



THE MICHIGAN DIFFERENCE

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UNIVERSITY OF MICHIGAN  
DEPARTMENT OF UROLOGY



# MICHIGAN UROLOGY NEWS

FALL 2009

## PREPARING FOR THE FUTURE



David A. Bloom, MD

Greetings from the Department of Urology as we enter the last half of 2009. Our University of Michigan medical campuses are growing on all fronts. Here on the hill the medical facilities are completing what will probably be the last of the major new additions at this site, this being the new Children's and Women's Hospital which is planned to open in 2012 (pictured below). It is anticipated that in another half century the primary Medical Campus will have transitioned to the North Campus off of Plymouth Road, adjacent to the newly acquired acreage and buildings from Pfizer now called the North Campus Expansion. Meanwhile East Medical Campus is active and growing, the Livonia Center for Specialty Care is at capacity, and the Brighton facilities are busy. Additionally we work at a number of other sites. We are just starting discussions regarding how we as a department will utilize the North Campus Expansion to either consolidate our many activities into a new Urology Headquarters there or to develop new programs, particularly joint endeavors with other departments, at that location. One such venture will be the Reproductive Sciences Program which will be undergoing a new iteration in conjunction with the Departments of Physiology, Pediatrics, Ob/Gyn, and others.

With this issue of Michigan Urology News we want to highlight our clinical programs. When I joined Ed McGuire, MD here in 1984 I was the fifth member of the faculty. Now we have seven clinical divisions of urology and some of these are larger than that initial faculty cohort I joined. We want to give you a brief profile of each clinical division in addition to perspectives from our residents, nurses, and other health care employees in our family. In upcoming communications from our department we will similarly detail our research teams and educational programs.

Whatever happens in the reformation or deformation of our healthcare system, here at Michigan we will still need to train the next generation of physicians, provide the best and most innovative urologic healthcare possible, as well as expand the clinical armamentarium and knowledge base of urology through research. Certainly at the national level we need a new economic paradigm for healthcare. The national discussion seems bankrupt in terms of good ideas and I think that we all could do more to contribute in meaningful ways to the healthcare discussion. So while we present our microcosm of excellent clinical urology on these pages I hope all of us will engage in the critical regional and national discussions immediately ahead.

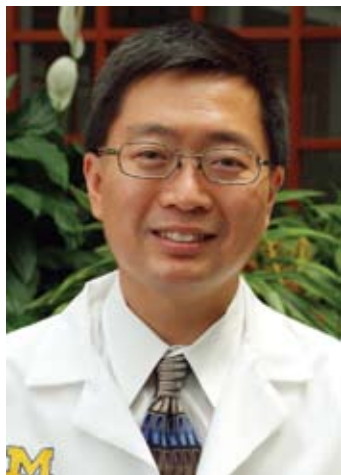
Best wishes,

David A. Bloom, MD

*The Jack Lapidus Professor and Chair  
Department of Urology*

## CLINICAL DIVISIONS

## General Urology

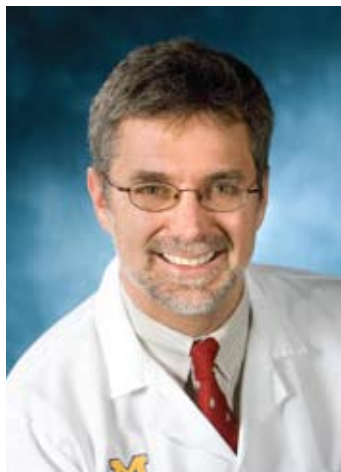


John Wei, MD, MS  
*Division Chief, General Urology*

General Urology, in terms of its teaching and clinical practice, is a central focus of our entire department. Yet paradoxically, General Urology as a division occupies a relatively small niche in terms of clinical volume and employees. This is because much of what is called “general urology” in smaller departments or group practices elsewhere gets pulled away by our rich subspecialty network of divisions here at Michigan. John Wei, MD, MS; and Stephanie Meyers, MD, MS, comprise our general urology departmental faculty. They will be joined by John Hollingsworth, MD, MS, next year. John is an

alumnus of our own program and is finishing his second year of research training with the Robert Wood Johnson Clinical Scholars Program. Prostate biopsies are performed almost exclusively by Drs. Wei and Meyers yielding a relatively seamless and highly expert professional service. A trio of Family Medicine colleagues, trained in non-surgical general urology expands the service and has been a great addition to us. These individuals are Joel Heidelbaugh, MD; Masahito Jimbo, MD, PhD, MPH; and Karl Rew, MD.

