

Main Line Health

Physician

Clinical documentation: it's not just about reimbursement



**SPRING/SUMMER
2013**

Inside:

Ice therapy:
freezing out
cancers

Paoli Celiac Center:
combating a
growing problem

What's up
for outpatients?



Main Line Health
Well ahead.®

The anti-venom to doom and gloom

BY RICHARD SCHMIDT, MD

As I enter the final months of my six-year term as vice president of the medical staff at Lankenau Medical Center, then president of the medical staff at Lankenau, and president of the medical staff at MLH, I have become increasingly introspective and retrospective—and even, at times, philosophical—about the state of medicine in health care both nationally and in the Commonwealth of Pennsylvania.

As part of my duties, I attend many, many meetings regarding peer review, quality and patient safety, master plans, strategies, etc. Since the implementation of the “Affordable Care Act,” I have sensed within the medical community an expanding, worsening cloud of doom and gloom. Doom and gloom becomes a self-fulfilling prophesy. Positive change is implemented by optimism, by moving forward and solving problems, not just discussing them.

We do face budget deficits, shrinking health care dollars, etc. However, if we are going to survive the changes that we face, we need to step back and look at the bright side. The so-called anti-venom.

We need to remember as clinicians that, no matter what happens in Harrisburg or Washington, DC, we are the ones who actually deliver health care, diagnose a patient’s illness, write a prescription for an MRI or CAT scan, rod a femur, remove a brain tumor—the list goes on.

We still need to remember that, no matter what law is passed, our patients rely on us to ease their pain, calm their fears, save their lives. With our nursing colleagues, we are the experts in providing superior health care to our patients, and we have a unique and necessary voice in the health care conversation. For our patients’ sake as well as our own, we have an obligation to, first, be well informed and then be engaged in helping to find solutions to the challenges of our health care environment. ■

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



The new challenge: complexity and collaboration

BY ANDY NORTON, MD



We all recognize that there is increasing complexity in the health care environment. This complexity is layered on top of our commitment to delivering superior patient care and achieving personal career goals.

Successfully navigating this new reality is not easy.

Main Line Health strives to be a collaborative partner in this journey. We want to provide the best clinical environments that allow you to practice the highest quality care in the most efficient way. We want to develop effective communication and collaboration vehicles. We want to be an active listener to your issues and concerns.

Ultimately, today’s health care environment challenges us to deliver higher quality care and provide a superior patient experience, yet do it at a lower cost per case.

Hospitals and physicians across the country are asking the question: how best to do this?

Main Line Health leadership is actively involved in engaging physicians to help define solutions. For instance:

- Members of the medical staff are looking into new communication methods to increase alignment and collaboration among our clinicians. Plans are to launch a new electronic newsletter for Main Line Health clinicians later this summer.
- Harm Scherpbier, MD, Main Line Health chief medical information officer, leads our efforts in advancing our clinical informatics strategies, including the Riddle conversion to SmartChart and new documentation tools.
- Lydia Hammer, senior vice president of Marketing, Strategic Planning and Business Development, is coordinating comprehensive strategic planning processes in key service lines.
- We continue to advance our work in patient safety and quality with Red Rules and Culture of Safety training.
- The Clinical Documentation Improvement project is a major, ongoing initiative (see page 4), where we have to learn new terms (e.g., azotemia should now be documented as acute kidney injury;

urosepsis needs to be documented as sepsis due to urinary tract infection). The goal is to enhance the efficiency and effectiveness of clinical documentation through the use of these new terms, through the SmartChart tools and through teams where experts in clinical informatics and health information management have an ongoing relationship with clinical services.

- CMS has now set October 1 as the official start date of the bundled payment project, which we plan to participate in with 13 other hospitals. It now looks like we will select CHF, COPD/Asthma and Knee/Hip Replacements as the conditions to focus on. Physician-led working groups have been meeting for months to develop plans that re-design clinical care for those conditions.

We will continue to share our progress in these areas in Physician meetings and future communications.

I encourage you to work with your physician colleagues and hospital leadership to ensure superior patient care remains our primary focus while positioning ourselves to succeed in this new environment. All of us in Main Line Health leadership welcome your ideas and participation and value your engagement. ■

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

Physicians and nurses as partners

BY BARBARA WADSWORTH, MSN, RN, FAAN, FACHE, NEA-BC

As the health care world continues to change and challenge providers and patients, it is essential that we, the health care team, increase our collaboration and communication to ensure the highest quality patient care.



This is truly difficult when you think about competing priorities and schedules, as well as the individuals who ideally should be present for

the discussion. However, key to our future success must be better, timelier, meaningful and coordinated communication—not only between physicians and nurses, but with other physician providers and health care team members.

Communication about the patient's plan of care, length of stay and goals to discharge will drive our success. With increasing numbers of observation patients, denied admissions, and shorter inpatient stays, patients, families, nurses and physicians must prepare differently.

Throughout our hospitals, there are a number of teams who exemplify this team communication that I am describing. Two examples:

- At BMRH, there are team conferences in which physicians, therapists, nurses, nutrition, and case managers actively participate in establishing patient goals and treatment plans. This provides each member the opportunity to share their experience and clearly hear the patient plan.
- At LMC each morning during surgery rounds, the patient is at the center of the discussion, and an interdisciplinary team participates in case review to assess, plan and evaluate the patient goals and progress toward discharge.

Streamlining our care processes, changing how we work, and increasing communication may seem taxing in many ways. However, to deliver superior care to our patients we must embrace the opportunity and identify better ways to communicate in a timelier manner. The nurses are willing partners in this collaborative communication, and we welcome the opportunity to partner with you and your office staff to better care for the patients in our hospitals and post-discharge.

