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Epic Creates More User-Friendly Experience for Patients, Employees



In the nearly seven months since Albany Medical Center launched its new electronic medical record (EMR) platform, Wilbur Hitt Jr., MD, with the Department of Obstetrics and Gynecology, said the transformation has been remarkable.

“We’re at a point of evolution,” said Dr. Hitt. “For both patients and providers, Epic and our new patient portal are much more user friendly.”

Albany Medical Center became the first hospital in the Albany Med Health System to launch Epic in March. Columbia Memorial Health, Glens Falls Hospital, and Saratoga Hospital will go live with the platform in early November, unifying the health system under a single EMR. The switch

will connect patient records for inpatient and outpatient services throughout each hospital and offsite clinic, meaning that a patient’s information will be readily available at all locations throughout the System.

Epic also connects scheduling, registration, and billing, and introduces a new patient portal, MyChart. Through MyChart, patients have secure access to their health information, allowing them to easily schedule and manage their appointments, request prescription refills, complete pre-visit forms, message their doctor, view test results, and pay their bills. Patients can also read notes from their doctor, giving them a fuller picture of what they spoke about during a visit.

Both Dr. Hitt and William Papura, DO, associate chief medical officer at Glens Falls Hospital, said that MyChart is one of the most positive changes for patients in the

System. Dr. Hitt said that many of his patients have signed up. As of late August, over 93,000 Albany Medical Center patients registered for MyChart.

“It’s been incredibly beneficial to patients,” said Dr. Hitt. “They now have a clear, concise record of what they spoke about with their doctor, they can fill out forms beforehand,

their test results are in one place. It makes for a better experience.”

When Glens Falls Hospital goes live with Epic and MyChart, Dr. Papura said that MyChart will help increase access to care for patients by allowing for better interaction

between patients and their own health information and with their doctors.

“Epic is quite sophisticated. It has a multitude of very useful capabilities, but looking specifically at patient care, it really supports it on an individual level and across a population level,” Dr. Papura said.

Currently, Glens Falls Hospital, like Columbia Memorial Health and Saratoga Hospital, uses multiple EMR platforms that hold different patient information. This will change once Epic launches.

Previously, Albany Medical Center had also operated with multiple EMR systems, each with a different purpose such as one for inpatient hospital stays and another for offsite clinic visits. Dr. Hitt said that unifying inpatient and outpatient records is particularly beneficial for patients and staff within the Department of Obstetrics and

“Unifying inpatient and outpatient records is particularly beneficial for patients and staff within the Department of OB/GYN.”

—Wilbur Hitt Jr., MD
Columbia Memorial Health

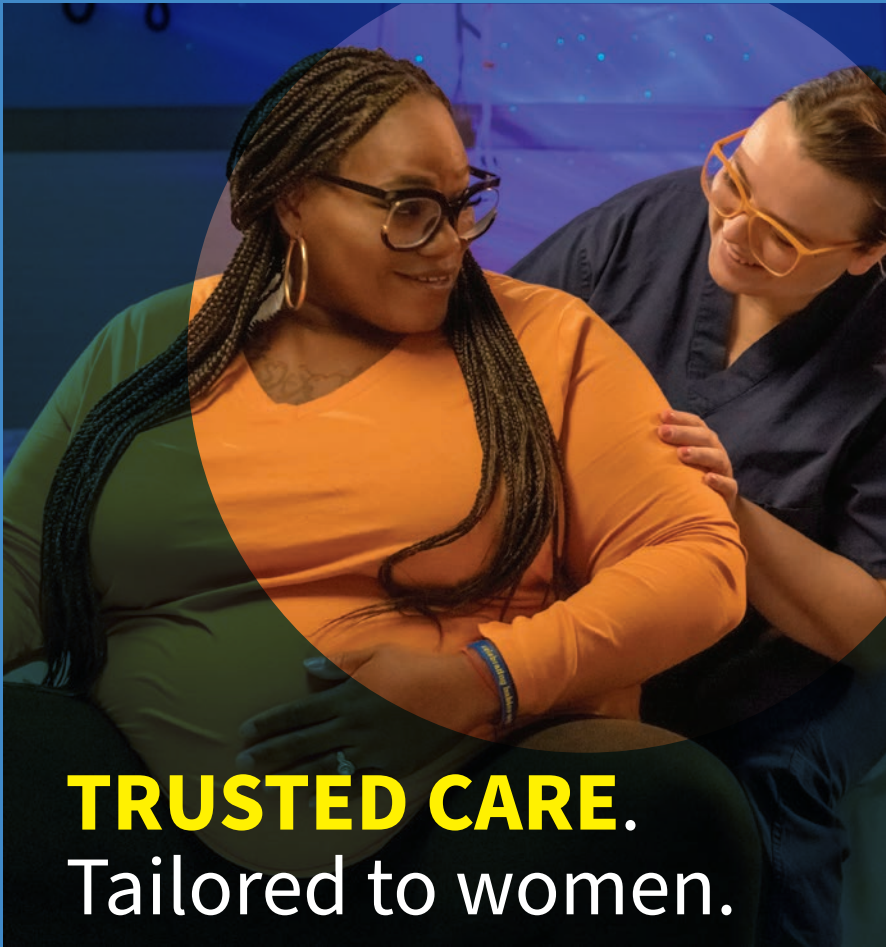
Gynecology, as many of their patients often have hospital stays in addition to regular visits with an OB/GYN. Having a patient’s most up-to-date information in one single platform has made their work significantly more efficient, said Dr. Hitt. Epic also makes it easier to access patient records from other health care organizations that use Epic.