## Minimally Invasive Urology



J. Stuart Wolf, Jr., MD  
*The David A. Bloom Professor of Urology  
 Division Chief, Minimally Invasive Urology*

The Minimally Invasive Urology Division is unique among clinical divisions in that it is defined by a set of surgical techniques (minimally invasive urologic surgery) rather than by a group of organs or diseases. While this creates some overlap with other divisions, it creates opportunities for collaboration that enhance patient care and professional development. Minimally invasive urologic surgery is the application of endoscopes, needles, and completely non-invasive (extracorporeal outside the body) techniques to treat urologic disease. Our three core faculty members: Gary Faerber, MD; Stuart Wolf, Jr., MD; and William Roberts, MD; also

devote a large part of their practice to stones and other obstructions of the upper urinary tract.

Where we overlap with other divisions, our practice benefits from interaction and collaboration with other faculty. Examples include: laparoscopic removal of kidney cancers, laparoscopic exposure of blood vessels for penile revascularization, percutaneous resection of renal pelvic tumors, endoscopic laser treatment of benign prostate enlargement, and others. Our expertise in minimally invasive surgery means that we are called on by physicians in other departments to help access or treat non-urologic conditions including: pancreatic stones (extracorporeal lithotripsy), nerve injuries (laparoscopic exposure), spine surgery (laparoscopic exposure), and others.

In addition to the three core faculty members, five faculty in the Urologic Oncology Division devote much time to minimally invasive techniques to treat cancer: David Wood, Jr., MD; Brent Hollenbeck, MD, MS; Alon Weizer, MD; David Miller, MD, MPH; and Jeff Montgomery, MD. A close working relationship between the core faculty and the other faculty, including the Pediatric Urology Division, has fostered a cultural integration of minimally invasive urologic surgery into patient care at the University of Michigan Health System.

## Neurourology and Pelvic Reconstructive Surgery



J. Quentin Clemens, MD, MSCI  
*Division Chief, Neurourology and Pelvic Reconstructive Surgery*

Clinicians in the Division of Neurourology and Pelvic Reconstructive Surgery (NPR) are internationally recognized for the treatment of incontinence, vaginal prolapse, urethral strictures, fistulas, neuro-urologic disease, lower urinary tract dysfunction, and pelvic pain conditions. The NPR Division includes six physicians, two physician assistants, three RNs, and a team of excellent medical assistants. Facilities include two state-of-the-art videourodynamic testing laboratories. We enjoy a collaborative and congenial working relationship with the Department of Obstetrics and Gynecology, including

a combined clinic and adjacent operating rooms. This unique relationship allows us to offer one of the most competitive fellowship training programs in the country in female pelvic medicine and reconstructive surgery.

Investigators in the NPR Division are currently participating in multiple National Institute of Health (NIH)-Funded projects. In collaboration with the Department of Physical Medicine and Rehabilitation, we are examining national patterns of bladder management in patients with spinal cord injuries to identify preventable complications in this challenging group. In addition, we are one of six Discovery Sites chosen to be part of the NIH project entitled the Multidisciplinary Approach to Urologic Pelvic Pain (MAPP). The MAPP study is a collaborative project involving urologists and non-urology pain experts. Using this broad expertise, studies will be conducted to improve our understanding of interstitial cystitis and chronic prostatitis and how these common and enigmatic conditions may be related to other pain disorders. The faculty members are Humphrey Atiemo, MD; Anne Pelletier-Cameron, MD; J. Quentin Clemens, MD, MSCI; Jerilyn Latini, MD; Edward McGuire, MD; and Ann Oldendorf, MD. Joint faculty from OB/GYN include John DeLancey, MD; Dee Fenner, MD; and Dan Morgan, MD.