The MLH Culture of Safety provides us with tools to increase our successful communication. Peer Checking, Peer Coaching, and Question & Confirm offer us the greatest opportunity to help each other provide the best care to our patients. An



essential part of using these tools is the willingness to accept them from each other. This is simply someone “having your back” and being your “wingman” or “co-pilot.” I always consider myself my husband's co-pilot when he's driving. He does not always appreciate my pointing out the approaching car or my occasional gasp; however, on rare occasions, I have prevented what might have been an unfortunate accident. On those infrequent occurrences, he is quite appreciative.

Recognizing that the questioning is for the benefit of the patient and thanking our colleagues helps us all to focus on the safety message. I appreciate your support to always be welcoming to your “wingman.” It only takes one moment to make a world of difference. ■

Barbara Wadsworth is chief nursing officer for Main Line Health.

Rick Mankin, MD, is new MLHC president

Eric “Rick” Mankin, MD, has joined Main Line HealthCare (MLHC) as president, overseeing Main Line Health's growing, multi-specialty employed physician practice. He succeeds Interim President Jeff Bushong and will report to Chief Medical Officer Andy Norton, MD.

Dr. Mankin has more than 20 years of health care leadership experience with clinical and operational management and a strong commitment to quality and patient safety. Since 2003, he served as chief executive officer and chief medical officer for Temple Physicians, Inc. (TPI), the community-based physician practice arm of Temple University Health System (TUHS).

“Dr. Mankin's extensive knowledge of complex healthcare system operations and medical management, coupled with his clinical background and deep understanding of ambulatory care and clinically integrated physician networks, fully equip him for this new challenge as President of MLHC,” said MLH President and CEO Jack Lynch.

Dr. Mankin has also served as medical director for TUHS Medical Management and vice president of Network Development for TUHS. Before joining TUHS, he was a partner in the Southern California Permanente Medical Group, a family physician for HealthSpring Medical Group, and medical director for MetraHealth (United) Health Plan.

He is a graduate of Haverford College and Temple University School of Medicine. ■



Main Line HealthCare
Physician Network

Clinical documentation: It's not just about reimbursement

BY HELEN KUROKI, MD

HGB↓ When written in a medical chart, most physicians know this means a patient's hemoglobin is down. But that type of shorthand is no longer considered sufficient clinical documentation. Welcome to the new, more detailed world of clinical documentation.

To help physicians better understand this rapidly changing landscape and why it's happening, Main Line Health held a series of educational sessions for physicians in May. One of the key points: we all know proper documentation is vital for reimbursement, but its importance to physicians is often overlooked.

Let me explain. In addition to billing, clinical documentation is also the source for publicly reported quality data. Many quality measures rely on codes, such as those from HospitalCompare, Healthgrades and other comparative resources that use Medicare data to risk-adjust their outcomes. But codes are only as good as the documentation on which they're based.

If a patient's severity of illness is not documented properly, quality

scores—including physician score cards—can be negatively impacted. Increasing the detail and better depicting the severity of illness in a patient's chart helps clarify the connection between a provider's performance and the patient's condition.

So instead of HGB↓, a physician should write "anemia," and then explain the cause of the problem to the best of his or her ability.

Within Main Line Health, we are taking a three-pronged approach to improving documentation:

Focus on terms—When writing in a patient's chart, remember that coders cannot infer meaning or diagnose a problem. So, while the coder may know that HGB↓ means "anemia," the physician must actually write "anemia" in the chart for it to be coded that way.

Focus on tools—Main Line Health is looking closely at the systems clinicians use to document information and then determining whether they meet the needs of both the users and the institution.

Focus on teams—Clinical documentation improvement specialists at Main Line Health have become important members of the medical team, primarily serving as "interpreters" between physicians and coders.

With the transition to ICD-10 set to take place in 2014—representing approximately an eight-fold increase in the number of codes—the importance of clinical documentation will become even more pronounced. The increased specificity of the codes is going to require that physicians provide much more detail in medical records. Non-specific or incomplete documentation within ICD-10 will result in a generic code, lower reimbursement and inaccurate quality reporting.

Main Line Health hospitals and physicians need to make sure their "grades" are a true reflection of performance. And since those grades are derived from coded data and abstracted from quality measures, clinical documentation plays a key role in ensuring our record is straight. ■

Helen Kuroki, MD, is vice president, Medical Affairs, at Riddle Hospital.

