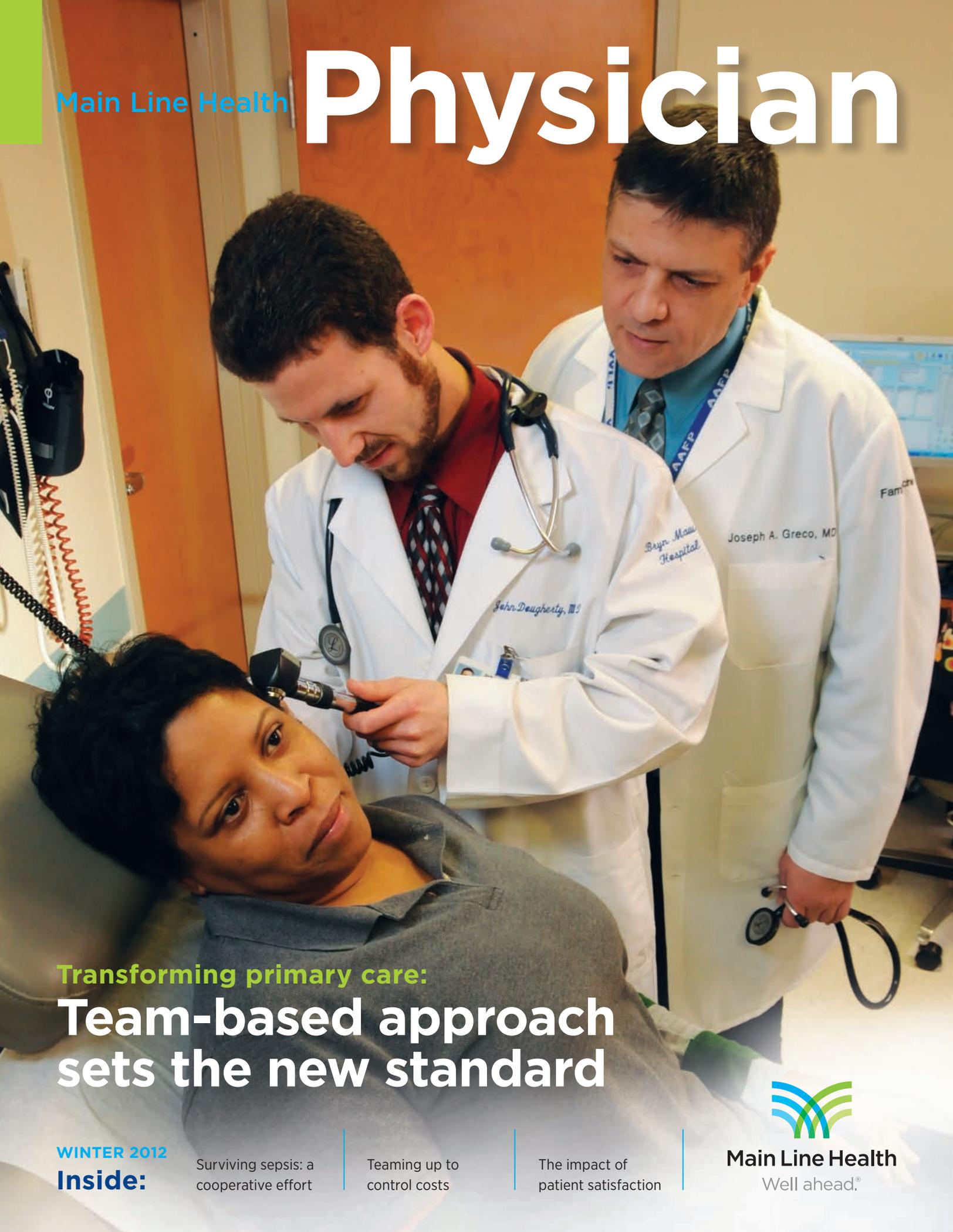


Main Line Health

# Physician



Transforming primary care:

## Team-based approach sets the new standard

WINTER 2012  
Inside:

Surviving sepsis: a cooperative effort

Teaming up to control costs

The impact of patient satisfaction



Main Line Health  
Well ahead.®

## Congratulations! We're engaged

BY RICHARD SCHMIDT, MD



When we put our collective minds to something, it gets done. A while back, physicians and administrators at MLH recognized the need to increase physician engagement across the System so our patients—and MLH—could benefit more effectively from the experience and insight of 2,000 credentialed physicians.

Physician engagement is a measure of the meaningful bond between a healthcare organization and its physicians. This bond can translate into better working relationships, enlightened protocols, new services, and, more importantly, better care for our patients.

The scores on past MLH Physician Engagement Surveys conducted by Gallup indicated there was room for improvement, and I'm proud to say the results of the 2011 survey show a definite increase. MLH physician engagement now ranks well above the 75th percentile in Gallup's physician database, with some MLH groups at "world class" levels.

We're heading in the right direction. Among the high points, the survey highlighted strengths within MLH that include a focus on creating a safe environment for patients; team work between doctors and nurses, and a staff that is responsive to patients' concerns and complaints. Although we scored high in the survey, there is always room to further improve physician participation in setting hospital direction and policy and in keeping our Mission, Vision and Values in central focus for hospital operations.

As I outlined in the Fall issue of *MLH Physician*, updating the MLH Strategic Plan over the past year provided an opportunity for physician contribution, expanding the involvement of many physicians in a significant and far-reaching endeavor. The results of the combined efforts of physicians and MLH leadership will be shared in Strategic Plan Updates in the coming months.

