

reforming HEALTH CARE in our community.

2009 2010 2011 2012 2013 2014 2015
Valley Preferred PROGRESS UPDATE

reforming HEALTH CARE in our community.

Before American health care can be reformed, it must first undergo fundamental restructuring, incorporating new technological tools and processes proven to deliver enhanced efficiency, quality, accountability and value.

A provider-owned, preferred provider organization aligned with Lehigh Valley Health Network, Valley Preferred believes that the health care delivery system must be **re-formed** before it can possibly be **reformed**.

Through the years, Valley Preferred has undertaken many initiatives in our ongoing quest to provide progressively better health care and cost management for employers and families in the Lehigh Valley community and beyond.

Where there have been recognized shortfalls in the local health care delivery system, Valley Preferred and our parent organization, Lehigh Valley Physician Hospital Organization, Inc., have analyzed core reasons for these circumstances, and have formulated workable plans for improvement. Armed with such plans, Valley Preferred has embarked on the actual work to implement positive changes, measure results, and monitor ongoing adjustments to further optimize future outcomes for members of the community.

The 18-year history of Valley Preferred is rich with examples of how this pro-active, physician-driven challenge/solution approach has worked to achieve better medicine and value. And each example points to how we have been reforming health care in our home community long before it became a catchphrase of the federal lexicon. Some working examples include:

...we have been reforming health care in our home community long before it became a catchphrase of the federal lexicon.

- To address fragmentation of patient care caused by inefficient or inaccurate communication between providers, Valley Preferred took a decisive position in a network-wide Clinical Integration initiative to interconnect all physicians to exchange accurate, timely and accessible patient care information. Important measuring points of these Clinical Integration efforts are the ever-increasing numbers of member practices converting to Electronic Health Records and the record participation of physicians in Valley Preferred's very successful Performance-Based Incentive Program.
- To systematically improve the quality of clinical care, the Valley Preferred Quality Improvement Program continues to provide member physicians with the means to identify specific problems in local health care delivery methods, design actionable plans to mitigate or eliminate problem areas, and measure the results. The goal of each plan is to improve quality, reduce costs and enhance value to patients, providers and payers. Since inception, numerous individual quality improvement projects have been initiated or completed, reducing hospital revisits and demonstrating other measurable benchmarks of quality.
- Because the vast majority of common chronic conditions such as diabetes and heart disease are preventable if addressed early, Valley Preferred created, trademarked and has vigorously been expanding BeneFITSM, our locally-managed suite of health education and wellness programs for implementation in the workplace. Our impetus for this worksite delivery



Valley Preferred's **MISSION:**

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

(From left)

Christina Lewis, RN, MPH, FACHE, General Manager

Jack A. Lenhart, MD, Executive Director

Selicia Chronister, CBC, Sales Manager

Mark Wendling, MD, Medical Director

format came from the realization that health improvement for most American adults begins not in doctors' offices, but in the workplace. Employers looking for solutions to health care costs and productivity losses caused by unhealthy employee lifestyle choices now have a viable way to engage and educate employees about their health. A key goal is to mitigate minor health problems before they grow into bigger ones. Like most of Valley Preferred's health care reforming initiatives, BeneFIT is yet another valuable tool to build a healthier community and it has grown in several key areas. During the past year alone, BeneFIT achieved several notable milestones: increased utilization by regional employers, launched the BeneFIT Toolkit to make employee wellness more accessible and affordable for businesses, and earned recognition of BeneFIT's quality from national authorities.

These are just a few of the initiatives that Valley Preferred has innovated in our efforts to reshape health care in our community and move ever closer to achieving our ultimate value proposition: *improved health outcome quality at manageable health care delivery costs.*

Valley Preferred has been able to define the means and produce many of the mechanisms required to reform the traditional model of American health care delivery and put them to work for the betterment of our community's health condition.

This Progress Update provides details on how these and several more of our initiatives have progressed during the past year. Propelled by a unique physician-driven culture, and allied through mutual goals with the considerable resources and support of Lehigh Valley Health Network, the region's leading health care network, Valley Preferred has been able to define the means and produce many of the mechanisms required to reform the traditional model of American health care delivery and put them to work for the betterment of our community's health.

Overall, we are pleased with our progress. We are thankful to the dedicated physicians and institutions that have teamed together, working tirelessly to get us to this point in our journey. Yet we remain acutely aware that it is a journey, and a long one at that. We pledge to continue proceeding prudently, deliberately and, most importantly of all, *together*. Thank you for your continued support.

First Priority in Reforming Health Care: Strengthening Primary Care Physicians

The dictionary defines “primary” as “first in order of time or development.” Team that with “care” and “physician” and the intended role of the primary care physician as the initial resource for patient health is obvious. While primary care physicians may be first in order of contact and understanding of individual patient clinical needs, these physicians have long been overlooked in terms of development and support from other entities of today’s health care delivery complex.

It is the very strong opinion of Valley Preferred that this must change if we are to effect meaningful health care reform in our community. “A transformative necessity required to fix the health care delivery system is to quickly recognize the pivotal role of the primary care physician,” stated Valley Preferred Executive Director Jack A. Lenhart, MD, an active primary care physician for more than 33 years. “This recognition opens the door for the technological, operational and human resources these front-line physicians need to fulfill their roles.”

What are the specific circumstances making this change so necessary? Consider these three factors:

FACTOR 1: *Primary care physicians are currently overburdened.* Based on a panel size of 2,500 patients, the estimated time required for a primary care physician to meet proper clinical guidelines is 21.7 hours per working day.

Primary Care Physician Estimated Time Required Per Day to Meet Clinical Guideline Requirements

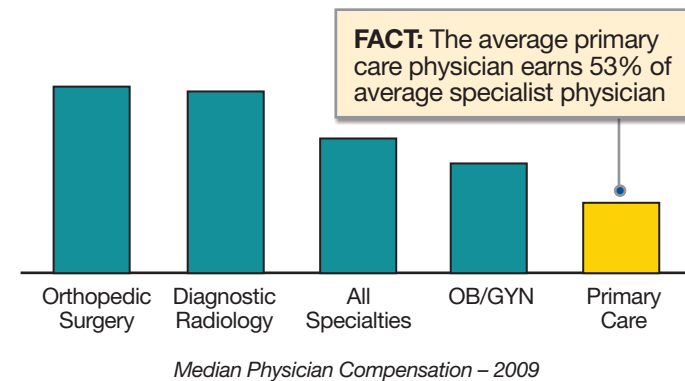
For a panel size of 2,500 patients

Acute Needs	3.7 hours
Chronic Needs	10.6 hours
Preventive Services	7.4 hours
Total Services	21.7 hours

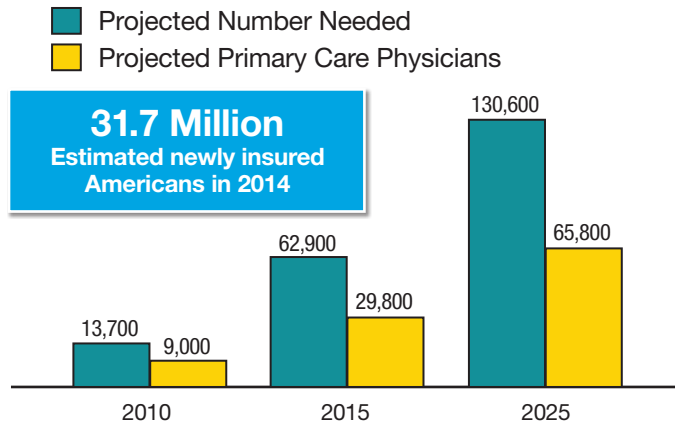
Further compounding the challenges of this workload is the current influx of post-World War II generation members (born 1946 to 1965) now flooding into the system. The first of this 78 million member population officially turned 65 in 2011. In effect, the Baby Boom generation is quickly becoming the Medicare generation and they carry a hefty price tag. According to the Henry J. Kaiser Family Foundation, “adults aged 65 and older have the highest health care spending,” costing 86% more than the 45 to 65 year age group.

