Fairfield Medical Center

CLINICAL Connections

A Publication for Providers & Staff

Spring 2024

Optimal Outcomes in Gastroenterology

Fairfield Medical Center continues to offer advanced procedures to provide optimal patient outcomes. Endoscopic retrograde cholangiopancreatography (ERCP) is a valuable tool in the field of gastroenterology, offering diagnostic and therapeutic capabilities.

ERCP is an endoscopy procedure used to diagnose and treat problems in the pancreas, bile ducts and gallbladder with the combined use of endoscopy and fluoroscopy. The procedure allows the gastroenterologist to see inside of the stomach and the duodenum with the use of an endoscope. A minimally invasive procedure, ERCP offers more convenience and a shorter recovery for the patient.

ERCP allows the physician to obtain detailed x-rays for identification of stones, tumors or strictures and perform biopsies by injecting contrast agent through a catheter into the bile and pancreatic ducts. Biliary brushing can also be performed to obtain samples for analysis. Therapeutic ERCP includes treatments such as sphincterotomy, stone removal and stent placement to treat conditions such as jaundice, cholangitis, pancreatitis, biliary obstructions caused by gallstones or cancer and more.

FMC utilizes the SpyGlass™ DS II Direct Visualization System Access and Delivery Catheter for its high-resolution imaging during ERCP, which allows for a direct view of the bile and pancreatic ducts and may lead to enhanced diagnostic capabilities, treatment plans and an overall more efficient assessment of the patient.

Continuing Education

Collaboration is essential to proficiency and successful patient outcomes. Recently, nurses and endoscopy technicians in the FMC Endoscopy Unit completed "ERCP Bootcamp," a course consisting of online education modules and hands-on trainings about the innerworkings of ERCP. These staff members will now be able to assist the physician during advanced ERCP procedures while offering further support to patients pre- and post-procedure.

"We are excited our staff completed this training as we strive to deliver seamless procedures and optimal outcomes," said Seth Levin, DO, of Fairfield Healthcare Professionals Gastroenterology. "Our team's commitment to continuous learning ensures we provide the highest level of care."

Cover photo (left to right): Endo technicians Jennifer Stone, Christy Dewitt and Lindsey Thomas, RN, with Seth Levin, DO

Patient Case Study: ERCP with SpyGlass™

By Seth Levin, DO
FHP Gastroenterology


Seth Levin, DO

Initial consultation was to evaluate an 83-year-old man who presented on Dec. 20, 2022, with painless jaundice for about a week. He denied use of any tobacco, alcohol, or new medications, but stated that he had been more tired, eating less than usual and experiencing shortness of breath. He denied any abdominal pain, nausea, vomiting, changes in bowel habits, pale stools and rectal bleeding. No fevers and chills at home, no sick contacts.

CT scan revealed dilated biliary ducts as well as some inflammatory changes in the body of the pancreas to suggest underlying pancreatitis. Labs did not meet criteria for pancreatitis despite imaging as described.

After discussion with the patient and his family, we decided to proceed with ERCP to further evaluate on Dec. 23, 2022. A stricture was identified, brushings were obtained and a stent was placed to help allow drainage and reduce the risk of developing ascending cholangitis, an infection with a higher risk of mortality associated with it.

Brushing results were described to have atypical cells and indeterminate for malignancy. Discussion was held with the patient and family again to proceed with ERCP with SpyGlass™ to directly visualize the bile duct and obtain biopsies to hopefully get a more definitive diagnosis. Tissue obtained on Jan. 6, 2023, was again noted to be atypical with concern for adenocarcinoma.

The patient followed up with me in the office after receiving his tissue results. He was not interested in any type of aggressive therapy even if this were to be cancer, so we discussed repeating his ERCP and performing SpyGlass™ to perform repeat biopsies within the bile duct to try and get a more definitive answer as to whether this is adenocarcinoma. We discussed that if his tissue had worsened and is therefore likely cancer, the recommendation would be for self-expandable metallic stent (SEMS) placement. If the stricture looked better, the suggestion would be that this was inflammatory and not malignant, and we would likely not replace the stent and instead wait for the tissue to come back.