## Pediatric Urology

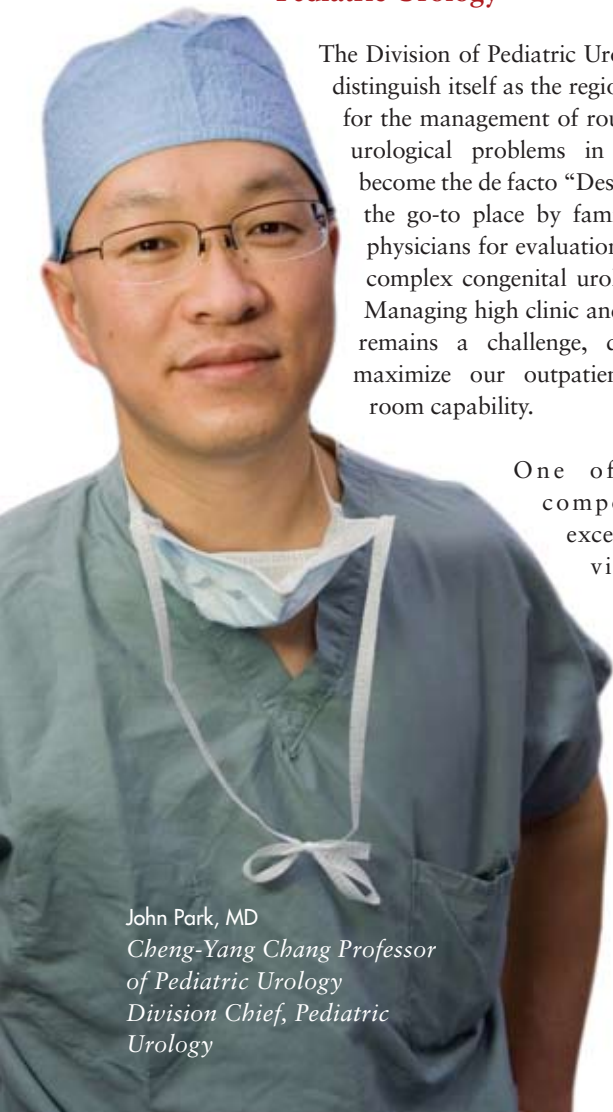
The Division of Pediatric Urology continues to distinguish itself as the regional referral center for the management of routine and complex urological problems in children. It has become the de facto “Destination” center as the go-to place by families and referring physicians for evaluation and treatment of complex congenital urological conditions. Managing high clinic and surgical volumes remains a challenge, despite efforts to maximize our outpatient and operating room capability.

One of the critical components of the excellent clinical service is seamless, prompt, and compassionate follow-up care and communication by our outstanding nursing team. Joanna Maynard, MSN, FNP-BC, has expanded her role as a nurse practitioner, thus increasing our clinic access with

her great skills in pediatric urology. She and our team of clinical care coordinators — Carla Garwood, RN, BSN; Sandra Ratliff-Ahmed, RN, BSN; and Jill Sanvordenker, RN, MS — consistently elicit praise and thanks from our referring physicians and, most importantly, from our patients’ families for unsurpassed clinical service. Some of our complex reconstructions would not bring forth the desired outcome were it not for the efforts of our nursing team to educate and encourage the families. Our nurses also play key roles in the national education and leadership scene. For instance, Carla Garwood is serving this year as the President of the Pediatric Urology Nursing Society of the American Academy of Pediatrics Section on Urology.

In terms of research and education to complement our clinical distinction, focus is maintained on improving the care of neurogenic bladder diseases. The U-M has a long-standing tradition of seminal discoveries in the management of neurogenic bladder dysfunction. The safety and effectiveness of clean intermittent catheterization, espoused by Jack Lapedes, MD, was paradigm changing, as was Edward McGuire’s, MD, concept of bladder leak point pressure as the prognostic indicator of the bladder’s effect on upper urinary tract in patients with spina bifida. David Bloom’s, MD, observation of the linkage of bladder outlet resistance, bladder compliance, and the upper tract fate in spina bifida patients was yet another important step toward better understanding this complex pathophysiology. Julian Wan, MD, has been an internationally recognized expert and educator in the clinical application of urodynamics in the management of neurogenic bladder dysfunction, and has directed one of the longest running American Urological Association (AUA) graduate education courses on clinical urodynamics. He also serves on the American Academy of Pediatrics Section on Urology Executive Committee as the Director of Education. John Park, MD, is establishing a regional and national reputation for surgical solutions to complex neurogenic urinary and fecal incontinence. He was just named to the prestigious ABU/AUA Exam Committee that writes the test for board certification. Monica Liebert, PhD, the Director of Pediatric Urology Translational Research, has been investigating the role of organ-specific stem cells as the potential novel treatment strategies in preventing neurogenic bladder failure and reconstructing end-organ diseases via tissue regeneration. She was named to a five-year term on the NIH Review Committee. With the collaborative research efforts of our colleagues in the Division of Health Services Research, we hope to gain additional insights into developing cost-effective treatments and improving outcomes.

