



Reid M.D. Update

News for Physicians

First Quarter
2019

Making sure the grass is greener at Reid Health

Can you imagine physicians being so satisfied and happy at Reid Health that they never wanted to leave? That's the goal of the new **Physician Engagement and Resilience Committee (PERC)**, which began meeting last fall to create a more positive and supportive environment for the medical staff.

"An engaged, resilient and happy medical staff is crucial to the success of Reid Health and the well-being of our patients," says Chief of Staff **Jennifer Bales, M.D.**, an emergency medicine physician who chairs the PERC. "The PERC gives physicians a forum to share their concerns and ideas for improving their overall satisfaction and creating a stronger sense of community with one another."

Members include 12 physicians and six Reid Health administrators. Among the PERC's goals are to:

- Build community through social and networking events that give physicians (and their families) opportunities to connect on a personal level
- Improve physician health and wellness
- Recognize physician achievements that sometimes get overlooked, such as years of service or volunteerism
- Reduce daily frustrations, such as staff turnover and inefficient technology

Early progress

In just a few short months, the PERC—with the full support of Reid Health's leadership team—has made progress. The committee has hosted several social events, including the "Black, White and Bling Bash" in January, and facilitated improvements to physician parking on the hospital's main campus. Plans are in the works to remodel the physician lounge and convert the medical library into a fitness area for physicians. Another initiative involves starting a "physician leadership academy," with courses focused on improving business and interpersonal skills.

"I really applaud the administration for recognizing how important physician satisfaction is to the organization's long-term success," says **Thomas Grayson, M.D.**, a general surgeon who has been on the medical staff for 20 years. "The reality is that the nationwide physician shortage and physician employment model have given doctors unprecedented professional mobility. It's easier than ever for us to switch jobs, and in fact there is a financial incentive to do so because of sign-on bonuses. We need to make Reid Health more desirable than the countless other opportunities available to doctors—that's what the PERC is all about."

Drs. Bales and Grayson say they hope doctors will be part of the process, by sharing their ideas and participating in events and

activities for the medical staff. To tell the PERC what's on your mind, you can:

- Contact Dr. Bales (Jennifer.Bales@ReidHealth.org) or Tiffany Ridge, Manager of Graduate and Continuing Medical Education at Reid (Tiffany.Ridge@ReidHealth.org)
- Talk to any member of the PERC—they want to hear from you!
- Leave a note in the suggestion box, located in the Physician Lounge

PERC Physician Members

Dr. Jennifer Bales, Emergency Medicine

Dr. Annuradha Bhandari, Internal Medicine

Dr. Joseph Clemente, OB/GYN

Dr. Timothy Cobb, Co-Chief Resident, Family Medicine Residency Program

Dr. Thomas Grayson, Surgery

Dr. Thomas Huth, Vice President of Medical Affairs

Dr. Soha Rizvi, Co-Chief Resident, Family Medicine Residency Program

Dr. Erica Kretchman, Endocrinology

Dr. Christopher Neher, Orthopedic Surgery

Dr. Roy Teng, Interventional Radiology

Dr. Daniel Wegg, Family Medicine

PERC Administrative Members

Kelly Beall, Vice President-Executive Director of RHPA

Greg Lutz, Director, Provider Engagement

Tanja McFarland, Employee Assistance Program Counselor, Lead

Amy Powell, Manager, Provider Recruitment & Retention

Tiffany Ridge, Manager, Graduate & Continuing Medical Education

Tajuan Stoker, Director, Wellness



Christina Lakes, NP, is first 'Virtual Visit Victor'



Christina Lakes

A new recognition program celebrates Reid Health Physician Associates (RHPA) providers who participate in the Reid HealthNow mobile urgent care program. And **Christina Lakes, NP**, is the first "Virtual Visit Victor" of the year.

Randi Whitesel, RN, Director of Telehealth/Occupational Medicine, said the recognition is a way to encourage participation and celebrate the successes of the program, which was launched in 2016. Reid HealthNow allows patients to have virtual urgent care visits from a computer, tablet or smart phone, and has

received extremely high marks for patient satisfaction. Any RHPA physicians, nurse practitioners or physician assistants can sign up to handle visits. All they have to do is contact Whitesel or their practice manager.



Randi Whitesel

Whitesel notes that 0.97 RVU/visits can be earned for each encounter a provider handles. The provider can be logged in during office hours or after hours. The average visit is only seven minutes. To honor Lakes, the program will provide a special lunch to Lakes and her colleagues at Reid Internal Medicine.