The ERCP with SpyGlass™ was repeated April 7, 2023. Fortunately, the appearance of the stricture improved; therefore, we concluded this was not malignant and rather a reactive inflammatory stricture. Tissue obtained showed some atypical cells but not suspicious for malignancy. This was all likely secondary to suspected pancreatitis that he had initially presented.

Meet the Team – Fairfield Healthcare Professionals Gastroenterology

Our expert gastroenterology team is dedicated to providing patients with the specialty care they need, right here in Lancaster.

Commonly treated conditions and symptoms:

- Heartburn and GERD
- Peptic ulcers
- Irritable Bowel Syndrome (IBS)
- Difficulty swallowing
- Unexplained blood in stool
- Unexplained abdominal pain
- Colon cancer
- Jaundice
- Pancreatitis
- Liver disease
- Crohn's disease
- Ulcerative colitis
- Frequent or ongoing diarrhea, constipation, nausea or vomiting

To refer a patient to FHP Gastroenterology, call 740-687-9182.


Seth Levin, DO


Isabel Manzanillo-DeVore, DO


Steve Cox, MD


Jill Davisson, CNP


Tonia Dunnigan, CNP


Angela Welch, CNP

Immunotherapy: Advancing cancer treatment

Immunotherapy, while relatively new, has become an essential aspect of cancer treatment. Immunotherapy uses the body's own immune system to identify, target and destroy cancer cells while offering more tolerable side effects than traditional treatment methods. By stimulating the immune system to work more effectively, immunotherapy increases the body's ability to recognize and destroy cancer cells.

Several types of immunotherapies have been developed, including immune checkpoint inhibitors, CAR T-cell therapy, monoclonal antibodies, immune system modulators, cancer vaccines and more. Each of these therapies has a distinct method to boost the immune response against cancer. Ongoing research continues to refine these approaches and explore combinations with chemotherapy and radiation that could further improve cancer care.

At Fairfield Medical Center, our on-site Infusion Center allows patients to receive treatment close to home with specialized nurses trained in the administration of chemotherapy and immunotherapy. With close proximity to Fairfield Healthcare Professionals Hematology/Oncology and Radiation Oncology, our oncologists have immediate access to patients in the Infusion Center.

Cancer Services at Fairfield Medical Center

FHP Hematology/Oncology: Roopa Saha, MD; Megan Brown, CNP; Heather Nickell, CNP
740-687-4505

FHP Radiation Oncology: Mark Becker, MD
740-687-8550

Cancer Care & Infusion Center
740-687-6900

To speak with a member of our Cancer Care team, call 740-687-6900.

Study: Physician-led exercise intervention effective in diabetes management

Troy Hampton, DO

Karl Kuberg, DO

Shawn Long, DO

Adam Schneider, BA

The following is an abstract from a research study conducted by FMC Family Medicine residents Karl Kuberg, DO, and Shawn Long, DO, Graduate Medical Education program director Troy Hampton, DO, and Adam Schneider, BA, research assistant.

Type 2 Diabetes is a problematic and preventable condition with rising prevalence world-wide. It is associated with increased incidence of dyslipidemia, hypertension, hyperinsulinemia, and cardiovascular disease. While many methodologies have been previously used to combat Type 2 Diabetes, this study intends to show that physician-mediated lifestyle change is superior to traditional exercise and diet prescription at improving patient health regarding measures of perceived health, attitude toward exercise, weight, resting HR & BP, and HbA1c. Physician-mediated lifestyle intervention involved exercise with a physician while receiving guidance on diet and home exercise compared to a control group that received home diet and exercise prescriptions.

