

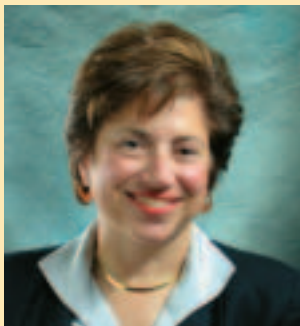
Stanford ACCESS

Dear Colleague:

We are delighted to present you with the first edition of "Stanford Access." This biannual newsletter is one step in a plan that SHC has implemented to improve access, information, and services to our referring physician community. It provides insight and information on our faculty, programs, and facilities. Our relationship with you and your office is very important to us and we strive to improve it every day.

This newsletter is for you, and we would be grateful for your input regarding topics you would like to see covered. If you have comments or suggestions, please let us know.

Thank you for referring your patients to Stanford Hospital & Clinics. We know you have choices when referring your patients, and we appreciate your ongoing support. We look forward to our continuing opportunity to serve you, your staff, and your patients.



Sincerely,

Martha H. Marsh
President and Chief Executive Officer
Stanford Hospital & Clinics

Try the Referring Physician Resource Center

The Referring Physician Resource Center (RPRC) is a new service that is a key component in Stanford Hospital and Clinics' action plan to improve communication with our referring physicians. It is designed to provide direct access to a nurse who can facilitate and monitor requests including diagnosis-appropriate clinic and physician referrals, direct connection to faculty physicians, retrieval of patient information, and service recovery and issue resolution. With one phone call to the RPRC you can access the resources and information that you need. Contact the RPRC at 1-866-742-4811.

The Stanford Physician Portal

Stanford Hospital & Clinics is now offering our referring physicians online access to the Stanford Physician Portal, a convenient web tool that improves the patient referral process while allowing physicians to access patients' clinical results and reports via the Internet, from hospital, home, or office. You may also designate staff members to access the Physician Portal and its features.

Portal Features: Online Referrals: You will be notified of your patient's scheduled appointment and automatically be linked to patient results as they become available.

Online Results Reporting: You and your staff will have access to your patients' results and reports via the Internet. Available reports include general lab and microbiology, radiology, pathology, and transcriptions.

Secured Messaging: The Portal is a valuable communication tool between you, your staff, and our physicians via secured email messaging.

To Gain Access: For a one-on-one introduction to the Portal, please call Carol Walovich (650-723-1128) to schedule a visit from a Stanford Physician Liaison. Or visit <https://mdpportal.stanfordhospital.com> and select the "Register" button. Once you have completed the registration process, you can begin referring patients and reviewing their results and reports online. For assistance with the Physician Portal, please call the Help Desk at 650-723-3333 or toll free at 866-277-3768.

Stanford Hospital & Clinics Reaches Out to Physicians, Says Ambulatory Care Vice President

Gynecologist Jerry Shefren has seen Stanford from many vantages during his three decades as an attending gynecologist and physician leader practicing in a wide range of venues. Shefren

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STANFORD
HOSPITAL & CLINICS

Stanford University Medical Center

joined the Stanford and El Camino Hospital medical staffs in 1974 after a year as a Kaiser Permanente physician. In May 2003, a year after he left a position as executive medical director of Lifeguard, Inc. to rejoin the Stanford faculty, Shefren was appointed Vice President of Ambulatory Care at Stanford Hospital & Clinics (SHC), responsible for the overall management of the Stanford Clinics. He also continues to practice gynecology.



Dr. Jerry Shefren

We asked Dr. Shefren how referring physicians can most easily and effectively refer patients to Stanford – and why they should consider doing so.

Q Let's start with the basics. What does Stanford have to offer?

SHEFREN: We are a tertiary/quaternary medical center tied to a world-class university. First and foremost we deliver the finest of care and service not only to patients but also to our physician colleagues. Both constituencies are paramount.

Q Why is service to physician colleagues so important?

SHEFREN: We simply could not exist otherwise. Each year we record more than 20,000 admissions and serve nearly 400,000 outpatient visits. To say we value referrals would be an understatement, and we work constantly to become better partners with our referring colleagues. To do that, we have devised an action plan for improving communications, making it easier for

patients to receive care and for physicians to refer them.

