

Winter 2019

Better Medicine

Lehigh Valley Health Network

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Better Medicine

FOR PROVIDERS BY PROVIDERS



MAJOR ENHANCEMENTS FOR CHILDREN'S HOSPITAL

Significant boost for pediatric care

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Managing Opioids: Strategies for Supporting Primary Care Clinicians

By Kevin McNeill, MD

About the author: Kevin McNeill, MD, is a family medicine physician at LVPG Family Medicine—Hamburg.



Kevin McNeill, MD
Family medicine

ABOUT TWO YEARS AGO, I STARTED SEEING MORE PATIENTS WITH CHRONIC PAIN AND COMPLEX PAIN DISORDERS and subsequently gained new insights into the challenges of treating these patients effectively and compassionately in the midst of a nationwide opioid crisis. Today, I am collaborating with colleagues in primary care and across multiple specialties to provide opioid management resources and training for Lehigh Valley Health Network (LVHN) clinicians.

Although primary care physicians write more than 40 percent of opioid prescriptions in the U.S., many struggle with helping patients navigate the benefits and dangers of these medications. Primary care practitioners need to be able to assess a patient's risk for addiction, offer alternatives to opioid therapy and carefully monitor patients' pain relief progress.

Developing resources

Just as pain treatment requires a multimodal approach, so does opioid management and stewardship. LVHN primary care practices are employing the following strategies:

- **Urine drug screenings** – These tests are performed regularly to ensure that the medication is being taken as prescribed and detect unreported use of medications.
- **Developing opioid prescribing data and resources** – All Pennsylvania prescribers of Schedule II-V substances are required to register with the Pennsylvania Department of Health's Prescription Drug

Monitoring Program (Pennsylvania PDMP) and query the system each time a new controlled substance is prescribed. LVHN also has developed a pain toolkit, which is embedded into the Epic electronic medical records system and offers standardized documentation and clinical guidelines. The toolkit also contains guidance on how to taper dosages and wean patients off of opioids, as well as links to addiction treatment.

- **Requiring informed consent and controlled substance agreements** – All patients who are prescribed opioids must review and sign these documents to indicate that they understand the risks of these medications and are prepared to fulfill their responsibilities, including securely storing pills and agreeing to urine screenings and pill counts.

Warm handoffs to addiction services

LVHN offers medication-assisted treatment (MAT) with buprenorphine for patients with opioid use disorder. Primary care physicians can consult an on-call Addiction Recovery Specialist to initiate immediate treatment of withdrawal symptoms. The network also has partnered with Pyramid Health, a local drug treatment center, which provides ongoing MAT as well as an array of treatment and counseling services.



TO REFER A PATIENT TO PRIMARY CARE, CALL 888-402-LVHN (5846).

Fostering a Culture of Patient Safety

By Thomas Whalen, MD

About the author: Thomas Whalen, MD, is Executive Vice President and Chief Medical Officer at Lehigh Valley Health Network.



Thomas Whalen, MD
Chief Medical Officer

IN NOVEMBER 2018, THE LEAPFROG GROUP, A NONPROFIT INDEPENDENT WATCHDOG ORGANIZATION, AWARDED FOUR LEHIGH VALLEY HEALTH NETWORK (LVHN) HOSPITALS (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Pocono and LVH–Hazleton) with “A” grades for patient safety. This was a testament to LVHN’s continuing commitment to keep patient safety at the core of everything we do.

We aim to be a high-reliability organization, operating in a complex, challenging environment without causing harm. This requires effective standardization of health care processes – but even more importantly, it demands a persistent mindfulness and relentless focus on patient safety by every member of our staff. Here are a few of the steps we’ve taken to create and nurture a culture of patient safety.

We aim to be a high-reliability organization, operating in a complex, challenging environment without causing harm. Here are a few of the steps we’ve taken to create and nurture a culture of patient safety.



Empowering all team members

We advocate using “CUS” words to express discomfort or disagreement regarding actions or inactions related to patient safety. CUS is an acronym that stands for “Concerned, Uncomfortable, Stop.” For example, a resident may tell her attending that she is *concerned* about a patient’s blood glucose level. If that does not work, she then states why this makes her *uncomfortable*. Finally, she is empowered to say, “*Stop.*” Using CUS words provides a standardized escalation of intervention for patient safety.



Encouraging anonymous reporting

Any staff member can report a safety concern or incident by simply clicking on the event reporting icon – found in the SSO toolbar – on every LVHN computer. Last year, there were 24,000 reports, covering everything from a slip on a wet floor to postoperative infections. These reports are regularly reviewed by our Senior Management Council and Patient Safety Council and are invaluable in helping to pinpoint and remediate problems and prevent future patient safety issues. Such reports can be made anonymously by calling the Patient Safety Hotline.



