

Clinical Perspectives

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ERAS protocols improve outcomes for surgical patients

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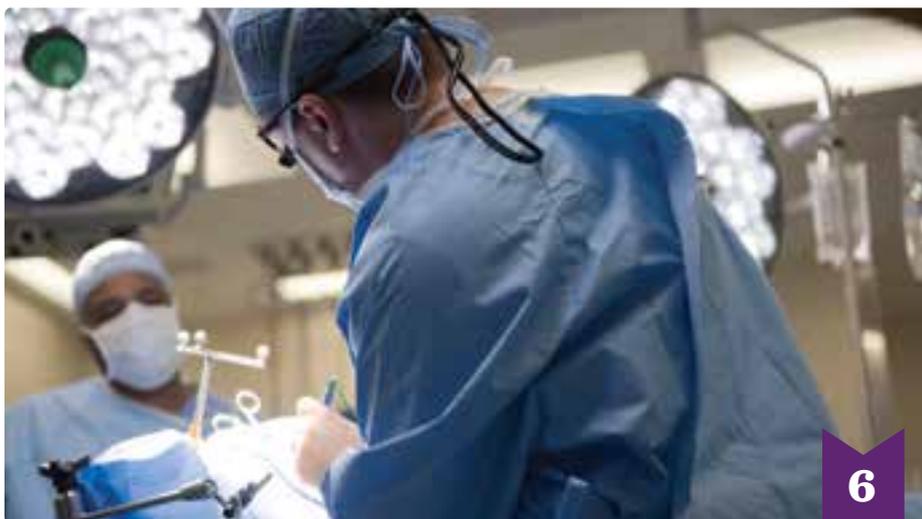
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UPCOMING CME

Join colleagues from across the region at these upcoming CME events:

Mitochondrial Disease Conference
Winston-Salem, NC | Saturday, Oct. 12

Integrative Medicine Symposium
Charlotte, NC | Friday, Oct. 25

NC Thoracic Society Conference
Charlotte, NC | Saturday, Nov. 16

Novant Health Heart & Vascular Institute Symposium
Fall 2019

Novant Health Perinatal/Neonatal Symposium
Winston-Salem, NC | Fall 2019

Novant Health also offers CME series and CME computer courses throughout the year.



For more information:

Visit [NovantHealth.org/cme](https://www.novanthealth.org/cme)

New providers advancing care at Novant Health

Providing our community with expert primary and specialty care is a top priority at Novant Health. That is why we continue to expand, adding more clinicians, in more locations, to serve patients where they need us.

► Since January 2019, Novant Health has welcomed 28 new physicians to the team in the following specialties:

9	Family and internal medicine	1	Hematology/ oncology
4	Hospital medicine	1	Integrative medicine
3	Neurology	2	Ob-gyn
2	Orthopedics and sports medicine	2	Pediatrics
2	Psychiatry	1	Surgery
		1	Wound and hyperbaric medicine

Family and internal medicine physicians

- Bruce Bennett, MD
- Harriet Davis, MD
- Martin Dufour, MD
- Joseph Foust, MD
- Eric Gavour, MD
- Kerry Partis, MD
- David Smith, MD
- Samuel Teferra, MD
- Shavonda Thomas, MD

Hematology/oncology

- Jan Moreb, MD

Hospital medicine

- Sharien Mahtani, DO
- Angela Maier, MD
- Swaroop Pawar, MD
- Vijay Kumar Talreja, MD

Integrative medicine

- Lisa Jervis, MD

Neurology

- Joseph Miller, MD
- Mark Pippenger, MD
- Leanne Willis, MD

Ob-gyn

- Meaghan Aalto, MD
- Chancy Lucas, MD

Orthopedics and sports medicine

- Steven Potter, MD
- Mark Siemer, DO

Pediatrics

- Kelly Flett, MD
- Holly Smith, MD

Psychiatry

- Hope Cohen-Webb, DO
- Pankaj Lamba, MD

Surgery

- David Gimenez, MD

Wound and hyperbaric medicine

- Errol Britto, MD



The push toward **virtual healthcare**

Novant Health is expanding its telemedicine services for both patients and providers.

