Main Line Health

Physician

Medical missions: Delivering health care around the globe

FALL 2015

Inside:

- Immuno-oncology puts LIMR in the spotlight
- Do you know your patient's readmission risk?
- DVACO: Shaping the future of health care

Main Line Health®

Well ahead.®

MEC: What can we do for you?

BY STEVEN GAMBURG, MD, FACEP

The model for best care should be one that focuses the attention on the patient. The Medical Executive Committee can help doctors be more "Patient-Centric" if we assist you in making your individual practice more effective and more efficient.

Here are some ideas that may help overcome the many hurdles and mandates that sometimes slow us down.

1) CME—Both MLH and the Commonwealth of Pennsylvania mandate CME courses, some of which must be designated "patient safety" courses. To obtain a list of upcoming MLH CME events and the names of those who can assist you, see the highlighted box below. A full transcript of all the courses you have attended at MLH is also accessible.

2) RED RULES—MLH currently has one "Red Rule" to ensure proper identification of your patient. You will be notified if you are deficient in complying with taking this course. To facilitate the requirement, log in to HealthStream (healthstream.com/hlc/mainlinehealth) and open the My Learning tab to access a brief, entertaining video in the Red Rules training link. In the future, we hope to move many of the required reading and educational materials to this computer-based training format and simplify access to it.

3) DOCUMENTS—The MLH Medical Staff Office is actively tracking and available to help you keep your documents that are renewing or expiring updated (such as licenses and malpractice insurance). Three months prior to the expiration date, the Medical Staff Office will send you reminders of documents that will be expiring. It helps greatly if you can notify them with a scanned or faxed copy when you receive, for example, your new license or DEA certificate. Contact Marie VanBuskirk at VanBuskirkM@MLHS.org.

In the future, especially since a new EMR is on the horizon, the MEC will continue to improve communication among the medical staff and promote physician leadership. Notify your Chairman or MEC representative to offer your ideas of other ways that we may be able to assist you. ■

Steven Gamburg, MD, FACEP, is MLH Medical Staff president and chair, Department of Emergency Medicine.

INSTRUCTIONS TO SEE UPCOMING CME EVENTS AT MLH

Go to **mainlinehealth.org/cme**
- Left column: select **Event Calendar**
- Choose the **Facility** you would like to search
- Choose the **Date Range** (Start–End) you would like to search

You will see a calendar of upcoming events that can be printed or saved.

INSTRUCTIONS TO OBTAIN YOUR MLH CME TRANSCRIPT ONLINE

Go to **mainlinehealth.org/cme**
- Left column: select **CME Transcripts**
- Enter your e-mail address and then your password. Enter the date range and hit **Sign In**

If you have been attending MLH certified activities and sign in on the bar coded sign in sheet, you have an account in the system. DO NOT set up a second account. The system will not know which account to pull from and it will say you have no credits.

Please feel free to call any of our very helpful CME Coordinators should you require assistance:

Bryn Mawr: 484.337.3050—Karen
Lankenau: 484.476.2559—Trish
Paoli: 484.565.1317—Cathy
Riddle: 484.227.6433—Annette

Collaboration is the future

BY PATRICK ROSS, MD

After 24 years of living as a Midwesterner and practicing at Ohio State University, Main Line Health offered me the opportunity to return to the region where I did my CT surgery training. I'm thrilled to be here.

In just a few months' time, I have found many strengths at Main Line Health, including top-notch clinical care and physicians who are completely committed to their patients. That said, there are opportunities to enhance our programs even further by increasing the level of collaboration between specialties, practice groups and hospital campuses.

Multidisciplinary program collaboration is the future of medicine, in contrast to separate silos that have little interaction with each other. The 530 surgeons across Main Line Health will increasingly be asked to shift from "individual think" to "group think." It's not just what we should do, it's what we have to do in today's fast-changing health care environment.

In the near future, I expect Main Line Health programs such as cancer and neurosciences to more closely resemble the cardiac service line, as one program across multiple sites. It's these types of collaborative models that will define tomorrow's leading health systems. ■

Patrick Ross, MD, is chair of Surgery for Main Line Health.

Another way to satisfy our patients

BY BARBARA WADSWORTH, DNP, RN, FAAN

The care of our patients at MLH is ranked among the best, as illustrated by many quality measures, awards and recognition given to each of the MLH hospitals. The collaboration of our physicians and the other team members is a significant and contributory factor to assuring the highest quality care and outcomes for our patients. Based on these national and regional accolades, you might think our patients would rank us at the top in patient satisfaction surveys. Unfortunately, that is not true—yet.

Our scores in the two principal patient measures are certainly good, but they're just not at the high levels we—and our patients—expect.

Communicating with our patients and families is key.... Imagine being ill and in a hospital where it was difficult or impossible to communicate with every person you encountered.

