

Sustain. Ability.

20 YEARS OF
INNOVATION

Valley Preferred **2014** Progress Update

Sustain. Ability.

20 YEARS OF INNOVATION

1993:

Health providers realized current care delivery models could not sustain employer coverage costs. Insurers injected various business models into the system, ushering in the era of Managed Care. Insurer reimbursement verification increased in complexity. Physicians and institutions were awash in paperwork. Time best spent healing patients was diverted to practice business functions. Patient care resources stretched ever thinner, and health care costs continued to climb.

In Pennsylvania's Lehigh Valley, a partnership of physicians teamed with leading local hospitals determined to develop workable solutions for local health care challenges. Out of this partnership, a new entity named Valley Preferred was born. During the ensuing 20 years, Valley Preferred's physician-driven efforts would be the source of numerous innovations proven to deliver new levels of quality and value. Throughout what has arguably been the most tumultuous time in the history of American health care, Valley Preferred has continued to provide sustainable solutions and steadfast focus on its original mission:

To ensure high-value health care, satisfied patients and positive outcomes at an affordable cost.

For the past two decades, Valley Preferred has been progressing on a journey toward sustainability in health care delivery. Our focus has been on defining the shortfalls of traditional methods and developing new systems to improve quality and value over the long term. Through considerable commitment, Valley Preferred has made progress in improving the ways that health services are accessed, provided, coordinated and consistently improved.

As the provider-owned preferred provider organization aligned with Lehigh Valley Health Network, Valley Preferred's efforts are concentrated on our primary service geography, but they also attract the attention of industry leaders well beyond the Lehigh Valley. Notable progress points of this past year include the following:

- **Major U.S. health insurer Cigna partnered with Valley Preferred** to launch an Accountable Care Organization (ACO) initiative. The program is the first initiative of its kind in Pennsylvania for Cigna. Valley Preferred-developed assets, such as the *Achieving Clinical Excellence*® (ACE) quality incentive program and Community Care Teams, are proving to be attractive to major payers interested in collaborating on mutually beneficial health management alliances.
- **Valley Preferred's BeneFITSM Corporate Wellness program** elevated to a new level of recognition during 2013 when it was awarded the National Committee for Quality Assurance (NCQA) Wellness and Health Promotion Accreditation. BeneFIT is the first corporate wellness program based in Pennsylvania to achieve this distinction.
- ***Achieving Clinical Excellence*, Valley Preferred's highly successful series of interconnected incentive programs**, achieved significantly higher levels of physician engagement and program participation. It provides member physicians with a variety of quality improvement tools which, in turn, generate data for our population health management processes. *Achieving Clinical Excellence* programs include clinical self-audits,

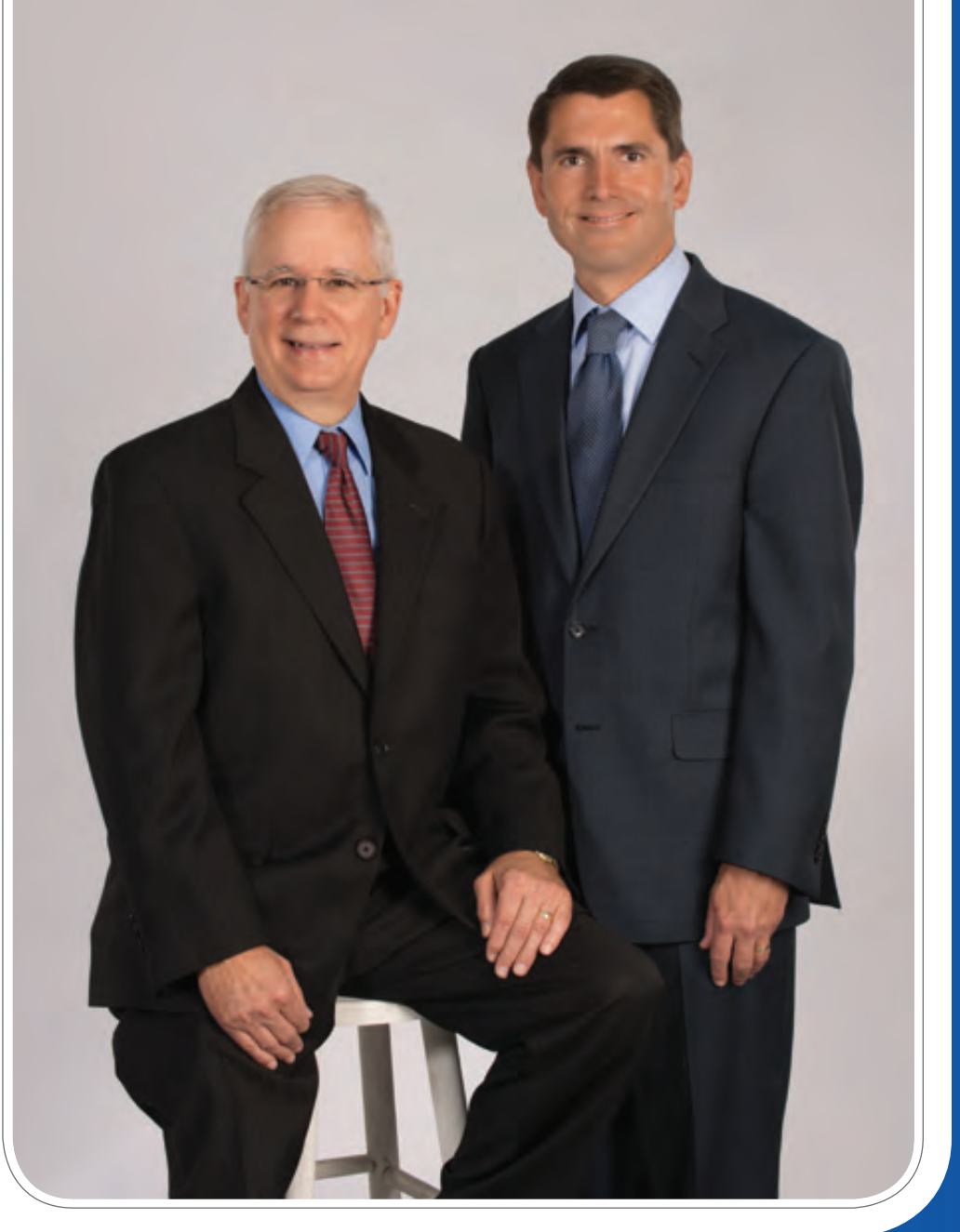
Quality Improvement Program projects, disease management patient engagement programs, electronic documentation of care goals and more.

- **A new, game-changing information infrastructure, now in staged implementation,** will soon integrate analytics and technology as core enablers of the value-based care model. This will shape the future of health care decision-making throughout our network. Named *Populytics*, this new tool combines data feeds from clinical and claims sources to generate composite information required for accurate risk, resource and reimbursement management. Populytics provides the level of information required to improve the health of populations and the individual patient experience while also managing the cost of care.

These are just a few of the recent milestones in Valley Preferred's journey toward a sustainable future for local health care. Every step required countless hours of effort offered by the dedicated members of Valley Preferred's allied entities, Lehigh Valley Physician Hospital Organization, Inc., Greater Lehigh Valley Independent Practice Association, Inc. and Lehigh Valley Health Network.

Bringing additional experience to the Valley Preferred team is the recent appointment of Laura J. Mertz, CBC, as General Manager. Previously, Mertz served Valley Preferred in key roles for 17 years, and we welcome her knowledge of our organization and the health care industry.

