

Medical Staff **NEWSLETTER**

Network **News**

OFFICIAL NETWORK COMMUNICATION

Seton Leadership Changes Effective Jan. 1, 2012

In December, the Seton Board of Trustees announced that Charles J. Barnett is taking a leave of absence from his role as chief executive officer of the Seton Healthcare Family as of Jan. 1, 2012. Executive Vice President and Chief Operating Officer Jesus Garza has been named interim CEO.

Jesus continues to serve as president of Seton Healthcare Family and maintains direct responsibility for the departments of Finance, Human Resources, Administrative Services, the Seton Fund and Mission Integration. Also reporting to Jesus are Chief Medical Officer Jim Lindsey, MD; Chief Nursing Officer Joyce Batcheller, DNP; Corporate Responsibility Officer Trennis Jones; and General Counsel Teresa Burroff.

Charles made this request to concentrate more fully on his increased responsibilities within Ascension Health in St. Louis. He retains a leadership role with Seton, first by becoming a member of the Board of Trustees immediately, and then as chair of the board in July 2012 when Sister Helen Brewer steps down at the end of her second term as chair.

As a result of these changes, other leaders within the Seton Family have taken on new or additional responsibilities to ensure Seton's continued success and loyalty to its mission.

Tom Gallagher serves as executive vice president and chief operating officer for the Seton Healthcare Family. In addition to responsibility for development of the annual budget and capital expenditures, Tom oversees Planning, Analytics, Facilities and Transfer Services. Tom continues as president and CEO for the Joint Ventures and Alliances operating division.

Bob Bonar serves as president and CEO of the Seton Family of Hospitals division and continues to serve as the CEO of Dell Children's Medical Center. Bob remains responsible for the network's pediatric and maternal/fetal strategies. Due to Bob's increased network responsibilities, Dell Children's Chief Operating Officer Sr. Teresa George has begun serving as the president.

Mark Hazelwood serves as president and CEO of the Clinical Enterprise, with responsibility for leading the key strategic program areas such as neurosciences, cardiology, oncology, primary care and plastic surgery. To allow Mark to focus on these strategic clinical programs and our evolving ambulatory services strategy, Michelle Robertson, who has been serving as the chief operating officer of Seton Medical Center Williamson, has assumed Mark's previous role as the president and CEO of the North Group, which includes Seton Williamson, Seton Northwest Hospital and Seton Highland Lakes.

These changes became effective Jan. 1, 2012.

Reinventing the Delivery of Care

The Seton Healthcare Family has taken a major step toward developing a new and less fragmented model for delivering health care in Central Texas by partnering with Austin Regional Clinic (ARC) to create Seton Health Alliance, an Accountable Care Organization (ACO).

"An Accountable Care Organization is a relatively new term that describes a system where health care providers – including primary care physicians, specialists, and hospitals – work together and accept collective responsibility for the cost and quality of care delivered to a population of patients, said Chris Hartle, president/CEO of Seton Insurance Services division.

The Alliance is one of 32 integrated health networks nationwide selected by the Centers for Medicare and Medicaid Services (CMS) to participate in the federal government's Pioneer ACO program (<http://innovations.cms.gov/initiatives/aco/pioneer>).

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Reinventing the Delivery of Care (Continued from page 1)

“Creation of the Seton Health Alliance is part of our plan to provide patients and payers with better value – efficient, appropriate and quality health care,” said Jesus Garza, who became president and interim CEO of the Seton Healthcare Family on Jan. 1.

Person-centered

The Alliance will coordinate physician visits, hospital stays and services such as physical therapy, imaging and laboratory. The ACO and its physicians aim to take a more proactive approach through enhanced patient education, care reminders and support for patients transitioning home from the hospital. Patients will have a choice of physicians and will not be limited to a specific provider network.

“The Alliance’s ACO model will aim to offer convenience and high levels of service consistent with Austin Regional Clinic’s core approach to providing care,” said Norman Chenven, MD, ARC CEO and founder. “We want our patients to be active participants in their own treatment plans, guided by doctors and staff who listen and honor patient choices.”

Initially, the Alliance will serve current Medicare patients of ARC and Seton’s Community Health Centers – Topfer, Kozmetsky and McCarthy – but the network will be open to community physicians and other providers, and plans to expand its collaborators and programs over the next several years.

How many patients will the Seton Health Alliance serve?

“In its first year, the Alliance will serve about 11,000 Medicare patients,” said Jeff Cook, Seton vice president of Managed Care in Insurance Services. “In coming years we hope to expand the program to Medicaid, CHIP and eventually managed care patients.”

