

Main Line Health

# Physician

**Be seen.**  
New brand  
campaign  
spotlights  
human care

FALL 2019  
**Inside:**

Total cost of care: our  
shift to value-based care

5-yr. improvement project  
yields top ranking



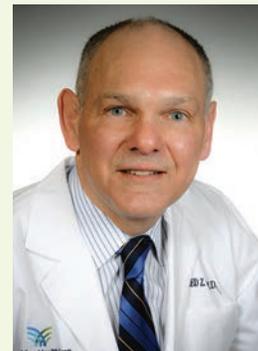
Main Line Health®

## Welcoming our new medical staff president

William Ayers, MD, FACS, concluded his term as medical staff president of Main Line Health and chair of the Medical Staff Medical Executive Committee on June 30, 2019. Thank you, Dr. Ayers, for your dedication and notable contributions during your term.

Ned Carp, MD, began his term as medical staff president of Main Line Health and chair of the Medical Executive Committee on July 1, 2019. Dr. Carp's term will end on June 30, 2021. He previously served as the Main Line Health medical staff vice president/treasurer from July 1, 2017 to June 30, 2019. ■

*Pictured from left to right: William Ayers, MD, FACS, and Ned Carp, MD.*



## Accolades

- All four of Main Line Health's acute care hospitals are the recipients of the American Heart Association's (AHA) Mission: Lifeline® Quality Achievement Award. Lankenau Medical Center and Paoli Hospital received the Mission: Lifeline Receiving Center Recognition Gold Award and Bryn Mawr Hospital and Riddle Hospital Mission: Lifeline Receiving Center Recognition Silver Award.
- Gift of Life Donor Program—the organ procurement organization for the eastern half of Pennsylvania, southern New Jersey and Delaware—and the Hospital Association of Pennsylvania (HAP) Southeast Connect, honored Paoli Hospital with a 2018 Gift of Life Award. This prestigious, annual award is given to hospitals with superior performance in organ donation that have either achieved a 75% organ donation conversion rate during the past year, or that have dramatically improved their performance compared to the previous year.
- All four MLH acute care hospitals were recognized by the American Heart Association for stroke care. Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital received the Get With The Guidelines® – Gold Plus Quality Achievement Awards. The award recognizes the commitment and success of each hospital's staff in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines. In addition, Lankenau Medical Center received the Target: Stroke Elite Plus, and Bryn Mawr, Paoli and Riddle Hospitals also qualified for recognition on the Target: Stroke Honor Roll.
- *Becker's Hospital Review* named Lankenau Medical Center, the flagship of Main Line Health's Lankenau Heart Institute, among its list of "100 Hospitals and Health Systems with Great Heart Programs." The award recognizes hospitals leading the nation in cardiovascular care.
- The Delaware Valley Accountable Care Organization (DVACO) was presented with an Innovation Award by the National Association of ACOs for post-acute strategy. The award recognizes accountable care organizations that develop innovative ways to transform the real-world care model.
- For the 10th consecutive year, Main Line Health (MLH) was named to *CHIME HealthCare's* Most Wired list for 2018. Most Wired is celebrating its 20th year as the industry's benchmark of quality in health care IT, and its first year under the College of Healthcare Information Management Executives (CHIME).
- *Risk and Insurance* magazine recently named Main Line Health a Teddy Award winner. This national award is given annually to employers who take a holistic and innovative approach to workers' compensation and injury prevention. ■



# Performance Excellence: Where are we now and where are we going?

BY ANDREW NORTON, MD, FACP, AND BARBARA WADSWORTH, DNP, RN, FAAN

Since 2017, we have been talking about Main Line Health's Performance Excellence 2020 initiative or PE2020 for short.

PE2020 could just as easily be named PEForever, because that's how we all need to think of it. At its root, PE2020 is about 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. In short, we are reimagining how we do our work. There is no end date to that goal.

Since launching PE2020, we have undertaken more than 80 clinical projects. Some of these are in the control phase, some in the "working on it" phase, and others in early stages of development. We have met with great success. In the first year alone, we had a goal of saving \$33.5 million. In reality, we saved \$51 million, mostly as a result of more informed operational decisions.

Consider some of our successes:

## ► Eliminating Harm

- Developed best practice protocols for hospital-acquired infections
- Developed standard criteria for admission and continued stay in ICUs
- Readmission initiatives that focus on high-risk patient populations and preventing unnecessary hospitalizations
- Implemented standard practices for sepsis patients that has reduced mortality and increased bundle adherence rates
- Discharge disposition recommendations ensure we help patients transition from

inpatient to the most appropriate setting of care

- 500 clinical supply projects to reduce variability in supply items used and ensure top pricing
- **Top-Decile Performance in Quality Indicators**
  - Evidence-based recommendations for blood product and lab test orders
  - Improved patient clinical documentation to ensure the medical record fully captures the patient
  - Defined criteria for high-cost drug utilization

In the first year, we had a goal of saving \$33.5 million.  
In reality, we saved \$51 million.

- Clinical pathways for hip and knee joint replacement and hip fracture
- Centralization of performance improvement engineers, project managers and project management analysts
- Created CHF and COPD therapeutic pathways for the ED and inpatient settings



## ► Delivering Equity for All

- Implemented standardized care progression tools to ensure timely and appropriate care for all patients

## ► Ensuring Affordability

- The multitude of PE2020 initiatives completed by our physicians, administrators and departmental staff streamlined and standardized work processes and lowered our operating costs by \$43 million across corporate services functions, inpatient and outpatient care settings, and physician practices

## PE2023

As we near the year 2020, we will establish new initiatives and goals to take our Performance Excellence roadmap to its next mile marker in 2023. While the shorthand name may change, the idea behind it will not. We can never stop improving. ■

*Andrew Norton, MD, FACP, is senior vice president and chief medical officer at Main Line Health. Barbara Wadsworth, DNP, RN, FAAN, is senior vice president and chief nursing officer and executive leader for Performance Excellence at Main Line Health.*



## Total cost of care: A new lens to view clinical care at Main Line Health

BY ANDREW NORTON, MD, FACP

I think the entire medical staff is aware of the ongoing transition from a volume-based clinical care model to a value-based care model where quality/cost = value is the new measure of performance. Main Line Health has been intentionally developing new organizational structures, clinical analytic competencies and care management programs to move competently and confidently into risk-based care models. Let me remind you of some of our current efforts.

In 2013, Main Line Health partnered with Jefferson Health to form the Delaware Valley Accountable Care Organization (DVACO). Its purpose was to jointly develop administrative structure and competencies in analytics and participate in risk-based, population-focused contracts with insurers, including CMS.