Having first introduced teleneuro in 2008 and telepsych shortly after, Novant Health now offers eight virtual health services, including telediabetes, telemetry, telesitter, video visits, e-visits and tele-EEG.

Novant Health is working to incorporate telemedicine into its everyday practices, and the next expansion will include heart and vascular, hospice, maternity, and bariatric care.

“Telemedicine can be used to better monitor patients within a facility, share information in real time, virtually connect with patients or other providers and conference in family members for healthcare or end-of-life decisions,” says A.J. Patefield, MD, MBA, chief medical information officer at Novant Health. “It is becoming a fundamental piece in the way we provide care.”

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Novant Health now offers **eight virtual health services.**

AN EXPANDED NETWORK

Telemedicine makes healthcare accessible to more patients and increases shared knowledge and expertise across an expanded network of physicians and specialists.

“Telemedicine services provide us the ability to save lives and offer care services not otherwise available,” says Amy Vance, RN, MBA, FACHE, senior vice president of population health and value-based care at Novant Health.

“Often, smaller community hospitals or clinics do not have as many specialists or subspecialists on staff. Through this virtual modality, a specialist from one of our larger facilities can assist our smaller teams. Our patients benefit because they have access to quality care faster and closer to home.”

In addition to receiving an increased number of services at nearby facilities, patients can also schedule video visits or email their providers with nonemergency questions, concerns or updates.

“Through telemedicine, we can better care for patients who are remote and cannot, or are reluctant to, make the commute to their provider’s office,” Dr. Patefield says. “It also allows us to meet evolving demographic expectations. Millennials want more instant access to healthcare and are intolerant of some traditional hurdles — complicated scheduling procedures or sitting in a waiting room for too long — that the baby boomer generation may view as acceptable.”

Vance agrees.

“In order to meet our patients’ needs, we want to push physicians — from a training and education perspective — to be comfortable and clinically confident in their ability to safely deliver quality care in this digital space,” Vance says. “We are at a technological tipping point, and there is no going back. Telemedicine will only continue to expand.”

For information on how to incorporate telemedicine into your own clinic, email VirtualHealth@NovantHealth.org.

The value of investigation

With more than 200 clinical trials available each year, physicians can actively advance critical research to help patients heal.

Whether recommending over-the-counter or prescription medications to patients, physicians prescribe medicines that took years to develop. By participating in a clinical research trial, physicians can play a key role in bringing medications to market, as well as offering patients and families new hope through groundbreaking therapies.

“Every drug and device we use was introduced through a clinical trial at some point. We are proud that some of these therapies are tested within our health system,” says Wendy Hobbs, senior director of clinical research with Novant Health. “We have a robust team of providers, who are thought leaders in their fields of expertise, and we are dedicated to offering trials that may answer clinical questions and advance patient care.”

WHY PARTICIPATE?

“Having the latest solutions available gives physicians a clinical advantage,” Hobbs says. “Also, by participating in a clinical trial, both the physician and the patient contribute to scientific advancement. Whether the outcome of the trial is positive, neutral or negative, participating in a trial advances medical knowledge, which is great for our patients, community and healthcare in general.”

To learn more about participating in Novant Health clinical trials, call 336-718-7391 or visit [NovantHealth.org/Investigators](https://www.novanthealth.org/investigators).

Current trials

Novant Health investigators are enrolling patients for dozens of trials, some of which include:

Novant Health Heart & Vascular Institute

- **Hemostemix** — The primary objective of this study is to understand the efficacy and safety of intramuscular injection of ACP-01 in subjects with critical limb ischemia.
- **Respicardia Inc.** — The Pivotal Trial of the remedē System is designed to determine the safety and efficacy of therapy delivered by the remedē System. Subjects have moderate to severe central sleep apnea.

Novant Health Cancer Institute and Novant Health Imaging

- **Lumicell Inc.** — This is a study to collect safety and efficacy data on an intraoperative imaging system, the LUM Imaging System (LUM015 imaging agent in conjunction with the LUM imaging device). Specifically, the study is designed to determine the system’s ability to identify residual cancer in the tumor bed of female breast cancer patients.

