

pulse



FEATURED IN THIS ISSUE: Robotic-assisted surgery launched at Community Hospital | Back on track: Life after robotic-assisted prostate surgery | Climbing mountains after cancer — with support from survivorship series | Donor to cardiology lab unexpectedly became its first patient | Montage Health creates MoGo — A new kind of urgent care

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Community Hospital
of the Monterey Peninsula
Montage Health



From the president

As we continue to navigate the “new normal” that has come in the wake of the COVID-19 pandemic, we try, when we can, to do some things that were part of the “old normal.” For us, one of those things is this magazine, which covers a range of health topics in each issue. We’re going to limit our mentions of coronavirus, partly because news changes so quickly and, more importantly, to focus on other health topics. (For the latest on COVID-19, go to our website, chomp.org, or to Monterey County’s site, co.monterey.ca.us)

In this issue of *Pulse*, we want to tell you about some new options in local healthcare, including robotic-assisted surgery and our new MoGo Urgent Care clinics.

And we want you to meet some people who have inspired us in the ways they deal with illness.

When James Womack arrived in our Emergency department, he had a tumor in his throat that was so large he could barely breathe. After surgery, chemotherapy, and radiation, he worked closely with our Rehabilitation Services team. James relearned to swallow and speak, working with staff that included Paige Vega, a speech language pathologist who also helped him reimagine his future and start a new career.

Lisa Phares, another of our inspirations, is a testament to preventive screenings, including those she had at her workplace, **organicgirl**, through our Worksite Wellness program. Early diagnoses of both lung cancer and breast cancer led to early treatment for Lisa, and she’s now living life to its fullest.

Paul Hazen inspires us to continue adding new technologies and treatments so our community members can get the care they need, close to home. Paul and his wife Cassandra made a contribution in support of a new electrophysiology lab to treat irregular heartbeats — and then, coincidentally, he was its first patient.

I hope you enjoy this issue — and a brief respite from COVID-19.

Steven Packer, MD
President/CEO

ON THE COVER

Dr. Thomas James Cunningham and Dr. Harsha R. Mittakanti and the da Vinci Xi.

Please note that photos for this issue were taken before social distancing and masking rules were in place for the COVID-19 pandemic.



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Robotic-assisted surgery launched at Community Hospital

Community Hospital of the Monterey Peninsula's robotic-assisted surgery program pairs a team of specially trained surgeons with the newest da Vinci Xi surgical system.

Robotic-assisted surgery is minimally invasive, with small incisions that can result in faster recovery and shorter hospital stays, less blood loss, less pain, and smaller scars. At Community Hospital, the da Vinci system is currently being used for urology and gynecology surgeries.

"This advanced technology builds on our already excellent surgical program," says Dr. Steven X. Cabrales, vice president of medical affairs at Community Hospital. "Many surgeons today are being trained on the da Vinci system for certain procedures during their fellowships and residencies, so we are pleased to be able to put this new tool into experienced hands for our community."

(Continued on page 6)

Robotics is a fusion of both laparoscopic and open surgical techniques, where a surgeon can have precision and control combined with the smallest incisions possible.

— Harsha R. Mittakanti, MD, medical director
Community Hospital robotic-assisted surgery program

In the operating room during a robotic-assisted surgery.

In robotic-assisted procedures, the surgeon is in control, guiding the small, precise movements of the system's tiny instruments in the patient's body. The da Vinci Xi provides a highly magnified view through 3D-HD vision, virtually extending the surgeon's eyes and hands. Da Vinci systems have been used for more than 20 years, in more than 6 million surgeries.

The robotic-assisted surgery program at Community Hospital is led by Dr. Harsha R. Mittakanti, medical director. Mittakanti, a urologist, completed a fellowship at Swedish Medical Center in Seattle, where he trained under Dr. James Porter, a pioneer in advanced robotic surgery techniques. Mittakanti has assisted in and performed more than 500 robotic surgeries.

The team also includes Dr. Thomas Cunningham, a gynecologist who has performed or assisted on nearly 200 robotic-assisted procedures, Dr. Craig Stauffer, a urologist trained in robotic surgery during his residency at Stanford University, and Dr. Elizabeth Clark, a gynecologist who taught residents how to operate robotically at the University of Texas Medical School in Houston, where she completed her residency.

The da Vinci system has been improved over time with feedback from surgeons. Key features of the Xi system used at Community Hospital include a new overhead instrument boom designed to allow easier surgical access, new endoscopic digital architecture that creates a simpler, more compact design with improved vision definition and clarity, thinner arms with newly designed joints that offer a greater range of motion, and longer instrument shafts designed to expand the surgeon's operative reach.

"Robotics is a fusion of both laparoscopic and 'open' surgical techniques, where a surgeon can have precision and control combined with the smallest incisions possible," Mittakanti says. "Robotic surgery provides me with a superior field of vision — an ultra high-definition, 3-D view of all the organs, blood vessels, and nerves in the abdomen and pelvis. The arms of the robot mimic my hand and wrist movements exactly, allowing me to operate as if my own hands were inside the body."

At Community Hospital, the system is being used primarily to treat:

UROLOGIC ISSUES INCLUDING

- Prostate cancer
- Kidney cancer or disorders
- Ureteral cancer
- Bladder cancer
- Urinary blockages (from benign prostatic hyperplasia, or BPH)
- Urinary reconstruction

GYNECOLOGIC ISSUES INCLUDING

- Fibroids
- Endometriosis
- Abnormal or heavy bleeding
- Cancer
- Pelvic prolapse

"We provide robotic and non-robotic surgery options for patients so that we can meet the variety of needs of our community," Cabrales says. "Having the expertise and the tools ensures that residents can get the care they need, close to home."

Learn more about robotic-assisted surgery, and see a video of the da Vinci Xi system at:

CHOMP.ORG/ROBOTICS


Back on track: Life after robotic- assisted prostate surgery

At 6 a.m. on January 14 — the day after an intensive operation to remove his entire prostate gland and 12 pelvic lymph nodes — Allan Polley got out of his bed at Community Hospital of the Monterey Peninsula and walked four laps around the nursing unit.

Polley went home that same afternoon and took one Tylenol® before bed that night. A month later, with his surgery for prostate cancer behind him, he was going for regular hikes and making plans to resume running and playing golf and to return to his hobby, dog-agility training.

(Continued on page 8)

Allan Polley quickly resumed activities after prostate surgery.



The retired Marine lieutenant colonel says his experience was smooth and without significant pain, thanks to a highly skilled surgeon using state-of-the-art technology. Dr. Harsha R. Mittakanti performed the operation, a radical prostatectomy and bilateral pelvic lymph node dissection, through robotic-assisted surgery with the da Vinci Xi surgical system.

“I just feel so fortunate that the medical community was able to make this kind of treatment available to me,” Polley says.

Community Hospital began offering robotic-assisted surgery in late 2019. Mittakanti and three other surgeons perform surgeries with the da Vinci Xi robot. During robotic surgery, the surgeon is in full control, operating from a console about 10 feet away from the patient, while the rest of the surgical team is at the bedside.

“The arms of the robot mimic my hand and wrist movements exactly, allowing me to operate as if my own hands were inside the body,” says Mittakanti, a urologic surgeon and medical director of the robotic-assisted surgery program at Community Hospital. “Essentially, I can move my hands in and out, grasp things, and move my wrists in all different directions.”

The small incisions can result in less blood loss, faster recovery, and less pain, meaning less need for narcotic pain relief. Polley says he took four Tylenol tablets on his second day at home and hasn’t needed any since.

Polley’s high-risk cancer was diagnosed after a sky-high prostate-specific antigen (PSA) test score raised concern. Subsequent tests — blood analysis, two MRIs, a bone scan, and a biopsy — confirmed a problem that needed to be addressed.

His urologist, Dr. Andrea Chan, recommended he see Mittakanti, her colleague at Montage Medical Group, to discuss robotic-assisted surgery. The technology enables precise removal of the prostate, and is effective at sparing nerves attached to the prostate gland that are crucial to sexual function.

Mittakanti spent six years at Stanford University, where he trained in traditional open surgery, laparoscopic surgery, and robotic surgery. Mittakanti then did an advanced robotic surgery fellowship at Swedish Medical Center in Seattle with Dr. James Porter, regarded as one of the world’s preeminent robotic surgeons.