A few years later, in 2016, Main Line Health (MLH) developed its own clinically integrated network—Main Line

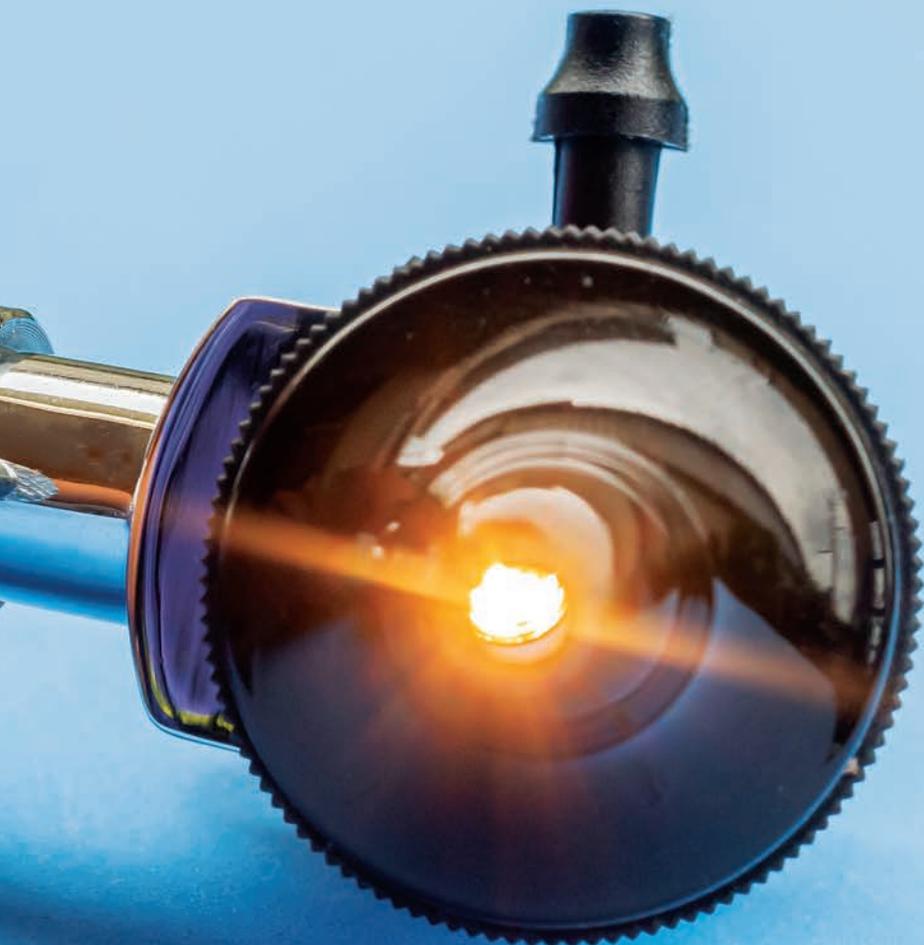
Health Physician Partners (MLHPP)—as a vehicle to develop coordinated population health care competencies and collaborations between our independent medical staff, employed medical staff and the Health System. Many on our medical staff are MLHPP members and are participants in our first large-scale contract through DVACO, the Medicare Shared Savings Program (MSSP).

In that program, CMS shares in savings for a population of over 30,000 fee-for-service Medicare beneficiaries who receive their care from MLHPP primary care physicians and specialists for improved quality at a lower cost through better care coordination, reductions in non-value-added clinical services, utilization of clinical care pathways, and complex care management for high-risk patients. Through our work with DVACO and MLHPP, MLH clinicians are part of multiple value-based

initiatives for approximately 100,000 patients through MSSP, Aetna, Humana and United contracts as well as our employee medical benefits plan. We have learned a lot and instituted new models of care to facilitate this work.

DVACO and MLHPP have achieved tangible results for their member providers and community of patients. MLHPP PCP practices have undergone patient-centered clinical transformation to improve patient access to visits, implement patient portals, optimize their use of electronic medical records, systematically address preventive care gaps, and assure completion and communication of results for important tests and referrals. High-risk patients are monitored and supported by nurse care coordinators and social workers.

As a result of this work, MLHPP practices received \$3,445,670 in care coordination and shared-savings payments from DVACO and MLHPP value-based reimbursement contracts



in 2018. DVACO members who participated in the Medicare Shared Savings Program together earned near-perfect scores in the 2017 and 2018 Merit-based Incentive Payment System reporting and earned a 1.83 percent and 1.63 percent upward payment adjustments in their 2019 and 2020 physician fee schedule for traditional Medicare.

A new initiative in risk-based care at Main Line Health began in October with our participation in a new, three-year CMS contract called Bundled Payment Care Improvement – Advanced (BPCI-A). In this full-risk contract, MLH agreed to be responsible for the quality of care and the total cost of care for Medicare patients with specific sepsis and stroke DRGs. The defined period of clinical and financial accountability begins at the time of hospital admission and ends 90 days after discharge.

This is the first time that Main Line Health has participated in a full-risk contract for a condition-defined episode of care. There are financial risk corridors, but the potential upside gain and downside risk is in the millions of dollars. Main Line Health believes that we must participate in these risk-based contracts as they will increasingly be part of all our insurer contracts. We must learn new models of care that are required when taking on the quality of care and the total cost of care of patients for a clinical episode. For example, a full year of primary care or a fixed time for a discrete episode of care, like the 90 days after hospitalization for stroke or sepsis, in BPCI-A project.

When a health system and its clinicians are accountable for the total cost of care while maintaining or improving the quality of care, it requires a significant change in perspective.

First, the majority of avoidable costs are after the hospitalization, from avoidable readmissions to nursing home and therapy days to specialty care and diagnostic procedures. Second, new care models can significantly reduce readmissions and post-discharge costs. This type of model would include careful risk stratification to identify high-risk patients in need of care navigation; dedicated clinical staff in the skilled nursing facilities (SNF); and on-demand diagnostic and treatment options for unstable patients, such as an advanced urgent care center for patient evaluation, treatment and IV infusion capability.

The Main Line HealthCare Advanced Urgent Care Center in Wynnewood is an investment that was developed to prepare us for value-based reimbursement and population health-oriented care. Our investment in Epic gives us a cross-continuum electronic clinical care platform with patient portals, access to patient information from regional Epic-enabled health systems, patient registries and patient-tracking tools necessary for this work.

Critical to this work is obtaining, risk-stratifying and distributing variations in care data on an ongoing basis. We have recently begun sharing risk-adjusted variations in outpatient cardiology care using our MSSP data with the Lankenau Heart Institute leadership. This allows our clinicians to investigate why these variations occur, provide appropriate peer feedback, and most importantly, work on appropriate clinical care redesign.

This is challenging work that requires innovation, an open-mindedness to care redesign and an awareness of ongoing changes to physician reimbursement. Main Line Health is committed to being a regional leader in designing systems of care from a value-based and population-oriented perspective.