Novant Health Neurosciences Institute

- **NoNO Inc.** — The ESCAPE-NA-1 study is designed to determine the safety and effectiveness of the neuroprotectant NA-1. The study examines how the therapy impacts global disability in subjects with major acute ischemic stroke with a small established infarct core and good collateral circulation.

Novant Health Cancer Institute

- **Novocure Ltd.** — The study is a prospective, randomized, controlled phase 3 trial. The goal is to test the effectiveness and safety of tumor treating fields in combination with gemcitabine and nab-paclitaxel, for frontline treatment of locally advanced pancreatic adenocarcinoma.

ERAS protocols improve outcomes for surgical patients



ERAS protocols improve clinical outcomes while decreasing costs associated with surgery.

Novant Health utilizes enhanced recovery after surgery (ERAS) protocols across the system to shorten recovery times and hospital stays, decrease complication risks and improve patient satisfaction.

Recent research studies and clinical trials continue to prove the efficacy of ERAS protocols, which are designed to facilitate an evidence-based, patient-centered, multidisciplinary approach to care that is focused on one purpose.

“ERAS is a multimodal pathway designed to improve and expedite a patient’s recovery after major surgery,” says Douglas Rosen, MD, FACS, FASCRS, colon and rectal surgeon at Novant Health. “These protocols can shorten hospital stays and improve patient outcomes and satisfaction.”

Though studies have shown that ERAS protocols improve clinical outcomes while decreasing the costs associated with surgery, many hospitals have yet to adopt the procedures. This may partly be due to the fact that many ERAS protocols contradict now-outdated practices that have been used for decades.

“Historically, a lot of the complications we experienced with major joint surgeries related to prescribed postoperative protective bed rest,” says James Fraser, MD, MPH, orthopedic surgeon at Novant Health. “The more time patients spend lying in hospital beds, their risk of developing blood clots and acquiring infections increases.”

Novant Health ERAS protocols for joint replacement surgeries encourage patients to walk and move around the same day as their procedure and typically go home within 48 hours.

“Two decades ago, a knee or hip replacement meant a two-week hospital stay,” Dr. Fraser says. “Here at Novant Health, patients typically stay one night before they return home. Some patients are even successfully discharged to go home on the same day as surgery.”

BEFORE SURGERY

While the joint replacement example highlights postoperative ERAS protocols at Novant Health, the work really begins with patient education.

“We follow a comprehensive protocol, and it takes effect the first time a surgeon sees a patient,” Dr. Rosen says. “The most important aspect of the first visit is to educate the patient about the surgical procedure and his or her expectations surrounding surgery.”

Patients are expected to optimize their health prior to surgery by focusing on:

- Nutrition
- Physical activity
- Taking a break from, or quitting, smoking

Patients are also told how long they should expect to be in the hospital and how important it is to ambulate as soon as possible after surgery. This education is reinforced during a subsequent pre-surgical hospital visit and again on the day of surgery.

“We work against generations of surgical dogma that says patients should be in bed on a morphine drip and not eating after surgery,” says Rob Stevens, MD, FACS, FASCRS, colon and rectal surgeon at Novant Health. “We learned that approach did a lot of harm. Our ERAS program focuses on re-educating patients about what to expect.”

MANAGEMENT AND MEDICATION

When patients arrive at the hospital on the day of surgery, multiple specialists work in harmony to optimize their health for surgery.

“In the past, patients were told not to eat or drink anything before surgery,” says David Sindram, MD, PhD, CPE, FACS, hepatobiliary surgeon at Novant Health. “Now, we make sure the patient enters surgery well hydrated.”

Before surgery, patients also drink a beverage high in carbohydrates, similar to a meal replacement shake. This helps keep patient glucose levels stable during the procedure and promotes post-surgical healing. Nutrition also plays a role post-surgery, as patients are able to return to a standard diet almost immediately, unless the procedure (such as bariatric surgery) requires otherwise.