Both groups received the same instructions regarding diet and exercise through an informative pamphlet. Medications were not changed during the study. The intervention group exercised with a physician and had access to him during those exercise sessions. Measurements and surveys occurred before and after the intervention. Eight participants completed the study, four from each group.

Though most intervention participants decreased their HbA1c, a paired sample t-test showed no significant change was found after intervention in HbA1c, HR, BP, and attitude toward exercise. A significant difference was found in their weights and QoL responses, indicating that participants' perception of their own health improved after the intervention. Exercise intervention was effective in reducing weight and improving quality of life. Likely, HbA1c would have shown significant decrease with a larger sample size. Further studies on physician-led exercise intervention in Type 2 Diabetes would be beneficial.

Nephrologist's take: Kidney disease and hypertension

Bill Wilmer, MD

Management of kidney disease and comorbidities can be complex, requiring significant collaboration between primary care providers and specialists. Particularly, nephrologist Bill Wilmer, MD, finds the treatment of hypertension in patients with CKD often varies widely between referring physicians. "My goal is to offer insight on hypertension from a viewpoint specific to my specialty, which can differ from those in other fields," said Dr. Wilmer. "This topic alone could fill a day-long symposium, but it's one that is near and dear to my heart."

Criteria

The first challenge in managing hypertension collaboratively comes in defining it. In addition to numerous medical groups releasing differing guidance on the condition, entities commonly update or modify their recommendations every several years – and not always for the better, said Dr. Wilmer.

"In some regards, the criteria for diagnosing and treating hypertension has taken a step backward in my opinion," Dr. Wilmer explained. "For example, the Eight Joint National Committee (JNC 8) raised their treatment goal to as high as 140/90 mm Hg for some populations, whereas I tend to agree with the American College of Cardiology on more aggressive goals of less than 130/80 mm Hg."

Once suitable criteria have been identified and persistent hypertension has been differentiated from more transient findings, discuss treatment plans, goals, and at-home monitoring instructions on an individual basis. While lifestyle modifications are valuable, many patients struggle to make impactful changes, leading to a low or negligible response in blood pressure control. Additionally, earlier initiation of pharmacological therapy is indicated for patients with a high estimated 10-year CV risk or comorbidities, including pre-existing CVD, CKD or diabetes mellitus.

Treatment

First tier medications for controlling blood pressure include ACE inhibitors, ARB, calcium channel blockers or a thiazide diuretic. These options give you the best control of blood pressure as well as cardiovascular protection. Alpha- or beta-blockers, loops and vasodilators should be avoided as first line therapy. Specifically, beta blockers used as monotherapy have been associated with higher stroke risk as they slow the heart rate and may cause cerebrovascular spasm.

While commonly used as a later treatment, thiazide diuretics should be emphasized early to reduce CVD risk. These medications can be used in cases of uncomplicated hypertension, as well as means to reduce hospitalization secondary to heart failure. Typically, dosages are started at a lower level and may be adjusted based on the patient's therapeutic needs. Additionally, for patients with a blood pressure of 20/10 mm Hg over goal, consider moving directly to combination therapy (such as an ACEi, ARB, calcium blocker) with a thiazide as a first-tier pharmacotherapy approach.

From a nephrology point of view, resistant hypertension will trigger additional medications and diagnostics. While it's pertinent to investigate secondary causes like sleep apnea, CKD, renal artery stenosis, medications and endocrine conditions, hyperaldosteronism is more common than previously thought. As much as 20-25% of resistant hypertension cases may be attributable to aldosterone excess, but very few receive the appropriate work-up. Mineralocorticoid receptor blockers like spirolactone may be an effective addition in patients with hypertension that is under- or unresponsive to other medications.

Key Takeaways

- When caring for patients with CKD and hypertension, place emphasis on home and out-of-office blood pressure monitoring.
- If patients have CKD or are at risk for cardiovascular disease, be aggressive in blood pressure control with a goal of < 130/80 mm Hg.
- Start monotherapy early with lifestyle modification and consider combination therapy with thiazide diuretics early in patients 20/10 mm Hg above goal.
- In resistant hypertension, consider mineralocorticoid receptor blocker, look for causes of secondary hypertension and evaluate for hyperaldosteronism.