Recognizing near misses

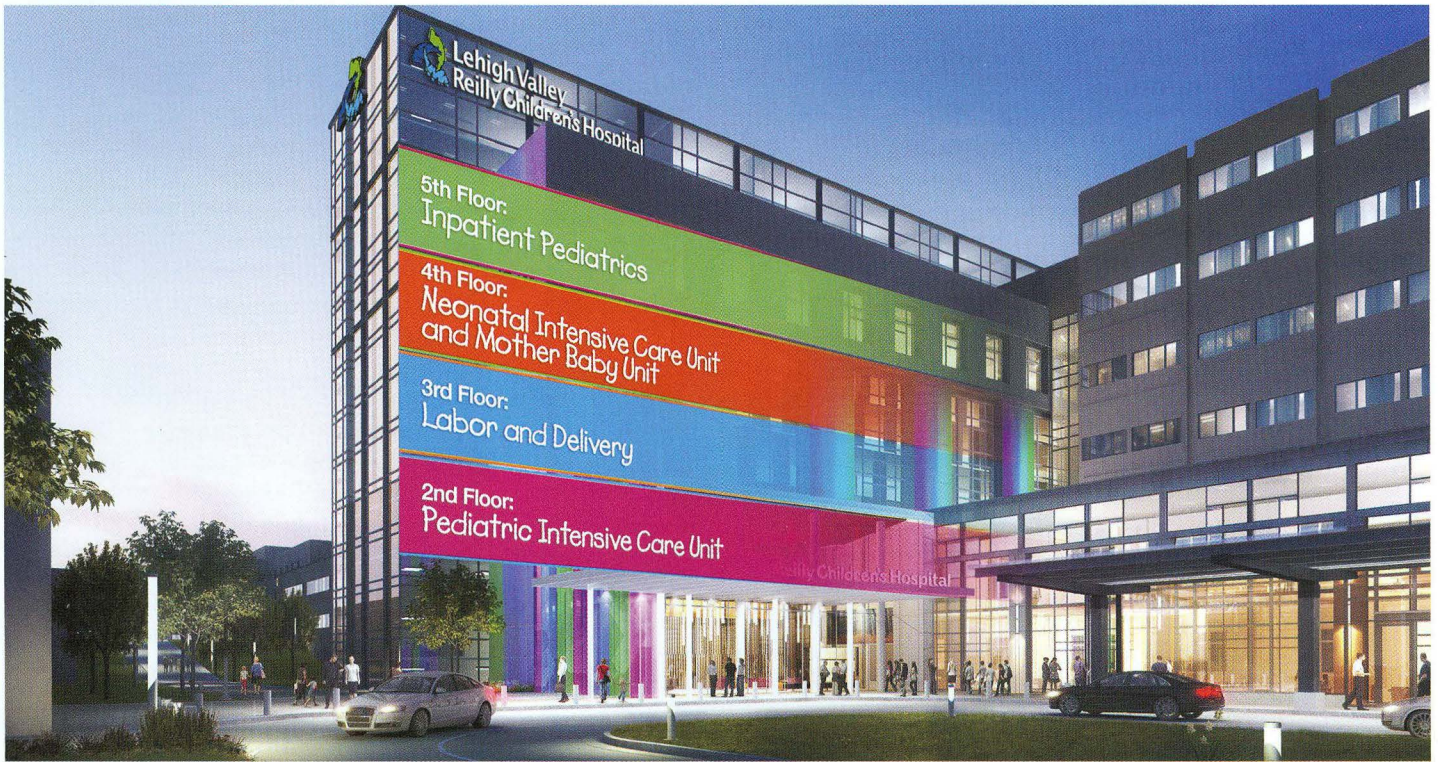
When someone stops an event that could have caused harm to a patient, we aim to not only recognize but also celebrate that vigilance with “Great Catch” awards. Anyone can nominate a colleague for the award, and those individuals may then be entered in the Pennsylvania Patient Safety Authority’s “I Am Patient Safety” contest. In 2018, LVH–Muhlenberg’s Dawn Emes, BSN, RN, won the authority’s “Good Catch” award for flagging a hospital-wide glitch in the telemetry alarm system.



Keeping the conversation going

We are constantly searching for innovative ways to spotlight and prompt discussion around patient safety. In July 2018, LVHN hosted a screening of the nationally recognized documentary, “To Err Is Human,” followed by a panel discussion with the filmmaker and LVHN patient safety leaders. More than 200 individuals attended, including clinicians who were awarded CE credits. This type of activity is critical to our educational efforts.

Patient safety and high reliability is an ongoing process. We are proud of the work that we have done so far and look forward to strengthening our commitment and culture in 2019. 🌟



Children's Hospital Gains New Name and Enhanced Mission

With donation from J.B. and Kathleen Reilly, pediatric services and facilities will grow



J. Nathan Hagstrom, MD
Pediatrics

LEHIGH VALLEY HEALTH NETWORK (LVHN) RECEIVED ONE OF THE LARGEST GIFTS IN ITS HISTORY FROM LOCAL PHILANTHROPISTS

and business owners J.B. and Kathleen Reilly. The gift will be dedicated to supporting ongoing enhancements to programs, services and facilities of the Children's Hospital, now named Lehigh Valley Reilly Children's Hospital.

30+ pediatric specialties

LVHN has cared for more kids than any other health system in the area since the 1970s. As part of its commitment to the care of children, LVHN opened the Children's Hospital at Lehigh Valley Hospital in 2012. The Reillys' gift will bring a host of more than 30 pediatric specialties – from childhood cancer to cystic fibrosis –

all under one roof.

"With the consolidation into a true children's hospital, we will grow services and touch even more lives," says J. Nathan Hagstrom, MD, Physician in Chief, Lehigh Valley Reilly Children's Hospital. "Just as these kids are growing fast, so are we."

The Reillys' gift will fund updates to the hospital's Level IV neonatal intensive care unit (NICU) – the highest level NICU in the area – as well as the construction of a new pediatric inpatient unit, complete with 30 private rooms and child-friendly touches, such as doors labeled by colors and animals, and spaces for families to play with little ones. The region's only pediatric intensive care unit (PICU) will be expanded to 12 beds with additional spaces for families, and more child-life specialists will be hired

to help kids cope emotionally while they're in the hospital.

A new designated entrance for Lehigh Valley Reilly Children's Hospital also will be built, and the Children's ER – the only one of its kind in the region – will grow by 14 beds and open in 2021.

Firsthand experience

This is not the first time the Reillys have given to LVHN.

In 2016, the family also gave to what became the J.B. and Kathleen Reilly Children's Surgery Center, which focuses on minimally invasive and state-of-the-art technologies for the hospital's smallest patients. The surgery program now will expand to include more comprehensive care for congenital defects, hearing impairments and

gastrointestinal disease.

The Reillys know firsthand what it is like to have a child face a life-threatening health issue. Years ago, on two separate occasions, both of their daughters' lives were saved by doctors at LVHN before being transferred outside the region for specialized care. As LVHN increasingly invested in providing more specialized care so fewer children with a serious illness needed to leave the region, the Reillys saw an opportunity to help the children's hospital do even more.

"We learned a lot," Kathleen Reilly says. "How important it is to be close not just to health care, but to pediatric health care."

Dramatic impact

The couple hopes their gift will help care for the children of the Lehigh Valley and beyond for many years to come.

"If children don't have good health, it's very hard for them to succeed and thrive in other ways," Kathleen continues. "I would like the children's hospital to be considered a jewel in the crown of the Lehigh Valley. The Lehigh Valley deserves it, and I hope the community will rally to support it."

President and Chief Executive Officer of LVHN Brian Nester, DO, MBA, FACOEP, believes they will.

"The Reillys have provided a transformational gift that will dramatically impact pediatric care across our region," Nester says. "Rare and generous gifts like these have the opportunity to improve the lives of children and families for decades to come."



Leadership in Pediatric Care

Lehigh Valley Reilly Children's Hospital and its affiliated practices offer more resources for pediatric care than any other institution in the region:

- The region's only children's emergency department, PICU and Level IV NICU
- The only Level II pediatric trauma center in the region
- More than 30 pediatric medical and surgical subspecialties and more than 100 pediatric subspecialists
- Member of the Children's Oncology Group (COG) conducting multi-institutional clinical trials for the treatment of childhood cancers
- Accredited by the Cystic Fibrosis Foundation as an affiliate Cystic Fibrosis Care Center in partnership with the Children's Hospital of Philadelphia
- Pediatric primary care practices providing comprehensive care for more than 128,000 infants, children and adolescents throughout the greater Lehigh Valley
- The largest regional burn center in Pennsylvania verified through the American Burn Foundation with expertise in the care of children
- Member of the Children's Hospital Association
- Designated as a "Baby-Friendly Facility" by the national Baby-Friendly USA Initiative



TO REFER A PATIENT FOR PEDIATRIC CARE, CALL **888-402-LVHN (5846)**.



