

# LEADERSHIP, RESOURCES, AND RESULTS

# 1993

2018

# YEARS OF INNOVATION



**LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC. / VALLEY PREFERRED**

## 2018 PROGRESS UPDATE

# 25 YEARS STRONG

1993 - 2018



Supporting our Patients,  
our Practices, our Profession

In honor of the 25th year milestone for Lehigh Valley Physician Hospital Organization, Inc. (LVPHO)/Valley Preferred, it's worth a look back at where we have been in order to fully appreciate the progress resulting from a quarter-century of altruistic dedication to quality patient care.

The physician hospital organization (PHO) structure was created in the 1990s, joining hospitals and physicians into a single entity focused on providing more comprehensive service offerings and contract relationships with insurers and employers. After a drop in popularity in the early 2000s, PHOs have experienced a resurgence, in part, driven by increasing mutual accountability for quality and cost across providers.

Our LVPHO, together with its preferred provider organization (PPO), Valley Preferred, has continued to respond to the changing needs of its member population, and has thrived as a result. There are many reasons why we grew stronger through the years, but essentially, they come down to these factors:

- Physician participation in leadership and governance
- Innovation in programs and resources to support the success of our member physicians
- Investments in the technological tools and clinical teams required to put those innovations to work
- Steadfast focus on LVPHO's original mission, unchanged through 25 years: **To ensure high-value health care, satisfied patients, and positive outcomes at an affordable cost.**

## LVPHO/Valley Preferred Leadership

*(clockwise from top)*

**Joseph A. Habig II, MD**, Medical Director

**Nicole R. Sully, DO**, Associate Medical Director of Quality

**Mark A. Wendling, MD**, Executive Director

**Laura J. Mertz, CBC**, Associate Executive Director



## Committed to Providing the Best Care for Patients

Propelled by the core value of supporting providers in delivering the highest quality care for each patient, LVPHO/Valley Preferred now ranks among Pennsylvania's largest and most influential physician hospital organizations. With leadership from both physicians and astute business professionals, LVPHO has delivered consistently high levels of support, service, and innovation, enabling member physicians and their practices to navigate smoothly through transitions in health care.

**We are now achieving levels  
of care quality and value  
that could have only been  
imagined 25 years ago.**

The transitions have been many, including the substantial growth of Lehigh Valley Health Network (LVHN). Before it was a network, it was Lehigh Valley Hospital with one central location in Allentown, Pennsylvania. Today, it comprises eight hospital campuses, spanning Lehigh, Northampton, Luzerne, Schuylkill, and Monroe counties.

LVPHO embraces member physicians practicing in any part of the network and across many counties in the region, with education, outreach, engagement, and a robust incentive program. Comprehensive support and an authentic sense of caring has contributed to our organization's extraordinary progress, from nearly 100 members when we started out in 1993, to more than 1,300 member physicians today.

Our growth has been fueled by the keen foresight of the leaders who began and built LVPHO/Valley Preferred. They were able to visualize the future, determine the actions needed to pioneer a culture of success, and then move forward with realistic initiatives.

As a physician-centric force for change we are different, in our work and our degree of professionalism. We are now achieving levels of care quality and value that could have only been imagined 25 years ago. And our work continues to evolve. Together, we will move ahead toward ever higher levels of health care quality and value for our patients, our communities, and our future. Thank you all for your continued support.

# 1993:

Lehigh Valley Physician Hospital Organization, Inc. was formed to provide local physicians and hospitals with leadership in meeting the challenges of managed care. Many of the original founders shown below are still active in LVPHO today.



(From left, standing) Gregory G. Kile; David M. Caccese, MD; John Hart; Vaughn Gower; John Jaffe, MD; Bruce A. Ellsweig, MD  
(From left, seated) Robert Laskowski, MD, MBA; Jack A. Lenhart, MD; Joseph A. Candio, MD; Donald L. Levick, MD, MBA

# 2018:

Guided by physician strength, our organization is a recognized leader in size, resources, and innovative programs supporting the success of LVPHO physician members, their practices, and patients. The scope of our work today includes:

More Than **1,300**  
**Member Physicians**

Supporting Physicians and  
Practices Throughout a  
**12-County Region**  
of Eastern Pennsylvania

Cumulative Accountable  
Care Population Exceeding  
**180,000**  
**Attributed Lives**



Resources Supporting the  
Success of our Physician Members

## The People

### Executive Leadership

Medical  
Director

Provider  
Communications  
Committee

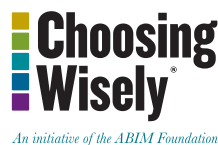
Associate Medical  
Directors (AMDs)

Physician Advocacy  
Liaisons (PALs)

Provider and  
Payer Services

ACE Strategy  
Teams

## The Tools & Resources



“LVPHO is here  
to personally  
inform and  
assist our  
colleagues.”