Polley’s surgery revealed that 80 percent of his prostate was malignant, and the cancer had aggressively spread to 4 of the 12 lymph nodes that were removed with the gland. Mittakanti removed the prostate and lymph nodes, sparing nerves and with only minimal alterations to Polley’s urethra. Polley says he has experienced virtually no urinary incontinence, which can be a side effect of prostatectomy.

“Whether a patient is a good candidate for robotic surgery depends on the patient, the surgeon, and the pathology,” Mittakanti says. “Allan was a lower surgical risk because he takes good care of himself. If, on the other hand, someone is very frail, or has other health problems, such as morbid obesity or heart and lung issues, it might not be the best course of action.”

Robotic surgery can be performed for most prostatectomies: Mittakanti estimates that about 80 percent are done robotically today.

At Community Hospital, robotic surgery is currently being used for urology and gynecology procedures. Urologic issues such as various types of cancer, urinary blockage from benign prostate hyperplasia (BPH), or even urinary reconstruction can be treated robotically. Robotic surgery for gynecologic ailments such as fibroids, endometriosis, and cancer is also offered.

“I want people to know that I’ve been through prostate cancer and it’s not a death sentence,” Polley says. “I want to get the word out that this amazing treatment is available here, and it is a gift.”



I want people to know that I’ve been through prostate cancer and it’s not a death sentence. I want to get the word out that this amazing treatment is available here, and it is a gift.

— Allan Polley, patient





Robert Lea hiking at Soberanes Point



Photos courtesy of Robert Lea: Yosemite, California



Climbing mountains after cancer — with support from survivorship series

Robert Lea has been backpacking since high school, his affinity for the natural world leading him through much of the Sierra Nevada and, especially, Yosemite.

Now 81, Lea thought his treks might be behind him after a bout with prostate cancer curbed his active schedule and sapped his energy.

“I had to have a biopsy, diagnosis, and a new treatment called SpaceOAR,” he says, “which has to do with protecting organs at risk during the radiation treatment

that followed. I lost a year of my active life, waiting for and going through three months of radiation treatment, five days a week, followed by six months of recovery. It was like a job, and I took it seriously.”

During his cancer treatment, Lea couldn't go hiking or engage in another favorite pastime, scuba diving.

“I was tired, and knew I'd lost physical conditioning,” he says. “I didn't know if I could scuba dive again or if I still had a passion for hiking. I had no idea what I would be able to do after all of this was over.”

His treatment team at Community Hospital of the Monterey Peninsula suggested a prescription: Enroll in Live Longer. Live Stronger, a weekly, eight-session class for cancer survivors. The series is for anyone who has had a cancer diagnosis, designed to get them on a path to wellness and well-being. Led by Joy Smith, a registered nurse and oncology educator, the interactive, motivational class covers emotional health, exercise, nutrition, and all-around survivorship.

“With Joy's encouragement, I started to hike, to swim, and take my dog on longer walks” Lea says. “At first, it was slow, but I got better.”

At the end of the series, participants set goals. Lea's was clear: He wanted to backpack from Yosemite's Tuolumne Meadows.

On October 9, 2019, Lea and his friend, semi-retired urologist Dr. Brickley Sweet, set off. Carrying 35-pound

packs, they hiked two miles up to May Lake, reaching an elevation of 9,330 feet, then dropping down 2 miles to Raisin Lake at 8,500 feet. After camping two nights, they hiked back to the trailhead and drove down into Yosemite's Curry Village for an exceptional dinner at the Mountain Room and a night in a tent cabin.

Afterward, Lea visited Joy Smith, proudly sharing photographic evidence that one of his goals had been achieved.

The octogenarian spends as much time as possible in the outdoors and continues to publish documents and scientific journal papers. He left his job as a research biologist with the California Department of Fish and Game a decade ago, but he doesn't call it retirement. Scientists, he says, never really retire.

(Continued on page 12)

With Joy's encouragement, I started to hike, to swim, and take my dog on longer walks. At first, it was slow, but I got better.

— Robert Lea, cancer survivor

He earned a master's degree in zoology at University of California, Berkeley, after graduating with a bachelor's degree in the same field from the University of Idaho. After a semester at sea with Stanford University's TeVega oceanography program, he decided to switch his field of study to marine biology. Working in his field for several years he was offered a Maytag Fellowship from University of Miami, receiving a doctorate in marine sciences.

His career with Fish and Game spanned 37 years, taking him to Monterey where he and his wife Susan raised two children, Sabrina and Graham.

"When working, I tried to take trips in the Sierra as often as possible," says Lea. "When you're young, active, and fit you can go on seven-day trips, carrying 70 pounds. I've always appreciated how enjoyable it is to be outside and communicate with the natural world."

Today, he hikes weekly in Toro Park or other local venues, and has no intention of giving up backpacking, scuba diving, climbing, or marine biology.

He's planning a diving trip in the Sea of Cortez. "I have to train for that," he says, "but I'll be ready. You've got to keep doing the things you really like, so you still can."



With SpaceOAR, we are able to place a protective gel between the prostate and the rectum before radiation therapy to prevent some of the potential side effects when treating prostate cancer. The procedure is done in the office in about 30 minutes, and most patients experience minimal discomfort, comparing it to a prostate biopsy. It has been a game-changer for our patients.

— Dr. Craig Stauffer, urologist
Montage Medical Group

LIVE LONGER. LIVE STRONGER. SURVIVORSHIP SERIES

Finishing cancer treatment is a major milestone — and so is the next step toward long-term, healthy survivorship. Community Hospital's Comprehensive Cancer Center, in partnership with Montage Wellness Center, offers this interactive, motivational series of classes that teach strategies to help you live longer and stronger after a cancer diagnosis and treatment. In-person classes are on hold. An online version is in development.


TOPICS

- Get back to wellness
- Customized exercise for wellness
- Medical management beyond cancer
- Nutrition beyond cancer
- Emotional health and well-being
- Survivorship care planning

WHAT IS SPACEOAR™ HYDROGEL?

As part of his prostate cancer treatment, Robert Lea's urologist recommended the use of SpaceOAR hydrogel to help minimize side effects of radiation therapy.

The gel is injected between the prostate and rectum to act as a spacer, decreasing rectal injury from radiation. Patients don't usually feel the gel, which remains in place for about three months before it is absorbed and leaves the body in the patient's urine.



Trouble swallowing? A common concern that can relate to age, illness, or injury

One in 25 people experiences problems swallowing each year; for most, it's a temporary issue that resolves on its own. But for others, it can be serious and even life-threatening.

Difficulty swallowing, called dysphagia, can have many causes and becomes much more common as people age.

"It's a natural, progressive symptom that happens as we get older," says Maria Flores, a speech language pathologist at Community Hospital of the Monterey Peninsula. "People 75 and older often experience presbyphagia, a loss of muscle mass in their swallowing muscles."

"We see it in all ages, but dysphagia is most often seen in elderly people, even those who do not exhibit many symptoms, which can be as simple as more-frequent heartburn or food particles coming back into the mouth," says Dr. Nupur Sinha, a pulmonary and critical care specialist at Montage Medical Group in Monterey.

OTHER SYMPTOMS INCLUDE:

- Pain when swallowing
- Inability to swallow
- Feeling as though food, liquid, or pills are stuck in the throat or chest
- Feeling as though there is a "lump" in the throat
- Inability to keep lips closed, leading to drooling
- Food or stomach acid coming back into the throat
- Food or liquids leaking from the nasal cavity
- Difficulty coordinating breathing and swallowing
- Coughing or gagging when swallowing
- Lung infections like pneumonia
- Hoarse or changing voice

Aside from aging, dysphagia may have an apparent cause such as a tumor, inflammation or scarring from radiation therapy, or damage from a stroke or other traumatic injury. Or the cause may be less obvious.

"We see it in all ages, but dysphagia is most often seen in elderly people, even those who do not exhibit many symptoms, which can be as simple as more-frequent heartburn or food particles coming back into the mouth."

— Dr. Nupur Sinha, pulmonary and critical care specialist, Montage Medical Group



"We have to be good detectives to see where the dysphagia is coming from, and how we can best treat it," Flores says.

