

Main Line Health

Physician



An Epic transition, a PIVOTal transformation

SUMMER 2018
Inside:

Leading the advance
in neuroscience

PE2020: How supplies
can impact outcomes



Main Line Health®
Well ahead.®

Transforming clinical care

BY ANDREW NORTON, MD, FACP



Over the past year and a half, the clinical and administrative leaders involved in Performance Excellence 2020 have been working diligently to build a foundation for a safer environment, top decile care quality, patient focus, and efficiency in every aspect of our organization, based on STEEP principles.

An essential part of PE2020 is clinical transformation, a focus on making sure we provide all our patients the same high level of care by using evidence-based practices to improve quality and safety, eliminate disparities in care, reduce wasteful or potentially harmful clinical care variation, and improve efficiency and cost effectiveness. A patient being treated for heart failure or hip fracture should receive the same high value care whether at Lankenau, Bryn Mawr, Paoli or Riddle.

Fundamental to clinical transformation is clinical redesign, a deliberate look at the clinical care model and clinical workflow, with an eye to optimizing efficiencies and utilizing a team-based care model. With involvement from across the System, we are reimagining how we do our work. The Sepsis Handoff Tool is a perfect example: the core tool was developed at Lankenau, and then input from the quality

directors and clinicians at every campus made it even better.

To identify those clinical interventions that should be performed consistently across the campuses, each clinical workstream project is developing a System Clinical Advisory (SCA) document, based on supporting scientific evidence and input from our clinical leadership at all campuses. Be assured, SCAs will not be a prescription for every clinician or every patient, and they will not replace clinical judgment, but they will be a resource for our clinicians.

We are also taking a careful look at the use of team-based care, the appropriateness of outpatient vs. inpatient care, and virtual care, where physicians, advanced practice providers, technicians and administrative specialists work together remotely to deliver high value care.

Two important aspects of our clinical redesign are featured in this issue — the latest developments in our service line clinical care model (page 4) and the clinical supply chain (page 8). Other articles provide updates on the implementation of Epic (page 6) and Main Line Health's involvement in eliminating disparities in care (page 7). All these efforts support STEEP principles, PE2020 and, most important, our patients. ■

Andrew Norton, MD, FACP, is senior vice president and chief medical officer at Main Line Health.

Accolades

- Selected by their physician peers throughout the region, 360 Main Line Health physicians were recognized in *Philadelphia* magazine's May 2018 "Top Doctors" issue.
- Bryn Mawr Hospital was named one of the nation's 100 Top Hospitals by IBM Watson Health. This study, formerly known as the Truven Health Analytics® 100 Top Hospitals, spotlights the top-performing hospitals in the U.S., based on a balanced scorecard of publicly available clinical, operational and patient satisfaction metrics and data.
- MLH hospitals are top performers in new CMS Overall Quality Star Ratings. Lankenau Medical Center and Bryn Mawr and Paoli Hospitals were three of only 12 hospitals in the state to receive a 5 on the Overall Hospital Quality Star Ratings. Riddle Hospital received four stars.
- Lankenau Medical Center was certified as the first external site in the United States to initiate a new clinical trial to test the safety and efficacy of low anterior resection with transanal total mesorectal excision (taTME) using laparoscopic or robotic surgery in patients with resectable rectal cancer.
- Main Line Health accepted the Excellence Award from The Mid-Atlantic Alliance for Performance Excellence (MAAPE), a regional Baldrige-based awards program, at MAAPE's annual conference and banquet in November at the Desmond Hotel in Malvern. Main Line Health was one of only three health care organizations in the tristate region to receive this recognition for 2017.
- Press Ganey named Paoli Hospital a Pinnacle of Excellence Award winner for 2017 for maintaining consistently high levels of excellence in patient experience. Paoli Hospital had received the same award for 2016 and received a similar award for the previous two years.
- Bryn Mawr Rehab Hospital received the Optimal Operations Award in the 2018 HAP Achievement Awards for a process improvement program that reduced FTEs per 1,000 patient days by 78 percent and resulted in projected savings of about \$250,000 for 2017. ■



What's in a name?

BY BARBARA WADSWORTH, DNP, RN, FAAN



The titles and credentials of health care providers have evolved over the years. They've always been a source of pride for clinicians,

and now they have become especially meaningful to the recipients of the care these individuals provide.

Recognizing the significance of a title is truly important and necessary. How often do you or your colleagues use the term "mid-level"? Mid-level provider is actually a very dated term that can be confusing to our patients. It is time to embrace more accurate terms, such as nurse practitioner, clinical nurse specialist, CRNA, midwife, physician assistant, and even advanced practice provider. These titles most accurately reflect the professional role of each health care team member and would be more helpful to our patients, families and colleagues. Moving to more clear and modern terminology can improve connection and communication, and build respect for all members of the health care team.

As part of MLH's Diversity, Respect & Inclusion initiative, we stress the importance of asking individuals what they prefer to be called. Perhaps surprising to many, individuals are specific about what they prefer to be called and may be offended if their preferred title/role is not used.

Please help our patients clearly understand the important role these health care providers play in their care by using the appropriate individual title or simply "advanced practice provider." ■

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



What's ahead for OB/GYN at MLH

BY JOSEPH M. GOBERN, MD, MBA, FACOG

Like other service lines across Main Line Health, the OB/GYN department recognizes the value of identifying best practices performed at our individual hospitals and then implementing those practices across our System. Operating as one unified System will allow us to continually improve patient outcomes and enhance the patient experience.