- Press Ganey, the vendor responsible for mailing all surveys—both paper and electronic—to our patients, provides us regular data and access to comments that we share with our staff to identify opportunities for improvement.
- Hospital Consumer Assessment of Healthcare Providers (HCAHPS) is used to assess hospitals and is publicly reported. This survey includes specific questions related to doctor communication, discharge process, communication with nurses, etc. Anyone can compare any of our hospitals with others by accessing the Hospital Compare website at **medicare.gov/hospitalcompare**.

An important element of the care of the patient is the ability to communicate. Recently, a new language interpretation system known as STRATUS arrived at the MLH hospitals. Stratus is a video interpreting service provided through an iPad on a stand that adjusts to provide face-to-face language interpretation and signing. This technology is available 24/7 and has already made a significant impact in the first 30 days. Our clinical teams have used Stratus in over 425 encounters totaling nearly 5,000 minutes of video interpretation for our patients.

Communicating with our patients and families is key to assuring a clear understanding of their care plans and demonstrating that we value the relationship with them. Imagine being ill and in a hospital where it was difficult or impossible to communicate with every person you encountered. I encourage you to ask the nurses to bring STRATUS to you to facilitate accurate, respectful communication with your patients. I assure you, this technology will impress you and is simple to use. Once you have the STRATUS iPad, select the icon, select the language, and within seconds a live person is introducing themselves to you and the patient.

As we strive for the top decile in patient satisfaction, it is imperative that we continue to build on our environment of excellence to create a superior patient experience in all settings across the continuum of care. ■

Barbara Wadsworth, DNP, RN, FAAN, is chief nursing officer at Main Line Health.

Seeing the future

BY ANDY NORTON, MD

This issue of Main Line Health Physician is all about the future: the future health of our patients; the future of cancer research; the future of our region's health care; and the future health of many in poor sections of the world.

- A collaboration with the Philadelphia College of Osteopathic Medicine is a "game changer," helping vulnerable patients get needed non-medical resources like insurance, transportation, and food access, thereby removing obstacles to medical treatment so they can achieve better health. *See page 9*.
- Reducing readmissions is an ongoing—and increasingly successful—process at MLH. Aiding our efforts, and helping improve patient care, is the ability of our electronic medical records system to identify, on their charts, patients at high risk of readmission. Very soon, we'll be providing this information directly to their primary care practitioners. *See page 5*.
- A recent conference at LIMR highlighted our participation in—and impact on—the future of immuno-oncology. LIMR has been a leader in research and discoveries in an important segment of this field, building the foundation for international research and eventual patient treatments. *See page 4*.
- The largest accountable care organization in the region, the Delaware Valley ACO, is planning to thoughtfully integrate specialists into the ACO model, as well as increase investment in informatics and population health technology. Partly owned by Main Line Health, DVACO has 430 primary care physician members and a newly named Chief Clinical Officer. *See page 8*.
- At vulnerable spots around the world, extreme poverty, sometimes exacerbated by natural disaster, means the absence of even the most basic medical services. The MLH clinicians who voluntarily respond with compassion and skill, supplies and surgery, are able to change many lives, including their own. *See page 6*.

I would also like to thank our clinical teams for your cooperation, patience and assistance during the recent visit of Pope Francis to Philadelphia. Our preparations for this event, which impacted travel and the demand for health care in our region, enabled our facilities to conduct business with minimal disruptions, so our communities could continue to access superior medical care. This is a true reflection of our Systemness at its best.

I'd welcome hearing your comments at NortonAJ@mlhs.org. ■

Andy Norton, MD, is chief medical officer at Main Line Health.

Immuno-oncology puts LIMR in the spotlight

Tucked away at Lankenau Medical Center, just steps away from the main entrance, is one of Main Line Health's gems: the Lankenau Institute for Medical Research (LIMR). For years this hotbed of biomedical research activity has been well respected by scientists and clinicians with an interest in questions being studied at LIMR. But LIMR's work in immuno-oncology is drawing attention from major players in the field and bringing significant attention to LIMR.

Conference speakers included Laurence Zitvogel, George Prendergast and Guido Kroemer.

"In 2004, our strategic vision for LIMR was to create a unique environment that fostors both academic research and biotech incubator entrepreneurship to better serve our mission of speeding delivery of promising new therapies and diagnostic technology to the clinic," said LIMR President George Prendergast, PhD. "I'm pleased to say we're exceeding even our own expectations of where we'd be in 2015, with several experimental tests and drugs developed in the LIMR laboratories now in patient trials."

A major theme of LIMR's work is the study of genes that strongly affect cancer susceptibility and treatment response and the development of new therapies targeting these genes. In this realm, LIMR has been a leader in research and discoveries related to the IDO (indoleamine 2,3-dioxygenase) enzyme pathway.

"This research began more than 10 years ago," said Dr. Prendergast. "We were studying how a gene naturally suppresses cancer in animals and discovered that it worked mainly by controlling IDO."

Dr. Prendergast and colleagues went on to discover that the IDO enzyme blocks T cell activation in cancer and is widely used by tumors to evade the immune system. Through further study, they found that IDO is essential for inflammation-driven cancers, not only to support immune escape but also to help attract a blood supply and metastasize. This seminal work at LIMR helped catapult IDO into clinical studies.