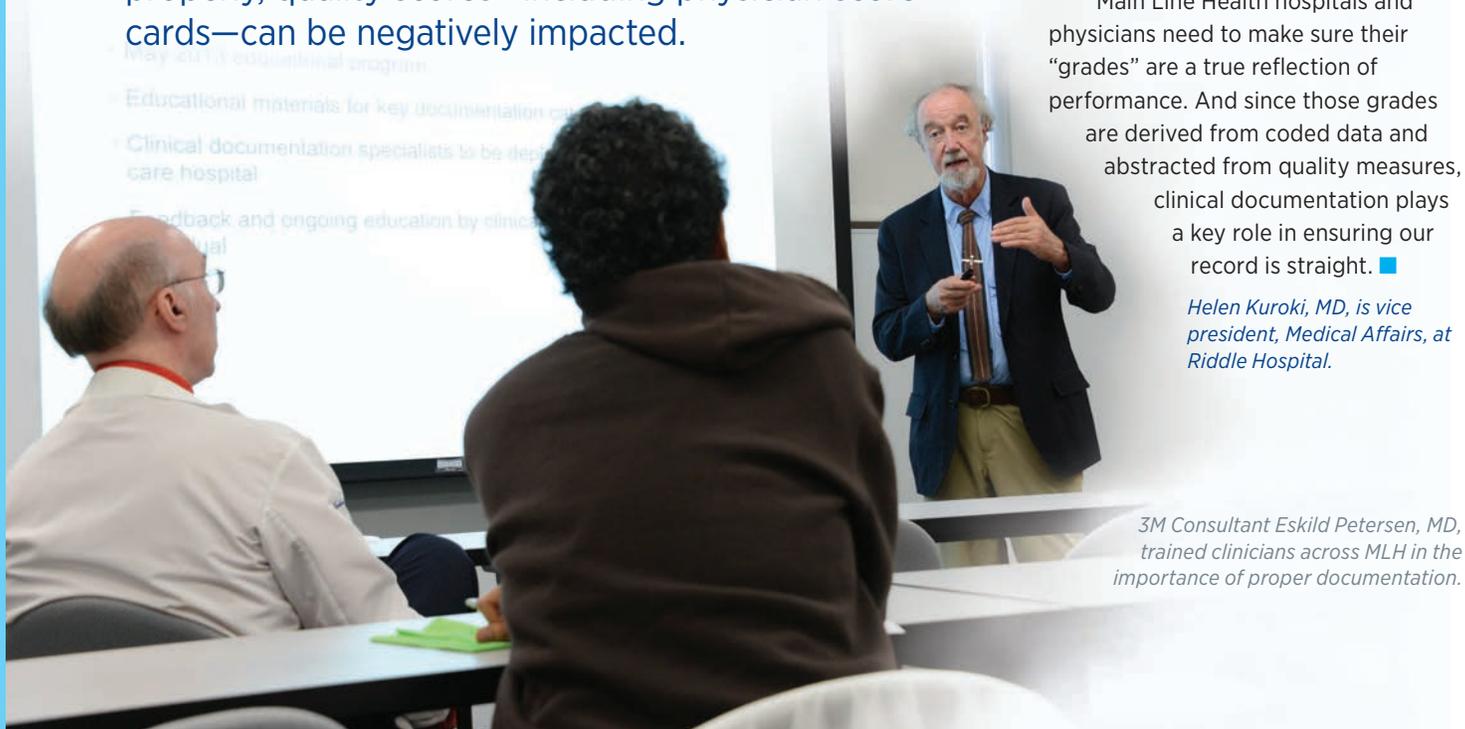
If a patient's severity of illness is not documented properly, quality scores—including physician score cards—can be negatively impacted.

May 2014 educational program

Educational materials for key documentation codes

Clinical documentation specialists to be deployed to care hospital

Feedback and ongoing education by clinical documentation specialists



3M Consultant Eskild Petersen, MD, trained clinicians across MLH in the importance of proper documentation.

Ice therapy: freezing out cancers

BY DAVID L. SMOGER, MD

Dr. Smoger and his team perform cryoablation using the CT scanner to guide the cryo probes, with helium and argon cylinders in foreground.

Patients fighting cancer that is localized or has progressed to other areas of the body now have another weapon in their treatment arsenal. In treating cancer patients, Interventional Radiologists can attack tumors from inside the body without surgery and without medicating or affecting other parts of the body. Using percutaneous thermal ablation technology, including cryoablation and radiofrequency ablation (RFA), Interventional Radiologists can successfully treat both local and metastatic cancer from the kidney. Percutaneous cryoablation is also showing great promise in treating lung, liver and bone tumors.

Kidney cancer is the eighth most common cancer in men and the tenth in women; renal cell carcinoma being the most common type. The current gold standard of treatment is laparoscopic partial nephrectomy. However, many patients could benefit from minimally invasive, kidney-sparing treatment, such as those with high surgical risk, underlying illnesses, multiple recurrent tumors (as in von-Hippel-Lindau syndrome), borderline kidney function or only one kidney.

In this technique, the Interventional

Radiologist inserts a small, needle-like probe through the skin directly into the tumor using real-time imaging guidance with the patient under moderate sedation. The probe is then super-cooled using helium and argon gas forming an ice-ball at the tip of the needle, in and around the tumor. Cryoablation makes use of rapid cooling to cause cell death. Two sequential and synergistic mechanisms

Recent interventional cryoablation data demonstrate that for renal tumors up to 4 cm, efficacy is nearly 100 percent.

lead to cell death. Intra- and extracellular ice crystals are directly cytotoxic and lead to cell dehydration and rupture. When the frozen tissue is thawed, there is microvascular occlusion with cell hypoxia, resulting in indirect ischemic injury. In most cases, the procedure is performed on an outpatient basis, and most patients return to normal activity in a few days.

Recent interventional cryoablation data demonstrate that for renal tumors up to 4 cm, efficacy is nearly 100 percent. Larger localized tumors can

also be treated depending on their size and location. Treated lesions appear as scar tissue on follow-up imaging with no evidence of tumor recurrence at one-year follow-up. Given the recent success of percutaneous cryoablation, patients with kidney cancer may elect to avoid surgery and have their tumor treated this way. The Urologist and Interventional Radiologist work together in a multidisciplinary team to determine whether a less invasive percutaneous ablation can be done safely and effectively.

Recently reported data at the Society of Interventional Radiology's Annual Scientific Meeting suggest that cryoablation has the potential as a treatment for metastatic lung disease and could prolong the lives of patients who are running out of options. The data demonstrated that cryoablation was 100 percent effective at killing tumors after three months of patient follow-up. ■

David L. Smoger, MD, is director of Interventional Radiology, Riddle Hospital.

