

Main Line Health

Physician



Creating our Clinically Integrated Network

WINTER 2016
Inside:

Innovative solutions
to complex cardiac
problems

A PIVOTAL
transformation

Integrating
MLH's oncology
program



Main Line Health®
Well ahead.®

Reach out for a helping hand

BY STEVEN GAMBURG, MD

“Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 of every 3 physicians is experiencing burnout at any given time.”

— Tait Shanafelt, MD, Faculty, Mayo Clinic



According to statistics, we're a pretty challenged group. Physicians have high rates of burnout and depression. At first it seems ironic in a profession

dedicated to healing. But perhaps it's not all that surprising.

The demands of the job result in long hours of work, which can detract from family time, social life, and enjoyable hobbies. Most studies include “physician” in the list of top 10 most stressful professions. Fatigue, fear of making a mistake, and financial concerns can result in frustration, cynicism, burnout and depression.

A consequence of these feelings many times is one of isolation. We often don't feel comfortable sharing with others our sense of personal despair. There's a stigma to admitting you are burned out or depressed. By nature, physicians are competitive and resilient,

and confessing those feelings can be associated with guilt and failure.

The isolation can be cyclical. Without having someone to share these concerns with, we feel lonelier, left out...and even more depressed or burned out.

If this is as common as the data indicate, then maybe we can take some solace in “misery loves company.” Many of our colleagues have, at times, experienced these feelings. Some more so than others.

Isolating yourself is not the way to heal. The improvement starts when you decide to reach out for help, perhaps by consulting with a trusted friend, physician, family member or other professional.

Years ago, a patient came into our Emergency Room at 3 am.



She could not sleep and felt she was decompensating due to on-the-job stress.

One would wonder what kind of job could wreak that much havoc. “I work in a tanning salon,” she said.

Any job can cause stress. We need to recognize it and act on it. She did the right thing. She sought help.

A good resource for physicians is the Pennsylvania Medical Society's Physicians' Health Program, available at foundationpamedsoc.org/PHP/PHPPrograms.aspx. ■

Steven Gamburg, MD, is president of the Main Line Health Medical Staff, Chair of Emergency Medicine at Main Line Health, and a Diplomate of the American Board of Emergency Medicine.

MLH Updates

- The Lankenau Heart Institute clinicians at Bryn Mawr Hospital and Lankenau Medical Center have collaborated to establish a Valve Clinic at Bryn Mawr Hospital for patients with heart valve disease. The Valve Clinic at Bryn Mawr Hospital is located in the Medical Office Building North, Suite 210. Like a similar program in Lankenau Medical Center's Heart Pavilion, the BMH Valve Clinic simplifies care by offering patients a single point of contact for coordinating their initial evaluation, diagnostic testing, required screenings and appointments with the team of specialists. This expedites the patient care process and helps determine the optimal treatment plan, which may include medical therapy, cardiac interventional procedures or surgery.
- To help fight the spread of infections, Paoli Hospital has joined Bryn Mawr Hospital and Riddle Hospital in utilizing the Tru-D Robot after traditional cleaning is complete. Tru-D is an Ultraviolet “C” (UVC) light disinfection unit that measures reflected UVC from walls, floors and ceilings. A 360° array of UV sensors “read” the reflected dose of germicidal energy so that all shadowed surfaces receive a proper, lethal dose of UV germicidal energy. Tru-D can kill the most common health care associated infection culprits such as C. diff., MRSA, CRE and other bacteria.
- MLH has launched a new capability that automatically notifies primary care practitioners when one of their patients has been admitted to or discharged from an MLH hospital and scores as high risk for readmission. The capability follows the addition of a Readmission Risk Tool to MLH's electronic medical record system to calculate an overall risk level from a variety of data sources. ■

Some concerning encounters

BY BARBARA WADSWORTH, DNP, RN, FAAN



Recently, it has come to my attention that several of our physicians have had highly concerning encounters with patients. One reported situation

involved a patient telling a foreign-born physician, “Get out of my room, and go back to where you came from.”

Some patients are under the impression that they can select who provides care to them. Let me be clear about Main Line Health's policy: Patients do not have a right to discriminate against qualified individuals assigned to provide care for them.

When speaking about discrimination, many individuals immediately think “race.” However, there are many other factors—including religion, sexual orientation, ethnicity, etc.—and each of us has an obligation to support our colleagues or seek assistance to create an environment of respect and inclusion.

For instance, if patients or family members request that a physician or any other caregiver assigned to provide care be changed because he is a male, that request is respectfully denied. All of our staff are competent, caring and highly skilled clinicians, and patients may not discriminate. Under limited circumstances, a patient request for a reassignment may be honored (for example, Hindu women requesting female providers only).

The staff is well versed on this work, and the Staff Assignments policy, as well as the MLH Standards of Conduct, supports this practice: “Assignments are not to be made or changed

based upon the requests of patients or family members if the requests are based upon age, gender, race, ethnicity, sexual orientation, religion, physical appearance or economic class.”

I want to encourage all of you to reach out to a unit manager or supervisor to support you in any situation in which a patient or a family member is disrespectful, threatening or exhibits discriminatory behaviors. It is imperative that we address these issues real time and help the patient to understand.