**Joseph A. Habig II, MD**

Medical Director  
LVPHO/Valley Preferred  
Primary Care Provider  
Medical Associates of  
the Lehigh Valley



## Physicians Helping Physicians

“The world of medicine is changing quickly. There are more and more entities stepping in between the doctor and the patient, each with their own interpretation on how to improve the quality of care,” says Joseph A. Habig II, MD, LVPHO/Valley Preferred Medical Director and a primary care practitioner for more than 30 years. LVPHO is all about physicians communicating directly with physicians. Our medical leadership and all of our Associate Medical Directors readily meet with and talk to our physician members face-to-face.

“We’re here to inform and assist our colleagues with ongoing information regarding current changes and those on the horizon,” says Dr. Habig. “We provide the resources and support physicians need to deliver quality medical care in today’s rapidly changing environment. Our job is very straightforward: to help every member and every practice excel. Because when physicians are committed to quality, patients have better outcomes.”

Led by Dr. Habig, the LVPHO/Valley Preferred team of six Associate Medical Directors includes:

**Jonathan J. Burke, DO, CHCQM**  
Medical Director, Populytics

**Jonathan A. Goldner, DO, FCCP, FCCM**  
Associate Senior Medical Director, Lehigh Valley Hospital–Pocono

**Glenn S. Kratzer, MD**  
General Internal Medicine, Lehigh Valley Internists

**Mark J. Lobitz, DO, CMD**  
Primary Care Physician, Hazleton Family Practice

**John D. Nuschke Jr, MD, FACP**  
General Internal Medicine, Lehigh Valley Internists

**Nicole R. Sully, DO**  
Associate Medical Director of Quality, LVPHO/Valley Preferred Family Medicine, Parkland Family Health Center

## Provider Communications:

### Keeping Physicians Effectively Informed

Physicians are deluged with information and limited by time, making effective communication a challenge. “That is why we keep all information across all of our communication platforms physician-centered, current, and concise,” says Laura J. Mertz, CBC, LVPHO/Valley Preferred’s Associate Executive Director who co-chairs the Provider Communications Committee (PCC) with Associate Medical Director, Glenn S. Kratzer, MD. “Our goal is to build communication conduits that LVPHO member physicians can trust to contain relevant knowledge.”

Committee communication objectives include:

- Enhance awareness of and channels for success in the ACE program, including clinical improvement projects
- Provide timely and relevant payer partnership updates
- Improve knowledge of insights available through Populytics’ data analytics
- Align Choosing Wisely® initiatives with LVPHO’s priority educational needs
- Share best practices and success stories
- Inform of compliance standards

While the most dynamic LVPHO platform is the Secure Provider Portal (SPP) at [www.lvpho.com](http://www.lvpho.com), additional communication vehicles deployed to physician members include:

- Educational events/forums
- onCourse Email Newsletter
- The Learning Curve (TLC) Modules
- Videos
- Fax Blasts
- Social Media Posts (LinkedIn)



**Laura J. Mertz, CBC**  
Associate Executive Director  
Lehigh Valley Physician Hospital Organization  
Co-Chair  
LVPHO/Valley Preferred Provider  
Communications Committee

*Photo by Amico Studios*

## Physician Advocacy Liaisons:

### PALs Provide Answers and Service for LVPHO Members and Practices

LVPHO’s Physician Advocacy Liaisons (PALs) **Michael Makela**, **Joseph A. Candio Jr.**, and **Wayne T. Stephens** (*shown left to right*) serve as every practice’s direct connection to LVPHO leadership. They keep members informed and educated about the *Achieving Clinical Excellence*® (ACE) incentive program, so they can be as productive as possible. These three

“go-to guys” travel extensively to practices throughout our service area, accompanied by an LVPHO Associate Medical Director, to facilitate responsive communication, answers, and action.

