



PHOTO BY DAN DONEHEY

Dr. Neil Green (left) and Dr. Edward Hwang are part of the RAF team that will provide diagnostic radiology services to the hybrid OR.

## New Hybrid Operating Room Will Expand Surgical Options

### *RAF to Collaborate with Multidisciplinary Team at Mary Washington Hospital*

Many people associate the term “hybrid” with vehicles that have two or more power sources. But the term is also being used to refer to a growing number of high-tech hospital operating rooms (ORs), including a new suite in the making at Mary Washington Hospital (MWH) in Fredericksburg. When the hospital’s hybrid OR opens in third quarter 2016, physicians from Radiologic Associates of Fredericksburg (RAF) will be an integral part of the treatment team.

According to Mr. Mike Brown, Program Manager for Cardiac Surgery and Chief Perfusionist at MWH, the new 1,000+-square-foot procedure room will be located between the current OR and catheterization, or “cath,” lab. “It’s called a ‘hybrid’ room because it marries the critical features of an OR and a cath lab,” he said. “We’ll be able to perform less invasive or minimally invasive procedures that provide better clinical outcomes for certain patient populations. Also, with the advanced technology available in the room, we can perform higher-risk complex procedures.”

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## Radiologist Spotlight:

### Jeffrey A. Frazier, MD

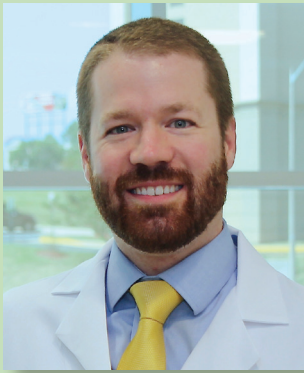
Dr. Jeffrey A. Frazier, a board-certified diagnostic radiologist with Radiologic Associates of Fredericksburg (RAF), didn’t start out to be a physician. After graduating from Clemson University with a degree in finance, he worked for four years as a commercial lender. “I went into banking because I wasn’t sure what kind of career I wanted to pursue,” he said. “Commercial lending offered a way to interact with a lot of different business people and figure out where I wanted to go next.”

In his fourth year of banking, one customer changed his perspective. “This customer was completing his family practice residency. He had six children and a seventh on the way, was a competitive marathon runner, would moonlight like crazy to make ends meet, and was as happy as anyone I knew. I asked him why a 29-year biology teacher would decide to change course and go to medical school, and he answered simply, ‘I wanted to do more with my life.’”

“That got me thinking,” Dr. Frazier said. “I wanted to do more with my life, too. There was a symmetry in transitioning from helping people with their fiscal health to helping people with their physical health.”

After taking his pre-med classes at North Carolina State University, he went on to pursue medical school at East Carolina University. It was his last rotation in medical school, in radiology, that changed his direction in medicine. “I fell in love with radiology,” he explained. “It just felt like a good fit for my personality. It’s a field that tries to answer questions, and we were all taught as residents ‘the answer is on the film.’ My job is

*Radiologist Spotlight continued page 2*



**Dr. Jaime All Joins VIVA**

Virginia Interventional & Vascular Associates (VIVA) is pleased to welcome Jaime All, MD, to its practice. Dr. All is a board-certified and fellowship-trained interventional radiologist who specializes in minimally invasive endovascular treatments for peripheral arterial disease, deep vein thrombosis, trauma affecting the extremities, and other conditions. He also performs procedures for cancer, uterine fibroids, and varicose veins.

Dr. All practices at VIVA's outpatient facility as well as at Mary Washington Hospital and Stafford Hospital – a fact that influenced his decision to join the practice.

"I liked VIVA's system for seeing patients in both inpatient and outpatient settings," Dr. All said. "That is the way interventional radiology is moving nationally, and VIVA is forward thinking in that regard."

He also noted the professionalism of VIVA's four other interventional radiologists, two vascular surgeons, and extensive support staff. "The physicians are all extremely knowledgeable, and everyone is highly experienced. The support staff are also outstanding and well trained," Dr. All added.

A native of South Carolina, Dr. All earned his medical degree from the Medical University of South Carolina, where he stayed to complete his internship in the department of surgery. He continued his training at the University of Virginia, where he completed his residency in diagnostic radiology, as well as a fellowship in vascular and interventional radiology.