The search for a cause typically includes a comprehensive review of the person's medical history; a physical exam; and tests that could include a chest X-ray, a CT scan, a functional X-ray of swallowing called a modified barium swallow study (MBSS), or a fiberoptic endoscopic evaluation of swallowing (FEES), in which a thin, lighted, flexible tube is passed through the nose to see what happens during swallowing.

In the MBSS study, foods of different consistencies are coated with barium, a contrast material that shows up on X-rays. Images are made as the patient swallows the foods, to identify problems with coordination of the mouth and throat muscles and to determine whether food is going the correct way.

The exam and tests can uncover a wide range of causes, from damage from acid reflux to a narrowed esophagus. Treatments are just as wide-ranging,

"A mechanical cause can be mechanically treated," Sinha says. "If the passage is narrowing, we can use small dilators to open that area. If it's more of a nerve or muscle dysfunction, we target the treatment on those areas. Stroke patients, for example, can often strengthen their nerves and muscles through rehabilitation."

Other treatments include medications, such as a prescription to reduce stomach acid; surgery to remove a tumor or repair damage; and changes in diet, including the volume and pace. Speech and swallowing therapy are also effective treatments.

Flores and other speech language pathologists at Community Hospital provide therapy to help people coordinate swallowing muscles or stimulate the nerves that trigger the swallowing reflex. They may also teach ways to

place food in the mouth and position the head and body to make swallowing easier.

People with dysphagia sometimes attempt to self-treat the affliction by eating only soft, minced foods and reducing their intake of fluids. But Flores says this can lead to dehydration or malnutrition, and a hospital visit.

"The challenge, then, is to figure out a good way for them to hydrate without coughing or choking, and to get them stable enough to leave the hospital," Flores says. "Eating and drinking with an acute swallowing impairment is going to compromise the lungs, as well as physical abilities: The longer you stay in bed, the weaker you get. And that can eventually become life-threatening."

Pneumonia, according to Flores, is a serious complication of a swallowing impairment, particularly aspiration pneumonia — a lung infection that develops after a person aspirates (inhales) food, liquid, or vomit into the lungs. A person can also aspirate food or liquid from the stomach that backs up into the esophagus.

"Aspiration pneumonia can be difficult to treat, especially if it's a recurrence," Flores says. "With these patients, we do a very thorough swallow-study evaluation to see where the swallow function is breaking down before we start them on any kind of rehabilitation pathway."

Other complications of dysphagia can include weight loss, respiratory infections, fatigue, cognitive confusion, and feelings of isolation, anxiety, and depression. By addressing the fundamental issues contributing to the dysphagia, speech language pathologists can help their patients manage these complications.

"Our team is dedicated to returning our patients back to a functional baseline while focusing on quality of life and safety," Flores says. "We love the work that we do because we are making a big impact in people's lives."



With the help of Paige Vega, speech pathologist, James Womack started a new business, Sunny Dogs.

Re-learning to speak, swallow, and so much more

Speech language pathologist and cancer survivor inspire each other

James Womack's childhood was traumatic, unstable, unsafe. By age 9, he had his first tattoo. At 15, he was living in a car. His adult years were rough-and-tumble too. By the time he was diagnosed with stage 4 throat cancer at age 51, he figured he should have already died several times.

But he has always been a survivor. Now, five years later, he is cancer-free — and filled with gratitude.

"If I can help even one person get through their cancer, build the courage and determination to endure the process," he says, "then it's worth sharing my story. I'm not anyone special; I'm just an average guy."

Womack's cancer journey started with a visit to Dr. Steven Vetter, an ear, nose, and throat specialist. A sore throat had become so painful that he couldn't easily get air or swallow a single aspirin. Within two hours, he was at Community Hospital of the Monterey Peninsula getting an emergency tracheotomy to keep breathing. Vetter had found a tumor

The day I rang that bell, I was born again. That's when I was granted a second life, when I realized I wasn't going to die.

— James Womack, cancer survivor

that reduced Womack's airway to the diameter of a cocktail straw; he was given a five-percent chance of survival.

Womack spent 63 days in the hospital, his care guided by oncologist Dr. Jerry Rubin until Rubin passed away in 2018. He weathered 33 rounds of radiation and 6 rounds of chemotherapy. At first, the treatments were tolerable. Once the radiation started to burn the inside of his throat, though, it was a matter of getting through the intolerable.

When he did, he followed the tradition in Radiation Oncology at Community Hospital of ringing a bell mounted on the wall outside the treatment room, the staff gathered around him in celebration.

"The day I rang that bell, I was born again," Womack says. "That's when I was granted a second life, when I realized I wasn't going to die."

But he had lost the ability to swallow, eat, or speak. That's when he met Paige Vega, the speech language pathologist with whom he would spend the next three-and-a-half years, relearning the vital functions that enabled him to survive and thrive once again.

"Dr. Rubin saved my life," Womack says. "Paige Vega gave it back to me. She's one of the most amazing people I've ever met. When she's working with me, she's all about my well-being. She taught me to trust her, to trust the process, to trust that my life is worth fighting for."

Several times a week, they met for an hour of therapy focused on swallowing and speech, with Womack relentlessly doing exercises to reach his goals.

"Once we'd built trust," Vega says, "he could start learning how to swallow again. It's not a pretty process. It's an unreal, delicate process, where sometimes food goes down, and sometimes it comes back up all over you. It's very humbling.

"Now, James can go to a restaurant and eat with someone. A big part of swallowing is the social aspect of eating. When we can't participate in that, it's isolating. It takes a toll on self-esteem."

A few months after Vega had discharged her patient, Womack contacted her and said his "chemo brain" wasn't working well. It was keeping him from doing what he was used to, including his job as a long-haul trucker. She brought him in for cognitive therapy.

"Chemotherapy and radiation are hard on the body," Vega says. "I asked him to reimagine what he wanted to do with his new chance at life."

Focusing on his gratitude for his renewed ability to eat, he realized he wanted to feed people. He landed on the idea of starting a hot dog cart.

"I created patient-specific tasks that targeted attention, concentration, problem-solving, and organization," Vega says. "As he became stronger and more confident in his skills, I transitioned into tasks that worked toward building his business, such as learning about health codes, getting his food handler certificate, filling out forms, and creating cost/profit sheets."

Finally, Womack was ready to launch. He named the business "Sunny Dog," after his retriever Sunny. On his first day in business, he parked his cart outside Hartnell Professional Center, where Vega works, and served free hot dogs to everyone who had helped him in his recovery.

Now, he can usually be found in front of the harbor at Moss Landing, selling a variety of hot dogs from his cart. On the way home, he stops to give leftover hotdogs to the homeless in his San Juan Bautista community.

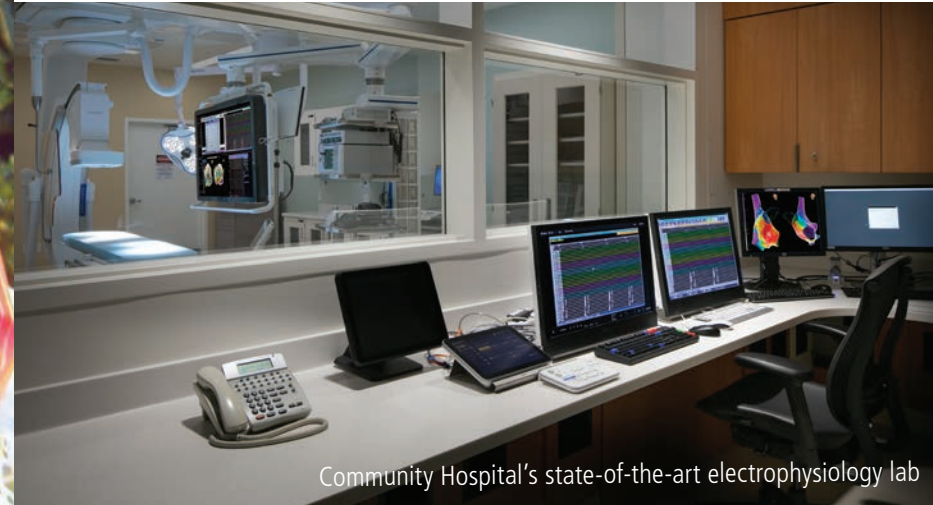
"He has one of the most positive and persevering attitudes around," Vega says of her former patient. "I am so very proud of him."