With the generous and dedicated effort by the Christopher Waterhouse family, we have raised the pediatric urology research and education funds. The family of patient Chad Bergmann has established a yearly award for resident education. We also look forward to establishing the family support network for children undergoing bladder reconstructive procedures for neurogenic and other congenital diseases. The children and families we serve provide our primary inspiration and enduring motivation to improve the collective effort of our entire team.



John Park, MD  
*Cheng-Yang Chang Professor  
of Pediatric Urology  
Division Chief, Pediatric  
Urology*

# CLINICAL DIVISIONS

## Sexual and Reproductive Medicine

The Division of Sexual and Reproductive Medicine is the smallest Division in the Department of Urology comprised of Dana Ohl, MD; Susan Quallich, NP; and Gary Smith, PhD. We have two major clinical and research directions, as our name implies, male sexual and reproductive health.

We offer comprehensive diagnostic and treatment services for male sexual dysfunctions. For the most common sexual problem men face, erectile dysfunction, we utilize step-wise application of treatments from oral agents, hormonal treatments, injection therapy, and progressing in difficult cases to penile prostheses. We have representation at the national and international level in major societies dedicated to male sexual health, such as the Sexual Medicine Society of North America, and contribute regularly to society meetings. We remain active in clinical investigation of new treatments.

Our reproductive health clinical services are housed in the Briarwood Center for Reproductive Medicine. The Center opened just a few years ago, houses clinical services for male and female infertility,

the gamete cryopreservation program, and the andrology and in-vitro fertilization laboratories. We also serve the infertile population with our novel Couples Fertility Clinic, where male and female infertility patients are seen together as a couple, optimizing care. Male infertility services provided by our group include office management of male infertility and hormonal problems, vasectomy reversal, and microsurgical varicocele repair, which is available at few hospitals in this region. Our

Dana Ohl, MD  
Division Chief, Sexual and Reproductive Medicine

spinal cord fertility program is the largest in the world, offering treatments that allow paraplegic and quadriplegic men to have children. Active research projects include examining sperm DNA damage, cryopreservation protocols, and microfluidic applications in andrology and in-vitro fertilization.

## Urologic Oncology



David P. Wood, Jr., MD  
The George F. and Sandra G. Valassis Professor of Urology  
Division Chief, Urologic Oncology

The Urologic Oncology Division has eight fellowship-trained faculty members who provide the complete breadth of uro-oncology care. The division is committed to the mission of the department by providing excellent clinical care through clinical trials when available, clinically-oriented research and education of residents and fellows.

All faculty members see patients in the Comprehensive Cancer Center at the University of Michigan in a multi-disciplinary relationship with medical oncology. Each working day a urologic oncologist and medical oncologist see patients in a collaborative manner and on

Thursdays, a radiation oncology faculty member joins us to see patients in our multidisciplinary prostate cancer clinic. We provide the full-range of urologic cancer surgery including focal cryotherapy of prostate and kidney cancer, robotic surgery for prostate, bladder and renal tumors, and resection of large renal tumors requiring cardiac bypass. The active integration of medical oncology into the management of urologic tumors provides access to many clinical trials of novel agents.

Our research focus in health-services-related fields includes quality of care and health related outcomes after treatment including our innovative Prostate Cancer Survivorship Program supported by a generous gift from David and Jan Brandon. We also investigate novel biomarkers that can discern life-threatening cancer from less dangerous tumors. This research is sponsored by a variety of agencies including the National Institutes of Health, National Cancer Institute, the American Cancer Society, and most importantly, philanthropy. Our gift accounts allow us to investigate novel ideas. This research directly impacts the clinical care of our cancer patients.

# CLINICAL DIVISIONS

Education is the ultimate goal of the department and division. In concert with the department, our residents are integrated into the clinical and research endeavors of the division over their six years of training. In addition, we have a three-year urologic oncology fellowship program consisting of two years of health-services related research and one year of clinical urologic oncology training. These fellows consistently join strong academic programs, furthering the mission of the department. Our faculty members include Khaled Hafez, MD; Brent Hollenbeck, MD, MS; Cheryl Lee, MD; David Miller, MD, MPH; James Montie, MD; Alon Weizer, MD; and David Wood, Jr., MD. Joint faculty include Kathleen Cooney, MD; Maha Hussain, MD; Kenneth Pienta, MD; David Smith, MD, from Medical Oncology; Dan Hamstra, MD, from Radiation Oncology; and Arul Chinnaiyan, MD, PhD, from Pathology.