As a physician-driven organization, we are uniquely equipped and motivated to overcome the myriad of circumstances standing between the present and the future of health care. By continuing to work together in this new era of affordable care, Valley Preferred will continue to progress toward the ambitious goals set forth in our original mission: *high-value health care, satisfied patients, positive outcomes, affordable costs*. Thank you for your continued support.



Jack A. Lenhart, MD, Executive Director (left) and Mark Wendling, MD, Medical Director

Valley Preferred's Clinically Integrated Programs: Now at Work to Systematically Improve Quality and Value

"Valley Preferred and our partners will now be compounding our efforts in two key areas: population health management and coordination of services throughout the care continuum. 2014 will be a pivotal year in our commitment to evolve from the traditional volume-based model of care to a value-based model of care. Valley Preferred's programs and their clinical data are essential elements of this new paradigm."

Jack A. Lenhart, MD
Executive Director
Valley Preferred

Valley Preferred exists to provide member physicians with the means to bring greater quality and value to local health care. Among the ways we achieve this is through a series of programs designed to improve the professional proficiencies of physicians and their practices. "Through the years, Valley Preferred and our allied organizations have built a suite of powerful, clinically integrated programs, which are now providing cost/value solutions for some of the most difficult challenges in health care," stated Jack A. Lenhart, MD, Executive Director, Valley Preferred.

One example cited by Dr. Lenhart is the Disease Management Program developed by Valley Preferred and now provided regionally by Lehigh Valley Health Network. Recognizing that a handful of common, preventable chronic conditions consume more than 70 percent of every health care dollar, Valley Preferred designed the Disease Management Program to provide practices with specialized support for patients with asthma, congestive heart failure, coronary artery disease/vascular, diabetes, hyperlipidemia, hypertension and obesity. "The fact that the program earned certification in program design and systems from the National Committee of Quality Assurance (NCQA) in 2011 is evidence of our intent to build quality into the program from the outset," Lenhart said.

Now, instead of costly physician time spent on routine care, chronic disease patients are referred to registered nurses of our Community Care Team. The net benefits of this system are many: patients receive more focused care, patients are educated and motivated toward self-management of their health to improve or stabilize their condition, and care costs are better managed. Also, because Disease Management is clinically integrated with Valley Preferred's *Achieving Clinical Excellence*, physicians are reimbursed for engaging qualified patients in the program, valuable clinical data is collected through clinical self-audits, and outcome performance is measured against best practice standards through the Electronic Documentation of Care Goals program.

There are several successful health initiatives now at work that Valley Preferred played a key role in developing in concert with Lehigh Valley Health Network. These include:

- Patient-Centered Medical Home (NCQA Certified)
- Disease Management Program (NCQA Certified)
- BeneFIT Corporate Wellness (NCQA Certified)
- *Achieving Clinical Excellence*
- Community Care Teams
- Physician Engagement & Network Solutions

In 2014, the power of these programs will be coalesced with additional information and technological resources to elevate health care delivery in our Lehigh Valley community to even greater levels of quality, value and long-term sustainability.

“Valley Preferred and our partners will now be compounding our efforts in two key areas: population health management and coordination

of services throughout the care continuum,” Dr. Lenhart stated. “2014 will be a pivotal year in our commitment to evolve from the traditional volume-based model of care to a value-based model of care. Valley Preferred’s programs and their clinical data are essential elements of this new paradigm.”

Sustain. Ability.: The Necessity for a Paradigm Shift from Volume-Based to Value-Based Care Model

Valley Preferred’s programs, assets and leadership are central drivers in the complex process to evolve our network from the current volume-based model of care to a new value-based model of care. This change will have a profound effect on the future of our region’s health delivery and how providers will be reimbursed for their services. Yet, we view it as a timely necessity for many reasons, not the least of which are cost-efficiency and quality of care.

Payment for health care services is transitioning from the fee-for-service model into models that are more

collaborative. Physicians recognize that they will have to measure and document the care for quality improvement. The combination of managing cost and quality improvement is designed to ensure better care and healthier patients with better outcomes that are value-based.

From the patient’s standpoint, value-based care means safe, appropriate, effective care at a reasonable cost. For providers, it means delivering evidence-based medicine, proven treatments and procedures.

Variations, Low-Value Spending Drive Up Costs, Not Quality

According to the Dartmouth Atlas of Health Care there is a 2.5 fold variation in Medicare spending nationally, even after adjusting for differences in local prices, age, race and underlying health of the population. Yet, patients in higher spending areas are “neither sicker than those who live in regions where Medicare spends less, nor do they prefer more care. Perhaps most surprising, they show no evidence of better health outcomes.”

Another result of the current volume-based model is low-value spending, documented to run as high as 30 percent. Dartmouth estimates 20 to 30 percent of health spending is of low value while noting that “at least three other groups have come to 30 percent waste estimates: the New England Healthcare Institute, McKinsey, and Thomson Reuters.”

The study concludes:

“The Dartmouth research suggests that improvements in both cost and quality can be achieved by supporting new models of payment that reward providers for improving quality, managing capacity wisely, and reducing unnecessary care.”

Source: The Dartmouth Atlas of Health Care, “Reflections on Variations”—2013.

Population Health Management and Coordination of Care: Getting the Bigger Picture

Enabling our transition from the current volume-based model of care to a new value-based model requires a sophisticated new analytics infrastructure custom-designed to improve the coordination of care and strategically focus resources on population health management.

Initiated through a grant from the Lehigh Valley Physician Hospital Organization, Inc./Valley Preferred, this technological system has now been built to our specifications. Named **Populytics**, it will provide the means to improve quality and manage costs through our own unique integration of **population** health management and advanced **analytics**. Populytics will be deployed in stages throughout 2014 and is scalable for future needs.

Supporting Populytics' technology is an organization of highly experienced professionals with proven expertise in health care informatics, wellness programming, insurance and risk management, clinical and care management, and benefit plan design. Leading the newly-formed Populytics organization is Gregory G. Kile, Senior Vice President for Insurance and Payer Strategies, Lehigh Valley Health Network.

"Populytics puts the technological tools and team in place to accurately manage the health status of a given population and identify gaps in care," Kile said. "This knowledge will enable improvements in our patient care models and provide the metrics that drive payment innovation and successful shared savings with payers."

Like its name, Populytics is a hybrid. The system is constructed of components from two distinct origins: existing assets allied with Lehigh Valley Health Network that have proven effective and grown in scope through many years of successful service; and new assets to process multiple data feeds and transform raw data into actionable information.

Among the existing assets are programs developed by Valley Preferred, most prominently *Achieving Clinical Excellence* physician engagement and incentive programs, which have been a source of clinical data and quality improvement information for many years. Valley Preferred also provides a steady source of upstream claims data accessed through contracted relationships with select payer partners.

Another key component is the Lehigh Valley Health Network health plan, totaling more than 25,000 covered lives. Regarded as a standard of excellence for coverage, customer service, preventive care and wellness services for many years, this plan provides another source of claims and clinical care data.

Populytics captures multiple data feeds and converts them into information with which to shape strategic decisions on risk stratification, utilization prediction, early-stage disease management, care gaps, care evaluation and care management workflow. It will also serve as the primary source for timely data to our care continuum.