"We discovered the anticancer properties of an early drug-like inhibitor of the IDO pathway, called D-1MT (indoximod), and pioneered preclinical studies showing it triggers immune attacks on many types of cancer and greatly enhances the efficacy of chemotherapy," said Dr. Prendergast. Phase I and many Phase II clinical studies followed soon after. One of those clinical studies is open at Main Line Health to treat women with metastatic breast cancer.

IDO-related research continues to be a major focus at LIMR, particularly preclinical and clinical studies of a second IDO-related gene—IDO2—discovered at LIMR. Indeed, LIMR just received a large grant from the National Institutes of Health to study IDO2, the first major federal funding to focus on this new immune regulatory gene.

The IDO pathway has become a hot target in cancer immunotherapy, garnering significant attention at this year's meetings of the American Association for Cancer Research and American Society for Clinical Oncology. To the point, earlier in 2015, Bristol-Myers Squibb paid $800 million upfront to a small biotech firm for its preclinical IDO pathway inhibitor. The rapidly expanding interest in IDO inhibitor development for cancer treatment can be traced directly to the early proof-of-concept work from Dr. Prendergast and his colleague Alexander Muller, PhD, at LIMR.

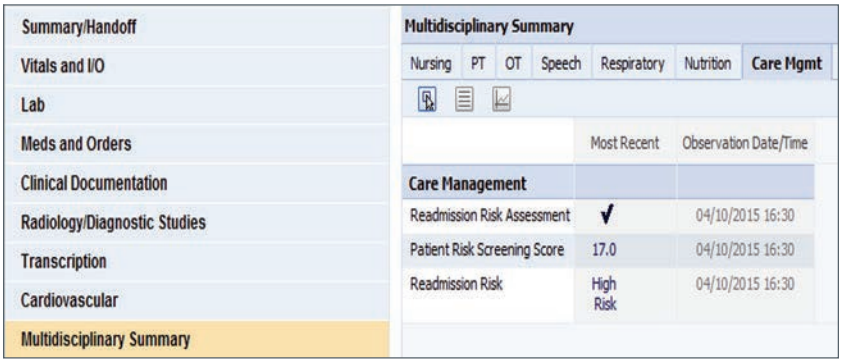
Ironically, LIMR has been better known by physician-scientists across the globe than by physicians in the region. Years ago, LIMR's published discoveries about the IDO pathway caught the attention of two prominent researchers at Gustave Roussy Cancer Center in Paris—Guido Kroemer, MD, PhD, and Laurence Zitvogel, MD, PhD—prompting them to invite Dr. Prendergast to participate in the 1st International Conference on Immunochemotherapy.

This past April, the 4th International Conference on Immunochemotherapy was held at LIMR, with Drs. Prendergast, Kroemer and Zitvogel, as well as Jeffery Weber, MD, PhD, of the Moffitt Cancer Center, co-chairing the conference. Attendees included several of the world's leading cancer researchers. ■

Do you know your patient's readmission risk?

What's the risk of your patient being readmitted after discharge? To know that, you'd need to tap a number of sources, including previous admission records, medication lists, and the nursing assessment that is done upon admission. The more sources, the smaller margin of error. Then, you'd need to score each factor and generate an overall risk level.

A capability added last year to Main Line Health's electronic medical records (EMR) system does just that for every adult patient admitted to a Main Line Health hospital. Patients who receive an 8 or higher are flagged as being at greater risk for readmission; a triangular icon enclosing an outline of a person is inserted on the patient census.



"As a result, the case managers for the high-risk patients can have an interdisciplinary conversation with everyone involved in that person's care during rounds," said Grace Wummer, RN, MSN, system director, Patient Care Coordination at MLH. "The assessment goes directly into our EMR, so any member of the patient's care team can access the information."

"Not only does the tool determine who is high risk, it also provides insight about why the patient is at high risk," added Rose Plumari, MSW, system director, Care Management at MLH. "If we know why patients are at high risk for readmission, we can pay special attention to their needs upon discharge and help them overcome obstacles that may lead to readmission."

The Readmission Risk Tool, combined with other hospital efforts, has helped MLH reduce readmissions by 6 percent between July 2011 and June 2014. Although this may seem modest, even a small percentage in reduction is very difficult to achieve.

The next development, due to launch in early fall, is a system that automatically notifies primary care practitioners when one of their patients has been admitted or discharged from the hospital and is scoring as high risk for readmission.

"It's very important for primary care physicians to have this information and to follow-up with these patients as soon as possible," noted Wummer. "Not only is it the right thing to do, but Medicare is realizing that general practitioners play a huge role in preventing readmissions—especially when it comes to transitional and chronic care—and they are incentivizing in those areas through the establishment of Transitional Care Management Codes."

While the risk information provided by the Readmissions Risk Tool can help ensure that patients receive the appropriate interventions to prevent readmission, "it's only a guide," noted Plumari. "It's not a substitute for good critical thinking." ■

Following high-risk patients home

BY BEN USATCH, MD

To help ease the transition from hospital to home, Main Line Health has launched the Community Paramedicine Program (CPP) at Riddle Hospital. This pilot program sends specially trained paramedics into patients' homes to monitor their progress during their recuperation.