FACTOR 2: Considering their necessity and output volume, *primary care physicians are comparatively under-compensated.* On average, primary care physicians earn 47% less than the average specialist physician. With longer work hours and lower financial rewards, a dwindling number of medical school graduates are heading for a future in primary care.

Compensation Disparity: At the Core of Shortage of the Primary Care Physician



Critical Shortage of Primary Care Physicians



FACTOR 3: *A critical shortage of primary care physicians is looming.* According to the American Academy of Family Physicians, the number of medical students pursuing primary care in the United States has dropped 51.8% since 1997. Eight years from now, demographic demand for health care is expected to peak, yet the actual supply of primary care physicians is projected to be 40,000 less than needed.

EFFECT: Primary care physicians form the foundation of American health care. It is the opinion of Valley Preferred that these first-touch practitioners are central to reforming health care. Yet there may not be enough primary care physicians to meet the growing needs of the American health care delivery system.

Securing New Support for Primary Care Practices

Valley Preferred's long-held commitment to generating new levels of support for our primary care physician members reached encouraging new levels at a Valley Preferred-organized open membership meeting held on September 26, 2011 at Lehigh Valley Health Network. In a presentation titled "Primary Care: Growing, Supporting, Sustaining—Our Vision for the Future" an estimated 200 primary care physician members learned how new levels of local support are taking shape for their chosen field of the medical profession.

Testimony to the support from Lehigh Valley Health Network is the fact that it teamed with Valley Preferred to form a Primary Care Taskforce to determine the goals and strategic action needed. The goals of this joint effort are:

- Improve the health and knowledge of the communities we serve through redesigned and transformative primary care.
- Articulate a comprehensive strategy that will be inclusive of all of our stakeholders and will provide for the meaningful use of information through Electronic Health Records (EHRs).
- Incorporate new models of care like the Patient-Centered Medical Home.



Critical issues affecting the future of primary care practices were addressed in a meeting conducted jointly by Valley Preferred and Lehigh Valley Health Network on September 26, 2011.

Securing New Support for Primary Care Practices (continued)

“This past year has brought into clear focus a common vision of where we both need to go in terms of providing increasingly better care for our community and that vision begins with addressing the needs of primary care.”

— *Brian A. Nester, DO, MS, MBA, CPE, FAOCEP*
Chief Strategy Officer
Lehigh Valley Health Network

At the September 26 meeting, Lehigh Valley Health Network’s Chief Strategy Officer, Brian A. Nester, DO, confirmed that work is underway to empower a pivotal shift in primary care practices from volume to value. “We are restructuring payments to recognize value, developing an infrastructure to support new models of care, and prioritizing physician fee schedules,” he said.

On the issue of providing help for practices to convert to Electronic Health Records, Dr. Nester noted that the Lehigh Valley Health Network/Valley Preferred alliance is now providing donations up to 85% for the eligible costs of new Electronic Health Record systems, with a focus on primary care practices. He also cited a burgeoning new partnership with SECURE, a local company with a proven track record for expert EHR installation and support.

On issues of additional support to relieve workload stresses on primary care physicians and increase throughput, Dr. Nester stated “We are focusing our investments on care coordination, disease registries, care management resources, patient navigation and transitions, behavioral health access, and Patient-Centered Medical Home transition, including training in the needed skills.”

“While federal health care mandates may have many networks in a state of flux, it is very clear at Lehigh Valley Health Network that primary care physicians are an essential component to successful health care delivery for our community,” he said. “No matter how the federal version of health care reform plays out, Lehigh Valley Health Network and Valley Preferred are committed to working together.”



“This past year has brought into clear focus a common vision of where we both need to go in terms of providing increasingly better care for our community and that vision begins with addressing the needs of primary care,” Dr. Nester said.

This union of interests between Valley Preferred and Lehigh Valley Health Network signaled an historic change in the way that primary care practices will be reshaped and re-energized. Resources are now being rechanneled toward primary care in response to health care reform mandates and the needs of our patients. Of particular significance is the enhanced support for two of our most important objectives in the evolution of local primary care: Electronic Health Records and the Patient-Centered Medical Home.

Electronic Health Records: Incentive Programs Have More Practices Realizing Benefits of Digital Information and Interconnectivity

If there is a single element ranked “most fundamental” to Valley Preferred’s reforming of local health care, it would be the adoption of Electronic Health Records at member practices. A keystone component of Valley Preferred’s systematic push to a Clinically Integrated health care delivery culture, the digital escalation of the past decade has seen Electronic Health Records progress from information convenience to necessity. The paperless systems have proven to increase accuracy of care, reduce errors and redundancies, and boost time/cost efficiencies. The only challenges have been the costs and the learning curve that accompany virtually any technological change.



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

The cost resistance issue is waning rapidly due in large part to financial assistance available through Valley Preferred’s Performance-Based Incentive Program. As previously noted, the teamwork of Lehigh Valley Health Network and Valley Preferred is now providing donations of 85% of the cost for new EHR hardware, software and training. During the past year, more Valley Preferred member practices indicated they now have Electronic Health Record systems in operation, or plan to within the next year.

While there is a learning curve for physicians and staff, according to the first-hand experience of two local practices, the initial adjustment is clearly outweighed by long-term performance.

Lehigh Valley Internists, a Valley Preferred member practice, converted to Electronic Health Records three years ago. John D. Nuschke, Jr., MD, a principal member of the group, admits that the change did not come easily at first. “It’s a bit contrary to the way many doctors have been trained, but now I can’t imagine going back to written records,” he said, enumerating the reasons why the new system has his office operating at a higher level. “Legibility. Access anywhere. Organization. Accountability.

And with the electronic coding and billing, we now have the assurance that we’re billing properly on a consistent basis.”

The electronic system is enabling better medicine, according to Dr. Nuschke, who cited one example in which he used Electronic Health Records to see how many senior patients received pneumonia vaccines. “Pneumonia vaccination is a Valley Preferred Quality Improvement Program initiative. I ran a query, put in a parameter on who didn’t receive shots, and a list appeared of patients who I thought we had vaccinated but were not immunized. The quick access to information allowed us to address this immediately and stay on it. We have since increased our vaccination rate by 20%.”