Pain management is another important aspect of the ERAS program. Novant Health works with community anesthesiology practices to consciously reduce the use of opioids during and after surgery.

“Anesthesia support has been a key component of our colorectal surgery ERAS program. Their delivery of expert multimodality anesthesia care coupled with our focus on robotic colorectal surgery, has improved patient outcomes and experiences,” says Stan Fuller, MD, FASCRS, FACS, colorectal surgeon at Novant Health.

Early adoption of ERAS protocols has allowed Novant Health to develop a program that currently covers seven types of surgical procedures: colorectal, bariatric, gynecologic, gynecologic oncologic, orthopedic, prostatectomy and pancreaticoduodenectomy, otherwise known as Whipple procedures.

“ERAS protocols have a tremendous impact on a patient’s well-being,” Dr. Sindram says. “We’ve reduced opioid use for colorectal and Whipple patients by 65 to 70 percent.”

CONTINUOUS IMPROVEMENT

Another key to the ERAS program’s success is administrative support. The administration’s dedication to the program has allowed it to grow and improve over time, something that Novant Health plans to foster moving forward.

“It truly is a program encompassing the full surgical experience for our patients,” says Leslie Barrett, CRNA, MHA, MBA, vice president of surgical services at Novant Health. “We consistently deliver best practice approaches that both improve measurable outcomes and enhance the surgical patient experience.”

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“ERAS protocols have helped us reduce opioid use for colorectal and Whipple patients by 65 to 70 percent.”

— David Sindram, MD

The ERAS program at Novant Health is successful because a multidisciplinary team of experts supports every patient touch point of the surgical episode. A big part of this success is the anesthetic management of patients. Our partners at Providence Anesthesiology Associates and Piedmont Triad Anesthesia have been instrumental in developing and supporting best practice ERAS pathways, team member education, and intra-operative management of our patients.

— Leslie Barrett, CRNA, MHA, MBA, vice president of surgical services at Novant Health

Advanced hematologic care available locally

Novant Health's new specialty clinics are bringing advanced hematological care to patients in Winston-Salem and Charlotte.

Over the past year, Novant Health has introduced two new hematology specialty clinics in both Winston-Salem and Charlotte.

These clinics specialize in treating blood cancers, such as acute and chronic leukemias, myeloproliferative disorders, lymphoma and myeloma, as well as noncancerous blood disorders, such as anemia, hemoglobinopathies, platelet disorders and coagulation disorders.

"These patients no longer have to go to other centers to access specialist care," says Omotayo Fasan, MD, MRCP, hematologist and clinical director of the transplantation and cellular therapy program at Novant Health. "PCPs, surgeons and general medical oncologists can now refer patients to specialists within the Novant Health system who are dedicated solely to treating blood cancer and disorders."



Omotayo Fasan, MD

STEM CELL TRANSPLANTATION

In addition to chemotherapy, biotherapy and immunotherapy, Novant Health's specialty clinics offer autologous hematopoietic cell transplantation (a type of stem cell transplantation) for patients with relapsed or refractory lymphoma or multiple myeloma.

"High-dose chemotherapy can sometimes wipe out cancer, but it can also be lethal," says Frank Chen, MD, hematology oncologist at Novant Health. "With autologous hematopoietic cell transplantation, we avoid severely damaging the immune system by collecting the patients' own stem cells from the body



Frank Chen, MD

before treatment. After receiving high doses of chemotherapy, patients have the collected stem cells infused back into their bloodstream, prompting faster recovery of the blood system."

According to Dr. Fasan, autologous hematopoietic cell transplantation is able to offer a solution for many patients who, without it, have no equally effective alternative treatment to prolong survival.

"For patients with multiple myeloma, it is able to prolong progression-free survival (PFS) — the length of time before the next progression of the disease," Dr. Fasan says. "For some patients with lymphoma, it can be a lifesaving treatment — extending their PFS and overall lifespan."

PERSONALIZED CARE AT NOVANT HEALTH

These new specialty clinics pair the kind of advanced hematology services and expertise found at larger institutions with the local, compassionate care for which Novant Health is known.