Reid Health installs a drug disposal kiosk *By Jay Bhavsar, D.O., Family Practice Resident at Reid Health*



Jay Bhavsar

Reid Health has installed a drug "take-back" kiosk near the Cafe at 1200. The kiosk is a safe, convenient and environmentally friendly way for the general public and Reid staff to dispose of unwanted medications.

In October 2014, the Drug Enforcement Administration (DEA) implemented a regulation allowing pharmacies and other health care entities to register as collection sites for controlled substances and medications. Health care entities must apply to have the "authorized collector" status added, at no cost, to their DEA registration before obtaining a drug disposal kiosk from a vendor. Reid Health has successfully completed this process and been designated an "authorized collector" by the DEA.

Many patients possess expired prescription medications, or medicine discontinued by instruction due to dose adjustments or side effects; or they may have prescription medications from a deceased loved one. Patients often fail to properly manage medications at home, where all that should be on hand are current prescription medications and as needed over-the-counter medications.

Misuse may lead to harmful consequences such as undesirable side effects, prescription drug abuse, overstocking, self-medication, accidental overdose, resistance to antibiotics, medication errors, intoxication, drug use of insufficient duration and dose, use by individuals other than the patient, and death. In some situations, patients keep medications because they do not want to waste them; they do not check the expiration date; or they do not know a proper and safe way to dispose

of them. The American Association of Poison Control Centers' National Poison Data System (2010) reported that overdose and poisoning deaths accounted for more than 30 percent of accidental ingestion of prescription or over-the-counter medications. In 2010, over 800,000 visits to emergency departments nationwide were due to unintentional poisoning via prescription or over-the-counter medications. Packaging medications in child-resistant containers cannot completely prevent a minor from accessing the medicine. This is supported by a study that examined cases of accidental exposure of a child to medications; nearly 50 percent of the medicines involved were stored in child-resistant containers.

Improper disposal poses threats to human and environmental health. If flushed down a drain or toilet, medications may not be destroyed adequately by the sewer system and may cause harm to plants and animals by entering the water supply. In one study, researchers found a considerable level of chemical compounds commonly found in medications and pharmaceutical elements in 80 percent of sampled streams, fresh drinking water, groundwater and sewage. Although low concentration of these medications is negligible, the existence of multiple compounds in drinking water and the environment can lead to serious health threats in the long run.

In the United States, we have a well-established national program for safe disposal of expired prescription drugs through the DEA's National Prescription Drug Take Back Initiative. Since 2010, organized Drug Take Back events have promoted proper drug disposal. Other involved agencies that provide disposal guidelines include the White House Office of

National Drug Control Policy, Food and Drug Administration, Environmental Protection Agency, Centers for Medicare and Medicaid Services, Occupational Safety and Health Administration and Waste Companies/Reverse Distributors. Other avenues for patients to dispose of medications in our community include Drug Take Back Days coordinated by the Richmond Police Department and a drug disposal kiosk located in the Richmond Police Department lobby.

Patient education is the key. Patients receive instructions on how to use medications, but rarely do they get proper information on safe and appropriate ways to dispose of them. As physicians, it is our duty to provide information on proper disposal during medication counseling to ensure patients develop positive disposal practices. Safe disposal instructions can easily be provided as part of routine patient education. It is vital we discuss the potential dangers of non-adherence, emphasize the importance of finishing prescribed courses of medicines and, if possible, prescribe smaller quantities at the start of medication therapy. Additionally, pharmacists should augment patient education and play a major role in providing proper information concerning safe disposal of medications.

The drug disposal kiosk is located in a high-traffic area, is monitored by security cameras and is accessible 24 hours a day, 7 days a week. Syringes and sharps CANNOT be disposed of in the kiosk. Pharmacy staff maintain safe removal of the contents. The drug disposal kiosk gives us as physicians the opportunity to not only protect our patients, but also their children, families, loved ones and the community as a whole.

Immunotherapy: New treatment improves outcome for Reid patient

In the last issue of Reid MD Update, Sulfi Ibrahim, M.D., a Reid Health medical oncologist, shared about what he termed “the immunotherapy revolution.” This is a success story involving one of his patients who was among the first in the nation to receive an immunotherapy treatment soon after it received approval.