CPP uses the hospital's employed EMS staff to schedule home visits with patients who have been identified as high-risk but do not qualify for skilled services such as home health. High-risk patients include those who have a chronic illness, are taking multiple medications and are at an increased risk of readmission.

Just before discharge or shortly after leaving the hospital, patients who agree to be part of the CPP are scheduled for their first visit. During each visit, the CPP paramedic checks vital signs, reviews medications, answers questions and ensures that a follow-up physician appointment is scheduled. Home visits also enable family members and patient caretakers to participate and ask questions during the visit.

After each visit, the visiting paramedic provides an update to the patient's primary care physician and, if necessary, schedules follow-up visits or connects the patient to resources for further assistance. ■

Ben Usatch, MD, is medical director for the Community Paramedicine Program and a physician in the Emergency Department at Lankenau Medical Center.

Medical missions: Delivering health care around the globe

Following the devastating 2010 earthquake in Haiti, health care workers from around the world flew to the impoverished country to volunteer their services. They were on a medical mission, like their colleagues who go to countries like Guatemala, India, Brazil and the Dominican Republic, responding to populations in extreme poverty, where the most basic medical care is lacking and surgery is a luxury made possible only by the intervention of volunteers.

Many clinicians from Main Line Health have answered that call, often at great personal expense, using vacation time to work far from home under poor conditions. Despite the hardships, they view these missions as positive experiences that enrich their own lives as much as those of their patients, and they often return more than once.

For the last four years, Winson George, PhD, DO, a physician with Bryn Mawr Family Practice, has volunteered with Bombay Teen Challenge, a faith-based organization that works with women and children in the red light district of Mumbai, India. Dr. George and his colleagues provide medical care to women and girls—often as young as 11 years old—who are slaves in the sex trafficking industry. They use that outreach as a foot in the door to eventually help them off the streets.

In parts of the world where charitable missions involve social change, health care is often the best entry point for building trust with local residents. Few turn down the offer of free medical care, enabling interactions that may lead to behavioral interventions, counseling and education.

Other medical missions focus on meeting basic medical needs, including primary care, pediatrics, immunizations, disease management, obstetrics and gynecology, trauma and emergency medicine, vision care and dentistry. Surgical teams are also in demand for procedures including plastic and reconstructive surgery, orthopaedics, neurology, gynecology, ophthalmology, cardiology and oncology.

For physicians like John Sauter, MD, an anesthesiologist at Lankenau Medical Center, foreign countries provide the most opportunities for charitable work in his field. “In the United States, if you have a real need for surgery, it is going to be taken care of, regardless of whether you have insurance. In other countries, volunteer teams may provide the only means for a patient to have surgery,” he explains.

Conditions in third world countries challenge visiting physicians to make do with limited resources like medications, technology and equipment. The risks

"The experience is always heartwarming and extremely rewarding, being able to provide life-changing service to those in great need. It's why we keep going back."

—Gary Wingate, MD, plastic/reconstructive surgeon, Paoli Hospital

for infection and disease are high, and operating rooms may be makeshift, particularly in regions impacted by natural disasters.

"In Haiti, I had to teach Ophthalmology residents in Port-Au-Prince how do procedures using only the equipment they had, which required a little bit of creativity and versatility," said Edward Bedrossian, Jr., MD, FACS, an ophthalmologist at Riddle Hospital. "Here in the US, we have everything we need right at our fingertips. In Haiti, there were certain things we just couldn't do because we lacked the right tools."

Timothy Mack, DO, of Paoli Hospital, was a family practice resident when he joined Dr. George on his most recent mission to Mumbai. He recalls, "Working on a medical mission brings you back to the heart of primary care. Our group saw about 250 people each day, and because you have limited resources, you have to rely on your physical exam and on talking to your patients with the help of an interpreter. You can't just order tests or procedures."

As a neonatologist from Bryn Mawr Hospital volunteering in Haiti, Richard Ritterman, MD, also found himself relying more on his own intuition and observations due to a lack of modern equipment. "The technology in Port-au-Prince is old, and blood tests require much larger samples than back here in the US. When you are treating a micro-preemie that weighs only two or three pounds, you have to carefully consider which lab tests to order, because you don't want to draw too much blood from a baby," he said.

Most physicians, as well as the nurses and technicians who accompany them, are motivated to join medical missions by the same values that drove them to become doctors: the desire to give back and help others. They return each time with a greater appreciation for the conditions back home, including the other doctors, nurses and administrators who keep things running smoothly. They are reminded that patient care takes time, and that engaging patients and building a relationship is the best way to influence change.