## Veterans Administration

The Urology Department at the Ann Arbor Veterans Administration (VA) has gone through significant changes over the last few years. We currently have three full-time urology positions to provide care for more than 5,500 outpatient clinic visits and 550 operative cases per year. Eight faculty members contribute to the coverage of the VA service. The Division is committed to the mission of the department by providing exemplary clinical care; practicing evidence based medicine and focused resident education. Our residents spend a total of one year at the Ann Arbor VA. This represents approximately one-third of their residency clinical experience.

The VA has experienced a surge both in outpatient visits as well as outpatient procedures and OR cases. We are in the process of

expanding clinic space and obtaining a new fluoroscopic urodynamics (FUD) unit for spinal cord and traumatic brain injury patients. The urology equipment is being updated with new endoscopy towers for the clinic as well as the operating room. We have also applied for a surgical robot. The Urology Department is committed to following the guidelines/timelines regarding clinic staffing, resident supervision, and wait times for new patients and return visits.



**Khaled Hafez, MD**  
*Division Chief, Veterans Administration*

As for resident education, we have redefined rotation responsibilities. We conduct weekly educational conferences including surgical pathology, reviewing upcoming operative cases as well as practice guidelines. Above all, the VA urology service is committed to providing our veterans with the best possible urologic care. Khaled Hafez, MD, plays a national role in the Veterans Administration as a member of the national surgical advisory committee. Along with Dr. Hafez faculty include Anne Pelletier-Cameron, MD; Ed McGuire, MD; Stephanie Meyers, MD; David Miller, MD, MPH; Jeff Montgomery, MD; James Montie, MD; and Ann Oldendorf, MD.



# DEPARTMENT PERSPECTIVES

## Urology Residents

A resident is a physician who has already received an MD degree or DO and who is training in a particular specialty. This phase of education is called Graduate Medical Education. The objective is to gain expertise and knowledge sufficient to attain “board certification” in one of 24 medical specialties. In our case, the chosen specialty is urology. Residents range from recent graduates to those who are six (or occasionally more) years out of medical school. We have chosen to pursue training in urology for different reasons and will ultimately take many different career paths. However, during our training we share the common goals of providing excellent care for urology patients and learning to become first-rate urologists. As a urology resident, we move fluidly between the roles of student and medical practitioner multiple times every day. Of course, this is something we must continue to do the rest of our careers.

Residents spend many days on the front lines of patient care in the inpatient units, Emergency Department, and in the operating rooms. Often, we are the first doctor a patient sees during a hospital stay and

the last doctor a patient sees before going home. We spend a significant amount of time in the clinic learning the intricacies of patient management in the outpatient setting. As residents, we take on increasing responsibility for patient care during the course of our training program. However, the ultimate responsibility for patient care always resides with the faculty physician. Resident responsibilities also involve teaching medical students and other residents. In their last year of training, chief residents function as

leaders of the resident/medical student teams and participate in specific activities that focus on honing their leadership skills.

Through their experiences caring for patients, teaching others, and learning leadership skills, residents become increasingly knowledgeable and self-sufficient. By the end of the six-year training program they have gained a spectrum of expertise and a robust knowledge base in all facets of urology, to practice urology independently. At that time, we take the written exam given by the American Board of Urology and after approximately one and a half years of independent practice can then apply for and take the oral exam that will qualify us to be diplomats of the Board. We are proud to be training in the Department of Urology at the University of Michigan and we feel fortunate that such a significant portion of our training program involves providing excellent care for our patients.

## Nurse Practitioners



Staci Mitchell, NP

Compassion, dedication, and intelligence are just a few of the many qualities nurse practitioners bring to the Urology Department. We work in a collaborative relationship with the physicians and the team to provide continuity of care to our patients. We assess, diagnose, and treat both independently and in collaboration with the physicians and many other health care specialists. Nurse practitioners are a team resource during active patient care in the clinic. We develop and implement clinic protocols and documentation tools in conjunction with the nurses and the clinic staff.