MLH is engaging physicians in other significant initiatives. Two key ones:

- We are integral partners in the system-wide initiative to build a reliable Patient Safety culture, committing to education and collaboration while embracing common safety behaviors and tools.
- And we are equally a part of efforts to rein in the costs of health care. The article on pages 4 and 5 of this issue highlights steps we already take to avoid adding to the costs that—directly or indirectly—land on our patients and payors.

While we measure engagement in cumulative terms, it is ultimately a personal experience, a personal choice to have a meaningful bond that draws on a common purpose, shared integrity, and mutual satisfaction. As we do this, I believe we'll see the benefits abound for our patients. ■

*Richard Schmidt, MD, is president of the Main Line Health Medical Staff.*

## Accolades

Recent recognition for MLH

- Bryn Mawr Hospital, Lankenau Medical Center and Paoli Hospital were named top performers in the Hospital Quality Incentive Demonstration project, a value-based purchasing project of the Centers for Medicare & Medicaid Services and Premier healthcare alliance focusing on high quality care in acute myocardial infarction, isolated coronary artery bypass graft, heart failure, pneumonia, hip and knee replacement, and surgical care improvement project. Bryn Mawr was one of only two hospitals nationally to achieve a perfect score.
- The Joint Commission named Bryn Mawr Hospital, Lankenau Medical Center and Riddle Hospital among the nation's top performers on key quality measures. All three were recognized for attaining and

sustaining excellence in clinical quality performance in heart attack, heart failure, pneumonia and surgical care.

- Healthcare Information & Management Systems Society gave MLH its Innovation Award for the application of Siemens' Workflow Engine technology to improve patient outcomes and coordination of care.
- The 2011 Delaware Valley Patient Safety Award went to MLH for its submission, "Impact of Culture and a Performance Improvement Framework on the Superior Care Experience."
- American Heart Association recognized all four MLH acute care hospitals with the Stroke Gold Plus Performance Achievement Award in 2011.
- *Philadelphia Business Journal* gave Bryn Mawr Rehab Hospital the Healthcare Innovation Award in Patient Safety for its Medication Safety Vests initiative.
- Thomson Reuters named Bryn Mawr

Hospital and Lankenau Medical Center to the list of the nation's 50 Top Cardiovascular Hospitals.

- Thomson Reuters named Jefferson Health System (which includes MLH as well as Thomas Jefferson University Hospitals and Magee Rehabilitation Hospital) among the nation's five highest performing "large" health systems.
- All four MLH acute care hospitals achieved Stage 6 designation of the Healthcare Information and Management Systems Society Analytics Electronic Medical Records Adoption Model. Only 5.4% of US hospitals have this designation, which recognizes accomplishments in technology solutions that can improve patient safety and quality of care.
- The American Association of Critical Care Nurses awarded Bryn Mawr Hospital's Neuro-Cardiac ICU the 2011 silver-level Beacon Award for Excellence.

*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. Editorial Board: Robert Day, MD; Steven Gamburg, MD; Scott Goldman, MD; Kay Kerr, MD; Albert Keshgegian, MD; Jack Lynch; Stephen Mechanick, MD; Nancy Roberts, MD; Jerome Santoro, MD; Robert Stavis, MD; Harry Zegel, MD.

Cover photograph: Joseph Greco, MD, with Resident John Dougherty, DO, at the Bryn Mawr Family Practice Patient Centered Medical Home.



In Paoli Hospital's ED, Stuart Brilliant, MD, leads a sepsis alert response.

## Surviving sepsis: a cooperative effort

BY CLARKE PIATT, MD

Shout “Heart attack!” anywhere and you get a near instantaneous response. Help is summoned, resources are mobilized, and a sense of urgency comes over everyone within earshot.

Shout “Sepsis!” and...well...you often don't get the same reaction, although the nationally recommended window for treatment is six hours. Sepsis kills hundreds of thousands of people each year. It is estimated to cause 25 percent of all hospital deaths in the U.S. And it is the focus of a determined initiative across Main Line Health to diagnose and treat this deadly and fast-moving infection quickly and effectively.

In the spring of 2011, Main Line Health took a major step toward combating sepsis with the launch of the Surviving Sepsis Campaign. This cooperative, multi-hospital effort grew out of a project at Paoli Hospital.

Nearly two years ago, the Paoli ICU staff worked with the hospital's quality coordinator, Linda Huffman, to draft order sets with antibiotic regimens and volume resuscitation.

The hospital then implemented a sepsis alert system in the ED under the direction of Stuart Brilliant, MD, Paoli's chief of Emergency Medicine. The alert mobilizes key members of the medical team to rapidly diagnose patients who may be at risk for sepsis.

Through this initiative, Paoli cut treatment time for sepsis to four hours or less in the ED. This improvement at Paoli led to a five percent reduction in mortality from sepsis in the first year of implementation.

Leveraging the good work done at Paoli, Main Line Health formed a system-wide multidisciplinary sepsis process improvement team in 2011, made up of physicians and staff from each hospital in the system. The sepsis protocols developed by this team have been implemented across the system. The protocols are based on the elements identified by the Institute for Healthcare Improvement as best practices in the diagnosis and treatment of sepsis. They include (but are not limited to):

- Educating staff to identify possible sepsis patients based on symptoms

such as high fever, low blood pressure, rapid heart rate and a history of infection.

- Creating a sepsis alert system that quickly mobilizes a medical team within the hospital when a potential sepsis patient is identified.
- Creating a resuscitation bundle that includes blood tests, rapid IV infusion, an immediate chest x-ray and blood cultures.
- Beginning intravenous antibiotics as early as possible and always within the first hour of recognizing severe sepsis and septic shock.

To date, we have concentrated our efforts in the health system's EDs, since they are the primary portals for patients with sepsis. In the future, we plan to implement a hospital alert system for inpatients.