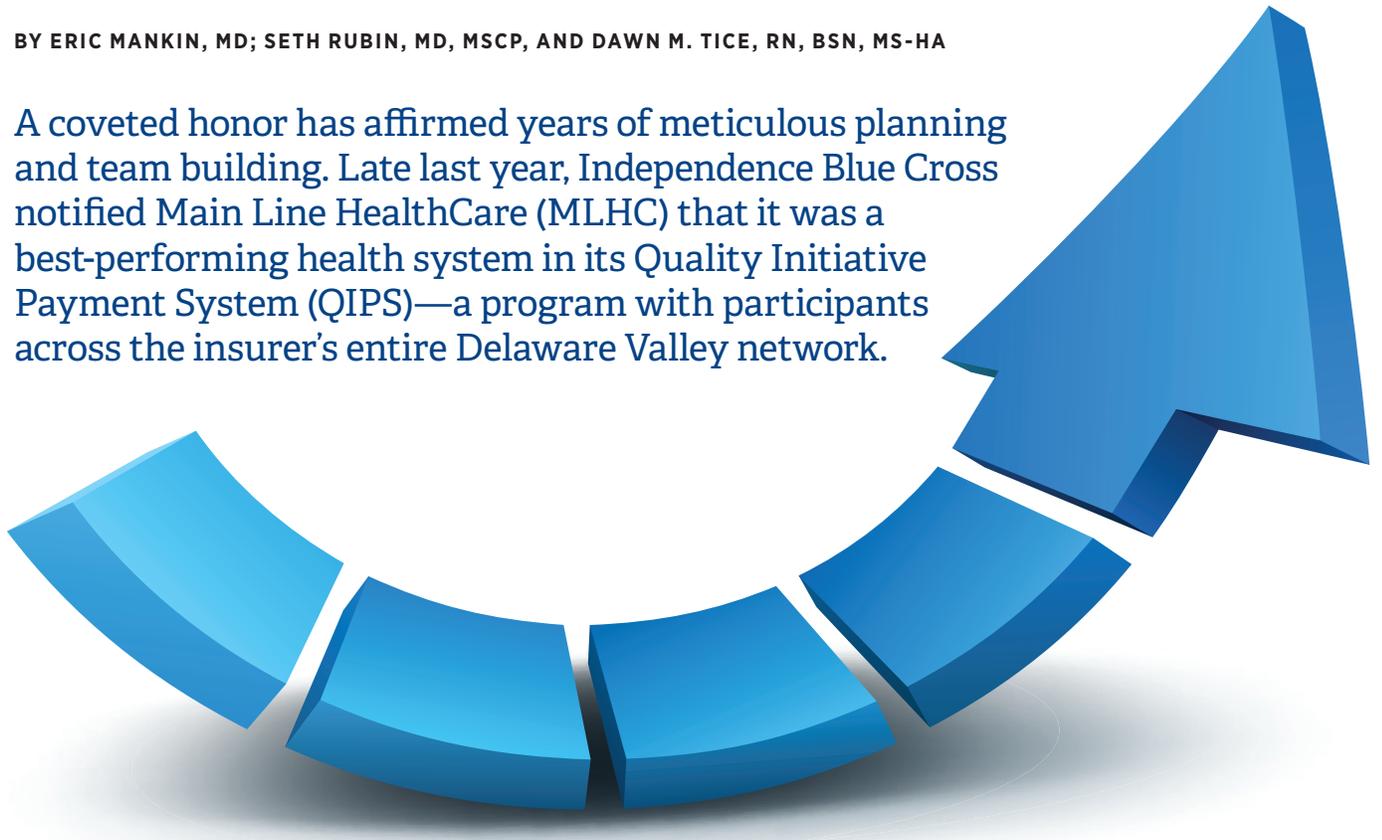
I welcome your comments at [nortonaj@mlhs.org](mailto:nortonaj@mlhs.org). ■

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

# An improvement project five years in the making yields top ranking

BY ERIC MANKIN, MD; SETH RUBIN, MD, MSCP, AND DAWN M. TICE, RN, BSN, MS-HA

A coveted honor has affirmed years of meticulous planning and team building. Late last year, Independence Blue Cross notified Main Line HealthCare (MLHC) that it was a best-performing health system in its Quality Initiative Payment System (QIPS)—a program with participants across the insurer’s entire Delaware Valley network.



**T**he rankings, based on data from 2017, are based on a number of quality measures selected by the insurer, focusing on adherence to preventive care appointments, cancer screenings, care for diabetes, osteoporosis management and asthma management.

“This ranking represents the culmination of a gradual march in this direction over the last five years, led by Dawn Tice,” said Eric Mankin, president of Main Line HealthCare. “When Dawn arrived, our primary care physician network was performing at an average level, but it has steadily improved each year since. Dr. Seth Rubin also played a key role, coaching our providers and collaborating with Dawn and the quality/analytics team. Much work needed to happen both before and after the patient’s visit to get to this level, which is why the support of our physicians and advanced practice providers has been so critical.”

## Starting with the foundation

Tice, vice president of ambulatory clinical operations for Main Line HealthCare, describes the infrastructure, analysis, and adaptations that contributed to the top ranking as the “deliberate engineering of care delivery design and team-based care.”

“From day one, this was a physician-led initiative,” Tice said. “And it’s always been very much population-focused, not measure-focused.”

When Tice started in her position five years ago, there were limited resources devoted to quality improvement programs like QIPS. Today, the team has 32 multidisciplinary staff members. Originally, there was only an operations department. Tice added a director of quality, Kyle Brown, MSN, then expanded the clinical analytics department. These departments constantly interact—gauging, reporting and acting to enhance network performance and patient outcomes.

“We’ve been very strategic in our change management approach, attributing much of our growth and success to the tremendous support we’ve received at the leadership level,” Tice said.

Finally, a dedicated care management and coordination team was put in place to ensure patients are appropriately supported between office visits. This has become a critical component in the value-based programs that many insurers, including Independence Blue Cross, increasingly favor.

## Shifting the paradigm

Much of Tice’s recent efforts entailed improving support for physicians and advanced practice providers so they could focus on the quality of their care, not just patient volume, effectively aligning their workflow with the insurers’ value-based models. Some initiatives even

called for reaching out to patients between visits.

“Doctors generally provide excellent care for patients when they are in the exam room,” said Tice. “We’ve learned that it’s often more about what we do for our patients between visits that differentiates us.”

Dr. Rubin was charged with educating providers about the benefits and necessity of such a shift—a new paradigm for most.

“Over time, providers have had to accomplish more with their care, well beyond the concerns their patients presented with during visits,” Dr. Rubin said. “We’re now expected to think holistically and longitudinally about our patient care—not just during visits but between them, too.”

The only way such a model is sustainable, Dr. Rubin said, is through teamwork.

“By building a team whose foundation is the clinical staff at each office and supporting it with clinical analytics and clinical staff at our corporate office to identify patients’ needs proactively, we’re no longer just relying on the patient to come in, or the provider to accomplish everything in one visit,” Dr. Rubin said.

“We have multiple people attempting to effectively engage and empower our patients over the course of a year. As we’ve seen already, when you support patients with a team, it makes a big difference.”

#### What the future holds

As further proof of the new model’s sustainability, Tice recalled a significant disruption that occurred over the same period for which MLHC earned its top ranking: the design and implementation phases of its new Epic electronic medical record (EMR).