◀ J.B. (left) and Kathleen Reilly (right) with LVHN President and Chief Executive Officer Brian Nester, DO, MBA, FACOEP, at the event where the Reillys' gift was announced.



It Takes a Team to Treat Head and Neck Cancers

New multidisciplinary clinic brings patients more streamlined, effective treatment



Robert Prosnitz, MD
Radiation oncology

ADVANCES IN SURGICAL, MEDICAL AND RADIATION ONCOLOGY

OFFER MORE OPTIONS to treat head and neck cancers than ever before. Expanding options, however, also means growing complexity in treatment and recovery plans. A collaborative approach is essential.

Lehigh Valley Cancer Institute, part of Lehigh Valley Health Network (LVHN), has long offered multidisciplinary clinics (MDCs) for cancers of the breast, lung, gastrointestinal system and other sites. Now, the Cancer Institute is proud to add the head and neck cancer MDC to this list.

“For the first time at our institution, we can bring together experts in head and neck surgery, medical oncology, radiation oncology, and other areas into a single clinic,” says Robert Prosnitz, MD, Vice Chair, Department of Radiation Oncology. “We can provide more coordinated care and assistance in what can be very complex decision-making for these patients.”



Chetan Nayak, MD
Head and neck surgery

Teamwork matters

While oncologists collaborate in the treatment of any cancer, head and neck cancers can be extremely complicated, with complex anatomy and many disparate elements of treatment.

“The location of the cancers are varied, and the results of surgery, radiation and chemotherapy can all have different potential side effects,” says Chetan Nayak, MD, fellowship-trained head and neck surgeon, with LVPG Ear, Nose and Throat. “These cancers also can affect speech, swallowing and nutrition. There may be aesthetic implications after complex surgeries.”

The MDC brings everyone involved in a patient’s treatment and recovery together in one place. Caregivers can weigh treatment options together, in real time, and answer all of the patient’s questions in one sitting. Clinical trials specialists from the Cancer Institute also evaluate every patient for enrollment in the latest therapeutic trials.



Brian Patson, MD
Hematology oncology

“Bringing everyone into the same room is very helpful as we discuss what the most effective and least toxic or morbid approach is to treating these cancers,” Prosnitz says. “In some cases, there may be multiple ways a patient could be treated. Patients also have access to more clinical trials, and are more likely to be enrolled, than when working through individual physicians’ offices.”

As part of the head and neck MDC, a nurse navigator is a member of the team and stays in regular contact with patients. The nurse navigator helps connect patients with social workers, financial coordinators, genetic counselors and other members of the cancer support team.

Leading-edge care, close to home

Physicians across the continuum agree that the MDC model is the optimal choice for managing complex head and neck cancers. Typically, only large academic centers can support a full multidisciplinary team in one location. With the new MDC, the Cancer Institute is once again bringing state-of-the-art cancer care to patients.

“When patients meet with specialists separately, without intercommunication, it can be very confusing,” says Brian Patson, MD, medical oncologist and program director for the Hematology Oncology Fellowship Program, with LVPG Hematology Oncology. “By having everyone around one table having this conversation, we can optimize the coordination of care, as well as patient satisfaction.”



TO REFER A PATIENT FOR TREATMENT AT A LEHIGH VALLEY CANCER INSTITUTE MDC, CALL 888-402-LVHN (5846).

Carcinoma Doesn't Have to Mean Surgery

Radiation can be a powerful tool in the treatment of skin cancers



Dennis Sopka, MD
Radiation oncology

WHEN PATIENTS PRESENT WITH WHAT APPEARS TO BE SKIN

CANCER, physicians typically refer to a dermatologist for biopsy. Surgery often follows, with everything that comes with it: anxiety, long recovery times. If the lesion is in a cosmetically sensitive area, surgery may even cause disfigurement and require follow-up plastic surgery.

However, many patients and even physicians don't realize that they may have another option. For non-melanoma skin cancers, radiation therapy can be an effective alternative.

"Surgery is not the only way to manage skin cancers," says Dennis Sopka, MD, radiation oncologist and Chair, Department of Radiation Oncology. "We often can achieve very similar results, maintaining excellent levels of local control with improved cosmetic appearance and quality of life."

Using radiation

Radiation can play a treatment role in all types of skin cancers, but that role can vary. For patients with melanoma, radiation has long been used as adjuvant treatment following surgery. For patients with the most common cancers, basal cell or squamous cell carcinoma, however, surgery may not be needed at all.

"Almost all these cases can be treated with radiation alone," says Hasan Danish, MD, radiation oncologist. "If you look at data on radiation versus surgery for carcinomas, they are head-to-head in terms of oncological outcomes.

Patients who are ineligible or don't want surgery, or who have lesions in cosmetically delicate areas like the face and scalp, should know there are alternatives."

Why don't more skin cancer patients choose radiation? Typically, they aren't aware it's an option. Patients with skin cancer on the face or scalp in particular should strongly consider consulting a radiation oncologist.

Therapy in action

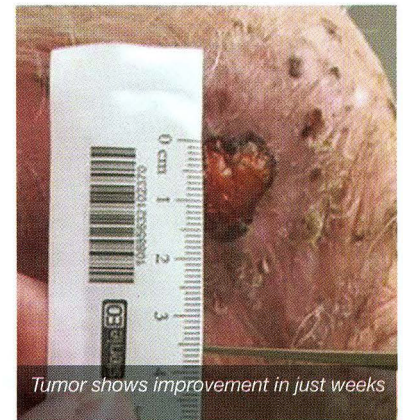
Radiation treatment for skin cancer can be done in as few as six treatments, but some can require 20-30 treatments. Each treatment takes about 15 minutes. Side effects are manageable and, for the most part, patients can continue their normal daily routines. Results, however, can be dramatic.

"I treated one patient with an 8-centimeter tumor on his forehead," Sopka says. "He didn't want surgery, and the oral medication he was taking wasn't helping. He wouldn't leave his house and just didn't know what to do. I treated him for five weeks, and the lesion disappeared. Two years later, you wouldn't even know it was there."

"I had an elderly patient who couldn't even wear her glasses because of a lesion," Danish says. "It was very socially stigmatizing, and she might not have survived extensive surgery. After 20 radiation treatments, the entire lesion melted away. She didn't have to undergo anesthesia or surgery. Now, she's back to her normal routine. It's the most dramatic response I've ever seen."