As we continue to work cooperatively and refine our processes across the health system, it is also our goal to reduce treatment time to two hours or less. ■

*Clarke Piatt, MD, is medical director, Critical Care, for Main Line Health.*

# Teaming up to control costs

BY ROBERT P. GOOD, MD

## Reduce costs per case.

**T**hat's the mantra that healthcare professionals work under every day, almost as insistent as the drive for greater quality and patient safety. But responding to the call for cost reduction is not simply a task for hospital administrators. Physicians can also play an important role in helping control costs, for the benefit of their own practices as well as the hospitals in which they work.

Let me give you an example of how this has happened at Main Line Health.

In 2010, the faltering economy was accelerating the need for hospitals to rein in expenses. Main Line Health's Supply Chain Management team, which oversees the purchase of everything from surgical supplies to patient beds, began to look at the cost of primary artificial knees and hips used in joint replacement surgery. These implants represent one of the largest expenses associated with joint replacement surgery—annually amounting to more than \$14 million across MLH. As such, they offered the hospitals a potentially large cost-savings opportunity.

**These implants represent one of the largest expenses associated with implant surgery—annually amounting to more than \$14 million across MLH.**

From the beginning, Supply Chain Management knew that the orthopaedic surgeons who used these implants needed to be a part of the process. That is why the team proactively partnered with the surgeons, including myself, to determine the cost-saving goal (\$1 million) as well as the tactical approach that would be used to attain it.

As a group, they recognized that there were three possible ways to approach the situation:

### 1. Reduce the number of vendors

**At the time, there were eight vendors providing implants to 23 surgeons. By cutting the number of vendors, the health system could make a case for greater discounts by concentrating orders through just a few vendors.**

### 2. Talk the vendors down on price

**In other words, “nickel and dime them” to negotiate desired saving.**

### 3. Use a shelf pricing approach

**This strategy involved establishing a price that the health system was willing to pay for an implant and then requiring the vendors to meet that price.**

interested in “beating up” the vendors over price.

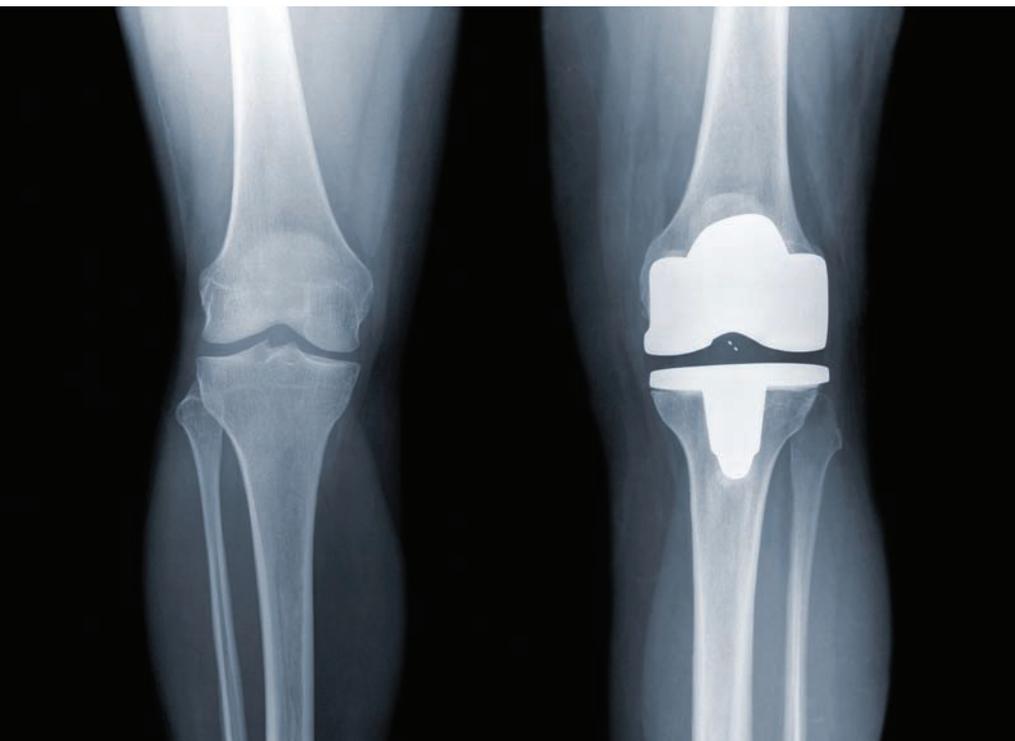
Still, for shelf pricing to be an effective strategy, MLH would have to play hardball. The shelf price would have to result in savings to MLH (but still be within reason for the vendors). At the same time, the surgeons would have to agree upfront to switch to another vendor if their preferred supplier didn't agree to the price.

After Supply Chain did the research on pricing, the surgeons and Riddle Hospital President Gary Perecko, representing MLH, met with each of the eight vendors. They conducted detailed business reviews based on patient-level data, and shared the price that vendors had to meet to have their product stocked at MLH hospitals.

When it was all over, all eight vendors had met the price, which enabled the surgeons to retain choice of product and saved MLH approximately \$1 million annually.



Working together, the surgeons and the Supply Chain team agreed that shelf pricing was the preferred course of action. The strong preference that each surgeon had formed for certain vendors and implants made the first two options unacceptable. Nobody wanted to take personal preferences away from the physicians, and nobody was



To our knowledge, this was the first time physicians and the health system had worked together on a project of this nature. From beginning to end, the process to reach our goal was marked by mutual respect and communication between the hospitals and the surgeons.

As Chris Torres, vice president of Supply Chain Management, said, “We had the data and research, and the surgeons had the clinical expertise and the relationships with the vendors. As partners, we leveraged our strengths to get the vendors to respond in a positive way.”