“We’re really benefitting from the seamless nature of the inpatient and outpatient experience in Epic,” he said. “It’s huge in creating more consistency in the continuity of care for patients that have gotten care both in and out of the Albany Med Health System.”

Over the past several weeks, staff at Columbia Memorial Health, Glens Falls Hospital, and Saratoga Hospital have been undergoing training and readiness activities, with support from Albany Medical Center employees, to prepare for the November Epic launch. Dr. Papura applauded the staff who have stepped up during the Epic project—one of the most significant transformations to occur at the Albany Med Health System.

“With the whole health system on one EMR platform, it will, in a sense, expand local health care options by better linking and giving patients access to the unique services that we offer,” said Dr. Papura. ■

Emily Drew



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Find out more:
albanymed.org/womenshealth

Comprehensive OB/GYN Care from Our Region's Academic Health System



Amy Knoeller, MD, gynecological surgeon at Saratoga Hospital

Sandie Carner-Shafran, of Mayfield, may have retired from her 38-year special education teaching career, but she still has a strong love of educating others. When her health changed in her early 70s, she wanted to make sure her friends knew about options and treatments for pelvic health.



Sandie Carner-Shafran and her husband Roy

"I had never heard of a pelvic floor before," said Carner-Shafran. "If you don't hear about it, and don't know about it, you can't fix it or prevent a problem."

Carner-Shafran said it began as incontinence. "I could actually feel my bladder, and I knew something wasn't right," she said. "It was affecting my life."

Her doctor referred her to Rebecca Rogers, MD, a urogynecologist and the chair of the Department of Obstetrics and Gynecology at Albany Medical Center.

After a series of tests, Dr. Rogers diagnosed Carner-Shafran with pelvic organ prolapse, a condition where the muscles, tissues, and ligaments supporting the pelvic organs weaken or loosen, causing the organs to drop or press into the vagina.

Having three babies over eight pounds and a hysterectomy in her 40s contributed to her weakened pelvic floor. "From what I was explained, it's like the furniture was floating around in the house," she joked about her pelvic organs.

Dr. Rogers spent time explaining the options for surgery in a way she could understand.

"Dr. Rogers sat next to me and drew diagrams of the three options I had for surgery. She explained the pros and cons of each, and what the results would be," she said. "I was so thankful she took the time to write it out and explain it in personal terms—woman to woman—of how it could affect my life."

Carner-Shafran and Dr. Rogers decided on using surgical mesh.

"I enjoy helping women decide what the best surgery is for them," said Dr. Rogers. "Of course, as a surgeon, I give guidance, but in the end, it is a woman's choice of whether or not they want surgery, as well as what surgery they want."

Dr. Rogers leads an obstetrics and gynecology team that works on the leading edge of care, providing routine and high-level services like those that Carner-Shafran received. Now, patients throughout the Albany Med Health System can receive high-quality women's health care in convenient locations wherever they are in the region.

Obstetrics and gynecology services are available throughout the System. Birthing centers are located at Albany Medical Center, Glens Falls Hospital, and Saratoga Hospital, while Columbia Memorial Health patients can receive prenatal care close to home and give birth at Albany Medical Center.

System providers also offer gynecologic oncology, minimally invasive surgery, complex family planning, and maternal-fetal medicine, which is high-risk pregnancy care. Albany Medical Center houses a Level 4 (the highest) Neonatal Intensive Care Unit (NICU) where premature and critically ill infants from throughout the region are cared for.

If a patient needs basic gynecological or more specialized care, providers throughout the System are available.

"With my patients, I strive to create a space where they feel comfortable discussing any gynecological issues," said Elaine Jaworski, MD, gynecologist at Columbia Memorial Health. The gynecology team also provides full

gynecological care, caring for abnormal uterine bleeding, menstrual disorders, contraception, menopause, and more.

Like doctors throughout the System, Dr. Jaworski provides minimally invasive surgery for conditions including endometriosis, fibroids, polyps, adenomyosis, and infertility. "Offering laparoscopic and minimally invasive procedures in a community setting, women have more convenient access to critical health care close to home," she said.