You may be thinking, “Certainly, but what about the patient experience and my HCAHPS scores? Isn't patient satisfaction a priority?” Indeed it is, but not in place of respectful behavior. Diversity, Respect & Inclusion are part of the Values of our organization and just as important as Patient Safety or Compassion. Just as you would speak up for safety you should speak up for the respect and dignity of yourself or a co-worker.

Please reach out to any nurse leader, or Vice President of Medical Affairs, or President, or Andy Norton or myself to assist you in any way.

Thank you for all you do for our patients each and every day. ■

Barbara Wadsworth, DNP, RN, FAAN, is chief nursing officer and senior vice president at Main Line Health.



Coming on strong

BY ANDY NORTON, MD



Being associated with a strategic and intentional hospital system has distinct advantages for both patients and clinicians.

Patients may need highly experienced surgeons employing

advanced clinical technology, like our cardiovascular team featured on page 6. That article highlights Lankenau Heart Institute's incomparable expertise across Main Line Health and across every aspect of cardiothoracic and vascular surgery, with particular attention to our leadership in minimally invasive and robotic-assisted surgery.

At other times, the value is in best practice coordination among physicians and hospitals. An example is on page 8, showing how we are leveraging and standardizing best practices across our whole System to benefit cancer patients.

While both of these articles show how MLH is building on the strengths of our System, they just hint at the two massive transformations about to benefit our patients, staff and community.

This year, we are launching a Clinically Integrated Network that will help participating physicians to increase quality, reduce costs, maintain independence, and have a bigger role in managing utilization and population health. I give the details on page 4.

Over the next two years, we'll be implementing a new, foundation infrastructure specifically built to support value-based care and population health. SmartChart, SmartOffice (aka Nextgen), our two patient portals and many of our core ancillary systems will be replaced with one system that integrates inpatient and ambulatory care with clinical and financial systems. Learn about MLH's PIVOT Project and our move to the Epic electronic health record system on page 5.

Finally, two words to those who participated in the recent Main Line Health Physician Engagement Survey: Thank you. You helped identify strengths and opportunities in the MLH/physician relationship that are critical to providing a superior experience to our colleagues, our patients and our community. You'll all hear more about next steps soon. ■

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

Creating our Clinically Integrated Network

BY ANDY NORTON, MD

Main Line Health is committed to an open medical staff and being a good partner to independent and employed physicians alike, even as our health care environment continues to rapidly change. We now live in a world of value-based reimbursement and population health, electronic health information and advanced medical technologies, older and more diverse demographics, team-based care, and increased government regulation.

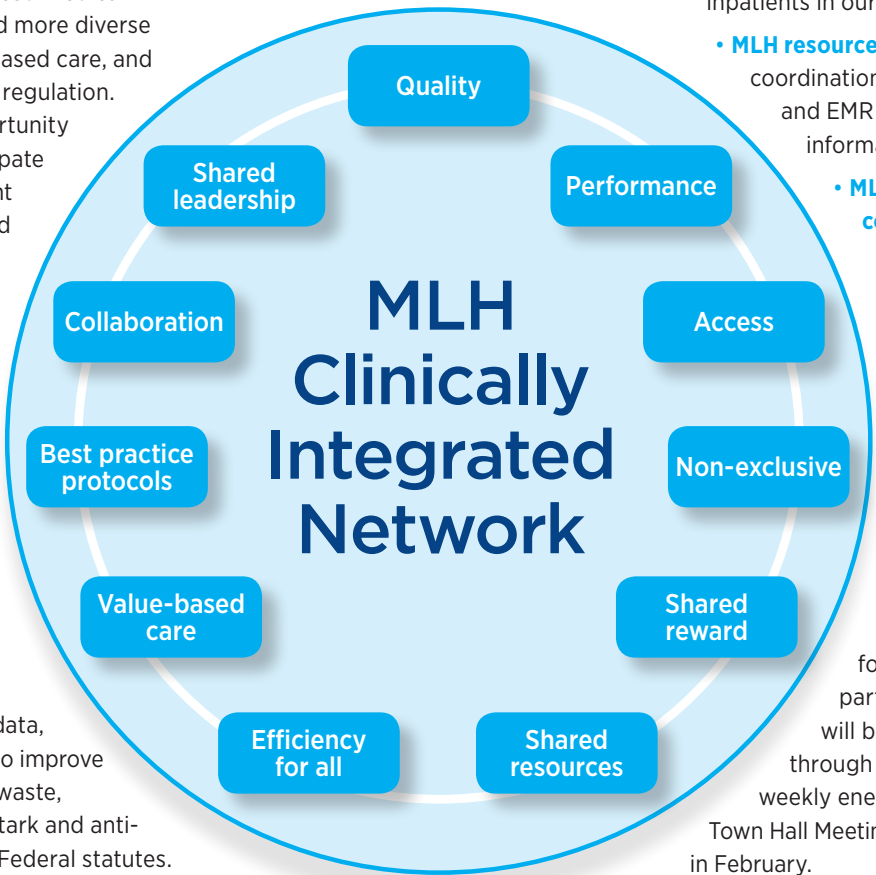
A promising opportunity for providers to participate in this new environment is a Clinically Integrated Network (CIN), in which independent/private practice physicians, employed physicians and a hospital or health system collaborate to develop clinical initiatives focused on quality, performance, efficiency and value.