The nurse practitioners independently evaluate patients with history and physical assessment, performing procedures, formulating diagnoses, and treatment plans in their own clinics. We have been instrumental in the prostate and bladder cancer survivorship programs. These clinics are designed to improve patient outcomes after surgery. They are staffed by nurse practitioners in partnership with the sexual health coordinator, Daniela Wittmann, LMSW, CST, nurses, medical assistants, and the clerical staff utilizing survivorship principles.

In addition to our clinical duties, nurse practitioners participate in many innovative and professional activities. We design and implement patient and staff educational materials. We conduct staff in-services, patient educational seminars, and coordinate patient support groups. We provide clinical experience and

Emilie Johnson, MD, HO V

expertise to our nurse practitioner students. We actively participate and network with patient advocacy organizations and community outreach programs. We are researchers and speakers at the local, national, and international levels. We publish book chapters and journal articles. We hold offices in community and professional organizations.

Above all, top quality patient care is our priority. Despite the challenges and the stress of the job, the bottom line is patients and families are first. It all makes sense when we hear comments from our patients such as, “Thank you so much for being there for me,” “You are always there when I need you,” “You saved my life,” or “I could not have gotten through this without you,” make what we do so rewarding.

We provide comfort and kindness to our patients and families. We hold hands, give hugs, and cry especially when one is lost. We are touched and overwhelmed by the thanks and gratitude of our urology patients.

## Nurses



Jill K. Sanvordenker, RN, MS  
Clinical Care Coordinator

Being a nurse as part of the Pediatric Urology team at UMHS is unique and fulfilling work. Our institution offers world class health care and can be simultaneously hopeful, uplifting, frightening, and intimidating to those who seek help here; in turn this gives us multiple opportunities to have positive impacts in many lives of our patients and their families.

In Pediatric Urology we work with children who have a wide range of diagnoses, rare to common, with varying levels of acuity and chronicity. Our work environment is interesting and offers many learning opportunities. The nurses in Pediatric Urology work closely with other team members and have a variety of responsibilities with inpatients and outpatients and their families, including direct patient care, telephone triage, urodynamic studies, patient and staff education, ordering medical supplies and equipment, obtaining prior authorizations for medications and supplies, acting as liaison with other services as well as members of the health care team both within and outside of our institution, and coordinating care for complex patients.

On any given day we may talk to an anxious parent and help them to understand and cope with their child’s diagnosis, teach a patient or family a new skill essential to their child’s health, mobilize the support services needed for a family to give necessary care to a child,

or help someone navigate the large bureaucratic system that is both the curse and blessing of our health system. Our team is a great group of supportive and helpful people including administrative staff, call center staff, support personnel, nurses, and physicians. This team approach works well to deliver care and manage the workload, and also makes the work enjoyable. I really like that we learn at least as much from our patients and families as we are able to teach them. And to me, the most gratifying thing of all is that we really do have a chance to make a difference in people’s lives.

## Physician Assistants

Physician Assistants (PA) evaluate new and established patients, take histories, and perform physical exams. We have independent clinics, but a physician is always available for consultation. We also work side-by-side in clinic with attending physicians. Duties include ordering and reviewing diagnostic tests, performing diagnostic studies as directed by the attending physician, providing support to clinic staff (techs, nurses, clerks), formulating treatment plans as well as prescribing medications as necessary, coordinating care with other clinics, and participating in research protocols.

According to the American Academy of Physician Assistant website, physicians may delegate to PAs those medical duties that are within the physician’s scope of practice and the PA’s training and experience. State medical and PA practice acts and regulations generally allow



Cynthia Stroup, MS, PA-C

## DEPARTMENT PERSPECTIVES

physicians' broad delegatory authority, which permits flexible, customized team practice. In facilities such as hospitals, PAs obtain clinical privileges through a system similar to the one used for physicians.

### Urology Technicians



Toni Morgan, MAS

Technicians in the Department of Urology have unique roles and comprise a team of exceptional people to service the needs of patients. In the clinic, urology technicians multi-task in a very busy procedure-driven environment. Patient care starts when the technician escorts patients to the clinic area, takes vital signs, and updates the medications list. If a procedure is being done that day, the technicians check urine and prep the patients.

Our technicians assist in cystoscopies, biopsies, urodynamic studies, and collagen injections. Technicians may also be assigned to the Infertility Clinic to work with Dana Ohl, MD. The varied levels of injuries affect the male reproduction system differently. For example, some spinal cord patients have C6 and C7 injuries. At these levels, the patient may still have some sensation enabling us to perform a Penile Vibratory procedure instead of an Electro ejaculation procedure. Patients often come to the clinic nervous and apprehensive. The technicians are able to create a pleasant atmosphere for patients and to put them at ease.