Susan Bradford, MD, medical director and chair of Saratoga Hospital's OB/GYN and midwifery, said, "We collaborate with colleagues throughout the System, working closely with providers, and referring patients as needed, the most common being urogynecology, maternal-fetal medicine, and complex family planning."

Dr. Bradford joined the System last September after 10 years in private practice, and said she feels supported by her team and hospital leadership as she leads the department, noting its double focus of obstetrics and all that comes with birthing, and gynecology, which includes many other aspects of women's health care. For example, her team handles breast and bone density screenings, contraception, and menopause care.

"Our team is dedicated to taking care of women," said Dr. Rogers. "Being part of a System, we work with colleagues with additional areas of expertise and colleagues from other campuses to make sure we can all provide the best care for our patients." ■

OB/GYN care is offered through Albany Medical Center, Columbia Memorial Health, Glens Falls Hospital, and Saratoga Hospital.



For the full listings of treatments, providers, and locations, please visit albanymed.org/womenshealth

BEHIND THE SCENES:

Meet Our Patient Felicia Woods



We are proud to feature maternal-fetal medicine patient Felicia Woods in our new women's health campaign.

Woods, of Watervliet, is the principal at Albany Leadership Charter High School for Girls, located near the Albany Medical Center campus. When Woods was asked to take part in the campaign, she jumped at the chance. She said she feels it's important to promote women's health care and be a positive role model for her female students.

"I thought my students would see me and say 'Wow! Someone I know and look up to is going to the doctor and making choices to better themselves, so maybe I should make those choices too,'" said Woods.

Woods says she also hopes to spread a positive message that helps combat social determinants of health.

"Growing up in downtown Albany, I witnessed a lot of people put aside their own health for their family needs," she said. "I think it's important that girls from that same area understand the importance of going to the doctor, getting the support they need, and being their voice."

Woods, who was nine months pregnant at the time, said she enjoyed the commercial production process and working with Albany Medical Center doulas Nikita Shoemaker and Josie Hart.

Since production wrapped, Woods welcomed her son—her fifth child. Baby Zechariah and mom are doing well! ■

Leanne DeRosa



Bone Scans Provide Insight Into Bone Health

Women over 65 have an increased risk of losing bone density—which also increases their chances of breaking a bone. To screen for conditions that weaken bones, bone mineral density testing, often called a DEXA test, is used to diagnose osteoporosis, predict fracture risk and monitor results of therapy.

Providers use Dual Energy X-ray Absorptiometry (DEXA) scans to diagnose osteoporosis, osteopenia, and other conditions that cause bones to become thin or weak. Osteopenia is the initial stage of bone loss, whereas osteoporosis is a more severe form. The scan uses low-level x-rays, with no needles or injections, and lasts about 30 minutes.

"Decreasing bone mass is universal in all women as they age," said Christine Alexander-Decker, MD, endocrinologist with Saratoga Hospital. She said the loss of estrogen protection on the skeleton leads to a greater amount of bone breakdown. "By measuring bone mineral density, patients and their physicians can determine whether a conservative treatment course is an option, or a more aggressive course and the need to initiate bone protective medications."

Those medications may include bisphosphonates, which can slow down the rate of bone breakdown, or anabolic agents that can help make bones stronger.

Conservative treatments include exercise, such as walking, yoga, and strength training, getting enough calcium and vitamin D, and implementing fall prevention measures, said Dr. Alexander-Decker.

"Some women lose bone earlier and faster, some lose bone slower and later, but the loss of bone in post-menopausal women is universal. Unfortunately, no one is spared," said Dr. Alexander-Decker.

"Some women are quite surprised and disappointed to find out that they have low bone mass when they believe they have been healthy and have worked hard at living healthy to try and prevent bone loss," she added.

Women can face an even higher risk of fractures though if they have family history of hip fracture, low body weight, current cigarette smoking, excessive alcohol consumption, rheumatoid arthritis, and Type 2 diabetes. Other secondary causes include early menopause, chronic liver disease, inflammatory bowel disease, and malabsorption disorders, such as celiac disease. Initial bone scans are recommended for women 65 and over and younger women aged 50-64 who have risk factors. ■

Melissa Mansfield

Renowned Vascular Surgeons Improve Quality of Life for Patients



Adriana Laser, MD, and Amber Quay, LPN, prepare for a vascular procedure.

Nationally, only 14 percent of vascular surgeons are women, according to the Society for Vascular Surgery. At the Albany Med Health System, women make up more than one third of our vascular surgeons—with numbers trending upward.

“Over half of graduating medical students are female and the representation of women in vascular surgery and surgical training programs is more than it has ever been before,” said Courtney Warner, MD. Dr. Warner joined Albany Medical Center in 2015. She is the director of the vascular residency training program and assistant dean for graduate medical education at Albany Medical College. “We’re going in the right direction.”