We have several advantages as we pursue this goal:

- Our highly skilled providers in the OB/GYN department deliver outstanding care with an exceptional safety record.
- I'm excited about our new electronic medical record system, which enables the care team to communicate more effectively with one another to enhance the care of our patients.
- With the extraordinary guidance of the Lankenau Institute for Medical Research, we are sharpening our focus to further assess our interventions through structured, clinically based research. We'll then share our learnings with the medical community.
- Another significant area of focus is to formalize simulation education for our residents, particularly in the use of minimally invasive surgery — both laparoscopic and robotic, reflecting the trend in GME for OB/GYN.

Improving our utilization of minimally invasive surgery is just one of the ways we can further enhance patient outcomes. We also intend to focus efforts on improving the overall patient experience in maternity care.

Inclusion is also very important to me. In addition to providing respectful care for every patient every time, I hope we can introduce more young people to science and the profession of women's health care. I enjoy working with Chief Academic Officer Barry Mann, MD, as we expand our outreach efforts in underserved communities and continue to break down social barriers to health care.

Main Line Health is an organization with the structure, vision, resources and passion to achieve outstanding patient care and an exceptional patient experience in a quality environment. I am very pleased to be a part of it. ■

Joseph M. Govern, MD, MBA, FACOG, was named system chair, Department of Obstetrics and Gynecology, at Main Line Health in the summer of 2017.



Leading the advance in neuroscience

BY ANDREW J. NORTON, MD, FACP; MICHELLE J. SMITH, MD, FAANS;
THOMAS H. GRAHAM, MD, FAAN; AND JOAN GIBSON, MSN, RN, NE-BC

Historically as physicians, we have organized our thinking in the context of our own practices. We've always tried to provide the best care we could, but now, as the health care landscape — knowledge, technology and patient interests — continues to evolve, we're experiencing a sea change in how we approach our work. Health care is shifting from physician-centric to patient-centric, and the focus is on delivering the most comprehensive and coordinated patient care possible.

The link between all of the physicians within the Neuroscience service line makes certain that our patients have access to the full complement of neurosurgery and intervention services offered across Main Line Health and at Jeff.

Responding to this re-direction, an increasing number of health systems — including Main Line Health — are adopting a service line structure. Interconnected, multi-disciplinary areas are now spanning the care continuum and all sites of care (physician office, outpatient, inpatient, home, post-acute). The advantages are tremendous. Service lines allow us to operate through a strategic, programmatic lens to enhance capabilities, create economies of scale, and improve patient access.

In May 2017, Main Line Health officially introduced our neuroscience service line, led by Co-Medical Directors Michelle J. Smith, MD, FAANS,

system chief of neurosurgery at Main Line Health and associate professor of neurosurgery at Jefferson, and Thomas H. Graham, MD, FAAN, system chief of neurology, Main Line Health, along with Joan Gibson, MSN, RN, NE-BC, system director of neuroscience and director of nursing at Bryn Mawr Hospital. Serving as lead executive is Andrew J. Norton, MD, FACP, Main Line Health senior vice president and chief medical officer.

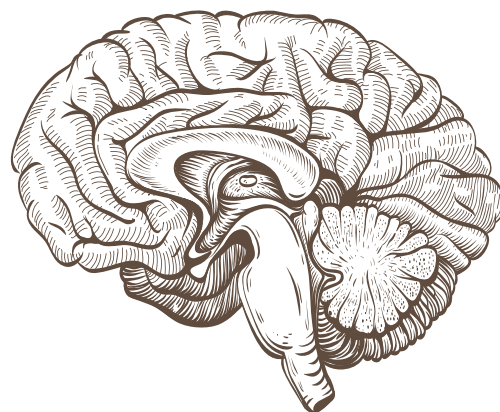
The team is responsible for streamlining our delivery of all care related to the nervous system — across Lankenau Medical Center, Bryn Mawr, Paoli and Riddle Hospitals as well as Bryn Mawr Rehab Hospital — and developing advanced processes and clinical protocols that will heighten our ability to diagnose and treat neurological disorders.

Our neuroscience capabilities, including complex trauma and spine surgery, were already far beyond those available at other community hospitals, and we are now in a position to expand the delivery of cutting-edge neuroscience proficiency across all of Main Line Health.

This new service line further solidifies our relationship with The Vickie and Jack Farber Institute of Neuroscience at Jefferson, led by Robert Rosenwasser, MD, MBA, FACS, chair of neurosurgery at Jefferson.

It was more than five years ago that we first established our partnership with Jeff, long considered a regional and national leader in neuroscience. This strategic planning and clinical collaboration includes:

- An advanced neurovascular interventional program (including the western suburbs' only neurointerventional lab at Bryn Mawr Hospital)
- Facilitated consultation for complex cases
- Access to clinical trials and novel treatments



The collaboration also ensures that Main Line Health is staffed with highly experienced neurosurgeons to support our facilities, including our trauma centers at Paoli Hospital and Lankenau Medical Center.

Today, even the most complex of cases can often be managed within the Main Line Health system. Dr. Smith, a Jefferson physician who practices on-site at Main Line Health on a full-time basis, is among an elite group of neurosurgeons who perform intracranial, endovascular, catheter-based thrombectomy procedures (removing clots from vessels inside the brain), the most advanced interventions for acute ischemic stroke and the new gold standard of care. With time of the essence, our patients can receive this life-saving stroke treatment without needing to be transferred downtown.