What does Seton get from CMS?

“In the future, if we meet our 33 quality targets, we will share in cost savings produced,” Chris said.

Does this project cost Seton anything?

“Seton is making a substantial investment in the Seton Health Alliance, because it will teach us a lot about how to operate as health care is reformed,” Chris said.

Seton Health Alliance’s service area includes an 11-county region in Central Texas, with 13 hospitals in seven cities including Austin, Round Rock, Kyle, Luling, Burnet and Smithville. It includes 21 primary and specialty care outpatient clinics in six cities, including Austin, Round Rock, Cedar Park, Hutto, Pflugerville and Kyle.

Catholic Physician Search Now Collecting Names!



CATHOLIC MEDICAL ASSOCIATION

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

In January 2012, the Catholic Medical Association will roll out Catholic Physician Search. This new tool will allow users to browse for CMA member physicians by specialty in a given state as well as to search for CMA physicians in proximity to a given zip code. It will provide users with business contact information including physician office addresses and telephone numbers.

Because this is a new service, and a new option for CMA physicians, members who would like to participate will have to agree to be listed. CMA will provide a consent form to record this agreement and will ask all members being listed to take seriously their duty to represent the Catholic faith and the CMA with integrity, and to keep the Promise of the Catholic Physician.

While collecting information, CMA would also like to double check and update its members’ essential contact and specialty information. In addition, members will be asked to check and update other information provided to CMA, some of which has been added since you became a member. Having this information on hand will help CMA better serve its members.

For this search tool to work, it is essential that all CMA member physicians participate and recruit new members. Please watch your mail for additional information and forms to complete.

Are You a Catholic Physician?

Join your peers – become a member of your local Catholic Physicians Guild.

For more information, visit catholicphysiciansguildofcentraltexas.org.



Catholic Physicians Guild
of Central Texas

Healing Without Harm HRO Training Continues in January

The following physicians *are required* to complete a course in “High Reliability Organization Training for Medical Staff” by **June 30, 2012**:

- Residents,
- Employed physicians,
- Physicians who have performed at least 20 procedures in

the past year **OR** physicians who have had at least 100 patient contacts in the past year.

If you meet this criterion and have not completed a course, please refer to the following schedule for a list of upcoming training classes.

HRO Training Schedule

Seton Medical Center Austin		Dell Children’s Medical Center	
Board Room	Admin Conference Room	Signe Auditorium (back half)	Board Room
Jan. 6, 7-8 a.m.	Jan. 25, 7-8 a.m.	Jan. 17, 5 p.m.	Feb. 14, 12 p.m.
Jan. 7, 6-7 p.m.	Jan. 30, 7-8 a.m.	Jan. 31, 5 p.m.	Feb. 28, 5 p.m.
Jan. 10, 6-7 p.m.			March 13, 5 p.m.
Jan. 13, 7-8 a.m.			March 27, 5 p.m.
Jan. 20, 7-8 a.m.			
Jan. 25, 6-7 p.m.			
Jan. 27, 7-8 a.m.			
Jan. 30, 6-7 p.m.			
A light breakfast or dinner will be served. Please RSVP for catering purposes: Barbara Fife, bfife@seton.org , (512) 324-1978.			

For information about **additional HRO training dates, locations and CME, please contact the quality/safety director responsible for your primary facility:

Site	Contact Information
Dell Children’s Medical Center	Dana Danaher, (512) 324-0181, ddanaher@seton.org
Seton Edgar B. Davis Hospital	Dahlia Flores, (830) 875-7047, dyflores@seton.org
Seton Highland Lakes Hospital	Scott Wood, (512) 715-3061, srwood@seton.org
Seton Medical Center Austin	Barbara Fife, (512) 324-1978, bfife@seton.org
Seton Medical Center Hays	Theresa Mackie, (512) 504-5067, tmackie@seton.org
Seton Medical Center Williamson	Josie Day, (512) 324-4050, jday@seton.org
Seton Northwest Hospital	Carlos Rodriguez, (512) 324-6173, lcrodriguez@seton.org
Seton Shoal Creek Hospital	Kelly Rott, (512) 324-2052, kjrott@seton.org
Seton Southwest Hospital	Swapna Sah, (512) 324-9000, x89085, ssah@seton.org
University Medical Center Brackenridge	Janet Smith, (512) 324-7995, jsmith@seton.org

Continuing Medical Education Calendar

Go to Doctor Link, doctors.seton.net, for a one-stop listing of the programs offered by the Seton Healthcare Family that are designated for **AMA PRA Category 1 Credit(s)™**.