Q How should physicians decide whether and when to refer a patient to Stanford?

SHEFREN: Obviously the reasons are as varied as the individual patient and physician making the referral, but I think there are some questions to answer to make the decision process a little easier:

- Does the patient have multiple, complex problems? For example, does the patient needing routine gall bladder surgery also suffer from acute coronary disease that necessitates complex anesthesia services not locally available?
- Does the patient require a controversial procedure? For example, if you are treating vascular disease and one study says you should amputate, one study says you shouldn't, I think most of us would like some additional expert input in making a decision like that.
- Does the patient require care or a procedure that you haven't seen or performed for awhile? Personally, I look for a second opinion after I think and ask myself, "Sure, I know what to do, but I haven't seen a case like this for years. What is the best choice for my patient?"
- Have you and your colleagues tried the range of recognized treatments? Your patient may benefit from a clinical trial available here.
- Does Stanford have a technology that might not be available locally?

Q How does a physician make a referral to Stanford?

SHEFREN: Perhaps the best way is for physicians to register with our Physician Web Portal, which gives them the ability not only to make referrals, but also provides online access to Stanford patient records. In this way doctors can follow patient progress with real time information, including transcriptions, lab results, etc. The Portal also

offers a secure e-mail connection so that our referring doctors can communicate directly with Stanford physicians about their patients. Physicians must register prior to using the Portal; for security purposes, there is typically a 24-hour waiting period to verify credentials.

Q What about more traditional referral options?

SHEFREN: Sure. Physicians can use the Referring Physician's Resource Center (RPRC) hotline number, (866) 742-4811, or contact the RPRC by email at referral@stanfordmed.org. Physicians may also contact a specific physician or clinic directly. Our 82-page Physician Referral Directory, mailed to our colleagues in the region, has a lot of useful information, including physician office numbers for Stanford's 34 clinics, 19 medical services and five Centers of Excellence – the Cancer Center, Heart Center, Neurosciences, Orthopedics, and Transplantation.

Q Should physicians initiate the referral or ask their patients to do so?

SHEFREN: We do have patient referral contacts, but we recommend whenever possible that physicians initiate the process for their patients. That way referral or clinic personnel can expedite the appointment and head off possible patient frustration. We want to tell doctors, if your patients do make the appointment, be sure to ask them to name you as the referring physician. That allows us to release patient information to keep you up to date on their care when they're here at Stanford.

Q What can referring physicians do to make sure their patient receives the best service and care possible?

SHEFREN: Well, there are some relatively simple practical steps physicians can take:

- Make sure that the patient brings all records and films to his or her appointment. This is especially

important when patients, for whatever reason, are not able to clearly articulate their needs to the SHC physician. Ensuring that patients have all relevant information will result in a more comprehensive evaluation.

- When making the referral, make it clear to the Stanford physician and/or the referral specialist what role you expect to play in the patient's care. If you are requesting a second opinion and expect that the patient will be returned to your care for further treatment, say so. If you are referring the patient to Stanford for ongoing treatment, make that clear. Of course situations can be fluid and can change, but it surely helps if the initial information is put on record appropriately.

Q **Stanford is a teaching hospital. Is this a benefit or is it something that patients and their doctors should grin and bear?**

SHEFREN: Having residents and fellows in the hospital 24 hours a day is a definite plus. Especially now with new federal regulations, residents are consistently and meticulously supervised by our physicians who have honed their skills to special levels by learning to mentor, teach and innovate. I've worked in hospitals without house staff and, given the choice, I'll take a teaching hospital for my patients any day. As an attending, you have to be good. You have to be knowledgeable to provide leadership to some of the brightest trainees in the world. Let's face it; you have to stay ahead of your stellar students!

Q **What else are you doing to provide optimal service?**

SHEFREN: I think we have two great initiatives that will help make our logistics as stellar as the care we provide every day. First, we have already made important strides in our ability to offer prompt appointments in all clinics at dates and times convenient for our patients. For example, using

“third next available appointment,” a nationally recognized metric that measures appointment access, we've been able to cut the waiting time for non-urgent patient appointments from 25.3 to 15.5 days across the specialty spectrum.