While Epic will further improve the quality of care delivered over the long term, in the pre-launch phases it presented a challenge to maintaining focus on this goal. Tice estimated that for much of the measurement year, up to a third of her team was dedicated to preparing for the EMR’s launch.

“The value-based reimbursement model is a journey toward provider organizations accepting some of the responsibility for the total costs of

providing our patients’ care, not just quality,” said Tice. “At the end of the day, we will be paid according to how well we take care of our patients, including the quality and cost of care, not simply how much care we render,” Tice said. “While many believe that care providers and insurers are portrayed as ‘us vs. them,’ it’s really more of knitting common patient-centered goals together, where everyone has the same goal: effective care that maximizes value.”

“Our quality performance is an example of how we can all benefit when we’re focused on providing the right services to patients at the right time,” Dr. Rubin added. “Our goals are aligned.” ■

We’ve learned that it’s often more about what we do for our patients between visits that differentiates us.



*Eric Mankin, MD, is president of Main Line HealthCare. Seth Rubin, MD, MSCP, is medical director for primary care, Main Line HealthCare, and associate medical director, Main Line Health Physician Partners. Dawn M. Tice, RN, BSN, MS-HA, is vice president of ambulatory clinical operations for Main Line HealthCare.*

# The intrinsic value of clinical environment workgroups

BY PATRICK ROSS, MD, PHD, AND SEAN M. ROWLAND, CRNA, MS, MBA

**S**urgical Services at Main Line Health is filled with complexities. Each year, we perform more than 36,000 ambulatory and inpatient operations across the System's four acute care hospitals. Our team comprises 1,700 professionals, including 550 surgeons in 16 different specialties. It is a truly pluralistic delivery of care in a high-stress environment, with drivers that include implementing standardization, achieving high-quality outcomes, improving efficiency, and maintaining morale.

In June of 2016, we officially established the Surgical Services Clinical Environment Workgroup (CEW), with the goal of consistently delivering the most cohesive and collaborative care to patients. Ours is the fourth CEW formed at Main Line Health and the largest. The additional CEWs include Emergency Medicine, Inpatient Medical Services, and Obstetrical Services.

CEWs are interdisciplinary groups that provide shared leadership for processes and decision-making within a particular service line. It is an approach that fosters a collaborative environment between disciplines and across Main Line Health's facilities—bringing key leaders together to review performance, and create Systemwide, evidence-based, best practices to improve patient care.

The Surgical Services CEW team includes three major squads—Surgery, Anesthesia and Nursing. We have many collaborators, including Gynecology, Information Technology, Process Improvement, and Nursing Education, who play important roles in our patients' surgical experience.

Our leadership cabinet includes the campus chiefs of Surgery and Anesthesia, and directors of Nursing, from all four of our acute care hospitals. This group meets every other week. Our executive leadership team includes the two of us, as well Barbara Wadsworth, senior vice president and chief nursing officer, Main Line Health; and Phillip D. Robinson, president, Lankenau Medical Center, who also meet every other week. This governance model, with triadic leadership from each campus and

direct accountability to Health System executive leaders,

promotes acquisition of input from stakeholders, standardization of process, and rapid implementation of change.

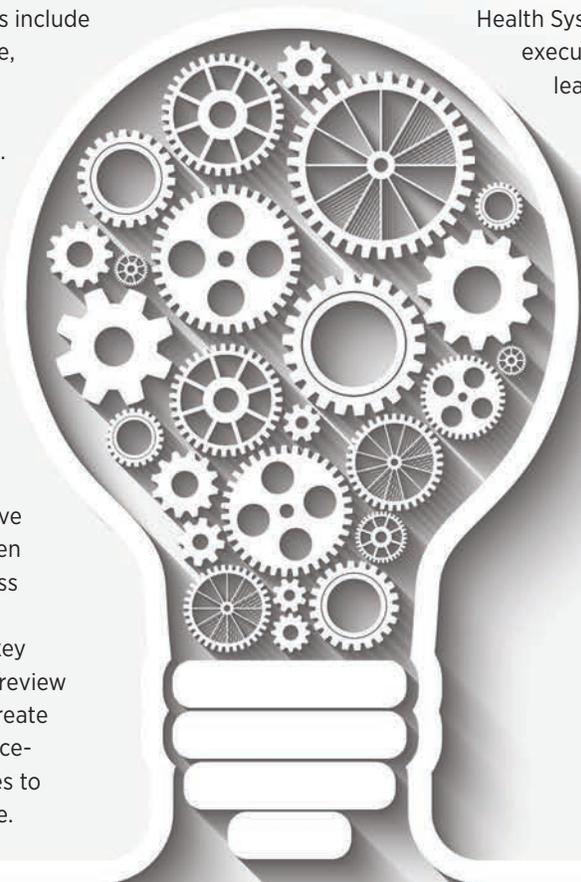
Our work is organized into five subgroups, each composed of about 20 broad-based members who take the strategic goals set by the cabinet and create the operational pathways that will be initiated Systemwide. The two of us attend the majority of subgroup meetings to prevent parallel work and ensure consistency in execution. We function as a dyad, closely coordinating our efforts, and trading out responsibilities to minimize

**Standardization and protocol-driven approaches reduce variation, which reduces risk and improves outcomes. When we work together as a team, the patient benefits.**

duplication and maximize visibility.

We are very proud of the work our CEW is doing. By way of example, one of the areas we addressed was the need to revise the Systemwide Massive Transfusion Protocol. Our analysis following a hemorrhagic event in the OR identified an opportunity for improvement. Subsequently, one of our subcommittees developed an enhanced pathway for managing massive transfusion and created written guidelines that were implemented across the System. The day after we published the new protocol, it saved the life of an obstetrical patient and her baby.

A second example is the rollout and implementation of ERAS—a



protocol for enhanced recovery after surgery. One component of this pathway entails using multi-modal anesthesia, allowing us to reduce the use of opioids. Our evidence-based guidelines have resulted in lower pain scores reported by patients, enabled patients to get out of bed more quickly after surgery, and significantly reduced length of stay. The new ERAS pathways have been rolled out in colorectal surgery across four campuses, and additional service lines will soon follow.