I didn't realize I was going to be their first patient, but it came out well; and the new equipment enabled Dr. Fowler to do it in a much shorter period of time than he could have with the old equipment.

— Paul Hazen, donor and patient



Cassandra and Paul Hazen



Community Hospital's state-of-the-art electrophysiology lab

Donor to cardiology lab unexpectedly became its first patient

A heartfelt gift became an investment in a healthier future for a Pebble Beach couple whose contribution helped build the state-of-the-art electrophysiology lab for Community Hospital of the Monterey Peninsula's Tyler Heart Institute. Paul and Cassandra Hazen consider it some of the best money they've ever spent.

The Hazens donated to help create a new \$3.1-million electrophysiology lab, which has advanced technology for procedures that focus on arrhythmia (irregular heartbeats), including atrial fibrillation (AFib).

It wasn't their first contribution to Montage Health Foundation, the philanthropic arm of Montage Health, the hospital's parent company. But it turned out to be more personal than any of their others: By coincidence, Hazen became the first patient on the day the lab opened in May 2019.

Hazen, the former chairman and CEO of Wells Fargo & Company, had been diagnosed with atrial fibrillation 20 years earlier, while undergoing a routine treadmill test at UC San Francisco Medical Center.

"My brother had atrial fib. He could feel it significantly and couldn't wait to try getting rid of it," Hazen says. "But it wasn't that way for me. I was one of those people who could never feel it, never even suspected I might have it until they found it during that treadmill test."

In 2018, Hazen became one of the first local patients of Dr. Steven Fowler, an electrophysiology specialist recruited from New York University. Hazen knew that part of what drew Fowler to Community Hospital was a plan to build a new electrophysiology (EP) lab. When Fowler described the capabilities of the new technology, Hazen reached for his wallet to contribute to the fundraising.

To treat Hazen's AFib, Fowler recommended ablation, which involves using radio frequency to generate heat to scar or destroy tissue in the heart that triggers or sustains an abnormal rhythm. Hazen's procedure was scheduled before the new EP facility was online, but it was serendipitously postponed.

"Dr. Fowler's wife gave birth right at that time, so we had to reschedule my ablation," Hazen says. "And totally by coincidence, the new date turned out to be the very first day that the new equipment was ready for use.

"I didn't realize I was going to be their first patient, but it came out well; and the new equipment enabled Dr. Fowler to do it in a much shorter period of time than he could have with the old equipment," Hazen says.

Meanwhile, the Hazens are staying busy and active in their "retirement." In 2001, Hazen left a 30-year career with Wells Fargo & Company and the couple retired to Pebble Beach.

"I've stepped down from most of the boards I used to be on, but we do a lot of investing, and we have a lot of businesses that we run," he says. "I'm chairman

of a technology company that invests in 28 software companies. Cassandra grows coffee in Kona, Hawaii, and she also has a 30-acre bed and breakfast (ranked among the top 100 resorts in the world by Fodor's Travel). We have a clothing company in Santa Barbara and a hotel and restaurant in Yountville.

The Hazens' most recent gift to Montage Health Foundation was in support of the COVID-19 emergency fund drive.

"Cassandra and I have been supporters of CHOMP for 10 to 15 years now, just because it's worth supporting," Hazen says. "It's a great organization, so valuable to all of us."

Basics of catheter ablation

In a heart that is beating normally, electricity flows throughout the organ in a regular, measured pattern, coordinating its contractions.

Sometimes, the electrical flow gets blocked or travels the same pathways repeatedly, creating a sort of electrical “short circuit” that disturbs normal heart rhythm. Medicine often helps. In some cases, however, the most effective treatment is to destroy the heart tissue causing the short circuit, using a procedure called catheter ablation.

In catheter ablation, a small section of problem-causing tissue is made inactive, ending the abnormal heart rhythms, or arrhythmias. Ablation is a relatively non-invasive procedure that involves inserting a catheter, a narrow, flexible wire, into a blood vessel in the groin or neck and advancing the wire to the heart. The journey is navigated using images created by a fluoroscope, an X-ray-like machine that provides continuous, live images of the catheter and the body.

Once the catheter reaches the heart, electrodes at its tip gather information and a variety of electrical measurements to pinpoint the location causing the arrhythmia. The cardiac arrhythmia specialist, an electrophysiologist, may sedate the patient and actually cause the arrhythmias that are the source of the problem to find the exact location.

Once the source is confirmed, energy is used to destroy that tissue, restoring a healthy heart rhythm. This energy may take the form of radio frequency energy, which cauterizes or burns the tissue, or intense cold, which freezes the tissue. Patients rarely report pain, more often describing what they feel as discomfort.

Catheter ablation is used for people whose arrhythmias can't be controlled with lifestyle changes or medication. Some can't or don't wish to take antiarrhythmic medications and other drugs because of side effects that can interfere with their quality of life.

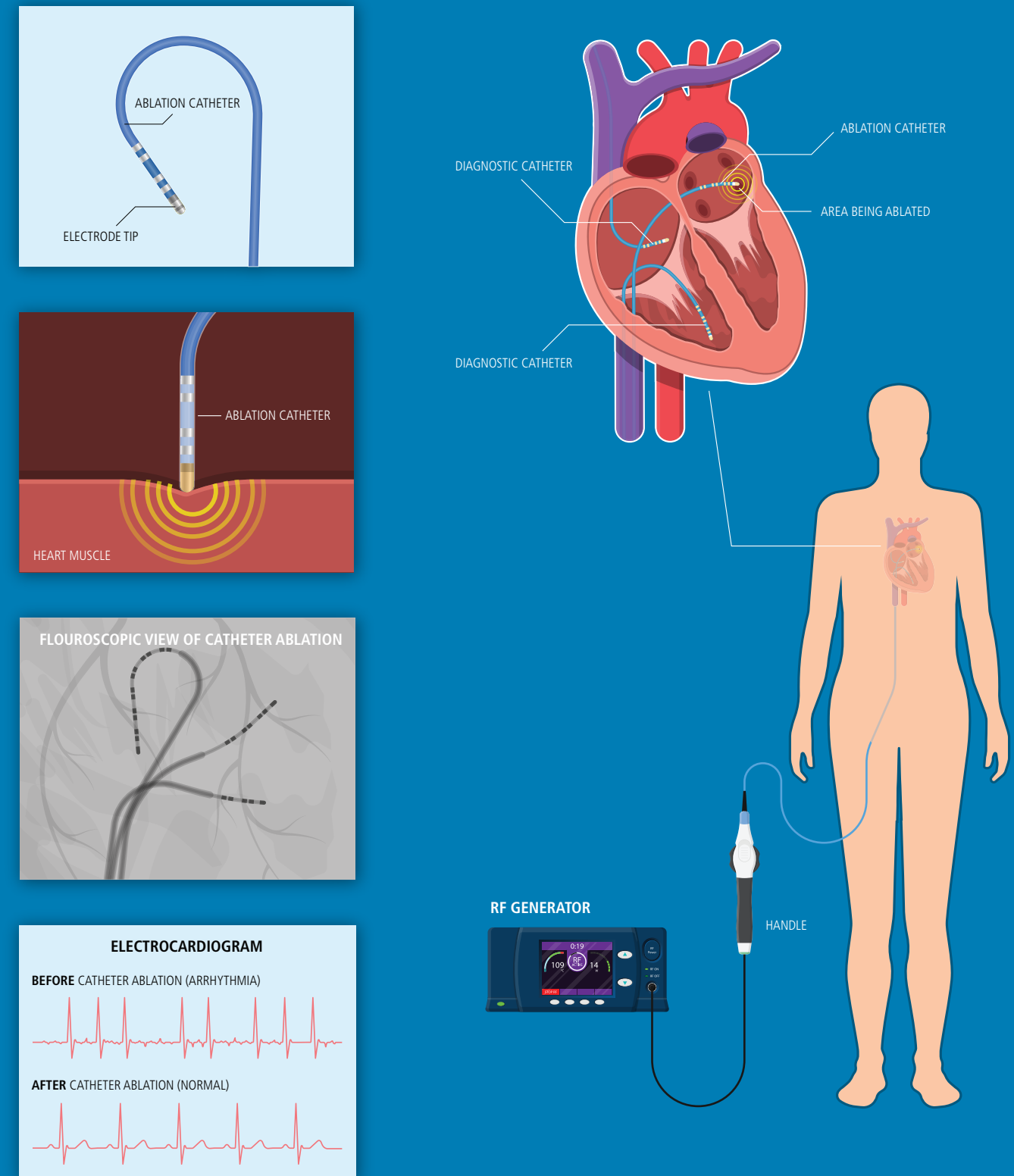
Catheter ablation is used to treat rapid heartbeats that begin in the upper chambers, or atria, of the heart, like atrial fibrillation, the most common rhythm disorder. It can also treat rhythm disorders that begin in the heart's lower chambers, such as ventricular tachycardia, which can be life-threatening.