Perhaps most significantly, the hospital has recently selected a vendor that will facilitate the migration to a full electronic health record. This change-

over from paper charts will have a profoundly positive effect on our services, notably making the flow of patient information and records between the outpatient and the inpatient environments more seamless. In the coming months and years, I strongly believe that patients and their referring physicians will be increasingly pleased with their experiences at Stanford Hospital & Clinics.

Meet Your Stanford Liaison...

The Physician Referral Liaisons represent Stanford Hospital and Clinics in the community. Their role is to promote and foster relationships between referring physicians and SHC. Each liaison can facilitate patient referrals, respond to access concerns and provide you with information on Stanford programs, services and Continuing Medical Education events.

If one of our liaisons has not already visited you, they should do so in the near future. However, if you at any time have need of their services, please do not hesitate to call the liaison in your area.

Judy Bruzus, MPH – Judy Bruzus covers Stanford programs for Santa Clara, Monterey, San Benito, Santa Cruz, and San Luis Obispo Counties. Judy is credited with starting the first inpatient quality program at Stanford and returns with vast expertise in physician groups and individual practices. She can be reached at (650) 804-1691.

Carol Stepanich – Carol Stepanich is a resident of the East Bay and is responsible for supporting Stanford programs in Alameda, Solano, Contra Costa, Marin, Napa, San Mateo, and San Francisco Counties. Carol joined the Stanford liaison team over a year ago with vast sales experience and exemplary customer service skills from the private sector. She can be reached at (650) 804-9247.

Carol Stone, RN – Carol Stone resides in Stockton and is responsible for promoting Stanford services in the San Joaquin Valley. She has been a valuable member of the physician liaison team for over a year. Carol's rich experience as a medical group supervisor enables her to bring a new dimension to the program. She can be reached at (650) 804-8976.

Stanford Liaisons: Carol Stone, RN, Judy Bruzus, MPH, and Carol Stepanich



Continuing Medical Education

Stanford CME: The Department of Continuing Medical Education at Stanford Hospital and Clinics provides educational opportunities intended to reinforce basic medical knowledge, to impart new skills and technology, and to confer progressive, cutting-edge methods of clinical care and treatment to physicians and other health care professionals, with the goal of increasing positive patient outcomes.

Content: Stanford CME courses cover a comprehensive range of topics and target new and innovative treatments and therapies that are useful and pertinent to daily practice. We cover topics mandated specifically for California physicians including pain and palliative care, end-of-life care, and HIV treatment and reporting. Topics are further chosen based on attendee

requests, suggestions from outreach recipients, and current issues in medicine, i.e. avian flu and disaster-related care. We continue to develop and present a wide variety of courses, and welcome topical suggestions from the healthcare community.

Audience: Our CME activities are suitable for a wide variety of learners, primarily generalist and specialist physicians, surgeons, and internists who care for adult patients. Topics are appropriate for nurses and nurse practitioners, physician assistants, psychologists, social workers, and marriage and family therapists, as well as medical students and residents, and these categories of health care professionals are offered reduced enrollment rates. SHC is a registered Board of Registered Nursing provider, entitling RNs and nurse practitioners full nursing credit for our courses.

With courses planned both locally and in a variety of destination locations, our audience is made up of health care professionals from across the United States and Canada.

Results: Our goal is to provide informed, up-to-date medical data and treatment options that improve quality of care and increase positive patient outcomes. Our programs will be considered successful when attendees find them responsive to their educational needs and relevant to their clinical practice, and when clinical best practices exchanged through didactic presentations and question and answer sessions manifest in the daily practice of our attendees.

Speakers Bureau: Through a robust Speakers Bureau of more than 50 presenters, we facilitate liaisons between community physicians and Stanford faculty by offering focused learning opportunities to hospitals, clinics, and medical groups ranging from San Luis Obispo to Redding. Recent topics range from pain management to low back pain, infertility, partial breast irradiation, testosterone therapy in men, hormone replacement therapy, and cross-cultural health care. Outreach

presentations vary in length from two hours to a full day and are presented both onsite and via audio-video feed. For more information, or to schedule an outreach program at your facility, please contact Barbara Pannoni at bpannoni@stanfordmed.com or 650-724-7166.

For more information and a schedule of current CME courses, please visit our website at <http://www.cme.stanfordhospital.com>, email shc-cme@stanfordmed.org, or contact Sheila Tost at 650-724-7440.

