Main Line Health

Physician

The patient experience:

A look at the primary care, specialist and inpatient settings

SUMMER 2017

Inside:

Main Line Health®

Well ahead.®

Challenging times

BY ANDY NORTON, MD, FACP

These are challenging times to be a physician, nurse, nurse practitioner, pharmacist, therapist, physician assistant or any other clinician working in the US health care environment. Enhanced regulation, shifting politics, changes in reimbursement, clinically integrated networks, clinical redesign, new technology and the rapid shift of care to the outpatient environment are just a few of the issues that our entire Main Line Health medical staff and administrative leadership are dealing with every day.

We are working together to stay abreast of these changes, create an optimized clinical environment, and balance the many competing priorities we face.

Performance Excellence 2020 (PE2020) is one example of our efforts to *pull it all together*. In this issue, we introduce the PE2020 framework. It's not about taking certain priorities off the table—we don't have that option. It's about how best to prioritize a wide range of overlapping priorities. Like PE2020, our investment in Epic and the transformational work through the PIVOT project is another investment in our collective future. This is challenging work; much of it is behind the scenes and with variable impact on clinicians, depending on one's department and clinical activities. But some of these changes will significantly affect your daily work.

One of our key priorities is to keep the medical staff informed and engaged in all of these activities. Our primary vehicle is through the clinical environment in which you work daily. Look to our Department Chairs, VPMAs and medical directors of clinical programs and medical units to communicate the changes coming your way. Whether it's how we prescribe opiates, how we use a new electronic medical record, or how to comply with new required testing for hepatitis C, each requires communicating not just the information, but changes in the clinical workflow. Like I said, challenging work.

This magazine, *plus* our weekly electronic newsletter (*MLH Clinician*), informational emails, departmental listserves, and departmental and hospital medical staff meetings are all vehicles to stay informed and engaged. If you do not have regular meetings within your clinical environment—office practice, OR, Cath Lab, Hospital Medicine Service or any clinical unit—please set them up. Make it an interdisciplinary discussion with all of the clinical and administrative staff who are vital to the clinical environment you work in.

Everyone will benefit, including yourself and, most importantly, the patients that we serve. Thanks again for all you do in the service of the patients we collectively serve at Main Line Health. ■

Andy Norton, MD, FACP, is Senior Vice President and Chief Medical Officer at Main Line Health.

A clinically engaged MLH physician: What's that?

BY STEVEN GAMBURG, MD

STEEEP principles (Safe, Timely, Effective, Efficient, Equitable, and Patient-Centered) are at the core of what we do. We strive to keep our patents safe as we practice evidence-based medicine. Since patients are at the center of our focus, we recognize the need to be timely, work efficiently, and always be respectful and compassionate.

The STEEEP principles are critical to best patient care. Being clinically engaged at MLH means personally incorporating these principles in our practice.

One of the basic tenets of medical care at MLH is working collaboratively, which enhances both patient care and value.

Standardizing care is also becoming more imperative. When expectations are uniform, we can hold each other accountable to ensure the highest quality of care. And if the standardization is fully vetted and agreed upon (with some accepted variations), then patient care improves.

As engaged physicians, we are available and accessible to our patients. In our patient-centric model, we play vital roles in the patient's journey through their health care experience. We accept consultations and work to coordinate care through the continuum of office visits, emergency care, surgery, diagnostics, treatment protocols, admissions and follow up.

We don't work in a vacuum. We are aware of what's happening in our MLH environment. For instance, the PIVOT project—launching Epic in March 2018—will transform the way we practice and drive efficiency as we improve functionality. Keep track of progress at http://pivot.mainlinehealth.org/.

Similarly, we are cognizant of evolving new models of care, including Clinically Integrated Networks (CINs) and Accountable Care Organizations (ACOs). Newer reimbursement programs will reward us if we work effectively and collaboratively. And patients benefit when our coordinated efforts streamline the process, decrease costs, and improve clinical outcomes.

STEEEP guides our profession. How it is guiding MLH's Performance Excellence 2020 initiative is explored on page 4. ■

Steven Gamburg, MD, is immediate past 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.

Performance Excellence 2020

BY BARBARA WADSWORTH, DNP, RN, FAAN

An exciting new undertaking—detailed in an article on the next two pages—is connecting all of Main Line Health's important initiatives while aligning to the STEEEP principles.

It is the Performance Excellence 2020 (PE2020) leadership system. At its heart is the Baldrige Excellence Framework, which focuses our work around three important questions:

- *Is your organization doing as well as it could?*
- *How do you know?*
- *What and how should your organization improve or change?*

Using this focused approach, and with the components outlined below, we can better organize our work and standardize our approach through well-defined processes. The Baldrige framework will bring a steady cadence to our work and provide us with measurable outcomes to prioritize our work. Organizations that have used this framework have been able to focus on and accomplish the things that are most important to their organizations. Other health care organizations using the framework continue to lead the way with meaningful outcomes, improved quality, patient experience, and increased or sustained margins.

The framework addresses seven critical aspects—six process categories and a results category—that are important to leading an organization: Leadership; Strategy; Customers; Measurement, Analysis, & Knowledge Management; Workforce; Operations; and Results.

Specific health care criteria are part of Performance Excellence, including multiple questions aligned to each of those seven critical aspects to ensure a Systemness perspective. This leadership framework provides a standardized, organized approach built on focused attention to core values, process, results, linkages, and improvement. Through the Baldrige application and connecting with other organizations on the Baldrige journey we will learn and challenge ourselves. It's similar to Magnet. I encourage you to embrace PE 2020 and learn more about Baldrige at www.nist.gov/baldrige. ■

Barbara Wadsworth, DNP, RN, FAAN, is Senior Vice President and Chief Nursing Officer at Main Line Health.