Another new adopter of Electronic Health Records is Danielsville Family Medicine in Northampton County. While at first it proved to be a learning challenge, according to Deborah Bren, DO, the quality of technical support provided proved to be excellent.

“We had an entire team of technical experts assigned to our practice. They started with information sessions on what we could expect and gradually acclimated our entire staff in a very patient, supportive manner,” she said. “We were told that within six weeks we would be comfortable working with the new system and by six months it would be second nature.” Dr. Bren explained. “That is proving to be accurate, thanks in large part, to the high quality of technical support.”



*Deborah Bren, DO
Danielsville Family Medicine*

Patient-Centered Medical Homes: Local Family Practices Reformed to New Standards

Another transformative change being driven by Valley Preferred in concert with Lehigh Valley Health Network is the metamorphosis of traditional primary care practices into Patient-Centered Medical Homes. This new model of care is engineered to strengthen the clinician-patient relationship by replacing episodic care with coordinated care and a long-term wellness relationship.

With a focus on value rather than volume, the Patient-Centered Medical Home is based on each patient having a relationship with a primary care physician who leads a team that takes collective responsibility for patient care, providing for the patient's health care needs and arranging for appropriate care with other qualified clinicians.

The goals are to achieve more personalized, coordinated, effective and efficient care for both the patient and the practice. Achieving these goals requires serious retooling of the traditional family practice. By adhering to the standards of the National Committee for Quality Assurance (NCQA), primary care practices committed to upgrading to the Patient-Centered Medical Home model have proven to achieve high levels of accessibility, provide excellent communication among patients, clinicians and staff, and take full advantage of new technologies to optimize relationships between caregivers, patients and patients' families. At the core of this is the Electronic Health Record, which provides the tool to monitor a patient's health condition and progress throughout all stages of the care continuum.

According to the NCQA, under this new Patient-Centered Medical Home model "patients receive care when and where they need it, in a culturally and linguistically appropriate manner. This increasingly popular delivery system innovation leads to safer, higher quality care, more empowered patients and a renewal of the patient-provider relationship."

Better Health, Better Business: Government Support for Patient-Centered Medical Homes

Becoming a Patient-Centered Medical Home is a rigorous process for traditional practices but it is not without its rewards. NCQA-recognized medical homes operate to standards of performance proven to offer superior value to health insurance companies and consumers. They demonstrate that systems and processes are in place to meet nationally recognized standards for high-quality care. These standards focus on evidence-based requirements to improve quality and reduce costs, and encourage practices to adopt innovations to improve care on an ongoing basis.

By achieving NCQA standards as a Patient-Centered Medical Home, practices may be eligible to take advantage of financial incentives offered by health plans, as well as federal and state-sponsored pilot programs. Within the Valley Preferred network there are currently 25 practices committed to becoming Patient-Centered Medical Homes. Seven of these were early adopters of the new model as part of the Pennsylvania Chronic Care Initiative begun by former governor Edward Rendell. These pioneer practices have developed to the point where they are recognized by the NCQA as Level III Patient-Centered Medical Homes, the highest recognition available. The other 18 practices in the local program are progressing toward this NCQA proficiency rating.

"The Patient-Centered Medical Home is a model of 21st century primary care that combines access, teamwork and technology to deliver quality care and improve health."

—Margaret E. O'Kane
President
National Committee for Quality Assurance



2011

Local Patient-Centered Medical Home Practices Sharing Care Solutions, Producing Results

Coordinating the transition of local practices to Patient-Centered Medical Homes is Eric Gertner, MD, Medical Director for Patient-Centered Medical Homes and Practice Transformation. Overseeing the progress of 25 busy practices undergoing the operational and philosophical changes required to live up to this new model of care is a responsibility with many moving parts. Dr. Gertner maintains a highly structured communication discipline with all practices capped by quarterly Learning Collaboratives.

Sponsored by Valley Preferred with each meeting focused on a thematic topic such as Population-Based Health, Strategies for Patient Empowerment or Practice Transformation, these summits have proven to be an effective tool “to exchange ideas, strategies and techniques from colleague practices achieving similar goals but perhaps in different ways,” Dr. Gertner said. “Each session has produced creative solutions that have proven valuable to our total body of knowledge.”

He emphasized that because the Patient-Centered Medical Home is based on the team concept, attendance at these summits goes beyond principal physicians. “It’s all about team and total care coordination, so we include nurse practitioners, physician assistants, nurses, office staff, case managers and social workers. Any caregiver who may influence the quality of individual patient care is encouraged to attend our Learning Collaboratives.”

Are local Patient-Centered Medical Homes actually delivering better medicine? According to Dr. Gertner’s metrics, the new patient care paradigm is indeed producing measurable results. “Although the program commenced in 2009 and it’s still early, indicators show a definite shift from treating chronic diseases and patterns of acute visits, to care that is more proactive and preventive. We are seeing measured improvements in many disease specific markers.”



“Each session has produced creative solutions that have proven valuable to our total body of knowledge.”

Among the early improvements cited by Dr. Gertner:

- More diabetic patients are achieving goals of care
- Improved control of blood pressure and cholesterol levels
- More immunizations based on guidelines for influenza and pneumonia

He continued that early indicators also point to a reduction in hospital readmissions. “Smooth transition of care is a major priority in this model. By providing mechanisms for easier access to primary care offices following hospital visits, we are definitely seeing a reduction in the call for, and the costs of, hospital readmissions.”

*Eric Gertner, MD, MPH
Medical Director, Patient-Centered Medical Homes and Practice Transformation*

Valley Preferred – BeneFITSM Health Education and Wellness Program

A key dimension to meaningful health care reform is maintaining individual wellness and avoiding lifestyle choices that may compromise health. The logic is inescapable: healthy employees cost less and are more productive than employees with chronic health challenges.

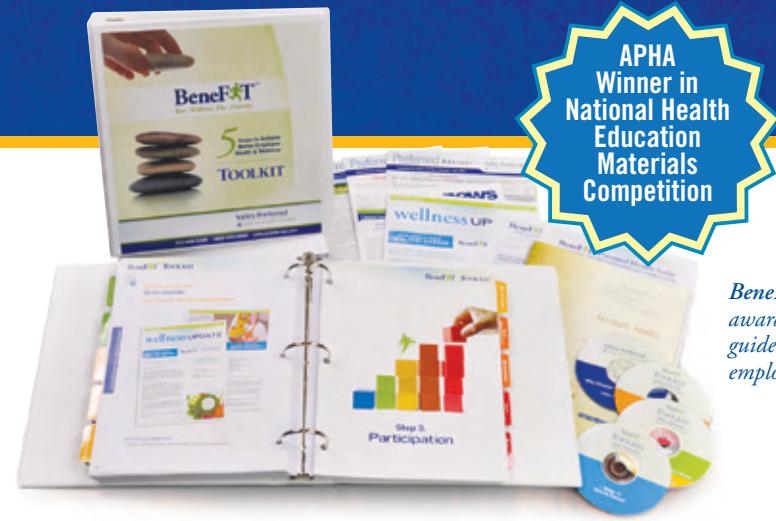
With more regional employers understanding the power of prevention and reduction of risk as ways to keep employees healthy and productive, the demand for qualified professionals to provide worksite wellness services is on the rise. Improving employee wellness depends on access to comprehensive services and resources, combined with a close business relationship with a provider familiar with the unique culture and needs of a particular employee population. There is also a preference for onsite, high-touch professionals with a history of responsive customer service and proven value. Fulfilling both the rising demand and preference for locally-based wellness services is BeneFITSM, Valley Preferred's health education and wellness program.