Over the past two years, the strategy of engaging physicians and making them a part of the cost-saving process has also been successfully used with cardiac rhythm management devices—specifically, pacemakers and internal cardiac defibrillators. As with the knee and hip implants, all of the vendors used by MLH agreed to lower prices for these devices.

In a field where reimbursements are primarily going in one direction—down—partnerships like this between physicians and the health system can keep costs in check, freeing up money to reinvest in the technology, facilities and team members that our patients depend on. ■

*Robert P. Good, MD, is system division chief, Orthopaedic Surgery, for Main Line Health.*

## CHECKING THE COSTS OF MEDICATION

Collaboration between medical disciplines can offer an effective means of containing or reducing costs. This is particularly true for medications, which cost Main Line Health more than \$35 million each year.

Pharmacists across Main Line Health are increasingly working with physicians and other hospital personnel to find opportunities to more efficiently and effectively manage medications and their associated expenses. To highlight two examples:

- **An Antibiotic Stewardship Program at Bryn Mawr Hospital helps match the most appropriate antibiotic to the infection at hand. The right agent, at the correct dose, for the appropriate duration helps cure or prevent infection while minimizing toxicity and emergence of resistance. Using the most appropriate antibiotics has reduced the amount of additional antibiotics required to fight resistant bacteria and saved \$300,000.**
- **The use of aminocaproic acid, an inexpensive drug, helps control bleeding during or after certain procedures. It improves patient safety by reducing the risks associated with blood loss and blood transfusion. Less blood loss also means hundreds of dollars less spent on transfused blood. Melissa Naegle, PharmD, along with Orthopaedic Surgery Chief Robert P. Good, MD, and his colleagues at BMH, spearheaded the initiative, and now multiple MLH sites are utilizing the method.**

Involving the hospital pharmacy at the front end of care (instead of halfway through therapy) can help achieve optimal safety and cost savings, identifying the right medications (and not necessarily the newest, most expensive ones) for each case.

# Transforming Primary Care

## Team-based approach to healthcare sets the new standard

BY JOSEPH A. GRECO, MD, FAAFP

The United States spends more on healthcare than any other country in the world. Yet, on the list of the best overall healthcare systems ranked by the World Health Organization, we come in at 37. The truth of the matter is—the U.S. healthcare system is broken. Much needs to change on the part of every stakeholder in the equation. As physicians, it is our responsibility to do everything we can to ensure the delivery of more effective, more efficient patient care in our own practices.

Across the U.S.—and within Main Line Health—an increasing number of physicians are embracing the concept of Patient Centered Medical Homes

(PCMH). This new, expanded model of care is personalized, coordinated, evidence-based, and delivered by a comprehensive team of healthcare professionals who keep the patient, family, and caregivers at the center. The team is led by a physician, and may include a nurse, medical or physician's assistant, health educator, social worker, psychologist, and perhaps others such as a pharmacist, physical therapist, nutritionist, or health coach. It is a model that allows each team member to work at the maximum level of their job qualifications to deliver coordinated, highly effective, patient centered care.

I am proud to share that in July 2011, our Bryn Mawr Family Practice (BMFP) Residency Program received

certification from the National Committee for Quality Assurance (NCQA) as a Level III Patient Centered Medical Home. Level III represents the most prestigious level of achievement, and requires meeting nine exacting standards involving 149 elements. It was a hard-earned labor of love—three years in the making—and represents an extraordinary commitment from every member of our team.

To become a PCMH, BMFP changed virtually everything about the way we function—including restructuring our team, our day-to-day work flow, and how we communicate. We joined forces with Community and Volunteer services to embed a dietitian and a tobacco cessation counselor in our practice—providing easy, onsite access to the services our patients need. We developed a multitude of policies, procedures and standards, and established intensive methods of measurement and reporting. We looked at every single aspect of our practice, and set out on what would become a path of continuous improvement.

Our PCMH designation has had a tremendous impact on the caliber of our residency program. Residents who train in our practice each year are now being educated in a whole new way—working as members of a collaborative team to deliver comprehensive care to patients. Additionally, we are able to recruit very strong residents who are particularly interested in this model, and whose experience will add significantly to their value as measured by leading medical practices across the country.

While the prerequisites to earning PCMH certification may appear daunting, the benefits of moving



*In a precepting conversation, Deborah Streletz, MD, BMFP faculty, reviews a patient chart with Resident Dolores Tornambe, DO (standing), and Thomas Jefferson Medical Student Alyssa Jones.*

to this paradigm are irrefutable. Numerous pilots across the U.S. have proven increased patient satisfaction, increased provider satisfaction, better quality and safety, reduced disparities, fewer hospital and ER visits, reduced costs, greater health benefits, and improved prevention and wellness. The Group Health Co-op in Puget Sound reported a 29% reduction in ER visits, while the Geisinger Health System saw a 14% decrease in hospital admissions, and a nine percent reduction in costs. Insurers and employers are beginning to see the enormous advantages of the PCMH model, and are considering different reimbursement systems for physicians who practice this way.

Most importantly, I believe, it is the right thing to do for our patients. While the PCMH model is not meant to fix the entire U.S. healthcare system, it is most certainly a step in the right direction. ■

*Joseph A. Greco, MD, is program director of the Bryn Mawr Family Practice Residency Program.*

## MEETING THE REQUIREMENTS

In order to qualify as a Patient Centered Medical Home, practices are required to meet nine standards set forth by the National Committee for Quality Assurance (NCQA). Level III certification requires the highest level of performance in the numerous elements associated with each standard. The standards are:

1. Access and Communication
2. Patient Tracking and Registry Functions
3. Care Management
4. Patient Self-Management Support
5. Electronic Prescribing
6. Test Tracking
7. Referral Tracking
8. Performance Reporting and Improvement
9. Advanced Electronic Communications

In addition to the Bryn Mawr Family Practice Residency Program earning NCQA certification as a Level III Patient Centered Medical Home (PCMH), other practices within the Main Line Health System are working toward or have achieved PCMH status. Most recently, Consultants in Medical Oncology and Hematology was recognized by the NCQA as the nation's first Level III Hematology-Oncology Patient Centered Medical Home.