When John Straszheim and his family were told by an Ohio health care system that all options were exhausted for treating his cancer, he was given three months to a year to live. The Preble County, Ohio, family had begun thinking about hospice.

But a decision to go to the nearby Reid Health Cancer Center for any remaining care proved lifesaving -- thanks to what the family sees as a “miraculous” series of circumstances resulting in Straszheim becoming one of the first patients in the United States to be treated with a new immunotherapy drug shortly after it was approved by the Food and Drug Administration.



John Straszheim

The 85-year-old had been dealing with a recurrence of a squamous cell carcinoma, a treatable but potentially deadly skin cancer. A growth on his cheek had spread to the nerves in his skull. He had been receiving treatments in Ohio since late last year that at first had some effect before the cancer proved more aggressive. The family was finally told all options had been exhausted.

“They said there wasn’t anything else they could do,” recalls Deborah Flory, the Straszheim’s eldest daughter, who cares for her parents. The devastated family completed end-of-life arrangements. Flory said her father needed new glasses, but wouldn’t get them. “I don’t need them,” he had told her. “I’m not going to be here that long.”



Sulfi Ibrahim

Reid Health’s **Sulfi Ibrahim, M.D.**, shared with the family about Cemiplimab, a monoclonal antibody being tested for the treatment of metastatic cutaneous squamous cell carcinoma. Researchers believed the drug could help enhance a patient’s own immune system to fight the cancer, Dr. Ibrahim said. The doctor, Reid Health Pharmacy and Straszheim’s cancer navigator Dianne Bailey, RN, BSN had already been working on the possibility of getting the treatment for Straszheim as a trial.

Then the great news of FDA approval came. Kathy Gilliland, PharmD, Reid pharmacist, worked with other team members to order cemiplimab and make it available from the pharmacy. Everything fell into place for Straszheim to begin treatment in October.

By a December 4 scan, his cancer was in remission. The family was shocked – and thrilled.

They are convinced prayer and miracles were involved in getting them connected to Dr. Ibrahim, who they say went above and beyond on their behalf. “He has personally called us three different times,” Flory said, including with the news of the December scan. The doctor credits a podcast on immunotherapy treatments he heard while running about year ago, the timing of meeting Straszheim and his family and some quick action by the Reid Health Pharmacy to obtain the new drug to make it available with what resulted in successfully putting the disease in remission. “This was the best Christmas gift we could have ever gotten,” exclaimed Flory, who lives with her parents and helps care for them. “It’s a miracle.” Straszheim jokes that with this and other health issues – a past heart surgery, a couple of strokes and a recent ankle injury – he’s just “keeping all the doctors happy.”

Dr. Ibrahim recalls that the first time he saw Straszheim, his new patient was resigned to a terminal diagnosis. “When he saw me the first time, he had no expectations. He had already accepted the fact that there were no treatment options for that diagnosis,” he recalled. Surgeries had not been successful. Chemotherapy and other treatment options either caused severe side effects or just would not be an option for a patient of his age.

A couple of other treatments were tried at first, but they caused severe reactions including a painful breakout on his skin. Straszheim had already decided he wouldn’t proceed with more treatments, even as Dr. Ibrahim and the Reid cancer team worked to get the immunotherapy medicine, possibly as a trial if it had not been approved in time.

“Oncology is such a rapidly changing field,” the doctor notes. As an oncologist providing community care of multiple types of cancer, he spends much of his free time researching the latest information online or listening to podcasts and programs while he runs each day and commutes to and from his practice in Richmond.

Dr. Ibrahim was already aware of immunotherapy drugs and how they were proving to be great treatment options in clinical trials. The options that had been tried unsuccessfully with Straszheim were considered the current standard of care, though the standards are changing constantly, Dr. Ibrahim explains.

“There were 30 new drugs approved just last year. If you are a medical oncologist, you need to know not only the current standard of care, but also what is out there on the horizon,” says Dr. Ibrahim.

Dr. Ibrahim says immunotherapy is an exciting area of cancer research. It has been used successfully to fight lung cancer, and he’s eager to learn more about a breast cancer therapy that is on the horizon. When he worked at another health system, he was able to treat a lung cancer patient whose prognosis wasn’t good using immunotherapy in a clinical trial. “She went on the trial, and the cancer went away,” he says. “You see amazing things now. It is historically unprecedented. So many cancers will become curable because of immunotherapy. It is completely transforming oncology and medicine as a whole.”