Vascular surgery encompasses a range of traditional and minimally invasive surgeries to treat problems with blood vessels—the network of arteries, veins, and capillaries that move blood around the body. There are numerous vascular conditions, with some of the more common including aneurysms, carotid artery disease, vein problems, blood clots, peripheral artery disease, and leg swelling.

Xzabia Caliste, MD, chose vascular surgery because of the diversity of the work—she can operate on the aorta and repair vessels supplying blood to the brain, abdominal organs, and the upper and lower extremities. She is certified as a Registered Physician in Vascular Interpretation, the highest standard in vascular ultrasound interpretation, and trained to diagnose and treat all forms of vascular disease in both traditional open surgical and endovascular (minimally invasive) techniques.

“This is a very gratifying field because we can immediately affect change in our patients, improving their quality of life by the surgeries

that we perform,” Dr. Caliste said, with the example of performing a bypass that allows a wound that the patient has been struggling with for months to heal.

R. Clement Darling III, MD, chief of vascular surgery, appreciates the team’s uncommonly high female representation. “These surgeons were hired for their expertise. They are not only delivering top quality care to our patients and training our students, they are also serving as mentors and role models for the next generation of physicians and vascular surgeons.”

Albany Medical Center has a long history of excellence and is renowned worldwide. It was among the first hospitals in the country to be verified as part of the prestigious American College of Surgeons and Society for Vascular Surgery’s Vascular Verification Program. The program’s vascular surgeons pioneered

numerous procedures over the years, including those to repair abdominal aortic aneurysms and peripheral artery disease.

Albany Medical Center is the major referral center and the largest provider of vascular surgery in northeastern New York and western New England.

While she is a prolific surgeon, Dr. Caliste is most proud of the connection she makes with patients outside the operating room.

“Outside of the operating room is where trust and connection is forged for the lifelong interaction that will occur,” she said. “I try to find common ground with the patient so that they can understand that we are both working towards the same goal. This helps motivate them to take a more active role in their own health care.” ■

Melissa Mansfield



“We can immediately affect change in our patients, improving their quality of life by the surgeries that we perform.”

—Xzabia Caliste, MD

Vein Surgery Now Available in Niskayuna

Vein outpatient surgical procedures are now available at the Niskayuna Specialty Care Center at 1769 Union Street, in addition to the 391 Myrtle Avenue clinic in Albany.

“Patients appreciate the option to have their procedures close to home,” said Adriana Laser, MD, who leads the practice. “It is convenient for patients as they have their consultations, procedures, and follow-up care in one place—especially those in need of assistance with transportation.”

Dr. Laser offers care for patients with venous and lymphatic conditions. Same-day vascular procedures can treat leg swelling, venous ulcers, varicose veins, and spider veins by rerouting the blood flow away from the damaged vein causing the issue.

While patients can be any age or gender, pregnancy increases the risk of varicose and spider veins, due to the increased blood volume and pressure of the uterus. Dr. Laser said many patients also come from professions that involve long periods of standing—nurses, cashiers, and construction workers, for example.

Varicose and spider veins are not harmful, and for patients who are asymptomatic, no interventions are necessary. Some patients have itching, burning, cramping, or other pain, and elect to have the minimally invasive treatments.

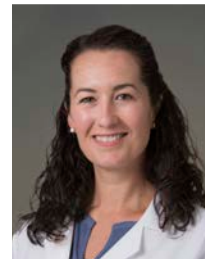
Appointments for the Niskayuna office are available through MyChart’s open scheduling tool or by phone at 518-262-5640.



Elise De, MD



Gillian Wolff, MD



Erin Deverdis, MD



Edward Marici, DO

Urogynecology Experts Collaborate to Provide Top Care for Patients

Elise De, MD, and Gillian Wolff, MD, want to improve understanding of urogynecological health, starting with the following facts:

- Urinary incontinence is not an inevitable part of aging.
- Vaginal prolapse can happen to any woman—regardless of age and whether she carried children.
- Pain during sexual intercourse is not normal.

“A lot of women think that incontinence or prolapse (vaginal bulge) are part of the aging process,” said Dr. Wolff, urogynecologist at Albany Medical Center and Glens Falls Hospital. “While it’s more common as women age, there are excellent treatments so women don’t have to live with the symptoms.”

Dr. De and Dr. Wolff, both urologists fellowship-trained in urogynecology, neurourology, and reconstructive pelvic surgery, are part of the Albany Med Health System’s urogynecology team focused on women’s pelvic health.

Urogynecology is multidisciplinary by definition. Erin Deverdis, MD, who is a urogynecologist trained in obstetrics and gynecology, said the System’s urogynecology program is more comprehensive than anything she’s experienced. “The amount of collaboration between OB/GYN and urology we engage in clinically and in research is pretty unique—it’s one of the things I really love about being here.”