Gregory G. Kile
Senior Vice President
Insurance and
Payer Strategies
Lehigh Valley Health
Network

Several new data resources and technological tools have been integrated into Populytics. Upstream, a new database can access claims information from more than 40 million patients. This immense information universe will enable high-accuracy population health management, particularly in the discipline of predictive modeling. Predictive modeling uses advanced statistical techniques to project disease progression in specified population segments, quantify probabilities that certain patients may progress to more complex stages of illness, and alert providers to intervene with early, less costly care coordination.

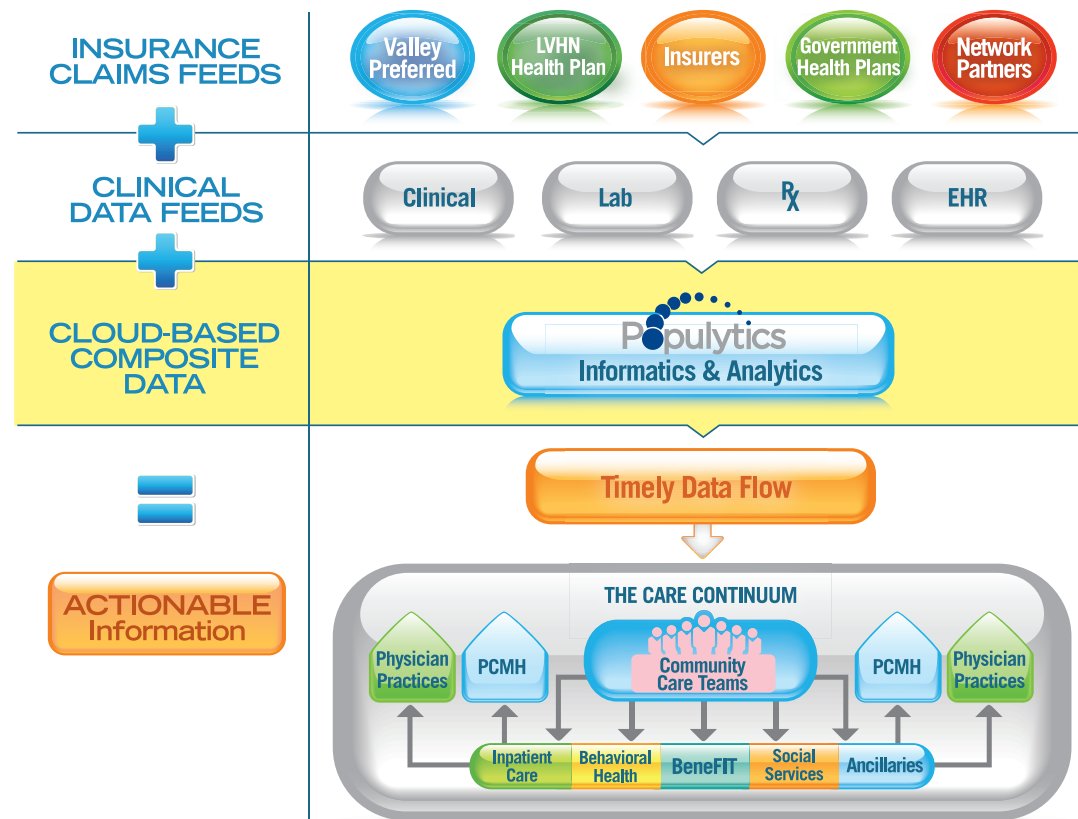
A series of new technological tools integrated into the Populytics system will empower a wide range of capabilities, including:

- Recognition of care gaps
- Determine needs for intervention
- Qualitatively assess the impact of interventions
- Promulgation of risk scores
- Forecast expenditures and future medical services needs
- Report on care management quality to support quality initiatives
- Physician performance comparisons to evidence-based benchmarks
- Physician access to comprehensive patient profiles
- Assessment of cost and quality of care across varied population segments, geographies, enrollments
- Identify drivers of performance variances and improvement opportunities

New Information. New Power.

Here is a composite view of the Populytics informatics system which will enable the transition from the current volume-based model of care to the new value-based model of care. Additional information is available at populytics.com.

POPULYTICS: Value-Based Model of Care Using Technology



Populytics Perspectives: New Informatics Infrastructure to Improve Health Care Quality and Value

“A single engine of improvement.”

Mark Wendling, MD

Medical Director
Valley Preferred
Family Physician
Valley Family Medical Center



A major benefit of the new Populytics system is that it will align quality measurements with all payers. Currently, every payer has different standards of performance. All will reward performance, but not with the same definitions of targets and populations. For example, every payer incentivizes diabetic care. Payer A may have *similar* goals for LDL cholesterol reduction to Payer B, but they are not the same goals. Payer C may specify quality care standards for a population ages 40 to 74, while Payer D specifies ages 50 to 79, and so on. This has always been a challenge on the provider side of the reimbursement equation. The many variances impede physician practices with confusion, protraction of the payment process and time that should be spent healing people. They are an unnecessary roadblock to the delivery of consistent, high quality patient care.

Valley Preferred already has excellent physician performance programs like *Achieving Clinical Excellence* that are proven to improve quality and value. Populytics provides the opportunity to technologically consolidate these existing programs with aligned performance metrics and operationalize all network practices into a single engine of improvement. This drives consistent quality standards for both payers and providers. We already know how to operationalize practices for improved quality. Populytics puts us within reach of the optimum reimbursement vehicle to reward this quality, improve management of resources and costs, and provide appropriate, timely patient care.

“Enables Community Care Teams to close gaps in care.”

Brian A. Nester, DO, MS, MBA, CPE, FAOCEP

Chief Strategy Officer
Lehigh Valley Health Network
Chair
Lehigh Valley Physician Hospital
Organization, Inc.



As we navigate through the volume-to-value imperatives, the analytical capabilities of the Populytics system will drive closer alignment between hospitals and physicians. One of the very important benefits of this consolidation of information will be greater proficiency in identifying care gaps—areas where improved coordination of care will help us better serve patients with early diagnosis and preventive care. Every health care network has care gaps but they are oftentimes difficult to identify. Populytics’ combination of claims and clinical data enables highly accurate care coordination. In effect, it provides us with an identification system for care gaps. And when we can find them, we can fix them.

Once these specific patient needs for greater care are identified, we can put them in the hands of our Community Care Teams; these are very effective, very essential components of our care continuum. Their intervention is measurably reducing readmissions and utilization, helping us better manage our resources and costs. Last year (2013) we deployed our fifth and sixth Community Care Teams. We are on target to have 10 teams in the field by 2015.

All of our Community Care Teams will rely on Populytics-generated information to close care gaps, reduce inappropriate high-cost services and assure that those who need our care the most are enrolled in programs to improve their health status.

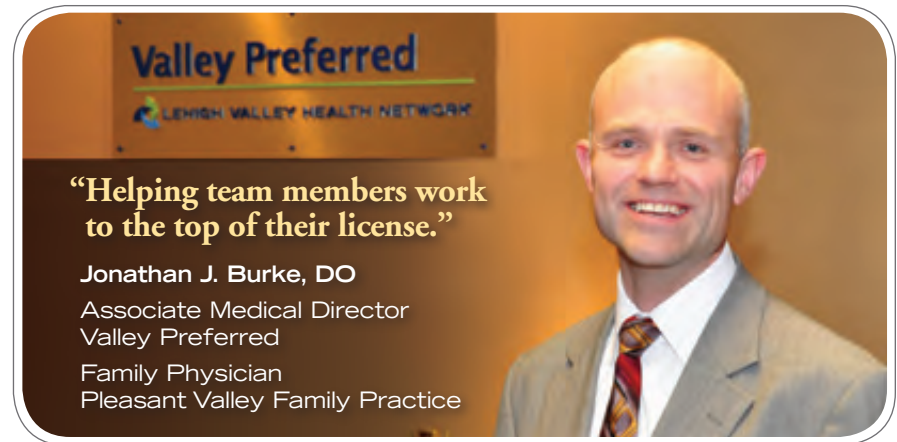


We have a lot of powerful information tools which make it easier to do the right thing—Electronic Health Records, network reports, physician audit information, evidence-based metrics on quality performance and more. Populytics enables us to leverage technology and data, and turn it into consistently usable, actionable information for more effective population health management.