Currently, Ned Carp, MD, chief, General Surgery, Lankenau Medical Center, is part of a national study using cryoablation in early stage breast cancer.

The prevalence of celiac disease is four-and-a-half times higher than it was 60 years ago and has been doubling every 15 years since the early 1970s. In 2010, it was estimated that 6,000 people in Chester County alone had celiac disease, a number that is expected to climb to nearly 9,000 by 2020.

Paoli Celiac Center combating a growing problem

BY KEITH LASKIN, MD

An autoimmune disorder, celiac disease causes the body's immune system to attack the small intestine. The attack is prompted by exposure to gluten, a protein found in grains such as wheat, rye and barley.

In children, symptoms of celiac disease may include difficulty concentrating, short stature, delayed puberty, or poorly formed dental enamel, in addition to the more classic symptoms of bloating, vomiting, diarrhea or constipation. Adults with the disease may have symptoms that are frequently mistaken for irritable bowel syndrome or other disorders, but up to 40 percent may have no gastrointestinal symptoms at all.

Even without symptoms, complications such as anemia, fatigue, osteoporosis or (in rare cases) cancer may develop over time. It's estimated that approximately 80 percent of people with celiac disease are still undiagnosed.

In recent years, Paoli Hospital has received GREAT certification (Gluten-Free Resource Education and Awareness Training) from the National Foundation for Celiac Awareness. This process involved training its kitchen and dietary staff to care for patients with gluten sensitivity by learning to modify food production techniques and ensure that patients and guests receive gluten-free foods.

In 2010, the hospital took another major step toward combating this disease when it created its Celiac Center. The Center helps patients with

celiac disease and other gluten-related disorders manage their condition. It also educates them about how to live a healthy, gluten-free life—the mainstay of treatment right now. It is the only Celiac Center in suburban Philadelphia.

Notable aspects of the Center include:

- Dietitians who are specially trained to help patients develop a gluten-free diet
- A pharmacist who reviews medications to ensure they are gluten-free
- Easy access to physician specialists
- An emphasis on physician and community education through medical lectures and public seminars
- Certification that Paoli Hospital is “gluten-friendly”

The good news is that the outlook for people with celiac disease has never been better. There is very exciting research taking place now that includes the development of medication to detoxify gluten in the stomach, medicine that can block the increase in intestinal permeability that occurs in people with celiac disease, and even the development of a vaccine that may help desensitize people to gluten by teaching their immune system to ignore it. All of these potential treatments are currently in clinical trials. ■

Keith Laskin, MD, is medical director, Celiac Center at Paoli Hospital.



Keith Laskin, MD, speaks at MLH Celiac Awareness Day.

WHO SHOULD BE SCREENED FOR CELIAC DISEASE?

- Children or adults with unexplained diarrhea, vomiting, abdominal pain or constipation
- First-degree family members of patients diagnosed with celiac disease, whether they have specific symptoms or not
- Patients who have autoimmune diseases such as Type 1 diabetes, autoimmune thyroid disease, or children with Down, Turner or Williams syndromes
- Patients with unexplained iron deficiency, early onset osteoporosis, dental enamel hypoplasia, chronic fatigue, elevated liver enzymes, unexplained infertility or recurrent miscarriages

Patients should never start a gluten-free diet without first being tested for celiac disease and consulting a physician. Doing so may make definitive diagnosis impossible.

For more information or to make a patient referral to the Celiac Center at Paoli, call 1.866.CELIAC.1 (1.866.235.4221) or visit mainlinehealth.org/paoliceliac.

The Medicare Challenge

BY MIKE BUONGIORNO

Over the past 20 years, one of the major debates in Washington has been over how we, as Americans, can control the cost of health care.

Responding to this issue, providers, insurers and employers have made many attempts to cut spending. Additionally, Federal legislation, such as *"The Affordable Care Act of 2010,"* began to link federal payments to quality of care and patient satisfaction metrics. The Readmission Reduction Program also penalizes hospitals if their historical readmission rates are higher than the national average for heart attack, heart failure and pneumonia.

While efforts to encourage quality are admirable, the reimbursement impact of these steps, as well as budget negotiations and the "sequester," are forcing additional massive spending cuts through the Medicare System. As a result, Main Line Health will experience significant decreases in reimbursement in the future.

The good news:

The January Tax Deal in Washington averted a 26.5% reduction in physicians' Medicare payments.

The bad news:

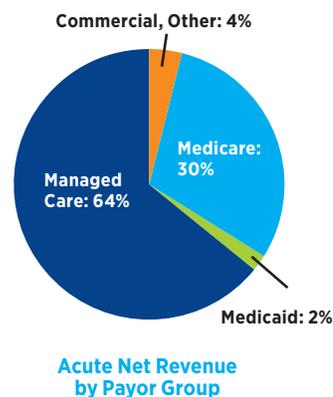
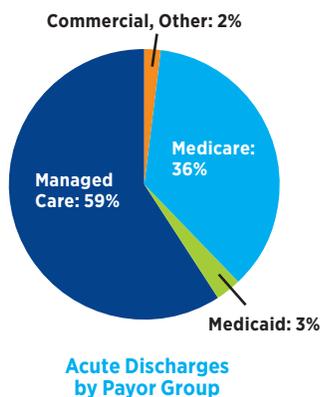
The same Tax Deal reduced Medicare payments to hospitals over the next 10 years. In addition, as of April 1, the sequester enacted mandatory spending cuts across many federal programs, including Medicare, in an attempt to reduce the federal deficit. As a result, Medicare payments will be reduced by \$40 billion over 10 years. The impact to Main Line Health is a loss of approximately \$6.8 million on an annual basis.