Straszheim will continue treatments for a year. He’s looking noticeably better to his family, his church family and his doctor. He hasn’t yet gone ahead with new glasses; however, Flory said: “He’s decided he will go ahead and get a new pair of jeans.”



John Straszheim and daughter, Deborah Flory

Journal publishes four papers by Shrikant Tamhane, M.D.



Shrikant Tamhane

The *Journal of Clinical Endocrinology and Metabolism* recently published four papers by **Shrikant Tamhane, M.D.**, of the Reid Endocrinology Center. The papers will be a part of the Endocrine Society Guidelines.

Dr. Tamhane notes he was fortunate to work with “wonderful mentors and thought leaders in the field of endocrinology at the Mayo Clinic during my fellowship” and says he appreciates the opportunities to make a difference through research. The papers included:

- *GH Therapy in Childhood Cancer Survivors: A Systematic Review and Meta-Analysis.* Growth Hormone deficiency is one of the most common endocrinopathies observed in childhood cancer Survivors (CCS) with history of central nervous tumors. This study is the first meta-analysis to evaluate outcomes related to growth hormone therapy (GHT) in CCS, and the analysis suggests GHT is associated with a statistically significant gain in height, may improve lipid profiles and quality of life and does not appear to increase the cardiovascular or metabolic risks. The results of the study will guide the physicians to better weigh the risks and benefits of GHT in these patients and emphasize continued close monitoring of patients with CCS on GHT.
- *Diagnosis of GH Deficiency as a Late Effect of Radiotherapy in Survivors of Childhood Cancers.* The diagnostic accuracy of various dynamic tests for growth hormone deficiency in childhood cancer survivors appears to follow the same

patterns as those in non-CCSs. Interpreting growth hormone-releasing hormone stimulation is a challenge given the primarily hypothalamic dysfunction in CCSs. The proteins IGF-1 and IGFBP-3 perform poorly in this population.

- *Cardiovascular and Metabolic Outcomes in Congenital Adrenal Hyperplasia: A Systematic Review and Meta-Analysis.* Individuals with congenital adrenal hyperplasia (CAH) require glucocorticoid therapy to replace cortisol and to control androgen excess. The findings of this analysis suggest that compared to controls without CAH, individuals with CAH treated with glucocorticoids had increased SBP, DBP, insulin resistance and carotid intima thickness. No statistically significant difference was noted in fasting blood glucose or lipids. Potential contributing factors to increased cardiovascular and metabolic risk in individuals with CAH include excessive therapy with glucocorticoids or mineralocorticoids and uncontrolled androgen excess.
- *Genital Reconstructive Surgery in Females With Congenital Adrenal Hyperplasia: A Systematic Review and Meta-Analysis.* The long-term follow-up of females with CAH who had undergone urogenital reconstructive surgery shows variable sexual function. Most patients were sexually active and satisfied with the surgical outcomes; however, some patients still complained of impairment in sexual experience and satisfaction. The certainty in the available evidence is very low. Abstracts and links to the full text are available on pubmed.gov.

Choose Well at Home food program aims to improve patient health

A new healthy meal delivery program launched in February that aims to provide affordable, healthy meals to improve the health of patients referred into the program, says Kris Ankeny, Director of Food & Nutrition Services at Reid Health.

The program replaces a Meal on Wheels program taken on by Reid Health six years ago with one that can reach a broader geographical area. A main difference is that Choose Well at Home will require a physician-caregiver referral; Meals on Wheels was a self-referred program.

Participants in the current Meals on Wheels supplied by Reid can choose to be “grandfathered” into the new program. New participants who aren’t referred to Choose Well at Home can opt for other Meals on Wheels programs in the region.

“This program will allow us to reach more people in the area,” Ankeny said. A major goal is to ensure that patients are maintaining good nutrition and diet control by having access to meals planned by registered dietitians. “We believe this will benefit patients with chronic conditions who have trouble maintaining or accessing good nutrition,” he adds. “It can also benefit patients who are medically fragile or malnourished, and thereby reduce complications and avoid readmission to the hospital after they are discharged.”

Choose Well offers an option for individuals who struggle with knowing what is most appropriate to eat, have difficulty preparing healthy meals, or have trouble accessing appropriate foods for their condition.