Accolades

- The Cancer Center of Paoli Hospital has received certification as an NCQA (National Committee for Quality Assurance) Level 3 Patient Centered Specialty Practice (PCSP), becoming one of less than 100 Oncology practices in the United States with this recognition.
- Delaware Valley Accountable Care Organization (DVACO) was selected as one of 79 renewing Shared Savings Program ACOs, providing Medicare beneficiaries with access to high quality, coordinated care across the US.
- The Combined Intensive Care Unit (CICU) at Lankenau Medical Center has received a 2017 Silver Beacon Award from the American Association of Critical-Care Nurses (AACN) for exceptional care through improved outcomes and overall satisfaction.
- Main Line Health's Internal Medicine Residency and Family Medicine Programs, as part of the I-Pass Study Group, received the prestigious 2016 John M. Eisenberg Award for Innovation in Patient Safety and Quality, presented annually by The Joint Commission and the National Quality Forum (NQF), two leading organizations that set standards in patient care.
- For the fourth consecutive year, Main Line Health has been recognized by The Advisory Board with a Workplace of the Year Award. Main Line Health is one of only 20 organizations nationwide to receive the award, which recognizes outstanding levels of employee engagement.
- *Philadelphia* magazine's May 2017 "Top Doctors" issue featured 92 Main Line Health physicians, selected by their physician peers throughout the region
- The Lankenau Mother-Baby Unit/Lactation Team and the Hattersley Family-Centered Maternity Unit at Paoli Hospital received the International Board Certified Lactation Consultants Care Award for excellence demonstrated in staffing IBCLC consultants as part of the maternal-child health care team, and for conducting activities that demonstrate promotion, protection, and support of breastfeeding.
- The American Heart Association has awarded Mission: Lifeline Receiving Center Recognition Awards to Lankenau Medical Center (gold level) and Paoli Hospital (silver level) for the treatment of patients who suffer severe heart attacks.
- Main Line Health has received a Delaware Valley Patient Safety and Quality Award and a $1,000 grant from The Healthcare Improvement Foundation. MLH's project was developed from a patient safety event that occurred in 2014 and was identified as an opportunity across the System.
- The Main Line Chamber of Commerce (MLCC) and the United Way of Greater Philadelphia and Southern New Jersey have honored Main Line Health with the sixth annual United Way Regional Impact Award. ■

Performance Excellence 2020: Applying the Baldrige Framework

BY JACK LYNCH, FACHE; MIKE BUONGIORNO; ANDY NORTON, MD; DONNA PHILLIPS; BARBARA WADSWORTH, DNP, RN, FAAN; AND PAUL YAKULIS

The health care industry is evolving more rapidly than ever, and we can certainly expect more changes in how and where we most appropriately care for patients, how we are reimbursed, and how much further patient expectations will evolve.

The challenge in this environment is to maintain optimal clinical care outcomes and patient experience while addressing the impact these changes will have on revenue and System margins. Last year, in our Strategic Plan 2016–2020, we specified **what** we need to do to be the health care provider of choice in this environment—including focusing on PIVOT, Patient Experience, Culture of Safety, Quality, Financial Performance, and Diversity, Respect & Inclusion.

> [The Baldrige framework] provides an organized approach to decision-making, communication and deployment of work with measurable outcomes in accordance with recognized principles of good management.

This year, we have launched the framework for **how** we can best manage the multiple priorities of a health system. Under the banner of Performance Excellence 2020 (PE2020), we are applying the highly structured Baldrige Performance Excellence Framework to help us connect and coordinate all our critical initiatives, apply standardized process improvement techniques, create efficiencies, and continuously improve patient experience and clinical outcomes.

Our intent and our expectation is that PE2020 will help eliminate preventable harm, increase focus on achieving top decile performance in our key metrics, lower our costs through more informed operational decisions, and improve the experience we create for our patients and colleagues. Our ultimate goal is to create a high reliability and high performing organization focused on safety and financial responsibility.