PALs stay connected and streamline their outreach efforts via Evariant. This physician relationship management system, also in use at LVHN, helps PALs respond rapidly to LVPHO members’ needs. Evariant makes data access easier by merging it into a single source, enabling users to document visits and keep close track of progress. It serves as a dashboard giving PALs current facts to support practice inquiries and service.

“The Evariant tool also acts as a repository for quality measure data and updated ACE results,” says Makela. “LVPHO leaders can quickly get to information critical to strategic business operations, allowing them to stay up-to-date for supporting discussions with practices’ physicians.”





## Population Health Analytics:

With the growth of Populytics, Inc. and its unique approach to health care analytics, deriving insights from both medical records and insurance claims, LVPHO entered a new era of information-driven practice. When the two entities began working together in 2012, the capabilities and effectiveness of health care delivery took flight.

“LVPHO members are empowered by Populytics’ insights,” says Mark Ungvasky, MBA, CPHIT, Vice President Payer and Provider Analytics. “We work with clinical leadership to leverage our analytics, developing insights at the practice and patient level. This supports a population-driven approach to practices by identifying gaps in care, variations in practice episode patterns, and opportunities to intervene with patients who are experiencing barriers to connecting with the practice. It also allows us to proactively engage patients at all risk levels so that they can receive the care they need to detect and treat conditions earlier in their course.”

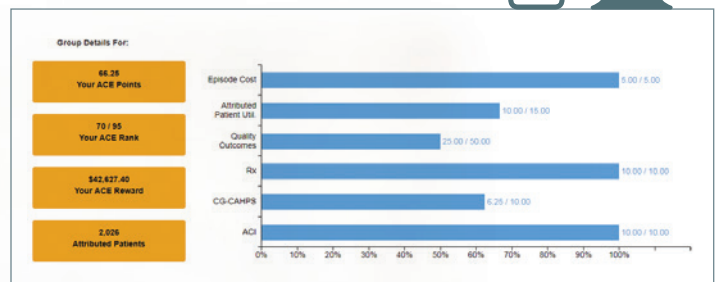
**“We work with clinical leadership to leverage our analytics, developing insights at the practice and patient level.”**

**Mark Ungvasky, MBA, CPHIT**  
Vice President  
Payer and Provider Analytics  
Populytics, Inc.



From the physician’s standpoint, Populytics’ fresher, faster data analytics provide a major advantage in making decisions that result in better patient care. “Historically, by the time physicians received data on patient care, it was often six months to a year old. Now, Populytics is gathering clinical and claims data and getting it to us more quickly and conveniently,” says Joseph A. Habig II, MD. “Key data can be fed directly to our EMRs, providing a comprehensive picture of each patient’s health in a format that is easy to understand. When I see a patient now, I have more current information on changes in health status, exams, tests, results, medications — and it’s right there at the point of care.”

## Data Intelligence Via the LVPHO Secure Provider Portal



*SPP Dashboard*

The Secure Provider Portal is where physicians can find ACE incentive plan documents and performance data for themselves and their practices, and can see additional details in each category. They can also see how they rank among all 120+ LVPHO practices in key performance categories. This year, much work has centered on identifying and recording gaps in care and improving clinical documentation.

The portal displays areas of opportunity (care gaps) for each physician within each LVPHO practice, allowing them to address important health issues with their patients. Providers can also easily review their coding practices and ensure proper documentation of patient visits. This is more important than ever before, since optimizing risk-based insurance arrangements depends on an accurate reflection of care.

## Population Health Management:

### Strategic Practice Resource for High-Risk Patients



Population health addresses the care needs of high-risk patients who might otherwise fall through the cracks of conventional care. By extending care beyond the practice setting, the population health infrastructure ensures that these patients are getting proper medication, access to appointments, and engaging in opportunities to impact their own health.

“Population health is the connective tissue between high-risk patients and their primary care providers,” says Debbie Salas-Lopez, MD, MPH, FACP, Chief

Transformation Officer for Lehigh Valley Health Network. “It’s a very targeted approach. We combine our own clinical data with claims and demographic data to develop registries that our Population Health Teams use to reach out to chronic condition patients with the right care at the right time and place.”