For more information, contact Paige Horton at (512) 324-9999, ext. 88254.

PHARMACY NEWS

New Hemoglobin Targets with Erythropoiesis-Stimulating Agents

By Megan E. Anderson, PharmD, PGY2 Internal Medicine Pharmacy Resident, and Stephanie D. Garrett, PharmD, BCPS

Erythropoiesis-stimulating agents (ESAs), including epoetin alfa (Procrit, Epogen) and darbepoetin alfa (Aranesp), have been available for use for more than 20 years. ESAs are commonly used to treat anemia due to chemotherapy and chronic kidney disease (CKD). Similar to endogenous erythropoietin, the ESAs accelerate erythropoiesis leading to an increase in hemoglobin and hematocrit.

In February 2010, the Food and Drug Administration (FDA) approved Risk Evaluation and Mitigation Strategy (REMS) requirements for ESAs, after studies demonstrated increased risk of tumor progression and decreased survival in patients with cancer. In some of the studies, an increased incidence of thromboembolic events occurred in patients treated with ESAs. One of the cancer studies was terminated early after the four-month interim analysis demonstrated increased mortality

and higher rates of fatal thrombotic events (1.1 percent vs. 0.2 percent) in women receiving epoetin alfa. As a result of these studies, revised hemoglobin targets for oncology patients receiving ESAs were recommended. These changes included initiating ESAs only if the patient's hemoglobin is < 10 g/dL and a minimum of two months of chemotherapy is planned.^{1,2}

After several years of discussion at FDA Advisory Committee meetings, a Drug Safety Communication was issued in June 2011. The FDA recommended "more conservative dosing" of ESAs to reduce the risk of cardiovascular events including stroke, heart attack, heart failure, blood clots and death, associated with ESA use in the CKD population. The decision to address more conservative dosing was based on trials demonstrating cardiovascular risk as early as the 1990s (Table 1).³

Table 1.

Comparison of higher vs. lower hemoglobin targets and cardiovascular outcomes for CKD patients who received ESAs.³⁻⁶

	Normal Hematocrit Study (NHS) ⁴ (N=1233)	Correction of Hemoglobin and Outcomes in Renal Insufficiency trial (CHOIR) ⁵ (N=1432)	Trial to Reduce Cardiovascular Events with Aranesp Therapy (TREAT) ⁶ (n=4038)
Time Period of Trial	1993 to 1996	2003 to 2006	2004 to 2009
Population	CKD patients <i>on HD</i> with co-existing CHF or CAD, Hct 30±3% on epoetin alfa	CKD patients <i>not on dialysis</i> with Hgb < 11 g/dL not previously administered epoetin alfa	CKD patients <i>not on dialysis</i> with type 2 diabetes, Hgb < 11 g/dL
Hemoglobin Target Higher vs. Lower (g/dL)	14.0 vs. 10.0	13.5 vs. 11.3	13.0 vs. ≥ 9
Median Achieved Hemoglobin Level (g/dL) (minimum, maximum)	12.6 (11.6, 13.3) vs. 10.3 (10.0, 10.7)	13.0 (12.2, 13.4) vs. 11.4 (11.1, 11.6)	12.5 (12.0, 12.8) vs. 10.6 (9.9, 11.3)
Primary Endpoint	All-cause mortality or non-fatal MI	All-cause mortality, MI, hospitalization for CHF or stroke	All-cause mortality, MI, myocardial ischemia, heart failure and stroke
Hazard Ratio or Relative Risk (95% CI)	1.28 (1.06-1.56)	1.34 (1.03-1.74)	1.05 (0.94-1.17)
Adverse Outcome for Higher Target Group	All-cause mortality	All-cause mortality	Stroke
Hazard Ratio or Relative Risk (95% CI)	1.27 (1.04-1.54)	1.48 (0.97-2.27)	1.92 (1.38-2.68)
Conclusion	Target Hgb of 14.0 g/dL was associated with increased risk of all-cause mortality and non-fatal MI, when compared to lower Hgb target of 10.0 g/dL.	Target Hgb of 13.5 g/dL was associated with increased risk of composite endpoint (mortality, MI, CHF and stroke) and no improvement in quality of life (secondary endpoint).	Target Hgb of 13.0 g/dL was associated with increased risk of cardiovascular composite endpoints and death from any cause. Event rates for stroke were significantly greater in the higher hemoglobin group.