In a CIN, independent and employed providers, supported by reliable data, can legally coordinate to improve outcomes and reduce waste, with protection from Stark and anti-kickback provisions in Federal statutes. The Network is allowed to collectively negotiate fee-for-service and value-based contracts, and members are allowed to be financially rewarded for demonstrated performance.

MLH is launching such a physician partnership in 2016. Our non-exclusive CIN will do more than just drive the Triple Aim (enhance patients' health, improve patients' experience and outcomes, and reduce per capita cost

of care). Using common information technology and established protocols, it will deliver a differentiated health care product so that MLH and physician participants could become preferred by consumers, payers and employers. It also will be the sole MLH route for participation in the Delaware Valley Accountable Care Organization (DVACO).

A 21-person Physician Advisory Group has been an integral part of this



initiative, along with specific working groups identifying scope of work and membership criteria. The on-going leadership structure will consist of a Managing Committee comprised of 13 Medical Staff physicians (including nine independent and four employed by Main Line HealthCare) plus three MLH executives.

The value to physician participants includes access to:

- **Participation in DVACO**, including DVACO's contracts, Medicare Shared Savings Program and care management and practice transformation resources.
- **Shared savings financial payments** through a contractual relationship between MLH and our MLH CIN to improve care and reduce costs for inpatients in our acute care hospitals.
- **MLH resources**, such as care coordination, case management, and EMR and clinical informatics support.
- **MLH and DVACO contracts** only available to MLH's CIN members.

The composition of various committees, as well as additional education on the MLH CIN, the opportunity in March to sign a letter of intent, and subsequent formalization of the participation agreement, will be communicated through the *MLH Clinician* weekly newsletter and special Town Hall Meetings beginning in February.

I encourage all MLH physicians to take advantage of these opportunities to learn more about this initiative to increase quality, reduce costs, maintain independence, and have a bigger role in managing utilization and population health. ■

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

A PIVOTAL transformation

BY DONNA PHILLIPS

How physicians, patients and staff interact with Main Line Health is about to be transformed.

In early 2015, Main Line Health launched a Systemwide evaluation to identify a comprehensive technology platform that would enable us to integrate inpatient and ambulatory care with clinical and financial systems. Throughout the year, our clinicians, administrative staff and technical experts conducted vendor evaluations, site visits and reference calls. Their recommendation—to adopt the Epic electronic health record (EHR) system—was approved by the MLH Board in November.

Epic is a world leader in providing hospitals and health systems with integrated software that connects clinical, scheduling, registration and revenue functions, and extends into the home to create a seamless patient and clinician experience. Epic's current customers include well-known academic medical centers and health care systems, from Penn, Jefferson, Temple and Nemours to Yale, Cleveland Clinic and Kaiser Permanente.

At Main Line Health, by early 2018, we will have in place a new, foundation infrastructure specifically built to support value-based care and population health. The end result will be amazing:

- Seamless integration between inpatient and outpatient solutions that encompass clinical information, patient registration, patient scheduling and billing
- A personalized and streamlined experience for patients, including an intuitive, robust Patient Portal and tools to enable our patients to partner with providers in their health and wellness
- An easy-to-navigate platform with the tools and level of integration to best



meet our needs to provide a superior and patient-centric experience and environment

With Epic's investments in research and development, we expect to long remain on the cutting-edge with superior tools to deliver exceptional care.

Epic will replace many of our current platforms including SmartChart, SmartOffice (aka Nextgen), our two patient portals and many of our core ancillary systems. Additional platforms—such as document imaging and our blood bank system—will be replaced with products that integrate easily with Epic.

Most importantly, this will be more than just a replacement of our IT systems—it will be an organizational transformation to position MLH for a new era in health care.

Most importantly, this will be more than just a replacement of our IT systems—it will be an organizational transformation to position MLH for a new era in health care. With the support of the entire MLH team, we will be evaluating how we interact with our patients, clinicians and staff, and we will use our new technological advantage to create an incredible experience for our patients, our physicians, our employees and our community.

This is an organizational transformation that deserves its own

name: PIVOT (Promoting Innovation by Valuing Organizational Transformation), powered by Epic.

Helping me lead this PIVOT initiative over the next three-plus years will be the Executive Steering team: Jack Lynch, president and CEO; Mike Buongiorno, executive vice president and chief financial officer; Andrew Norton, MD, senior vice president and chief medical officer; Karen Thomas, senior vice president and chief information officer; and Barbara Wadsworth, senior vice president and chief nursing officer.

Our four-phase approach has already begun. Currently, in Phase 1, we're working to build awareness as well as a project team and staff of about 150, which will include nurses, pharmacists, radiology technicians, clinical laboratory scientists, health information management coders, billing/account receivable representatives, information systems analysts, trainers and more.

In Phase 2, as the system is being built, physicians will be key contributors, tapped to provide insight on how their specialty would interact with the various applications.