"We strive to provide accessible, advanced levels of care to everyone in the community," Dr. Chen says. "We do not have the long wait times a patient might experience at bigger academic centers because we believe people deserve to be seen as soon as possible. Whether the prognosis is good or bad, it should be a priority to give patients the information they need to move forward."

Dr. Fasan agrees.

"Regardless of the condition or treatment plan, the patient should always know they are the focus. We listen to them, partner with them and seek to understand them as a whole person," Dr. Fasan says.

**For more information on Novant Health Hematology, call:
Charlotte clinic at 704-316-3297
Winston-Salem clinic at 336-277-8800**

Specialized **gynecologic care**

Fellowship-trained specialists can provide minimally invasive surgery for complex gynecologic cases.

Patricia Mattingly, MD, director of minimally invasive gynecologic surgery at Novant Health Pelvic Health & Surgery, admits that until her AAGL fellowship training, she had not realized that most gynecologic surgeries — even challenging ones — could be done with a minimally invasive approach.



Patricia Mattingly, MD

"I received great surgical training in residency, but I was shocked by the surgeries I saw during my fellowship, in terms of the complexity and the size of pathology that we could safely and effectively do laparoscopically," Dr. Mattingly says.

Training and experience are key to making minimally invasive procedures the standard of care in gynecology. That is what Dr. Mattingly and Jed Schortz, MD, minimally invasive gynecologic surgery and pelvic pain specialist at Novant Health Winston-Salem Gynecology, bring to their medical communities.



Jed Schortz, MD

Drs. Mattingly and Schortz specialize in robotic and laparoscopic procedures. In addition to treating their own patients, they partner with other physicians to extend minimally invasive options to women who traditionally wouldn't be considered candidates for them.

GREAT OUTCOMES

The benefits of minimally invasive procedures over open surgeries are well documented — less pain and blood loss, faster return of bowel function, less risk of infection, faster recovery. Patients go home two to four hours after surgery rather than one to three days, and return to work within two weeks rather than six.

"Our outcomes are generally as good or better," Dr. Schortz says. "Great outcomes make for happy patients."

In addition to outpatient robotic and laparoscopic surgery, Dr. Schortz performs in-office hysteroscopies for endometriosis, fibroids, abnormal uterine bleeding, interstitial cystitis, pelvic floor dysfunction and pelvic pain. He also offers pelvic floor trigger point injections. Dr. Mattingly performs outpatient minimally invasive fibroid removal, hysterectomy and surgical treatment of conditions, such as uterine anomalies, endometriosis and ovarian cysts. As surgical specialists and consultants, both enjoy collaborating with other providers to increase access to minimally invasive surgery.

"We want to help other ob-gyns, as well as primary care providers, offer the best care and treatment options for the benefit of their patients," Dr. Schortz says. "To do that, we keep patients' physicians included every step of the way."

To make a referral, call:
Novant Health Winston-Salem Gynecology
at 336-774-9000
Novant Health Pelvic Health & Surgery
at 704-384-1407

Complex pathologies are common

Many ob-gyns feel comfortable performing laparoscopic hysterectomy on a patient with a small or mildly enlarged uterus. But a fellowship-trained specialist in such procedures might routinely handle cases 20 to 28 weeks in size, says Patricia J. Mattingly, MD, director of minimally invasive gynecologic surgery at Novant Health Pelvic Health & Surgery.

"I recently completed a procedure that extended two to four centimeters above the bellybutton, with a total pathology size of more than 1,000 grams," she says.

That pathology is not uncommon, especially in patients with fibroids, which at some point affect more than 60 percent of women over age 45.

The medical versatility of

Botox

In small doses, onabotulinumtoxinA can relieve certain symptoms associated with abnormal muscle function by blocking the nerve signals that prompt muscles to contract. That causes short-term paralysis of the target muscles. **Here is a closer look at how Novant Health physicians use onabotulinumtoxinA to treat three debilitating conditions.**

MIGRAINE

Individuals who experience a minimum of 15 headache days each month, with a migraine on at least eight of those days and headaches lasting four or more hours per headache day, may be candidates for onabotulinumtoxinA treatment,

especially if migraines are refractory following at least two prevention medications. onabotulinumtoxinA may work by blocking calcitonin gene-related peptide, a neurotransmitter associated with migraine, and releasing muscle spasms, according to C. David Gordon, MD, headache medicine specialist with Novant Health Neurology & Sleep.