Carcinoma at the start of treatment



Tumor shows improvement in just weeks



Lesion has disappeared after treatments



TO REFER A PATIENT FOR SKIN CANCER TREATMENT OR GET A SECOND OPINION FROM A RADIATION ONCOLOGIST, CALL **888-402-LVHN (5846)**.

Bringing Breast Surgery Services to Pocono and Hazle Townships

Offering breast-conserving techniques and cosmetic options



Krista Bott, MD
Surgery

SURGEONS AT LEHIGH VALLEY HOSPITAL (LVH)–POCONO AND LVPG SURGERY–HEALTH & WELLNESS CENTER IN HAZLE TOWNSHIP offer a wide range of breast surgery procedures for benign and malignant conditions.

At LVH–Pocono, board-certified breast surgeon Krista Bott, MD, with LVPG Breast Surgery–Pocono, performs “scarless” lumpectomies that involve placing the incision in the inframammary fold, around the perimeter of the areola or in the axilla.

Pinpoint procedure

Locating and precisely removing tumors during lumpectomy has been simplified with the Savi SCOUT® Wire-Free Radar Breast Localization System, which features a radar reflector that is placed at the tumor site prior to surgery. During the procedure, the surgeon scans

the breast with a radar-emitting wand that pinpoints the reflector’s exact position and helps guide the placement of the incisions, preferred dissection pathway and depth of the anterior margin. The SCOUT system is in use at LVH–Pocono, LVH–Cedar Crest and LVH–Muhlenberg.

Bott also performs nipple and skin-sparing mastectomies, with reconstruction surgery provided by board-certified plastic surgeon Charles Herman, MD, with LVPG Plastic and Reconstructive Surgery–Plaza Court.

Bott notes that patients facing breast surgery need support and reassurance, as well as surgical expertise. “We have in-depth discussions with patients so they fully understand all their options and know that they are taking an active part in their treatment decisions,” she says.

A team approach

In Hazle Township, Jonathan Perry, MD, is a general surgeon who completed additional training with LVH–Cedar Crest breast surgeons Lori Alfonse, DO, and Heiwon Chung, MD. He regularly performs excisional biopsies, lumpectomies, sentinel lymph node biopsies and axillary dissections at LVPG Surgery–Health & Wellness Center.

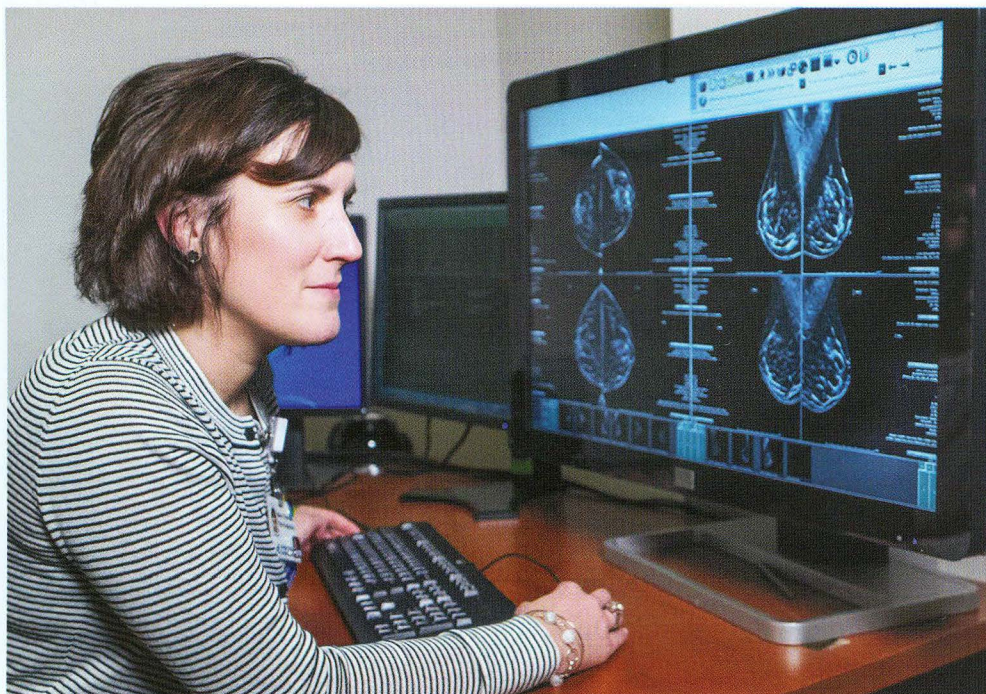
“Patients appreciate being able to have these outpatient procedures at a convenient location and in a customer-focused environment,” he notes. The center also offers breast imaging and laboratory services.

Perry notes that as a surgeon, he is just one member of the breast cancer treatment team, which includes referring physicians, oncologists, radiologists, breast cancer surgery navigators and others. While he acknowledges that surgeons generally enter the picture once patients have received a definitive cancer diagnosis, he notes that in some cases, it may be beneficial for patients to see a surgeon before a biopsy, particularly if the chance of discovering a malignancy is high.

“Meeting patients at the outset allows surgeons to build trust,” he says. “When patients receive their diagnosis, we can say, ‘Yes, you have cancer, but here is exactly what we are going to do about it.’ Patients receive their surgical plan of care from a physician who knows them and is immediately able to provide information and guidance.”



Jonathan Perry, MD
Surgery



 **TO REFER A PATIENT FOR BREAST SURGERY SERVICES, CALL 888-402-LVHN (5846).**

High-Risk Breast Clinic Offers Long-Term Surveillance

Monitoring women with risk factors other than hereditary susceptibility



cancer survivors seeking long-term follow-up care.

Early detection

“Our goal is to provide customized, comprehensive care and long-term surveillance to identify breast cancer at its earliest and most treatable stages,” Sesa says. She gives the example of a recent patient who was referred by surgical oncologist Lori Alfonse, DO, with LVPG Surgical Oncology, after being diagnosed with atypical ductal hyperplasia. “Her breast exam and mammogram were normal, but a subsequent breast MRI showed an abnormality that turned out to be cancer, and she is currently undergoing treatment.”

The high-risk breast cancer screening clinic works collaboratively with The Gregory and Lorraine Harper Cancer Risk and Genetic Assessment Program. Through that program, patients and families with inherited cancer susceptibility gene mutations can receive genetic counseling and recommendations for genetic testing and screening. Sesa is part of this team as well, and works with genetic counselors to provide annual follow-up testing and exams.