## Main Line Health NOW The after-hours physician office

The immediate care practice Main Line Health NOW opened its doors in September 2011 at the Main Line Health Center in Broomall, in response to a growing need in the community for extended medical hours. NOW—which stands for **Nights Or Weekends**—is open Monday through Friday from 5 pm to 9 pm, and weekends from 9 am to 2 pm. Visits are walk-in only. The goal is simple: to treat patients and return them to their regular doctors for follow-up care.

Unlike the clinics found in pharmacies, MLH NOW is staffed with board-certified physicians in a fully equipped medical office. NOW physicians send a detailed report to each patient's primary care physician (PCP), and those who don't have a PCP are provided information on Main Line Health doctors.

"Our practice serves as an adjunct to the primary care physician," explains Mamatha Yeturu, MD. "When a patient needs to be seen by a doctor outside of normal office hours, but does not require an emergency room visit, their physician can send that patient to MLH NOW. It provides expanded after-hours coverage for the PCP office and added value for the patient."

Main Line Health NOW is located at 1991 Sproul Road, Suite 625, Broomall, PA. During office hours, call 484.421.1NOW. ■

**MLH physicians who are interested in working extra hours at the MLH NOW Broomall office or at one of the planned expansion sites may contact Joel Port (PortJ@mlhs.org) or Rose Caione (CaioneR@mlhs.org).**



## BMH, NEMOURS RENEW PEDIATRIC AFFILIATION

Bryn Mawr Hospital has announced the continuation and expansion of BMH's affiliation with The Nemours/Alfred I. duPont Hospital for Children.

This summer, the collaboration will include around-the-clock pediatric care in the BMH pediatric emergency department with additional board-certified emergency medicine physicians. The partnership will offer additional specialty consultation services for inpatients, and new outpatient pediatric specialty services will be available on Bryn Mawr Hospital's campus. In the near future, the partnership will look to expand onsite surgical capabilities.

As part of the agreement, every Main Line Health hospital will have access to Nemours Kids Transport, a state-of-the-art emergency transport system designed to safely transport children when the advanced pediatric services of a children's hospital are required.



# The impact of patient satisfaction

BY ROBERT C. FRIED, MD

**P**atient satisfaction has always been of significant importance for physicians and hospitals.

With numerous studies now citing the direct correlation between patient satisfaction and quality, patient opinion has also become a primary area of focus for patients, politicians, insurers, and government agencies alike. In addition to paying more attention, some government agencies will soon be paying less to healthcare providers who don't measure up in a national, publicly reported patient survey.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, developed by the Centers for Medicare and Medicaid Services, measures patients' perceptions of their hospital experience.

The 27-question HCAHPS patient survey, completed after discharge, includes three questions that ask how often did physicians...

- treat you with courtesy and respect?
- listen carefully to you?
- explain things in a way you could understand?

A response of anything less than "always" results in a negative rating.

The patients' response to those three survey questions are attributed directly to the attending physician, regardless of how many other physicians may have had contact with the patient.

Currently, each hospital's HCAHPS results are publicly available on the Health and Human Services website, [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov), listed by medical condition and surgical area. In the future, it is likely that every consumer will just as easily be able to access the patient satisfaction score for physicians in any hospital.

Despite the flaws we as physicians may find in this particular system of measurement, HCAHPS is a reality and so is the public's interest in such measurements.

There's more. Reporting patient satisfaction results will impact more than reputation. Hospital reimbursement will also be directly tied to the HCAHPS results.

Beginning in the fall of 2012, the federal Medicare program will withhold 1% of vital payment as part of the country's healthcare overhaul, aimed at improving quality and reducing costs. This number will increase to 2% in 2017. Hospitals will have the opportunity to make up the cuts, and even earn incentive payments, by performing well on two measures—quality standards for medical care and good scores on the HCAHPS.

To help ensure patient satisfaction, Paoli Hospital and hospitals across the Main Line Health System will soon be sharing personal HCAHPS scores with every physician who regularly admits patients—and we will provide all of the tools and training needed to improve these scores.

Ultimately, succeeding in this arena is a win-win-win situation. Patients will receive better care and improved outcomes; physicians' reputations—and

## WHAT ARE YOUR PATIENTS SAYING ABOUT YOU?

The HCAHPS report is but one part of the equation. Consumers can now tap into multiple internet and social media sources to research potential healthcare providers and evaluate their current ones.

Physicians should check online regularly to find out what your patients are saying about you. Google your name. Visit your profile and ratings on [healthgrades.com](http://healthgrades.com) and [vitals.com](http://vitals.com).

In addition, a new online tool from the Centers for Medicare & Medicaid Services—Physician Compare—provides information on physicians and other health professionals who treat Medicare patients. Required by the Patient Protection and Affordable Care Act, Physician Compare currently serves as a provider directory on the [medicare.gov](http://medicare.gov) website and indicates whether physicians and other eligible providers report data to CMS through the voluntary Physician Quality Reporting System. By 2013, the website will include information on the quality of care provided by the listed professionals.

practices—will benefit from positive reviews; and hospitals will receive better reimbursements. As always, putting patients first makes sense. ■

*Robert C. Fried, MD (pictured below) is vice president of Medical Affairs and chief of surgery at Paoli Hospital.*



MAIN LINE HEALTH PHYSICIAN

## Dual citizen: Being a patient made me a better physician

BY MARISA WEISS, MD

Just because you devote yourself completely to a particular field as a physician doesn't mean you have a free pass when it comes to getting that disease and becoming a patient yourself. When I received the call from my own doctor in April 2010, I can't say it was shocking. I never assumed I was not at risk for breast cancer.