To refer a patient for nephrology evaluation, contact Kidney Specialists, Inc. at 740-475-0058.

The joint and beyond: Rheumatoid arthritis

Sheryl Mascarenhas, MD

Inflammatory joint disease, or athropathies, may be associated with several extra-articular manifestations. Recognizing these indicators can help holistically manage patient health and may signal rheumatology referral and work-up for these often-elusive diagnoses.

Rheumatoid arthritis is most common in women with:

- Onset between age 30-50 years
- Symptoms persist for more than six weeks
- Symmetric with small joint involvement and palpable, painful synovial swelling
- No axial involvement with exception of C1-C2.

RA and Heart Health

Accelerated atherosclerosis; 30-50% of RA patients will have pericarditis, but is rarely associated with cardiac tamponade.

RA and Lung Health

Pleural effusion with low glucose concentration; pulmonary nodules, which are generally unproblematic unless obstructive; pulmonary arterial hypertension.

RA and Skin Health

Rheumatoid nodules on pressure points (elbows, back of head); vasculitis, which can be associated with increased mortality in severe RA.

RA and Nervous System

Cervical pannus due to C1-C2 involvement can make intubation difficult, and radiographs with extension and flexion should be considered; may increase risk for spinal cord injuries with trauma; patients with RA complaining of neck pain should be referred for imaging.

RA and Eye Health

Corneal disease, episcleritis, scleritis; if systemic involvement is expected, refer to ophthalmology.

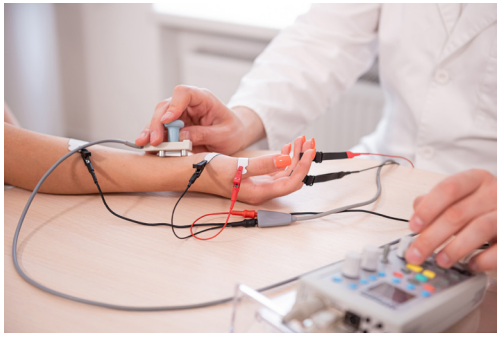
If you suspect a patient may be dealing with an autoimmune condition or feel they would benefit from establishing care with a rheumatologist, contact FHP Rheumatology at 740-689-6408. Appointments are available within two weeks of referral.

EMG now available at Fairfield Medical Center

Jay Bauerle, MD

Electromyography (EMG) is now available at Fairfield Healthcare Professionals Neurology. In combination with nerve conduction studies, electromyography provides information about nerve root, peripheral nerve and muscle function. Testing plays an important role in the diagnosis of neuromuscular disorders such as carpal tunnel syndrome, peripheral neuropathy, nerve root compression, myopathies, myasthenia gravis and motor neuron disease.

To refer a patient for testing, contact FHP Neurology at 740-687-8888.