BeneFIT's comprehensive wellness programs are available to all employers, regardless of the company's health insurance provider or plan. Led by Valley Preferred's own Certified Health Education Specialists, BeneFIT provides employers with access to an integrated team of experts in specific health disciplines, including medical directors, registered nurse health specialists, fitness and nutrition experts, clinical experts, and community health partners.



Everybody Wins with Wellness

An employee of Olympus Corporation of the Americas takes a spin on the Wellness Wheel during an employee health fair held at the corporation's Center Valley headquarters.



APHA
Winner in
National Health
Education
Materials
Competition

*BeneFIT Toolkit, an
award-winning how-to
guide for a successful
employee wellness program*

"Along with the quality of our programs, a key difference for BeneFIT is that we are a local provider for corporate wellness," explained Carol Michaels, Manager of Health Education and Wellness at Valley Preferred. "BeneFIT experts are readily available for worksite support and offer high levels of accountability and service." She noted that, as companies grow in corporate wellness sophistication, their needs evolve from episodic to sustainable, and BeneFIT's locally-based status becomes a valuable, attractive quality for many employers."

A unique product developed by Valley Preferred to augment its corporate health education offerings is the BeneFIT Toolkit, a step-by-step resource guide that empowers employers to develop and sustain wellness programs.

The Toolkit combines a physical, customizable resource with individual consultation and a comprehensive approach to employee wellness. The BeneFIT Toolkit was nationally recognized as the 2011 winner of the national Public Health Education and Promotion Materials competition, conducted by the American Public Health Association (APHA). According to notification sent by Stephanie Parsons, Project Director at the Johns Hopkins Bloomberg School of Public Health, "We received many 'toolkits' this year but the judges were very impressed with yours and selected it as the winner out of many strong entries."

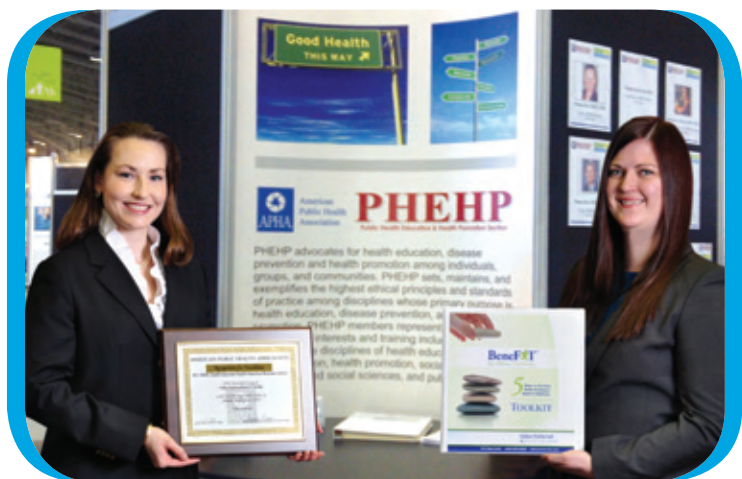


Marketing for the BeneFIT Toolkit featured billboard messages, shown here, as part of a strategic multi-media campaign.

Valley Preferred Disease Management Program Growing, Earns National Performance Certifications

The BeneFIT Toolkit product and its creators were honored at the Award Winning Health Education and Promotion Materials scientific session of the 2011 APHA Annual Meeting held October 29 to November 2, 2011 in Washington D.C. Valley Preferred's Certified Health Education Specialists Carol Michaels and Amanda Greene were invited to present details on the development of the BeneFIT Toolkit in a special session for APHA conference attendees and other national award winners.

During 2011, BeneFIT shared its expertise by providing 244 onsite services to clients including health fairs, training events, seminars, broker information forums and wellness meetings.



Valley Preferred Certified Health Education Specialists Carol Michaels, MPH, MCHES (left) and Amanda Greene, CHES at the awards ceremony for the Public Health Education and Promotion Materials competition conducted by the American Public Health Association.

Caring for the most common chronic conditions consumes the vast majority of health care costs. In Pennsylvania alone, diabetes care and its related manifestations cost more than \$4 billion a year. The great irony is that the majority of these conditions are preventable and, if addressed early, these costs can likely be significantly reduced. If true health care reformation is to be achieved, it must include a mechanism to avoid or mitigate chronic diseases while they are still manageable care-wise and cost-wise. These most common conditions include:

- Asthma
- Congestive Heart Failure (CHF)
- Diabetes
- Hypertension (High Blood Pressure)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease/Vascular
- Hyperlipidemia (High Cholesterol)
- Obesity

Such a mechanism exists in the Valley Preferred Disease Management Program, and its high-performance health care potential is embraced by more practitioners. During the most recent reporting period, the total number of referrals to the Disease Management Program by Valley Preferred member physicians grew by 5.4%; the number of Disease Management referrals from the Physician Self-Audit program increased by 8.2%.

Another high point in the progress of the program came in 2011 when the National Committee for Quality Assurance (NCQA) reviewed and certified both the Disease Management Program and Disease Management systems developed by Valley Preferred and provided regionally by Lehigh Valley Health Network.

NCQA Disease Management Certification standards are intended to help health organizations achieve the highest level of performance possible, reduce patient risk, and create an environment of continuous improvement. According to Christina Lewis, Valley Preferred General Manager, "NCQA Certification is a rigorous, voluntary review process. Valley Preferred is proud that the Disease Management Program achieved NCQA's standards of quality and performance with certification in these two important categories."

The standards are developed with input from researchers in the field, the Disease Management Advisory Council (DMAC), employers, purchasers and operators of disease management programs, state and federal regulators, and other experts.

"Disease management offers tremendous promise for improving the care received by the chronically ill," said NCQA President Margaret E. O'Kane. "By achieving NCQA Disease Management Certification, an organization is showing that it is ready to provide specific services that can help fulfill that promise."

Valley Preferred Quality Improvement Program: An Updated Look at Projects & Progress

Valley Preferred's Quality Improvement Program provides member physicians with the opportunity to achieve new levels of health care delivery efficiency and accuracy, and to pursue these improvements by conducting preliminary research and recommendations on procedures to achieve new best-practice standards.

Since the program's inception in 2009, 34 locally-managed Quality Improvement Program projects have been initiated or completed. All projects must undergo approval by Valley Preferred; project leaders and participating team members are compensated by Valley Preferred for their time and efforts. Here is a partial overview of projects recently completed and currently in process:

- Projects completed
- Projects underway

"We evaluated 300 percutaneous coronary interventions for compliance with 'appropriate use' clinical guidelines. As part of the process, we also studied the catheterization films on each. We found 1% to be in the 'inappropriate' category, significantly less than the 12% reported in a recent study performed in the Midwest and published in the Journal of the American Medical Association in July, 2011."