For patients at risk for sudden cardiac death, ablation is often used along with an implantable cardioverter device (ICD), which shocks the heart back into rhythm. The ablation decreases the frequency of abnormal heart rhythms, reducing the number of ICD shocks needed.

For many types of arrhythmias, catheter ablation is successful in 90–98 percent of cases, thus eliminating the need for open-heart surgery or long-term drug therapy.

Adapted and used with permission from the Heart Rhythm SocietySM, a leading resource on cardiac pacing and electrophysiology, hrsonline.org.

INFOGRAPHIC: CARDIAC CATHETER ABLATION



Lisa Phares with members of the Ke Kai O'Uhane Outrigger Canoe Club



Worksite health screening leads to early lung cancer diagnosis, successful treatment

Lisa Phares hikes, walks, and does daily circuit training, mostly to prepare for her first athletic love: competitive paddling with Ke Kai O'Uhane Outrigger Canoe Club.

When Phares began having a little trouble taking deep breaths, particularly when paddling, she tried to dismiss it. But lung screenings at her company's annual worksite wellness fair made her take it seriously. And she's so grateful she did: The red flag warning ultimately led to a cancer diagnosis, at its earliest, most curable stage.

"I am such a huge advocate of screenings. I feel so fortunate to work for a company that cares enough about its employees to invest in us and provide worksite wellness fairs with Community Hospital. If I can help promote the importance of wellness checks for others' benefit, I'm happy to do so."

— Lisa Phares, organic and food safety compliance manager of **organicgirl** and member of the Ke Kai O'Uhane Outrigger Canoe Club

"I am such a huge advocate of screenings," says Phares. "I feel so fortunate to work for a company that cares enough about its employees to invest in us and provide worksite wellness fairs with Community Hospital. If I can help promote the importance of wellness checks for others' benefit, I'm happy to do so."

Phares works for **organicgirl**, a Salinas-based producer of fresh greens and salad dressings. Since 2013, **organicgirl** has partnered

with Community Hospital of the Monterey Peninsula's Worksite Wellness program, which provides health screenings, assessments, education, and health coaching to companies in Monterey and San Benito counties. The program aims to improve health and wellness and reduce healthcare costs.

At **organicgirl**'s 2015 health fair, Phares had a range of measurements and screenings, including checks of her blood pressure, cholesterol, blood sugar, and body mass index. She also had a lung-capacity test, which indicated she might have an obstruction.

"At first, I kind of ignored the news; I really didn't think anything of it. But a year later," she says, "my breathing was more labored, particularly during a hard workout. I had the same test, and the results were a little worse."

Phares made an appointment with Dr. Nupur Sinha, a pulmonary and critical care specialist at Montage Medical Group who conducted a series of tests and prescribed an inhaler and set follow-up appointments.

Sinha ordered a CT scan, a noninvasive X-ray, of Phares' lungs. The scan revealed an area of tiny, non-uniform masses. After continued monitoring, Sinha ordered a PET scan, which found a nodule that suggested the possible presence of cancer. Phares was given the option of continued monitoring of her lungs or having the nodule surgically removed.

Phares, who is a stage-1 breast cancer survivor, didn't want to keep worrying, so she chose to have the nodule removed. It turned out to be cancer, but it was at stage 1A, the embryonic stage, and the earliest detection possible. Once the cancer was removed, no follow-up treatment was necessary.

"Listen to those messages you're getting and respond," she advises others. "Early detection of any abnormality can sometimes save your life."

Phares continues to live life to the fullest. In summer 2019, she traveled to Hawaii to compete in the largest long-distance outrigger canoe race in the world, the Queen Lili'uokalani Canoe Race.

"Being in my 60s is awesome," Phares says, "and I'm not afraid to say it. I own it. I'm alive and healthy and grateful to all the people who are keeping me that way. Every day is awesome."

Investing in the health and wellness of employees is good for companies and helps those employees have healthier, happier, and more productive lives.

— Gene Fischer, corporate accounts manager
Community Hospital of the Monterey Peninsula
Worksite Wellness program



Finding wellness at the workplace

Workplace wellness used to focus on safety: Has a business done all it can to reduce hazards and the risk of injury? In recent years, the lens has widened for many companies, taking in the overall health of the workforce.

Research and anecdotal experience have found that investing in programs and services to help workers have healthier lifestyles can have positive effects on absenteeism, productivity, insurance premiums, and workplace injuries.

“Worksite Wellness is a program of Community Hospital of the Monterey Peninsula that enables employers to foster goodwill, camaraderie, and wellness for their employees,” says Gene Fischer, who has coordinated the program since its inception. “Investing in the health and wellness of employees is good for companies and helps those employees have healthier, happier, and more productive lives.”

Fischer meets with employers to discuss the varying degrees of health and wellness among employees so he can tailor a wellness program to meet their specific needs, workforce, workplace, and budget. Then he coordinates a health-risk assessment and an on-site screening.

“We provide a biometric screening, with a range of tests one would do during a checkup with a doctor, such as blood pressure, cholesterol, and blood sugar,” Fischer says. “In reality, most people don’t get an annual checkup. I barely have time myself.”

“In about 25 minutes, we can check a person’s key health metrics and provide analysis and guidance for any recommended lifestyle changes. An employee can have this done on company time, and can potentially receive a reduction in their insurance premium. It’s a no-brainer.”

Based on the results of the screenings, Fischer’s team can schedule health-education seminars targeted to the specific health needs of the workforce. Then employees

are invited to participate in exercise programs, including exercise challenges, that keep them engaged throughout the year.

“We do a healthy habits challenge,” says Fischer, “where employees can learn about health practices and how to make them habits that become part of their lifestyle. We also bring in a clinical dietitian once a month, to go over lab results and coach participants on making healthy choices for cooking and eating. We also have coaches to help people learn to manage chronic diseases like diabetes.”

Coaches identify issues, educate participants, and sometimes even send people to the doctor or the emergency department.

“We ‘rescue’ one or two people at most events,” Fischer says. “It’s often people who didn’t even realize they had an issue, like extremely elevated blood pressure or blood sugar. “Part of the success of the program, says Fischer, is that Worksite Wellness is fun, which keeps people motivated. Employees get to share their different success stories, which are both validating and encouraging.”

WORKSITE WELLNESS

Community Hospital of the Monterey Peninsula’s Worksite Wellness tailors programs to meet your business’s needs. Among the services offered:

- On-site health fairs with screenings
- Personal health profiles
- Health-education classes
- Exercise and fitness challenges
- On-site speaker program
- Programs for diabetes management, weight loss, stopping smoking, cholesterol management, asthma management, and more

Information:

CHOMP.ORG/WORKSITEWELLNESS
(831) 658-3983

Should you have a lung CT scan?

Significant cancer survival rates support screening for at-risk group

Lisa Phares had a lung CT (computed tomography) scan after a lung-capacity screening indicated she might have some sort of obstruction that was hindering deep breathing. The scan detected a small mass that turned out to be cancer — found, fortunately, at a very early, very treatable stage (see article on page 22).

Phares wasn't the typical candidate for a lung CT, but there is a clearly defined group, and they may also find the screening life-saving. Both the American Cancer Society and U.S. Preventive Services Taskforce recommend annual lung CT scans for people who:

- Are aged 55 to 74 years and in fairly good health, and
- Currently smoke or have quit within the past 15 years, and
- Have a smoking history of at least "30 pack years" (see [calculator at smokingpackyears.com](#))

The recommendation was made after a study showed lung cancer deaths could be reduced by 20 percent as a result of the early detection the scans provide.