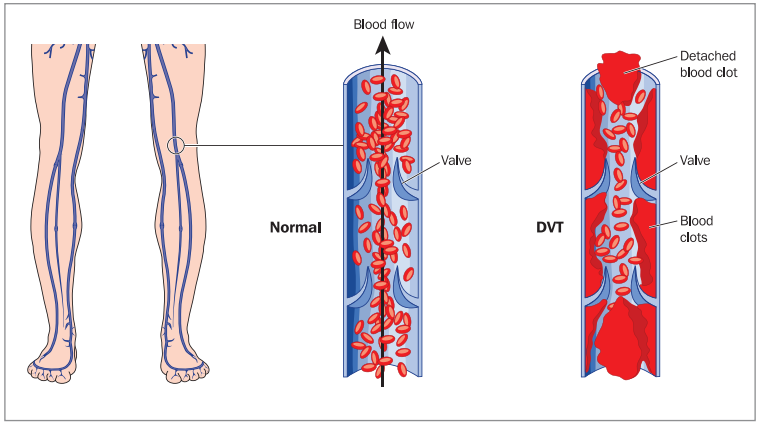


Differentiating distal and common iliofemoral DVT

Jarrod Bruce, MD

Jason André, MD

Deep vein thrombosis (DVT) and associated complications range from mild to severe, and location of embolus can be a key indicator of prognosis and appropriate treatment. Generally, DVTs isolated to the calf are less urgent in nature as they carry lower likelihood of pulmonary involvement. Patients presenting to the ED or outpatient setting with distal DVT and no evidence of increased bleeding risk should be monitored and considered for oral anticoagulant therapy. Those with contraindications to medical management or who are experiencing severe symptoms, regardless of clot location, may qualify for more immediate intervention. Expedited treatment should also be considered for those at increased risk for recurrence or progression due to prolonged immobility or extenuating health conditions.



Conversely, prompt treatment of proximal DVT affecting the common femoral or iliac veins (iliofemoral DVT) is always crucial. These cases are linked to higher risk of adverse outcomes, including pulmonary embolism, limb ischemia, decreased quality of life and significantly higher healthcare costs. In the event of clinical suspicion or confirmed iliofemoral DVT, triage and transfer to Fairfield Medical Center for clot removal via percutaneous mechanical thrombectomy can minimize venous damage and reduce the risk of post-thrombotic syndrome (PTS), a long-term sequela of delayed treatment.

DEEP VEIN THROMBOSIS (DVT)	
Up to 50%	expected to develop post-thrombotic syndrome[1]
~ 90%	of PTS patients are unable to work 10 years after diagnosis[2]
>10%	of PTS patients develop venous leg ulcers[3] Patients with severe PTS of QoL comparable to CHF or cancer[4]

1. Kahn, Susan R. Hematology AM Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413-418.
2. Kahn, et. al. Arch Intern Med. 2004; 164: 17-26
3. Galanaud, et al. Thromb Haemost 2018: 118(02): 320-328
4. Office of the Surgeon General (US); National Heart, Lung and Blood Institute (US). Office of the Surgeon General (US); 2008.

To learn more about Fairfield Medical Center's VTE treatment pathway, contact FHP Vascular Surgery at 740-687-6910. Referrals may be faxed to 740-689-9546.

PULMONARY EMBOLISM (PE)	
3rd	leading cause of cardiovascular death[5]
Up to 15%	30-day all-cause mortality[6,7] (28% for high-risk PE[6])
Up to 50%	have residual vascular obstruction[8-10] and long-term complications are common[11]

1. "Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence," National Center for Biotechnology Information, May 2017.
2. PERT Consortium® Registry Data. Interim results on 5,048 patients presented at PERT Symposium October 2021.
3. Schultz J, et al. Pulm Circ. 2019 Jan 11;9(3): 2045894018824563
4. Chopard, et al. Am J Cardiol. 2017 June 1; 119(11): 1883-1889.
5. Miniati, et al. Medicine (Baltimore). 2006 Sep; 85(5): 253-262
10. Mrozek et al. Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2018 June; 162(2): 121-126
11. Sista, et al. Vasc Med. 2017 Feb;22(1)37-43

Significance of anticoagulation in atrial fibrillation

Michael Reinig, DO

Atrial fibrillation is responsible for more than one-third of hospital admissions for cardiac rhythm disturbances and accounts for 15% of all strokes in the United States. In addition to placing a significant burden on healthcare systems, patients are often highly symptomatic, resulting in decreased quality of life. What's more, prevalence of the condition is expected to rise as the nation ages at a record rate. Afib is also more apt to impact those with obesity, hypertension, sleep apnea and regular alcohol use, putting middle-aged patients in its crosshairs in addition to the elderly. Even physically fit individuals, namely endurance and high-intensity athletes, are prone to earlier onset of the condition. With this common arrhythmia casting a wide net of patient involvement, understanding the pillars of management and treatment is vital to long-term health.