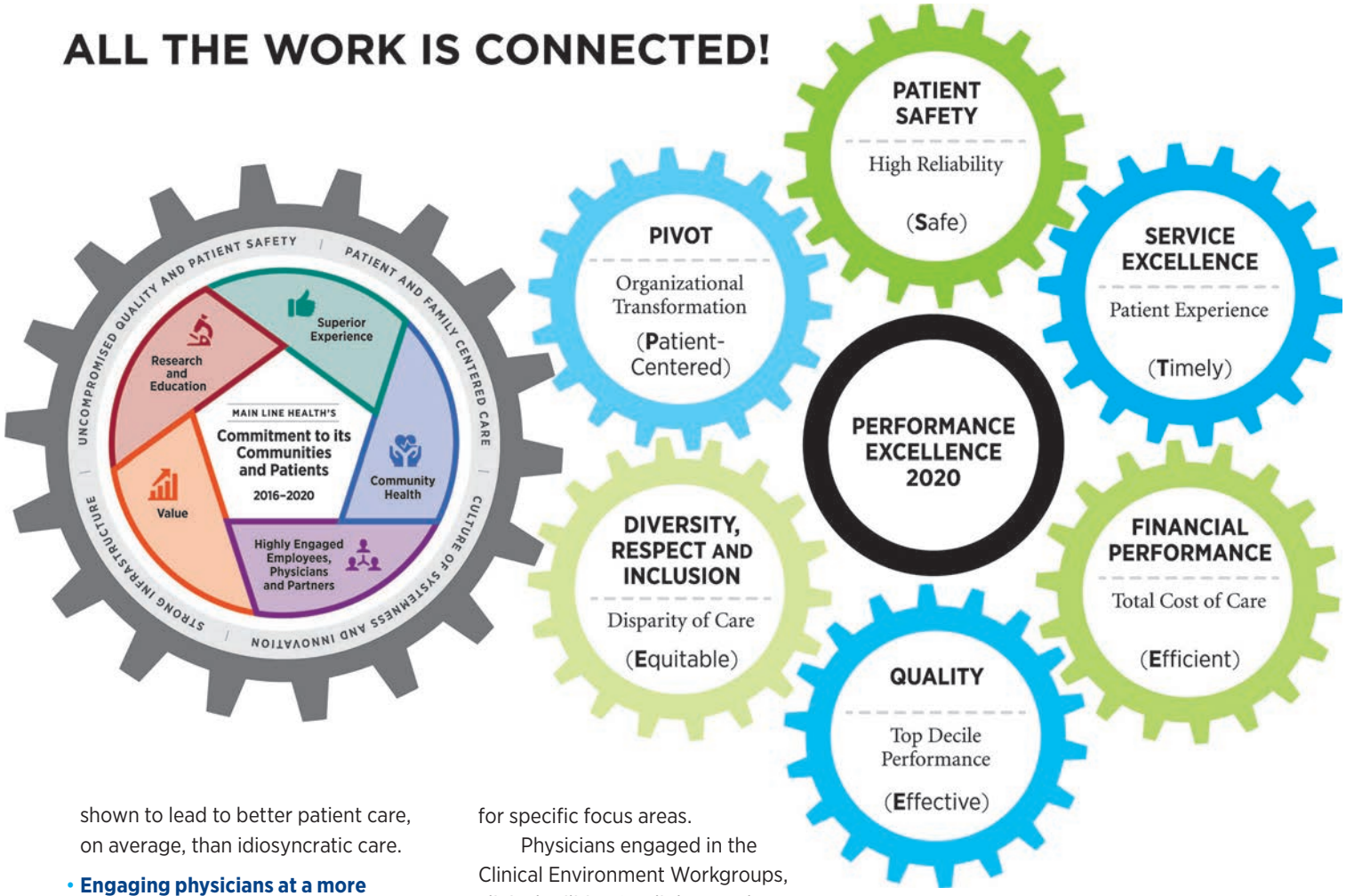
The Baldrige framework is a proven leadership model that other health systems have already benefited from. It provides an organized approach to decision-making, communication and deployment of work with measurable outcomes in accordance with recognized principles of good management (*see accompanying PE2020 Standards*) and the Institute of Medicine's STEEEP principles for health care (Safe, Timely, Efficient, Effective, Equitable, Patient-centered).

Ultimately, our vision is to deliver a STEEEP experience every time, everywhere, for everyone across Main Line Health. Baldrige provides a framework for making sound decisions. By studying our current practices in the context of our goals, we are able to identify opportunities to standardize around the best way to reach a goal and form a consistent and streamlined approach to our future work.

This framework will help ensure our processes, such as care coordination, are applied across our entire System, so the patient experience doesn't vary from campus to campus or individual to individual. It will also build a more efficient, data-driven environment that will help us improve financial performance by reducing inpatient risk-adjusted cost per case in a fixed-payment environment. The major drivers of cost per case are length of stay, unnecessary clinical utilization, and non-value-added clinical variation.

PE2020 will streamline and standardize work processes in every area of Main Line Health. Some of the ways physicians will see PE2020 in action include:

- **Standardizing best practices and clinical pathways.** This has been



These gears serve as a symbolic representation of the interconnection of our PE2020 work.

shown to lead to better patient care, on average, than idiosyncratic care.

- **Engaging physicians at a more relevant level.** Our enhanced metrics will provide more relevant data for the individual physician.
- **Consolidating vendors.** Consolidation opens the door to greater discounts and operating efficiencies.
- **Identifying ways to better manage our clinical resources.** Our clinical and administrative efforts do a lot for our community, but our resources do have limits. We will be finding ways to stretch our resources to deliver the most and the best care.

As executive sponsors, we are proud to be involved in setting direction for PE2020. Six work groups and a project management team (supported by our Navigant consulting partners) are leading the day-to-day work of aggregating and evaluating findings and recommendations, and developing implementation plans and approaches for specific focus areas.

Physicians engaged in the Clinical Environment Workgroups, clinical utilities (Radiology, Lab, Pharmacy, etc.) and campus and service line leadership will be instrumental in implementing PE2020's Clinical Work Group, led by Bryn Mawr Hospital VPMA Ray Baraldi, MD (focusing on how we can best care for our patients), and the Physician Enterprise Work Group, led by Main Line HealthCare VP Michelle Delp (addressing the financial relationships MLH has with physicians).

PE2020 sets the bar for what is expected of each of us at MLH as caregivers, colleagues and ambassadors for wellness, in order to continue our mission of delivering excellence as the health care provider of choice for the communities we serve. ■

PE2020 Standards

- Systems perspective
- Visionary leadership
- Patient-focused excellence
- Valuing people
- Organizational learning and agility
- Focus on success
- Managing for innovation
- Management by fact
- Societal responsibility and community health
- Ethics and transparency
- Delivering value and results

Jack Lynch, FACHE, is President and CEO of Main Line Health; Mike Buongiorno is Executive Vice President and Chief Financial Officer; Andy Norton, MD, is Senior Vice President and Chief Medical Officer; Donna Phillips is President, Bryn Mawr Rehab Hospital and Executive Sponsor of PIVOT; Barbara Wadsworth, DNP, RN, FAAN, is Senior Vice President and Chief Nursing Officer; and Paul Yakulis is Senior Vice President, Human Resources.

