and Congrats

Congratulations to **Gary Pettett, MD, Neonatology**, who was one of four physicians honored as "2007 Doctors of Distinction" by the Metropolitan Medical Society of Greater Kansas City. The award recognizes the achievements made throughout a physician's medical career.

Kudos to **Betty Davies, OR Educator**, upon being chosen to receive the National Award of Excellence in Perioperative Nursing Education from the Association of PeriOperative Registered Nurses.

Physician's Update is produced monthly by Community Relations and Physician Services. For more information, contact:

SHAWN ARNI
(816) 346-1371
SARNI@CMH.EDU

RYAN MURRAY
(816) 983-6582
RMURRAY@CMH.EDU

1-800-GO MERCY

Please remember to use 1-800-GO MERCY (466-3729) for pediatric subspecialty consults. Please identify yourself and indicate the specialty you wish to speak with and the urgency of your call. If your call is urgent, a Children's Mercy specialist should return your call within 15 minutes.

1-800-GO MERCY is also the number to use when referring a patient for admission to Children's Mercy Hospital or Children's Mercy South, or when requesting a neonatal or pediatric transport.



VISIT THE CHILDREN'S MERCY WEB SITE: WWW.CHILDRENSMERCY.ORG

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Children's Mercy is an equal opportunity/affirmative action employer and a United Way Agency.

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