During 2017, LVHN’s Population Health Teams were responsible for tens of thousands of outreach experiences to high-risk and rising risk patients; an estimated 25,000 of these were in the “unique patient” category, meaning that this was their first interaction with a population health care specialist.

“All providers are now being measured on quality, so more practices are relying on our Population Health Teams and care managers to provide them with support for their really sick patients. We are a valuable resource to coordinate care and reduce unnecessary emergency

department utilization and readmissions,” she explains. “Population health management provides a safety net to keep patients from missing opportunities to improve their health, making sure they get back to their primary care doctors when needed. Our collaboration with primary care physicians is essential in linking patients to the right care, and to intervene early in the disease process.”

She points out that the proof of population health’s effectiveness is in the performance. **During the most recent measurement period, both unnecessary emergency department utilization and readmissions declined by approximately 35 percent.**

“LVPHO support has been invaluable in helping us to continue growing our population health management (PHM) infrastructure and scale it to more geographic regions,” she says. “Together, we are now creating a ‘PHM 2.0’ model enabling us to cover even more patients in more practices.”

**Debbie Salas-Lopez, MD, MPH, FACP**

Chief Transformation Officer  
Lehigh Valley Health Network







**Kay Werhun, DNP, MBA, RN, NE-BC**  
Administrator, Integrated Population Health  
Lehigh Valley Health Network

## Population Health Teams:

### Expanding Practice Resources for High-Risk Patients

“In a 15-minute appointment it’s difficult to ascertain all aspects of health, particularly for patients with multiple chronic conditions and/or social challenges,” says Kay Werhun, DNP, MBA, RN, NE-BC. Resources have been expanded to care for high-risk patients with multi-disciplinary Population Health (PH) Teams that support approximately 120 LVPHO primary and specialty care practices.

“We interface with patients and their clinicians, identifying complex care coordination needs and connecting them with the right PH resources. In addition, we have also implemented a PH Transition of Care Call Center. We contact patients within 48 hours of discharge to make sure they understand all of their instructions, how to take their medications, and to identify if they have any care coordination needs,” says Werhun. “We also schedule patients for a follow-up appointment with their primary care clinician within seven to 14 days after discharge. These care coordination efforts have proven very effective, reducing readmissions by 34 percent and emergency department utilization by 36 percent.”

## Clinical Integration:

### Value-Based Care Requires Taking Clinical Integration to the Next Level

“As early leaders in clinical integration, we have a mature framework built to enable patients to pass seamlessly through multiple episodes of care to achieve the best possible outcomes,” says Robert X. Murphy Jr, MD, MS, FACS, CPE. “Now, as we transition to value-based care, we are evolving clinical integration to an even higher level.”

In his roles as Populytics Chief Medical Officer and Chief Integration Officer for Lehigh Valley Health Network, Dr. Murphy is focused on developing and implementing programming to engage physicians in the technology-informed best-practice medicine essential to success.

“The necessity is for us to deliver coordinated care in a manner that is efficient and cost-effective while providing an exemplary patient experience,” he says. “To achieve this, we are evolving a model where all caregivers practice at the top of their license. These include primary care providers, specialists, advanced practice clinicians, nurses, chiropractors, home health and skilled nursing facility providers, and pharmacists. All will be clinically integrated with a high-level, sophisticated infrastructure which emphasizes consistent care pathways and sites of care supported by our advanced clinical informatics and connectivity.”



**Robert X. Murphy, MD, MS, FACS, CPE**  
Chief Medical Officer  
Populytics, Inc.  
Chief Integration Officer  
Lehigh Valley Health Network



## Physician Incentive Infrastructure

Essential to the pursuit of higher quality to meet performance standards, is smoothing physicians' path to achieving such benchmarks. That's where LVPHO's nurtured relationships with participating insurance payers becomes especially valuable.



As a result of our proven performance and effectiveness, payers have been inspired to embrace our quality measures, which we develop through a comprehensive collation process. Each year, LVPHO leaders evaluate metrics from all participating payers, find consistencies across the board, and revise ACE measures to effectively and efficiently align with them. This kind of consolidation helps providers more easily adapt to health care defined by risk-based contracts and value-based incentives.