The patient experience: In the hospital

BY CATHY A. HARMER, MPH, MSN, RN, NEA-BC, CPXP; BARRY D. MANN, MD; AND BARBARA WADSWORTH, DNP, RN, FAAN

"Consider the patient and the patient's experience, or test, or hospital room as a Sacred Place," wrote one patient. "When you enter a Sacred Place, there is a specific behavior that is connected to that. Please consider that when taking care of your patients, because as one, I am scared of what is going to happen during my experience."

Coming to the hospital with all their unfamiliarity, vulnerability and worries, patients have made it abundantly clear in feedback both public and private that their level of satisfaction relies heavily upon how hospital staff members—especially their physicians—interact with them. Physicians are the "chiefs of influence."

Certainly, treating our patients with kindness and respect is simply the right thing to do on a personal level. The ripples of that respect reach far. Your interactions with patients have the greatest impact on shaping their hospital experience, and can even improve outcomes. Better physician communication—at a level patients understand—has been shown to correlate with higher patient follow through with care post discharge. A good experience and, even better, a good outcome will influence patient satisfaction, which in turn helps determine reimbursement through the Centers for Medicare and Medicaid Services' HCAHPS patient satisfaction survey. The survey is required by CMS for every hospital in the US, and the results are easily accessible to the public online.

That survey contains three questions patients are asked about their hospital stay that are relevant here:

- *How often did doctors treat you with courtesy and respect?*
- *How often did doctors listen carefully to you?*
- *How often did doctors explain things in a way you could understand?*

In the range of available options, the only response that CMS counts is "Always," which is a pretty specific expectation. Main Line Health's aggregate score for doctor communication is 81.4%, which is a pretty specific challenge.

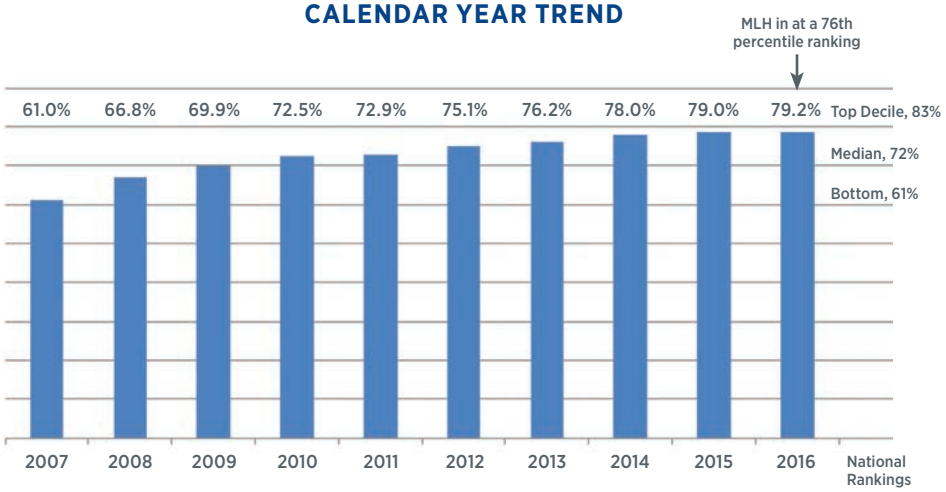
To help meet that challenge, MLH launched a comprehensive training program last year called "I am the Patient Experience." The program aims to build a stronger understanding of what truly matters to patients and improve upon our ability to deliver on that. Training for the system's 10,000 employees was mandatory and completed within a seven-month period. While training is not mandatory for Main Line Health's 2,000 physicians, it is considered essential education, and physicians are strongly encouraged to attend an upcoming session. (*See accompanying article for details.*)

Additional MLH programs are also helping improve communication with patients, including the Family Partner Advisory Councils at each MLH acute hospital. While these provide opportunities to share plans and listen to patient feedback, the impact of face-to-face communication between physicians and patients is most effective in supplementing quality care with a quality patient experience day after day.

Great care includes great communications. Are your behaviors best in practice? In today's highly competitive landscape, we need to be doing it better than everyone else. ■

At Main Line Health, Cathy A. Harmer, MPH, MSN, RN, NEA-BC, CPXP, is System Director, Patient Experience; Barry D. Mann, MD, is Chief Academic Officer; and Barbara Wadsworth, DNP, RN, FAAN, is Senior Vice President, Patient Services and Chief Nursing Officer.

MLH PERFORMANCE, HCAHPS GLOBAL RATING % 9 OR 10 CALENDAR YEAR TREND



Source: MLH scores data from Press Ganey. National Rankings data from Hospital Compare Database April 2015 and March 2016.

I am the Patient Experience

The "I am the Patient Experience" Medical Staff Course is an information-rich, one-hour session designed by physicians for all physicians—from primary care to surgeons and hospitalists. The session highlights the most relevant content from the more comprehensive training module presented to MLH employees. Using real-life scenarios, it helps identify the adjustments that can enhance physicians' communication skills.

Led by a physician and a facilitator, the course includes a self-assessment exercise, addresses the challenges of team interactions, and highlights the importance of the transition of care.

Essential parts of the program familiarize attendees with how two acronyms—AIDET and REACT—can remind us of what patient interactions in two different circumstances should look like.