New Faculty Appointments



**DAVID
WEILL, M.D.**

*Acting Associate Professor of Medicine
Stanford University School of Medicine*

David Weill, M.D., was appointed Director of Lung and Heart-Lung Transplantation in the Division of Pulmonary and Critical Care Medicine in January, 2006. He brings several years of experience and a dedication to transplant medicine to his new position.

Dr. Weill received his M.D. from Tulane University in New Orleans, LA in 1990, followed by a residency in Internal Medicine at the University of Texas Southwestern Medical Center and a fellowship in Pulmonary and Critical Care Medicine at the University of Colorado Health Sciences Center (UCHSC).

Prior to arriving at Stanford, Dr. Weill served as Associate Director of the Lung Transplant Program at UCHSC, where he was a postdoctoral fellow in both pulmonary diseases and lung transplantation. He has also been Director of Pulmonary Rehabilitation and Medical Director of the Lung Transplant Program at Medical City Hospital in Dallas, Texas, and Medical Director of the Lung Transplant Program at the University of Alabama at Birmingham.

Mark Your Calendar...

March 31-April 1, 2006

3rd Annual Clinical Update in Adult Medicine

Pre-Conference, March 30, 2006

Morbid Obesity: Causes, Evaluation, Implications, and Treatment

Frances C. Arrillaga Alumni Center
Stanford, CA

June 24-July 1, 2006

Palliative and End of Life Care for the Adult and Child

Voyage of the Glaciers Alaska Cruise

November 2-4, 2006

Stanford Otology and Neurotology Update 2006

The Stanford Court Hotel
San Francisco, CA

For more information visit
www.cme.stanfordhospital.com

Dr. Weill's primary research interests focus on translational studies on the role of cytomegalovirus (CMV) in lung transplant rejection. This investigative work is highlighted by his development of treatment protocols to prevent and treat CMV infection, which have led to increased survival in lung transplant recipients.

Dr. Weill is board certified in Internal Medicine and Pulmonary Disease by the American Board of Internal Medicine (ABIM). Anyone wishing to refer a patient to Dr. Weill should call the Stanford Hospital Chest Clinic at 650-725-7061.



**ERIC
SOKOL, M.D.**

*Assistant Professor of Obstetrics and Gynecology
Co-Director, Urogynecology and Pelvic Reconstructive Surgery*

Eric Sokol recently joined the department of Obstetrics and Gynecology at the Stanford University School of Medicine as an Assistant Professor of Obstetrics and Gynecology and Co-Director of the Urogynecology and Pelvic Reconstructive Surgery section. He did his residency training at Northwestern University and completed a three-year fellowship in Urogynecology and Pelvic Reconstructive Surgery with an emphasis on Minimally Invasive Surgery at Brown University.

Dr. Sokol's goal is to offer cutting-edge diagnostic and treatment options for women with complex pelvic floor disorders such as urinary incontinence, overactive bladder syndromes, pelvic organ prolapse, voiding and defecatory dysfunction, fecal incontinence, fistulas, diverticulum and vaginal agenesis.

Examples of treatment options offered by Dr. Sokol include minimally invasive, uterine-sparing surgeries for prolapse and incontinence (such as

laparoscopic sacrohysteropexy, laparoscopic uterosacral uterine suspension, laparoscopic paravaginal repair and laparoscopic colposuspension); open and laparoscopic sacrocolpopexy; retropubic and transobturator suburethral slings; sacral neuromodulation for overactive bladder and urinary retention; transperineal surgical approaches to treat defecatory disorders and fecal incontinence; using grafts to repair recurrent and complex prolapse; transurethral injection of bulk-enhancing agents to treat stress incontinence; and transvaginal and transabdominal approaches for pelvic floor disorders.

Stanford's center of Urogynecology and Pelvic Reconstructive Surgery is conveniently located at 900 Blake Wilbur Drive, next to the visitor parking lot at Stanford Hospital. Our beautiful facility includes a new, state-of-the-art urodynamics laboratory and access to a team of specialists, allowing us to offer integrated care to patients in conjunction with pelvic floor physical therapists, urologists, and colorectal surgeons. We also offer consultation for urodynamic testing alone.