—William G. Combs, MD
The Heart Care Group

Department of Anesthesiology

PAIN MANAGEMENT

- **Project Leader:** Bruce D. Nicholson, MD
Project Purpose: Develop a compliance program for opioid prescribing, with a focus on seamless reporting of patient opioid prescription and usage patterns shared across the health care continuum.

Department of Family Medicine

GREEN HILLS FAMILY HEALTH CARE

- **Project Leader:** Kimberly Legg Corba, DO
Project Purpose: Increase compliance of performing foot checks on diabetic patients in the practice using monofilament which tests for the presence or absence of skin sensation and identifies individuals at risk for developing diabetic foot ulcers.
- **Project Leader:** Kimberly Legg Corba, DO
Project Purpose: Increase the compliance of administration of the pneumococcal vaccine to diabetic patients in the practice using the current ADA clinical guidelines.



Department of Medicine

AIDS ACTIVITY OFFICE

- **Project Leader:** Jennifer L. Mariotti, DO
Project Purpose: Conduct a survey among residents, attending physicians and office staff on implementing Center for Disease Control recommendations for HIV testing and risk factor screening in clinical practice.

CARDIOLOGY

- **Project Leader:** William G. Combs, MD
Project Purpose: Determined whether patients undergoing Percutaneous Coronary Revascularization at Lehigh Valley Health Network are receiving interventional procedures for appropriate indications.
- **Project Leader:** P. Sean Pandey, MD
Project Purpose: Monitor low-risk patients with chest pain who are admitted for observation from the Emergency Room.

DIABETES AND ENDOCRINOLOGY

- **Project Leader:** Larry N. Merkle, MD
Project Purpose: Meet rising epidemic of Type 2 diabetes, associated with increased cost and cardiovascular complications, through partnerships between Helwig Health and Diabetes Center, General Internal Medicine and Patient-Centered Medical Home.
- **Project Leader:** Marc A. Vengrove, DO
Project Purpose: Monitor time of discharge to first visit at bridge clinic, incidence of severe hypoglycemia from the time of discharge to completion of the bridge clinic, and primary care satisfaction regarding communication of diabetic regimen and suggestions for ongoing care.

GASTROENTEROLOGY

- **Project Leaders:** Sean R. Lacey, MD and Lawrence Bardawil, MD
Project Purpose: Determine the polyp detection rate with first screening colonoscopy.

“We set up a new system to record patient quality reporting data for Medicare patients and, over 12 months, reported on 80% of eligible geriatric patients. Among the conclusions was that we need registry-based reporting because the existing claims reporting system has data inadequacies. It also taught us to actively determine if the patient has a surrogate decision-maker and, if so, to systematically determine who that person is for ongoing inclusion in the patient’s care process.”

— *Catherine M. Glew, MD*
Chief, Division of Geriatrics, Department of Medicine
Center for Healthy Aging



HEMATOLOGY/ONCOLOGY

- **Project Leader:** Eliot L. Friedman, MD
Project Purpose: Monitored a practice’s participation in the Quality Oncology Practice Initiative to provide quantitative results on procedural compliance and the effect on patient care quality.
- **Project Leader:** Gregory R. Harper, MD, PhD
Project Purpose: Monitor baseline cost/charges from sample Lehigh Valley Physician Group patients treated within Lehigh Valley Health Network. These same costs/charges will be tracked for cohorted patients who are seen initially in a multi-disciplinary consultation and navigated through the continuum of cancer care to the completion endpoint.

INFECTIOUS DISEASE

- **Project Leader:** Luther V. Rhodes, III, MD
Project Purpose: Increase awareness among providers of the indications of shingles and local sites of shingles vaccine availability.
- **Project Leader:** Marcelo G. Gareca, MD
Project Purpose: Evaluate the care of HIV patients for influenza vaccine and TB screen for compliance with Department of Health and Human Services, and International Antiviral Society standards.

INTERNAL MEDICINE

- **Project Leader:** John D. Nuschke, Jr., MD
Project Purpose: Conducted a study on current levels of immunization promotion among practitioners and

explored ways to heighten community awareness of the value and availability of immunization treatment.

- **Project Leader:** Catherine M. Glew, MD
Project Purpose: Developed a reporting system of Physician Quality Reporting Initiative measures for nursing home patients.

INTERNAL MEDICINE: GERIATRICS

- **Project Leader:** Anne M. Yawman, MD
Project Purpose: Development of standardized discharge form for patients leaving skilled nursing facilities for visit to primary physician.

PHYSICAL MEDICINE AND REHABILITATION

- **Project Leader:** Wayne E. Dubov, MD
Project Purpose: Measured time parameters for spinal brace order and delivery, and physician orders for patient mobility.

PULMONARY/CRITICAL CARE

- **Project Leader:** Matthew M. McCambridge, MD
Project Purpose: Studied the rate of ventilator-associated pneumonia and the relationship of the types of endotracheal tubes used.

— *Department of OB/GYN*

CENTER FOR WOMEN’S MEDICINE

- **Project Leader:** Joseph E. Patruno, MD
Project Purpose: Monitor the compliance of counseling in patients and documentation with seven areas of preventive care in the OB/GYN setting.

— *Department of Pediatrics*

ABC FAMILY PEDIATRICS

- **Project Leader:** Debra L. Carter, MD
Project Purpose: Improved short-term management of infants affected by congenital conditions through newborn screening.

ENDOCRINOLOGY

- **Project Leader:** Arnold H. Slyper, MD
Project Purpose: Improve identification of obstructive sleep apnea and steatohepatitis in a pediatric endocrine practice.

PEDIATRICS

- **Project Leader:** Oscar A. Morffi, MD
Project Purpose: Developed a fitness program at Parkland School District for obese children with Body Mass Index greater than 95% using elements of contemporary youth culture to optimize engagement, consistency of participation, improved health and self-esteem.

— *Department of Surgery*

PODIATRIC SURGERY

- **Project Leader:** William A. Ofrichter, DPM
Project Purpose: Improvement of lower extremity arterial disease in patients seen by podiatrists through vascular work up and/or referral.
- **Project Leader:** Raymond A. Fritz, Jr., DPM
Project Purpose: Development of a communication strategy for reporting diabetic foot exams to primary care physicians.

UROLOGY

- **Project Leader:** Joseph G. Trapasso, MD
Project Purpose: Compare length of stay for two separate patient groups who undergo a partial nephrectomy either by traditional open incisional approach or by a laparoscopic approach.

Valley Preferred Products, Partnership Support Double-Digit Growth of **Lehigh Valley Business Coalition on Health Care**

The Lehigh Valley Business Coalition on Health Care (LVBCHC) continues to be one of the great regional success stories in employee health care. Employers of all sizes may join the Coalition and enjoy access to affordable health insurance plans, plus other benefits generally associated with larger insurance-buying groups. Five years ago, the Bethlehem-based organization had 59 employer members located primarily in the Lehigh Valley. Today, the Coalition's membership tops 200 employers with more than 80,000 employees representing 200,000 lives throughout the region. As more employers learn the "strength in numbers" advantages of membership, this growth is accelerating. The LVBCHC has grown by at least 15% every year since 2009.



