

Middle Tennessee Hospitals Move Up to Next-Generation da Vinci

By SHARON H. FITZGERALD

The year was 1999, and California-based Intuitive Surgical Inc. introduced its da Vinci® Surgical System for robotic-assisted minimally invasive surgery. The system revolutionized several procedures and holds promise today as a catalyst for further surgical advances. More than 900 academic and hospital sites own a da Vinci, and the company grows in excess of 25 percent annually.

That growth continues with the da Vinci Si HD, Intuitive's latest iteration of the system, introduced last year. Already, surgeons in at least three Middle Tennessee hospitals are employing the da Vinci Si for procedures as varied as bariatric surgery, hysterectomies and prostatectomies.

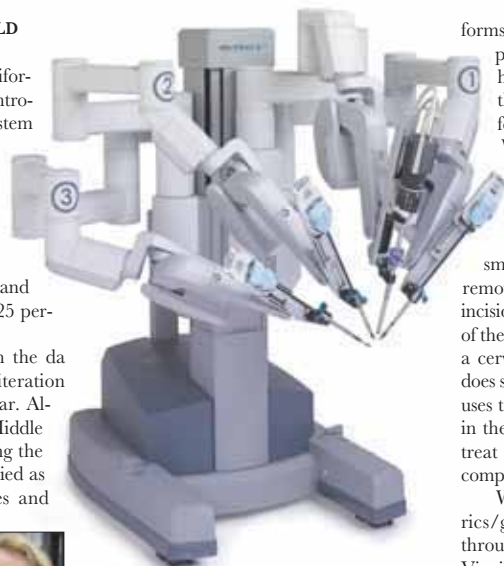
At Baptist

"The development of the optics of the machine is such now that we can see to do these difficult procedures better," said Laura Williams, MD, a gynecologic



Dr. Laura Williams

oncologist on staff at Baptist Hospital. "The instruments have a greater range of motion, and they're longer and can penetrate deeper into the abdominal cavity. So the technical capability of this machine is much greater than it used to be." According to statistics from Intuitive, Baptist per-



forms more gynecologic, robotic-assisted procedures than any other Tennessee hospital – 30 percent of the volume in the state. Eight surgeons use the robot for a variety of procedures there, and Williams estimated that she's performed about 350 procedures robotically in the last three years.

"It allows us to do fairly extensive operative work through very small incisions. We're ultimately able to remove organs on the inside through an incision for women that's through the top of the vagina when we detach a uterus and a cervix," Williams explained. Not only does she perform hysterectomies, Williams uses the da Vinci to remove lymph nodes in the pelvic and abdominal area and to treat uterine fibroids, endometriosis and complex ovarian cysts.

Williams teaches Vanderbilt obstetrics/gynecology residents, who rotate through Baptist and learn about the da Vinci applications for their specialty. Also, she has proctored and assisted other physicians learning the technology.

Williams acknowledged that the newest da Vinci version is "actually technically more challenging because there are more options on the machine." She likened the first da Vinci to changing the channels of

an analog television by turning the dial. "Compare that to a contemporary remote that has like 42 buttons. There are a lot more bells and whistles on the machine now, and then there are a lot more things I have to maneuver, manipulate and control," she said. "The learning curve is pretty steep, but once you get beyond the learning curve, it's so beneficial to patients that it just fuels itself really."

Williams contended that "patients absolutely recover faster." Most are in the hospital fewer than 24 hours and are back to work in two weeks. Use of the da Vinci also decreases the amount of pain medication needed, she noted.

At Centennial

Ram Dasari, MD, a urologist at Centennial Medical Center, has been using the da Vinci since 2003. In fact, he completed a specialized fellowship in robotic surgery at Henry Ford Hospital in Michigan, where the world's first robotic prostate operation was performed. He concurred with Williams that "patients



Dr. Ram Dasari

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do better with this type of operation compared to the old one," adding that there's less blood loss using the da Vinci and therefore a need for fewer transfusions. "Also, functional results do tend to be better," he said. For prostate procedures, that means preserved continence and potency.

Dasari said he probably does more robotic prostate procedures at Centennial than any other urologist – radical prostatectomies, pyeloplasties to treat kidney blockages and partial nephrectomies to treat kidney cancer. He said the da Vinci has done for prostate surgery what minimally invasive laparoscopic capability did

for gall bladder surgery.

Dasari lauded the new da Vinci's improved optics. "We can see things much more clearly," he said. "There's much better visualization of the movement of the instruments, and the robotic technology is much more superior than doing it just laparoscopically alone. It has changed the way we treat prostate cancer completely." He added that the addition of a fourth arm on the Si version is "a big plus."

At MTMC

For Wayne Westmoreland, MD, a general surgeon at Middle Tennessee

Medical Center in Murfreesboro, the da Vinci's promise is more valuable than its capabilities today. Westmoreland recently performed the first bariatric procedure using a da Vinci in Tennessee, yet the procedure actually takes a little longer robotically than the conventional method.