Phase 3 will consist of testing and user training for MLH medical staff and employees, as PIVOT comes to life, in preparation for go-live and continuing support in Phase 4.

In the coming months, more details will become available on PIVOT and the role of MLH physicians in preparing for a new era in health care. ■

Donna Phillips is executive sponsor of the PIVOT project and president of Bryn Mawr Rehab Hospital.

Innovative solutions to complex cardiac problems

BY KONSTADINOS A. PLESTIS, MD

Lankenau Heart Institute has become a primary point of referral for patients requiring surgical treatment of critical and complex disorders of the heart and great vessels. In 2015, Lankenau Heart Institute cardiac surgeons performed 958 operations spanning nearly every aspect of cardiac surgery, including beating-heart and robotic-assisted coronary artery bypass, minimally invasive valve repair and replacement, transcatheter aortic valve replacement (TAVR) and mitral valve repair, complex aortic aneurysm surgery and repair of aortic dissections, and treatment of arrhythmia.

In 2015, our mortality rate for both minimally invasive aortic and mitral valve surgery was 0%.

Lankenau Heart Institute is one of the top-performing cardiovascular

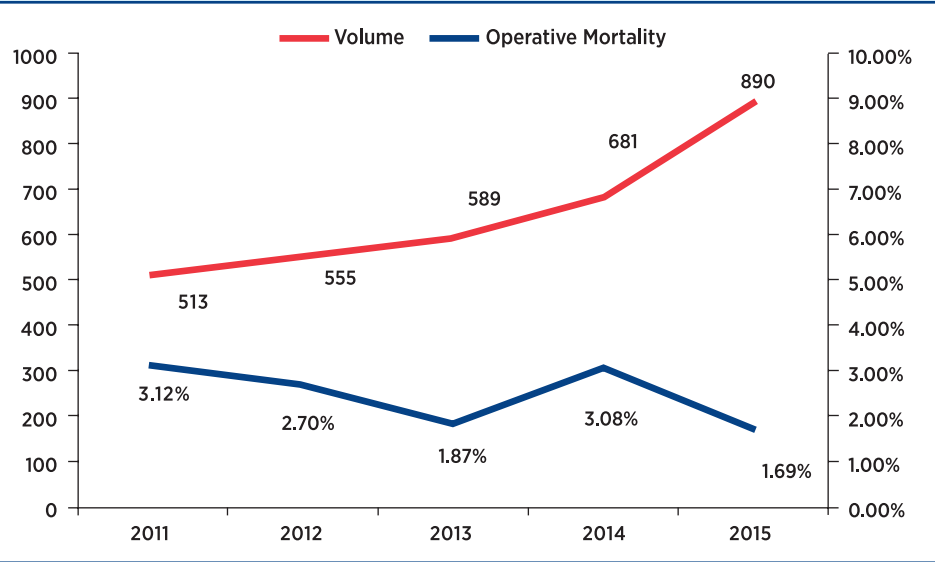


surgical programs in the country with outstanding outcomes (Table 1), and one of the most comprehensive resources for minimally invasive heart surgery on the East Coast. Nearly 85% of all isolated valve surgeries (aortic and mitral valve repair or replacements) are performed via very small incisions utilizing minimally invasive techniques. These advanced procedures provide equal, and in many

cases, better patient outcomes and are associated with less postoperative pain, reduced risk of stroke, avoidance of blood products, quicker return to daily activities, and improved quality of life. In 2015, our mortality rate for both minimally invasive aortic and mitral valve surgery was 0%. With one of the most experienced robotic heart surgeons in the country, we have performed more than

1,300 robotic-assisted CABG procedures with a single, 1.5-inch incision. Our operative mortality rates for standard and robotic CABG procedures are consistently lower than national averages. Our structural heart team offers minimally invasive transcatheter therapies for aortic and mitral valve disease for patients who are otherwise considered high-risk for traditional open heart procedures. Since September 2012, we have performed 350 transcatheter aortic valve replacement (TAVR) procedures with a mortality of 2.6%, which is one of the lowest in the nation. Also since early 2015, we've performed 29 transcatheter mitral valve repairs with a mortality of 3.5%.

TABLE 1: ANNUAL NUMBER OF CARDIAC SURGERY CASES PERFORMED AT LANKENAU MEDICAL CENTER AND THE CORRESPONDING OBSERVED OPERATIVE MORTALITY.



Data source: The Society of Thoracic Surgeons Adult Cardiac Surgery Database.



Patient Nancy Judovits (right) shows CBS3 reporter Stephanie Stahl the small scar from her minimally invasive aortic valve repair surgery a few weeks earlier at Lankenau Medical Center.

The aortic disease management team has expertise in the use of the most advanced technology for evaluating aortic disease and offering advanced medical, surgical, and endovascular interventions. Since the program's establishment in 2014, we have performed 129 complex aortic surgical procedures involving the aortic root, ascending aorta, aortic arch, descending thoracic aorta, and thoracoabdominal aorta with observed mortality of 4.5%, which is considered among the lowest rates in the nation for these complex operations.