▶ **AIDET** stands for the key steps to be used in every personal interaction, creating a positive energy that is the basis of a healing environment:

- **A**cknowledge the person by name (if known) with eye contact, a smile, and a warm greeting.
- **I**ntroduce yourself and the service you're providing, with your name badge facing forward.
- **D**uration of the service/test/procedure—and time until results—should be explained.
- **E**xplain what you're doing and how the patient can get assistance.
- **T**hank the patient for choosing MLH and ask what more you can do.

▶ **REACT** serves as a reminder for how to provide service recovery when missteps occur.

- **R**ecognize that the patient has a concern.
- **E**mpathize—and actively listen—as the patient explains the problem.
- **A**pologize using the "blameless apology" technique.
- **C**orrect or manage the problem through to resolution, with frequent updates.
- **T**hank the patient for being patient with us and for working with us to address the problem.

While these small adjustments to our words and actions may seem insignificant, they are of vast importance to our patients, and can make a world of difference in patients' choice of providers and how their experiences are reflected in our HCAHPS scores.

To date, 500 Main Line Health physicians have completed the "I Am the Patient" Medical Staff Course, and report finding tremendous value in exchange for a minimal investment of time.

To sign up for an "I am the Patient Experience" class, contact Catherine Harmer at HarmerC@mlhs.org. ■

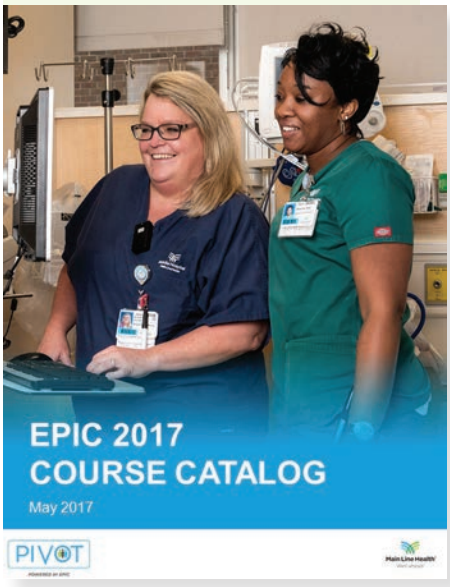
Epic training coming this year

Due to begin later this year, MLH's comprehensive Epic training program will minimize classroom time by using online eLearnings modules to first train end users on Epic fundamentals (e.g., how to login, access patient charts, etc.) before leading in-person classroom training sessions that will focus on specialty-specific workflows.

Following classroom training, clinicians will attend Epic/Dragon Personalization Labs where they will customize their Epic/Dragon preferences and profile prior to launch. Additionally, Epic/Dragon Personalization Lab drop-in sessions will be readily available throughout launch.

Training will be the key to clinician success when MLH launches Epic on March 3, 2018. Therefore, end users must demonstrate proficiency in Epic by completing an end user proficiency assessment (EUPA). Upon passing the assessment, end users will be granted log in access to Epic.

To learn more about our Epic Training requirements, visit **pivot.mainlinehealth.org**, and click on PIVOT Academy. A detailed training timetable is being posted in July. ■



The patient experience: In the primary care office

BY SETH RUBIN, MD, MSCP, AND THOMAS LAWRENCE, MD

Every provider knows that, in the exam room, medical care is ultimately about the patient, not political agendas or the practice's business needs. It's about what's "right" for the individual person, which is dynamic and can be elusive. Therefore, a good patient experience depends on effective interpersonal relationships. Nearly everyone recognizes a positive environment when they experience it: they feel welcome and comfortable expressing themselves. Yet, most providers recognize the challenges in listening effectively, and applying what they've learned in a way that's amenable and valuable to the patient.

Many patients only schedule appointments when they're concerned that something's wrong, or could be. Whether they actually have a health problem, have reason to suspect one or are suffering from stress, depression or an anxiety disorder, there's usually uncertainty, fear or pain. When people visit our offices—no matter what their health status or the acuity of their needs —their experiences can influence not just their stated health problem, but how they feel about themselves and their future. Waiting room magazines and videos may offer distraction while they wait, but they can't reassure or heal them.

What can help is a friendly smile, concern expressed in an unhurried manner, and a physical environment that provides safety, privacy and comfort. These conditions help demonstrate that the patient is the most important person while we're with them. We can enhance our patients' experience by optimizing their general office experience, being mindful of our behaviors, nurturing our relationships with them, and remaining vigilant to understanding their perceived needs.

We can enhance our patients' experience by optimizing their general office experience, being mindful of our behaviors, nurturing our relationships with them, and remaining vigilant to understanding their perceived needs.

Have you put yourself in your patients' shoes? Try walking through a hypothetical office visit to "experience the process," and then "process the experience." *How easy is it to get someone on the phone when calling?*

Are appointments readily available? Are the exam rooms patient-centered, with hooks to hang clothes and seats that accommodate people of all sizes and physical needs? Is the bathroom neat and clean? Are there relevant handouts to help patients take action steps?

Of course, patients feel "heard" when they see that we're listening. We all mean to have compassionate conversations with patients. We're usually busy, and sometimes our body language, tone and words belie our intention to impact people in a positive way. Simple phrases can help. For example, asking patients "What would you like to discuss today?" or "What questions do you have?" communicates concern about what's important to them. While it may not be on the patient's agenda, advance care planning can be a powerful step in clarifying patients' wishes—particularly for seniors with chronic conditions. Advance care planning is most effective when it's initiated to guide ongoing health care transactions between patients and trusted providers, well before life-threatening health crises occur.