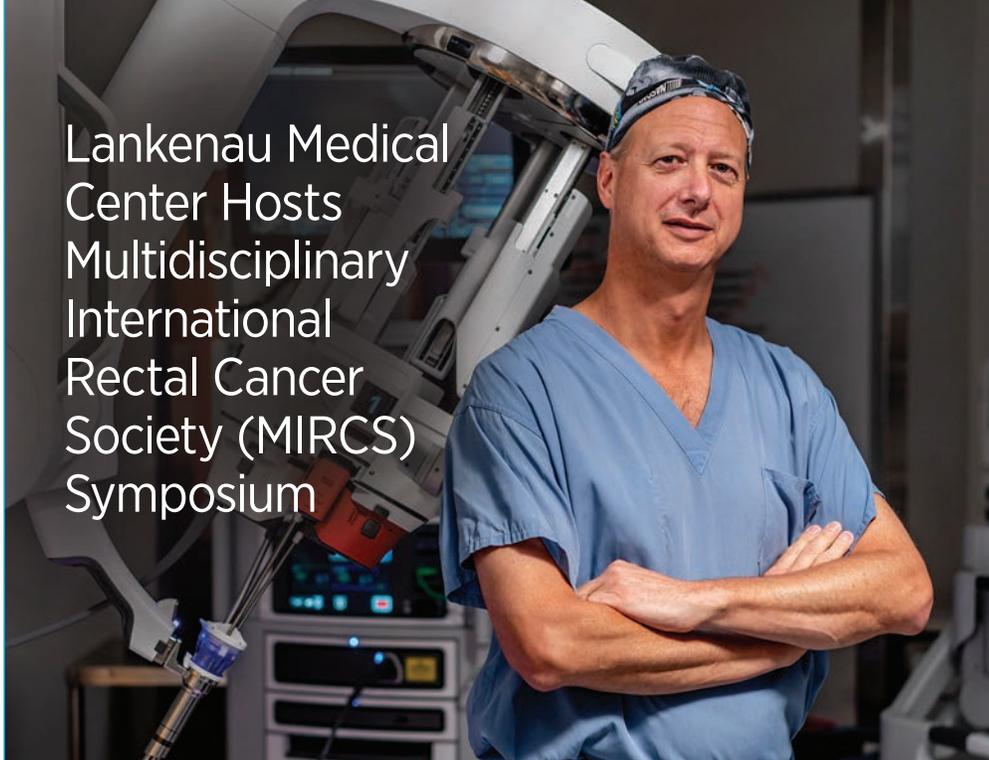
On our immediate radar screen are several areas of focus, including enhancing our culture of safety, developing a consistent model for postoperative care after hours, creating OR efficiency by assuring predicted room entry times, eliminating unnecessary laboratory tests, strengthening the process for optimizing patients preoperatively, driving down the wastage of blood products, and bringing greater consistency to thromboembolic prophylaxis.

Patients come to Main Line Health for high-quality care. In a high-reliability organization, we know that standardization and protocol-driven approaches reduce variation, which reduces risk and improves outcomes. When we work together as one team, the patient benefits.

The Surgical Services CEW provides the opportunity for all of us to get out of our silos and function as an interdisciplinary collaborative unit. It offers a forum for surgeons, anesthesiologists, and nurses to see all of the moving parts in the patient experience. It lends itself to innovation as we continue to identify better solutions. It offers a platform to foster a culture of collaboration and high reliability. Most importantly, it enables Main Line Health to offer enhanced quality and provide better patient care. ■

*Patrick Ross, MD, PhD, is chair, department of surgery, Main Line Health. Sean M. Rowland, CRNA, MS, MBA, is system director, surgical services, Main Line Health.*

## Lankenau Medical Center Hosts Multidisciplinary International Rectal Cancer Society (MIRCS) Symposium



Lankenau Medical Center hosted the Multidisciplinary International Rectal Cancer Society (MIRCS) symposium on May 1-3, 2019 that featured research updates, clinical presentations and panel discussions by international leaders in the field of rectal cancer, with a focus on evolving strategies for optimizing oncologic and quality of life outcomes of care. During the three-day symposium, a live Transanal Total Mesorectal Excision (taTME) procedure, which originated at Lankenau and uses a so-called “bottom-up approach” in which dissection of the affected tissues is started transanally rather than through the abdomen in order to improve the cancer surgery, was telecasted to the audience. The surgery was performed by Symposium Director, John H Marks, MD. This was followed by didactic lectures from an all-star, international faculty, after which the participants performed the surgery on a cadaveric model to master the procedure themselves.

“It was an honor to host this incredible symposium, which brought together 75 physicians from 15 countries and four continents who are all dedicated to moving the needle forward for rectal and colorectal cancer patients across the globe,” says John H Marks, MD, renowned colorectal surgeon who serves as the director of the Colorectal Center at Lankenau Medical Center and chief of the section of colorectal surgery at Main Line Health. “Throughout the course of the three-day meeting, physician experts in surgery, medical oncology, radiation oncology and radiology shared discussions and demonstrations of advanced techniques to treat colorectal cancers and to improve quality of life for patients.”

At Main Line Health, the Colorectal Center at Lankenau Medical Center serves as the epicenter for the exploration, development and clinical application of advanced technology with an emphasis on minimally invasive procedures. The Center also provides a fellowship and advanced postgraduate educational programs for surgeons and multidisciplinary specialists, as well as informational services for health care personnel and the public. The Colorectal Center is led by Dr. Henry Schoonyong and Dr. John Marks, who has pioneered significant breakthroughs that are now considered worldwide standards of care for colorectal cancer, including the Transanal Abdominal Transanal Radical Proctosigmoidectomy (TATA), a surgical procedure that not only removes colorectal cancer, but preserves sphincter function, preventing the need for a colostomy bag.

For the MIRCS Symposium’s full agenda and a list of participating physician leaders, visit [mircs.mainlinehealth.org](http://mircs.mainlinehealth.org). ■

*Top: John H Marks, MD*

# Our vital role in guiding patients and families through advance care planning

BY KARL AHLWEDE, MD, FACS

**S**eventy-five percent of people who are hospitalized with life-threatening illnesses are not able to make decisions about their own care. When a person's preferences have not been made known in advance and documented accordingly, a loved one must step in on their behalf to make what can be life-altering, life-sustaining, or life-ending decisions.

Advance care planning—which includes advance directive, living will, personal directive, medical directive, and advance decision—is the process that defines a person's goals and wishes regarding their health care when they are unable to speak for themselves. It provides vital information to the health care team, and alleviates additional distress for loved ones who are already facing a highly stressful situation.

At Main Line Health, our Senior Service Line, Palliative Care Program, and HomeCare & Hospice have joined efforts to address the lack of education regarding advance care planning, to remove barriers from having this conversation with loved ones, and to provide the necessary resources for physicians and patients. Our attention to this initiative is unique among health systems and positions us as a true leader in this area.

We have made it a Systemwide priority for MLH physicians to communicate with patients and their families about the importance of advance care planning. While most people do not want to discuss this topic at first, they find great relief once they do. In fact, advance care planning has been shown to increase patient and family satisfaction, and assist in maintaining independence. It is an essential part of our

commitment to providing the best medical care possible.

Anyone age 18 or over should have an advance care directive. To help navigate the process, MLH has created a comprehensive toolkit that includes a six-step planning guide and all of the forms required to document those

wishes, such as a durable health care power of attorney, a living will, and a POLST (Pennsylvania Orders for Life-Sustaining Treatment) form.

This valuable resource is available free of charge to anyone who visits [mainlinehealth.org/acp](http://mainlinehealth.org/acp) or calls 484.580.1234, Monday through Friday, from 9:00 am to 5:00 pm. Callers can leave a voice mail after hours, or email [mlhseniors@mlhs.org](mailto:mlhseniors@mlhs.org). Main Line HealthCare practices can order hard copies directly through the online ordering system.