“With the addition of the high-risk breast cancer screening clinic, we can now provide greater peace of mind to more patients, as well as a seamless transition to treatment, if needed,” Sesa says. 🌐



Linda Sesa, CRNP
Surgical oncology

LEHIGH VALLEY CANCER INSTITUTE NOW HAS A HIGH-RISK BREAST CANCER SCREENING CLINIC for women who have an increased risk for cancer but do not possess a hereditary cancer syndrome or known genetic mutation.

The clinic, which was established in September 2018, is the first of its kind in the region and follows patients with any of the following risk factors:

- Family history of cancer
- Multiple breast biopsies
- Lobular carcinoma in situ (LCIS; lobular neoplasia), atypical ductal hyperplasia or atypical lobular hyperplasia in the breast found on breast biopsy

Extensive experience

The clinic is led by Linda Sesa, CRNP. She coordinates

imaging exams, including annual mammograms and breast MRIs, and provides clinical breast exams, education and prevention advice, as well as guidance for patients who may require treatment. She sees patients at Lehigh Valley Hospital (LVH)—Cedar Crest and LVH—Muhlenberg and works with a multidisciplinary team, including clinicians from medical oncology and radiology.

Sesa has more than 20 years of experience caring for breast cancer patients. She previously worked at the Cancer Institute of New Jersey, where she managed all aspects of the Study of Tamoxifen and Raloxifene (STAR) trial, and most recently at Fox Chase Cancer Center, where she established a practice for women with abnormal mammograms, specific breast complaints and



Lori Alfonse, DO
Surgical oncology

📞 TO REFER A PATIENT TO THE HIGH-RISK BREAST CANCER SCREENING CLINIC OR THE CANCER RISK AND GENETIC ASSESSMENT PROGRAM, CALL 888-402-LVHN (5846).

Robotic Thymectomy Helps Control Progression of Myasthenia Gravis

LVHN provides comprehensive treatment, support for patients with rare disorder



Alissa Romano, DO
Neurology

THE ROBOTIC SURGERY TEAM AT LEHIGH VALLEY HEALTH NETWORK (LVHN) IS NOW PERFORMING ROBOTIC THYMECTOMY FOR PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS (MG) or myasthenia with thymomas. Results of thymectomy have been shown to improve MG symptoms and reduce the need for immunosuppressive drugs regardless of whether thymoma is present.¹



Richard Chang, MD
Cardiothoracic surgery

Chronic, complex autoimmune disorder

The term myasthenia gravis describes a group of chronic autoimmune neuromuscular diseases causing muscle weakness and fatigue. The disorders may affect eye and eyelid movements, facial expressions, chewing, talking, swallowing, breathing, and neck and limb movements. The National Institutes of Health estimates that MG affects 36,000 to 60,000 people in the United States, with 80 percent of patients exhibiting abnormally elevated levels of acetylcholine

receptor antibodies.¹ MG occurs across all racial and ethnic groups, most commonly impacting young adult women (under age 40) and men over age 60.²

"We've known for many years that thymectomy alleviates myasthenic symptoms, but the effectiveness of the procedure was, until recently, only proven mainly for the 10-15 percent of myasthenic patients with thymoma," says neurologist Alissa Romano, DO, with LVPG Neurology. "New research about the effectiveness of thymectomy for patients without thymoma, combined with the benefits of minimally invasive robotic surgery, means that we now routinely advocate for thymectomy in myasthenia gravis patients under age 60."


Robotic thymectomy

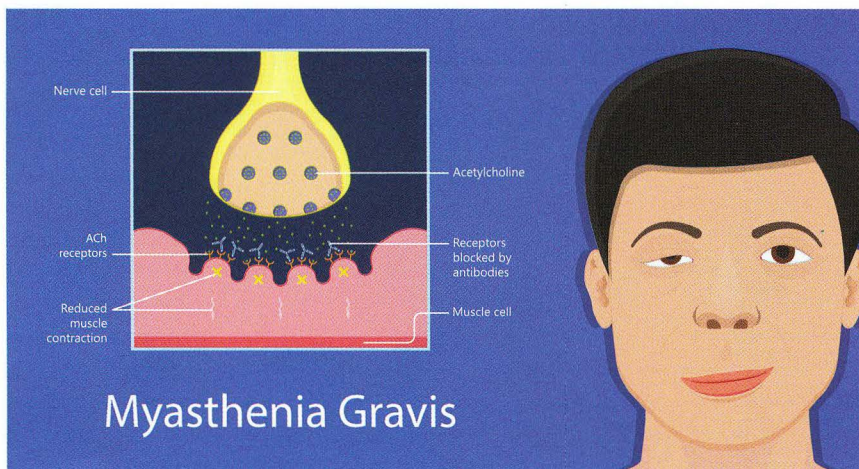
Cardiothoracic surgeon Richard Chang, MD, Chief, Section of Thoracic Surgery, LVHN, with LVPG Cardiac and Thoracic Surgery, specializes in robotic thymectomy – a minimally invasive technique that

offers significant benefits compared to a midline sternotomy. Typical postoperative stay is one to two days, and robotic thymectomy results in less blood loss in the operating room, less drainage output, shorter duration of chest tubes and less pain, and patients typically return to work or preoperative activities within two weeks.³

"The bottom line is that there is clear benefit in increased muscle strength, reduced steroid use and improved remission rates for patients who undergo thymectomy," Chang says. "The minimally invasive nature of robotic thymectomy – requiring only three small incisions as opposed to sternotomy – is likely to make thymectomy a more appealing option for patients."

Chang, one of the nation's leading robotic surgeons, came to LVHN in 2017 to further advance the network's robotic surgery program for neurologic conditions. Robotic surgery is offered at six LVHN hospital sites across 10 service lines. With more than 10,000 robotic procedures completed, the network has one of the largest programs in the country.

LVHN treats MG patients from across the tristate area, with two neurologists who subspecialize in the disorder. Romano and Chang are also working to establish a multidisciplinary MG center. In addition, LVHN offers an MG support group. 



 TO REFER A PATIENT FOR NEUROLOGICAL TREATMENT, CALL **888-402-LVHN (5846)**.

1. "Randomized trial of thymectomy in myasthenia gravis." G. Wolfe et al. *New England Journal of Medicine*. 2016; 375(6): 511-22. **2.** "Myasthenia fact sheet." National Institute of Neurological Disorders and Stroke website. ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Myasthenia-Gravis-Fact-Sheet **3.** "Robotic thymectomy." T. Mark et al. *Mediastinum*. 2017. med.amegroups.com/article/view/3905/4676

Cardio-Genetics Program Seeks to Provide More Precise Diagnosis, Treatment

LVHN launches pharmacogenomics testing for angioplasty patients



Cheri Silverstein Fadlon, MD
Cardiology



John Mannisi, MD
Cardiology

ADVANCES SINCE THE FIRST COMPLETE HUMAN GENOME SEQUENCE WAS RELEASED PROVIDE NEW UNDERSTANDING OF THE GENETIC VARIATIONS IN HEART DISEASE,

offering opportunities to achieve breakthroughs for more than 1.3 million Americans who have some form of inherited cardiovascular disease.¹ The cardio-genetics program at Lehigh Valley Heart Institute is capitalizing on these advances by bringing together expertise in subspecialty cardiology and genetics to provide precision medicine to patients with inherited or genetic forms of cardiovascular disease and offer them the opportunity to meet with a genetic counselor.