Many patients have difficulty coordinating or navigating health care and social service resources. Some patients, particularly seniors, face a multitude of health challenges including chronic conditions and functional limitations. PCPs who participate in the Delaware Valley Accountable Care Organization work with care coordinators who can guide patients and notify their office when patients transition between sites of care. MLH promotes the use of a clinical handoff form by our skilled nursing facility partners when returning patients to their PCPs. In addition to these efforts to help "connect the dots" and smooth the transitions of care for senior patients, Main Line Health's Senior Care Line (484.580.1234) is staffed by a licensed clinical social worker who can provide specific guidance to patients and their families.

MLH's current electronic health record (EHR) systems also integrate patient information across multiple care settings, facilitating our informed conversations with patients. Next spring, the PIVOT project to install the Epic EHR will further promote seamless transitions between providers. We'll get a clearer picture of patients' needs, so office visits can be even more effective. Also, the adoption of the Internet-based patient portals built into these EHR systems can make information and health care more readily accessible to patients.

This brings us full circle to the doctor/patient relationship and one final piece of advice. We all want the best for our patients. However, we don't know what our patients want unless we ask them. Similarly, our patients won't know we want to be helpful unless we show them through our environments, workflows and words. Making sure they know this can make any encounter a meaningful, positive experience. ■

Seth Rubin, MD, MSCP, is Medical Director for Primary Care, Main Line HealthCare, and Associate Medical Director, Main Line Health Physician Partners. Thomas Lawrence, MD, is MLH System Medical Director of Geriatric Medicine and Long Term Care.

New appointments NOVEMBER 2016—MARCH 2017

ANESTHESIOLOGY
John P. Flynn, MD
Lauren G. Keeney, DO
Amin M. Shazly, DO
Shashank S. Singh, MD

EMERGENCY MEDICINE
Kathryn A. Crowley, MD

FAMILY PRACTICE
Larisa P. Cheipesh, MD
Christine M. Drower, MD
Sabeena S. Fazili, MD
Joseph M. Henry, MD
Rebecca Huyett Mead, DO
Kathleen K. Lawlor, MD
Rachel A. Sugarman, DO
Deepti Thapar, MD

MEDICINE/HEMATOLOGY AND MEDICAL ONCOLOGY
Laura K. Austin, MD

MEDICINE/INFECTIOUS DISEASES AND PREVENTIVE MEDICINE
Fredy Chaparro-Rojas, MD

MEDICINE/INTERNAL MEDICINE
Marwan Badri, MD
Kellie E. Kruger, MD
Jiali Liu, MD
Michaela Mocanu, MD
Laura Lee S. Picciano, DO
Theodore J. Plush, DO
Michele Shrikanthan, MD
George H. Steele, MD

MEDICINE/NEUROLOGY
Sonia Anand Nichols, MD

MEDICINE/PHYSICAL MEDICINE AND REHABILITATION
Joyce Cheng, MD

MEDICINE/PULMONARY DISEASES/CRITICAL CARE
Gaurav J. Patel, MD

MEDICINE/RHEUMATOLOGY
Thais Moldovan, MD

OBSTETRICS/GYNECOLOGY/REPRODUCTIVE ENDOCRINOLOGY
Joseph R. Martin, MD

PEDIATRICS/NEONATOLOGY
Helen V. Fountain, MD

PEDIATRICS/PEDIATRICS
Craig A. Barkan, MD
Philip I. Cook, MD
Anna Karasik, MD
Trong V. Le, MD
Katherine B. Murray, MD
Kristen N. Slack, MD
Leia M. Woelkers, DO

PSYCHIATRY
George Abraham, MD
Karen G. Newman, MD

SURGERY/GENERAL SURGERY
Anirudh Kohli, MD
Zachary Peckler, MD
David Reel, DO
Erin A. Teeple, MD

SURGERY/OPHTHALMOLOGY
Britt J. Parvus, DO
Matthew M. Zhang, MD

SURGERY/ORTHOPAEDIC SURGERY Timothy P. Amann, DO
Christopher Bechtel, MD
Michael E. Birns, MD
James Fraser, MD
Sommer Hammoud, MD
Ian D. Kaye, MD
Michael J. Messina, MD
Patrick B. Morrissey, MD
Arjun S. Sebastian, MD

SURGERY/PODIATRY
Mark D. Pell, DPM

SURGERY/UROLOGY
Arjun Khosla, MD
Puneeta Ramachandra, MD

The patient experience: PCPs, specialists and communication

BY LAWRENCE LIVORNESE, MD AND ERNEST GILLAN, MD

Using today's technology, teenagers are able to share their every thought with the world. However, it often seems that—when it comes to communicating with each other—primary care physicians, specialists and their patients have been ushered into separate lifeboats, given a big push, and wished good luck as they float off.

Too often, a patient is referred by a PCP to a specialist who has received only vague advance information on why the patient is there. "What seems to be the problem?" may often be the first question a specialist must ask a new patient. Following that visit, the patient's PCP may not be informed which tests were ordered by the specialist, or if a problem was ever resolved.

These situations put patients in the frustrating position of being non-clinical links in a very clinical communication chain. Patients' expectations for a smooth, timely and thorough flow of information between their providers, as well as for appropriate testing, are even higher these days as they realize more of the health care bill is coming from their pocket.

By recognizing the need to work more closely, establish better processes and apply available technology, PCPs and specialists take an important step toward better care as well as greater patient satisfaction.