The challenge:

Main Line Health, through its acute hospitals, experienced over 24,000 Medicare inpatient discharges in the year ending June 30, 2012, representing approximately 36% of inpatient volume but only 30% of net patient revenue. Last year, our deficit from providing services to Medicare beneficiaries was over \$78 million. For each inpatient Medicare discharge, our costs exceed reimbursement by approximately \$2,500. With the anticipated reductions described above, the deficit will grow even larger. This is our *Medicare Challenge*.

The commitment:

Quality and patient safety must always be our North Star. MLH annually reinvests millions of dollars in education and development, performance awards, updates to aging facilities, acquisition of new technology, and expansion of services, along with community outreach programs. This reinvestment facilitates our Vision to create a superior experience for patients, employees, physicians and our community.



Our Health System is financially strong. In the last two years alone, MLH invested over \$306 million in facilities, new technology and equipment replacement. This level of investment is contingent upon our ability to maintain a healthy balance between our expenses and our reimbursement. Our efforts to reduce costs through improving efficiencies and sharing best practices—while improving quality—will help generate sufficient funds to reinvest in new initiatives that can take our quality, patient safety and patient satisfaction to new heights. ■

Mike Buongiorno is executive vice president, Finance, and chief financial officer for Main Line Health.



What's up for outpatients?

As patient preference and the availability of high-tech equipment outside hospital walls boost demand and expectations for more convenient treatment options, health care trends are reflecting a significant rise in outpatient volumes.

The results of Premier's Spring 2013 Economic Outlook survey show seven out of 10 health care providers expect their outpatient volumes to rise during the next year. Only one third expect inpatient volumes to increase—down from 65 percent in last year's survey. This follows FY12 results, which show inpatient volumes decreased 1.9% over FY11 while outpatient volumes grew 2.9%.

The trend is supported by government and private payors who are shifting reimbursement incentives to encourage less intensive and expensive outpatient care sites—with lower reimbursement rates.

At Main Line Health, more than a million outpatient visits were recorded for the third straight year in 2012. MLH is on pace to continue that string in 2013. Responding to patient demand and marketplace competition, MLH is expanding outpatient services.

At MLH, more than a million outpatient visits were recorded...in 2012. Responding to patient demand...MLH is expanding outpatient services.

While MLH's traditional outpatient services—from laboratory to surgery and therapy—continue to serve communities in Delaware, Chester, Montgomery and Philadelphia counties, new MLH initiatives and facilities are evidence of leading edge approaches to meet patient demand for treatment of both routine and complex cases:

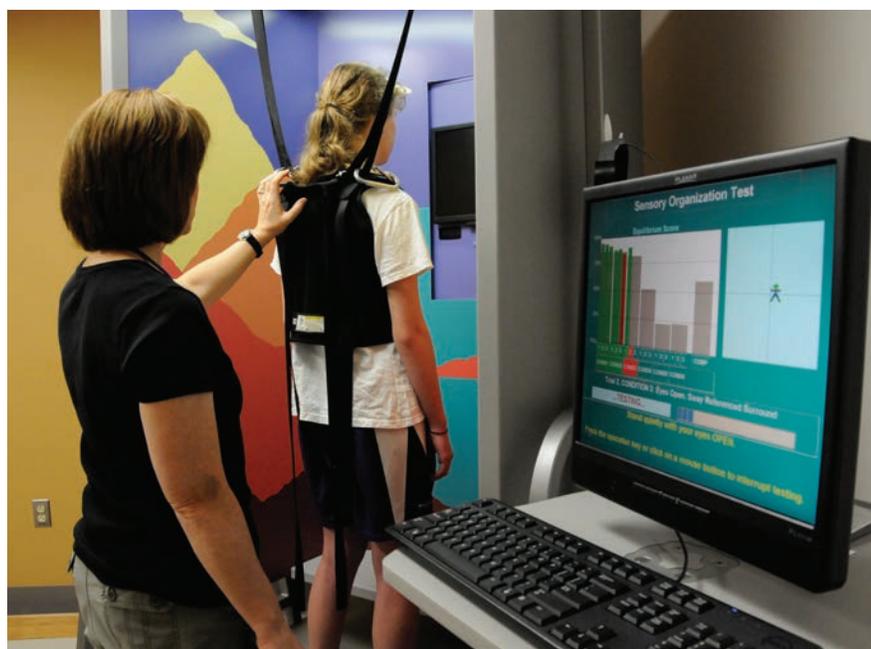
- Bryn Mawr Rehab Hospital's recently opened Comprehensive Outpatient Neurorehabilitation Center on its Malvern campus includes a comprehensive post-concussion syndrome program, combining the latest technology with specially trained therapists working closely with neurologists, neuropsychologists and neuro-optometrists. The program—the only one of its kind in eastern Pennsylvania—is a market leader in the breadth of diagnoses and treatment interventions offered in a single location. Another Bryn Mawr Rehab outpatient program, the region's first and only comprehensive Orthopaedic Day Program for single joint rehabilitation, is now available not only on the Malvern campus but also in Wynnewood.
- Lankenau Medical Center's new heart pavilion, due to open later this summer, will include an outpatient cardiac facility with a full continuum





of cardiovascular diagnostic as well as treatment services, patient-centered exam and consultation rooms, and the medical offices of Lankenau's multi-specialty staff of cardiovascular physicians. Also part of the \$465 million Lankenau campus facility upgrade is the recently opened Ambulatory Access Center, which combines pre-admission testing, outpatient laboratory testing and patient registration in a single location next to the visitor parking lot.