Many find missions rewarding because they represent a return to medicine in its purest form. They are simply treating patients the best way they know how, using their training and expertise, and enjoying the camaraderie of others who share the same purpose. ■

SOME OF THE ORGANIZATIONS FOR WHICH MAIN LINE HEALTH PHYSICIANS HAVE VOLUNTEERED:

- Blue Sky Surgical Team
- Bombay Teen Challenge
- Hearts in Motion
- Surgicorps International
- Volunteer Health Program

Among the many from MLH who volunteer around the world are, from left starting on page 6: Timothy Mack, DO, and Winson George, PhD, DO; in Mumbai, India; Edward Bedrossian, Jr., MD, in Haiti and operating with resident surgeon in the Dominican Republic (patients waiting to be screened shown in the next photograph); John Sauter, MD, with Deb McTamney, CRNA in Haiti; Richard Ritterman, MD, with young patient in Haiti; Gregory Bolton, Sr., MD, and senior resident Carrie Hipple, DO, outside Hearts in Motion (H.I.M.) House in Guatemala.

DVACO: Shaping the future of health care

BY KATHERINE SCHNEIDER, MD, MPHIL, FAAFP

The passage of the Medicare Access and CHIP Reauthorization Act (MACRA) in April 2015 aligned payment and delivery models across the continuum and for all providers. While noteworthy for individual physicians because it repealed the outdated Medicare Sustainable Growth Rate, MACRA is also one of the most significant recent developments affecting the Delaware Valley Accountable Care Organization (DVACO) because it clearly delineates Medicare's commitment to moving physician payment into value-based arrangements, as offered by the ACO model.

Partly owned by Main Line Health, DVACO is one of the nation's largest Medicare ACOs. Other owners include Jefferson Health System, Holy Redeemer Health System, Doylestown Health and Magee Rehab.

The focus of DVACO is to assist its participating members in transitioning from a fee-for-service model focused on volume to a model focused on population health. It does this by streamlining its processes and cost of care while exceeding the norm on quality and outcomes—exactly what MACRA is designed to encourage. Under an ACO, if the organization spends less than projected on the total cost of care for the attributed population of patients, all members share in the bonus payments.

Formed less than two years ago, DVACO now has 430 primary care physician members covering 65,000 Medicare fee-for-service beneficiaries. The organization also holds three performance-based contracts with private payers that boost its beneficiaries to above 100,000. That number is expected to increase greatly as DVACO participates with additional insurance payers in population health contracts.

Also in DVACO's future are: a) increased investment in informatics and population health technology, allowing the organization to better coordinate the care of our patients; and b) the thoughtful integration of specialists into the ACO model.

From left: Mitch Kaminski, MD; Katherine Schneider, MD, MPhil, FAAFP

Primary care, the foundation of our organization, is also a critical, necessary foundation for population health. By establishing adequate primary care access, referral tracking and coordination, and gold standard chronic condition management in the medical home, we can be well positioned to move forward to integrate specialists where appropriate.

DELAWARE VALLEY ACO
an accountable care organization

Playing a significant role in this future will be our new Chief Clinical Officer, Mitch Kaminski, MD. He most recently served as Medical Director, Primary Care and Medical Specialties, AtlantiCare Physician Group, and Chief Medical Officer of Health Solutions Accountable Care Organization, AtlantiCare. Prior to that, he was the Chairman, Department of Family Medicine, at Crozer-Chester Medical Center.

In his new role with DVACO, Dr. Kaminski will develop, deploy and champion a transformational clinical strategy for improving population health outcomes, quality and experience of care, and cost of care for the populations served by DVACO. He will lead all care management and care transformation initiatives and lead physician engagement strategies.

The progress we make can improve the health of our communities and reduce their health care costs. As the largest ACO in the Delaware Valley, with what we believe are the best PCPs and health systems in the Philadelphia region, we recognize that working together, we have a tremendous opportunity to shape the future. ■

Katherine Schneider, MD, MPhil, FAAFP, is president and CEO, Delaware Valley ACO.

An unparalleled experience for patients and medical students

BY CHINWE ONYEKERE, MPH, SANDRA ROSS, LSW, AND BARRY D. MANN, MD

Three years ago, Lankenau Medical Center approached Philadelphia College of Osteopathic Medicine (PCOM) with an innovative idea—a collaboration that would address the complex social and economic issues faced by vulnerable patients as well as provide medical students with invaluable insights and experience that would help them to become better physicians.

In 2013, the Medical Student Advocate Program was launched at Lankenau Medical Associates (LMA), the internal medicine and subspecialty residency practice at Lankenau Medical Center. This reflected the deep commitment of LMA, a Level 3 NCQA Patient-Centered Medical Home (PCMH) designated practice, to address the complex health care needs of our patients. Today, the Medical Student Advocate Program is significantly improving health outcomes and fundamentally changing the way we think about medical education.

During the program, second year PCOM medical students dedicate five hours a week to connecting patients to needed resources (i.e. food access, transportation, childcare, utilities, employment, housing). The students serve as patient advocates and work collaboratively with LMA's PCMH team, an inter-professional team of nurses, physicians, social workers, medical assistants, and health educators, to recognize and address patients' non-medical needs and barriers to care.