Main Line Health and MLH Physician Partners (MLHPP), our clinically integrated network, are taking several steps to encourage better communication between physicians, including establishing criteria for communication between specialists and PCPs within MLHPP.

> Patients' expectations for a smooth, timely and thorough flow of information between their providers... are even higher these days...

For example, PCPs are required to provide information about patients prior to their appointment with specialists. Specialists, in turn, are required to report back to a patient's PCP in a timely manner following an appointment. We also highly recommend that specialists not sequentially refer to other specialists, but rather consult with a patient's PCP on where to send the patient if further expertise is required.

The implementation of Epic throughout Main Line Health in 2018 is expected to improve communication even further. With Epic, we will be able to achieve smoother handoffs, allowing us to focus more on the questions that need answering while automating the transfer of information. Integrated patient records can keep the PCP alert to multiple prescribers. Messages will be integrated into our daily work flows, facilitating provider-to-provider communication of status updates, comments, concerns and questions.

Medicine today is far too complex for us to operate in a vacuum and not to talk to each other. Collaborative mindsets and processes on top of new technology make it easier than ever for physicians to keep each other informed in a HIPAA-compliant way about a patient's status. The outcome: more satisfied patients (and physicians), streamlined patient workups, fewer unnecessary office visits, and elimination of excess testing.

Working together, we can eliminate those life rafts and make the system work better for everyone. ■

At Main Line Health, Lawrence Livornese, MD, is Chair, Department of Medicine, and Ernest Gillan, MD, is Chair, Department of Family Medicine, and Chair of Main Line Health Physician Partners.

Communicating "on line": (top) Dr. Livornese, Infection Prevention specialist, and (bottom) Dr. Gillan, family practice physician.

Staff notes

Martin Bergman, MD, and **Amy Lundholm, DO**, co-authored "Mitigation of Disease and Treatment-Related Risks in Patients with Psoriatic Arthritis" in *Arthritis Research and Therapy*.

Pradeep Bhagat, MD, has been appointed System Chair, Department of Pathology at Main Line Health by the MLH Board of Directors upon recommendation of the Medical Executive Committee. Dr. Bhagat has been serving as Interim Chairman of the department since 2016, succeeding Gary Daum, MD.

Ned Carp. MD, FACS, Chief of Surgery at Lankenau Medical Center and MLH Vice Chair of Surgery, Clinical Operations, was named the inaugural Chairholder of the Barbara Brodsky Chief of Surgery Chair at Lankenau Medical Center, established by Mrs. Barbara Brodsky.

Sheetal Chandhok, MD, and **William Gray, MD**, Chief of the MLH Division of Cardiovascular Disease and President of the Lankenau Heart Institute, assisted by structural fellow **Roi Altit, MD**, performed a WATCHMAN™ Implant as part of a Left Atrial Appendage Closure workshop broadcast live from Lankenau Medical Center to the CRT2017 conference in Washington, DC. Anesthesia was provided by **Sandra Abramson, MD**, and **Shalin Patel, MD**. A second case was broadcast with cardiologists **Amid Khan, MD**, and **Dr. Gray**, assisted by interventional fellow **Marwan Badri, MD**.

Scott Enochs, MD, and **Veska Pandika, MD**, co-authors of "White Matter Lesions and Cardiovascular Risk Factors in Adults," presented at the Radiologic Society of North America conference in Chicago.

Basil Harris, MD, and his family-based team won first prize ($2.5 million) in the worldwide QualComm Tricorder XPrize competition, developing a device that can non-invasively diagnose 34 conditions.

Susan Gilmour, PhD, was awarded two grants: U.S. Department of Defense, for research on a potential treatment for melanoma; and Boehringer Ingelheim, for studies on immune-modulatory effects with anti-tumor activity using the thrombin inhibitor dabigatran.

Matt Goldstein, MD, **Peter R. Kowey, MD**, **Colin Movsowitz, MD**, and **Steven A. Rothman, MD**, served as course directors of the Cardiovascular Institute of Philadelphia's 6th Annual *EP/Arrhythmia Management Update: EP for Everyone in Clinical Practice*.

Jack Guida, MD, was selected 2016 "Physician of the Year" by The Pennsylvania Resource Organization for Lactation Consultants (PRO-LC) for advocacy and work supporting breastfeeding.

Donald J. Klingen, MD, MLH Chief Medical Information Officer, received a HealthShare Exchange (HSX) 2016 Health Information Exchange Champion Award. This award is presented to key contributors to Health Information Exchange in the Delaware Valley.

Peter Kowey, MD, System Chief, Division of Cardiovascular Services, Lankenau Heart Institute, is the author of the medical mystery *Death on a Pole*. His other novels include *The Empty Net*, *Lethal Rhythm* and *Deadly Rhythm*.

Jess Lonner, MD, performed live orthopaedic surgery for an orthopaedic conference held in Bryn Mawr Hospital's Pennypacker Auditorium. The surgery was narrated by **Jonathan Danoff, MD**. In addition, **Drs. Mark Kurd, Kevin Friedman** and **Joseph Bobadilla** presented lectures on various orthopaedic conditions and the surgical procedures being performed at Bryn Mawr Hospital.

John Marks, MD, section chief of Colorectal Surgery at Main Line Health, and medical director of the Harry Paul Mirabile, Sr., Colorectal Cancer Center at Lankenau Medical Center co-authored the lead article in the March issue of *Disease of the Colon & Rectum*, a publication of the American Society of Colorectal Surgeons. He also was a multiple presenter at the International Colorectal Disease Symposium in February.