In medicine, it's sometimes hard to figure out what *didn't* happen. With health management data at the Populytics level we can accurately identify population segments at any strata of risk for a variety of chronic conditions. We can then match the information with the 250,000-plus patients we see in the practices of the Lehigh Valley Physician Hospital Organization and Lehigh Valley Physician Group.

This information is shared with our Community Care Teams who can then call these patients, establish a care regimen and follow-up on a consistent basis. Patients no longer have to come to us...we can get to them and provide the care support needed to make a difference in their health.

Perhaps as importantly, we can also send care data to our Health Systems Research group to quantify the differences we are making in the health of these populations and manage future treatments based on a steady stream of current clinical data.



The quality of information from Populytics will be clinically relevant and help more practice team members work to the top of their license. We've all seen data through the years and much of it has been piecemeal information provided by payers. This new tool is capable of providing the bigger picture—integrated, composite information which will take patient care and practice efficiencies to a whole new level.

The informatics data flow to Community Care Teams will provide timely, definitive information to physicians, empowering them to act within accepted protocols and provide patient care to the highest levels for which they are qualified. The new system will help coordinate people with performance and integrate all episodes—including pharmacy, claims, other provider interventions, etc.—into a composite picture for the physician to review on a regular basis. Each patient's care can progress without wasteful inaction or redundancies. The advanced analytics also equip team members to achieve greater individual productivity through preventive medicine and pre-visit planning. This maximizes the efficiency of every patient visit to the practice.

Good data leads to knowledge. And when data of this quality is in the hands of medical team members, informed and empowered to deliver it to the fullest degree of their medical licensure, good things happen. All practice nurses and physicians are working in concert to achieve best practice medicine. Metrics proven to improve individual patient care are met on a consistent basis. The health of larger patient populations improve and better cost management is achieved.

BeneFITSM Corporate Wellness Adds Health Coaching to its Suite of Wellness Services

One of the fastest-growing specialties in corporate wellness is Health Coaching. Working one-on-one with employees, Health Coaches motivate behavior change and have proven to be an effective influence in helping individuals to improve their health and reduce risk factors for chronic disease.

During the past year, BeneFIT added Health Coaching services to its ever-expanding repertoire of wellness offerings. Employers can now contract certified BeneFIT Health and Wellness Coaches to reinforce employee decisions to improve weight, manage stress, exercise, eat healthier, stop smoking or otherwise maintain healthier lifestyles through behavior change.

As with all BeneFIT services, Health Coaching emphasizes the value of personalized attention. Among the many program strengths noted in an NCQA Wellness and Health Promotion accreditation report of August 2013, is that in-person coaching enables our Health Coaches to provide a very patient-centered experience. Additionally, the efficient and effective use of our BeneFIT Online portal provides goal management for Health Coaching clients.

Since introducing Health Coaching in the first quarter of 2013, demand has been brisk and additional resources have been added to expand this BeneFIT service sector in 2014.



BeneFIT Corporate Wellness achieved a nationally-recognized standard of excellence in 2013: the National Committee for Quality Assurance (NCQA) Wellness and Health Promotion Accreditation.

Based in Washington, D.C., NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA Wellness and Health Promotion Accreditation standards help organizations achieve the highest level of performance possible to encourage healthy behavior change in eligible individuals and create an atmosphere of continuous improvement.

“NCQA Wellness and Health Promotion Accreditation requires a rigorous review of the key functions wellness and health promotion organizations like BeneFIT Corporate Wellness perform,” said Carol Michaels, MPH, MCHES, Director, Health Promotion and Wellness. “For employers, it provides a very credible measure of quality to improve workplace health.”

Kacie Miller, CHWC, ACSM HFS, Wellness Coach, Valley Preferred-BeneFIT (left), provides health coaching services to an employee.



BeneFIT Corporate Wellness now joins two other clinically integrated programs, initiated by Valley Preferred, which have earned NCQA certification: Patient-Centered Medical Home and Care Continuum Disease Management.

Also, garnering industry-wide recognition for BeneFIT is a peer-reviewed article by two members of the BeneFIT Corporate Wellness team. The July 2013 edition of international journal, *Health Promotion Practice*, prominently featured, "Worksite Wellness: Increasing Adoption of Workplace Health Promotion Programs," co-authored by Carol Michaels, MPH, MCHES; and Amanda Greene, CHES, Certified Health Education Specialist. *Health Promotion Practice* (below) is the official publication of the Society for Public Health Education (SOPHE), an independent professional association with a membership of nearly 4,000 health education professionals and students throughout the United States and 25 countries worldwide.

The article was also selected for publication in *Tools of the Trade*, an e-book of health education and promotion produced annually by SOPHE.



New Web Sites for Valley Preferred and BeneFIT Corporate Wellness

BeneFIT Corporate Wellness launched a freestanding web presence with benefitcorporatewellness.com. The site engages visitors with workplace wellness strategies, online wellness tools, a health quiz, plus specific Program and Service sections on: expert health speakers, tobacco cessation, weight management, stress management, nutrition, videos and other BeneFIT attractions. The new BeneFIT web site was launched at the same time as its new "sister site," valleypreferred.com.



benefitcorporatewellness.com



valleypreferred.com

Cigna Partners with Valley Preferred in New Collaborative Accountable Care Initiative

“In many ways, we are redesigning the health care delivery system and expectations are high for all of us. All hands are on deck from both organizations and the working relationship with Valley Preferred has been excellent.”

Christina Stasiuk, DO
Cigna Senior
Medical Director
for Pennsylvania



A global health insurance and health services company has chosen to partner with Valley Preferred for its first collaborative accountable care initiative in Pennsylvania. Effective July 1, 2013, the collaborative effort between Cigna and Valley Preferred now serves more than 5,000 local individuals covered by a Cigna health plan and receiving health care services from Valley Preferred.

Collaborative accountable care is Cigna's approach to accomplishing the same population health goals as accountable care organizations, or ACOs. By focusing on the needs of patients, the model is intended to improve the health of individuals, while reducing health care costs through improved efficiencies and care coordination. Physicians and hospitals are incented to keep people healthy by addressing health conditions before they become more serious or chronic illness. And because many collaborative accountable care patients are enrolled in employer-sponsored plans, employers benefit from lower health care costs, reduced absenteeism, improved job performance and higher company productivity.

Valley Preferred's physicians will provide appropriate care services to Cigna enrollees while Community Care Team nurses will coordinate patient care, educate patients about various health conditions and follow up on care. Valley Preferred's care providers are aligned with a team of Cigna case managers to ensure a high degree of clinical collaboration that ultimately results in improved health outcomes and a better experience for the individual.

This groundbreaking alliance between a leading payer and Valley Preferred drew considerable interest in the media, heightening public interest about “new” models of care that Valley Preferred has been developing and refining through the past two decades.