Dr. Deverdis gave an example: A patient came to Dr. Wolff with urinary pain; she was referred to Dr. Deverdis due to post-menopausal bleeding; an examination found cancer; and the patient was quickly connected with gynecologic oncology for surgery.

“If we weren’t so collaborative, we wouldn’t be able to accomplish such expedited care,” said Dr. Deverdis, noting the urogynecology team,

including Bradley Jacobs, MD, and Rebecca Rogers, MD, meets weekly to discuss patient cases and coordinate care, as appropriate.

Dr. De explained that since people with pelvic health problems often have more than one organ causing symptoms, a full range of services is available to System patients. Urogynecologists collaborate with colleagues in other specialties, from neurology to colorectal surgery to physical therapy to solve quality of life issues. The teams work together in clinic, conference, in complicated surgical repairs, and in academic publications to improve the pelvic health of all genders in the Capital Region and beyond.

Before the first visit, patients fill out forms that help the physicians understand the full picture. “We don’t want to miss something—like the patient has been having falls, which could indicate a spine issue, or multisystem pain, which may lead us in another direction,” said Dr. De. She also encourages patients to sign up for MyChart to help understand their health.

With the expanding use of the Epic electronic medical record throughout the System, clinicians can more seamlessly collaborate. Dr. De added, “We feel like we are the next office over to our colleagues in Saratoga, Glens Falls, and Columbia Memorial, allowing patients to access coordinated care in new, more convenient ways.”

Edward Marici, DO, a urogynecologist based at Columbia Memorial Health’s Women’s Health Center, added, “As a physician focused on women’s minimally invasive surgery, I am proud to provide state of the art minimally invasive gynecological procedures for women in my community, and to work with my colleagues at Albany Medical Center and throughout the System to make sure our patients are getting the best care, close to home.” ■

Melissa Mansfield

System Offers Full Range of Breast Care for all Generations

When Giulia Pezzulo found a lump in her breast in January 2022, she immediately thought “cancer.” She had previous experience with finding lumps during self-exams—a fast-growing fibroadenoma was removed in 2014. This time a series of tests confirmed it was breast cancer. She was 31 years old.

She met with Lynn Choi, MD, FACS, breast surgeon and director of Albany Medical Center’s Breast Care Center, and her team. Together they came up with a treatment plan, beginning with chemotherapy.

With advances in breast cancer treatment, including targeted chemotherapies and immunotherapy, which are available in the Albany Med Health System, it’s more important than ever to get screened.

“The beauty of a mammogram is you can detect and diagnose cancer at very early stages, significantly increasing the chances of survival,” said Dr. Choi.

Before she could start treatment, since Pezzulo is of child-bearing age, she needed to decide about potential future children. She underwent fertility treatment and had a successful egg retrieval. Soon after, she began chemo. At her second session, Pezzulo made the decision to shave her head instead of watching her hair fall out in clumps.

“It was actually very empowering,” she said. She dressed up and wore a pink wig to chemo for the rest of the summer. “If I am going to be in a horrible situation, I might as well have fun. I also wanted to start conversations with others in treatment, and try to help them feel confident in their own skin while we all went through our journeys.”

After chemotherapy, Pezzulo had a unilateral mastectomy and axillary lymph node dissection, a surgical procedure that removes lymph nodes from the armpit to check for cancer spread. Doctors found seven of those nodes tested positive for cancer. This finding allowed her team to further tailor the follow-up radiation.

“Each patient is unique, and we are committed to providing quality, compassionate individualized breast health care for the best possible outcomes,” said Dr. Choi. She connected Pezzulo to local support organizations that provided gift cards for dinner and baskets of comfort items and invited her to



Siena College’s Pink Zone Basketball Game, where she met dozens of other survivors.

Today Pezzulo is healthy. She had reconstruction and revision surgery this year, takes several medications as part of her treatment, and has screenings every six months, alternating between MRIs and mammograms.

“Having screening and diagnostic services available in convenient, easily accessible locations helps

save lives,” said Rakel Astorga, MD, breast surgeon at Columbia Memorial Health’s Center for Breast Health. “Digital 3D mammography and the latest screening technology provide sharper, more detailed images of breast tissue, which is key in early detection.”

The Albany Med Health System provides comprehensive breast health services from the Hudson Valley to the Canadian border, at all four hospital campuses and in clinics throughout the region.

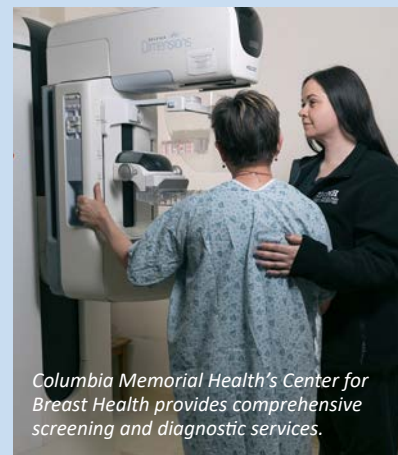
System patients have access to multidisciplinary teams of physicians, new screening and treatment options, information on clinical trials, genetic counseling, and patient-centered services including psychosocial support.