*Thomas J. Croyle, President
Lehigh Valley Business Coalition on Health Care*

In times when employers are pressured by economics and searching for cost-effective answers to their health coverage challenges, the Coalition is exceptionally well-positioned to provide solutions. "There are multiple reasons for our growth, but high on the list are partnerships with innovative health organizations like Valley Preferred," said Thomas J. Croyle, President of the Lehigh Valley Business Coalition on Health Care. "All employers want healthy and productive employees. But not all health insurance plans offer the clinical provisions to promote employee health. Valley Preferred's wellness and disease management resources are some of the tools employers need to make a positive change in their employees' health.

"Innovative products, like the *Lehigh Select* plan, are at the vanguard of a new breed of health coverage that employers and brokers need to make a difference in an insured population's overall health and the costs affected by it. The foresight to build health plans with local, measurable mechanisms to protect employee health is a major reason for their eager adoption by the employer community and for the success of our organization."

Croyle noted that the Coalition's partnership with Valley Preferred goes well beyond the financial feasibilities of their collaborative health plans. "Valley Preferred's licensed health professionals volunteer on our committees and at educational events for our members. They generously provide valuable perspectives and counsel to help us continue to grow through service to our employer membership. It's truly a team effort and our partnership with Valley Preferred helps us improve the delivery, cost and quality of health care for our employers and our community."

Valley Preferred's **Clinical Collaborative Products**

These are affordable health plans designed through the collaboration of Valley Preferred and major health insurers. Clinical Collaborative Products deliver extraordinary value for employers because they feature high-level wellness, prevention, care management and health data tracking components. Two Clinical Collaborative Products available through brokers or Valley Preferred are:

- *Lehigh Select* is a high-value health plan with comprehensive disease management and wellness programs from HealthAmerica and Valley Preferred. A three-tiered PPO plan, TIER 1 offers employees lower out-of-pocket costs when they choose from Valley Preferred's 1,025 (Lehigh Valley Health Network) select physicians. TIER 2 offers access to a broader range of providers, and TIER 3 is out-of-network.
- *Valley Series* suite of products are affordable three-tiered health plans that offer comprehensive disease management and wellness programs from UnitedHealthcare and Valley Preferred. TIER 1 includes 33 of the region's hospitals and more than 3,000 physicians and health care professionals in Valley Preferred's service network; employees have lower out-of-pocket expenses. TIER 2 offers employees care within UnitedHealthcare's national network of 668,000 physicians and health care professionals. TIER 3 is out-of-network.



Brokers Embrace Valley Preferred's Products, Services and Recognition of Their Role

Health insurance brokers serve an invaluable role in helping companies navigate through the ever-increasing complexities of health coverage. Valley Preferred has always recognized the importance of broker involvement and continues to place a high priority on the development of broker-favored services and products. Among the resources available to brokers through Valley Preferred are educational events, communications, and the ready availability of clinical experts and other specialized personnel for client presentations. Another powerful business-building tool is access to Valley Preferred-designed Clinical Collaborative Products like *Lehigh Select*, offered through HealthAmerica, and *Valley Series*, offered through UnitedHealthcare.

"Valley Preferred's service quality and unique coverage products have definitely helped us to open more doors," confirmed Jason A. Innantuono of Indicon, Inc., a family-operated employee benefits brokerage firm serving employers throughout the Lehigh Valley. "Their Clinical Collaborative Products are high-value health plans designed to control costs. One of the ways they achieve this is by integrating wellness and disease management into the plans. These features provide the means to prevent or intelligently manage chronic conditions and the costs that come with them."

Along with attractive broker product offerings, Indicon President and Chief Executive Officer John J. Innantuono appreciates the stability of service that Valley Preferred has demonstrated to his firm and clients through the years. "They've always had a stable base of knowledgeable personnel. They're also local, so they have superb linkage to leading local health care providers. That is important to coverage plan quality and client satisfaction. And they've always been strong on the clinical management of health care. Valley Preferred has the personnel, data and resources to deliver on their value proposition...and they do so on a consistent basis."



*Indicon, Inc. President and Chief Executive Officer
John J. Innantuono, CFP, ChFC, MSFS
and Jason A. Innantuono, CFP*

For several years, Patty Cox served as the benefits manager for a large corporation. So when she came to the broker side of the table with the Yurconic Agency's Group Benefits Services, she brought an appreciation for the value of employee wellness programs. "Every employee group is rated on the health of their enrolled population. Obviously, a healthy population has lower risk and lower cost. Valley Preferred's wellness initiatives have enabled employers to interact in a very positive, pro-active manner on the management of their health care costs," she said.

In her experience, the key to a successful wellness program is the level of employee acceptance. "You must have willing participants to assimilate wellness into the company. Valley Preferred's BeneFIT wellness program has the expertise, surveys, data collection, communications, employee outreach events and other tools to engage employees in a culture of wellness tailored to each company. They also bring a personable way of working with employees that is unique to any wellness program in my experience."



*Patty Cox, CBC
Lead Producer, Group Benefits Services,
Yurconic Agency, Life & Health Division*

Valley Preferred: Real Clients. Real Health Solutions.



Sabrina Zerphy, Chief Financial Officer of Solar Technology, Inc. of Allentown, Pa., a global leader in innovative design and manufacturing of solar-powered portable traffic control equipment.

“...well worth the investment.”

“We have 80 employees and most are males in their mid-30s, still young enough to feel invincible to health problems. I care about them and have tried to encourage them to take charge of their health now, in order to prevent problems later in life. But they needed more convincing, so I contacted Valley Preferred’s BeneFIT wellness program.

“Valley Preferred’s Certified Health Education Specialists conducted a health fair at our plant four years ago. Our employees genuinely appreciated it and attendance was in the high 90% range. Since then, BeneFIT has been coordinating health fairs at Solar Tech every year. As an employer, I feel that whatever I can do to improve my employees’ health is well worth the investment.

“Last year, we had an employee who had a very high blood pressure screening at our health fair. He is now taking better care of himself. That experience may have saved him from a stroke or worse.

“We also contracted Valley Preferred and BeneFIT for their tobacco cessation program. We had 17 employees sign up and all but a very few stuck with the program over its six-month span. The majority declined in their tobacco use and three actually quit, including one who I thought never would. I was pleased with BeneFIT’s work and their results.”

Large or Small, Valley Preferred’s Responsive Service Wins Customer Confidence

“We were happily surprised...”

With its compact congregation of 130, Reverend Elizabeth Goudy’s Metropolitan Community Church in an urban Allentown neighborhood only needed health coverage for two full-time employees. “But that didn’t diminish Valley Preferred’s interest in helping us,” she said. “They came to us, listened, and delivered on the health coverage we needed.

“We were happily surprised by Valley Preferred’s accessibility, service and the quality of their information. I particularly look forward to receiving their monthly newsletter.”