"That study changed the landscape," says Dr. Grant Swanson, medical director of Community Hospital of the Monterey Peninsula's Comprehensive Cancer Center. "Now, with further follow-up 10 years out in a European study, the reduction in lung cancer deaths has risen to 39 percent. This is a tremendously lethal disease, which is why screening is so important. If every person at high risk for lung cancer were screened, it could result in about 30,000 fewer lung cancer deaths a year."

If a nodule is detected in a scan, further testing is done to determine whether it is cancerous; in most cases, it is not.

Montage Medical Group has a screening service for patients who have "lung nodules," a broad term for a small oval or round growth in the lung. Doctors throughout the community can refer patients to the screening service for follow-up, including a CT scan if one wasn't already done.

Montage Medical Group's screening service will provide:

- Consultation with a pulmonologist with extensive knowledge of lung-nodule management
- Reviews of CT images
- Risk calculation and analysis of pulmonary nodules
- Advanced bronchoscopy with guided technology

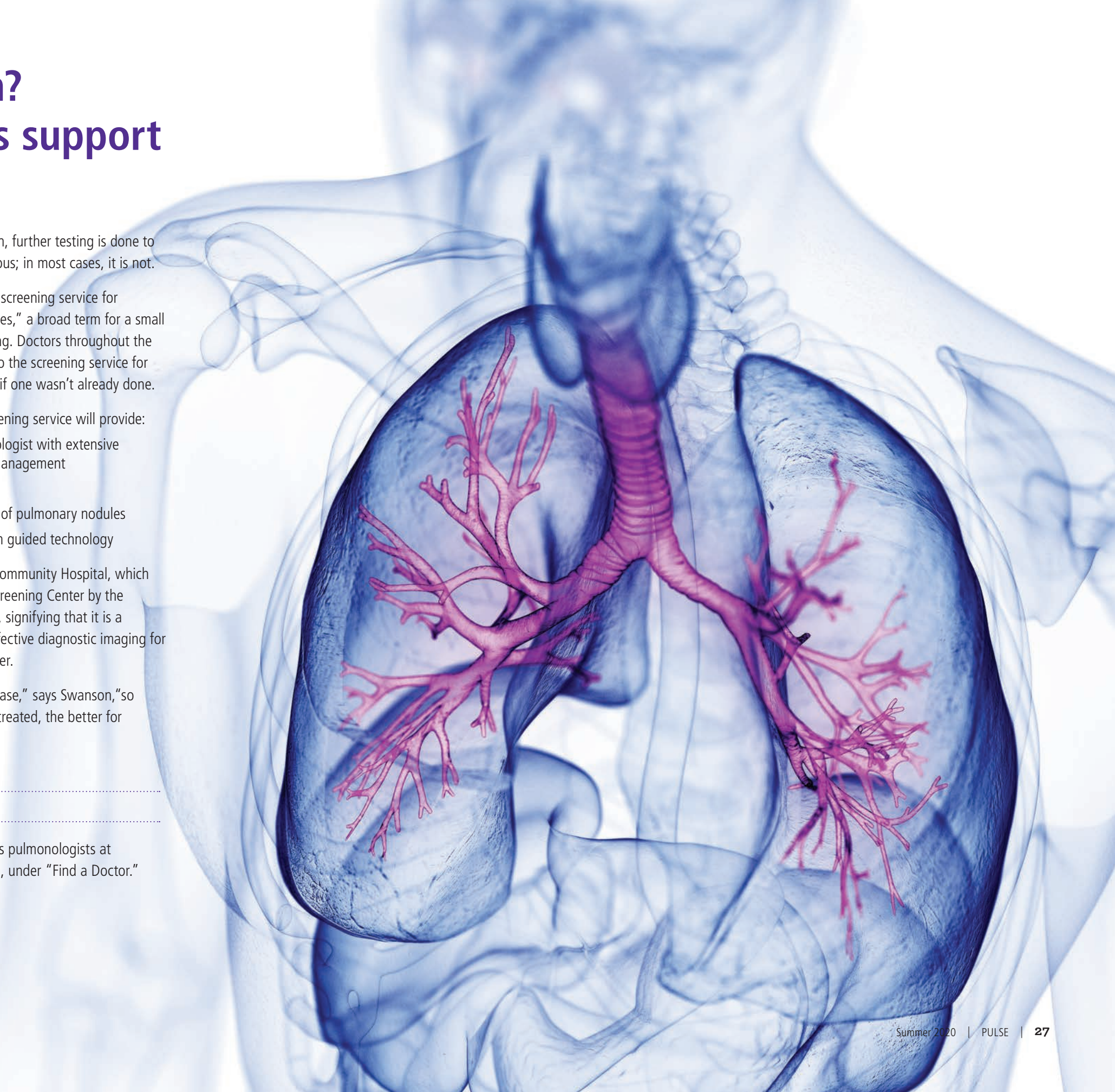
The CT scans can be done at Community Hospital, which is designated a Lung Cancer Screening Center by the American College of Radiology, signifying that it is a top-quality provider of safe, effective diagnostic imaging for those at high risk for lung cancer.

"Lung cancer is a complex disease," says Swanson, "so the earlier it is discovered and treated, the better for the patient."

Learn more:

[CHOMP.ORG/LUNG](https://chomp.org/lung)

Meet Montage Medical Group's pulmonologists at **montagemedicalgroup.org**, under "Find a Doctor."





When Community Hospital was created, the vision was for a hospital that didn't look or feel like a hospital; it was to be a place that provided exceptional care in a beautiful, healing environment. We approached MoGo in a similar way, envisioning a different kind of urgent care than people may have experienced in the past.

— Cynthia Peck, Montage Health vice president and MoGo Urgent Care president/chief executive officer

Montage Health creates MoGo — A new kind of urgent care

Montage Health is turning urgent care as you know it on its head. MoGo Urgent Care is an entirely new approach to delivering on-demand care, completely redesigned around the patient experience. At urgent care centers in Monterey and Marina and, later this year, in Carmel, MoGo:

- Offers more services — clinicians, medications, lab work, and X-rays — all under one roof, to save you time
- Has a “clinical concierge” to greet you, walk you to an exam suite, and oversee your entire visit
- Offers online reservations and walk-in service, whichever is most convenient for you
- Is open extended hours — 8 a.m. to 8 p.m., 365 days a year
- Provides the exceptional level of care you have come to expect from Community Hospital of the Monterey Peninsula and the rest of Montage Health

“When Community Hospital was created, the vision was for a hospital that didn't look or feel like a hospital; it was to be a place that provided exceptional care in a beautiful, healing environment,” says Cynthia Peck, Montage Health vice president and MoGo president/chief executive officer. “We approached MoGo in a similar way, envisioning a different kind of urgent care than people may have experienced in the past.”

MoGo was created with the patient in mind. You experience a warm, welcoming, safe, and clean environment and can expect to complete most simple visits in about 30 minutes.

You can quickly book a reservation through the website, MoGoUrgentCare.org. Or you can just walk in. When you do, you are greeted right away by a clinical concierge who oversees your entire visit, walking you directly to an exam suite where registration occurs and vital signs are taken. A nurse practitioner sees you and discusses a diagnosis and treatment plan. X-rays, many commonly prescribed medications, lab work, and medical supplies such as crutches and splints are provided on-site and included in the flat-fee pricing.

(Continued on page 30)

“That means, in many cases, you don’t also have to go to a drugstore to get a prescription filled, or to an imaging center or a medical supply store — stretching your ‘urgent’ visit into a half-day ordeal, all while you are sick or pressed for time,” says Chris Stegge, chief operating officer of MoGo. “We want to make urgent care as painless as possible and streamline the entire experience without losing the human touch.”

For those who don’t have or aren’t using insurance, there is a flat fee of \$250, which covers the visit and any related lab work, medications, X-rays, and medical supplies that can be provided onsite.

The centers treat many minor injuries and illnesses, including colds, flu, earaches, fevers, respiratory infections, minor fractures, sprains or breaks, rashes or poison ivy, scrapes or minor cuts, and urinary tract infections. (See accompanying graphic for a more complete list.) They do not currently provide COVID-19 tests. MoGo has added measures to protect patients and staff, including screening and mandatory masks. MoGo also offers sports and school physicals, and will work with local employers to provide occupational medicine, including physicals, initial injury care, and drug testing.