Dr. Sokol is available to answer questions or for phone consultations about your patients through the Urogynecology Clinic at 650-725-6079 or via cell phone at 650-380-4834.



**LAURENCE
KATZNELSON,
M.D.**

*Associate Professor of Neurosurgery and Medicine at Stanford University School of Medicine
Medical Director of the Pituitary Center at Stanford University
Program Director for the Endocrine Fellowship Training Program, Stanford University*

Laurence Katznelson, MD received his medical degree from the University of California, Los Angeles and performed

his internship and residency in Internal Medicine at the Hospital of the University of Pennsylvania, Philadelphia. He then performed a fellowship in endocrinology and metabolism at the Massachusetts General Hospital and Harvard Medical School, Boston. He was a member of the Neuroendocrine Unit at Massachusetts General Hospital until he recently assumed the Medical Directorship of the Pituitary Center at Stanford University.

Dr. Katznelson is an Associate Professor of Neurosurgery and Medicine at Stanford University School of Medicine. At Stanford University, he is the Program Director for the Endocrine fellowship training program.

He is a member of the Editorial Boards for Pituitary and the Journal of Clinical Endocrinology and Metabolism. Dr. Katznelson has served as an ad hoc member of NIH study sections. He is currently Chairman of Membership for the international Pituitary Society. Dr. Katznelson has co-authored multiple consensus statements for the management of neuroendocrine disorders.

Dr. Katznelson's clinical practice interests involve the management of patients with endocrine tumors, particularly of the pituitary and adrenal glands. The goals of his practice are to oversee a multidisciplinary approach to these disorders, which, especially in the case of the pituitary gland, are rare (such as acromegaly and Cushing's syndrome). He has expertise in application of medical therapeutics to these endocrine tumors, and is actively involved in clinical trials to advance medical therapies in this area. Dr. Katznelson has a long standing research interest in the pathophysiology and treatment of pituitary disease and the effects of testosterone and growth hormone replacement therapy on body composition in adults. Dr. Katznelson has spoken internationally on pituitary and adrenal disorders, and androgen replacement in men.

Dr. Katznelson can be reached at (650) 725-0701, or via email at lkatznelson@stanford.edu.

Hospitalist Program Expands to Provide Safety and Efficiency For Patients and Referring Physicians

As the new director of Stanford's hospitalist program, Benny Gavi, MD, MTS, has a message for his colleagues, particularly those who are busy seeing patients in clinics or private practice:

"I'm eager to get the word out. We have an expanded, evidence-based inpatient medicine program that will improve your patients' experience when you send them to Stanford Hospital & Clinics (SHC). We want to work together with you to create high quality care that transcends the inpatient/outpatient continuum."

Stanford's hospitalist program recently expanded its capacity from one to three physicians, "allowing us to implement an outreach program to establish relationships with our colleagues who entrust us with their patients," adds Lisa Shieh, MD, PhD.

"Establishing a relationship with the hospitalist ensures seamless continuity of care."

Until she was joined last July by Gavi and Keith Posley, MD, MS, Shieh served for six years as SHC's lone full-time faculty hospitalist.

Tripling the number of hospitalists at one time may be a bit ahead of the national curve, but planned and rapid growth of this decade-old specialty is certainly the norm. When UCSF faculty member Robert Wachter, MD, coined the term in a 1996 journal article, about 800 doctors nationwide identified themselves as hospitalists. Since then the number of physicians whose primary focus is the medical care of hospitalized patients has grown

to 15,000 nationwide, according to the Society of Hospital Medicine (SHM), which estimates that the number of hospitalists will grow to 30,000 by 2010.

Gavi, Shieh, and Posley concede that some of their colleagues are unsure exactly what hospitalists do for doctors and their patients. At SHC, hospitalist duties are extensive and begin with the stated core mission of caring for hospitalized patients using a rigorous model of evidence-based medicine. But the

hospitalist's role is broad. For example, at SHC hospitalists provide medical consultation for surgical and other specialty service patients and they supervise and mentor house staff and students. In addition, hospitalists enhance quality improvement efforts by participating in and leading research projects, and consulting with clinical services throughout the hospital.