Choose Well at Home will offer a menu of meals prepared fresh at Reid Health and then

frozen so they can easily be reheated. Meals will be delivered weekly to patients who will make choices from the program menu based on their dietary and nutrition needs. Participants will be able to order them online.

Ankeny said that current Meals on Wheels clients who want to remain will be switched to the program sometime this spring, referrals for chronic disease management will be phased in.

For more information, contact: Kris.Ankeny@ReidHealth.org.



Introducing your new Chief of Staff

Jennifer Bales, M.D., was recently elected chief of the medical staff at Reid Health—the first woman to hold that position.



Jennifer Bales

In addition to her responsibilities as chief of staff, she is medical director of Reid Occupational Medicine and chair of the Physician Engagement and Resilience Committee (PERC). “My goal as chief of staff is to make the physician and provider experience a priority,” she says. “I want to help foster a feeling of trust, engagement and wellness among the medical staff.”

Dr. Bales joined the medical staff in 2005 as part of Emergency Medicine of Eastern Indiana. Previously she served as section chief for emergency medicine at Reid (2010-17) and chair of the Credentialing Committee (2017-18).

Dr. Bales is on the board of directors for JACY House, a child advocacy center. She also serves on the Women’s Fund Committee, which raises money to make donations to women and children of Wayne County. A Lexington native, Dr. Bales is married to Dwayne Phillips, a senior IT consultant with Veritas Prime. They live in Richmond with their children, Jackson, 12, and Katie, 10.

News brief

Congratulations to Reid physicians who were recognized for their presentations at the 2018 Indiana Academy of Family Physicians Research Day. These include **Stephanie Kidd, D.O.**, author, and co-author **Jordan Raynor, M.D.**, for second place with “Creutzfeldt-Jakob Disease, a Challenging Diagnosis in Primary Care” in case presentations category; and **Timothy Cobb, D.O.**, author, and co-authors **Nuzhat Nisa, M.D.**, and **Novera Inam, M.D.**, for second

place with “Posterior Reversible Encephalopathy Syndrome (PRES): Hidden Face of Chronic Hypertension” in the posters category.



Stephanie Kidd



Jordan Raynor



Timothy Cobb



Nuzhat Nisa



Novera Inam

Welcome to the team!



Ma'n Abdullah

Ma'n Abdullah, M.D., gastroenterology and hepatology, is practicing in the general surgery office. Dr. Abdullah comes to Reid Health from Franciscan Physician Network, in Lafayette, IN. His medical school training was at Damascus University School of Medicine, Damascus, Syria, in the early 1990s. He participated in extensive externships, including in pediatrics and internal medicine. His residency in internal medicine was at the University of Connecticut School of Medicine in Farmington, CT. He also has a Master's of Science in Clinical Research from the Department of Medicine, Indiana University School of Medicine in Indianapolis, where he also completed a fellowship in gastroenterology and hepatology in 2008. He is a former medical director of Indiana University Health Gastroenterology & Hepatology Services, Hancock Regional Hospital in Greenfield. And he served as assistant professor of clinical medicine in gastroenterology and hepatology at the Indiana University School of Medicine. Dr. Abdullah is board certified in internal medicine and gastroenterology by the American Board of Internal Medicine.



Minh Chau Ha

Minhchau Ha, M.D., joined Reid Hospitalists as the team's first dedicated nocturnist. She completed her residency in 2018 at Wayne State University, Ascension-Crittenton Hospital in Rochester, MI. Her medical degree is from Michigan State University College of Human Medicine in East Lansing, MI.



Joel McClurg

Joel McClurg, M.D., orthopedic surgeon, joined Reid Orthopedics in Richmond. Dr. McClurg brings extensive experience in orthopedic and robotic surgery to the team. He received his medical degree in 1998 from the Medical College of Ohio in Toledo. He completed a surgical internship and orthopedic residency at The Ohio State University Hospitals, serving as administrative chief resident and post-doctoral fellow with the Department of Orthopaedic Surgery. He is board certified by the American Board of Orthopedic Surgery.



Abby Koons

Abby Koons, NP, recently joined Reid Oncology Associates. She was most recently with Indiana University Health Ball Memorial Oncology Physicians at IU Health Ball Memorial Cancer Center in Muncie. She previously worked for Reid Health from 1994 to 2003 as a nurse on the oncology

inpatient unit. Her nursing degree is from Indiana University East in 1994. She obtained her Master's of Science in Nursing from Ball State University in 2003.