Dr. All is certified by the American Board of Radiology and is a member of the Society of Interventional Radiology and Radiological Society of North America. He is the primary author of a chapter on Extremity Trauma in the textbook "Embolization Therapy: Principles and Clinical Applications." He has also contributed to several articles in the *American Journal of Radiology* and *American Journal of Neuroradiology*. ■



**Dr. Frazier and his family**

*Radiologist Spotlight continued from page 1*

to go find it. It's a privilege to have referring physicians send patients to us and ask us to help them either figure out what is going on or confirm what they already suspect is going on."

His medical degree was followed by an internship in combined medicine and pediatrics at Akron General Hospital in Ohio. He went on to finish his radiology residency at Allegheny General Hospital in Pittsburgh, PA, and his fellowship at the University of Virginia, with a specialty in thoraco-abdominal imaging.

Along with his medical training, Dr. Frazier puts his financial background to work in multiple roles. "For better or worse, physicians are more engaged with the business aspects of medicine now than we ever have had to be. We can either get engaged and in the trenches to direct the change of health care delivery or stand by idly as we are swept up in the changes implemented by those who are engaged." He is a member of the Board of Trustees for Mary Washington Healthcare (MWHC), a former Mary Washington Hospital medical staff president, the medical director at Medical Imaging of Fredericksburg, and a member of the Board of Managers for the Mary Washington Health Alliance, where he serves as chairman of the Finance and Contracting Committee.

The Alliance was formed to facilitate clinical integration efforts between MWHC and physicians in the region. The ultimate goal, he explained, is to achieve the triple aim of improving the patient experience, raising the quality of health care, and reducing health care costs. "We have a unique opportunity in this market to work collectively to improve the care our patients receive, while at the same time retaining our independent practice model."

Dr. Frazier met his wife, Wendy, a business analyst with an undergraduate degree from the University of Mary Washington and MBA from Penn State University, when both were living and working in Greenville, SC. "Wendy has always been the rock of this family. When we started dating, I told her I was thinking about going back to get an MBA, with one to two years of grad school. Then as we got engaged, I told her I had changed to med school, an investment of four years plus a three-year primary care fellowship. By the time I had completed my pre-med classes, med school, internship, radiology residency, and then a fellowship, it turned out to be 13 years. Throughout it all, to include six moves in the 13 years, she never wavered." They have three daughters: Blair, 22, a senior at Virginia's College of William & Mary (W&M) and aspiring physician assistant; Mary Grace, 18, a freshman at W&M and aspiring veterinarian; and Ashley, 15, a high school sophomore. A dog named Lady and a cat named Fritz complete the Frazier household.

In his time away from work, Dr. Frazier reads, plays golf, cheers on the Washington Capitals, and enjoys observing family milestones.

"At William and Mary, the Christopher Wren Building is home to a time-honored tradition," he said. "It's the oldest school building in the country and marked by an arch between the college campus and colonial Williamsburg. In the fall, the seniors welcome the freshmen through the arch and onto the campus, while in the spring, the freshmen send the seniors out into the world. In August, we watched Blair welcome Mary Grace through the arch. In May, Mary Grace will send off Blair. Those kinds of moments are golden." ■

Mr. Brown noted that the main advantage of a hybrid OR for patient care is an unparalleled level of collaboration that makes seamless procedures possible. “We can move from the cath lab to the OR setting without having to stop a procedure and move the patient to another area of the hospital. Surgery team members are also participating in the procedures and are on hand should a complication arise and open heart surgery be needed.”

The state-of-the-art addition, which has been carefully planned for some time, will support the minimally invasive surgical technique known as transcatheter aortic valve replacement, or TAVR, for patients with aortic stenosis. This condition occurs when the aortic valve narrows and obstructs blood flow from the heart into the aorta and the rest of the body, weakening the heart as it works harder to pump blood across the narrowed valve.

“While open heart surgery to replace the valve has been the traditional route for treating aortic stenosis, the risks for some patients outweigh the potential benefits,” Mr. Brown said. “TAVR makes heart valve replacement available to patients who have aortic stenosis but are considered too high risk for traditional open heart surgery.” He noted that most patients who have this procedure are in their 70s, 80s, or 90s and often have other medical conditions that make them better candidates for minimally invasive surgery.

Neil B. Green, MD, a board-certified diagnostic radiologist at RAF, is part of a team of RAF physicians who will provide diagnostic radiology services to the hybrid OR. Other RAF team members include Daryle L. Darden, MD; Edward C. Hwang, MD; Jakob C.L. Schutz, MD; and Deepak Raghavan, MD.