“When a patient is facing a breast cancer diagnosis, it is critical that they feel confident in the care they receive and supported throughout their treatment,” said Patricia Rae Kennedy, MD, FACS. “It is so important for patients to feel comfortable in asking questions and to make sure they understand their options—to know they are not alone in this.”

Dr. Kennedy, director of the Saratoga Hospital Center for Breast Care, who specializes in breast cancer surgery and hidden scar procedure, emphasized the need for patients to feel well-informed and empowered from imaging to diagnosis to treatment and survivorship.

According to John P. Stoutenburg, MD, medical director of the C.R. Wood Cancer Center at Glens Falls Hospital, “Early detection and treatment methods have significantly increased breast cancer survival rates. Access to quality breast health and cancer care close to home is important for patients in our region.” ■

Melissa Mansfield

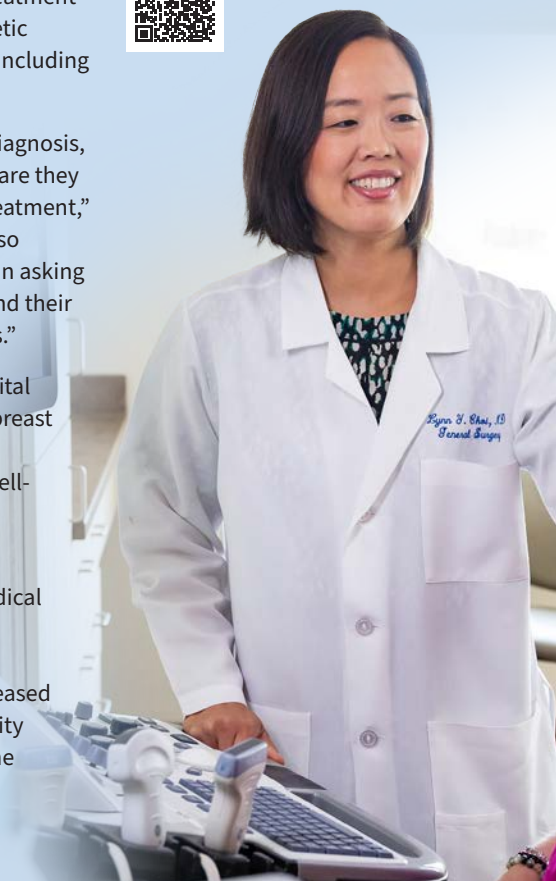


Columbia Memorial Health’s Center for Breast Health provides comprehensive screening and diagnostic services.

“The beauty of a mammogram is you can detect and diagnose cancer at very early stages, significantly increasing the chances of survival.”

—Lynn Choi, MD

For more information, please visit:





Surgery Chair Recognized for Contributions to Health Care and Community

KMarie King, MD, Henry and Sally Schaffer Chair of the Department of Surgery and professor and chief of Surgery, was named to the *Albany Business Review's* 2024 Women Who Mean Business—an award that recognizes the influence and impact of the honorees' contributions to their companies, industries, and the community. ■



Advancing the Search for a Cure



Breast cancer is the second most common cancer, after skin cancer, among women in the United States, accounting for one in three of all new female cancers each year.

At Albany Medical College, scientists are contributing to research that advances the understanding of this disease, potentially laying the groundwork for effective new treatments and therapeutics.

Among them is Molecular and Cellular Physiology Professor Margarida Barroso, PhD, who is in the midst of an NIH-funded study, in collaboration with colleagues at Rensselaer Polytechnic Institute, investigating the use of artificial intelligence to improve targeted drug therapy in HER2-positive breast cancer treatment.

“We hope the advanced imaging approach we’re developing will allow biologists and clinicians to see exactly how a drug binds to a tumor and thereby provide a better understanding of how tumors adapt or change during treatment,” said Dr. Barroso.

In a recent study published in the journal *Oncogene*, Dr. Barroso and her team also offered new insights into iron’s role in the metastatic growth of breast cancer, showing that how it acts may depend on its location—that is, whether it’s in a cancerous tumor in the breast or in cancer cells that have metastasized and spread from the breast.

The results indicate the existence of distinct iron transport pathways among different breast cancer cell lines and suggest a possible therapeutic target for future experiments.

In his lab, Associate Professor John Lamar, PhD, also studies breast cancer metastasis, with a focus on identifying molecular pathways that promote metastasis. He and his team also test whether those pathways could be targeted to help treat metastatic disease.

“Cancer metastasis is responsible for greater than 90 percent of all cancer mortality,” noted Dr. Lamar, adding that patients diagnosed with metastatic breast cancer have a five-year survival of only 22 percent.