I was blown away by—and deeply grateful for—the superb care and major support I got from my colleagues—from radiology to pathology to medical oncology to surgery. Everyone could not have been any more informative, supportive, and helpful in so many ways.

**I'm more tuned into the struggles and have even greater respect for each person's journey through the experience of breast cancer.**

Yet, despite the fabulous care I received, I know there are still plenty of times, as a patient, when there are unmet needs, questions you don't have answers to, an uncomfortable symptom, a nagging concern. Even with a great support team, there are rough patches.

In becoming a “dual citizen”—doctor and patient—I gained a deeper appreciation of what it means to be a patient—an understanding that can't help but translate into more compassion as a physician.

Extensive research conducted by the Picker Institute and the Harvard Medical School shows that certain behaviors exhibited by physicians are actually instrumental in helping patients heal better and faster. The study helped define what matters most to patients in Eight Dimensions of Patient Centered Care:

- Respect for patients' values, preferences, and expressed needs
- Coordination and integration of care
- Information and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Continuity and transition
- Access to care

My patients tell me I've always been a good listener, but my experience as a patient has made me listen better. I have a deeper understanding of what patients are going through. I now realize how much help you really do need during treatment and recovery, and how many people are without that support network at home. I'm more tuned into the struggles and have even greater respect for each person's journey through the experience of breast cancer.

As a patient, I was able to further appreciate the value of the professionalism of the health care team and the cleanliness of the care setting.



*Marisa Weiss, MD (standing) with a patient.*

I also learned first-hand how much we truly hang on every single word used by our physicians.

I feel very proud of the breast cancer service line at Lankenau. It's hard to realize the enormous gratitude people feel for their doctors and nurses during such a tough time, including the extra minutes, attention, and care you give—whether it's answering their next question, a phone call at home, or whatever form it takes. Our work—and the compassion we express to our patients—couldn't be more important. ■

*Marisa Weiss, MD, is a breast cancer oncologist at Lankenau Medical Center. She serves as director of Breast Radiation Oncology and of Breast Health Outreach for Main Line Health. The author of four critically acclaimed books, Dr. Weiss is the founder and president of Breastcancer.org, the most utilized online resource for medical and personal expert information in the world.*

## Staff notes

**Arthur K Balin, MD, PhD**, has been certified by the IAPCH Board of Hypnosis Examiners and is now an accredited IAPCH Hypnosis Examiner and Trainer for health professionals seeking instruction in Conversational Hypnotherapy.

**Janet Beausoleil, MD**, authored a chapter in a text book *Eosinophilic Esophagitis* published by Springer, 2012. The chapter is entitled "Allergic and Atopic Features of Children with Eosinophilic Esophagitis."

**Jeffrey Bomze, MD**, was selected as a "Top Pediatrician" in the February 2012 issue of *Suburban Life* magazine. He practices pediatric and adolescent medicine at Pediatrics Plus in Broomall.

**Joseph Bonn, MD**, director, Interventional Radiology, Lankenau Medical Center, completed a one-year term as president of the University of Virginia Medical Alumni Association.

**Stuart Brilliant, MD**, chief of Emergency Medicine at Paoli Hospital, presented "ED Blastoff: Taking Your Emergency Department from Great to Out of this World!" at the Press Ganey National Client Conference in Grapevine, Texas in November.

**M. Susan Burke, MD**, senior advisor for the Lankenau Clinical Care Center, was selected to be a course director for the Primed Access with the American College of Physicians national CME series.

**Joe Bushra, MD**, chief of Emergency Medicine at Lankenau Medical Center, was a guest lecturer at the American Academy of Emergency Medicine (AAEM) 18th Annual Scientific Assembly. He spoke on the "Management of Massive Gastrointestinal Hemorrhage, and "Rational Approach to Foodborne Illness."

**Luqi Chi, MD**, recently published "Identification of craniofacial risk factors for obstructive sleep apnea using three-dimensional MRI" in the *European Respiratory Journal*. He will present research findings on "Effect of Weight Loss on Upper Airway Anatomic Structures in Obese Normals and Apneics" at the 2012 American Thoracic Society International Conference in San Francisco. Dr. Chi was recently elected as a fellow by the American College of Physicians for outstanding medical scholarship and professional achievement.

**Consultants in Medical Oncology and Hematology**, recognized by the National Committee for Quality Assurance (NCQA) as the nation's first Level III Hematology-Oncology Patient-Centered Medical Home,

is also the only practice in Southeastern Pennsylvania to achieve certification by the American Society of Clinical Oncology's Quality Oncology Practice Initiative.

**Albert S. DeNittis, MD**, has qualified for authorship representation by the American Society of Clinical Oncology for the analysis abstract entitled "Efficiency of Screening for Depression in Cancer Patients Receiving Radiotherapy."

**Nicholas DiNubile, MD**, was again listed among the "Best Doctors in America" and a "USA Top Doctor" by *US News & World Report*. He also recently published a new series of three FrameWork "Active for Life" books focusing on the knee, shoulder and lower back as a follow-up to his original FrameWork best-seller.

**Christopher Droogan, DO**, is co-author of the abstract "Change in Intrathoracic Impedance Measures During Acute Decompensated Heart Failure Admission: Results from the Diagnostic Data for Discharge in Heart Failure Patients (3D-HF) Pilot Study," which was published in the *Journal of Cardiac Failure*.