C. David Gordon, MD

“Every three months, patients receive 31 discrete intramuscular injections in 5-unit doses to the muscles of the forehead, sides of the head, back of the head and shoulders,” Dr. Gordon says. “Side effects are minimal and seldom seen.”

In Dr. Gordon’s practice, more than seven in 10 patients who receive onabotulinumtoxinA experience a 50 percent or greater reduction in migraine frequency.

SPASTICITY AND DYSTONIA

OnabotulinumtoxinA injections are used to treat a number of neurological conditions, including spasticity in patients with stroke and multiple sclerosis (MS), as well as dystonia and facial spasms. OnabotulinumtoxinA is approved to treat dystonia, facial spasm and spasticity in the elbows, wrists, fingers, ankles and toes.

Throughout Novant Health, clinicians use onabotulinumtoxinA — Botox — to treat a variety of medical conditions and restore quality of life to patients.

“Overall, onabotulinumtoxinA weakens the muscles to help improve movement and function,” says James Battista, MD, neurologist with Novant Health. “For instance, some patients with stroke or MS may find difficulty with using an arm or leg because there is excessive stiffness. OnabotulinumtoxinA can weaken muscles and reduce stiffness enough to allow some gain of movement as well as make it easier for hygiene. In those with abnormal involuntary head turning or facial twitching and spasms, onabotulinumtoxinA can minimize the uncontrolled movements to allow for less discomfort and improved function and appearance.”



James Battista, MD

OVERACTIVE BLADDER

Patients without MS who have overactive bladders that have not improved following behavioral and medical therapy may be candidates for onabotulinumtoxinA injections. The mechanism of action is the same: The neurotoxin stops the excessive contractions of the detrusor muscle that causes urinary incontinence. At Novant Health, urologists inject onabotulinumtoxinA into the bladder during an outpatient cystoscopy.

“It usually takes seven to 10 days for patients to begin experiencing the benefits of treatment,” says John J. Smith III, MD, urologist and director of the Novant Health Pelvic Health Center. “The first treatment is usually effective for approximately four months. Thereafter, follow-up treatments are needed every six months.”



John J. Smith III, MD

The Novant Health Pelvic Health Center also uses onabotulinumtoxinA to treat patients, especially women, with refractory chronic pelvic pain.



To refer a patient to Novant Health Pelvic Health Center, call 336-718-1970.



To consult or refer a neurology patient, call:
Charlotte at 1-888-599-2120
Winston-Salem at 1-877-296-2333

Prescription for resilience

Burnout is widespread among physicians. As with many medical conditions, prevention is the best medicine, and the way to stop burnout before it starts is to build resilience.

Staying a step ahead of burnout

Novant Health embraces the notion that organizational health and the quality of patient care are inextricably linked to the emotional well-being of its physicians and team members. In 2013, the health system established the Personal Leadership Program to help clinicians cultivate resilience. The program includes resilience training during the physician onboarding process, individual coaching and mentoring, and a three-day wellness retreat.

“Our program is rooted in leadership — how physicians lead the teams they work with, but mostly, how they lead themselves,” says Tom Jenike, MD, chief human experience officer at Novant Health. “Participants develop a stronger foundation of resilience and are less likely to experience burnout.”

Approximately 3,000 clinicians and team members have completed the Personal Leadership Program or its sister initiative, the Resiliency Development Program, which features a one-day retreat. Participation in the Personal Leadership Program has significantly boosted physicians’ fulfillment and increased their engagement with Novant Health. This personal enhancement is coupled with numerous impactful, systematic and operational changes to lessen the burden on providers. Novant Health shows its deep and ongoing organizational commitment to the well-being of its caregivers.