Stroke Prevention

Patients with atrial fibrillation are five times more likely to experience stroke than the general population, and of those affected, it's estimated that nearly half will suffer a second stroke within six months. In most cases, the left atrial appendage (LAA) is to blame. Insufficient contraction of the LAA allows blood to become stagnant and clot. When dislodged, these intracardiac thrombi have a direct pathway to the brain. As a result, anticoagulants are a cornerstone of CVA prophylaxis.

CHA_2DS_2-VASc scores can be used to stratify annual stroke risk based on comorbidities, age and gender. Those scoring two or greater are considered intermediate to high risk of CVA and should be anticoagulated accordingly. Despite numerous studies supporting a drastic reduction in stroke risk – sometimes by as much as half – these medications are under-prescribed in patients with Afib. Even those with lower CHA_2DS_2-VASc scores may benefit from anticoagulant therapy if no contraindications are present.

If contraindications are present, weighing the risk versus benefit of patients with high CHA_2DS_2-VASc and high HAS-BLED scores (used to predict annual risk of major bleeding) can be challenging. For those with a history of bleeds, at-risk for bleeds or who are non-compliant with anticoagulation therapy, LAA closure procedures should be considered. Fairfield Medical Center currently performs LAA clip procedures and will offer LAA percutaneous closure in the coming months.

Rate Control

Dr. Reinig with a patient.

Rate control in patients with Afib can help reduce symptoms associated with tachycardia and reduce the risk of related cardiomyopathies. Beta blockers and calcium channel blockers are commonly used pharmacotherapies but are not ideal for all patients. Beta blockers should be used cautiously in those with asthma or COPD, while a diagnosis of congestive heart failure precludes the use of calcium channel blockers. Digoxin may be appropriate for patients with recurrent CHF, but this class of medications does not effectively control exercise-related heart rates. As an interventional approach, AV node ablation with pacemaker implantation remains a viable option.

Rhythm Control

Left untreated or undermanaged, progression of atrial fibrillation from paroxysmal to persistent or permanent increases the risk of death, stroke, heart failure and cardiovascular events. While the condition is not curable, early rhythm control, particularly through cardiac ablation rather than antiarrhythmic drug therapy and cardioversion, has been associated with reduced healthcare utilization and improved patient outcomes. It's important to note that successful ablation does not negate the need for anticoagulation. Recurrence is common and repeat ablation is required in approximately 15-20% of patients, particularly those with more advanced cardiac remodeling at the time of intervention.

To refer a patient or learn more about Fairfield Medical Center's advanced electrophysiology capabilities, contact FHP Cardiology at 740-689-4480.

Rebyota offers relief from recurrent C.diff

C. diff can be a complicated condition to treat, with approximately one in six patients experiencing reinfection within 2-8 weeks of treatment, according to the Centers for Disease Control. Standard treatment of C. diff often involves a 10-14-day course of antibiotics such as vancomycin or Dificid, but relapse of the original infection is still possible, even if the patient is retreated. Fairfield Medical Center recently began offering Rebyota as a preventative for patients who experience a reoccurrence of C. diff. Approved by the FDA in 2022, Rebyota is administered rectally as a single dose, and is prepared from donated stool that can restore healthy bacteria in the patient's system.

Lancaster resident Susan Nixon-Stoughton was one of the first patients at Fairfield Medical Center to receive Rebyota in December 2023. Susan's provider, Andrew Dagg-Murry, MD, of Fairfield Healthcare Professionals Infectious Disease, initially prescribed vancomycin to treat Susan's C. diff, but she continued to experience reoccurrences. "I would get through the 10 days of meds and would be feeling good to go and then it would start again," Susan said. "My body just didn't have any good bacteria left to fight the infection."