"We might start with more than 200 metrics and present our members with about 20," says Nicole R. Sully, DO, LVPHO's Associate Medical Director of Quality. "Besides the practical goal of aligning with what's current in the insurance industry, this streamlined group of metrics allows LVPHO member practices to redirect hours of time spent on paperwork to our real purpose: improving the health of patients and the care we provide."

### Nicole R. Sully, DO

Associate Medical Director  
of Quality  
LVPHO/Valley Preferred  
Primary Care Provider  
Parkland Family  
Health Center



## Provider and Payer Services:

## Offering Seamless Support



### Selicia Chronister, CBC, PHIAS

Director, Provider and  
Payer Services  
Populytics, Inc.

LVPHO members have access to all the experience inherent in the Provider and Payer Services team, who work directly with practices and providers in areas of credentialing, new member enrollment, and payer contracting and communication.

"Practice managers just call us and we'll take over from there," says Selicia Chronister, CBC, PHIAS. "With all the complex and significant changes in health care, staying current is

challenging. We provide practices with the necessary education, tools, and information for current contracts and the future state of new opportunities. We are one of the primary LVPHO resources and we are available to help our member practices every working day."

Chronister points out that her team's expertise is particularly valuable as more practices transition into the value-based care environment. "The only way to confidently balance value-based models is to program single solutions from beginning to end of the workflow processes associated with them."

## Support available from Provider and Payer Services:

- Education in Partnership with LVPHO Staff
- Payer Education
- Contract Education
- Provider Enrollment
- Resolution of Enrollment Issues
- Resolution of Claims Issues
- Delegated Credentialing
- Onboarding Clinicians Tasked with Delivering Coordinated, Accountable Care

## Physician Education Opportunities:

### Strengthening our Body of Knowledge

LVPHO offers a wide spectrum of educational experiences that members can attend live or via video conference. Many include opportunities for ACE incentives and continuing medical education credits. “They are constantly introducing fresh topics to keep members apprised of changes affecting our work, and they value the time of providers who participate in all of the learning experiences offered,” says Jennifer L. Stephens, DO, Medical Director, Lehigh Valley Health Network ACO.

Dr. Stephens has participated in multiple LVPHO educational initiatives as both a learner and an educator. “A variety of platforms are offered, from large-group forums to practice-level sessions to individual outreach sessions,” she says. “If there is meaningful information that will help providers, LVPHO will format an educational initiative to share it, keeping it convenient, concise, and interesting.”

### Ongoing education opportunities include:

#### **Provider Pathways Forum (PPF)**

Introduced in 2017, the PPF focuses on the “business side” of health care delivery. Hosted by LVPHO Executive Director Mark A. Wendling, MD, topics range from documentation and outmigration, to using the LVPHO Secure Provider Portal to keep current with practice operations, policies, and ACE-incented improvement opportunities.

#### **IM/FM Educational Sessions**

Designed for the internal medicine/family medicine practitioner, these sessions are overseen by Joseph A. Candio, MD, and feature speakers on timely topics such as pain management during the opioid crisis and obesity/metabolic syndrome management in the PCP setting.

#### **GLVIPA General Membership Meetings**

Since all LVPHO members are also part of the Greater Lehigh Valley Independent Practice Association (GLVIPA), these meetings are open to all. Held quarterly and hosted by GLVIPA Chair James W. Manley, DO, they are an open exchange about current initiatives, problem solving, and general education. Many also feature presentations by leading authorities on topics of provider interest.

#### **Jennifer L. Stephens, DO**

Medical Director  
Lehigh Valley Health Network ACO  
Internal Medicine Provider  
LVPG Internal Medicine – 3080 Hamilton Blvd.



Michael Frisina, PhD (left), pictured with GLVIPA Chair James W. Manley, DO, spoke on mitigating physician burnout at the May 26, 2017 annual membership meeting.

#### **Clinical Integration Education Programs (CIEP)**

These presentations bring specialists and primary care providers together to exchange knowledge and improve the quality of interdisciplinary coordination and patient care.

#### **Quality Improvement (QI) Program**

The QI program lets participating providers identify clinical areas for improvement, conduct research, refine recommended changes, and share their learnings with fellow physicians. They then apply them in situ to make a difference in the quality of medicine.