MoGo uses the Epic system for patient records, the same secure system used at Community Hospital and Montage Medical Group. This gives care providers a fuller picture of their patients wherever they may go within the Montage Health system or the many healthcare providers nationally using Epic. Personal health information, including lab and X-ray results associated with a MoGo visit, are available to patients through MyChart, Epic’s patient portal.

For patients who need a primary care provider for regular care, including long-term prescriptions, extensive testing, or chronic disease management, or a specialist for further studies (such as MRI scans) or treatment beyond the urgent care visit, MoGo will arrange referrals to local providers.

“With MoGo,” says Stegge, “we want to provide care that is accessible and exceptional, on your schedule, from the people you know at Montage Health.”

Meet MoGo at:

MOGOURGENTCARE.ORG

NOW SERVING YOU...



Monterey
2020 Del Monte Avenue, Suite B, Monterey



Marina
2930 2nd Avenue, Suite 120, Marina

OPENING LATE 2020



Carmel
26135 Carmel Rancho Blvd., Suite B-1, Carmel

MOST COMMONLY TREATED ISSUES



ALLERGIES



COLD OR FLU SYMPTOMS



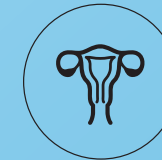
EARACHES



FEVERS



FLU VACCINATIONS



GYNECOLOGIC SERVICES



HEADACHES



LACERATIONS



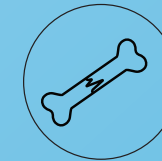
MINOR ALLERGIC REACTIONS



MINOR BURNS AND BRUISES



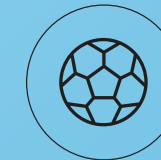
MINOR DIARRHEA AND OTHER UPSET STOMACH ISSUES



MINOR FRACTURES



RASHES INCLUDING POISON OAK



SCHOOL AND SPORTS PHYSICALS



SCRAPES OR MINOR CUTS



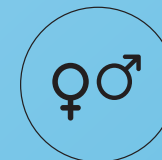
SKIN COMPLAINTS



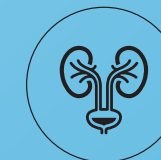
SORE THROATS



SPRAINS



TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS



URINARY TRACT INFECTIONS

Planning ahead for yourself and your loved ones

When John arrived at the Emergency department at Community Hospital of the Monterey Peninsula, suffering from advanced lung disease, his inability to breathe had become so critical that the only way he could get enough oxygen was to intubate him — insert a breathing tube in his throat and put him on a ventilator.

Ideally, the team caring for him would get his permission first. But John, at 85, had dementia and couldn't understand the question; and he had no one with him who could speak for him. Anticipating that a day like this might eventually come, John had planned ahead. Eleven years earlier, he had prepared an advance directive for healthcare, and there were copies at both the nursing home where he lived and at Community Hospital. His instructions were perfectly clear: "I do not want my last days spent with a tube down my throat or a feeding tube."

"The patient's wishes were honored," says pharmacist Dharma Naidu, a member of the Palliative Care team at Community Hospital. "Care was prescribed in the most appropriate manner," Naidu says, focused on making John comfortable until he passed away.

Naidu recalled a case that followed a different path, when no advance directive could be found and the patient's children disagreed on how their mother would want to be treated after a debilitating stroke.

"Do everything possible," one son said.

"She did not want to be a burden and said that life wasn't worth living if she couldn't do the things she loved," said the daughter.

After more than two weeks and numerous medical interventions, their mother died. The siblings were left with their grief, and their uncertainty about decisions they had made.

Having an advance directive doesn't make losing a loved one easy, but it can make it easier by taking guesswork out of decision-making at a critical and emotional time, says Joy Smith, RN, who leads workshops for Community Hospital on preparing advance directives.

"Advance healthcare planning is a gift to yourself and to those who care about you," Smith says.

Community Hospital offers free two-hour workshops online to:

- Select the best document to record their wishes
- Update advance planning documents they already have
- Receive expert coaching to clarify wishes
- Submit the completed documents into their Community Hospital medical record

For a schedule of upcoming classes, go to:

[CHOMP.ORG/PLANNING](https://chomp.org/planning)

You can also find forms online at prepareforyourcare.org.

Advance healthcare planning is a gift to yourself and to those who care about you.

— Joy Smith, RN

ADVANCE PLANNING FAQs

What is advance care planning?

- The process of thinking about and planning for your wishes for care should you have a serious illness
- The selection of a medical decision-maker(s) who will make decisions about your care if you are unable to do so yourself
- A lifelong process that changes as you age and experience changes in your health

What is an advance healthcare directive?

- A specific document that legally appoints a medical decision-maker(s) for you
- A document that describes your wishes for care if you are seriously ill
- A legal document that is part of your medical record
- A document that is updated as you age and experience changes in health

Who needs copies of your advance healthcare directive?

- Your medical decision-maker(s)
- Your primary care doctor and specialists
- Community Hospital of the Monterey Peninsula, or any hospital where you receive care



Susan D. Swick, MD
Ohana Physician in Chief
Center for Child and Adolescent
Behavioral Health



Tips for dealing with kids during a pandemic — or any time

During the first days of the COVID-19 pandemic, we turned to Dr. Susan D. Swick for help navigating a challenging time with children and teens. Swick, the physician in chief of Ohana, our Center for Child and Adolescent Behavioral Health, sat down for a series of short videos on some big topics.

While the videos were prompted by the pandemic, the guidance and tips Swick provides are timeless. The videos are 5–6 minutes long and can be viewed at montagehealthohana.org/videos.

HERE ARE PREVIEWS:

Talking with children about coronavirus (or anything scary) without scaring them

When faced with something scary, we all have questions and uncertainty. Swick identifies steps that take you through learning what your kids are thinking and maybe worrying about, exploring their concerns with them factually, and ways of providing reassurance.

Helping children manage strong emotions

Many situations, not just a pandemic, can evoke strong emotions in kids. Before helping your kids try to manage theirs, be sure to take care of your own emotions first. Do something to recharge your battery before you go on the frontlines with your kids. Swick elaborates on three steps: staying calm, naming and normalizing the issue, and then focusing on what's in their control.

Managing tech time

The rules are looser during a pandemic, when we're sheltering at home, away from friends, school, and normal activities. But, in general, the approach to managing tech time is the same: Think about what categories your kids are spending screen time on, and how much time is appropriate. Swick breaks it down into five categories — school, other kinds of learning, social time, exercise, and meaningless fun — and offers examples of each and guidance on how to determine what's appropriate.

For the latest on Ohana news and updates, go to:

MONTAGEHEALTH.ORG/OHANA

Physician Scholars and Clinical Volunteers chosen in grant program from Montage Health Foundation

Montage Health Foundation has named its second group of Physician Scholars and Clinical Volunteers in a program launched in 2019 to recognize outstanding Monterey County doctors and provide grants in support of their pursuit of professional excellence and volunteer work.

Selected as physician scholars in spring 2020 were: **Dr. Alexander Dubelman**, **Dr. Jason Emejuru**, and **Dr. Michael Stuntz**. **Dr. Richard Alexander** was awarded a Clinical Volunteer grant for the second time.

"These physicians represent what is best about our local doctors, who as a medical staff are committed to staying on the forefront of medical knowledge and to serving people at home and around the world," says Dr. Dan Hightower, chair of the selection committee.

The Physician Scholars and Clinical Volunteers program was established by Montage Health Foundation as part of Montage Health's efforts to engage, recruit, and retain the finest doctors for our community. Awards are made twice a year and the program is open to all independent, private practice, Montage Medical Group, or hospital-based physicians in Monterey County. Honorees were selected by the foundation's grants subcommittee, led by Hightower and including Dr. Jill Airola, Dr. Lauren Farac, Dr. Michael Fritsch, Dr. Guru Khalsa, Dr. Zach Koontz, Dr. Craig Stauffer, and Margi Wiest, a member of the Montage Health Foundation Board.