The program challenges the PCOM students to leverage existing community resources to find solutions for a wide range of issues: access to care, health insurance, prescription coverage, transportation, utility assistance, health education, food assistance, child care, housing, personal care and social support needs. Among these resources is Lankenau's partnership with The Food Trust, which allows our staff members to provide patients with Philly Food Bucks to purchase fresh fruits and vegetables at farmer's markets sponsored by The Food Trust throughout Philadelphia.

Each medical student advocate works one-on-one with 15-20 patients over the course of the year, under the supervision of Sandra Ross, a licensed social worker. This format allows each cadre of students—now numbering 15 per year—to help 200 to 300 patients annually and address over 500 resource needs.

PCOM students who participate in the program are subsequently provided an opportunity to participate in the Main Line Health-PCOM Core Clinical Campus, during which time they complete their third-year core clerkships within the MLH system. With the experience they gain as advocates, students begin this phase of their training better prepared and with substantially greater sensitivity to their patients' concerns. All students report increased empathy due to a greater understanding of the underlying issues faced by their patients and improved interpersonal skills that make it easier to engage in conversations with patients about their psychosocial needs. They learn that treating a patient effectively is about much more than addressing the disease or the condition, but also taking into consideration the barriers their patients may face in improving their health.

Based on success to date, plans are underway to expand the Medical Student Advocate Program into Bryn Mawr Family Practice residency as well as the Lankenau Medical Center Emergency Department. We are also in the process of developing a collaboration with a community health center in West Philadelphia, where our student advocate program could also have significant impact.

The Medical Student Advocate Program is a game changer. This program is a cost-effective and powerful way to address the complex issues surrounding transitions of medical care and hospital readmissions, while providing an unparalleled experience for medical students with the depth of insight and experience they need to produce better health outcomes for patients. ■

Above: Lankenau's Sandra Ross (far left) and Susan Burke, MD (glasses), lead a discussion with PCOM students at a weekly team meeting.

Chinwe Onyekere, MPH, is the associate administrator for Lankenau Medical Center. Sandra Ross, LSW, is the program administrator for the Medical Student Advocate Program at Lankenau Medical Center. Barry D. Mann, MD, is chief academic officer for Main Line Health.

New appointments

FEBRUARY—AUGUST 2015

ANESTHESIOLOGY
Bilal Ahmad, MD

FAMILY PRACTICE
Mona Chaudhary, MD
Keli A. Donnelly, DO
Marc I. Harwood, MD
Bernard F. King, DO
James D. Knox, MD
Bindu Kumar, MD
Timothy B. Mack, DO
Heather D. Mahoney, MD
Becky Souder, DO
Linda C. Vilbert, DO

MEDICINE/ALLERGY & IMMUNOLOGY
Tracy R. Prematta, MD
Michael J. Prematta, MD

MEDICINE/CARDIOVASCULAR DISEASES
Colleen Hanley, MD
Matthew Levy, DO
John P. McNamara, DO
Raul Moldovan, MD
Daniel Tsyvine, MD

MEDICINE/INTERNAL MEDICINE
Enrico Cifelli, MD
Ravi Y. Desai, MD
Jasdeep S. Dhillon, MD
Ali Farshidi, MD
Michael C. Hemperly, DO
Roy Kedem, MD
Ricardo Longarini, MD
Meera L. Malhotra, MD
Shayasta S. Mufti, MD
Matthew N. Olah, MD

MEDICINE/PHYSICAL MEDICINE & REHABILITATION
James F. Bonner, MD
Zachary D. Hauser, MD

MEDICINE/RHEUMATOLOGY
Charles T. Molta, MD

OBSTETRICS/GYNECOLOGY/ REPRODUCTIVE ENDOCRINOLOGY
Maureen P. Kelly, MD

PEDIATRICS/PEDIATRICS
Allison S. Fanelli, DO
Regina M. Vince, DO

PSYCHIATRY
Elyse S. Rubenstein, MD

SURGERY/COLON/RECTAL SURGERY
Henry P. Schoonyoung, MD

SURGERY/GENERAL SURGERY
Patrick Ross, MD, PhD

SURGERY/OPHTHALMOLOGY
Joseph N. Giacometti, MD

SURGERY/ORTHOPAEDIC SURGERY
Mark A. Schwartz, MD

Staff notes

Robert Benz, MD, was named a fellow of the American Society of Nephrology. He also became a member of the Medical Advisory Board of the National Kidney Foundation for Southeastern Pennsylvania and New Jersey region.

Jeffrey Bomze, MD, is the author of "Head Injuries in Children," to be published by the American Bar Association on Head Injuries.

Francis Ferdinand, MD, was named conference chair of the 25th anniversary of the World Congress of Cardiothoracic Surgeons at the Royal College of Edinburgh, Scotland, and was appointed chair of the American College of Surgeons' Board of Governors Surgical Volunteerism and Humanitarian Awards Workgroup.

James Kolter, MD, is co-author of "Invasive breast cancer incidence in 2,305,427 screened asymptomatic women: Estimated long term outcomes during menopause using a systematic review" published in the June issue of *PLOS One*.