Table adapted from FDA Drug Safety and Availability website. Available at www.fda.gov/Drugs/DrugSafety.

PHARMACY NEWS (continued)

The National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) Guidelines for Anemia in Chronic Kidney Disease currently recommend a hemoglobin target of 11-12 g/dL for CKD patients (dialysis and non-dialysis) receiving ESA therapy.^{7,8} The NKF KDOQI Guidelines *have not* been updated since the FDA released its recommendations for more conservative dosing of ESAs. When prescribing ESA therapy for a patient with CKD, the goal should be to use the lowest effective dose to prevent the need for red blood cell transfusions.

The Seton Healthcare Family's Policy/Procedure, "Optimizing the Dose of Epoetin Alfa Guidelines," allows for automatic substitution of epoetin alfa 10,000 units three times a week when epoetin alfa is ordered at a dose 30,000 units in adult patients. The policy also lists several uses for ESAs that have been associated with increased risk or are of questionable benefit. Additionally, it has been the responsibility of the pharmacist to ensure that cancer patients receiving chemotherapy have a hemoglobin < 10 g/dL prior to initiation of an ESA.⁹ The policy will be updated to reflect these label changes in the near future (Table 2).

Table 2.
Changes to ESA labeling for CKD patients following FDA safety announcement in June 2011.^{3,10,11}

<p>The ESA label previously warned:</p> <ul style="list-style-type: none"> • Patients experienced greater risks for death, serious cardiovascular events and stroke when administered ESAs to target hemoglobin levels of ≥ 13 g/dL. 	<p>The ESA label now warns:</p> <ul style="list-style-type: none"> • In controlled trials with CKD patients, patients experienced greater risk for death, serious cardiovascular reactions and stroke when administered ESAs to target a hemoglobin level > 11 g/dL. • No trial has identified a hemoglobin target level, ESA dose or dosing strategy that does not increase these risks.
<p>The ESA label previously recommended:</p> <ul style="list-style-type: none"> • ESAs should be dosed to achieve and maintain hemoglobin levels within the target range of 10 to 12 g/dL in CKD patients. 	<p>The ESA label now recommends:</p> <ul style="list-style-type: none"> • In patients with CKD, consider starting ESA treatment when hemoglobin level is < 10 g/dL. • This advice does not define how far below 10 g/dL is appropriate for initiation. This advice also does not recommend that the goal is to achieve hemoglobin of 10 g/dL or a hemoglobin > 10 g/dL. • Dose should be individualized and the lowest dose of ESA sufficient to reduce the need for red blood cell transfusions should be used.

1 ESA APPRISE Oncology Program. Available online: www.esa-appraise.com. Accessed: Oct. 8, 2011.

2 U.S. Food and Drug Administration. FDA Drug Safety Communication: Erythropoiesis-Stimulating Agents (ESAs): Procrit, Epogen, and Aranesp. Available online: www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm200297.htm. Accessed: Oct. 8, 2011.

3 U.S. Food and Drug Administration. FDA Drug Safety Communication: Modified Dosing Recommendations to Improve the Safe Use of Erythropoiesis-Stimulating Agents (ESAs) in Chronic Kidney Disease. Available online: www.fda.gov/Drugs/DrugSafety/ucm259639.htm. Accessed: Oct. 8, 2011.

4 Besarab A, Bolton WK, Browne JK, et al. The Effects of Normal as Compared with Low Hemoglobin Values in Patients with Cardiac Diseases Who are Receiving Hemodialysis and Epoetin. *N Engl J Med* 1998;339:584-590.

5 Singh AK, Szczech L, Tang KL, et al. Correction of Anemia with Epoetin Alfa in Chronic Kidney Disease. *N Engl J Med* 2006; 355:2082-2098.

6 Solomon SD, Uno H, Lewis EF, et al. Erythropoietic Response and Outcomes in Kidney Disease and Type 2 Diabetes. *N Engl J Med* 2010;363:1146-1155.

7 KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for Anemia in Chronic Kidney Disease. *Am J Kidney Dis* 2006; 47:S1-S145.

8 KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for Anemia in Chronic Kidney Disease: 2007 Update of Hemoglobin Target. *Am J Kidney Dis* 2007; 50:471-530.