Nonetheless, he's adopted the da Vinci's use in his practice. "If it turns out there is an advantage to using the robot, then we'll already have the experi-



Dr. Wayne Westmoreland

ence and be used to it, and we can help train others like we helped train doctors to do lap chole (laparoscopic cholecystectomies) back in the early 1990s," he said.

While the jury is still out for Westmoreland, some physicians believe gastric bypass using the da Vinci does offer an advance – the ability to hand-sew anastomoses rather than use staples. "Some people say that if you do an anastomosis with absorbable sutures as opposed to staples, then you don't have a foreign body that will stay there forever to prompt some inflammatory response," Westmoreland said. He noted that the da Vinci Si's two cameras offer depth perception, "just like you have two eyes, and you can do finer details." For sewing an anastomosis, the robot offers wrist and finger motion, which Westmoreland said allows for more precise movements. He predicted that the da Vinci's features will prove to be an advantage for colon procedures deep in the pelvis, such as low anterior resections.

"When I add new procedures to my practice, it adds new life to my practice," Westmoreland said. "Honestly, it's adding time and effort to our procedure right now, but I hope that that will be time invested for benefit down the road. We want to be able to offer a full spectrum of minimally invasive surgery. If somebody's doing it, we want to be doing it Murfreesboro."

Physician-Designed Payment System Results in Better Patient Care

Doing the Math: HealthSpring Changes the Rules for Physician Reimbursement

By Shawn Morris, Executive Vice President, HealthSpring, Inc.

A new partnership rewards excellent medical practice

Physicians have known for years the fee-for-service reimbursement model is misaligned. Finally, an insurance plan has invited physicians to design a better system.

"HealthSpring has developed a true partnership with physicians," says Dr. Bob Berkompas with St. Thomas Medical Group. "The greatest advantage is that this system puts the patient and primary care doctors in charge of the health management."

Dr. Vernon M. Carrigan, Outpatient Medical Director with Clarksville Medical Network, says, "Other managed care organizations dictate reimbursements, but HealthSpring partners with us to create practice guidelines. They engage us in every aspect of how care is being delivered. No other insurance plan has even come close to this."

HealthSpring's Partnership for Quality demonstrates that appropriate preventive care in the physician's office can yield important savings. HealthSpring then shares those savings with physicians in the form of a meaningful "quality bonus."

The bonus is "significant," says Dr. Michael Bolds with Premier Independent Physician's Association. "HealthSpring gives you a lot of freedom to do what's best for the patient. When you do an efficient job, you're financially better off."

The story is in the numbers

HealthSpring's Partnership for Quality has already achieved dramatic results. For example, in the first year, diabetic foot exams increased 370%. "We found several diabetic foot ulcers, and we were able to treat them early to prevent amputations," says Dr. Sid King,

managing partner of Sumner Medical Group. He points out that annual foot exams can reduce up to 80% of amputations for people with diabetes.

Other results after two years included:

- Influenza prevention up 246%
- Pneumonia prevention up 88%
- Depression prevention up 71%
- Breast cancer prevention up 80%
- Colon cancer prevention up 36%

Onsite support makes the difference

HealthSpring supports physicians by relieving the administrative burden. An onsite nurse helps identify, schedule, and track patients who need disease management or preventive care. HealthSpring also provides valuable data analysis. Dr. Bolds calls this support "extremely helpful and pragmatic."

"Physicians want to do the right thing for their patients," says Dr. King, "but the truth is, they miss the mark 50% of time with prevention and disease management because they lack the systems to improve performance." HealthSpring puts the needed systems in place.

The physician-inspired Partnership for Quality helps practicing physicians accomplish their primary mission, to deliver excellent healthcare to their patients. The results are in: more preventive care, more efficient use of healthcare dollars, and better quality of life for everyone involved.



Morris currently serves as Executive Vice President, HealthSpring, Inc. In this role, he is responsible for all aspects of the company's operations, financial performance and future development.



HealthSpring is one of the country's largest coordinated care companies, offering Medicare Advantage plans in Alabama, Florida, Georgia, Illinois, Mississippi, Tennessee and Texas, as well as a national Medicare prescription plan. HealthSpring benefits focus on preventive care, wellness, and better disease management to help members stay healthy and active. For more information, visit www.healthspring.com.

Features of the new da Vinci Si system include:

- Enhanced high-definition, 3D vision with up to 10x magnification,
- An updated user interface for streamlined setup and operating-room turnover,
- Dual-console capability to support training and collaboration,
- EndoWrist® instrumentation (5 and 8 mm) with improved dexterity and range of motion superior to the human hand,
- Motion technology that preserves natural eye-hand-instrument alignment and control,
- An ergonomically designed surgeon console,
- A lightweight camera head with buttons for focus control, automated scope setup and illuminator control,
- An integrated surgeon touchpad that offers comprehensive control of video, audio and system settings,
- Fingertip and footswitch controls, and
- A motorized patient cart for quick and controlled docking of the system to the patient.