### Medical Assistants



Melody Akines, MAC  
Urodynamic Technician

My job as a Medical Assistant in the Urology Department is very fulfilling. I strive to deliver excellent patient care through a collaborated effort with my team members. There are many facets to quality patient care including consoling, comforting, and connecting — all of which are close to my heart. I feel it means a lot to patients to not only receive quality care, but to also receive empathy and compassion. A personable smile is always welcomed.

As patients are often in compromised positions, I make them feel as comfortable and as at ease as possible. When I receive a "Thank you very much" along with a hand shake or even a hug, I know I have accomplished that which makes me happy and that is to make the patient pleased with our service. This is what I live, this is what I love, and this is what I believe.

### Administrative Assistants

Sandra R. Heskett  
Executive Assistant to Dr. David Bloom

The administrative assistants in the Department of Urology are split into three groups: a) assistants for the faculty members academic responsibilities, b) OR schedulers for the faculty members patients, and c) referral and authorization coordinators.

I'm providing the perspective of the administrative assistants focused on giving academic secretarial support to our faculty. We cover a



Pat Soter, Jodi Mason, Roberta Felner, Sandy Heskett,  
Claire Powell, Launa White, Lora Allen, and Tammie Derry

# DEPARTMENT PERSPECTIVES

wide variety of responsibilities including maintaining calendars; scheduling meetings, manuscript preparation, sorting, and screening the mail, emails, and faxes, and maintaining confidential files. Many phone calls are received and we represent the Urology Department as a 'greeter' to patients, faculty, staff, and guests. Requests received from patients are sometimes handled by the assistants but many requests are handled by an electronic "CareWeb" note to the nurses. Outside patient records are scanned into CareWeb and it is checked to make sure records have been received for the new patients to be seen. Some physicians also require patient files for their clinic and ORs including the pulling of shadow charts, printing clinic notes, pulling of patient cards, etc. We also support our faculty members' involvement in national and international society meetings and handle travel arrangements, creating itineraries, and travel expense reports. The national and international range of duties and responsibilities of our faculty are very extensive.

Some assistants have dual responsibilities in that they handle the administrative and the clinical duties for the faculty member they support which includes scheduling clinic appointments and coordinating OR schedules for the patients.

The Department of Urology at the University of Michigan is a great place to work. We value our position and strive to create a warm and pleasant atmosphere for those who come in contact with us. Our team includes Lora Allen, Cindy Baldwin, Lori Blough, Mona Clarkson, Tammie Derry, Roberta Feltner, Natalie Finch, Sandy Heskett, Shannon Jackson, Carol Langdon, Donna Osborne, Claire Powell, Lora Seaman, and Pat Soter.

## OR Schedulers

Barbara Miller, Lead Scheduler



Donna Osborne, Aileen Pagan-Rohwer, Mary Root, Barb Miller, and Teresea Saucedo

The OR scheduler receives instructions after a physician sees a patient in the clinic to schedule a procedure. When selecting a date for surgery with the patient they also schedule a pre-op appointment prior to the surgery. The patients may need as many as five to six appointments

including PA/Nurse, Anesthesiology, General Medicine Faculty, Dietician, Cardiology, and a Stomal nurse. We try to schedule all the appointments in one day for the convenience of the patient.

Following the surgery there could be up to four appointments scheduled including Cath removal, survivorship clinic, PT, and MD. Occasionally we only have to make one appointment each before and after surgery. If the patient calls back and has to reschedule we start the process all over again.

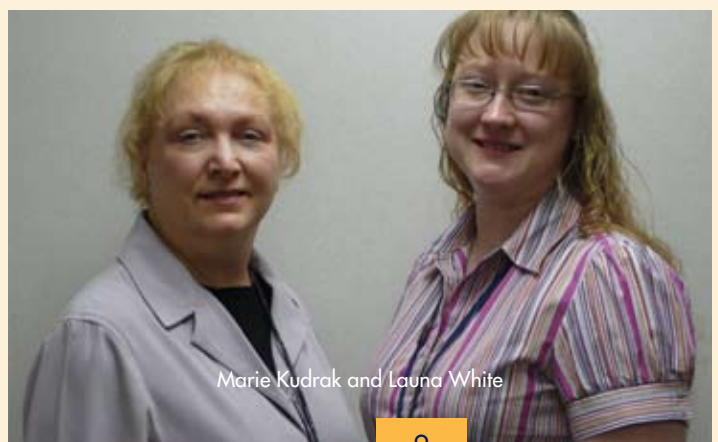
Schedulers go over instructions with the patient to follow before surgery and send them out along with directions to the hospital. We work with both the patients and their families to help ease them through this emotional process.