"We're extremely pleased to provide grants supporting the work of these amazing doctors, who are committed to constantly learning and growing and to using their expertise to serve people in need," says Kevin Causey, vice president and chief development officer of Montage Health Foundation.

Our community is fortunate to have so many doctors doing such meaningful work at home and around the world. We're pleased Montage Health Foundation is able to provide some support to recognize the vital work they are doing, in so many ways. The work of these doctors has impacts within our community and far beyond.

— Dr. Steven Packer, President/CEO, Montage Health

Following is information about the honorees and their work.



PHYSICIAN SCHOLARS

Dr. Alexander Dubelman, a cardiac anesthesiologist, was awarded a grant for a week-long fellowship in cardiac imaging at Cedars-Sinai Medical Center in Los Angeles. The training focuses on imaging done during procedures in cardiac catheterization labs and in operating rooms.

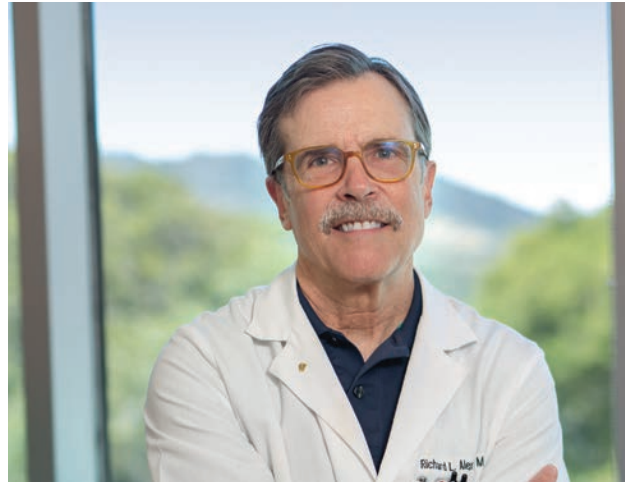
(Continued on page 36)



Dr. Jason Emejuru, a pediatric psychiatrist with Community Hospital's Ohana program, was awarded a grant for training in the use of an assessment tool that is considered the gold standard in diagnosing autism spectrum disorders. Families in Monterey County now wait up to a year to see one of the few local doctors certified to use the tool. Early diagnosis of autism can lead to treatments to improve language, cognitive, and adaptive skills.



Dr. Michael Stuntz, a general surgeon, was awarded a grant for a research project to explore the impacts that breast cancer and its treatment have on women's mental and physical health. The study will focus on interpersonal relationships and issues related to areas including self-esteem and sexuality. Stuntz, who frequently does breast cancer surgeries, will work with oncologists to develop and conduct the project.



CLINICAL VOLUNTEER

Dr. Richard Alexander, an obstetrician/gynecologist, was awarded a grant for his volunteer work with Westmont Bethel Hospital in Guatemala. For about two decades, Alexander has volunteered at and raised money for Westmont, a nonprofit hospital that cares for underserved residents in the poorest section of the city. This was Alexander's second Montage Health Foundation volunteer grant.

PREVIOUS HONOREES

The first Physician Scholar and Clinical Volunteers were selected in late 2019. Details on those honorees and their grants follows.

Physician Scholars

Dr. Anders Dahlstrom, a specialist in pediatric gastroenterology, received a grant to attend the 4th World Congress of Digestive Diseases in China, to deliver a keynote speech on a research project. Dahlstrom's speech focused on research into using treatments other than antibiotics for gastrointestinal disorders and autoimmune conditions, including inflammatory bowel disease, food allergies, and celiac disease. In 2020, he was awarded a second grant to complete two scientific papers.



Physician scholars selected in 2019 from left: Dr. Anders Dahlstrom, Dr. Arina Golubeva-Ganeles, Dr. Jill Tiongco, Dr. Peter Gerbino, and Dr. Douglas Sunde

Dr. Arina Golubeva-Ganeles, an oncologist, was awarded a grant for a course in clinical cancer genetics through the City of Hope, a specialist in cancer research. Ganeles is participating in the course through distance learning so she may maintain her practice in Monterey. In 2020, she was awarded a second grant to continue training.

Dr. Peter Gerbino, an orthopedic surgeon, was awarded a grant to attend a Stanford University Business School program, The Innovative Health Care Leader: From Design Thinking to Personal Leadership. Gerbino has served in numerous leadership roles at Community Hospital, including chief of surgery and chief of orthopedics.

Dr. Jill Tiongco, a primary care doctor with Montage Medical Group and chief medical informatics officer for Montage Health, was awarded a grant to attend the Advanced Management Program at the Wharton School of the University of Pennsylvania. The program immerses participants in coursework, coaching, and experiential learning to develop visionary leadership capabilities.

Dr. Douglas Sunde, a plastic surgeon, was awarded a grant to provide training in plastic surgery, particularly hand surgery, to Stanford University Medical School residents and fellows. Sunde does the training at the Palo Alto Veterans Administration Hospital, operating on veterans during day-long teaching sessions 10 times each year.

In addition to Dr. Richard Alexander, recipients of Clinical Volunteer grants in late 2019 were:

Dr. David Awerbuck, an ear, nose, and throat specialist, was awarded a grant to provide equipment and training to perform endoscopic sinus surgeries at the Children's Surgical Centre in Phnom Penh, Cambodia.

Dr. Robert Collins, an Emergency department doctor at Community Hospital, was awarded a grant to support volunteer service with Community Health Partnership Honduras, serving as part of a team that sees 150-200 patients a day from rural areas.

Dr. Chris Hansen, a pathologist and medical director of Community Hospital's laboratory, was awarded a grant for volunteer work in Rwanda, where he provides training and supplies to diagnose disease.

Dr. David Morwood, a plastic surgeon, was awarded a grant for his volunteer work providing free plastic surgery in developing countries for children with cleft lip and palate deformities, burned hands, and other issues.

"Our community is fortunate to have so many doctors doing such meaningful work at home and around the world," says Steven Packer, MD, president/CEO of Montage Health. "We're pleased Montage Health Foundation is able to provide some support to recognize the vital work they are doing, in so many ways. The work of these doctors has impacts within our community and far beyond."

Gifts from our community

Philanthropic contributions are crucial to our health.

They help pay for patients who can't pay for their own care, for new technology to diagnose diseases earlier and treat them more effectively, and for state-of-the-art facilities, designed specifically to promote healing. On the following pages, you'll see the names of those who generously contributed to Montage Health Foundation in 2019. Who gives? Patients pleased with their care. Neighbors who want to invest in the community's well-being. Staff members who believe in Montage Health's mission. **Thank you to our donors.**

Legacy Society of Montage Health Foundation

A legacy gift is the ideal opportunity to ensure that your philanthropy has meaning and impact into the future. We are grateful to these donors who are using planned giving, such as a bequest in a will, a charitable gift annuity, or endowed fund, to build legacies that are important to them and Montage Health.

If you have included Montage Health Foundation in your estate plan and are not listed here, please let us know so that we may thank you and ensure that your legacy has the impact you desire. Please call us at (831) 658-3630.

A

Judy Askew

B

Gloria and John Baldwin, MD

Kathy and Gary Bang

Leona Barnett

Betty Bass

Judith and Robert Berglass

Terri and John Brazinsky, MD

Maureen and Jim Brill

Charles Bruner

C

Bill Camille and Mary Stocker

Kevin Carwright and Steve Eimer

Soon-Hui and Robert Cho

D

Martha and Robert Danziger

Virginia Davis

Judith E. Derrick

Rose Diaz

Margaret Donat

Nancy and Bill Doolittle

June Duran Stock

E

Lyn and Kent Evans

F

Marguerite McSween Fearn

Robert Feller

Anne Fitzpatrick

G

Mary and Steven Gann

Gail Griggs

H

Doris Hart

Esther Haskins

Lori and Daniel Hightower, MD

Paul Hoffman

Kip and Jay Hudson

Barbara and William Hyland

J

Gerda J. and John Paul Johnson

Sue and Mark H. Johnson

K

Martha and Rick Kennifer

Phyllis Krause

Marilyn and Harold Kren

L

Edith Leach

Tia Gindick and Ritch Lewis

Duncan and William Lewis, MD

Ralph Love, Jr and Gail Sheridan

M

Ann and John Mahoney

Patricia McGee Maino

Sally and A. Robert McCully

Leslie Mulford

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