Ashley Partin

Ashley Partin, NP, joined Reid Urgent Care. She received her Master's of Science in Nursing, Family Nurse Practitioner, in 2018 from Indiana University East. She also has a Master's in Nursing from Mount St. Joseph University in Cincinnati, and a Bachelor's Degree in Exercise Science from Indiana University in Bloomington. She comes to Reid Health from Dearborn County Hospital in Lawrenceburg, where she worked in occupational health.



Brenda Carr-Vogelgesang

Brenda Carr-Vogelgesang, NP, joined Reid Health Geriatrics & Transitional Care. She brings more than 20 years in health care experience to the practice. She received her Master's of Science in Nursing, Family Nurse Practitioner, in 2009 from the University of Indianapolis, where she also obtained her nursing degree. She comes to Reid Health from St. Francis Hospital in Indianapolis, where she was a palliative care nurse practitioner.

Provider Networking Announcement

SAVE THE DATE
APRIL 30 • 5 P.M.

**Tour the remodeled
Pediatric Rehab area!**

5 p.m. - Appetizers & tours

6 p.m. - Dinner

6:15 p.m. - Advisory Board Speaker on
“The High Performance Medical Group”

Reid Health Rehabilitation Services
2021 Chester Blvd., Richmond, IN



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RETURN SERVICE REQUESTED

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Reid Health, Richmond area a wonderful surprise for Rhoads honoree



Erica Kretchman

When **Erica Kretchman, D.O.**, came to interview at Reid Health and tour the Richmond community in 2011, she intended it to be simply a “practice” for her goal of finding a new position closer to her home state of Michigan.

The more she and her family saw and heard about Reid and the area, the more they were shocked to realize they loved it here. They wanted to stay. And they did.

Only a few years later, the family of four is well-rooted and active in the community. Dr. Kretchman helped launch and grow Reid Health’s first endocrinology practice. And she became a significant part of hospital history last fall when she received the 2018 Paul S. Rhoads Humanity in Medicine Award.

She brings a personal passion – and compassion -- for treating Type 1 Diabetes, a disease she’s dealt with herself since she was a teenager. “I work to empower those who I’m caring for to not necessarily hide their diabetes,” Dr. Kretchman said. “It is something I use as a tool.”

Colleagues say her personal experience with Type 1 diabetes since she was diagnosed at age 15 is one of the keys to how well she relates to and understands her patients.

Craig Kinyon, Reid Health President/CEO, said Dr. Kretchman’s passion and compassion are evident not just to her patients, but to her office staff and others on the Reid Health team. “Dr. Kretchman has had

such a positive impact on Reid and on our community in just a few short years. She has established and grown the Reid Endocrinology Center and helped build our outreach and education to the region. She is a coach. She is a leader. She is a person who truly cares about her patients and she understands their challenges. And that is priceless.”

A native of Michigan, Dr. Kretchman grew up in a suburb of Detroit. She has a Bachelor’s of Science in Clinical Laboratory Science from Michigan State University in East Lansing and her Doctor of Osteopathic Medicine from Des Moines University in Des Moines, Iowa.

The first time she came to Reid Health for an interview, she only came for the experience and had no intention of coming to Indiana. However, she and her husband, Jason, fell in love with the Richmond area, with Reid Health and with what the health system had to offer. With two small children – Elise who is now nine and Cameron who is six -- they found the region offered much to a young family. Jason is a stay-at-home dad who takes care of the home and getting the kids to numerous activities.

Dr. Kretchman was told when she was diagnosed by the doctor that diabetes would be cured within five years. So she wasn’t initially as committed to managing her disease. When choosing a career path, she was torn between a love for science and music. She was a drum major and plays the bassoon, flute, violin and piano.

“Erica with diabetes is why Erica is a doctor. It gave me a passion in life,” she says. Her passion extends to motivating her patients. With so many options for treatment, she sometimes gets frustrated when a patient does not take steps to manage the disease and live a healthy life. “Diabetes is not a disease we can’t control,” she says. “We have all these tools and medications.”

Dr. Kretchman walks the talk she gives her patients on the importance of exercise and controlling blood sugar levels. Her exercise choice is running. “I use it as a way to keep me under control and stay healthy,” she says. “And if I’m asking others to do it, I need to do it.”



Erica Kretchman, D.O., receives the Rhoads award from Jon Ford, board member and retired board chair.