—*Reverend Elizabeth Goudy, MDiv
Pastor
Metropolitan Community Church
Allentown, Pa.*



“They did an excellent job.”

“Univest has 560 employees and Valley Preferred’s BeneFIT wellness program was instrumental in getting us up and running with health awareness and education. We’ve engaged their BeneFIT team for multiple health fairs and employee health education events. They did an excellent job and were able to provide great presenters for any health topic I requested.”

—*Julie Sheehan
Benefits Specialist
Univest Bank and Trust Co.SM
Souderton, Pa.*

“...the whole experience was spectacular.”

Bethany Wesleyan Church in semi-rural Cherryville, Pa., has more than 700 congregants and is expanding to accommodate growth in its daycare and community services. Before working in the church business office, Lorraine Gundrum, the administrative assistant, served a decade as practice manager in a busy medical practice.

“I was very familiar with the quality of Valley Preferred so I turned to them first. The transition to a new health coverage plan went very smoothly. A very important factor for us was the access to Lehigh Valley Health Network, where the care is excellent.

“Valley Preferred’s BeneFIT team held a health fair for our church and daycare staff. Our people thought the whole experience was spectacular. One staff member had a high blood pressure reading and is now on medication and doing well. Another staff member keeps up with his exercise ‘religiously’ guided by BeneFIT’s online wellness program.”

—*Lorraine Gundrum*
Administrative Assistant
Bethany Wesleyan Church
Cherryville, Pa.



“...worked out well for our family business.”

“We’ve been with Valley Preferred for more than five years and I feel very comfortable with their knowledgeable service and value. We have a Health Savings Account which our business funds. It was easy to set up, is structured with a higher deductible but lower premiums, and this plan has worked out quite well for our family business.”

—*Susan Krause*
Krause Enterprises
Nazareth, Pa.

“...exceptional coverage and service value...”

As the Finance Manager for Renewal by Andersen of Northeast PA, Terri Kaub keeps a sharp eye out for value, particularly on major company expenditures like health coverage for the firm’s eight full-time employees.

“We shop annually. I found the best value by becoming a member of the Lehigh Valley Business Coalition on Health Care, enabling us to participate in the *Lehigh Select* plan. With this plan we get the coverage strength of HealthAmerica and the local service of Valley Preferred. Through this collaboration, we’re enjoying plan benefit value and a high level of personalized service we’d never get without being a member of a larger buying group.

“We’re a service company. So when you’re driven to deliver good service every working day, you naturally expect good service back. And that’s what we get with Valley Preferred.

“As a smaller employer, you can get lost in the service shuffle with larger health insurers, and we have experienced that frustration in the past. When I contact my Valley Preferred representative, I get a response right away. My calls have never gone into voicemail or a message system. My e-mails always get a prompt, knowledgeable response as well. It’s been great and I know we are getting exceptional coverage and service value for our health care dollars with Valley Preferred.”



Terri Kaub, Finance Manager, Renewal by Andersen of Northeast PA, located in South Whitehall, is the regional window replacement branch of Minnesota-based manufacturer Andersen Corporation.

Reforming Health Care at the Community Level

Camp Red Jacket is a free summer day camp for children ages 6 to 12 who have Type 1 (juvenile) diabetes. Now entering its 12th season, the camp served 43 children with 20 junior counselors and additional adult volunteers. It is supported in part with resources provided by Valley Preferred and Lehigh Valley Health Network's Helwig Health and Diabetes Center.

On the 40 forested acres of Camp Fowler in Orefield, Pa., Camp Red Jacket combines outdoor adventures and cabin games with clinical education to help the youth hone their diabetes self-management skills.

"We have nurses, dietitians and clinical staff to oversee the children and help them manage their diabetes," explains Terry O'Neil of the Helwig Health and Diabetes Center. "Many of the kids first learned to administer their own insulin injections here at camp. We give them the knowledge and motivation they need to stay healthy. Being with so many other kids sharing the same health challenges lets them know that they are not alone with their diabetes. It's a very uplifting experience to see them grow in confidence."

And after their daily diabetes lessons? "Tug-of-wars with the counselors, catching minnows in the stream, silly sing-alongs...they do what all kids do at summer camp," she smiles, "have fun and enjoy being a kid."



Camp Red Jacket volunteers from the Helwig Health and Diabetes Center: (from Left) Patricia LaSalle, RD, CDE, MS, LDN; Mary Cipolle, RN, BSN, CDE; Terry O'Neil



Camp Red Jacket – Class of 2011

Every summer, Valley Preferred helps support two summer camp programs for local kids with chronic health conditions. Our staff volunteers and contributed financial resources help make a difference in the young lives of children with asthma and diabetes. By sharing their knowledge as clinicians they help these children learn how to self-manage their conditions, and by sharing their love of summertime fun they help make unforgettable camp memories for everyone, including themselves.

*Mary Lou Phillips, MSN, CRNP,
Asthma Camp Director,
Asthma Camp of the Greater
Lehigh Valley*



Asthma Camp of the Greater Lehigh Valley

is a free overnight camp which provides asthmatic children from ages 7 to 12 with a rustic two-day overnight camping experience and personalized asthma self-management education. Conducted by the American Lung Association of Pennsylvania at Camp Fowler with the help of clinical volunteers, the camp served 36 children last summer.

Along with providing asthma kits, peak flowmeters and other care tools, a team from Valley Preferred led by Valley Preferred General Manager Christina Lewis provided one-on-one asthma education and participated in traditional camp activities.

“We have all the fun of a sleepover camp along with six personal assessments by our medical team and monitoring during all camp activities,” says Mary Lou Phillips, CRNP, an educator with DeSales University’s School of Nursing and a nurse practitioner at Allentown Asthma and Allergy practice who volunteers as the camp’s medical director. “We swim, hike, play games and use these experiences to teach the kids about asthma physiology, triggers and relaxation techniques. Sometimes it’s organized chaos but that’s okay...it’s summer camp!”



Asthma Camp of the Greater Lehigh Valley – Class of 2011

Continued Success for Valley Preferred Spirit of Courage Award Celebration

For the sixth straight year, attendance at the Valley Preferred Spirit of Courage Award Celebration held strong as first response professionals and guests gathered to honor individuals for extraordinary acts of heroism, or for outstanding work in promoting fire safety and burn prevention education. Proceeds from the annual event benefited the Burn Prevention Network and Lehigh Valley Health Network Regional Burn Center.

This year's ceremony was held October 4, 2011 on the campus of Lehigh Valley Hospital—Muhlenberg. More than 600 attendees heard the first-hand stories of how hometown heroes courageously saved others from the potential tragedy of fire-related accidents, and had the opportunity to visit the lifesaving and technological displays.

Valley Preferred's Executive Director, Jack A. Lenhart, MD (right), shared speaker duties with Burn Prevention Network Executive Director B. Daniel Dillard, Lehigh Valley Health Network Regional Burn Center's Medical Director Daniel D. Lozano, MD, and Jacqueline Fenicle, RN, Administrator, Patient Care Services.