Lauren Merlo, PhD, **Laura Mandik-Nayak, PhD**, and other LIMR researchers published a study in *Clinical Immunology* journal to report their findings that antibody targeting of the IDO2 enzyme inhibited joint inflammation in preclinical models of rheumatoid arthritis (RA). The authors note this finding may lead to a new therapeutic approach to treatment for RA and other autoimmune diseases.

Marwan Ma'ayeh, MD, PGY 3 Ob/Gyn Resident of the Lankenau Medical Center OB/GYN Residency Program, presented a poster titled; "Outcomes of Low Lying Placentas Diagnosed by Transvaginal Ultrasonography in the Second Trimester" during the Royal College of Obstetricians and Gynecologists World Congress held in Cape Town South Africa March 20-24. Other contributors to this poster include: **Dmitri Chamchad, MD**, **Norman Brest, MD**, **Andrew Gerson, MD**, and **Steven Scott**.

John Nguyen, MD, Chief of Anesthesia, Bryn Mawr Hospital, was named the Main Line Health Physician Safety Hero of 2016 at an awards presentation at the Clinical Environment Workgroup retreat. His nomination cited his work to prepare his department for the Joint Commission survey, which for the first time resulted in no findings related to anesthesia.

Norma Padrón, PhD, Associate Director of the Center for Population Health Research at LIMR, is a co-author of "Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care," in the January 20, 2017, issue of *Population Health Management*. She also co-authored "Know Your Community to Improve Population Health," in the March 2, 2017, issue of *Hospitals & Health Networks*.

Katherine Schneider, MD, President, Delaware Valley Accountable Care Organization (DVACO), has been recognized by *Modern Healthcare* magazine as one of 10 "Women to Watch" in the health care industry.

Ehyal Shweiki, MD, was recognized as a Main Line Health Safety Hero for his significant contribution to the successful establishment of the Level II Trauma Center at Lankenau Medical Center.

Emma Simpson, MD, and **Veska Pandika, MD**, co-authors of "New Electromagnetic Wave Technology in Localization of Non-palpable Breast Lesions that Require Excision: Our Institution's Experience With SAVI (Strut-Adjusted Volume Implant) Scout" presented at a Radiologic Society of North America conference in Chicago.

Jon Stallkamp, MD, was appointed Vice President of Medical Affairs (VPMA) for Riddle Hospital. Dr. Stallkamp serves as a member of Riddle Hospital's Senior Leadership Team (SLT).

Sunil Thomas, PhD, who specializes in immunology at LIMR, released *Rickettsiales: Biology, Molecular Biology, Epidemiology, and Vaccine Development* (Springer), the first comprehensive book that covers every genera of the order Rickettsiales, small proteobacteria that are known to cause diseases in humans and animals.

Andrew Ulichney, MD, Paoli Campus Chief, Department of Medicine, Main Line Health, received the Clinical Practice Award for the Southeastern Region of the American College of Physicians' Pennsylvania Chapter.

Michael Walker, MD, Medical Director, MLH Cancer Services, spoke on cancer program benefits of collaborative interactions between the Cancer Liaison Physician and Oncology Data Services at the annual meeting of the Oncology Registrars Association of New Jersey.

Main Line Health®
Well ahead.®

240 North Radnor Chester Road
Suite 300
Radnor, PA 19087

Philanthropy | Planning for the future

A CLOSER LOOK AT HENRY S. MAYER, MD

Henry S. Mayer, MD, has been known by many titles during his decades of practice at Bryn Mawr Hospital. Physician, cardiologist, board member, Vice President of Medical Affairs, President of the Medical Staff and Chief of Medicine, just to name a few. But one in particular stands out from the rest: philanthropist.

As a member of both the *1893 Society*—composed of individuals who have provided loyal support through annual gifts to Bryn Mawr Hospital for 20 consecutive years or more—and the *Bryn Mawr Legacy Society*, which recognizes those who include the Hospital in their estate plans, Dr. Mayer has seen firsthand the impact that charitable giving has on the community in which he has lived and worked.

Dr. Mayer began his career at the University of Michigan, where he also attended medical school. A native of the East Coast, he knew he wanted to return with his family and continue practicing medicine among familiar faces. His accolades at BMH include opening, and expanding, the Echocardiography Lab; initiating a cardiac rehabilitation program; and advancing access to Continuing Medical Education. But of all the roles he has played over the course of his distinguished career, it's clear that Dr. Mayer feels that the one of practicing cardiologist ranks first: "I just loved interfacing with my patients."

When asked what prompts his charitable support, Dr. Mayer observed: "The Hospital and this community have always been very good to me, and it means a lot to have the ability to return the favor. The *For Every Generation* capital campaign presented the perfect opportunity for me to make a significant gift that benefits Bryn Mawr, my patients and future generations."

While the options for planned gifts are numerous, Dr. Mayer chose to transfer ownership of a life insurance policy to BMH. The gift was used as payment towards his campaign pledge and, because life insurance transfers are not part of the estate process, does not impact existing plans for his heirs. Other types of gifts that enable philanthropic individuals to make larger contributions than they may otherwise be able include charitable trusts, designation of retirement assets, and gifts from one's will. Many types of planned gifts also feature favorable tax treatment.

His advice to his fellow physicians who want to follow in his philanthropic footsteps: "Look at your estate plans and contact your financial advisor. Be creative; there is more than one way to make a planned gift."

For more information on making a planned gift to one of our MLH hospitals, please contact Pam Magidson, Development Office, at 484.580.4183. ■

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.**

Cover: *Every personal interaction offers the opportunity to create a positive energy that is the basis of a healing environment.*