#### **ACO/ACA/LVPHO Educational Sessions**

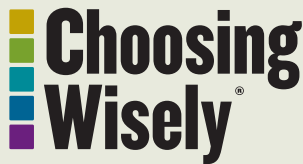
These accountable care LVPHO sessions provide current stats on performance in all of our accountable care arrangements with major payers. Members get insights on how we are doing in closing care gaps, pre-visit planning, managing emergency department visits, and other measures impacting quality and compensation.





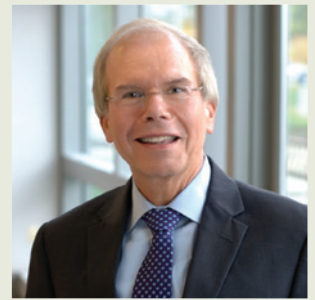
## Best Practice Recommendations at Physicians' Fingertips

"Meeting the needs of the patient is always our highest priority. Yet the body of medical knowledge to meet these needs is dynamic and expanding exponentially. Having supportive data such as Choosing Wisely® benefits us greatly in counseling patients and determining each individual's best course of care management. Choosing Wisely is an initiative designed to raise awareness and encourage conversation between providers and patients about what tests, treatments, and medications are truly appropriate for each situation. But what really makes it an effective tool to improve patient care is how our own local organizations, LVPHO and LVHN, have put this



An initiative of the ABIM Foundation

information at physicians' fingertips. Recommendations are instantly accessible at all points of care through our LVPHO website and EMR connections. We have also expanded on Choosing Wisely as a provider education tool with locally produced video modules and participation supported by our ACE physician incentive program. This brings a higher level of professionalism to our interaction with patients and a greater mastery of our profession."



**Joseph A. Candio, MD**

Secretary, Boards of Trustees:  
Lehigh Valley Physician  
Hospital Organization;  
Greater Lehigh Valley  
Independent Practice  
Association

Executive Vice Chair  
Department of Medicine  
Lehigh Valley Health Network

## LVPHO Choosing Wisely® Initiatives



**Timothy Friel, MD, FIDSA**

Chair  
Department of Medicine  
Lehigh Valley Health Network

How do tools like Choosing Wisely® help practices in real life? The answer is illustrated by looking at two LVPHO initiatives that are based on Choosing Wisely recommendations. Regarding overuse of antibiotics, the directive is clear, **inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.**

LVPHO worked with Timothy Friel, MD, Chair of the Department of Medicine at LVHN, to educate providers on the importance of antibiotic preservation through a CME module on The Learning Curve (TLC). "It is estimated that as many as half of the antibiotics prescribed for patients are not necessary or not appropriately prescribed. Improper antibiotics, incorrect doses, and wrong durations of therapy are incredibly common," says Dr. Friel. He also hosted a video series on LVPHO's new Choosing Wisely microsite, **Ask-Five.com**, intended to educate patients and make them advocates for their own health by empowering them to ask their provider questions.

## Backbone of Improved Care

The second initiative is centered on the spine care pathway. Choosing Wisely says: **Don't recommend imaging of the spine within the first six weeks in patients with acute non-specific back pain in the absence of red flags.**

"Early imaging for the vast majority of back pain patients does not improve health. It increases cost and the potential for complications," says Jeffrey Radecki, MD, Chief of LVPG Physiatry. Gary A. Tarola, DC, DABCO, Chief of LVPG Chiropractic Medicine agrees. "More than 85 percent of all back pain is mechanical, but it is often treated at the primary care level as being more complex. This can lead to overprescribing or needless intervention," he says.

These two physicians, along with Jennifer L. Stephens, DO, are working closely with LVPHO's Choosing Wisely initiative to share knowledge with more practices about managing back pain with evidence-based alternatives such as primary care, chiropractic, patient self-care therapies, and also recognizing the red flags that may signal the need to access appropriate secondary care.

A Spine Care Pathway educational video series and learning module are in production, intended to share knowledge on a network-wide basis and incentivize those physician members who view and complete it.



**Gary Tarola, DC (left)**  
Chief, LVPG Chiropractic Medicine  
Lehigh Valley Health Network

**Jeffrey Radecki, MD**  
Chief, LVPG Physiatry  
Lehigh Valley Health Network

## Physicians from New Regions Discuss LVPHO



**Mark J. Lobitz, DO, CMD**

Associate Medical Director, LVPHO/Valley Preferred  
Primary Care Physician, Hazleton Family Practice

**“It is instrumental in solving issues important to *all* physicians.”**

“Whether physicians are independent or contracted, LVPHO’s model works for all practices. It’s a well-run organization with a track record of supporting physicians in providing better patient care. The organization has developed a network of physicians capable of responding quickly and in a meaningful way to any evolving issue in modern medicine.