At Lankenau Heart Institute we have the ability to support patients in acute cardiopulmonary failure using extracorporeal membrane oxygenation (ECMO) therapy. This advanced technology essentially serves as a short-term substitute for the heart and lungs for patients who would not otherwise survive. Our survival rates are higher than the national average of 45%. We are developing a robust heart failure service, which involves the placement of life-saving, mechanical-assist devices while patients await a more permanent solution.

Our cardiovascular surgeons work closely with a dedicated team of cardiologists, cardiac imaging specialists, radiologists, anesthesiologists and clinical navigators across the System to provide our patients with the most advanced surgical care, with a distinctly patient- and family-centric experience. Individually, these factors make Lankenau Heart Institute unique and, combined, make our cardiovascular program exceptional. ■

Konstadinos Plestis, MD, is System chief, Cardiothoracic and Vascular Surgery, for Main Line Health's Lankenau Heart Institute.

Lankenau Heart Institute brings together the clinical expertise at Main Line Health's acute care hospitals and community cardiology practices to ensure that patients receive a level of quality, service, and experience that is unprecedented in the region. Through Systemwide coordination of patient care, Lankenau Heart Institute delivers preventive, diagnostic, therapeutic, and rehabilitative cardiovascular services at each of our locations, including Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital, and Riddle Hospital.

Integrating MLH’s oncology program

BY MICHAEL WALKER, MD, AND GREG KASMER

Before 2015, the oncology program at each individual Main Line Health hospital was just that: Individual. Strong, but individual.

Now, thanks to the ongoing integration of oncology services across MLH and the resulting collaboration among physicians and hospitals, it’s all about the strength of Systemness.

Together, Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital treat more than 3,300 cancer patients each year, which makes us one of the busiest oncology providers in Montgomery, Delaware, Chester and Philadelphia counties.

Operating as a single team has clear benefits for our patients, our physicians and the program itself.

Since we established the MLH Cancer Program in 2014, we have achieved several milestones:

UNIFIED ACCREDITATION: Traditionally, each MLH hospital was accredited separately by the Commission on Cancer (COC), with each campus separately defining goals, studies, and improvement projects to achieve COC standards.

Last year, MLH applied to be accredited as an Integrated Network Cancer Program (INCP). INCPs are characterized by a single cancer committee, standardized registry operations, a uniform data repository, and coordinated service locations and practitioners.

Our cancer team now has defined common goals, improvement projects and studies across MLH so we can achieve a higher level of standards together.

Confirmation of INCP status is expected after a site survey in late summer or early fall 2016.



UNIFIED CANCER REGISTRY AND SYSTEM WORK GROUPS: Like accreditation, each MLH hospital traditionally has had its own separate tumor registry team. The teams have now been combined into one Oncology Data Services (ODS) group, led by Louise Widmer.

Advantages of one team include the ability to ensure consistent data abstraction, to distribute manpower across the System, and to assess quality metrics—either combined or separately—to identify where we can improve our patient care.

In addition to combining the tumor registries, MLH has also created Systemwide, disease-specific tumor workgroups with a focus on quality, growth, system coordination, cost management, and physician alignment. The initial four workgroups—breast, lung, gastrointestinal (GI), and genitourinary (GU)—meet quarterly to discuss these priorities. They also conduct tumor boards several times a year to retrospectively review difficult cases and share lessons learned. Recently, the workgroups had developed a standardized survivorship care plan for patients and primary care physicians, using National Comprehensive Cancer Network guidelines as well as our own MLH Cardio-Oncology guidelines to provide better information on the recommended follow-up care.

LUNG CANCER SCREENING: Screening for lung cancer using low-dose CT has been proven to have a 20% risk reduction in mortality from lung cancer. Within MLH, a subset of the Lung Workgroup was formed to coordinate lung cancer screenings across the System. At the center of this program is a dedicated nurse navigator who helps coordinate care with referring physicians as well as patients throughout the process.

LUNG NODULE PROGRAM: The Lung Nodule Program is now available across MLH. The program’s aim is to optimize care for patients with incidentally-discovered focal pulmonary lesions and to provide a formal management protocol. The program includes prompt assessment by a team of pulmonary specialists, a report with follow-up recommendations, and tracking and proactive outreach by a dedicated nurse navigator.

CLINICAL TRIALS AND RESEARCH: Patient access to cancer clinical trials is a well-recognized hallmark of the best care in oncology. Building on its history as a successful member of the Community Clinical Oncology Program (CCOP), in 2015 MLH completed its first year as part of the NCI’s recently re-organized Community Oncology Research Program (NCORP) and finished in the Top 15 for accruals among 47 other programs. In addition to the NCORP clinical trials, MLH provided access for 130 of its cancer patients to additional cutting-edge

TURN “YOU DID
THIS TO YOURSELF” INTO
“I’M DOING THIS FOR MYSELF.”

There’s been no reliable way to detect lung cancer in its most treatable stage—until now. The [lung cancer screening at Main Line Health](#) is the diagnostic tool high-risk patients have been waiting for. Some call it the lung cancer test. We call it a second chance.