The link between all of the physicians within the neuroscience service line makes certain that our patients have access to the full complement of neurosurgery and intervention services offered across Main Line Health and at Jeff. If there is a need to send a patient downtown to Jeff for specific services, we coordinate those visits and work together as a team in the patient's continuum of care. Patients can also easily transition between Main Line Health specialists in neurology, neurosurgery, comprehensive neurovascular care, and neuro-rehabilitation — an essential offering as many conditions require the involvement of multiple experts.

With all of our neuroscience physicians under one umbrella, Main Line Health can readily schedule

WHEN A STROKE
HITS THERE,
COME DIRECTLY
HERE.



Main Line Health®
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THE WESTERN SUBURBS' ONLY NEUROINTERVENTIONAL LAB

Up to 24 hours after a stroke, you may still be a candidate for a life-saving, minimally invasive intervention. This advanced procedure is available at Main Line Health's neurointerventional lab at [Bryn Mawr Hospital](#), the only one of its kind in the western suburbs. As part of the Jefferson Neuroscience Network, we offer comprehensive stroke treatment that saves lives...but only if you get here before time runs out.

Learn more at mainlinehealth.org/stroke

24 HOURS AFTER A
STROKE, YOU MAY STILL
BE A CANDIDATE FOR A
LIFE-SAVING INTERVENTION.

HERE'S WHY»



Main Line Health®
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appointments with the appropriate specialists, preventing longer wait times and providing the best care possible.

For instance, planning has already started so that areas such as multiple sclerosis and dementia, for example, might no longer be defined by an individual practice or practitioner but by a system of practitioners with access to our considerable geographical breadth and resources. In this fashion, we can tap the exceptional talent of the entirety of health care professionals across Main Line Health.

In addition, the service line structure enables general neurologists to focus on specific areas of interest, if they choose.

In establishing the neuroscience service line, Main Line Health is:

- Providing a structure for innovation
- Leveraging best practices to improve clinical quality
- Ensuring a consistent patient experience across campuses
- Establishing a framework to communicate the scope of our capabilities

All are critical in ensuring that we are market-competitive and able to deliver the best possible outcome for every patient we serve. ■

Left and top: Print and digital ads for Main Line Health neurology services.

Andrew J. Norton, MD, FACP, is senior vice president and chief medical officer, Main Line Health, and lead executive, neuroscience service line. Michelle J. Smith, MD, FAANS, is system chief of neurosurgery, Main Line Health; co-medical director, neuroscience service line, and associate professor of neurosurgery at Jefferson. Thomas H. Graham, MD, FAAN, is system chief of neurology, Main Line Health, and co-medical director, neuroscience service line. Joan Gibson, MSN, RN, NE-BC, is director of nursing, Bryn Mawr Hospital, and system director, neuroscience service line.

An Epic transition, a PIVOTal transformation

BY DON KLINGEN, MD

At 6:45 am on Saturday, March 3, 2018, after two years of planning and preparation, Main Line Health transitioned from previous electronic health records (EHR) systems to the Epic system, making possible a pivotal transformation that will enhance every area of Main Line Health.

The launch wasn't the end of the process; it's the beginning. As a key part of Main Line Health's PIVOT initiative (Promoting Innovation by Valuing Organizational Transformation), Epic is enabling a new technological infrastructure that will seamlessly integrate inpatient and ambulatory care with clinical and financial systems, and fully support value-based care and population health.

Driven by a goal of providing a safe, timely, efficient, effective, equitable and patient-centered experience for everyone, everywhere, every time, teams of clinicians and specialists from key administrative areas worked over the past two years to improve clinical and financial workflows so that, no matter what office or campus a patient visits, the experience is the same, whether scheduling an appointment, undergoing a procedure, or being discharged home.

In the months preceding the Epic launch, nearly 9,000 clinical and administrative staff were trained in the new system to make the transition as smooth as possible. With a massive

undertaking like this launch, some changeover challenges had to be anticipated. To resolve issues in real time and minimize impact on patients and providers, hundreds of at-the-elbow staff clad in green shirts were positioned around-the-clock throughout the System.

The launch of Epic, which followed — and met — a timetable established in 2016, did much more than simply move hundreds of thousands of patient records. It integrated multiple individual clinical and administrative computer systems so that:

- Physicians and practitioners have real-time access to a single system that holds all patient records across all our locations and specialties, enhancing clinical collaboration and improving patient care. Clinicians also gain secure communication, mobile charting, and clinical practice guidelines that will improve efficiency and increase safety and quality.
- Patients can now access their own records and securely communicate with their care team — two factors proven to lead to improved patient outcomes. Through the online My Main

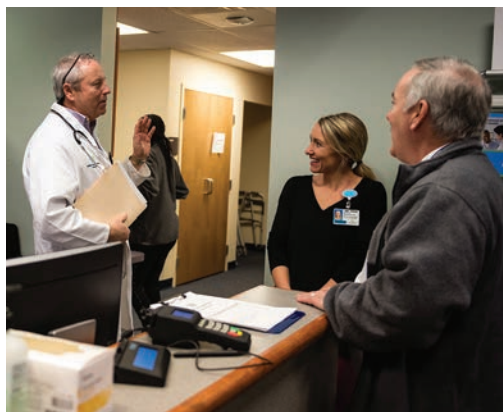
Line Health Chart, patients can — from any device — schedule primary care appointments, request prescription refills, pay bills, view lab and test results, coordinate family care, and much more. Complete information on My Main Line Health Chart is available at mainlinehealth.org.

- Patients also have a single, integrated record throughout Main Line Health and will receive one consolidated bill covering services received at all our entities and Main Line HealthCare physicians.

As the opportunities available through Epic are realized throughout Main Line Health, more “PIVOTal” transformations will be implemented, enhancing our commitment to patient safety, continuity of care, and real-time reporting and analytics.