To learn more about the Novant Health Leadership Development Programs, contact Suzanne Carino at scarino@NovantHealth.org.



Of the more than 15,000 physicians from 29 specialties who responded to a survey for Medscape’s *National Physician Burnout & Depression Report 2018*, 42 percent reported feeling burned out. Burnout is characterized by physical and emotional exhaustion, cynicism or loss of compassion related to patient care, and a missing sense of professional purpose, according to a 2015 article in the journal *Family Practice Management*.

“Burnout can manifest as varying degrees of exhaustion, frustration, isolation or cynicism,” says Tom Jenike, MD, chief human experience officer with Novant Health, who experienced burnout a decade into his career. “Emotions vary from person to person, and they can show up quite clearly for one week or month and be less apparent the next.”



Tom Jenike, MD

A variety of factors drive the physician burnout epidemic, Dr. Jenike says, including the advent of electronic health records and their effect on physicians’ time, regulatory and reimbursement changes, and patients who act more like consumers in their interactions with and expectations of physicians.

BUILDING INNER STRENGTH

Cultivating resilience is highly individualized — what works for one person may not be successful for another — but Dr. Jenike, who leads a physician resilience program at Novant Health (see “Staying a step ahead of burnout”), advises physicians to:

- Cultivate a deeper sense of self-awareness so they can recognize when they are at risk of slipping into a pattern of feeling overwhelmed.
- Make self-care a priority, which will enhance their ability to care for others.
- Strengthen connections.

“Self-care can be physical, emotional, spiritual or relational,” Dr. Jenike says. “I invest in my most important relationships as part of my resiliency model. We know that loneliness and separation can predispose us to burnout.”



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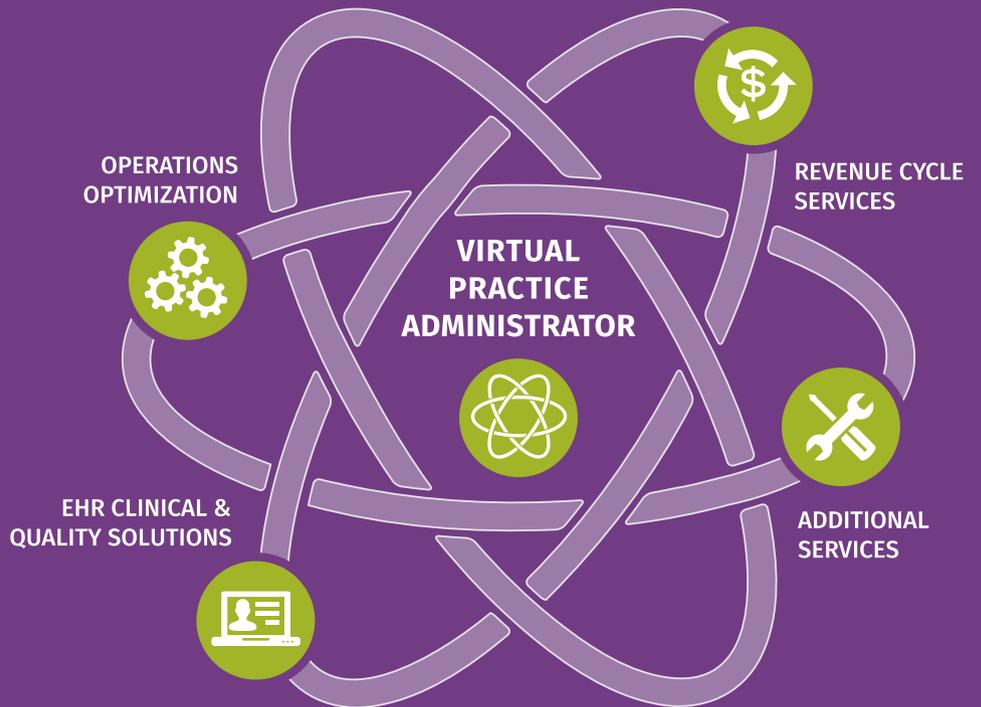
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-890-5420.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-890-5420.

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