Expanding precision medicine to cardiology

Precision medicine is increasingly employed in cardiology to identify which approaches will be effective for which patients based on genetic, environmental and lifestyle factors.

“Genetic testing has the potential to transform cardiac care,” says cardiologist Cheri Silverstein Fadlon, MD, with LVPG Cardiology. “The ease of obtaining genetic information means that we are now moving from looking at a general field of risk factors and corresponding interventions to truly individualized care for patients.”

Lehigh Valley Heart Institute’s cardio-genetics program builds

on the ongoing work of Lehigh Valley Health Network (LVHN) physicians related to hypertrophic cardiomyopathy (HCM) and maternal fetal medicine. Specifically, the program provides genetic testing to aid or confirm the diagnosis of heritable cardiovascular heart conditions such as:

- Cardiomyopathies
- Hypertrophic cardiomyopathy
- Inherited arrhythmias
- High blood cholesterol (hyperlipidemia)
- Marfan syndrome/long QT (LQT)
- Pulmonary arterial hypertension

Cardiovascular pharmacogenomics

Beginning this year, the Heart Institute launched a pharmacogenomics testing program for the approximately 1,800 patients who present annually at Lehigh Valley Hospital (LVH)—Cedar Crest, LVH—Muhlenberg and LVH—Pocono with symptoms that may require a coronary stent. The platelet P2Y12 receptor blocker clopidogrel is commonly prescribed after stent placement to reduce cardiac events and prevent stent thrombosis, but cannot be processed by a small subset of patients with CY2C19 metabolic activity. Once an effective workflow has been established for clopidogrel, the Heart Institute’s pharmacogenomics program will expand beyond cardiology to include other drugs identified by the National Institutes of Health.

“Knowledge of a patient’s pharmacogenomics profile has the potential to improve the efficacy of pharmacological therapeutics and decrease adverse drug reactions,” says cardiologist John Mannisi, MD, with LVPG Cardiology. “The goal is to minimize side effects to zero and select drugs that only have benefits for each patient.”

The cardio-genetics program also works to determine which relatives of patients are at risk for inheriting the genetic disease so that surveillance and preventive or therapeutic interventions can be initiated. “We recently treated a patient with thoracic aortic aneurysm and dissection, which is familial in approximately 20 percent of cases,” Silverstein Fadlon says. “This is a disease in which there may not be any symptoms, so early identification is important. In this case, the patient’s sister was screened and diagnosed.”



TO REFER A PATIENT TO THE LEHIGH VALLEY HEART INSTITUTE, CALL **888-402-LVHN (5846)**.

1. “Understand your risk for congenital heart defects.” American Heart Association website. heart.org/en/health-topics/congenital-heart-defects/understand-your-risk-for-congenital-heart-defects

LVHN Offers Surgery for Patients With Severe Scoliosis

In 25 percent of patients with the condition, surgery is considered



Jeffrey McConnell, MD
Orthopedic surgery



Chris Johns, PT
Physical therapy

ROUGHLY 40 OUT OF EVERY 1,000 CHILDREN AND TEENS IN THE U.S. WILL DEVELOP SOME DEGREE OF SCOLIOSIS, which is routinely screened during well-child visits with the Adams Forward Bend Test and/or a scoliometer. The most common form, late onset adolescent scoliosis, is idiopathic and typically develops between ages 8 and 10. It's diagnosed by X-ray, usually in the early teens.

"Thankfully, most kids can be managed without surgery," says orthopedic spine surgeon Jeffrey McConnell, MD, with LVPG Orthopedics and Sports Medicine. "We just watch and wait or brace them, and that will be successful in most cases." But in 25 percent of patients, spinal curvature will continue to progress to the point surgery is considered.

Diagnosing scoliosis

"Adolescents who are ideal candidates for surgery have an angular spinal measurement on an X-ray that exceeds 40 degrees," says McConnell, the only orthopedic

surgeon in the Lehigh Valley who performs scoliosis surgery. His training includes a fellowship at University of Nottingham in England, where congenital scoliosis is much more common than in the U.S.

Scoliosis surgery is performed posteriorly through a single incision. After the spine has been manipulated to its desired contour and straightened position, two titanium alloy rods about the diameter of a pen are anchored to the spine with screws, hooks or cables. A bone graft is applied for fusion to maintain correction and stabilize the curve long-term. The aim is to prevent progression, help alleviate pain in patients who experience it, and improve posture and cosmesis.

"But the most important goal is to maintain or restore sagittal alignment, the normal curvatures in the thoracic and lumbar spine that make a healthy spine look like an 'S' from a lateral viewpoint," McConnell says.

Recovery after surgery

After surgery, teens are typically hospitalized for four to seven days. At home, they're advised to avoid strenuous activity. In a few months, they can start home-based conditioning or be referred to physical therapy, which is especially helpful for teens who want to return to organized sports.

"We start out with some light abdominal strengthening exercises and focus on hip, leg and arm strength so they're flexible enough in other areas to make up for some lack of mobility they'll have in their spine," says Chris Johns, PT, a rehab clinical specialist with LVHN Rehabilitation Services.