**G. Joel Funari, DMD**, has again been recognized as a "Top Dentist" by both *Philadelphia* magazine and *Main Line Today* magazine. Dr. Funari currently serves as the president of the Delaware Valley Society of Oral and Maxillofacial Surgeons and is president-elect of the Dental Society of Chester County and Delaware Society. He is a state representative to the Pennsylvania Society of Oral and Maxillofacial Surgeons and the Pennsylvania Dental Society.

**Jonathan Garino, MD**, has been appointed to the Board of Directors of the Pennsylvania Orthopaedic Society.

**Atul Gupta, MD**, presented his scientific research on how MRA road mapping greatly facilitates uterine fibroma embolization at the Radiological Society of North America meeting in Chicago. The presentation is available on YouTube.

**Erum Ilyas, MD**, has recently launched a new skin care blog, Know Your Skin™ that provides a comprehensive dermatological patient resource for skin care needs and questions.

**Helen Kuroki, MD**, Riddle Hospital Ob/Gyn and vice president of Medical Affairs, and **Nancy Roberts, MD**, MLH Chair of Ob/Gyn, are the MLH representatives to the OB Adverse Events Collaborative. This state-wide program sponsored by the Health Care Improvement Foundation has been selected by the Hospital and Healthsystem Association of Pennsylvania (HAP) to be the project leader for the collaborative. The effort is funded through the federal

Partnership for Patients Program. In addition, Dr. Kuroki was invited to present MLH's Culture of Safety training to physicians at Southwestern Vermont Medical Center in Bennington, VT.

**Jeffrey D. Lehrman, DPM**, has been named a fellow of the American College of Foot and Ankle Surgeons and a Diplomate of the American Board of Podiatric Surgery

**Jess Lonner, MD**, serves on the Board of Directors of The Knee Society, an organization of the country's top recognized academic knee replacement surgeons. He has also been selected by Becker's Orthopaedic Review as a recipient of the "Top 125 Outstanding Knee Surgeons" award.

**Carolyn Loughlin-Horchos, DDS**, is a Diplomate of the American Board of Pediatric Dentistry.

**Richard O'Fallon, MD**, has been elected vice president of the Pennsylvania Society of Anesthesiologists and serves as a delegate to the American Society of Anesthesiologists.

**Richard O'Flynn, MD**, Anesthesiology division chief, Riddle Hospital, was elected vice president of the Pennsylvania Society of Anesthesiologists. He is also a delegate to the American Society of Anesthesiologists and treasurer of the Political Action Committee of the Pennsylvania Society of Anesthesiologists.

**Christopher J. Rapuano, MD**, received the prestigious Secretariat award from the American Academy of Ophthalmology at the annual meeting. He is the co-author of "Herpes Zoster Ophthalmicus: Comparison of Disease in Patients 60 Years and Older Versus Younger than 60 Years" published in the November 2011 American Academy of Ophthalmology's peer-reviewed journal.

**Louis E. Samuels, MD**, Cardiothoracic Surgery, was promoted to professor of surgery at Jefferson Medical College.

**Elliot A. Schulman, MD**, authored a position statement endorsed by the American Academy of Neurology that calls on neurologists to begin screening patients for abusive or violent treatment. Dr. Schulman's statement, which stems from his article "American Academy of Neurology Position Statement on Abuse and Violence," was published in the January 25, 2012 online issue of *Neurology*, the medical journal of the American Academy of Neurology.

**Stan Schwartz, MD**, has given Medical Grand Rounds at Lankenau Medical Center and Bryn Mawr, Paoli, Riddle and Methodist Hospitals, as well as Cardiology Grand Rounds at Lankenau and Paoli. He

(continued on page 11)

## New appointments

OCTOBER 2011 - JANUARY 2012

### ALLERGY & IMMUNOLOGY

Carol Actor, MD

### ANESTHESIOLOGY

Patricia Veloso, MD  
Courtney Wells, MD

### CARDIOVASCULAR DISEASES

Michael DeAngelis, MD  
Riti Patel, MD

### EMERGENCY MEDICINE

Kathryn Giordano, DO  
Nicole Green, MD

### FAMILY PRACTICE

Sana Alvi, DO  
Julia Elcock-Vengen, MD  
David Fuller, DO  
Demetri Menegos, DO

### HEMATOLOGY/ONCOLOGY

Rachna Anand, DO

### INTERNAL MEDICINE

Poonam Gutt, MD  
Samir Jain, MD  
Leemu Kerkula, MD  
Poonguzhali Pichaimuthu, MD

### OBSTETRICS/GYNECOLOGY

Erica Dun, MD

### PATHOLOGY

Vincenzo Ciocca, DO  
Edina Grujic, MD, PhD  
Kimberly Heightchew, MD  
Shotaro Imaizumi, MD  
Tsailing Wang, MD

### PEDIATRICS

Dominique Bailey, MD

### PHYSICAL MEDICINE & REHABILITATION

Albert Huang, MD

### PSYCHIATRY

Samson Gurmu, MD

### RADIATION ONCOLOGY

Robert Den, MD

### SURGERY/GENERAL

Ehyal Shweiki, MD

### SURGERY/NEUROSURGERY

Robert Elliott, MD  
Kevin Judy, MD  
Ashwini Sharan, MD

### SURGERY/ORAL MAXILLO-FACIAL & DENTISTRY

Catherine Foote, DMD

### SURGERY/ORTHOPEDIC

Mark Wang, MD

### SURGERY/PLASTIC

Raymond Jean, MD

### SURGERY/PODIATRIC

Louis Ciliberti, DPM



## ADVANCE DIRECTIVE HAS ITS DAY

April 16 is National Healthcare Decisions Day, a five-year-old movement to raise awareness about the importance of advance care planning.