“In my experience, LVPHO’s leadership is truly engaged with its members. The organization’s influence may appear subtle but has proven instrumental in solving issues important to *all* physicians — primary care or specialists, independent, or aligned.”

**“Leaders have a lot of experience working with insurers...”**

“Getting patients all the care they need is the No. 1 driver for doctors. LVPHO provides excellent ways to help doctors achieve high levels of patient care and incentivizes them to reach those levels. The organization also provides a format in which all physicians, LVHN employed or independent, can get together as one team to ensure that the right care is being provided to patients.

“LVPHO also has a lot of experience in working with insurers on behalf of its provider members. Through the years leaders have made the successful evolution from routine contracts to shared risk to full risk (global) arrangements. It’s a big evolution. But they have a smart team that is a pleasure to work with. Most importantly, patient care is always the top priority.”



**Jonathan A. Goldner, DO, FCCP, FCCM**

Associate Senior Medical Director  
Lehigh Valley Hospital-Pocono



**Robert A. DeColli, Jr, DO, MBA, FACOI**

Medical Director  
Lehigh Valley Hospital-Schuylkill

**“It provides independent physicians with a wealth of resources.”**

“Reporting requirements have put increasing pressure on practices. The LVPHO ACE program eases this pressure by crystallizing quality measures down to those that are clinically essential to a patient’s health. ACE includes the latest recommendations to improve quality and provides the mechanisms to achieve those measures. This is particularly valuable to independent doctors who may not have the financial resources to meet them. LVPHO provides these physicians with a wealth of assistance, from data gathering and liaison with insurers, to pathways to achieve quality.

“Also, as a result of LVPHO’s relationship with insurance payers, membership ensures independent physicians receive representation at the payer table. And in medicine today, being present is everything.”





**Matthew McCambridge, MD**  
Chief Quality Officer  
Lehigh Valley Health Network

**Suzanne Templer, DO**  
Chief Wellness Officer  
Lehigh Valley Health Network

## Getting Back to the Joy of Practicing Medicine

Physician burnout. It's an occupational hazard that has been quietly growing for years. Now at critical levels, it poses a serious threat to the future of the medical profession as we know it. According to medical information resource *Medscape*, in 2013 the overall burnout rate across all physician specialties was 40 percent. By 2017 that figure spiked to 51 percent of physicians who reported experiencing frequent or constant feelings of burnout.

As physician health goes, so goes the health of the American health care delivery system. The behavioral effects of physician burnout, including depression, emotional exhaustion, and compassion fatigue, are a threat to the medical profession itself. It can derail quality performance with increased medical error rates, malpractice risks, and physician turnover.

"A national survey showed nearly 80 percent of physicians reported being overextended or at capacity," explains Suzanne Templer, DO, Chief Wellness Officer, Lehigh Valley Health Network. "If we are serious about improving patient health we also have to take an objective look at improving physician health and wellness. It's a systemic condition that demands sustainable solutions to protect our physicians and our profession."



"To provide the best care you have to take care of yourself first," says Matthew McCambridge, MD, Chief Quality Officer, Lehigh Valley Health Network. A physician for 25 years, Dr. McCambridge cites increased performance pressures in his profession as the general cause of the condition.

"The pace has accelerated. More people are living longer with more chronic illness, and time pressures have intensified. As physicians we are wired to provide the best care possible for patients, but we have done a poor job of taking care of ourselves."

Dr. McCambridge notes progress is being made. "We are in the recognition and awareness stage of addressing the challenges," he says. LVPHO discussions have begun on programmatic pathways to mitigate burnout and boost practice joy and professional fulfillment among regional physicians.

"We have benchmarked the scope and drivers of the problem with network-wide physician surveys and are now in stage two of our research with results due in early 2018," Dr. Templer says, adding that "Stress-reducing tools are available to our physicians including free gym access and reimbursable classes on mindfulness meditation and yoga. The strategies vary but the goals are consistent: to improve physician engagement and decrease burnout."