9 Seton Healthcare Family Patient Care Policy/Procedure. Optimizing the Dose of Epoetin Alfa Guidelines. Revised 2010 Feb. Available online: <http://pharmacy.seton.org/documents/Q-006%20Optimizing%20the%20Dose%20of%20Epoetin%20alfa%203.17.10.pdf>. Accessed: Oct. 8, 2011.

10 Procrit® (epoetin alfa) package insert. Thousand Oaks, CA: Amgen, Inc.; 2010 Feb.

11 Procrit® (epoetin alfa) package insert. Thousand Oaks, CA: Amgen, Inc., 2011 June.

Welcome New Physicians

The following physicians joined the Seton Healthcare Family medical staff through November 2011:

Fernando S. Angeles, MD
General Surgery
Solo Practitioner

Lefayne A. Hodde, MD
Emergency Medicine
Emergency Service Partners

Jennifer M. Schwieger, MD
Emergency Medicine
Emergency Service Partners

Marc E. Wenzel, MD
Endocrinology
Seton Family of Doctors

Ronald Devere, MD
Neurology
Seton Brain & Spine Institute

Craig A. Hurwitz, MD
Palliative Medicine
Specially For Children

Timothy D. Sheehan III, MD
Psychiatry
Solo Practitioner

Theresa C. Willis, MD
Pediatrics
Hill Country Pediatrics, PA

Michael R. Garrett, MD
Emergency Medicine
Emergency Service Partners

Vishal B. Malpani, MD
Family Practice
Wellmed Medical Group, PA

Laura M. Speck, MD
Dermatology
Westlake Dermatology

Lee M. Woodward, MD
Ophthalmology
Pediatric Surgical Subspecialists

Jeffrey B. Gregerson, DMD
Rising Star Pediatric Dentistry

Saba Mansoor, MD
Pediatric Hospitalist
Pediatric Consultation and
Referral Service

Jennifer L. Walden, MD
Plastic Surgery
Hall Plastic Surgery &
Rejuvenation Center

Jeffrey Youngkin, MD
Obstetrics/Gynecology
Solo Practitioner

Samantha E. Hill, MD
Dermatology
Specially For Children

Cynthia P. Mathai, DO
Pediatrics
Austin Regional Clinic, PA

Newsroom

November/December media coverage features Seton physicians:

Dr. Brian Aldred: holiday illnesses, *Williamson County Sun*; holiday-related heart problems, Fox 7

Dr. Carlos Brown: UMCB high-tech scanner, KXAN, YNN

Dr. Pat Crocker: arsenic in juice, *Austin American-Statesman*, KEYE, KLBJ 590am

Dr. Caron Farrell: easing Santa anxiety, *Austin American-Statesman*

Dr. Boone Goodgame: Hemochromatosis, KTSW

Dr. Jeffery Michel: holiday-related heart problems, KXAN; stay healthy during holidays, KEYE

Dr. Stephen Pont: healthy eating during holidays, Fox 7; Medicare policy change RE obesity, KLBJ 590am

Dr. Robert Porter: iPads help kids cope, Fox 7

Dr. Michael Reardon: concussions, KLBJ 590am

Dr. Andrew Reifsnnyder: UMCB high-tech scanner, KXAN

Dr. George Rodgers: holiday-related heart problems, KLBJ 590am

Dr. Mark Shen: Practice less-is-more medicine, *The Hospitalist*; fluid boluses, *The Hospitalist*

IN MEMORIAM

Honoring members of Seton's medical staff who passed away during 2011:

Joseph M. Abell Jr., MD – Oct. 17

Ruth M. Bain, MD – June 22

Jimmie H. Calhoun, MD – Dec. 28, 2010

Ross P. Chiles, MD – March 23

George L. John, MD – Feb. 6

Lyle D. Koen, MD – July 3

Philip M. Overton, MD – Sept. 12

Walter E. Sjoberg, MD – Jan. 4

John N. Spencer Jr., MD – July 19

Lansing S. Thorne, MD – June 31

Peter W. Werner, MD – June 15

George Willeford Jr., MD – Aug. 22

Robert O. Morgen, MD – Oct. 2

Seton Honors Medical Staff Members for Longtime Service

Forty members of the Seton Healthcare Family medical staff reached service milestones during 2011:

35 Years

Leslie E. Broline, SMCA
Norman H. Chenven, SMCA
Thomas M. Daniel, SMCA
Oscar B. Jackson Jr., Dell Children's
Terrence A. Kuhlmann, SMCA
James O. Lindsey, UMCB
Demetrius F. Loukas Jr., SMCA
John R. McFarlane, SMCA
Joe T. Powell, SMCA
Sidney T. Robin, SMCA