[MAINLINEHEALTH.ORG/LUNGSCREEN](#) | [484.565.LUNG](#)

LANKENAU MEDICAL CENTER | BRYN MAWR HOSPITAL
PAOLI HOSPITAL | RIDDLE HOSPITAL

The advertising campaign for oncology services aims to turn the patient’s internal narrative from one of guilt to empowerment, creating a space of non-judgment and hope in patients who are paralyzed by fear.

oncology trials in 2015. During this period, the impact of our ongoing work was recognized nationally in 11 publications appearing in leading journals in the field.

CANCER RISK ASSESSMENT AND GENETICS: Similar to MLH ODS, Genetics is now unified into a single Main Line Health team. Today, the program is lead by a two physicians, Dr. Terri McHugh and Dr. Michael Dabrow, as well as administratively by Rachel Brandt, who is now Manager of the Genetics Team. The team is ensuring genetic counseling appointments and testing

are offered and applied consistently across the System.

SYSTEMWIDE ONCOLOGY MARKETING: For the first time, MLH is taking a unified approach to marketing its oncology services. Advertisements for the Lung Cancer Screenings rolled out in November on TV, on the web, at train stations and convenience stores, and most notably in a “wraparound” ad that appeared on the front page of the November 18 *Philadelphia Inquirer*. The ads generated a flood of phone calls and appointments inquiring about the benefits and eligibility criteria of the screening.

Early this year, the MLH physician liaison team will reach out to referring physicians with information on our specialized clinical team available to diagnose and treat lung cancer. MLH is planning to similarly advertise for other tumor sites in the future.

Working together will enable us to enhance cancer care across our System and will bring many advantages, but the one that is most important is improving outcomes for our patients. ■

Michael Walker, MD, is medical director of Main Line Health’s Cancer Program and a thoracic surgeon. Greg Kasmer is MLH Cancer Program’s administrative director.

New appointments

AUGUST—DECEMBER 2015

ANESTHESIOLOGY

Victor Adamov, MD
Daniel R. Betterly, MD
Michael Fishman, MD
Zara Y. Mergan, MD
Glen D. Quigley, MD

EMERGENCY MEDICINE

Kenneth R. Deitch, DO
Kaynan Doctor, MD
Jillian S. Savage, DO
Niels E. Snyder, DO
Michael P. Whalen, MD

FAMILY PRACTICE

Michael A. Becker, DO
Peter F. Bidey, DO
Adam T. Chrusch, MD
Allen Dimino, MD
Jacqueline L. Ewing, DO
Kathryn Finley, MD
John D. Lawson, DO
Sarah E. Sa'adah, MD

MEDICINE/DERMATOLOGY

Edward F. Ryan, DO

MEDICINE/ENDOCRINOLOGY

Shalini Vijaykumar, MD

MEDICINE/GASTROENTEROLOGY

Michelle Feriod, DO

MEDICINE/HEMATOLOGY AND MEDICAL ONCOLOGY

Benjamin Jacobs, MD

MEDICINE/HOSPICE AND PALLIATIVE MEDICINE

Christopher A. Jones, MD

MEDICINE/INTERNAL MEDICINE

Joanna D. Bell, MD
Karl B. Bezak, MD
Daljit K. Bhogal, MD
Amanda Christini, MD
Nidhi S. Dalal, MD
Joshua M. Donohue, MD
Lauren M. Ellis, DO
Isaac Kim, MD
Allison Leff, DO
Emily P. Marquet, MD
Barani S. Mayilvaganan, MD
Meghann L. Schenk, MD
Gina M. Stefanelli, DO
Alexey P. Tatusov, MD

MEDICINE/PHYSICAL MEDICINE AND REHABILITATION

Adriana S. Prawak, DO

MEDICINE/PULMONARY DISEASES/ CRITICAL CARE

Ryan D. Reber, DO
Joanna P. Sta Cruz, MD

OBSTETRICS/GYNECOLOGY/OB/GYN

Beverly A. Eisenhuth, DO
Maria Keating, MD
Marie T. Luksch, DO

PEDIATRICS

Ricki S. Carroll, MD
Kathleen D. Glenn, DO
Danielle N. Harvey, MD
Janet W. Lin, MD
Rajeev R. Shah, MD

PEDIATRICS/NEONATOLOGY

Faryal Durrani, MD

PSYCHIATRY

Robin E. Hanson, DO
Andrea N. Murray, MD
Michael Silverberg, MD
Michael Su, MD

RADIOLOGY/DIAGNOSTIC RADIOLOGY

Yuo-Chen Kuo, MD

SURGERY/CARDIAC SURGERY

Alon S. Aharon, MD

SURGERY/GENERAL SURGERY

Joshua A. Marks, MD
Robert J. Meisner, MD

SURGERY/NEUROSURGERY

Hana Choe, MD
Osman S. Kozak, MD
Larami G. Mackenzie, MD
Qaisar Shah, MD

SURGERY/OPHTHALMOLOGY

Dina Y. Gewaily, MD
Leonard H. Ginsburg, MD

SURGERY/ORAL MAXILLOFACIAL SURGERY AND DENTISTRY

Jordan Fried, DMD
James C. Gates, DMD
Christopher S. Perrie, DDS, MD

SURGERY/ORTHOPAEDIC SURGERY

Michael Feldstein, MD
Vincent M. Moretti, MD
Kelly A. Murray, MD
Michael J. O'Malley, MD
Derek Ward, MD

SURGERY/OTOLARYNGOLOGY

Daniel P. Nadeau, MD

SURGERY/PLASTIC SURGERY

Laura A. Gowen, MD

SURGERY/PODIATRY

Christopher R. Hood, DPM

SURGERY/UROLOGY

Lynn J. Paik, DO

Staff notes

Joseph S. Bushra, MD, FAAEM, Chief of Emergency Medicine, Lankenau Medical Center, is co-author of “The Ability of Renal Ultrasound and Ureteral Jet Evaluation to Predict 30-day Outcomes in Patients with Suspected Nephrolithiasis” in the July 14 issue of *American Journal of Emergency Medicine*.