The launch of Epic was a successful event. The continuing challenge is to ensure that our EHR enables our team to most effectively and efficiently provide the best care for our patients. ■

Don Kligen, MD, is vice president and chief medical information officer at Main Line Health.





More than a dozen regional organizations established the Together for West Philadelphia partnership for equitable care and opportunity. Main Line Health's Barry Mann, MD, and Jack Lynch are at center with Congressman Dwight Evans holding the group's charter.

Pursuing equity

BY JACK LYNCH, PHILLIP ROBINSON, BARRY MANN, MD, AND CHINWE ONYEKERE

No health system in America is free of health care inequities, no matter its size, location, or patient demographics.

According to the Institute for Healthcare Improvement (IHI), a leader in health and health care improvement worldwide, the best way to overcome these inequities is for health systems to work together and learn from one another. To that end, IHI invited a select group of U.S. health care organizations — including Main Line Health — to participate in Pursuing Equity, a two-year initiative to reduce inequities in health and health care access, treatment, and outcomes, and create a blueprint for how health care can advance equity going forward.

In describing the initiative, IHI notes that “the eight health systems — diverse in size, geography and patient populations served — are working with IHI to apply practical improvement methods and tools, spread ideas through peer-to-peer learning, and disseminate results and lessons to

support an ongoing national dialogue and action for improving health equity.”

Like Main Line Health, each participating organization is sharing learnings from its own foundational work, which spans programs to reduce clinical disparities, track equity in process and outcomes data, and expand quality improvement knowledge and capability.

Main Line Health's record of addressing health care inequities, including such initiatives as the innovative Medical Student Advocate Program and an annual Health Care Colloquium, has achieved a far-reaching impact on community health, quality of care, and the systems that provide that care.

Regular meetings, such as one in October 2017 at Lankenau Medical Center, have validated that Main Line Health is on the right track when it comes to combatting inequalities, including incorporating this commitment into its strategic plan.

Making health equity a strategic priority is one of five key

recommendations laid out in IHI's white paper, *Achieving Health Equity: A Guide for Health Care Organizations*. Other recommendations include developing structures and processes to support equity work, deploying scientific strategies to address the multiple determinants of health on which health care organizations can have a direct impact, decreasing institutional racism within the organization, and developing partnerships with community organizations.

By bringing together some of the nation's leading health care systems — combined with rigorous testing, learning, and idea sharing — the Pursuing Equity initiative is working to accelerate the pace of health equity improvements in the U.S. Through its participation, Main Line Health is playing a leading role in laying the groundwork for a national initiative to identify ways in which health care organizations can impact equity — from reducing clinical disparities at the point of care to enhancing employee wellness and social determinants of health. ■

Jack Lynch is president and CEO of Main Line Health. Phillip Robinson is president of Lankenau Medical Center. Barry Mann, MD, is chief academic officer at Main Line Health. Chinwe Onyekere is associate administrator at Lankenau Medical Center and system administrator of graduate medical education, at Main Line Health.

PE2020:

How supplies can impact patient—and System—outcomes

BY CHRIS TORRES

Whether you're a multi-hospital system or an independent practice, the health of your organization depends on ensuring that costs don't overtake revenue — and that costs are cut while ensuring the highest standards of safety and quality.

"Because costs of providing care are higher (and increasing faster) than Medicare reimbursement, health care providers like Main Line Health need to reduce operating expenses to below what Medicare pays us for the services we provide, so we can ensure the sustainability of the organization," said Mike Buongiorno, Main Line Health executive vice president and chief financial officer. "Through our Performance Excellence 2020 initiative, MLH physicians, administrators and departmental staff are working together to identify inefficiencies and create opportunities to reduce costs

while improving quality and safety."

While labor costs have long been the largest expense bucket for most organizations, right behind — and closing fast — is the supply spend. The supply chain represents close to a third of the average hospital's overall operating expense, and it's predicted to surpass labor as a hospital's greatest expense by 2020.

Opportunities exist for all organizations, even top performers, to improve supply chain efficiencies while continuing to offer the highest levels of care to the community.

According to a recent study by Navigant, Main Line Health's consulting partner for performance excellence, hospitals nationwide could reduce their supply expenses by an average of 17.8 percent while improving safety and quality.