“Understanding how metastasis is regulated is a necessary first step in the development of more effective therapies to prevent and treat stage four breast cancer,” he said.

As Albany Medical College researchers like Drs. Barroso and Lamar continue their work delving into the molecular aspects of breast cancer, the hope is that their findings will lead to not only more effective therapies for the disease, but to an eventual cure. ■

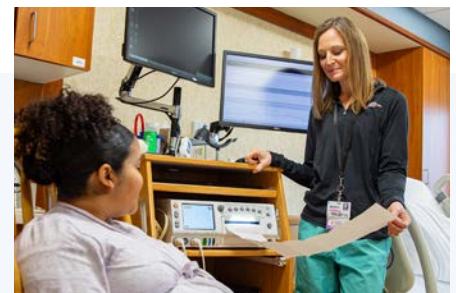
Cassie Nelson

Breastfeeding Support in Glens Falls

For more than 30 years, nurses at the Joyce Stock Snuggery birthing center at Glens Falls Hospital have provided personalized care to patients. Post-natal support includes programs like the Bundle of Joy Baby Café, a support group for new mothers led by delivery nurses—who are also certified lactation consultants.

The Baby Café takes place at Glens Falls Hospital’s Community Learning Center, the first Wednesday of every month, from 9:30 to 11:30 a.m.

“We know breastfeeding lowers the risk of chronic diseases for both mother and child, yet in our area breastfeeding support is hard to find,” said Paula Hanchett, RN. “Bringing families together in a safe space and to share what has worked for them encourages other parents who are facing challenges to keep going.” ■





Centers of Excellence Provide Support for Alzheimer's Patients and Their Health Care Teams

According to Maria Kataki, MD, PhD, director of Albany Medical Center's Alzheimer's Center, women provide the majority of informal care to parents and in-laws. While spending more time with their aging relations, she said they may also be more likely to pick up on changes not only in physical health, but also behavior and demeanor.

As people get older, they often experience normal changes in their mental abilities—forgetfulness, misplacing items, or struggling with new technologies—all typical during the aging process. However, more serious changes may be signs of cognitive deterioration.

"If you notice more incidents of memory loss, a decline in functioning, or significant behavioral changes, you should request an evaluation with your primary care physician," said Dr. Kataki. "The doctor can help determine if the issues of concern are age-related or more serious and can refer your loved one to a cognitive specialist."

Capital Region residents are fortunate that the Alzheimer's Centers at Albany Medical Center and Glens Falls Hospital are both New York State-designated Centers of Excellence for Alzheimer's Disease—part of a medical network recognized nationally as experts in the diagnosis and care of those living with Alzheimer's or other dementias. As such,

both serve as comprehensive resources for the health care community—they provide diagnostic and consultative services to primary care physicians and care for patients.

"Through a combination of medical assessment and management, along with education for physicians, advanced practice professionals, and the public, our System Centers offer expertise that complements the state's mission to build capacity for diagnosing and treating Alzheimer's," said Heather O'Connor, administrative director of the program at Glens Falls Hospital.

Groundbreaking Treatment Now Available

Albany Medical Center recently became the first hospital in the region to offer a therapy that has been shown to delay the progression of Alzheimer's disease.

Lecanemab was approved by the U.S. Food and Drug Administration after it was shown to delay cognitive and functional decline by approximately five months in an 18-month double-blind, placebo-controlled trial.

"This is a new era of disease-modifying treatments for Alzheimer's disease, altering the biology of the disease," said Dr. Kataki. "We are thrilled to revolutionize the treatment of Alzheimer's disease in our region and to offer new hope to our patients and their families."

Lecanemab is a monoclonal antibody treatment that works by targeting and binding to the amyloid plaque that forms in the brains of Alzheimer's patients, thereby slowing the cognitive and functional decline caused by these plaques.

Patients eligible for lecanemab include those with a diagnosis of mild cognitive impairment or mild dementia due to Alzheimer's disease with evidence of amyloid plaques in the brain.

According to Dr. Kataki, the infrastructure required to administer the treatment requires a team of specialists from multiple disciplines and departments, including experts from radiology, apheresis, pharmacy, laboratory services, and numerous members of the Department of Neurology. In addition, the CEAD has worked closely with community neurologists and the Center of Excellence for Alzheimer's Disease at Glens Falls Hospital to educate physicians. ■



The Center of Excellence for Alzheimer's Disease at Glens Falls Hospital team includes Heather O'Connor, Max Rudansky, MD, Carnee Simpson, MSW, and Berry Girard, RN.

Navigating Epilepsy

Unique Challenges for Women

Before becoming pregnant with her first daughter, Holly hadn't had an epileptic seizure in more than a decade. But during her seventh month, she had a seizure—fortunately at home and with her husband nearby. Her blood work showed the level of epilepsy medication in her system to be low, so her dosage was increased.