- Main Line Health NOW® in Exton is the second “Nights Or Weekends” practice opened by Main Line Health (MLH). “Staffed by board certified family physicians, our practice serves as an adjunct to the primary care physician (PCP),” explained 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, his or her physician can direct the patient to MLH NOW. Our physicians send a detailed report to each patient’s primary care physician (PCP) and provide information about MLH doctors to patients without a PCP. Patients appreciate the expanded hours and convenience of being able to walk in without an appointment.” MLH NOW is open weekdays 5 pm – 9 pm and weekends 9 am – 2 pm. The first Main Line Health NOW opened in



Broomall in September 2011.

- Early in 2014, Main Line Health will open one of the first “retail” health care locations in the region, a 32,000-square-foot ambulatory health care facility in the Exton Square Mall. Following the “medical home” model, its diagnostic and treatment services will include family medicine physicians, oncologists, pediatricians and other specialists. It will also feature physical rehabilitation services including physical, occupational and speech therapy, as well as imaging, laboratory, infusion

services and more. For added convenience, patients will be able to access MLH NOW services, too, with no appointment necessary. Ample parking will be available. ■

Opposite: Artist rendering of the Lankenau Medical Center's new heart pavilion.

This page, from top: Anticipated look of the entrance to MLH's ambulatory health care facility in Exton Square Mall. Bryn Mawr Rehab Hospital physical therapist uses Balance Master device to measure postural control.

Staff notes

Jeanne M. Baffa, MD, and the Echocardiography Lab at the Nemours Cardiac Center, achieved Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) certification at nine Nemours satellite locations in 2012.

Andrea Barrio, MD, is senior author of “The Value of 6-Month Interval Imaging Following Benign Radiologic-Pathologic Concordant Minimally Invasive Breast Biopsy,” presented at the American Society of Breast Surgeons in Chicago.

Michele Columbo, MD and **Albert S. Rohr, MD**, are the main authors of the study, “Asthma in the Elderly: The Role of Exhaled Nitric Oxide Measurements,” which has been accepted for publication in *Respiratory Medicine*. The study was funded by the Sharpe-Strumia Research Foundation.

Amy Davis, DO, presented “Ethics 101: I’m Not an Ethicist, But I Want to Play One at Work” and also a Special Interest Group Symposium entitled “Substance Abuse and Diversion in Palliative Care” at the 2013 American Academy of Hospice and Palliative Medicine (AAHPM) & Hospice and Palliative Nurses Association (HPNA) Annual Assembly in New Orleans.

Michael D. Ezekowitz, MD, PhD, presented a lecture, “Warfarin is Obsolete,” at the 34th Annual Scientific Session of the Heart Rhythm Society. The session was attended by leading cardiac arrhythmia professionals from the U.S. and more than 75 countries worldwide.

Joseph Greco, MD, is newly boarded in Hospice and Palliative Care Medicine.

Atul Gupta, MD, was principal author on the paper, “Three-Dimensional Rotational Angiography is Preferable to Conventional Two-Dimensional Techniques for Uterine Artery Embolization,” published in *Diagnostic and Interventional Radiology*. He also was a guest lecturer at Hinduja National Hospital & Medical Research Center in Mumbai, India, presenting “Three Dimensional Guidance for Uterine Fibroid Embolization: First Clinical Results.”

Maribel Hernandez, MD, was presented with the Woman of Heart Honoree of the Year by the American Heart Association — Go RED for Women campaign, recognizing her many years of volunteer work educating women in the community, including Latino women, about heart disease.

Glenn Kaplan, MD, was awarded the Harold Rowland Physician Leadership Award at the Bryn Mawr Hospital Recognition Dinner Dance in April.

Amid Khan, MD, recently passed his endovascular board certification.

Philip Kim, MD, is associate editor for *Comprehensive Treatment of Chronic Pain by Medical, Interventional and Integrative Approaches*.

Walter Klein, MD, was nominated to serve on the Committee on Strategic Planning of the Pennsylvania Medical Society. The committee is charged with identifying trends both internal and external to the organization that will impact on medical care delivery in Pennsylvania, as well as keeping abreast of Pennsylvania physician opinions and practice trends.

Peter R. Kowey, MD, chief, Division of Cardiovascular Diseases and the William Wikoff Smith chair in Cardiovascular Research at the Lankenau Institute for Medical Research, has been named to the Cardiovascular Disease Advisory Board of 3D Communications, a strategic communications firm that prepares companies for high-stakes regulatory presentations, meetings, and media interviews. Dr. Kowey served as a voting member of the Cardiovascular and Renal Drugs Advisory Committee and the Cardiovascular Devices Committee of the FDA. Additionally, Dr. Kowey has been included among the five percent of area physicians on the list of *Philadelphia Super Doctors*, selected through peer nominations, a Blue Ribbon Panel review process and independent research.

Peter R. Kowey, MD, announced that the following Cardiology Fellows have passed their boards: **Jared Green, Laura Immordino, Sal Mohammed, Chinmay Patel, Matt Goldstein, Mike Link, Russ Jones** and **Vamsee Yaganti**.

Laura Kwaan Lasley, MD, was named director of Neonatology at Riddle Hospital.