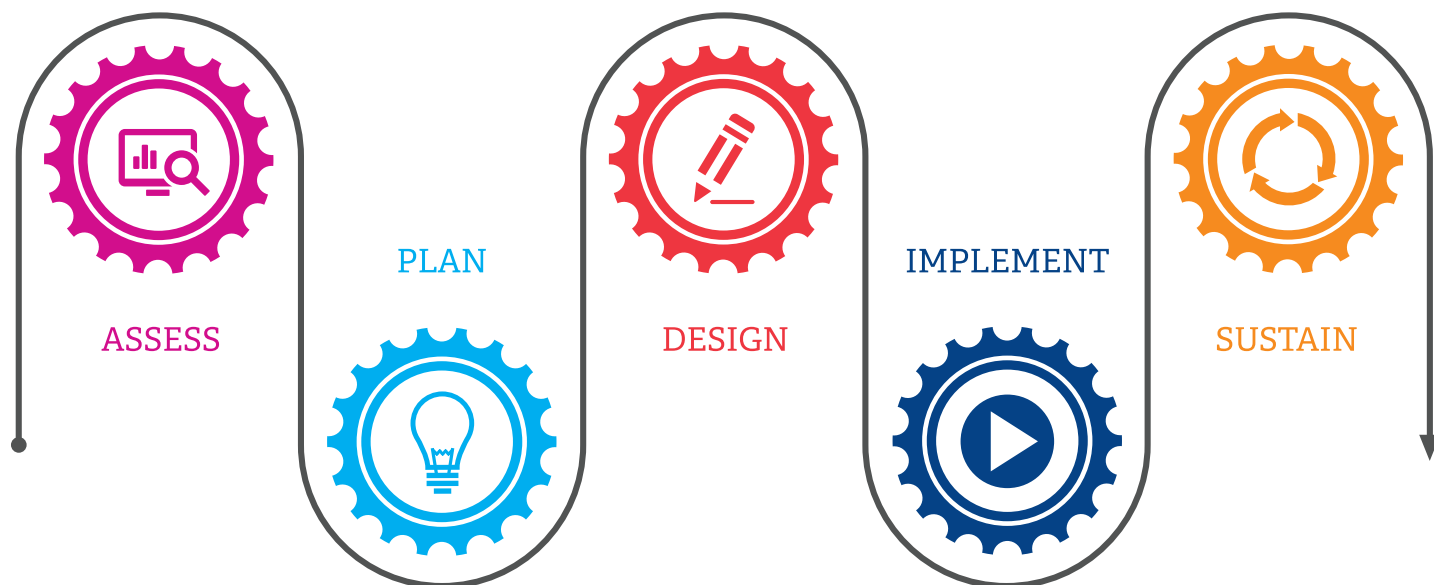
Accomplishing this requires a focus on evidence-based protocols and data analytics to reduce variation in pricing, product use, and clinical

outcomes. With this information, supply departments are better equipped to:

- Reduce the number of suppliers and contracts for similar items, particularly with products needed for routine procedures
- Optimize the type and frequency of products used, based on specific patient circumstances and cases
- Engage physicians to standardize use of implantable devices proven to produce clinically equivalent outcomes at a lower cost
- Automate requisitions, purchase orders, invoices, and other manual supply chain processes that otherwise could lead to documentation errors

At Main Line Health, a clinical resource management program, now in place, is creating a standardized decision-making process to review new products, services and technology, in order to optimize patient outcomes

Clinical Resource Management (CRM) Program



and standardize care, while reducing unnecessary utilization.

The program is a systemized approach, guided by the National Academy of Medicine's STEEP



Hospitals nationwide could reduce their supply expenses by an average of 17.8 percent while improving safety and quality.

principles: Safe, Timely, Effective, Efficient, Equitable and Patient-centered care. Our patients should always be at the center of discussions related to products, services and technology.

The key to the program's success is a clinician engagement process that emphasizes open communication, transparent cost data, and shared responsibility for the total value of care. Actionable data and proven best practices help determine the optimal types of products to use (and associated contracts), based on a combination of cost and clinical outcomes.

One example: antibiotic bone cement, which is commonly used in orthopaedic procedures such as hip and knee replacements. After analyzing clinical evidence supporting limited use of antibiotic cement based on surgery type, Main Line Health's supply chain and executive leadership and their physician partners worked together to standardize appropriate utilization across the System. The result was an 80 percent reduction in antibiotic bone cement use, leading to 45 percent savings—all with clinically equivalent patient outcomes.

We are embarking upon the difficult journey of "bending the cost curve," looking at variations in care, outcomes, and a more holistic approach to delivering high-quality care to our patients. Providing superior care for the community involves much more, of course, than managing supplies, but our hope is that this work will result in a sustainable model that reduces variation in care, focuses on utilization and waste, and shows reduction in the total cost of care — in other words, sustaining a healthy organization that can sustain a healthy community. ■

Chris Torres is vice president of supply chain management at Main Line Health.

Wait, there's more!

In addition to the Systemwide clinical resource management program and process, some other steps already taken through Main Line Health's Performance Excellence 2020 initiative are benefitting patients as well as the clinical and administrative areas of Main Line Health:

- Surgical services transformation, including our new block scheduling utilization in the OR, creates a more timely experience for patients and staff.
- Upstaffing and downstaffing policy, in effect since August 2017, ensures that we are appropriately staffing in response to changes in volume and workload.
- Care progression rounding has launched across the System to standardize discharge planning and reduce the length of stay.

New appointments

APRIL 2017 – APRIL 2018

ANESTHESIOLOGY

Taiwo Aderibigbe, MD
Daniel Y. Chen, MD
Elizabeth T. Hewitt, DO
Eugene Kremer, MD
Candace S. Lam, MD
Emily J. Penick, MD
Alessandra Rizzo, MD
Ezekiel B. Tayler, DO
Jonathan Weiss, DO

EMERGENCY MEDICINE

Patrick P. Cheatle, MD
Rachael E. Labensky, DO
Cynthia E. Lee, MD
Monique A. Mayo, MD
Courtney E. Nelson, MD
Catherine E. Pelletier, MD
Elysha L. Pifko, MD
Richard C. Shoemaker, M
Jonathan So, MD
Dorothy Y. Wang, MD

FAMILY PRACTICE

Patricia A. Boken, MD
Paul P. Doghramji, MD
Keith W. Harrison, DO
Graham O. Johnson, MD
Emilia S. Kleinman, DO
Harry J. Morris, DO
Glenn R. Ortley, DO
Kartik J. Patel, MD
Romeo A. Sporic, MD
Jeffrey C. Stevens, DO
John R. Styczynski, MD
Dyanne M. Westerberg, DO