Peter Kowey, MD, system chief of the Division of Cardiovascular Diseases, was named to the Board of Trustees at Saint Joseph's University in Philadelphia.

Helen Kuroki, MD, vice president, Medical Affairs, Riddle Hospital, presented "Workplace behaviors impacting a culture of safety" at the American Association of Physician Leadership in Las Vegas, Nevada.

Thomas Lawrence, MD, has been appointed to a three-year term on the Board of Directors of the American Board of Post-Acute and Long-Term Care Medicine (formerly the American Medical Directors Certification Program).

Linna Li, MD, was named a member of the American College of Radiology (ACR) Radiation Oncology Appropriateness Criteria Panel for Gynecology.

R. Barrett Noone, MD, was honored by the American Association of Plastic Surgeons (AAPS) for his contributions to plastic surgery with an Endowed Lecture in his name, the highest honor bestowed by the AAPS. Dr. Noone is a past president of the Association and has been recognized as a distinguished fellow.

Konstadinos Plestis, MD, system chief, Cardiothoracic and Vascular Surgery, Lankenau Heart Institute, presented "Extra-anatomical aortic bypass in aorta redo surgery" at the International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) Annual Meeting in Berlin, Germany.

Patrick Ross, Jr., MD, PhD, chair, Department of Surgery, presented "PhotoDynamic therapy in the octogenarian" at the International Photodynamic Association World Congress Meeting in Rio de Janeiro, Brazil. At the meeting, Dr. Ross was named secretary general of the association.

William Surkis, MD, was honored with the Dean's Award for Excellence in Education from the Sidney Kimmel Medical College at Thomas Jefferson University. In addition, his article, "How to become a medical doctor in the US," has been published by the *China Medical Tribune*.

Francis Sutter, DO, FACS, campus chief, Cardiothoracic Surgery at Lankenau Medical Center, was a guest speaker at the 2015 Shanghai International Symposium of Cardiovascular Surgery, where he gave three presentations. He also served as a moderator, panelist and speaker at the American Association for Thoracic Surgery, International Coronary Congress in New York, where he presented the "Current Role of Hybrid Coronary Revascularization, North American Perspective."

Susan Yaron, MD, chief of Pathology, Riddle Hospital, was co-author of "Bilirubin phototransformation in vitro using a battery-powered, solar-charged, high-intensity blue light-emitting, phototherapy blanket" in *International Journal of Biomedical Engineering and Technology*.

Accolades

- *US News & World Report* ranked all four MLH acute hospitals among the 10 Best in the Philadelphia metro area for 2015. Lankenau Medical Center ranked fourth, Bryn Mawr Hospital, fifth; Paoli Hospital and Riddle Hospital tied for eighth. Lankenau Medical Center and Bryn Mawr Hospital were also named among the top 10 hospitals in the state, out of the more than 200 hospitals in Pennsylvania, with Lankenau ranking sixth and Bryn Mawr ranking ninth. Additionally, Lankenau Medical Center earned a national ranking for diabetes & endocrinology services.
- Main Line Health received System Magnet® designation from the American Nurses Credentialing Center (ANCC), the nation's highest award for recognizing excellence in nursing care. It has been awarded to only 22 health systems in the nation. Riddle Hospital, Bryn Mawr Rehabilitation Hospital and the Main Line Health HomeCare & Hospice division received initial designation, and Lankenau Medical Center, Bryn Mawr Hospital and Paoli Hospital were designated for the third time. Bryn Mawr Rehabilitation Hospital is now only the fourth acute rehabilitation facility in the country—and the only one on the East Coast—to receive Magnet recognition.
- Riddle Hospital was honored with the American Heart Association's 2014 *Get With The Guidelines®- Stroke Gold-Plus Quality Achievement Award* for implementing specific quality improvement measures outlined by the American Heart Association/American Stroke Association (AHA/ASA) for treatment of stroke patients.
- Riddle Hospital EMS has received the American Heart Association's Mission: Lifeline® EMS Gold Award for implementing quality improvement measures for the treatment of patients who experience severe heart attacks.
- Paoli Hospital was recertified for two years by The Joint Commission for COPD and the Sleep Center.
- Paoli Hospital received the Mission: Lifeline® Silver Award for implementing specific quality improvement measures outlined by the American Heart Association (AHA) for the treatment of patients who suffer severe heart attacks.
- Bryn Mawr Hospital's Neuro-Cardiac ICU (NCICU) is one of only 12 in Pennsylvania and 24 in the US to receive the American Association of Critical-Care Nurses (AACN) 2015 silver-level Beacon Award for Excellence. The three-year award (2015-2018) recognizes caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards.
- For the third time since 2010, Paoli Hospital's Family Centered Maternity Unit has been recognized with the Care Award by the Board of Lactation Consultant Examiners and the International Lactation Consultant Association for excellence in lactation care. Paoli Hospital is one of 206 hospitals across the globe, and one of only 10 in Pennsylvania, to receive this recognition for the promotion, protection and support of breastfeeding.
- For the seventh straight year, Main Line Health has been named to *Hospitals & Health Networks* magazine's annual "Most Wired" list, recognizing achievements in infrastructure, management, clinical quality, safety and clinical integration.
- Paoli Hospital has been recognized by the Immunization Action Coalition (IAC) and the Pennsylvania Health Department for achieving one of the highest reported vaccination rates in the state for its work to protect newborns from hepatitis B virus infection. Paoli is the first hospital in Pennsylvania to win this award, with a vaccination rate of 93%.