Jeffrey D. Lehrman, DPM, was named Top Podiatrist in Pennsylvania in the Healthtap Winter 2013 Top Doctors Competition. He also presented a lecture at the 40th Annual Goldfarb Foundation Clinical Conference titled, “Total Contact Casting,” in Valley Forge, PA.

Hans Liu, MD, chief, Infectious Diseases, and director of Antimicrobial Stewardship, Bryn Mawr Hospital, presented during an expert round table discussion in Manila on the topic of “Consensus on the Use of Fluoroquinolones in the Treatment of Lower Respiratory Tract Infection in a High TB-Burdened Country.”

John H. Marks, MD, medical director, Lankenau Hospital Colorectal Center, and chief, Section of Colorectal Surgery, concluded his year as the president of the International Society of Laparoscopic Colorectal Surgery (ISLSCR) at its 7th International Congress where he presented on “Transanal Surgery — Tricks, Techniques and Novel Application,” “TEMS: From Transanal Excision to NOTES” and a video presentation on “Laparoscopic TATA for

Cancer in the Distal Rectum.” Dr. Marks also attended the Second Annual Scientific Meeting of the Multidisciplinary International Rectal Cancer Society (MIRCS) at Lankenau Medical Center and presented on “A Proposed Sphincter Preservation Selection Scheme for Cancers of the Distal Three Centimeters of the True Rectum” and “Personal Technical Preferences in the Performance of the TATA (Intersphincteric) Resection.” On December 17, 2012, Dr. Marks performed his 1,500th laparoscopic surgical case.

Cynthia McIntosh, MD, was named 2012 Physician of the Year by Nemours/Alfred I. DuPont Hospital for Children.

Winslow Murdoch, MD, achieved a perfect score on his Family Practice Board recertification exam.

R. Barrett Noone, MD, FACS, received the Honorary Award from the American Association of Plastic Surgeons, the oldest and most prestigious organization of plastic surgeons in the world, on April 21, 2013 in New Orleans. This is the highest award the Association bestows and it recognizes outstanding contributions in either the humanities or sciences related to medicine or surgery and appropriate for recognition by the specialty of plastic surgery.

Thomas P. Phiambolis, MD, a diplomate of The American Board of Clinical Lipidology, was named medical director of The SHAPE (Society of Heart Attack Prevention and Eradication) Center of Excellence at Lankenau Medical Center.

Christian Pizarro, MD, a member of the European Congenital Heart Surgeons Association (ECHSA), received the Richard E. Clark Paper Award for Congenital Heart Surgery for the paper “Current Spectrum of Surgical Procedures Performed for Ebstein’s Malformation: An Analysis of the Society of Thoracic Surgeons — Congenital Heart Surgery Database” at the 2013 Society of Thoracic Surgeons (STS) Annual Meeting in Los Angeles in January.

Christopher J. Rapuano, MD, was visiting professor for the Department of Ophthalmology at SUNY Stony Brook in March and gave a lecture to the Nashville Academy of Ophthalmology in Nashville, TN in April. He also spoke at Cornea Day at the annual American Society of Cataract and Refractive Surgery in San Francisco.

Stanley Schwartz, MD, recently published an article on incretins which will appear in *Diabetes Care* in July.

Emma Simpson, MD, and researchers at the Bryn Mawr Comprehensive Breast Center, are conducting a study on “The Utility of Sonoelastography in the Differentiation of Benign Versus Malignant Masses in the Breast.” This is a new technology used as part of an ultrasound study that provides information regarding the compressibility of masses.

(continued on page 11)

ACCOLADES

Main Line Health has been named among the top 20 percent of health systems in the nation by Truven Health Analytics. Listed in the “medium health systems” category, MLH is the only health system in Pennsylvania recognized.

Seventy-four outstanding Main Line Health physicians have been recognized by *Philadelphia* magazine as 2013 “Top Doctors.” The “Top Doctors” list is based on results from Castle Connolly, an independent research company.

Lankenau Medical Center has been named one of the nation’s 100 Top Hospitals® by Truven Health Analytics. Lankenau also received the 2013 Healthgrades Distinguished Hospital Award for Clinical Excellence™.

Independence Blue Cross has named MLH hospitals as Blue Distinction Centers for the following programs:

- Knee and Hip Replacement: Bryn Mawr, Lankenau, Paoli, Riddle
- Spine Surgery: Paoli, Riddle
- Cardiac Care: Lankenau, Bryn Mawr, Paoli

The American Heart Association recently honored all four MLH acute care hospitals for their recent American Heart Association’s Get with the Guidelines Gold Plus Awards for Quality in stroke care. In addition, Riddle Hospital received its second Target Stroke Honor Roll award for its innovation project for Door to Needle Time for t-PA administration within 60 minutes.

Paoli Hospital has received the Gift of Life Donor Program Silver Medal award from the US Department of Health and Human Services for achieving and sustaining national goals for organ donation, including a donation rate of 75 percent or more of eligible donors.

Bryn Mawr Hospital’s Intensive Care Unit received the American Association of Critical-Care Nurses 2013 silver-level Beacon Award for Excellence.

Lankenau Medical Center will receive a \$2.5 million grant from the Commonwealth of Pennsylvania, to be applied towards the capital campaign in support of Lankenau’s Master Facilities Project.

In February 2013, Riddle Hospital celebrated its 50th anniversary and also marked 365 days without a ventilator-associated pneumonia (VAP).

Staff Notes *(continued)*

Donald Tavakoli, MD, is a co-author of “Teaching Focus in Psychotherapy: A Training Essential,” published in the *Journal of Psychodynamic Psychiatry*.