How has the Cigna/Valley Preferred partnership been progressing? In a word: “excellent,” according to Cigna Senior Medical Director for Pennsylvania, Christina Stasiuk, DO. “The connection with Valley Preferred has been very energizing. I feel that we are all definitely on the same team. Their leadership and strategies are focused on what we can do together to improve patient care quality and lower costs.

Valley Preferred

LEHIGH VALLEY HEALTH NETWORK



“This is a huge and complex initiative with many moving parts. In many ways, we are redesigning the health care delivery system and expectations are high for all of us. All hands are on deck from both organizations and the working relationship with Valley Preferred has been excellent.

“Five or ten years ago, many industry experts would have considered this degree of collaboration impossible. Physicians and health services companies were on opposite sides of the table. We’ve all learned that we need to share our strengths if we are going to achieve sustainability in health care. This relationship with Valley Preferred is a very real example of what can be achieved when we work together.”

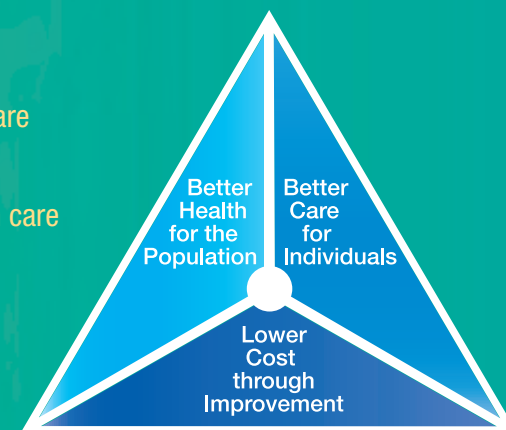
Cigna and Valley Preferred: Double-Teaming the Triple Aim for Health Improvement

Cigna is well-experienced in collaborative care. The health services leader currently plans to have 100 collaborative accountable care initiatives engaged in dozens of states, serving a projected 1 million Cigna customers in 2014. For its first collaborative accountable care initiative in Pennsylvania, Cigna chose to partner with Valley Preferred.

“Both of our organizations are fully committed to the principles now shaping the new paradigm in health care,” said Julia Huggins, President, Cigna Healthcare of the Mid-Atlantic. “Like Valley Preferred, Cigna believes that the patient/physician relationship is the key to improved health. Each organization has created new mechanisms to bolster physician effectiveness, like embedded care coordinator programs and informatics resources. Also, Valley Preferred and Cigna both share a strong focus on systematically achieving all three dimensions of the Triple Aim for improvement in health care.”

The Triple Aim is a framework developed by the Institute of Healthcare Improvement that describes an approach to optimizing health system performance. Simultaneous pursuit of these three dimensions is considered essential to achieve sustainability in the American health care delivery system:

- Improving the health of populations
- Improving the patient experience of care including quality and satisfaction
- Reducing the per capita cost of health care



IHI *Triple Aim*

Small by Design, Community Care Team Support Expands Scope of Care for this Independent Family Practice



Fogelsville Family Medicine
team members (from left):

Sara Latham, Practice Manager;
Elizabeth L. Stanton, MD;
Victoria Neese, RN,
Practice Care Manager

With a staff of three and an average day tailored for 20 to 25 patient care episodes, Fogelsville Family Medicine is an intimate family practice by design. But there is nothing small about the quality of holistic care being provided by Elizabeth L. Stanton, MD and her team: Sara Latham, Practice Manager, and Victoria Neese, RN, Practice Care Manager.

“We began on our Patient-Centered Medical Home journey in 2008 as part of the initiative launched by the Governor’s Office of Health Care Reform,” explained Dr. Stanton.

“The logic of the team approach for better patient care was inescapable and something we have always strived for, and I thought, ‘we have to do this.’ The Governor’s Chronic Care Initiative just solidified that concept for us.” By August, 2011, this independent practice earned Patient-Centered Medical Home NCQA Level III certification and was recertified in 2013.

“We’re very glad we did it. We strive to provide traditional family practice in a comfortable and inviting setting. The PCMH model of high-touch, holistic medicine works very well with our style of care.”

The Community Care Teams feature of the PCMH model is of particular benefit to both patients and caregivers at Fogelsville Family Medicine. “It’s been a great advantage to have the support of the Community Care Teams, particularly in the areas of Behavioral Health and Social Services,” Dr. Stanton emphasized, noting that patients may have “psychosocial and financial issues that are very sensitive. We know these problems exist, and having additional resources is very helpful. The Community Care Team professionals have the skills and experience to get below the surface and connect patients with the proper resources to help solve these problems.”

“All things impact both the mind and body. Our patients are now getting the care they need to heal more than the physical aspects of their health. Serious behavioral and social challenges are roadblocks to total health. Help with these issues would have been difficult to access without the Community Care Teams providing their specialized support for our patients and practice.”

Large Family Practice Providing Greater Continuity of Care as a **Patient-Centered Medical Home**

As one of the larger family practices in Lehigh County, Parkland Family Health Center's decision to become a Patient-Centered Medical Home took a concerted commitment from its six physicians and 15 support team members. But the result is a stronger connection with each patient and a higher level of care.

"We started on our path to become a Patient-Centered Medical Home in June of 2012 and there's no doubt about it, it was a rigorous experience," explained Nicole Sully, DO, who along with her patient care duties served as practice project manager for the transition process. "We met with the NCQA facilitators weekly and their directives touched every part of the practice. In many ways it was a complete makeover in the way we care for patients."

According to Dr. Sully, stages of the PCMH transition process involved in-depth analysis of strengths and weaknesses, strategies for multiple changes in care delivery, forming six teams each headed by a practice physician, revamping all schedules for all personnel, "and that was just the beginning," she said. Then came the implementation stages, testing and rollout planning. "We even had to change the way we used our Electronic Health Records to better track our diagnostic tests and referrals to the new PCMH standards, and we were one of the early adopters of EHR technology."

Despite the rigors of her practice's journey to earn its new status as a NCQA Level II Patient-Centered Medical Home in the fall of 2013, it was well worth the investment. "The PCMH model definitely improves our practice's quality of care. Patients now see Community Care Team members as a direct extension of our physicians and our staff now feels a much stronger connection with our patients," Dr. Sully said. "We now provide a greater continuity of care and, in retrospect, it was a tremendous growth experience for all of us."

Nicole Sully, DO
Parkland Family Health Center



Quality Improvement Programs

Increasing Physician Engagement, Participation

“Our member physicians are very busy working hard at their own practices. If we are going to engage them in professional improvement initiatives, we must offer programs of exceptional relevance and quality,” stated James W. Manley, DO, Chair of the Greater Lehigh Valley Independent Practice Association, Inc. “Judging from the past year’s increase in membership and program participation, I believe that we are on target. The needle is definitely moving in the right direction.”

Dr. Manley attributes some of this increased engagement to current changes in the health care industry. “Change creates uncertainty and there is definitely change in medicine right now,” he said. “Our member physicians want to stay ahead of the curve and one way to do so is through professional education and participation opportunities like the ones we offer.”

The quality of these programs is another strong factor driving higher levels of participation in 2013. Chief among

James W. Manley, DO

Chair
Greater Lehigh Valley
Independent Practice
Association, Inc.



these programs is *Achieving Clinical Excellence*, a series of interconnected programs designed to increase physician engagement and clinical quality through performance-based incentives. “It’s a hallmark for participation among our member physicians. With *Achieving Clinical Excellence*, our organization succeeds in standardizing quality improvement procedures and metrics. Our physicians are on board with one set of standards. They are now following the procedures more often and we are seeing measurable increases in patient care quality as a result.” Dr. Manley said.