Following a second reoccurrence, Susan was approved to receive Rebyota. During the procedure, 150mL of live fecal microbiota solution is slowly instilled by gravity into the patient's rectum. When the process is complete, the patient is encouraged to remain on their side for 15 minutes to prevent cramping. Patients do not need to keep the Rebyota in for a certain amount of time because it is immediately absorbed by the colon following administration.

"The whole procedure was flawless – I knew exactly what I was walking into and how it was going to go," said Susan, who has not experienced a reoccurrence since and has resumed normal activity.

Recovery from C. diff, even with no reoccurrence, can take time and the bowel can stay irritable even after symptoms have resolved, said Dr. Dagg-Murry. Once a C. diff diagnosis has been determined, prompt referral to a specialist is always recommended to help the patient develop a multi-faceted approach to treatment.

"In addition to antibiotics, bleach cleaning the patient's environment is important," Dr. Dagg-Murry said. "We also find adding a probiotic, including supplements or yogurt/kefir, can be helpful, as well as a fiber supplement to help re-regulate the bowel."

Susan Nixon-Stoughton, C. diff patient

Susan's Care Team

Using an individualized approach, advanced technology and innovative research, our Infectious Disease Team is committed to providing excellent care for the diagnosis, treatment and management of a wide variety of viral and bacterial infections.

Andrew Dagg-Murry, MD
FHP Infectious Disease

Paige Smith, CNP
FHP Infectious Disease

Heather Luttrell, RN, BSN
FMC Endoscopy

To refer a patient to FHP Infectious Disease, call 740-687-8805.

Provider/Office Updates

New Providers

Erica Holbrook, MD
FHP Psychiatry & Health Psychology
131 N Ewing Street, Unit C
Lancaster, OH 43130
740-689-6600

Residency: Ohio State University
Medical School: St. Louis University

Barbara Keirns, MD
FHP Obstetrics & Gynecology
112 N Ewing Street
Lancaster, OH 43130
740-689-6690

Residency: Brooke Army Medical Center
Medical School: Case Western Reserve

Amy Belott, PA-C
FHP General Surgery
401 N. Ewing St.
Lancaster, OH 43130

Master of Science Nursing: Ohio Dominican University

Jessica Bolden, CNP
FHP Obstetrics & Gynecology
112 N Ewing Street
Lancaster, OH 43130
740-689-6690

Master of Science Nursing: Chamberlain University

Alyssa Dillon, CNP
FHP Urology
618 Pleasantville Road, Suite 203
Lancaster, OH 43130
740-689-4945

Master of Science Nursing: Chamberlain University

Stacy Hall, CNP
FHP Urology
618 Pleasantville Road, Suite 203
Lancaster, OH 43130
740-689-4945

Master of Science Nursing: Walden University

Heather Nickell, CNP
Fairfield Healthcare Professionals Hematology Oncology
135 N. Ewing St., Suite. 202
Lancaster, OH 43130
740-687-4505

Master of Science Nursing: Mount Carmel College of Nursing

Joan Ray, CNM
FHP Obstetrics & Gynecology
112 N Ewing Street
Lancaster, OH 43130
740-689-6690

Master of Science in Nursing - Midwifery: Frontier Nursing University

FMC Foundation Recognizes 2023 Legendary Caregivers, departments

Pictured left to right: Dr. Michael Reinig, Grateful Patient Deborah Jones and Dr. John Lazarus

The FMC Foundation's Grateful Patient & Family Program is a meaningful way for patients to celebrate the extraordinary care they or their loved one received at FMC. Patients can honor these staff members with a Legendary Caregiver award and make a financial gift. The following providers and departments were recognized as Legendary Caregivers in 2023:

Providers:

- Caren Miller, DO
- Jean Robertson, MD
- Sarah Froman, MD
- Chelsea Decker, PA-C
- Isabel Manzanillo-DeVore, DO
- Jill Rice, DO
- Neelkant Raya, MD
- Mobusher Mahmud, MD
- David Robertson, MD
- Jeffrey Yenchar, MD
- Mark Becker, MD
- Christian Tencza, MD
- Ginger Davis, CNP

Departments

- Progressive Care Unit
- Cancer Care & Infusion
- Cardiac Cath Lab
- Emergency Dept.
- Cardiac Observation
- Medical Observation
- 5th Floor
- Intensive Care Unit
- Pre-op
- Surgery

Patient Experience

The following comments were submitted by FMC patients and compiled through Press Ganey.