Gan-Xin Yan, MD and **Li Zhang, MD**, along with investigators in China, authored an article titled “Inhibition of Late Sodium Current by Mexiletine: A Novel Pharmacotherapeutic Approach in Timothy Syndrome,” in *Circulation: Arrhythmia and Electrophysiology*.

Anthony Zappacosta, MD, received the Departments of Medicine and Family Practice Magee/Woodruff Award from Bryn Mawr Hospital at its annual Recognition Dinner Dance.

NEW PHYSICIAN APP COVERS MLH

A new mobile app is now available just for MLH physicians, offering a searchable MLH physician directory, selected MLH phone numbers, a link to MLH webmail, and physician liaison information.

The app is for iPhone and Android devices and can be downloaded from the respective app stores by searching “MLH Physician.” To obtain the generic password to unlock the app, contact your physician liaison or use the “Forgot Password” feature in the app.



New appointments

NOVEMBER 2012 – MAY 2013

ALLERGY & IMMUNOLOGY

Corinna S. Bowser, MD

ANESTHESIOLOGY

Lia E. Tron, MD
Jonathan Weiss, DO

CARDIOVASCULAR DISEASES

Laura E. Immordino, MD

DERMATOLOGY

Daniel H. Parish, MD

EMERGENCY MEDICINE

Alison L. Abiri, MD

FAMILY PRACTICE

Aimee L. Luo, DO

HEMATOLOGY & MEDICAL ONCOLOGY

Gerald L. Messerschmidt, MD

INFECTIOUS DISEASES & PREVENTIVE MEDICINE

Dorothy A. Slavin, MD

INTERNAL MEDICINE

David W. D’Angelo, DO
Kaniz R. Khan, MD
Andrew J. Norton, MD
Vincent M. Pestritto, MD
Nieta G. Shapiro, MD
Ancy Skariah, DO

OBSTETRICS/GYNECOLOGY

Licette Almonte, MD
Deanna R. Brasile, DO

OBSTETRICS/GYNECOLOGY/ REPRODUCTIVE ENDOCRINOLOGY

Isaac E. Sasson, MD, PhD

PEDIATRICS

Amy E. Little, DO
Matthew B. McCarthy, MD
Christi L. Rosengart, MD
Joannie T. Yeh, MD

PEDIATRICS/NEONATOLOGY

Cheryl L. Davis, MD
Laura K. Lasley, MD

PHYSICAL MEDICINE & REHABILITATION

Saloni Sharma, MD

PSYCHIATRY

Adam L. Glushakow, MD

RADIOLOGY/RADIATION ONCOLOGY

Estella P. Graeffe, MD

SURGERY/NEUROSURGERY

Peter D. Le Roux, MD

SURGERY/ORAL MAXILLOFACIAL SURGERY & DENTISTRY

Ryan N. Dobbs, DDS
Julie Lee, DMD
Rose O. Wadenya, DMD
John Whytosek, DMD

SURGERY/ORTHOPAEDIC SURGERY

Christopher K. Kepler, MD

SURGERY/OTOLARYNGOLOGY

Jeffrey M. Finkelstein, MD
Vivek V. Gurudutt, MD

SURGERY/PLASTIC SURGERY

Suhail K. Kanchwala, MD
Michael M. Stefan, MD

SURGERY/PODIATRY

Stanley Chen, DPM

Philanthropy | Technology advances and financial challenges

A CLOSER LOOK AT EMMA SIMPSON, MD

Back when Emma Simpson, MD, began her first rotation in radiology, the specialty was poised for dramatic technological advances. Over the following decade, MRIs became operational, and the use of information systems and digital imagery gained a major emphasis. These advancements, coupled with increasing financial constraints in an era of managed care, made radiology exciting, yet challenging.

Today, as chief of Radiology and president of the Medical Staff for Bryn Mawr Hospital (BMH), Dr. Simpson continues to see many of the same challenges. “Keeping up with the rapid advancements in technology can be financially challenging, but we are fortunate here at Bryn Mawr. We have a very generous community of donors, and their commitment has helped us to keep up better than many other hospitals.”

As a member of the Hospital Foundation’s Board of Trustees, she works closely with volunteers from the community who all share a real

passion for the hospital. “I come to work every day to care for patients and see—through my involvement with the Foundation—so many others in our community who are engaged and committed to our hospital. It is very rewarding to see that level of appreciation and devotion.”

Dr. Simpson strongly believes that a key to maintaining this special partnership with the community is to make a charitable contribution herself, and she encourages her colleagues to do the same. As an individual, Dr. Simpson has been a donor and member of the Gerhard Society for over 20 years, and as part of the Medical Operations Committee, she and her colleagues recently pledged \$100,000 to support the upcoming capital campaign at BMH.

“I think a feeling of closeness to the hospital and an understanding of how a contribution can make a real difference inspires people to give.”

With the opening of the Breast Center in 2004, when mammography technology was at a turning-point,



Dr. Simpson experienced firsthand how charitable gifts can help advance and improve health care. Digital machines were the wave of the future, but the equipment costs crested at four to five times as much as the older film screen. Just then, a local charity approached BMH, wishing to make a contribution in honor of one of its board members who had recently died from breast cancer. With that funding, combined with generous gifts from many others, BMH opened the area’s first Breast Center with all digital technology.

“When I witnessed the significant impact philanthropy had in opening the Breast Center, I became an even stronger advocate for charitable giving to our hospital. As plans move forward to update and renovate our facilities, the need for support may soon be greater than ever. New advances and financial challenges: it is an exciting time to be part of the hospital family.” ■