Please note that several requirements must be met in order for physicians to bill insurance for time spent having these discussions with patients, including a minimum conversation length of 16 minutes.

Modern medicine has given us the ability to keep patients alive in situations which they may not view as a good quality of life. And the decision-making about when not to pursue medical care is very individualized. Everyone has different values as to how a good quality of life is defined, and having very specific conversations about this is of the utmost importance.

I urge all of our physicians to become familiar with advance care planning, to start the conversation with your patients, and encourage them to access the toolkit online. Advance care directives are a true gift to loved ones, and Main Line Health is committed to easing the challenges associated with this process.

Please feel free to reach out to me at [ahlswedek-02@mlhs.org](mailto:ahlswedek-02@mlhs.org) or 484.337.8068, or my colleague Seth Rubin, MD, at [rubins@mlhs.org](mailto:rubins@mlhs.org) or 484.337.1951, if you have questions. ■

*Karl Ahlswede, MD, FACS, is a palliative care physician at Main Line Health.*



What is health care  
if it's not human?



## Main Line Health launches Systemwide awareness campaign

BY JACK LYNCH

Every day we are charged with a great responsibility: to provide a superior patient experience for our friends, neighbors and communities. The empathy and expertise we extend to our patients and their loved ones across the western suburbs of Philadelphia is a constant from location to location. Every community we serve values our presence, but may not understand the value of being part of a larger health system. We are experiencing a shifting health care landscape and with an increased focus on growing our business, it is important for the community to understand what it means to be cared for inside Main Line Health.

In an effort to be more clear to our community and to further our growth initiatives, we recently introduced a new Systemwide advertising campaign inspired by the authentic values and care you have provided steadily and collectively, year after year. Consisting of TV, radio and outdoor advertising that launched in early June, along with



digital marketing and signage for our entryways and corridors, this body of work combines our core operating beliefs into a simple yet stirring idea: **health care is human care**. Take special note of the tagline, **Be seen**, which serves not only as a reminder to patients to tend to their health, but to do so in a compassionate environment like ours, which sees, hears and relates to them on a personal level.

This is an exciting campaign for all of us; never before has Main Line Health invested in an awareness campaign of this magnitude highlighting the

great work you do every day. A major goal of this campaign is connecting with more and more patients who can benefit from our services, but for me, even more rewarding is having the opportunity to publicly acknowledge each and every one of you and your commitment to compassionate and excellent care. Take pride in this work for it is a reflection of all that you do! ■

*Jack Lynch, FACHE, is president and CEO of Main Line Health.*

*Top: new campaign billboard. Bottom: still frame from "Be Seen" television commercial.*

# New appointments

MAY 2018—MAY 2019

## ANESTHESIOLOGY

Priyanka Basak, MD  
Corey R. Herman, MD  
Melody Hu, MD  
Omar M. Hussain, MD  
Mikaela S. Jayashekaramurthy, MD  
Kirk P. Lindvig, MD  
Suchin R. Wadhvani, MD

## EMERGENCY MEDICINE

Robert A. Bassett, DO  
Jennifer L. Campbell, DO  
Amy L. Jones, MD  
Kenneth Kleckner, MD  
Theo J. Leriotes, DO  
Henry (Ed) E. Seibert, MD

## FAMILY PRACTICE

Ritu Aggarwal, MD  
Kenneth C. Bingener, DO  
Wade A. Brosius, DO  
Maureen E. Buckley, MD  
Anthony M. Camp, MD  
Madushini G. Craner, DO  
Elizabeth M. Daly, MD  
Brandon Eck, DO  
Gregory S. Giamo, DO  
Alan H. Goldberg, MD  
Scott R. Greenberg, MD  
Nicholas R. Kalman, DO  
Gawu M. Kamara-Bankole, MD  
Cynthia LaCapra, MD  
Daniel Y. Lin, MD  
Christie O. Mousaw, DO  
Rajesh Patel, MD  
Kimberly Petruso, DO  
John S. Potts, DO  
Michelle A. Smith, MD  
Michael E. Srulevich, DO  
Birgit Wiswe, MD

## FAMILY PRACTICE/GERIATRICS

Rima A. Bishar, MD

## FAMILY PRACTICE/INTEGRATIVE MEDICINE

Robert P. Denitzio, MD  
Jennifer Hwang, DO

## FAMILY PRACTICE/URGENT CARE

Robyn J. Baron, DO

## MEDICINE/CARDIOVASCULAR DISEASES

Rakesh Baman, MD  
Mara F. Caroline, MD  
John M. Clark, DO  
Rajiv Dhawan, MD  
Howard J. Eisen, MD  
Joanne M. Ilustre, DO  
Joseph D. Krantzler, MD  
Michael A. Lashner, DO  
Michael J. Macciocca, MD  
Danesh S. Modi, DO  
Nainesh M. Patel, MD  
Daniel A. Ratliff, DO  
Michael A. Valentino, MD, PhD

## MEDICINE/DERMATOLOGY

Anthony V. Benedetto, DO  
Kelly L. Burkert, MD  
Christina L. Chung, MD  
Danielle M. DeHoratius, MD  
Heidi Kozic, MD  
Amy E. Leib, MD  
Karen P. Riggs, MD  
Laura M. Schilling, MD

## MEDICINE/ENDOCRINOLOGY

Ying Y. Hu, MD

## MEDICINE/GASTROENTEROLOGY

William B. Huntington, DO  
Aleksy A. Novikov, MD  
Michael Pawlowsky, DO  
Rita L. Ritsema, MD  
Drew Ronnermann, MD

## MEDICINE/HEMATOLOGY AND MEDICAL ONCOLOGY

Tracey L. Evans, MD  
Frank Wei Song, MD  
Jeffrey A. Stevens, DO  
Molly S. Stumacher, MD

## MEDICINE/INFECTIOUS DISEASES AND PREVENTIVE MEDICINE

Mitchell P. Sternlieb, MD

## MEDICINE/INTERNAL MEDICINE

Sharif I. Ahmed, MD  
Vasudha Arekatla, MD  
Peter Blackstone, DO  
Anne C. Bowen, MD  
Casey Dajao, MD  
Nicholas Dalessandro, DO  
Matthew J. Delmonico, DO  
David A. Fried, MD  
Laura K. Gallo, MD  
Michele L. Hirsch, MD  
Lisa B. Johnson, MD  
Jennifer D. Kraft, MD  
Shanu K. Kurd, MD  
Flora Y. Kurtz, DO  
Michael J. LaRock, MD  
Benjamin R. Larson, MD  
Kristin J. Lohr, MD  
Lauren A. Napoleon, DO  
Claudia A. Nieves Prado, MD  
Joseph C. Nwadiuko, MD  
Komal K. Patel, DO  
Elizabeth A. Richardson, DO  
Alanna Y. Teng, MD  
Gen Wen, MD  
Spencer T. Whealon, DO  
Yavetta V. Wood, DO