Program and facility updates

Several projects have been announced recently to improve and expand facilities for patient care across Main Line Health:

- Bryn Mawr Hospital announced a $200 million campus modernization project that will include a new, five-story, 203,000-square-foot patient pavilion with 12 replacement operating rooms, as well as renovations to the Warden Lobby and labor/delivery and maternity units, plus 72 replacement patient rooms. Groundbreaking is Fall 2015. Once the project is completed in 2018, the Hospital will be equipped with all private patient rooms, contemporary facilities and advanced technology to support the evolving needs of the community. Separately, a new, four-story, 100,000-square-foot medical office building will also be built by a private developer, offering the last on-campus opportunity for multispecialty clinician offices. It's scheduled for completion in Fall 2016. In addition, two levels will be added to the Bryn Mawr Avenue parking garage.

- In early September, Main Line Health broke ground on the new $47 million, nearly 131,500-square-foot Main Line Health Center in Concordville. This Health Center will serve as a premier destination for health and wellness, and will provide a setting for convenient, easily-accessible care for the community. The many services offered at the Health Center include: Main Line HealthCare primary care and specialty care offices; Main Line Health Urgent Care Center, including a dedicated section for pediatric patients staffed by Nemours pediatricians; Nemours Children's Health System physicians and pediatric specialty care and physical medicine services; Bryn Mawr Rehabilitation Hospital Physical Medicine and Concussion Program; and a medically integrated Fitness & Wellness Center, featuring: state-of-the-art facilities and equipment, saltwater filtered pools including a 25-yard lap pool, a therapy pool, a spa pool, steam rooms and saunas.
- Lankenau Medical Center has submitted a Letter of Intent to the Pennsylvania Trauma Systems Foundation (PTSF) to open a Level II Trauma Center accreditation, following an assessment of community needs and discussions with key stakeholders and community leaders. Establishing a Level II Trauma Center on the LMC campus in Wynnewood will enhance EMS responders' ability to rapidly transport trauma victims to a facility that's close by for lifesaving treatment well within the Golden Hour, allowing these patients to stay closer to family, friends and other sources of support. The accreditation process will take approximately fifteen months. The PTSF will perform an on-site survey in Summer 2016, reviewing LMC's application and capabilities. ■

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Philanthropy | Finding the perfect fit

A CLOSER LOOK AT SHARON A. MARSHALL, MD

Sharon A. Marshall, MD, began her medical career as a Navy doctor at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. As an active duty physician, she participated in numerous shipboard and field hospital exercises involving procurement, deployment, and management of departmental resources and assets during extensive mass casualty drills.

It wasn't until her residency that she found the specialty—radiology—that, for her, was a "perfect fit."

"The fascination of being a detective looking for disease by analyzing pictures was irresistible!" Dr. Marshall said. "I am an artist in my spare time, so evaluating the art created by X-rays, ultrasound, and CAT scans was just a perfect job."

Her accomplishments eventually led to her assignment to the Jacksonville (FL) Naval Hospital, where she led a complete overhaul of the Department of Radiology, and to the National Naval Hospital in Bethesda, MD, where she directed the planning and completion of a 13,000-square-foot, $3.1 million Breast Imaging Center.

After retiring from the Navy, Dr. Marshall held several civilian jobs, again looking for just the right position. Finally, in 2008, she found the perfect fit at Paoli.

"I've worked in many locations both in and out of the military," she said. "Paoli is one of the best hospitals I've ever worked at in terms of dedication of the staff, standards of care, and collegiality. I want to preserve what we have and help it grow."

Now a member of the Potter Society for Paoli Hospital donors above the $1,000 level, Dr. Marshall believes that "you should nurture the place that nurtures you! Who else understands so well what we need and what we could do if we had the means?"

She has a definite wish list. "For radiology, I'd like more tomosynthesis (3D mammography) units throughout the MLH System," she notes, "and I want to obtain automated breast ultrasound for our patients, which will be a minimum of eight machines and accessories. We also need more funding for technologists and support staff if we are to support our patient base properly. Every specialty has a wish list, and it's because we want our patients to be well served."

Sharon A. Marshall, MD

With 230 fellow members of the Potter Society, Dr. Marshall sees that as another perfect fit, noting, "It's just nice to know that there are others who feel the same way about Paoli as I do." ■

Main Line Health Physician magazine is published for MLH-affiliated physicians. For comments and contributions, contact Michael Martin, MLH Internal Communications manager, at martinmi@mlhs.org or Bridget Therriault, system director of Communications at therriaultb@mlhs.org.