We book cases in the electronic operating room scheduling system (ORMIS) and on the Multi-calendar through email. This way both the surgery schedulers and MDs' can look at the calendar to see if there is an open time slot to book a case on days that the physicians would not typically be doing surgery.

Barbara Miller, lead scheduler, checks the cases that go into ORMIS, and makes sure they are scheduled appropriately, manages ORMIS and the Multi-calendar, and arranges cases for the doctor in the same room so they don't use two rooms on the same day. Schedulers get calls from the pre-op nurses if there is a problem with the patient the day before surgery. We must confirm if the patient is able to have their surgery as scheduled. Schedulers also get cases that need to be added onto the OR schedule after the close out time of 11:00 a.m. When this happens, we call the Anesthesia MD on call, get approval to schedule the case, and walk downstairs and add it to the blue sheet. Sometimes we walk information down to the OR and the doctor. Other duties involve looking for information coming in from the outside PCP if the patient has pre-op testing locally. We check to make sure pathology slides are here and if not we must find them. Surgery scheduling is far more complex than you might imagine.

Our team includes Donna Osborne, Aileen Pagan-Rohwer, Mary Root, Barb Miller, Teresea Saucedo, Carol Langdon, and Cindy Baldwin.

## Referral and Authorization Coordinators



Marie Kudrak and Launa White

## DEPARTMENT PERSPECTIVES

The Urology Referral and Authorization Coordinators provide a valuable service to our patients and department. They obtain authorizations, pre-certifications, and benefit level verification from third parties for surgeries and clinic appointments. A great deal of their time is spent on the phone ensuring that every referral and authorization is in place prior to a patient encounter. They have worked hard to build a good rapport and respectful relationships with our referring physicians, primary care physicians, insurance companies, and Urology staff. They have to be expert users of multiple systems, such as Surgery Tracking and Reporting (STAR), CareWeb, Enterprise Wide Scheduling (EWS), WebDenis, E-Referral, Navinet, etc.

The outstanding effort put forth by our coordinators has resulted in a reduction of “no referral and authorization” write offs and has helped to increase our charge capture. In addition, their effort has helped to reduce the stress level of our patients, as they provide insurance and authorization education and inform patients of any financial responsibility that may fall to them.

Often times, patients worry about what type of bill they may receive following their care. The work performed by our coordinators helps to put patients’ minds at ease and allows them to focus on the most important thing at hand, their recovery.

### Call Center

Madhavi Anne, Call Center Supervisor

The Urology call center team provides exceptional customer service to internal and external customers. Often, the call center is the primary point of contact for patients and families in need of care for their urological concerns. We work closely with nursing, secretarial, and clerical teams to satisfy customer needs. The call center team has worked hard to achieve an excellent rapport with our patients, faculty, and staff.

We process a large volume of calls quickly and efficiently by triaging calls to identify the caller’s need. We perform various tasks to initiate patient care with our providers, e.g. schedule appointments, create CareWeb Notifications, and mail maps and itineraries. We average 4,115 calls a month and while some calls and arrangements are straightforward others may take up to 12 minutes or more to resolve.

The call center team strives to meet Ambulatory Care Call Center Targets. We met the Ambulatory Care goals for percentage of calls answered (95% of all incoming calls) for fiscal year 2008 and 2009. In addition, our communication with callers is evaluated for accuracy and courtesy. The call center strives to adhere to the call quality standards by active listening and scheduling right diagnoses with the right provider. We value our role in the total patient care experience and consistently advance the quality of service provided to all customers. Our team members are Madhavi Anne, Laura Krot, Lynn Ptaszynski, Monica Young, Lori Hiles, and Marcia Westfall.



Madhavi Anne, Laura Krot, Lynn Ptaszynski, Monica Young and Lori Hiles

# Department of Urology

Humphrey Atiemo, MD  
David Bloom, MD  
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