## MEDICINE/NEPHROLOGY

Krishna Komanduri, DO  
Heather M. Mascio, DO  
Mandeep Samra, MD  
Sergio R Vaisman, MD

## MEDICINE/NEUROLOGY

Sudhir Aggarwal, MD, PhD  
Amandeep S. Dolla, MD  
William J. Nowack, MD  
Allan A. Weber, MD

## MEDICINE/PHYSICAL MEDICINE AND REHABILITATION

William G. Cano, MD  
Jeffrey J. Citara, DO  
Sheng D. Liang, DO  
Farzad H. Karkvandeian, DO  
Mithra B. Maneyapanda, MD

## MEDICINE/PULMONARY DISEASES/ CRITICAL CARE

Katherine S. Patil, DO  
An H. Pham, MD

## MEDICINE/RHEUMATOLOGY

Belinda Birnbaum, MD  
Stacey L. Fitch, DO  
Hyon Ju Park, MD  
Malini Rusia, MD

## OBSTETRICS/GYNECOLOGY/ GYN ONLY

Jose S. Maceda, MD



**OBSTETRICS/GYNECOLOGY/OB/GYN**

Linda D. Barakat, MD  
Jillian G. Kurtz, DO  
Katherine E. MacLean, MD

**OBSTETRICS/GYNECOLOGY/OB/GYN/URO-GYN**

Mitchell B. Berger, MD, PhD

**OBSTETRICS/GYNECOLOGY/REPRODUCTIVE ENDOCRINOLOGY**

Brianna M. Schumacher, MD

**PEDIATRICS/NEONATOLOGY**

Melissa M. Skibo, MD

**PEDIATRICS/PEDIATRICS**

Alana J. Arnold, MD  
Meghan D. Burke, MD  
Catharine C. Eeley, MD  
Meira M. Friedman, MD  
Sandra L. Grossman, MD  
Kanika Gupta, MD  
Haytham Hamwi, MD  
Rebecca W. Johnson, MD  
Sima Karpel-Shipon, DO  
Susan M. Kelly, MD  
Sara D. Prince, MD  
Alison G. Rubin, MD  
Margarita M. Sergonis, MD  
Philip Siu, MD  
Sreenath Thati Ganganna, MD  
Eileen E. Tyralla, MD

**PSYCHIATRY**

Barry J. Hoffman, MD  
Julie K. Kay, MD  
Shuai Shao, MD  
Meghan N. Starnner, MD  
Charles Wisniewski, DO

**RADIOLOGY/DIAGNOSTIC RADIOLOGY**

Omar Abousoud, MD  
Daniella Asch, MD  
Joanie M. Garratt, MD  
Sergey Leshchinskiy, MD  
Robert A. Perkins, MD  
Simcha B. Rimler, MD  
Sushrut S. Shah, MD  
Matthew L. Uriell, MD

**RADIOLOGY/RADIATION ONCOLOGY**

Sucha O. Asbell, MD

**SURGERY/CARDIAC SURGERY**

Akhila Yarramneni, MD

**SURGERY/GENERAL SURGERY**

Adam S. Bodzin, MD  
David E. Lapham, DO  
Charles N. Paidas, MD  
Shari N. Reid, MD

**SURGERY/GENERAL SURGERY/BREAST SURGERY**

Lina M. Sizer, DO

**SURGERY/GENERAL SURGERY/ONCOLOGY**

Elena P. Lamb, MD

**SURGERY/NEUROSURGERY**

Ajit S. Jada, MD

**SURGERY/OPHTHALMOLOGY**

Drew R. Chronister, MD  
Maximilian R. Padilla, MD

**SURGERY/ORAL MAXILLOFACIAL SURGERY AND DENTISTRY**

Lucienne Pino, DMD  
Hai (Stephen) Qing, DDS

**SURGERY/ORTHOPEDIC SURGERY**

Andrew J. Abramowitz, MD  
John H. Benner, MD  
Kevin J. Choo, MD  
Keith P. Connolly, MD  
Linda P. D'Andrea, MD  
Edward M. DelSole, MD  
John M. DePasse, MD  
James T. Guille, MD  
Eve G. Hoffman, MD  
Robert H. Huxster, MD  
Joseph A. Karam, MD  
Glenn E. Lipton, MD  
Heeren S. Makanji, MD  
Rowan J. Michael, MD  
Todd A. Michener, MD  
Andrew B. Old, MD  
Joseph (Jake) T. O'Neil, MD  
Nikos K. Pavlides, MD  
Scott A. Ritterman, MD  
Cheston Simmons, MD  
Stephen C. Sizer, DO  
Mark E. Tantorski, DO  
Amy S. Wasterlain, MD  
Matthew S. Wilson, MD  
Richard Ziegler, MD

**SURGERY/OTOLARYNGOLOGY**

Shaun S. Baker, DO  
Thuy-Van T. Ho, MD  
Adam L. Honeybrook, MD  
Helen Yoo Bowne, MD

**SURGERY/PLASTIC SURGERY**

Evan B. Katzel, MD  
Stacy R. Henderson, MD  
Matthew J. Mino, MD  
Merisa L. Piper, MD  
John T. Stranix, MD  
Adam C. Walchak, MD

**SURGERY/PODIATRY**

Jayson N. Atves, DPM  
Vanessa Cardenas, DPM  
Aleksandr Emerel, DPM  
Benjamin L. Marder, DPM  
Spencer J. Monaco, DPM  
Stephen S. Soondar, DPM

**SURGERY/UROLOGY**

Matthew E. Sterling, MD

## Staff notes

**Charles Antzelevitch, PhD**, and his team were awarded a NIH grant to study novel treatment approaches for the management of life-threatening cardiac arrhythmias.

**Amy Davis, DO**, was named co-chair of the AAHPM (American Academy of Hospice & Palliative Medicine) Quality Committee and also named co-chair of the joint initiative AAHPM/HPNA (Hospice & Palliative Nurses Association) Quality Improvement Education Strategic Working Group. She is also one of only 987 physicians nationwide to be ABMS Board-Certified in Addiction Medicine.

**Scott Dessain, MD, PhD**, was the lead researcher on a team that created a simple diagnostic test for anti-NMDA receptor encephalitis, a serious, autoimmune brain disorder. They also isolated and cloned auto-antibodies that may help elucidate the underlying cellular mechanisms of the disorder.

**Susan Gilmour, PhD**, was named LIMR's deputy director. Dr. Gilmour, who has been at LIMR since 1990, is a cancer researcher internationally recognized for her work on polyamines.

**Scott Goldman, MD**, and **Konstadinos Plestis, MD**, system chief, cardiac surgery, co-authored an article, *Ministernotomy Aortic Valve Surgery in Patients with Prior Patent Mammary Artery Grafts After Coronary Artery Bypass Grafting*, which appeared in the January 10 issue of the *European Journal of Cardio-Thoracic Surgery*.