"We perform a variety of services, but probably the most important thing we can do is make a hospital stay

Here's a quick look at Stanford Hospital & Clinics' three faculty hospitalists. All three are clinical assistant professors of medicine with Stanford Medical Group, a practice of the Division of General Internal Medicine. The three come from varied backgrounds – Shieh has a PhD in medical engineering, Gavi a master's in theology, and Posley was trained in kinesiology and previously practiced primary medicine.

BENNY GAVI, MD, MTS, *Director, Hospitalist Program, Clinical Assistant Professor of Medicine, Division of General Internal Medicine* – Dr. Gavi received his MD in 1996 from Harvard



University, where in the same year he received a Master's of Theological Studies with a specialty in medical ethics. He came to Stanford in July 2005 after six years as a hospitalist at Brigham and Women's Hospital, where he completed his residency in 1997, and at

Faulkner Hospital, where he also served as Director of Ethics Services. His clinical interests include medical consultation, quality improvement, patient safety and medical ethics.

KEITH A. POSLEY, MD, *Clinical Assistant Professor of Medicine, Division of General Internal Medicine* – Dr. Posley received his MD with highest honors in 1993 from the University of Southern California. He received an MS in kinesiology from UCLA in 1989. After completing a Stanford residency, Posley served as a staff physician in outpatient medicine for two years at the VA hospital in Palo Alto before making the transition to hospital-based medicine in 1998. He served as a hospitalist at Walter Reed Army Medical Center from 2002 to 2004 and at Inova Fairfax Hospital for a year before he was recruited to Stanford in July 2005. He is interested in facilitating the link between outpatient and inpatient care. He coordinates medical education for the Division of General Internal Medicine.

LISA Y. SHIEH, MD, PhD, *Clinical Assistant Professor of Medicine, Division of General Internal Medicine* – Dr. Shieh graduated from Harvard Medical School in 1996, one year after completing a PhD in medical engineering at Massachusetts Institute of Technology. She became a hospitalist at Stanford in 1999, and for much of her six years in that role served as lead or sole hospitalist with Stanford Medical Group. She also completed her residency in internal medicine at Stanford. Dr. Shieh's interests include quality improvement, patient safety and optimizing patient flow in hospitals. She actively participates in medical student and house staff education, as well as supervision of medicine consultation and invasive bedside procedures.

safer, more comfortable, and shorten the length of stay for the patient,” says Gavi.

Our value is really an immeasurable benefit to overall patient care and to our referring physician colleagues, who among other benefits are able to spend more time with patients in their clinics rather than commuting between the office and the hospital.

“To say we value referrals would be an understatement, and we work constantly to become better partners with our referring colleagues”

Gavi, Shieh, and Posley practice through Stanford Medical Group (SMG), a practice based within the Division of General Internal Medicine. On a rotating basis, one of the three hospitalists is primarily responsible for seeing SMG inpatients, as well as patients from Stanford’s family practice program, the University’s Vaden Health Center for students, and increasingly now that the team is larger, direct referrals from PCPs. A second team member serves on the consult service, providing medical care to surgical and other specialty care patients. The third hospitalist supervises outpatient pre-op and quality assurance.

Residents supervised by the hospitalists, who serve as clinical assistant professors of medicine, ensure in-house 24-7 coverage for patients.

“We hope doctors will want to call us ahead of time so we can establish a relationship and ensure seamless continuity of care, Gavi explains. “Then at the time of referral, they can tell their patients, ‘These are my hospitalist colleagues at Stanford. I know and trust them. I will be in contact with them. And if you have questions after your visit, I know how to contact them.’”



The Stanford Cancer Center

Posley, formerly a PCP, is empathetic with referring physicians who fear they may lose control of their patients in a large hospital system.

“Doctors no longer have to make the choice between admitting the patient locally or sending them to Stanford where they perceive they would have to give up care. When they refer a patient to us, they are making a decision in favor of continuity of care.

To contact the hospitalist service, call (650)723-8222, pager 23233.

Bid to Become NCI Designated Cancer Center Continues

Stanford Hospital & Clinics and the School of Medicine are working together to submit an application to become a National Cancer Institute Comprehensive Cancer Center. Gaining this designation will place Stanford among 39 other NCI designated centers across the country.