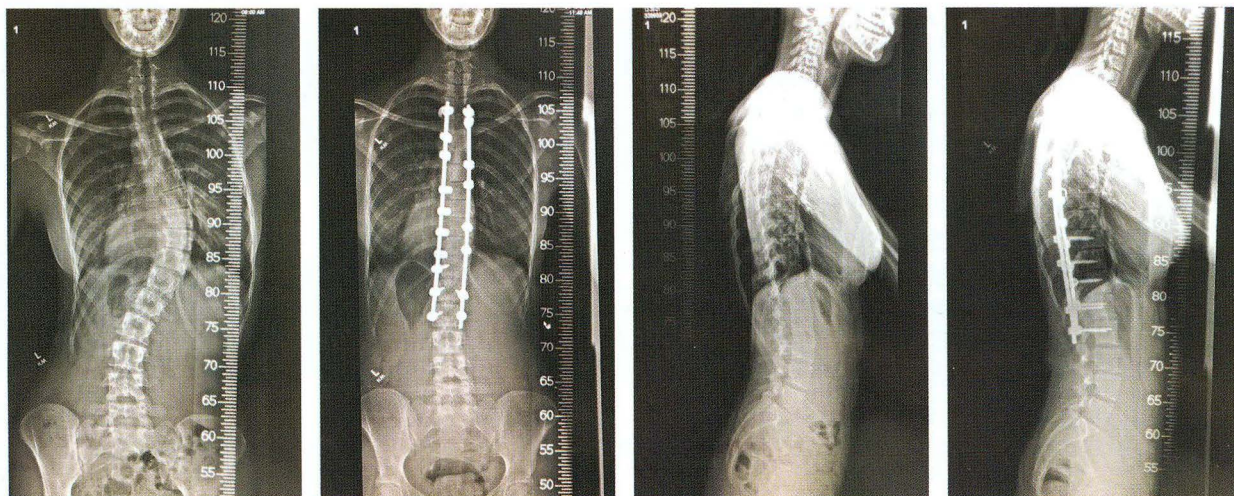
After scoliosis surgery, forceful contact sports are prohibited. For that reason, some teens may decide to hold off until their high school football career is over.

"There's no urgency. Patients who are candidates for scoliosis surgery can wait until their early 20s to have it," McConnell says. But they shouldn't delay too long. "When you're an adult with a big spinal curve that gets stiffer, it's much harder to fix, and risk for complications can increase," McConnell says.



TO REFER A PATIENT FOR SCOLIOSIS TREATMENT, CALL 888-402-LVHN (5846).

► After the spine has been manipulated to its desired contour and straightened position, two titanium alloy rods about the diameter of a pen are anchored to the spine with screws, hooks or cables.



Helping Pediatric Patients Take the Right Steps to Manage Functional Limitations

Pediatric physiatrist specializes in rehabilitation care and medical management



Liza Green, MD
Physiatry

KIDS JUST WANT TO BE KIDS, AND THOSE WITH PHYSICAL LIMITATIONS ARE NO DIFFERENT.

Liza Green, MD, who recently joined LVPG Pediatric Physiatry–Schuylkill, is here to help young patients move, walk, hop, jump and run.

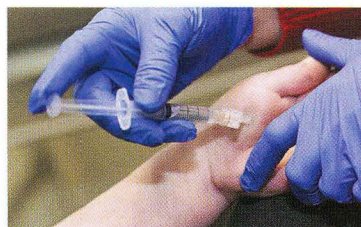
As a fellowship-trained and board-certified pediatric physiatrist, Green specializes in the rehabilitation care and medical management of children with cerebral palsy, spina bifida, rheumatoid arthritis, gait abnormalities, spinal cord injuries and other conditions affecting the brain, spinal cord, bones, joints, ligaments, muscles and tendons. Although Green doesn't diagnose autism or attention deficit hyperactivity disorder, she medically manages any functional impairments associated with these conditions.

"I help children become as functional as possible while their medical condition is being treated. It's the best job in the world," Green says.

Individualized treatment programs

Green works with patients and their families to develop and direct individualized treatment programs. Her main objective is to manage their therapy to restore or improve function and maximize her young patients' quality of life, while factoring in how their cognitive and physical disabilities affect their growth and development.

Many of the patients Green sees will visit several specialists, including a physical therapist, speech therapist, an occupational therapist and a developmental pediatrician. The diagnostic process can be lengthy and complex. "I can help patients be more functional while they're waiting for their medical appointments and afterward," she says.



◀ To help relieve muscle stiffness and focal spasticity in eligible patients, Green offers Botox therapy, which involves localized injections.



With a special interest in treating children with cerebral palsy, Green determines whether patients need braces or orthotic devices, the type of functional equipment they may need, and whether they require physical or occupational therapy to manage their condition.

Botox therapy

To help relieve muscle stiffness and focal spasticity, two of the most common symptoms of cerebral palsy, Green also offers Botox® therapy to eligible patients. The therapy, which has been performed in the U.S. since the 1980s for children with tight muscles, involves localized Botox injections where needed, such as the hip abductors.

Green also provides steroid injections for pediatric patients with rheumatoid arthritis. Both therapies, which are performed under short-

duration general anesthesia, can help relieve pain and stabilize joints, assisting young patients to walk and move with ease.

Green joined LVPG Pediatric Physiatry–Schuylkill in October 2018 after practicing in Ann Arbor, Michigan, for 19 years. She also sees patients at LVPG Physiatry–1255 Cedar Crest and LVPG Physiatry–Muhlenberg. She looks forward to welcoming LVHN patients and their families to her specialty practice. Patients can be referred with any type of functional impairment, from seemingly healthy toddlers who haven't yet taken their first steps to children with multiple functional impairments. 🌈



TO REFER A PATIENT FOR PHYSIATRY TREATMENT, CALL **888-402-LVHN (5846)**.

Around the Region

New Providers Join LVHN

New Urology Providers



Courtney Phillips, MD
Regional Vice
Chief of Urology,
LVPG Urology—
1250 Cedar Crest



Ashlie Glasgow, PA-C
LVPG Urology—
1250 Cedar Crest



Jatin Gupta, DO
LVPG Urology—
1250 Cedar Crest



Kiranpreet Khurana, MD
LVPG Urology—
Muhlenberg

New LVPG Hazleton Providers



Rebecca Odorizzi, DO
LVPG Family
Medicine—
Hometown



Candice Widuch-Mert, MD
LVPG Family
Medicine—Vine
Street, LVPG
Family Medicine—
Mountain Top



Pollyanna Fino, PA-C
LVPG Hematology
Oncology—Airport
Beltway



Stephen Shoemaker, DO
LVPG Family
and Internal
Medicine—
Alliance Drive

New Cardiologists



Paul Corotto, MD
LVPG Cardiology—
1250 Cedar Crest



Justin Guthrie, DO
LVPG Cardiology—
1250 Cedar Crest



Paul Hermany II, MD
LVPG Cardiology—
Muhlenberg



Sima Hodavance, MD
LVPG Cardiology—
1250 Cedar Crest

New Neurologists



Jonathan Cheponis, MD
LVPG Neurology—
1250 Cedar Crest



Kathryn Ess, MD
LVPG Neurology—
1250 Cedar Crest



Alison Walsh, MD
LVPG Neurology—
1250 Cedar Crest

New Pelvic Medicine and Reconstructive Surgery Providers



Carolyn Botros, DO
LVPG Female
Pelvic Medicine
and
Reconstructive
Surgery—Easton



Nabila Noor, MD
LVPG Female
Pelvic Medicine
and
Reconstructive
Surgery—
Pond Road

New Medical Oncologist



Dipen Patel, MD
LVPG Hematology
Oncology—Pocono

Andrew Sumner, MD, Named Chief of Cardiology



Andrew Sumner, MD, has been appointed as Chief of Cardiology. Sumner joined Lehigh Valley Health Network (LVHN) in 2006 from Penn State College of Medicine, where he served as Associate Professor of Medicine and Radiology. He came to LVHN as a cardiologist and director of noninvasive cardiology for the network.