By its nature, quality improvement is a dynamic pursuit. In 2014, *Achieving Clinical Excellence* plan changes will:

- Include transition measures
- Increase pediatric measures
- Modify incentives for disease management
- Include larger plan populations
- Continue to emphasize improved delivery of patient care according to the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) measures endorsed by the National Quality Forum (NQF)

Achieving Clinical Excellence®

PARTICIPATION encourages engagement in Valley Preferred initiatives that promote care coordination, education and outreach. Financial incentives are issued quarterly based on consistency and quality of participation in the following main initiatives:

- Clinician self-audits
- Electronic documentation of select patient care
- Quality improvement projects
- Participation in qualified educational seminars

QUALITY & EFFICIENCY sets measurable goals based on best practice metrics and encourages participants to meet or exceed these goals with financial incentives disbursed two times per year.

Performance focal points include:

- Clinical outcome measurements
- Efficiency measures
- Acute inpatient length of stay
- Engagement of patients in our Disease Management Program

Another attractant for physician participation is in the Quality Improvement Program of *Achieving Clinical Excellence*. It provides member physicians with the opportunity to enhance care delivery by identifying clinical areas for improvement, conduct research and make recommendations on procedures for new best-practice standards. All projects are locally-managed and subject to approval by Valley Preferred. Project leaders and participating team members are compensated by Valley Preferred for their time and efforts. Learnings from each project are shared with all members. Since the Quality Improvement Program began in 2009, more than 49 projects have been initiated or completed.

Among the clinical purposes of individual Quality Improvement projects in recent years:

- Development of a fitness program for obese children (BMI > 95 percent) using elements of youth culture
- Development of a practice-wide screening program for Aortic Aneurysm
- Screening procedures for Autism Spectrum Disorders
- Increased compliance of pneumococcal vaccine for diabetic patients
- Improvements in multi-departmental preoperative procedures
- Development of a compliance program for opioid prescribing

“There has been some truly spectacular work done by our member physicians involved in the Quality Improvement Program,” Dr. Manley stated. “Several have been put into practices and are now at work to increase the quality and reduce the cost of health care here in our community.”

Engaging Topics, Speakers Bring Record Numbers of Member Physicians to GLVIPA Meetings

Physician engagement comes in many forms. Serving to engage record numbers of physicians during the past year was the lecture series of the general membership meetings for the Greater Lehigh Valley Independent Practice Association, Inc. (GLVIPA). “Our most recent meeting drew 218 members. That’s a new record,” said James W. Manley, DO, Chair of the GLVIPA. “Feedback from previous surveys indicated which lecture topics were of interest for members and we scheduled our speakers accordingly.” Among the speakers/topics of the past year:

■ President of the Pennsylvania Medical Society, C. Richard Schott, MD, FACC (*right*), provided his perspectives on the Patient Protection and Affordable Care Act at the March 19 meeting. He advised physicians to “take the high road” and maintain an ongoing focus on quality and value. “If we do not take the lead in addressing the cost component of the value equation, others will do it for us.”

■ New opportunities for collaboration between providers and payers were discussed at the June 24 meeting featuring Gregory G. Kile, Senior Vice President, Insurance & Payer Strategies, Lehigh Valley Health Network; and Mark Wendling, MD,

Medical Director of Valley Preferred. Kile noted that “innovation and collaboration between payers and providers are absolutely essential. As an organization, we are preparing for the coming changes.” Dr. Wendling pointed out that previous work has us well-prepared to work with payers. “A strong focus on clinical integration, quality improvement through incentive programs like *Achieving Clinical Excellence*, and the strength of market brands like Valley Preferred and BeneFITSM Corporate Wellness, give us distinct advantages that few provider networks can claim.”

■ Because membership surveys requested advice on litigation, the September 24 GLVIPA meeting featured three leading medical defense attorneys from The Perry Law Firm, LLC, presenting under the topic title: “I’ve Been Sued — Now What?!” Collectively, attorneys (*below, from left*) John R. Hill, Mark T. Perry and Neil Wenner have successfully defended hospitals and physicians in hundreds of complex medical litigation cases.



Physician Engagement and Network Solutions:

“It Definitely Pays to Have an Advocate like Valley Preferred on Our Side.”



When Valley Preferred member physicians need help with reimbursement or other payer-related issues, Valley Preferred's Provider Relations Department has proven to be an effective advocate. Just ask Kimberly Legg Corba, DO, of Green Hills Family Health Care in Upper Macungie Township, Pa.

“Ours is a smaller practice—about 2,500 files—and we were not getting the attention of a large payer on what was a low reimbursement schedule for patients covered by their plans,” Dr. Corba explained. “So I contacted the Provider Relations team at Valley Preferred.” Selicia Chronister, CBC, Director of Sales and Client Services,

responded promptly and came out to Dr. Corba's practice for a candid one-on-one session on their concerns with this payer. “We talked, Selicia listened and then she went to work on our behalf.”

Valley Preferred's assistance made a difference. “They advocated for our practice and we are now operating on a schedule that is more favorable. It can be a challenge to get national insurers to listen to a small practice, but Selicia was very persistent and responsive with us throughout the entire process,” Dr. Corba noted, adding, “Her expertise and work on our behalf was wonderful. It definitely pays to have an advocate like Valley Preferred on our side.”

Green Hills Family Health Care team members (from left): Sarah Schanck, CMA; Kimberly Legg Corba, DO; Melinda Glase, BS, CMA, Practice Manager

Valley Preferred Customer Service: Commitment Beyond the Coverage

Health providers have more than a passing knowledge of health plans. Being on the receiving side of multiple health payment plans for thousands of patients means that providers have unique insights into coverage quality. So when health providers seek new plans for their own employees, service expectations are high. Of the

employers for whom Valley Preferred has served as the “coverage connection” in recent years, the testimonials offered by these two health service organizations speak volumes about Valley Preferred's unique customer service model and how it works to provide commitment beyond the coverage.



When this busy cardiology practice was acquired by two different health networks, it was time for a new employee health plan. As the practice manager, the responsibility for finding new coverage that worked for all six doctors and 36 employees fell to Terry Krause. “We actually became a different company altogether, so all of our benefits had to be redone,” she explained. “At first I was leery because we had been with the same health insurance group for eight years and I was comfortable with their service.” Krause’s reluctance changed after being introduced to the customer service team at Valley Preferred.

“From my first meeting with Valley Preferred, their customer service representative worked closely with us on both business and personal levels. He proved to be very knowledgeable and responsive not only to my requests, but with everyone in our practice. Valley Preferred’s service from day one to the present has been excellent.”

As for her hesitancy about the complexities of designing and implementing a new health plan for Buxmont Cardiology: “Frankly, Valley Preferred was so thorough in every detail that my part of the process became very easy. I passed the ball to them and they ran with it. When something works the way it’s supposed to, it takes the burden off the practice. That’s how Valley Preferred works.”



VNA Community Care Services has long been headquartered in Lancaster, Pa., but after joining forces with two additional health networks their workforce and geographic service area expanded significantly. Now 286 employees provide homecare services throughout a region spanning nearly one-third of Pennsylvania. “Employee access to health care was never a challenge when we were allied solely with Lancaster General Health. But since the expansion we now have employees that live and work throughout a 7-county area,” explained Jana Salaki, VNA Human Resources. “We needed a new plan that was more universally accessible for all our employees, regardless of where they lived.”