Just weeks later, she had another episode, and blood work confirmed her medication level to be even lower than at the first visit.

“Medicines exit your system by being flushed out through the kidneys or processed through the liver, and the increased blood volume and estrogen during pregnancy can ramp up the process,” said Marjorie Bunch, MD, Director of the Epilepsy and Human Brain Mapping Program at Albany Medical Center, and neurologist currently overseeing Holly's care. Without the right level of medication in a patient's system, the patient is more likely to have a seizure.

During her second pregnancy, Holly had her blood checked weekly and her dose increased accordingly. She remained seizure-free for the duration.

Pregnancy is just one of the issues addressed by Dr. Bunch and her colleagues at Albany Medical Center's Adult Comprehensive Epilepsy

Program. The program is a member of the National Association of Epilepsy Centers, receiving a Level 4 designation, the highest recognition, indicating the program offers the most advanced medical and surgical diagnostic and treatment options for epilepsy. The System's program is staffed by four epileptologists—neurologists who are board certified in epileptology. Patients can also access epileptic care at Glens Falls and Saratoga Hospitals.

Epilepsy is a common brain disorder that causes recurring, unprovoked seizures due to a brain injury, heredity, or in most cases, reasons unknown. Women with epilepsy face unique challenges as hormonal changes impact their health from puberty through menopause. Approximately half of women with epilepsy report an increase in seizures around their menstrual period. Other women experience their first seizures during menopause.

With more than 30 FDA-approved medications, the Epilepsy Program's team works with patients to find the best option to become seizure-free. Dr. Bunch brings up pregnancy within the initial conversations she has with patients who could become pregnant: some anti-seizure medications can reduce the effectiveness of birth control, and some birth control



Selime Nofulla demonstrates an EEG set-up with colleague Ekleva Poca in the Clinical Neurophysiology Lab.

methods can interfere with anti-seizure medications.

Antiseizure medication can also impact bone health. Women already have a higher risk of developing osteoporosis—and people with epilepsy are at higher risk for bone loss. Dr. Bunch said women with epilepsy are encouraged to ask their doctors about supplements to bolster bone health and the need for bone density scanning.

To help determine if seizures are due to epilepsy or another condition, patients undergo an electroencephalogram (EEG)—a painless test that measures brain waves at a given moment. Each year the Epilepsy Center team performs more than 2,000 EEGs and evaluates more than 400 patients in its inpatient epilepsy monitoring unit.

This in-hospital testing records seizures over a few days to

determine if seizures are due to epilepsy or another condition, and to identify the specific brain region causing seizures in those who may benefit from surgery.

Medication is the most common form of therapy for epilepsy, however when medicine is not effective, Albany Medical Center's Department of Neurosurgery offers high-level surgical options, including implanting nerve, neuro, or deep brain stimulators and ablation therapy.

Holly considers herself lucky. Her seizures—caused by an accident at 17—have not been a regular occurrence and medication has kept them controlled.

“Women with epilepsy need to take extra care of themselves and stay on top of their health, and I'm grateful for my team that keeps me healthy,” she said. ■

Melissa Mansfield

Growing Forensics Program Cares for Vulnerable Patients



In 2023, forensic examiners at Albany Medical Center's Emergency Department performed more than 600 exams, and that number is expected to increase this year as 562 patients were already seen by the end of August 2024.

These medical professionals have specialized training to provide comprehensive, compassionate care to victims of violence—including sexual assault, interpersonal violence, elder abuse, strangulation, workplace violence, and human trafficking.

Albany Medical Center is a New York State Department of Health SAFE Designated Hospital, recognized by the International Association of Forensic Nurses. Sexual Assault Forensic Examiners (SAFEs) are specially trained and certified professionals skilled in performing quality forensic medical-legal exams. Glens Falls Hospital and Saratoga Hospital Emergency Departments also have SAFE-trained staff available to provide forensic examinations.

"It is difficult to hear some of the patients' histories during their examination—it's heartening to be able to provide such a program to the Capital Region and beyond," said Kaylin Dawson, RN, SAFE program manager.

"When patients leave here, they feel supported, they know they have someone at the hospital who is here for them," she added.

Now, with partial funding by a grant from the Hearst Foundations aimed at the pediatric population, a forensics social worker has joined the medical team to provide emotional support and case management. Annabel O'Connor, LMSW, works with adults and children, planning for discharge and next steps, but also continuing to connect.

"It is important to follow up with the patients and make sure they are remembering to do the things they need to do to care for themselves," said O'Connor, who serves as a liaison to resources available within the community for long-term support. "Creating a plan can help ensure they are getting the appropriate resources, but it's also important to see if they are following up with the right providers, getting to appointments, and connecting to resources within the community. It is critical to make sure they're supported for the long term and have access to mental health resources after such traumatic events." ■

Melissa Mansfield

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