MEDICINE/ALLERGY & IMMUNOLOGY

Naveen Nannapaneni, MD

MEDICINE/CARDIOVASCULAR DISEASES

Marwan Badri, MD
Kimberly L. Campbell, MD

MEDICINE/DERMATOLOGY

Mary E. Griffin, DO
Susan L. Lovett, MD
Clifford S. Perlis, MD

MEDICINE/ENDOCRINOLOGY

Carmel M. Fratianni, MD

MEDICINE/GASTROENTEROLOGY

Austin L. Chiang, MD
Robert A. Frankel, MD
Malini Mathur, MD

MEDICINE/HEMATOLOGY AND MEDICAL ONCOLOGY

Ronald L. Swaab, MD

continued on page 11

Staff notes

Charles Antzelevitch, PhD, LIMR professor and executive director of the Cardiovascular Research Program, and colleagues wrote the chapter “Cardiac Arrhythmias Related to Sodium Channel Dysfunction” in the *Handbook of Experimental Pharmacology*.

Scott Dessain, MD, PhD, was named by the Lankenau Medical Center Foundation as The Joseph and Ray Gordon Chair in Clinical Oncology and Research.

Charles Dunton, MD, was honored by the naming of the Charles J. Dunton Women’s Cancer Research Fund, which will allow Lankenau Medical Center as well as all Main Line Health to continue funding research with the hope of eradicating women’s cancers.

Jason George, MD; Leah Lande, MD; and Theodore Plush, DO, published “Rescue Therapies for Severe Acute Respiratory Distress,” in *Clinical Pulmonary Medicine* in September 2017.

Susan Gilmour, PhD, LIMR professor, and colleagues published, in a special issue on polyamines in *Medical Sciences*, results of their research synthesizing a novel compound that selectively killed melanoma tumor cells in preclinical studies.

William Gray, MD, system chief of cardiovascular disease, and **Konstadinos Plestis, MD**, system chief of cardiothoracic and vascular surgery, led the Philadelphia Cardiovascular Summit, which featured high-level, interactive content with educational lectures delivered by regional physicians who are nationally recognized in the field of cardiology and cardiovascular surgery.

Joseph Greco, MD, and Joanne Glusman, MSW, were named Healthcare Heroes 2018 by *Main Line Today* magazine for initiating a program at Bryn Mawr Family Practice and Main Line HealthCare Family Medicine that addresses the needs of LGBTQ patients. The protocol will be implemented throughout Main Line Health.

Susan Gregory, MD, was an invited speaker at the Muscular Dystrophy Association of the Delaware Valley Muscle Summit in October 2017. The conference was an educational event for patients living with neuromuscular disease, their families, and caregivers. The title of her talk was “Understanding Respiratory Support in Neuromuscular Disease.”

Ellen Heber-Katz, PhD, LIMR professor, and colleagues were awarded a grant from the National Institutes of Health (NIH) to study the efficacy of a drug they developed as a potential treatment for periodontal disease.

Asif Ilyas, MD, FACS, was elected vice president of the Pennsylvania Orthopaedic Society.

Walter Klein, MD, was co-author of an abstract, “#dermpathJC: The First Dermopathology Twitter Journal Club,” presented at the annual American Society of Dermopathology meeting in Baltimore, MD, in October 2017.

Peter Kowey, MD, published an article, “The Tyranny of Numbers, Large and Small,” in the October 2017 issue of the *Journal of Cardiovascular Electrophysiology*. He also served on the AF-SCREEN International Collaboration, a group of 60 heart care experts whose report advocates for markedly increased screenings for atrial fibrillation.

Leah Lande, MD, Jason George, MD, and Theodore Plush, DO, published “T. Mycobacterium Avium Complex Pulmonary Disease: New Epidemiology and Management Concepts” in *Current Opinion in Infectious Diseases*.

Sharon Larson, PhD, was named executive director of the MLH Center for Population Health Research at Lankenau Institute for Medical Research.

Hans Liu, MD, FACP, authored the following in 2017: “Synergy between Antimicrobial Stewardship Programs and Infection Control Efforts” at the 8th International Congress of the Asia Pacific Society of Infection Prevention, Bangkok, Thailand; “Hot Topics in Primary Care: Community-acquired Bacterial Pneumonia: Is There Anything New?” in the *Journal of Family Practice*; “Bacterial Community-acquired Pneumonia: Past, Present and Future Issues from the Philosophical to the Practical,” at the 20th Annual Making a Difference in Infectious Diseases (MAD-ID) Conference in Orlando, Florida.

John Marks, MD, chief of colorectal surgery and director of Minimally Invasive Colorectal Surgery and Rectal Cancer Management Fellowship, Lankenau Medical Center, presented at the Summit for Perfusion Imaging and Excellence in Surgery (ISPIES) conference in Las Vegas.

Glenn Ortley, DO, was named medical director of Main Line Health Urgent Care and Occupational and Travel Health.

John Potts, MD, has been named assistant chief medical information officer for Main Line Health.

George Prendergast, PhD, president and CEO, Lankenau Institute for Medical Research, was featured in a Jefferson Health blog post on immunotherapy, *How the Next Advance in Immunotherapy Could Impact One of the Toughest Cancers*, regarding the next frontier in immunotherapy for pancreatic cancer.

Dr. Prendergast and LIMR Associate Professor **Alex Muller, PhD**, and colleagues authored the chapter on IDO/TDO Inhibition in Cancer in the textbook *Oncoimmunology: A Practical Guide for Cancer Immunotherapy*.

Melvin Reichman, PhD, director of LIMR Chemical Genomics Center, received a National Institutes of Health grant for research that aims to discover new drug candidates for treating synucleinopathies.