Charles Dunton, MD; Thomas Frazier, MD; Stuart Lessin, MD; John Marks, MD; Richard Schmidt, MD; and Marisa Weiss, MD, were included in *Newsweek* magazine's listing of Top Cancer Doctors 2015 for the United States.

The *Newsweek* list was compiled through peer nominations and research by Castle Connolly Medical LTD, the publisher of *America's Top Doctors*.

Paul B. Gilman, MD, Chief of Hematology-Oncology, Lankenau Medical Center, and Chief of Hematology-Oncology, Main Line Health, was elected to the Nominating Committee of the Eastern Cooperative Oncology Group (ECOG). He has been principal investigator for ECOG for the MLH Community Clinical Oncology Program and a long-standing member of the ECOG Audit Committee.

William A. Gray, MD, is the new Chief of the Division of Cardiovascular Disease at Main Line Health and the first President of Lankenau Heart Institute. Formerly Director of Endovascular Services at New York-Presbyterian/ Columbia University Medical Center, Dr. Gray has significant research experience in interventional cardiology.

Hans Liu, MD, and Lisa Cushinotto, Bryn Mawr Hospital clinical pharmacist, presented a poster titled “Use of a Survey to Measure Interest in Tropical Diseases Education Among Health Care Practitioners in a Community-Teaching Hospital on the Mid-East Coast United States” at the 15th Asia Pacific Congress of Clinical Microbiology and Infection held in Kuala Lumpur, Malaysia.

Accolades

Paoli Hospital and Riddle Hospital were each named *Top Performers on Key Quality Measures*® by The Joint Commission, the leading accreditor of health care organizations in America. This is the third time Paoli has received this recognition, and Riddle is one of only 117 hospitals to receive the recognition for five consecutive years in a row.

Lankenau Medical Center was named one of the nation's 50 Top Cardiovascular Hospitals® for the ninth consecutive year by Truven Health Analytics in the “Top Teaching Hospitals with Cardiovascular Residency Programs” category. Lankenau was the only hospital in the Philadelphia region—and one of only two in Pennsylvania—to be named to the list.

Main Line Health received the Best Places to Work Silver Award in the extra large companies category of the *Philadelphia Business Journal's* annual listing.

The Delaware Valley Accountable Care Organization (DVACO), of which Main Line Health is partial owner, was among the 10 top performing DVACOs in the US in terms of shared savings earned in the Centers for Medicare & Medicaid Services' (CMS) Medicare Shared Savings Program. Participating primary care physicians shared a portion of the \$13 million savings. DVACO was also among the 19% of ACOs in the 2014 class that both generated financial savings and improved the quality of care for Medicare beneficiaries by fostering greater collaboration between doctors, hospitals, and health care providers.

Lankenau Medical Center was named to *Becker's Hospital Review* list of “100 Hospitals and Health Systems with Great Heart Programs.” Lankenau Medical Center is one of only five hospitals in the region able to perform transcatheter aortic valve replacement (TAVR), and is among the highest performing TAVR Centers in the nation.

Paoli Hospital was named a 2015 Guardian of Excellence Award winner by Press Ganey for Patient Experience in Inpatient Care. Paoli, which reached the 95th percentile in patient satisfaction for each reporting period, also received the award last year for Patient Satisfaction.

Bryn Mawr Hospital became the first hospital in Pennsylvania to offer patients with non-valvular atrial fibrillation (AF) an alternative to long-term warfarin medication with the newly approved WATCHMAN™ Left Atrial Appendage Closure (LAAC) Implant.

Main Line Health physicians were recognized as 2015 “Top Docs” by *Main Line Today* magazine. Selected by their physician peers throughout the region, more than 400 Main Line Health physicians were included in the list. With 49 specialties included in the list, many of the top spots were occupied by Main Line Health physicians.

For the second consecutive year, Main Line Health HomeCare & Hospice was named among the top 25% of home health agencies in the nation by National Research Corporation. The recognition is based on publicly available performance measures including quality outcomes, best practices (process measure) implementation, patient experience (HHCAHPS), quality improvement and consistency, and financial performance.

Main Line Health became a member of the Center for Health Organization Transformation (CHOT) at the Texas A&M Health Science Center School of Public Health. While working directly with CHOT, MLH will also leverage the new partnership between Lankenau Institute for Medical Research and Jefferson College of Population Health in Philadelphia to develop new and innovative ways to reduce health care disparities and close the gap in population health outcomes.