Andrew Twehues, MD, Fairfield Healthcare Professionals Pulmonology & Critical Care

"Dr. Twehues is a most knowledgeable, empathetic, compassionate person with the highest morals and ethics. After I experienced ongoing challenges following COVID-19, I was referred to him. He quickly diagnosed the problem and I have improved because of his expertise and treatment."

Alexander Hattoum, MD, Fairfield Healthcare Professionals Cardiology

"Dr. Hattoum was absolutely the best. Without seeing him, I honestly may not be here. He helped further discover I was in a 2nd degree heart block, and immediately wanted to do it himself or send me to OSU. I cannot begin to thank him enough for his words and listening to my care and needs. Being 29, this was a very scary time for me, and he helped me relax and educated me to the fullest extent he could."

Emily Burnette, DO, Fairfield Healthcare Professionals Obstetrics & Gynecology

"I absolutely love Dr. Emily Burnette's office. The staff is always punctual, consistently polite and kind. I do believe Dr. Burnette has the patient's best interest at heart. She provides a clear communication with her patient and treatment plans. I have and will continue to recommend her."

Kimberly Kohli, PhD, CBC, MHA & Daniel DiSalvo, CNP, Fairfield Healthcare Professionals Psychiatry & Health Psychology

"I am extremely pleased with all aspects of Daniel Disalvo and Dr. Kohli's professional care and knowledge. Possibly just as important to me, if not more, is their listening to my depression and stress issues and offering ideas, thoughts and suggestions on moving forward in such kind, caring and reasonable ways without adding more stress to my life!"

Evan Cohn, MD, Fairfield Healthcare Professionals Urology

"The office staff and doctor are fantastic, they show me respect and courtesy. I really like Dr. Cohn, he talks to me, not at me. He is straight to the point and that's what I like."

Quick Reference

Fairfield Medical Center

401 N. Ewing St., Lancaster, Ohio
740-687-8000
fmchealth.org

We are a nonprofit organization that provides full-service, general acute health services to more than 250,000 residents in Fairfield, Pickaway, Perry, Hocking and Athens counties.

In addition to our Main and River Valley campuses, we have more than a dozen satellite locations specializing in primary care, specialty care, urgent care, lab and imaging.

Fairfield Healthcare Professionals (FHP) is a multispecialty medical group of more than 90 providers owned and operated by FMC.

Clinical Connections is designed to share information about Fairfield Medical Center's medical staff, services and capabilities with healthcare providers in Southeastern Ohio.

If there is anything you would like to learn more about, or if you would like to be removed from our mailing list, please call 740-687-6929.

Fairfield Medical Center

401 N. Ewing St.
Lancaster, OH 43130-3371
fmchealth.org

Join us for an exciting in-person conference featuring vendor displays, networking and continuing education. This event is open to everyone who can benefit from CME.

ADVANCE PRACTICE PROVIDER Symposium

APRIL 12, 2024
CME: 7:30 A.M.-NOON
LUNCH: NOON-1 P.M.

4 contact hours available

SCAN THE QR CODE TO REGISTER NOW!

LOCATION:
River Valley Campus
2384 N. Memorial Dr.,
Lancaster

COST:
In-person – $55
Students – $35
Includes continental breakfast and lunch.

The Fairfield Medical Center is accredited by the Ohio State Medical Association (OSMA) to provide continuing medical education for physicians.

The Fairfield Medical Center designates this Live Activity for a maximum of 4.0 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate withthe extent of their participation in the activity.