**William A. Gray, MD**, system chief of the division of cardiovascular disease and president of Lankenau Heart Institute, led an international, 65-site clinical trial that found that a new peripheral arterial stent, Eluvia, is significantly more effective than the prior standard of care. The results were presented simultaneously at the Transcatheter Therapeutics meeting in San Diego by Dr. Gray and in Lisbon at the Cardiovascular and Interventional Radiological Society of Europe meeting, and concurrently published in the prestigious medical journal, *The Lancet*. Based on the strength of the clinical trial's results, the FDA approved

the Eluvia stent for general use; the approval came two days after the presentations and publication.

**Richard Ing, MD**, presented his research paper, *Multimodality Postoperative Pain Management in Bariatric Patients*, at Obesity Week in Nashville, Tennessee.

**Peter Kowey, MD**, co-chaired the Medtronic Stroke Focus Group in New York City. In attendance were electrophysiologists and stroke neurologists from around the world. The group's goal is to provide guidance to physicians regarding prevention and treatment of strokes in patients with cardiac arrhythmia.

**Leah Lande, MD**, was an invited speaker at the New York University Medical Center symposium on Bronchiectasis and Non Tuberculosis Mycobacterial Infection. She spoke about Environmental Sources of NTM Infection.

**Hans Liu, MD**, presented *Empiric Vancomycin Treatment of Community-acquired Pneumonia: Increasing Use from 2007 to 2015, but Possible Strategy for Deescalation* at the 23rd Congress of the Asia Pacific Society of Respiratory, held in Taipei, Taiwan, November 29–December 2, 2018.

**Hans Liu, MD**, and co-authors Lisa Cushinotto (Pharmacy), Olarage Giger (Microbiology), Gary Daum (Pathology), Patricia McBride (Infection Prevention), Elizabeth A. Negron (Pennsylvania Department of Health), Kurt J. Vandegrift (Pennsylvania State University), and Luciano Kapelusznik (BMH Infectious Diseases) published *Increasing Babesiosis in Southeastern Pennsylvania, 2008-2017*. The article appeared in *Open Forum Infectious Diseases*, February 2019, 11;6(3): ofz066. doi: 10.1093/ofid/ofz066 which is a high-impact, factor peer-reviewed journal published by the Oxford University Press.

**Laura Mandik-Nayak, PhD**, was named to the Department of Defense's Study Section for its new Lupus Research Program, part of the Congressionally Directed Medical Research Program.

At the Lupus Research Alliance Forum for Discovery meeting in New York, **Laura Mandik-Nayak, PhD**, presented her research on the enzyme IDO2,

discovered at LIMR, as a novel therapeutic target for the autoimmune disease lupus.

**John Marks, MD, FACS**, presented *Robotic Right Colectomy: Procedure Choreography and Video Case Review* at Orlando Colorectal Congress.

**Tom Meyer, MD**, was an invited panelist at a course at the University of Pennsylvania on Health Care Policy. The course is taught by Dr. Zeke Emanuel, Chair of the Department of Medical Ethics and Health Policy at Penn. The focus of the panel was on the effect of health care policy on the day to day lives of patients and the delivery of health care.

**James Mullin, PhD**, and a colleague were awarded an NIH grant to study the effects of Ebola virus on the gastrointestinal tract.

**George Prendergast, PhD**, LIMR president and CEO, **Lisa Laury-Kleintop, PhD**, and their colleagues published a research study demonstrating that blocking the actions of the cellular protein RhoB could limit retinopathies.

**George Prendergast, PhD**, LIMR president and CEO, **Alex Muller, PhD**, and colleagues published a study that provided support for the IDO2 gene as a contributing factor in the development of pancreatic ductal adenocarcinoma.

Cancer researchers **George Prendergast, PhD**, LIMR president and CEO, and **Janet Sawicki, PhD**, took calls during the all-day TV broadcast at NBC10 about cancer and cancer research. The American Association for Cancer Research, which sponsored the event, had invited Drs. Prendergast and Sawicki to be on the panel of regional cancer experts answering viewers' questions. During the event, Dr. Prendergast also was interviewed on camera about the latest advances in cancer research.

**Sunil Thomas, PhD**, was the lead author on a study that discovered a potential new therapy for ulcerative colitis. The study, titled *Intestinal Barrier Tightening by a Cell-Penetrating Antibody to Bin1, a Candidate Target for Immunotherapy of Ulcerative Colitis*, was published in the *Journal of Cellular Biochemistry*.

Oncology drew me early in my training. I love the intense patient-doctor relationship, combined with the rapidly evolving science that is so quickly translated from bench work to patient care. It is very exciting and meaningful work.”

## Committed to patient care

A CLOSER LOOK AT JENNIFER ARMSTRONG, MD

As a sociology major and Spanish minor at the University of Pennsylvania, Jennifer Armstrong, MD, graduated magna cum laude with honors. After a year in business, she decided to go to medical school in order to positively impact people’s lives. She earned her medical degree at the University of Pennsylvania School of Medicine and found oncology provided the best fit.

“Oncology drew me early in my training,” she explained. “I love the intense patient-doctor relationship, combined with the rapidly evolving science that is so quickly translated from bench work to patient care. It is very exciting and meaningful work.”

Upon completing her internship and residency in internal medicine at the Hospital of the University of Pennsylvania, and fellowships in hematology at Weill Medical College of Cornell University and medical oncology at Memorial Sloan Kettering Cancer Center, both in New York, she was recruited to join the medical staff at Paoli Hospital in 2004.

“Paoli Hospital is unlike any other health care institution I have ever worked at. I was trained at Penn and Memorial Sloan Kettering Cancer Centers—both outstanding centers of excellence— but I’ve never worked at a place I like more than Paoli Hospital,”

stated Dr. Armstrong. “It is everything a community hospital should be— approachable, caring, compassionate and dynamic. Everyone who works at Paoli works together, demonstrating a commitment to patient care and to one another. Communication between all members of the Paoli Hospital community is elevated to a level I’ve never seen anywhere else. And our patients benefit from it every day.”

In addition to being a respected oncologist, Dr. Armstrong serves as Paoli Hospital’s medical staff president, a role she enjoys for its focus on physician advocacy and providing guidance to hospital administration regarding medical priorities. “I have learned so much about the health care environment today, and the efforts Main Line Health is putting forth to remain dynamic, salient and meaningful in the community.”

As a member of the Paoli Hospital Foundation Board, Dr. Armstrong’s responsibilities include encouraging physicians to philanthropically support the hospital. She is also a longstanding

member of the H. Phelps Potter Society, a circle of leadership donors who contribute \$1,000 or more.

“Rising costs in health care at a time of decreasing reimbursements creates a gap that donors can help bridge, especially for special projects and new technologies,” she added. “Major donors often ask what percentage of the medical staff donates to the hospital. I’d love to increase that number, sending a strong message of support to our most generous donors in the community.”

Aside from making their own charitable gifts, Dr. Armstrong also encourages physicians to join her in attending Paoli Hospital Auxiliary events and to discuss charitable giving with interested patients. “There are so many ways patients and their health care team work together to enrich our community. I consider it an honor and a privilege to be a part of this relationship.” ■





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