Paoli Hospital's Progressive Care Unit (PCU) was the only PCU in Pennsylvania to receive the silver-level 2015 Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The three-year award (2015-18) recognizes caregivers who successfully improve patient outcomes and align practices with AACN's Healthy Work Environment Standards.

Main Line Health was the recipient of the “Best Introduction to Cultural Transformation” award at the HPI Safety Summit 2015, for its extensive program to create a reliable culture of safety throughout the System. ■

John Marks, MD, Chief of Colorectal Surgery and Director of Minimally Invasive Colorectal Surgery and Rectal Cancer Management Fellowship, Lankenau Medical Center, and professor, Lankenau Institute of Medical Research, spoke at FICARE (Forum Internacionaldo Cancer de Reto), an international rectal cancer conference in Brazil. He presented “A Better Option” for rectal cancer surgery to 600 surgeons and oncologists from around the world, highlighting the work the rectal cancer team is performing at Lankenau Medical Center.

Konstadinos Plestis, MD, System Chief, Cardiothoracic and Vascular Surgery, Lankenau Heart Institute, lectured at the Philadelphia Cardiovascular Symposium and Annual Meeting of the International Society of Endovascular Specialists

in Philadelphia. His presentation was titled, “Open Surgical Repair of the Proximal Aorta.”

Vishnu Potluri, MD, MPH, is co-author of *Honoring Patient Preferences in Initiation of Dialysis, Problems, Proposals, and a Path Forward*, published in JAMA Internal Medicine.

George Prendergast, PhD, president and CEO, Lankenau Institute for Medical Research, was a keynote speaker at “Cancer Precision Medicine” symposium at the College of Physicians in Philadelphia. Cancer experts from the region shared their knowledge and ideas in cancer prevention and cure.

Mel Reichman, PhD, principal investigator, Lankenau Institute for Medical Research, was chairperson of the opening keynote session for the 2015 International Joint Conference

of the European Chemical Biology Symposium (ECBS) and the International Chemical Biology Society (ICBS) held in Berlin, Germany in October. Dr. Reichman also gave the closing summary of the three-day conference that was attended by several hundred chemical biology researchers from around the globe. Additionally, he co-organized and co-chaired the session “Rising Stars in Chemical Biology,” an annual award session and ceremony for the three best presentations from young investigators in chemical biology worldwide.

Patrick Ross, Jr., MD, PhD, Chair, MLH Department of Surgery, presented at the Royal Society of Medicine in London, England. His presentation on photodynamic therapy for lung and esophageal cancer was delivered during the European Platform for Photodynamic Medicine.



MAIN LINE HEALTH PHYSICIAN

Philanthropy | Leading by example

A CLOSER LOOK AT JOSEPH VERNACE, MD

Joseph Vernace, MD, is taking his job seriously. “It’s an important role, the President of the Bryn Mawr Hospital Medical Staff,” said Dr. Vernace, who was elected by his colleagues in May 2015. “It is most important that I lead by example.”

Which is why, Dr. Vernace says, he decided to make a leadership-level gift to the *For Every Generation* capital campaign, currently underway at BMH.

“This project is a milestone endeavor,” said Dr. Vernace. “The Hospital will always have capital needs, but this campus modernization and new patient pavilion is an historic moment for BMH, and I believe every physician on our staff should be invested.”

Dr. Vernace is actively involved in asking his colleagues to support the Campaign with multi-year pledges, knowing the far-extending ripple effect of physician endorsement. “Visible leadership-level support from the physician body is crucial in showing that BMH—and, most notably, this project—are a worthy investment.”

The role of President of the

BMH Medical Staff also comes with the responsibility of chairing the annual Physician Giving Campaign. “Sometimes, during a capital campaign, people forget about the critical need for sustaining annual fund support,” said Dr. Vernace. “I’ll be the first to admit that I haven’t been the best at keeping my annual support up to date. But I understand how crucial it is to maintain that base level of philanthropy—and I want to encourage others to follow suit.”

Last fall, Dr. Vernace embarked on a mission to grow the number of physicians in Bryn Mawr Hospital’s *Gerhard Society*, which recognizes donors making contributions of \$1,000 or more annually. He established a matching incentive that effectively doubles the recognition and benefits associated with a gift of \$500, granting physician donors new membership in the Gerhard Society at a discount for fiscal year 2016.

“For almost 125 years, this community has looked to the medical staff of Bryn Mawr Hospital for

guidance and a leadership example,” Dr. Vernace reflected. “I firmly believe

that to charitably support the Hospital is to send the strongest possible message to this community about the life-changing work that takes place here every day. And I believe the community will continue to respond in kind.”

So far, 20 physicians have decided to participate in Dr. Vernace’s “Gerhard Society New Member Match,” while others have chosen to make outright Gerhard-level gifts.

“I hope every member of the staff will consider participating in the Physician Giving Campaign—at any level,” said Dr. Vernace. “I want to see growth of that ‘spirit of philanthropy’ among our staff that is such an inspiration to others.”

For more information on the Gerhard Society and/or the New Member Match, please contact the Bryn Mawr Hospital Foundation at 484.337.8176. ■