For the past 10 years, he has served as practice leader of LVPG Cardiology—1250 Cedar Crest and helped oversee the practice as it has grown from 12 cardiologists and three advanced practice clinicians (APCs) to more than 35 cardiologists and 15 APCs.

In 2018, he became Associate Medical Director of Lehigh Valley Heart Institute.

 TO REFER A PATIENT TO CARE BY LVHN PROVIDERS, CALL **888-402-LVHN (5846)**.

LVH-Hazleton

LVH-Hazleton Renovation and Expansion Project Progress Continues

In October, Lehigh Valley Health Network held a groundbreaking ceremony to commemorate the next phase of a renovation and expansion of Lehigh Valley Hospital (LVH)-Hazleton. When completed, this phase of the project will double the number of emergency department (ER) treatment rooms to 35, which will include a five-bed secure area for behavioral health treatment.

The overall plan includes renovating and expanding the existing hospital on East Broad Street, including the renovation of patient

units to allow for the option to flex patient rooms from semiprivate to private depending on patient demand. Room upgrades include new flooring, lighting, wall finishes and infrastructure for the future implementation of the Epic electronic medical record system.

The patient tower modernization program began in April 2018. Common areas such as nursing stations and corridors were upgraded to include new casework and other amenities. Cohesive design features were incorporated throughout to unify the look and feel of the hospital using nature-inspired colors and materials to create a calming, tranquil and comforting environment. The addition of accent colors is intended to improve wayfinding.

The patient tower renovations were the start of a multiphase project to modernize LVH-Hazleton and expand its ER, expand and consolidate outpatient services through the development of an ambulatory campus at the existing Health & Wellness Center at Hazleton, expand services to residents of center-city Hazleton, and conduct a robust physician recruitment and retention program.

The entire project is expected to be completed by the end of 2019.



▲ Third-floor patient room shows use of nature-inspired colors and materials to create a calming, tranquil and comforting environment.



TO REFER A PATIENT TO LEHIGH VALLEY HOSPITAL-HAZLETON, CALL **888-402-LVHN (5846)**.

Fogelsville, Palmer Township

Sharpening the Focus of Optical Care

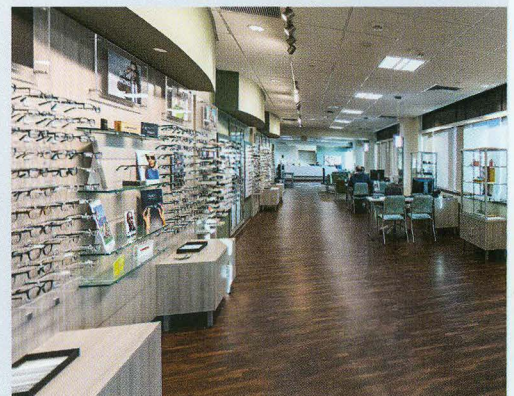
LVPG is sharpening its focus by providing high-quality, accessible and convenient optical care to patients in the community.

Optical Effects retail shops are located within both the Health Center at Fogelsville, 1431 Nursery St., Suite 200, Fogelsville, and the Health Center at Palmer Township, 3701 Corriere Road, Suite 17, Easton. Each store is purposely centralized to offer prescription eyewear and contact lenses, as well as sports and safety equipment. A wide selection of designer frames for men, women and children is available.

Optical Effects accepts the following insurances: NVA, VBA and EyeMed. Discounts also are provided on noninsurance purchases. Providers may fax referrals to **484-273-4398**.

In addition to the retail shops, a new provider specializing in all aspects of eye care has arrived. From diagnosis and management to surgery for ocular diseases and disorders, Nida Khan, MD, provides patient-centered, individualized eye care. Providers may fax referrals to **484-591-4051**.

Office hours for both the Optical Effects retail store and LVPG Ophthalmology-Palmer Township are 8:30 a.m. to 5 p.m., Monday through Friday.



TO REFER A PATIENT FOR OPTICAL CARE, CALL **888-402-LVHN (5846)**.



Lehigh Valley Health Network

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**Continuing Education
Conferences**

MARCH

21 | Child Maltreatment Hurts
Us All

APRIL

11 | Cardiology for the Primary
Care Physician

15 | 12th Annual Ethics
Symposium: The Business
of Medical Ethics

MAY

9 | Stroke Symposium 2019:
Breaking the Spell

For information regarding these
and other upcoming educational
conferences, call the Department of
Education at **610-402-2277** or visit
go.activecalendar.com/lvhn-doe.

Dates and topics are subject to change.

10715M



NOW ACCEPTING
NEW PATIENTS

LVPG Pediatrics–Mountain Top is located at
237 S. Mountain Blvd., Mountain Top,
in the Weis Shopping Plaza.



Shakuntala Varhade, MD



JamieLee Mead, CRNP



Laura Shallenberger, PA-C

**LVPG Pediatrics–Mountain Top
Now Accepting New Patients**

A service of Lehigh Valley Physician Group (LVPG)–Hazleton, LVPG Pediatrics maintains a high level of expertise through continuing education in order to provide the most up-to-date care for the young patients we are privileged to serve. We appreciate the opportunity to care for area children and pride ourselves on making pediatric care a pleasant experience for all of our patients.

Services include:

- Well and sick appointments
- Physicals for school and sports
- Child immunizations
- Asthma, nutrition and diabetes counseling

Why choose us?

- Physicians are on call 24/7
- Quality providers close to home
- Convenient location with plenty of free parking
- Immediate appointments available

 **TO MAKE AN APPOINTMENT,
PLEASE CALL 888-402-LVHN (5846).**

Lehigh Valley Health Network (LVHN) includes eight hospital campuses: three in Allentown, including the region's only facility dedicated to orthopedic surgery, one in Bethlehem, one in Hazleton, two in Pottsville and one in East Stroudsburg, Pa.; numerous health centers caring for communities in seven counties; numerous primary and specialty care physician practices throughout the region; pharmacy, imaging and lab services; and preferred provider services through Valley Preferred. Lehigh Valley Hospital–Cedar Crest has been recognized among the top five hospitals in Pennsylvania by U.S. News & World Report for five consecutive years. Lehigh Valley Hospital–Cedar Crest, Lehigh Valley Hospital–17th Street and Lehigh Valley Hospital–Muhlenberg are national Magnet® hospitals for excellence in nursing.