The requirements for the designation included structuring research and services in new ways. Stanford has created nine major programs to support cancer research, and has dedicated resources to such work. Other requirements include population and epidemiology research, which will be assisted by the partnership with the Northern California Cancer Center, and an improved database system for monitoring clinical trials.

Stanford has been working towards the designation since the cancer center opened in March, 2004. Receiving it will mean access to millions of dollars to fund cancer facilities and programs, as well as increased numbers of patients referred to Stanford for treatment. Physicians and patients are more likely to seek out a cancer center with an NCI designation for treatments and clinical trials.

The application will be submitted in February, 2006 with the official review taking place likely in May, 2006.

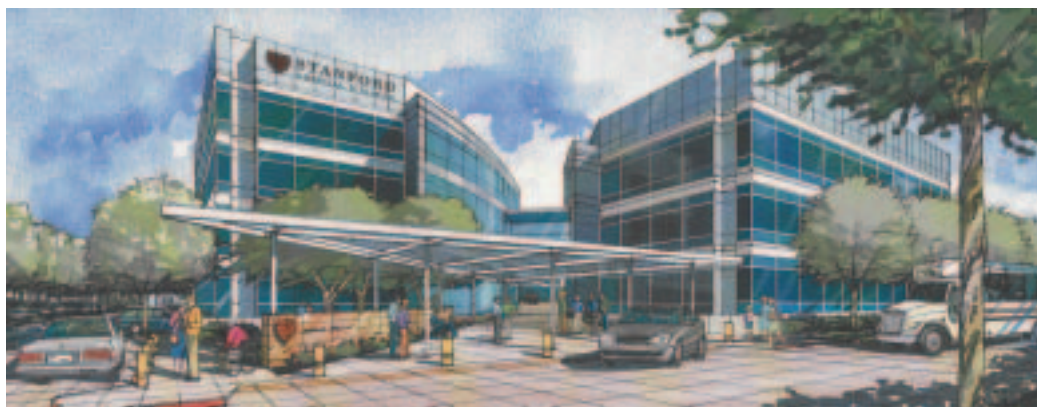
Clinical Services Will Be Offered at SHC's New Redwood City Site

Stanford Hospital and Clinics has purchased and is outfitting four buildings near Highway 101 in Redwood City to provide outpatient orthopedics, ophthalmology, radiology and primary care services.

"This expansion, quite simply, will give us the space we need to continue to improve our services to patients and to the community," said neurosurgeon Larry Shuer, SHC Chief of Staff. "The Redwood City site was selected from among several choices because of its proximity to our existing medical center and because easy freeway access is helpful for both patients and staff members traveling from our Palo Alto campus," said Shuer.

"This will result in nearly tripling the space for ambulatory services, allowing the creation of an orthopedic treatment center and allowing Stanford Medical Center to meet the needs of our patients and researchers alike," said Paul M. Ford, a faculty physician at Stanford Medical Group.

Scheduled to open in 2007, the 360,000-square-foot facility will be refurbished and converted for medical use at the former home of Excite @Home. It is located between Marsh



and Woodside Road at Midpoint Technology Park.

"Stanford University has a worldwide reputation for innovation and academic excellence," said pediatrician Philip A. Pizzo, Dean of the Stanford School of Medicine. "In medicine, the trend toward outpatient care is growing and expanding. Our new facility will provide the most up-to-date outpatient care to the patient," the Dean said.

Purchase of the complex preceded Stanford University's latest purchase of eight buildings in Redwood City's Midpoint Technology Park. Larry Carr, Director of Government Relations at SHC, said these two transactions are completely separate.

"While the university is the sole corporate owner, Stanford Hospital & Clinics has its own chief executive office and budget," Carr said last

November. "The hospital recently bought a portion of these buildings as a completely separate real estate transaction. The university and the hospital maintain close communication. We both know what the other is doing in terms of business management."

"Right now, we are working with the Redwood City government to obtain entitlements, which allow us to use the buildings however we choose – in this case, as outpatient facilities," Carr said.

This move is the first time the hospital will provide off-site care. Those involved with the relocation believe it will serve to benefit Redwood City and other Bay Area community members.

"Redwood City is a great location and a great community. We look forward to working with them in the future," Carr said.

– Adapted from the *Stanford Daily*, Nov. 14, 2005

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