## Payer Collaboration:

“We have developed a successful playbook for population health and our success has shifted the traditional relationship between payers and providers,” says LVPHO Executive Director Mark A. Wendling, MD.

LVPHO progress in quality improvements and cost has set new standards of performance in accountable care arrangements (ACAs) with major national insurers. **“We achieved the best quality scores in the northeastern U.S. with one of our ACAs and we are definitely moving the quality needle in all of these payer relationships,”** he says, citing an example of one key quality measure — annual physician visits — in which performance vaulted from 12 to 54 percent. “That is an excellent example of quality improvement.”

Jennifer L. Stephens, DO, Medical Director for LVHN ACO agrees: “Things like paying attention to the metrics, clinical documentation, and workflow in our practices are definitely helping us see a downstream impact.”

LVPHO’s infrastructure and performance results in shared-risk arrangements have positioned us well for success in an inaugural venture into a global risk arrangement with one of the industry’s major health insurers, which commenced in January 2018. “They want to work with LVPHO because we are doing so many things that other providers are not doing,” says Dr. Wendling. “With our capabilities in analytics support, population health, and quality alignment, we are risk-ready for this next level of payer collaboration.”

To be at this point is a major milestone. It signals the start of the next stage of LVPHO’s journey. Many dedicated physicians of LVPHO have worked hard through the past 25 years to build the quality improvement and physician engagement programs that got us here. “With the addition of our Populytics data engine, we completed a strong foundation for success in the new world of value-based care,” says Dr. Wendling. “We are now in position to build upon this foundation and secure future opportunities for our providers, practices, and patients.”



**Mark A. Wendling, MD**

Executive Director, LVPHO/Valley Preferred

Primary Care Provider, LVPG Family Medicine—Emmaus



## Q&A with LVPHO Chair Gregory G. Kile

### Building a Sustainable Model for Health Care's Future

As one of LVPHO's founders, Gregory G. Kile has an extensive background in the insurance sector and has been instrumental in the organization's progress. He offers the following insights.

**Q** Why has LVPHO flourished through 25 years while most other PHOs were shelved years ago?

**A** Two fundamental reasons. First, our LVPHO has always been physician-directed. Second, we got our vision on-target from the start and never deviated from it. In fact, it's uncanny how closely the goals in LVPHO's mission from 1993 presaged that of the Triple Aim 15 years later.

**Q** Why do you as a non-physician regard LVPHO's physician-directed DNA as so essential to its success?

**A** I've learned that improvements in patient care and value will never happen without strong, objective physician leadership. That's why LVPHO has always been and will always be, first and foremost, a physician-driven organization. This is more important than ever now that new resources are finally leveling the playing field to benefit providers.

**Q** How is the playing field leveling?

**A** Health insurers (payers) always had the advantage of capturing their own proprietary claims data. After their claims data is finally processed and shared with providers many months later, it is often too old to shape meaningful changes in patient care quality. Then, the Affordable Care Act re-engineered health care compensation to the value-based model, which is intensely data-centric. We were fortunate that leaders like Dr. Brian Nester (LVHN President and CEO) saw the importance of accelerating the build-out of our own data-driven infrastructure. Now with Populytics, LVPHO providers get current claims and clinical data, through which we generate actionable analytics. We develop registries and deploy strategic action plans through our electronic medical records system so our physicians get user-friendly, best practices right at the point of care. We are now moving in the right direction, significantly

improving patient outcomes and value, and quantifying all results. This information is the basis for the risk-based arrangements of value-based care that are changing how ALL providers will be compensated in the future.

**Q** What is the next step forward for LVPHO and its strategic partners?

**A** We will continue to mature risk platforms with strategic partners. This is a transformational model that enables LVPHO, LVHN, and other aligned providers to better manage the care members receive with the objective to improve outcomes and to mitigate the impact of health care costs.

The kind of collaboration this represents is the blueprint for ongoing progress at LVPHO. We will continue to foster close relationships between payers, providers, and the community, which is key to building a health care system that works for everyone. Our organization was created to achieve better health, better care, and better cost. And that's what we work toward every day.

#### Gregory G. Kile

An original founder of LVPHO  
Chair, Lehigh Valley Physician Hospital Organization, Inc. Board of Trustees  
Chief Insurance Officer, Lehigh Valley Health Network  
President and CEO of Populytics, Inc.



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