Salaki said that they also needed the new health plan to be designed and implemented in less than 10 months, a tight time frame by most corporate standards; even more so during these times of dramatic change in the health insurance industry. Yet, because VNA Community Care Services President and CEO William V. Dunstan was familiar with the capabilities and service style of Valley Preferred, he knew both challenges were achievable and recommended Valley Preferred.

“Valley Preferred explained the geographic scope and the timing we needed,” Salaki said. “They shopped the market very thoroughly and promptly came back to us with a new plan that works well for our employees. They stayed with us every step of the way, costs, bids, proposals, employee education. They communicated with us weekly. We had our Valley Preferred customer service representative on speed dial.” And the tight timeline? “With Valley Preferred on our side, the entire process—from discovery to decision—was completed in less than eight months.”

Valley Preferred Executive Director
Jack A. Lenhart, MD, welcomes
practice managers to luncheon.

Valley Preferred Enjoins Practice Managers

Recognizing the essential role of practice managers, a first-ever Practice Managers Luncheon was hosted on May 3, 2013 by Valley Preferred and the Lehigh Valley Physician Hospital Organization, Inc., at the Kasych Family Pavilion, Lehigh Valley Hospital–Cedar Crest.

With more than 60 practice managers attending, the event provided a collegial forum in which to meet Valley Preferred's leadership and learn more about programs driving positive changes in the quality and value of local care.

Leading the presentations was Jack A. Lenhart, MD, Executive Director, Valley Preferred, who provided a glimpse at the new realities of medicine, including increased government intervention and a chronically rising cost curve. "Health care costs are now nearing 20 percent of America's Gross Domestic Product. It's by far the highest in the world and economically unsustainable," he said. "Change is upon us and we must work together in unprecedented ways...we can no longer work separately. Improvements in medicine are more important than ever and so are all of you." He then presented highlights on current initiatives with particular emphasis on the highly successful *Achieving Clinical Excellence* program.

Valley Preferred Medical Director Mark Wendling, MD, followed with a visual presentation titled, "Population Health and Provider Alignment." Also presented by Dr. Wendling were statistical examples of improvements happening in member practices as a result of Valley Preferred's *Achieving Clinical Excellence* program. "Our generic prescribing rate is now approaching 80 percent, exceeding the state level by 4 percent. In 2011 alone, hospital length-of-stay improved by 27 percent and cost-per-user decreased by 16 percent," he said, adding, "We are clearly pushing the quality envelope every day."

Valley Preferred and the Business Coalition: Partners in Leadership and Value for Employers

Valley Preferred and the Lehigh Valley Business Coalition on Healthcare (LVBCH) have long been effective partners in the pursuit of quality health care for businesses throughout the region. By joining the Coalition, employers can leverage their pooled purchasing power for benefits programs and improve health care value through coverage and wellness offerings, like Valley Preferred's BeneFIT Corporate Wellness program. According to LVBCH President, Thomas J. Croyle, there is strength in numbers when it comes to managing employee health care costs. "Coalition members enjoy access to quality health insurance and other benefits that are generally reserved for larger insurance-buying groups."

By delivering the leadership and value that employers seek, the Coalition has grown in size, scope and geographic reach. Today, LVBCH serves 181 member companies representing more than 97,000 employers and 225,000 lives. According to Croyle, Valley Preferred has been a strategic ally in this growth.

"Representatives of Valley Preferred partner with us by serving on a number of committees, participating in numerous pilot programs, program sponsorships and through their ongoing support for our work with area employers," he said. "Their medical leadership, wellness experts and support personnel have been invaluable assets to the members of the Coalition through the years. I can't imagine a better team to work with."

Founded in 1980, 2013 proved to be a formative year in the Coalition's history. At its annual meeting in May, a new brand was unveiled which reflects the organization's growth beyond its Lehigh Valley base while also putting its two core commitments—Leadership & Value—into the forefront of its name.



In December of this past year, the Coalition earned national recognition when it was named the exclusive recipient of the 2013 Membership Award, presented at the

National Business Coalition on Healthcare's (NBCH) 18th Annual Conference. The NBCH represents more than 7,000 employers and 25 million employees and dependents.

Sue Szymanski, NBCH Chair, presented the honor to Croyle, noting that, "This annual membership award is presented to an NBCH member coalition who exemplifies leadership and commitment in the area of health and health care reform, with particular regard to efforts in improving value and quality."

Valley Preferred Executive Director, Jack A. Lenhart, MD, has worked closely with the Coalition through the years and was among the first to recognize these milestones of growth and service. "Both of our organizations are dedicated to helping area businesses optimize employee health. By sharing our resources and knowledge, we are helping to create healthier companies and communities," Dr. Lenhart said. "Valley Preferred salutes the Coalition on their new era of Leadership & Value, and on earning the 2013 Membership Award from the National Business Coalition on Healthcare. We look forward to a future of continued collaboration and service to our region's employers."



Thomas J. Croyle
President
Lehigh Valley Business
Coalition on Healthcare

Brokers Are Strategic Allies as Employers Seek Health Insurance Solutions



Todd M. Linn, CIC
Manager – Group Benefits
Division
Hampson Mowrer Kreitz
Insurance

The need for knowledgeable experts to navigate through the complexities of employee health has always been a strong reason employers rely on professional group health insurance brokers. The intricacies of the current health insurance environment make the role of the broker more essential than ever, particularly as employers seek new ways to manage health plan costs.

“Health coverage is in a state of flux, particularly with the strong shift to self-funded health plans,” said Todd M. Linn, CIC, Manager – Group Benefits Division of Bethlehem-based Hampson Mowrer Kreitz Insurance. “Just a few years ago, my average self-insured client was well over 100 lives. Now, employers with as few as 20 lives are looking at self-funding their company health plans. I see this trend increasing given the dynamics of the current health insurance climate.”

Self-funded or self-insured plans are structured so the employer directly funds the company’s own medical costs. Rather than paying premiums to an insurance carrier to cover its employees, the company sets aside cash to cover anticipated health expenses. Oftentimes, the employer will engage an insurance company or Third Party Administrator (TPA) to manage employees’ claims, but that vendor is providing only claims-processing services. Much of the work in planning and monitoring self-insured plans involves the company’s health insurance broker.

This trend toward self-funding magnifies the value of keeping employees healthy, emphasized Linn. “Costs are based on claims. A quality wellness strategy is a necessity for self-funded employers.” Like many brokers in eastern Pennsylvania, the employee wellness partner of choice for Linn and his clients is Valley Preferred’s BeneFIT Corporate Wellness.

“Unless you have well over 500 employees, access to wellness benefits is only available online. But the reality is, employees’ lives are busy and to get them engaged you need to offer more than online programs. The BeneFIT Corporate Wellness model is uniquely custom-tailored to the needs of each client. Valley Preferred employees are on-site, getting employees fully engaged and really changing people’s lives through hands-on corporate wellness.”

The bottom line for Linn is that BeneFIT’s approach to employee wellness works. “Clients that initiate BeneFIT’s wellness program for a year usually stick with it, even if their insurance carrier changes. We are seeing better renewal rates for clients that have stayed with these wellness programs for three or more years. BeneFIT keeps employees healthier, increases productivity, lowers claims and workers’ comp premiums and creates a culture that shows an employer cares about employees. As a broker, it has also been my experience that bringing BeneFIT into the health planning process also strengthens the agency/client relationship.”

Pennsylvania Health Insurance Expert: Valley Preferred's Partnership with Brokers Vital to Help Employers

As contract lobbyist for the Pennsylvania Association of Health Underwriters (PAHU) with four decades of experience in state and federal public health legislation, Vince Phillips is very familiar with the partnerships Valley Preferred has fostered with insurance brokers.