25 Years

Milton H. Anderson III, UMCB
Barbara L. Bergin-Nader, SNW
Carolyn G. Biebas, SMCA
Jack D. Bissett, SMCA
Thomas C. Blevins, UMCB
Paul S. Bushart, SMCA
Cheryl L. Coldwater, Dell Children's
Shannon D. Cox, SMCA
Rashad E. Dabaghi, SMCA
Mark C. Dawson, SMCA
Thomas B. Dawson, Dell Children's
Mrudula A. Deshpande, Dell Children's
Nancy T. Foster, SMCA
James G. Kalpaxis, SMCA
Kimberly Keeland, SNW

Dean A. Kocay, SMCA
Robert Y. Meyerson, SMCA
Frosty D. Moore, SMCA
Casey T. Mulcihy, SMCA
Stephen M. Pearce, SMCA
Jack W. Pierce, SMCA
Jaime E. Ramirez, SMCA
Gil P. Roebuck, SMCA
Brian S. Sayers, SMCA
Peter D. Scholl, SMCA
William D. Stavinoha, SNW
William H. Tullis, SSC
Steven S. Tynes, UMCB
Thomas R. Walters, SNW
Alfred C. Wilder, SMCA

Thank you for your dedicated service to the community. You are an integral part of what makes Seton a proud partner in the ongoing good health of Central Texas.

Recognize Your Peers

Do you have a physician colleague you'd like to recognize for a job well-done?

Has a Seton medical staff member made a difference in the way you work or interact with each other or your patients?

Did someone go out of their way to help with a patient's care?

Send your stories to SetonListens@seton.org.

The Seton Healthcare Family would like to share them with the Austin medical community.





Would you like to feel more connected to the person inside the patient?

ALL ARE INVITED TO ATTEND A CONVERSATION WITH BISHOP JOE S. VÁSQUEZ OF THE CATHOLIC DIOCESE OF AUSTIN REGARDING

Healthcare as Ministry

Come hear the Bishop speak about how healthcare touches each of our lives and provides us an opportunity to become more engaged in the ministry of improving the health of our community.

**THURSDAY, JANUARY 12, 2012
6:00 PM**

Signe Auditorium • Pat Hayes Conference Center
Dell Children's Medical Center • 4900 Mueller Blvd, Austin, TX 78723

**Please email ekjohnson@seton.org to RSVP
or for more information**

Healthcare as a delivery system continues to see change. A constant, core principle of care remains the ministering of healing.

www.catholicphysiciansguildofcentraltexas.org

Seton Physicians Invited to Join Speaker's Bureau

Seton Healthcare Family is developing a speaker's bureau. This speaker's bureau will offer free educational opportunities to community members and healthcare colleagues and also provide you with an opportunity to share your medical and professional expertise and knowledge.

If you are interested in participating in Seton Speakers and being listed on the Seton Speakers website, please contact Kassie Dye at SetonSpeakers@seton.org.

**Check Out Seton's
New Mobile App
for iPhone and Android.**



seton.net/apps/seton

Medical Staff **NEWSLETTER**

**PRODUCED BY SETON
COMMUNICATIONS**

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Austin Medical Education Programs, Cedar Park Regional Medical Center, Children's Medical Center Foundation of Central Texas, Dell Children's Medical Center of Central Texas, Seton Bertram Healthcare Center, Seton Burnet Healthcare Center, Seton Diabetes Education Center, Seton Edgar B. Davis Hospital, Seton Health Affiliates, Seton Health Plan, Seton Highland Lakes Hospital, Seton Kozmetsky Community Health Center, Seton Lampasas Healthcare Center, Seton League House, Seton Lockhart Family Health Center, Seton Marble Falls Healthcare Center, Seton McCarthy Community Health Center, Seton Medical Center Austin, Seton Medical Center Austin Outpatient Rehabilitation, Seton Medical Center Hays, Seton Medical Center Williamson, Seton Outpatient Pulmonary Rehabilitation Center, Seton Northwest Hospital, Seton Physician Hospital Network, Seton Shoal Creek Hospital, Seton Smithville Regional Hospital, Seton Southwest Hospital, Seton Pflugerville Healthcare Center, Seton Topfer Community Health Center, Shivers Cancer Programs, The Seton Cove, The Seton Fund and University Medical Center Brackenridge are members of the Seton Healthcare Family.

The Seton Healthcare Family
mailing address is
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Austin, Texas 78723.