Patrick Ross, Jr, MD, PhD, chair of the Department of Surgery, served as keynote presenter at the LUNG FORCE Expo on March 27 at the Crowne Plaza in Cherry Hill. His topic was “Innovative Surgical Management of Non-Small Cell Lung Cancer.”

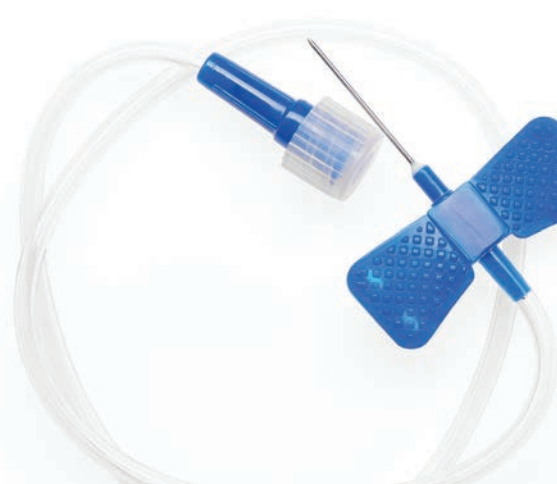
Janet Sawicki, PhD, LIMR deputy director, and colleagues published in *Molecular and Cellular Biology* results of research on elevated levels of human antigen R (HuR) protein that could lead to a new therapeutic target to treat pancreatitis, a known risk factor for pancreatic cancer.

Katherine Schneider, MD, president and CEO of the Delaware Valley Accountable Care Organization, was included in the *Becker’s Hospital Review* list of 105 Hospital and Health System CIOs to Know.

Stanley Schwartz, MD, spoke at the Royal College of Physicians of Ireland in Dublin, the Spanish Society of Endocrinology and Nutrition in Madrid, and the Philippine Endocrine Society in Manila on “A Unified Pathophysiologic Construct of Diabetes and Its Complications,” which was published in *Trends in Endocrinology and Metabolism*. He also recently published “Injected Insulin Associated with Adverse Cardiovascular Outcomes: Time for a Sea Change in Treatment on Type 2 Diabetes” in *Progress in Cardiovascular Diseases*.

Christine Stallkamp, MD, FAAFP, was named system medical director of revenue integrity and care coordination at Main Line Health.

Francis Sutter, DO, chief of cardiac surgery at Lankenau Medical Center, was honored by his alma mater, Philadelphia College of Osteopathic Medicine (PCOM), as the recipient of the 2018 OJ Snyder Memorial Medal, the college’s highest award.



Appointments *(continued from pg 9)*

MEDICINE/HOSPICE AND PALLIATIVE MEDICINE

Evan S. Schneidmesser, MD

MEDICINE/INTERNAL MEDICINE

Nicole E. Albert, DO
Christopher J. Bacskai, MD
Michael G. Choe, MD
Alexander P. Deak, MD
Kimberly A. Feltner, DO

MEDICINE/INTERNAL MEDICINE

Eugene J. Ferguson, MD
Sujal P. Ghelani, DO
Lee J. Guo, DO
Krista M. Isaac, DO
Millie S. Joneja, DO
Eric M. Kasproicz, MD
Swapna Mapakshi, MD
Lauren R. Mechanic, MD
Leila A. Obeid, MD
Olga O. Rosenberry, DO
Elyse S. Rosenthal, DO
Gabrielle G. Santarelli, DO
Suneeta Satti, MD
Ryan B. Schmidt, MD
John J. Sobuto, III, DO
Di L. Yan, MD

MEDICINE/NEPHROLOGY

Manjula J. Naik, MD
Robert C. Schoepe, DO
Debbie Valsan, DO

MEDICINE/NEUROLOGY

Sara R. Hefton, MD
Adam P. Juersivich, MD
Fred Rincon, MD
Syed O. Shah, MD
Jacqueline S. Urtecho, MD
Matthew D. Vibbert, MD

MEDICINE/PHYSICAL MEDICINE AND REHABILITATION

Malathy Appasamy, MD
Richard F. Balotti, MD
Shivani Dua, MD
Robin D. Raju, DO

MEDICINE/PULMONARY DISEASES/CRITICAL CARE

Muhammad K. Athar, MD
Melissa J. Calder, DO
Jacqueline B. Sutter, DO

MEDICINE/RHEUMATOLOGY

Sara D. Wasserman, MD

OBSTETRICS/GYNECOLOGY/GYNECOLOGIC-ONCOLOGY

Joseph M. Govern, MD
Christine H. Kim, MD
Scott D. Richard, MD

OBSTETRICS/GYNECOLOGY/OB/GYN

Allison J. Bloom, DO
Tara M. Davis, DO
Stephanie P. Langsam, MD
Kathrine E. Lupo, MD
Eva M. Martin, MD
Rohini M. Sarin O'Neil, MD
Nicole L. Swank, DO

OBSTETRICS/GYNECOLOGY/REPRODUCTIVE ENDOCRINOLOGY

Caleb B. Kallen, MD

PATHOLOGY

Jing Zhou, MD

PEDIATRICS/NEONATOLOGY

Jane A. Ierardi, MD
Elif E. Ince, MD
Andrew Meyer, MD
Sulaiman Sannoh, MD

PEDIATRICS/PEDIATRICS

Andreas Bollmann, MD
Robin L. Brehm, MD
Meghan M. Brooks, DO
Harry T. Chugani, MD
Nicole M. Cicchino, DO
Yamara Coutinho-Sledge, MD
George F. Katzenbach, III, MD
Michael J. Luceri, DO
Katherine E. Mollo, DO
Samantha A. Morrow, DO
Mariko M. O'Byrne, MD
Omorinsola Oronti, MD
Christopher J. Plymire, MD
Neil G. Relloso, MD
Mark F. Riederer, MD
Eric B. Shapiro, DO
Maryann Snyder, MD
Emiliano A. Tatar, MD