"I see Valley Preferred as credible because of the respect they have demonstrated to the broker community through many years of working together. I really like Valley Preferred. Their partnership with brokers will be vital to help employers face the myriad of compliance requirements from the current health care law."

Phillips acknowledges that health coverage planning provides significant challenges for employers, especially given the current governmental mandates. To navigate through these complexities, Phillips recommends the guidance of experienced professionals qualified to advise employers on which health plan offerings are best for them and their employees. "If an employer or individual establishes a working relationship with Valley Preferred and/or a broker, they will be miles ahead with a trusted, knowledgeable partner to guide them."

Vince Phillips
Contract Lobbyist
Pennsylvania Association
of Health Underwriters



Perspectives on the present and future of the journey toward sustainable health care in our community are provided by Ronald W. Swinfard, MD, President and Chief Executive Officer of Lehigh Valley Health Network.

Q What do you see as one of the most significant changes for the future of health care in our Lehigh Valley community?

A Health care is rapidly evolving from the old volume-based to a new value-based model. This is a huge change and I believe it is generating a new commonality of purpose among our caregivers. We're seeing new levels of alignment due to a concerted focus on new goals.

Q What are the goals driving these new levels of alignment?

A The goals are described by the Institute for Healthcare Improvement as the Triple Aim. It's a three-part mission that is driving the new paradigm now reshaping the American health care industry. Essentially, the three goals we're focused on are: better quality care for patients, improving the health of populations, and reducing the per capita cost of health care.

Q What is consolidating thousands of Lehigh Valley physicians toward these common goals of improved patient care and value?

A By their chosen profession, physicians want to heal people. But in today's complex and ever-changing health care environment, the best ways to accomplish healing are not always apparent to even the most informed or insightful individuals in our profession.

Within our network, there are several innovative initiatives that are seeing considerable success in improving patient care while providing better cost management. Many of these support the most influential level of patient care: family practices. The Patient-Centered Medical Home, Community Care Teams and Care Continuum Disease Management Program are three examples. Another important initiative providing physicians with a singular path to improve quality is *Achieving Clinical Excellence*.

It's important to note that all of these programs were either initiated by, or developed in concert with, the Lehigh Valley Physician Hospital Organization, Inc. and Valley Preferred. We would not be realizing the success of these population health management drivers without them.

Q How does population health management work to improve patient care and reduce costs?

A Population health has many actions, but the most impactful is through utilization prediction. Basically, identifying individuals in any given population who, for any number of reasons, may be headed for serious chronic diseases in the future. The logic is, if we can locate these patients sooner, and get them the proper care before their conditions get worse, they will enjoy better health and their care will cost less than it would to treat at more advanced stages.

Q Do you have an example of how population health management works to improve health and reduce costs in our community?

A Here's an example from nephrology. If a patient with renal (kidney) problems is not diagnosed and treated early, the result could be renal failure and the cost of care is upwards of \$35,000. Alternatively, if we could predictively target those patients earlier, the cost of treatment to avoid renal failure is about \$2,500. The result is a healthier patient at about 93 percent less cost.

Now that is a simplified example, but it's an indication of the potential for effective population health management and why it is now such an important part of our work in all our practices and facilities.

Q How are these population health predictions going to happen?

A Throughout 2014, we will be deploying various stages of an advanced new informatics technology system, which we have named Populytics. Along with our integrated teams of clinical, information technology and administrative experts who have been at work on this project for three years, the new Populytics informatics technology will provide the data necessary to facilitate our transition from the old unsustainable volume-based model of care, to the new quality-driven value-based model of care.

Among the many differentiators of Populytics from our previous informatics tools is that it uses extensive claims data—payer information on millions of lives and episodes—along with clinical data. By bringing both claims and clinical data feeds together for the first time at such an advanced level, Populytics will provide our network with actionable information that will be used to manage population health and close care gaps.

This represents a considerable investment in the future, but given the dynamics of the new health care paradigm, we cannot afford to live in the past. A grant from the Lehigh Valley Physician Hospital Organization, Inc. and Valley Preferred enabled the initiation of this new infrastructure.

Q How will these new developments impact relationships with payers?

A A major benefit of our new informatics capabilities will be the crystallization of performance measurements for reimbursement. The Populytics data system will produce a bigger picture with clearer directives on where and how to control utilization costs while generating healthier outcomes. And because each payer has their own metrics, it's a plus that the new system also has the breadth to show results in a variety of metric standards. This will be very important as we shift reimbursement models from fee-for-service to pay-for-performance.

Q Are new doors of opportunity opening with major payers?

A It's no secret that health insurance companies and providers have not always worked well together in the past. But payers now have a very different role than they did as little as two years ago. In the new health care system, they are repositioned as “service providers” to physicians and hospitals. We're experiencing some early success with the Cigna/Valley Preferred collaborative accountable care initiative. The doors of cooperation for mutual benefit between providers and payers are open as wide as I have ever seen.

Q How does Valley Preferred figure into the future of health care here in our community?

A We are now in a watershed moment for leaders in health care. Valley Preferred and the Lehigh Valley Physician Hospital Organization, Inc. have been true leaders throughout their 20-year history. Lehigh Valley Health Network will need their vision and leadership more than ever in these formative years ahead. I am so glad that we have them as partners. We would not be where we are today without them.



Ronald W. Swinfard, MD
President and Chief Executive Officer
Lehigh Valley Health Network

Valley Preferred Spirit of Courage
Award Celebration (top) and
Valley Preferred Cycling Center

In Our Community

Valley Preferred Spirit of Courage: 700-Plus Gather to Honor Community Heroes

The eighth annual Valley Preferred Spirit of Courage Award Celebration, held on October 8, 2013 at Lehigh Valley Hospital–Muhlenberg, drew more than 700 first responders and guests to honor extraordinary acts of heroism and the promotion of burn prevention and fire safety education. Proceeds benefit the Burn Prevention Network and Lehigh Valley Health Network Regional Burn Center.

Honorees included 14 recipients of Spirit of Courage Awards, two Partners in Prevention awardees for fire prevention education in the community, and a couple recognized with the Phoenix Award who survived a family tragedy to become advocates for adults and children experiencing grief.

Valley Preferred Cycling Center: Making the Lehigh Valley a Healthier Community

The Valley Preferred Cycling Center marked its 38th season by attracting more than 150,000 fans and participants to its international-class racing events and community bicycling programs. Valley Preferred has been the naming sponsor of the Trexlertown bicycle racing track and developmental facility since 2006.

“Our partnership with Valley Preferred has enabled us to present another exciting season of professional and amateur racing, as well as multiple programs for local adults and children,” said Marty Nothstein, an Olympic gold medal cyclist and Executive Director of the Valley Preferred Cycling Center. “Together, we’re helping to make the Lehigh Valley a healthier community.”



Valley Preferred Wins National Award for Graphic Design

Valley Preferred won a 2013 American Graphic Design Award in the national competition sponsored by Graphic Design USA of New York City. This was the 50th year for the program which drew more than 8,000 entries. The winning entry was Valley Preferred’s 2013 Progress Update, a 28-page, full-color publication titled “*Achieving Clinical Excellence*.”

According to Graphic Design USA awards director, Rachel Goldberg, the competition “honors outstanding work of all kinds and across all media: print and collateral, corporate identity, internet and interactive design, packaging and motion graphics.”

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