“Based on a preoperative CT scan, RAF physicians will help determine the safest and most precise way to place the new valve,” Dr. Green said. With TAVR, physicians can use a catheter, or tiny tube, to guide an artificial heart valve through an artery in the groin or directly into the heart, position it within the patient’s damaged heart valve, and open it to restore blood flow, he explained.

Patient evaluation for aortic stenosis begins at the MWH Heart Valve Clinic. RAF diagnostic radiologists are part of the hospital’s Structural Heart Team, which also includes referring cardiologists, interventional cardiologists, cardiac surgeons, anesthesiologists and other health care

professionals. They work together with the Valve Clinic on patient selection and appropriate treatment plans. Patients are screened for TAVR in collaboration with their referring cardiologist or primary care physician.

According to Dr. Green, because TAVR is less invasive, it typically has a lower risk of complications, a shorter recovery time, and a faster return to normal life than open heart surgery. Post-TAVR hospitalization is typically three to five days, he noted, in contrast to two to three months for open heart surgery.

Although the MWH hybrid OR will not open until later this year, the now fully operational MWH Heart Valve Clinic is using Virginia Commonwealth University (VCU) Medical Center’s hybrid OR temporarily during the construction to treat Fredericksburg community patients in need of a new valve. Two MWH physicians, John Cardone, MD, a cardiothoracic surgeon, and Rajiv Tayal, MD, an interventional cardiologist, have been working with VCU Medical Center in Richmond to make this treatment option available to qualified patients from the Fredericksburg area.

Ms. Deb Renfro, RN, who serves as nurse manager of the MWH cath lab, said the hybrid OR will include multiple advanced devices and technologies from a variety of vendors. “We partnered with our physicians to select the equipment that will best accommodate

their patients’ needs and create a truly multidisciplinary environment,” Ms. Renfro said. The imaging devices include a large monitor attached to the ceiling, which enables three-dimensional imaging that can rotate around the patient during a procedure, completing a CT scan in real time.

“By bringing together the latest imaging modalities and traditional surgical capabilities, our patients can receive the most advanced care while our clinicians have more flexibility to tailor procedures to individual patients,” Ms. Renfro noted. “We believe this is the future of patient-centered surgery.” ■

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Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular services group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes *Imaging Advances* periodically for referring physicians and the greater medical community. For more information, please contact Irene Valentino, RAF Director of Administrative Operations, [ivalentino@rafadmin.com](mailto:ivalentino@rafadmin.com), (540) 361-1000.

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## RAF Ranks Among Largest Radiology Practices for 2nd Consecutive Year



Radiologic Associates of Fredericksburg (RAF) has been recognized as one of the 100 largest privately owned radiology practices in the U.S. for the second consecutive year by *Radiology Business Journal*.

RAF was among five practices in Virginia earning a spot in the journal's 2015 "Radiology 100" ranking, down from seven in the state that made the listing in 2014, said Richard C. Pierson, a financial consultant for RAF. He added that one trend cited in the "Radiology 100" article which may have played a role in fewer Virginia practices making the list is mergers within the industry, which is characteristic of a mature business sector. Officials noted that RAF's size reflects a commitment to:

**24/7 local radiology coverage** – "Whenever a physician has a question about an imaging study or needs to discuss a patient case, one of our local radiologists is available for a consultation 24/7, 365 days a year," explained David L. Glasser, MD, president of RAF and a board-certified, fellowship-trained diagnostic radiologist.

**Sub-specialty expertise** – "Local patients do not need to travel to a major medical center for most radiology services, since our board-certified and fellowship-trained physicians include specialists in body imaging, cardiac imaging, interventional radiology, musculoskeletal imaging, neuroradiology, nuclear medicine, and other specialties," RAF CEO, Ed Swager, noted.

**Health system partnerships** – RAF provides services to Mary Washington Healthcare's two hospitals, and four imaging centers that are joint ventures of RAF and the health system. "This is an invaluable relationship," Pierson said. "RAF has extremely qualified physicians who are committed to each other and to a good relationship with the local health system, and that encourages more physicians to want to join the practice."

The journal announced its ranking in the October/November issue. ■

## Giving Back to Our Community



Radiologic Associates of Fredericksburg dedicates more than one full time physician to support charity care services.