PHYSICAL MEDICINE & REHABILITATION

Timothy Calvert, MD
Katie Hatt, DO
Andrew Isleib, DO
Mithra Maneyapanda, MD

PSYCHIATRY

Ompariola M. Adegbola, MD
Naomi E. Chevalier, MD
Heather V. John, MD
Suraya Kawadry, MD
Paige E. McLaughlin, MD
Hinna Shah, MD
James C. West, MD
Laura E. White, MD

RADIOLOGY/DIAGNOSTIC RADIOLOGY

Po-Hao Chen, MD
Charles R. Fedele, DO
Jonathan C. Hill, MD
Kathryn W. Jarrett, MD
Brian L. Ju, MD
Linda A. Kloss, DO
Kelly M. McArthur, DO

RADIOLOGY/DIAGNOSTIC RAD. *cont'd*

George Mikhail, MD
Elena Motuzko, MD
Benjamin Taragin, MD
Jacob S. Toaff, MD

SURGERY/CARDIAC SURGERY

Daniel Maoz-Metzl, MD

SURGERY/GENERAL SURGERY

Rodney M. Durham, MD
Sumedh D. Kakade, MD
Susan J. Sees, MD
Annika C. Storey, DO

SURGERY/NEUROSURGERY

Michael R. Gooch, MD
Nabeel A. Herial, MD
Ravichandra Madineni, MD

SURGERY/OPHTHALMOLOGY

Cynthia L. Alley, MD

SURGERY/ORAL MAXILLOFACIAL SURGERY AND DENTISTRY

Varun Arya, DMD
Joli C. Chou, DMD
Sheedeh Madani, DMD

SURGERY/ORTHOPAEDIC SURGERY

Andrew K. Battenberg, MD
Barrett S. Boody, MD
Wesley H. Bronson, MD
Daniel E. Davis, MD
Yale Fillingham, MD
Jeanne M. Franzone, MD
Mitchell R. Klement, MD
Glenn S. Russo, MD
Rachel Shakked, MD

SURGERY/OTOLARYNGOLOGY

Heather C. Nardone, MD
William J. Parkes, IV, MD

SURGERY/PLASTIC SURGERY

Rose Fu, MD
Eric M. Jablonka, MD
Evan B. Katzel, MD
Jessica F. Rose, DO
Ran Y. Stark, MD

SURGERY/PODIATRY

Shivani B. Chandhok, DPM
Yashraj A. Chauhan, DPM
Sneha A. Patel, DPM
Matthew R. Rementer, DPM
Megan J. Saltzman, DPM

SURGERY/UROLOGY

David B. Cahn, DO

REHABILITATIVE MEDICINE/CARDIOLOGY

John Dudzinski, DO

Philanthropy | Believing in the mission

A CLOSER LOOK AT DAVID N. HORWICH, MD, MBA

As a philosophy major at Colorado College, David Horwich, MD, MBA, focused on psychoanalytic philosophy and the interface of mind and brain function. To apply his interests in a humanistic way, he decided to go to medical school to study psychiatry and neurology. After completing the Columbia University post-baccalaureate pre-med program, he pursued his medical degree at Hahnemann University School of Medicine, and found that internal medicine provided the best fit and was most encompassing of his interests and inclination.

Upon completing his residency at Temple University Hospital, Dr. Horwich was recruited to join the medical staff at Bryn Mawr Rehab Hospital. In the mid-1990s, with the advent of shorter lengths of stay in acute care settings and changing payment systems, Dr. Horwich was drawn to the compelling work of helping to stabilize the environment for the medically complex

patients admitted to Bryn Mawr Rehab.

Today, with an MBA from Johns Hopkins, Dr. Horwich serves Bryn Mawr Rehab as vice president of Medical Affairs (VPMA). In addition to being a respected physician, he has particularly enjoyed his work as VPMA, which requires a focus on helping to integrate Bryn Mawr Rehab with the other Main Line Health campuses in order to create and maximize opportunities for standardization across the System.

"It's exciting to be part of Main Line Health's transformation," he stated. "I couldn't ask for a better opportunity to share with others all the wonderful programs and superior care that Bryn Mawr Rehab has to offer to our patients."

A member of the Benjamin Rush Society, Dr. Horwich has supported Bryn Mawr Rehab steadily over the years, contributing to the Brain Injury Fund, Project SEARCH, and the Art Ability Endowment Campaign, to name a few. "I deeply believe in the mission of Bryn Mawr Rehab and take great pleasure in supporting all of its foundation

programs," he said.

What particularly resonates for him is the Art

Ability program — "a celebration of artists transcending the boundaries of their disabilities." In addition to contributing to its endowment, Dr. Horwich and his wife, Paula Hian, have purchased a piece of artwork from the annual Art Ability exhibit every year since its inception more than 20 years ago, and donated it to the permanent collection. Dr. and Mrs. Horwich enjoy seeing the collection grow, beautify the hospital environment, and provide an opportunity for therapeutic interaction with patients and visitors every day.

Noting that philanthropy can be a gift of time, money or expertise, Dr. Horwich finds that, as a physician, he's "wired" for all three, and his hope is that other physicians at Main Line Health are as well. ■