The Partners in Prevention Award was presented to Claude Kohl, Jr., Assistant Chief (Retired), Allentown Fire Department, by Pennsylvania State Fire Commissioner Ed Mann, Honorary Chairman of the Valley Preferred Spirit of Courage Award program.



"It was apparent from this year's attendance and energy that the Valley Preferred Spirit of Courage Award program has clearly reached a new level of recognition among the region's first responders and the community in general," said B. Daniel Dillard, Executive Director of Burn Prevention Network. "The evening provided a one-of-a-kind experience. It showcased the most noble aspects of the human character and, in today's world, we can all use more of that inspiration. The Burn Prevention Network is proud to have a partner like Valley Preferred to support our work and promote fire education for the safety of families here in our community and throughout Eastern Pennsylvania."

Nominations for the 2012 Valley Preferred Spirit of Courage awards are being accepted until June 15, 2012. Eligible heroic deeds or educational efforts must have taken place between June 1, 2011 and May 31, 2012. The award celebration is scheduled for October 2, 2012.

Valley Preferred Wins GOLD AWARD in Largest Health Care Awards Competition

Valley Preferred has won a Gold Award and three other awards in the 28th Annual Healthcare Advertising Awards, sponsored by **Healthcare Marketing Report** of Atlanta, Ga. Nearly 4,000 entries were received in the 2011 program, making it the industry's largest health care advertising awards competition.

The Gold Award went to Valley Preferred in the Radio—Single Spot category for its 60-second commercial titled "Healthier Choices—Best Policy."



A Bronze Award was also won by Valley Preferred in the Newspaper—Single Ad category along with two Merit Awards in the Annual Report and Outdoor categories. A national panel of judges was engaged in reviewing all entries based on creativity, quality, message effectiveness, consumer appeal, graphic design and overall impact. **Healthcare Marketing Report** is a leading national publication covering all aspects of health care marketing, advertising and strategic business development.

Valley Preferred Cycling Center: Growth in All Community Fitness Programs

Few communities can claim a fitness venue as unique and exciting as the Valley Preferred Cycling Center. Throughout its 36-year history, the bicycle racing track in Trexlertown, Pa., has built an international reputation for the excellence of its professional and amateur racing programs, and is widely recognized as one of the nation's leading incubators of future cycling champions, due to the enduring quality of its developmental programs.

Consistent with Valley Preferred's goal to provide the Lehigh Valley community with accessible, engaging fitness activities, the Valley Preferred Cycling Center showcased yet another successful season with all community programs up by at least 10% participation over the previous year, according to Marty Nothstein, Executive Director. "These were all-time highs in participation and the interest levels continue to grow with every season. In order to keep up with interest from local families, we are now looking at expanding several of the programs for 2012."

Many of the Valley Preferred Cycling Center's programs are offered to the public for free or at nominal cost, providing affordable and fun fitness activities coached by USA Cycling-certified experts. Among the facility's leading community programs are:

- **PeeWee Pedaler Youth Cycling Program** for boys and girls, ages 5 to 8.
- **Red Robin Marty Nothstein Bicycle Racing League** for boys and girls, ages 9 to 16.
- **Air Products Developmental Cycling Program** with both youth (ages 5 to 18) and adult sessions.
- **Try the Track!** – Open to all starter-level cyclists from age 12 or older.
- **Rodale Corporate Challenge** featuring up to 16 corporate-sponsored teams competing in a round-robin series of racing events.



Otis Engel of PeeWee Pedalers
Youth Cycling Program



Red Robin Marty
Nothstein Bicycle
Racing League

"Our partnership with Valley Preferred has enabled us to offer our community the finest developmental cycling programs in the United States," said Nothstein, an Olympic gold medal cyclist who started on his path to international champion status through the programs offered at the Valley Preferred Cycling Center. "This is particularly valuable in an era when so many youngsters are at risk for obesity, diabetes and other health-threatening conditions. We're proud of the difference we're making in the health of our Lehigh Valley community and grateful for the support of Valley Preferred and other corporate leaders which is essential to our work and continued growth."

Valley Preferred's own Corporate Challenge Teams once again proved to be competitive in the sixth annual Rodale Corporate Challenge Race series held August 12, 2011. Dueling against the region's top corporate cycling teams, Valley Preferred's team brought home two trophies.



2011 Valley Preferred Corporate Challenge Team

Front Row (L to R): Joseph Candio, Jr.; Catrina Kemmerer, RN; Wayne Dubov, MD; Hubert Huang; Kim Procaccino, RD; Julie Antidormi, CRNA; Randy Smargiassi, DPM; Richard Boorse, MD, Captain; Richard Massaro, MD

Rear Row (L to R): Jeff Halbert, OT; Gary Riddell; Christopher Ward; Ben Preiss; Patrick Duffy, MD; Angelo Procaccino; Chrissy Saraceni, MD; Susan Krieg, MD; Paul Gordon; Meg Moore, MD

Looking Ahead: Health Care Reform

For insights into the present and future effects of reforming health care in our community, Valley Preferred called upon the leadership perspectives of Ronald W. Swinfard, MD, President and Chief Executive Officer of Lehigh Valley Health Network.

Q: What's your general opinion on federal health care reform and its effect on American health care delivery systems?

A: I believe the health care reform bill had the right intention—higher quality health care at a lower cost. But the 'how to' has always been the missing piece. The bill has many health systems and insurance companies positioning for the future in a wide variety of ways.

Q: Is Lehigh Valley Health Network positioned to reform health care in our community?

A: We know we are well-positioned, thanks in large part to our physician-integrated structure. The proposed changes require physician leadership and innovation. As one of the nation's leading physician-driven networks, these advantages have long been at the core of our culture. Because of this, we are already ahead of the reform curve in many pivotal ways.

Q: Can you cite some examples?

A: Primary care physicians are at the front lines of American health care. But they are overworked, under-compensated and fewer medical school graduates are entering primary care as a result. Lehigh Valley Health Network recognizes primary care as an integral part of our health care continuum and is deeply committed to providing the resources and support primary care physicians need to fulfill their role and deliver progressively better medicine in the process. Our commitments to the Patient-Centered Medical Home and Electronic Health Records initiatives are two examples. We are also closely exploring ways to change the compensation structure for primary care physicians, shifting



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

the payment focus from a volume-driven structure to a value-driven one. We are teaming closely with Valley Preferred and Lehigh Valley Physician Hospital Organization, Inc. in these efforts and our collaboration is progressing well.

Q: What is one of the major challenges to reforming health care?

A: I'm an optimist, so I tend to look for opportunities in change. But challenges may arise when you get payers and providers trying to work together. As providers, we know we need collaborative relationships with payers. I think payers are still trying to determine their future with health care reform. Lehigh Valley Physician Hospital Organization, Inc. has proven through numerous initiatives that our physicians embrace the opportunities in health care reform. Together, Lehigh Valley Health Network and Valley Preferred currently have several innovative programs underway focused on delivering measurable quality and value. We continue to have active dialogue with the payer community and are confident that through collaboration we can all work together to reengineer the future of health care.

Lehigh Valley Physician Hospital Organization, Inc.

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