Federal law requires that all Medicare-participating healthcare facilities inquire about and provide information to patients on Advance Directives.

A study by the US Agency for Healthcare Research and Quality found:

- Fewer than 50% of the severely or terminally ill patients studied had an advance directive in their medical record.
- Only 12% of patients with an advance directive had received input from their physician in its development.
- Between 65 and 76% of physicians whose patients had an advance directive were not aware that it existed.

## 'CRUCIAL CONVERSATIONS FOR PHYSICIANS' SUPPORTS CULTURE OF SAFETY INITIATIVE

A customized learning lab based on the course attended by more than 700 Main Line Health leaders, "Crucial Conversations for Physicians" is now available for all MLH physicians.

The course, part of the initiative to enhance the MLH culture of safety and improve patient care, helps develop throughout the patient care team the skills and abilities to address concerns openly, respectfully and persuasively. These skills will enhance communication, improve teamwork and positively affect patient outcomes.

The importance of the program is supported by a healthcare research study entitled "Silence Kills" (conducted by the authors of the book *Crucial Conversations* and the American Association of Critical Care Nurses), which found:

- 84% of doctors have seen coworkers taking shortcuts that could be dangerous to patients
- 88% of doctors work with people who show poor clinical judgment
- Fewer than 10% of physicians, nurses and other clinical staff directly confront their colleagues about these concerns

The next free session will be held Friday, May 11, from 8 am to 4:30 pm in MLH's Radnor office at 240 N. Radnor Chester Road. Registration deadline is April 26. To register, contact Regina Carr Tierney (tierneyr@mlhs.org).

## Staff Notes (continued)

received a \$5 million grant to study the *Genes for Latent Autoimmune Diabetes in the Adult*. He has also published a book chapter on "Weight Reduction in Diabetes."

**William Surkis, MD**, is the new program director of the Internal Medicine Residency program at Lankenau Medical Center. Since 2008, Dr. Surkis has served the Lankenau Department of Internal Medicine in the roles of clerkship director, medical student director and associate program director of the residency program.

**Francis Sutter, DO**, is an invited guest speaker at an upcoming *RE-Evolution Summit III: Minimally Invasive Cardiac Surgery* at the DeBaKey Heart & Vascular Center, Methodist Hospital, Houston TX. Dr Sutter will also present "Hybrid Coronary Revascularization; A Game Changer—our Lankenau experience 2005 - 2012" at the International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS). Dr. Sutter and **Timothy A Shapiro, MD**, are subcommittee members for the HYBRID Coronary Revascularization Trial, sponsored by the National Heart, Lung, and Blood Institute (NHLBI). They are also invited guests to participate in Hybrid Coronary Revascularization Medical Advisory Team, supported by Medtronic, Inc.

**Mark Tulia, MD**, and his colleagues published "Single-Incision Mini-Sling Compared with Tension-Free Vaginal Tape for the Treatment of Stress Urinary Incontinence—A Randomized Control Trial" in *Obstetrics & Gynecology Journal*.

**Charles Zeiders, PsyD**, has been invited to be the only American to speak at plenary during the European Movement for Christian Anthropology Psychology and Psychotherapy's 11th Symposium, to be held in Warsaw, Poland in September.

**Li Zhang, MD**, was elected as a vice president of the Chinese American Heart Association. He has also been invited to serve as a section editor for the *Journal of Cardiovascular Disease Research*.



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Radnor, PA 19087

## Philanthropy | “How can we expect our community to support us if we don’t lead the way?”

**D**uring his 43 years at Lankenau, Robert Smink, MD, established a legacy of service to his patients, not only with his outstanding surgical skills but also with his supportive bedside manner. A native of Williamsport, Pennsylvania and graduate of Bucknell and Case Western Reserve University School of Medicine, Dr. Smink completed both his internship and residency at Lankenau.

He went on to make a memorable mark on the hospital he loved, serving as Chief, General Surgery and Section of Breast Surgery; Director, Surgical Residency Program; Medical Staff President; and board member of the Lankenau Hospital Foundation and the Lankenau Institute for Medical Research (LIMR). Dr. Smink also served as Lankenau’s Principal Investigator for a major national research project, Program on the Surgical Control of the Hyperlipidemias (POSCH).

In addition to his professional accomplishments, Dr. Smink made a commitment to support Lankenau philanthropically. For over 30 years, he

and his wife Marjorie, a former medical librarian, have supported capital campaigns for the hospital and LIMR, programs such as the medical library and the annual fund, and Lankenau’s 150th Anniversary Gala. Dr. and Mrs. Smink have contributed well over \$150,000 in charitable gifts to Lankenau, motivated primarily by their understanding of what a hospital needs in order to sustain excellence in patient care, teaching and research.

After many years as a beloved breast surgeon, Dr. Smink was honored last fall by his former patients and hospital staff with a reception in the new Comprehensive Breast Center, to which he made a generous gift of \$30,000. In addition to his impact on patient care professionally and philanthropically, one of Dr. Smink’s greatest satisfactions was helping to train

the next generation of surgeons. In keeping with this focus on the future, he has also made a provision for Lankenau in his estate plans.

Dr. Smink truly enjoyed his many years as a surgeon and clinical educator, but as husband, father, grandfather, golfer and tournament bridge player, he leads a vigorous and meaningful life. As an Emeritus Physician, he not only continues to take pleasure in the Main Line Health family of physicians, but also in supporting the hospital that gave him such a satisfying and unforgettable career. ■



*Dr. Smink (second from right) joins colleagues at opening of Lankenau Medical Center’s Comprehensive Breast Center.*