

Watch Dr. Nester's Colleague Forum or Read the Recap – VIDEO

LVHN's president and CEO discusses the current health care environment and how our strategic plan will help us succeed.

Will I be penalized if my blood pressure and body mass index numbers are high?

HR's Debby Patrick explains what we are and are not doing with the numbers colleagues are submitting.

Know Your Numbers for Prizes, Prizes and More Prizes

You might win a Sodexo gift card, \$100 VISA gift card or \$500 VISA gift card.

See the New ExpressCARE Marketing Campaign

Check out the campaign's TV, radio and print ads.

Wave 2 Training Facts and Myths

Get registered and ready for training with this information.

Attend an Event to Build Your "Pink Q" and Earn Continuing Education Units

See which women's cancer specialists will speak and what topics they will cover.

5 Surprising Things Sodexo Provides

Sodexo, the company that manages cafeteria and food services at LVHN, does more than make delicious meals.

5 SELECT Students Honored by Alpha Omega Alpha Honor Society

They were inducted into this esteemed national honor society for medical students, residents, scientists and physicians.

Thomas Ciotola, MD, is a 'Hazleton Boy' – VIDEO

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Q & A
Get answers to
your questions

Colleague Forum Recap



LEHIGH VALLEY HEALTH NETWORK

Visit the new LVPG website

Read Lehigh Valley Health News

a blog on LVHN.org containing timely health information and health network news.



return to visit him.

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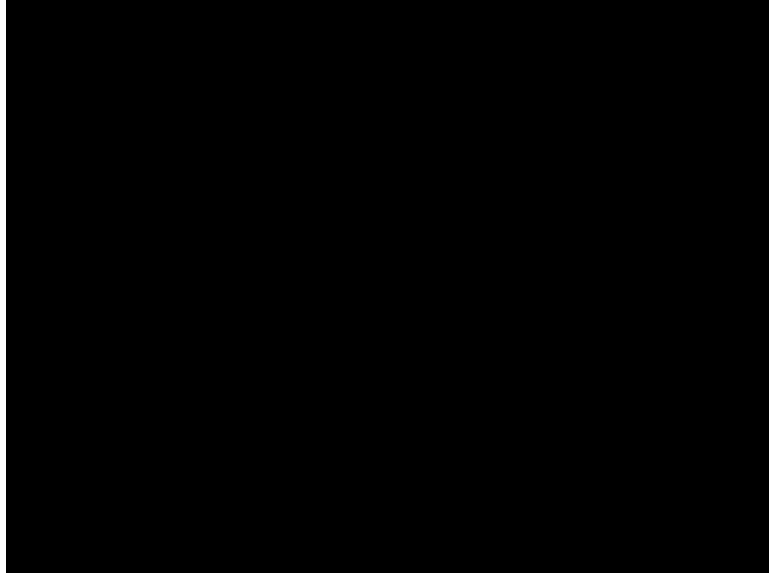
BY [RICK MARTUSCELLI](#) · APRIL 6, 2015

On April 2, LVHN president and chief executive officer Brian Nester, DO, MBA, FACOEP, presented the second Colleague Forum of fiscal year 2015 (FY15). All colleagues were invited. If you were unable to attend, watch a video of the forum or read an overview of what was discussed.

Since the last Colleague Forum

We've held nine sessions throughout LVHN called "Casual Conversations." All colleagues are invited. There are no scripts and no slides. They give you an opportunity to ask Dr. Nester questions. When you look at the questions being asked, themes emerge. Colleagues have asked questions about:

- Shift differential – Leadership is examining the problem and creating a strategy so that we can be more competitive.
- Nursing shortage – We held two events to recruit experienced nurses, and one event to recruit graduate



nurses (with another scheduled for May). We've hired more than 300 RNs in FY15.

- Sick time policy – An [explanation of our sick time policy](#) is on LVHN Daily.

We're addressing all questions, whether it be live at the session, by following up with the colleague who asked the question, or by posting a response on LVHN Daily.

The health care environment

Here are two of LVHN's greatest challenges during these times of health care reform:

1. Every day, 10,000 people become eligible for Medicare. The Medicare program is becoming insolvent, and the federal government is looking for ways to save money. They're doing so by reimbursing hospitals less for the care provided to people with Medicare.
2. In 2015, nearly 440,000 Pennsylvanians purchased insurance on the federal government's health insurance marketplace. That's up 38 percent from the previous year. Seventy-three percent of them have an average family deductible of \$6,000, which means they're largely paying out-of-pocket for the health care they receive. As a result, they're choosing where to receive care based on the amount they have to pay, and their previous experience with the provider.

Our strategic plan addresses these and other challenges we face.

LVHN's strategic plan

A strategic plan is a document used to communicate an organization's goals and the actions needed to achieve those goals. By creating a strategy that focuses on scale, growth, value and accountability, we will strengthen and position LVHN to succeed regardless of what the future holds. We recently made [changes to our leadership organizational structure](#) to help us implement our strategic plan.

Our vision: Become a population health leader

The process of creating a strategic plan started with the evaluation of our [mission statement](#). We found that our mission statement still accurately reflects who we are today and who we will need to be in the future – maintaining our commitment to superior quality and value. Rather than change our mission statement, we created this vision statement that explains what we want to become over time:

"We will build on our foundation as a premier academic community health system and become an innovative population health leader that creates superior quality and value for the patients and communities we serve."

What is population health?

Population health is an approach to health care that aims to improve the health of the entire population by using data and best practices to help people prevent illness and stay healthy. This approach helps to lower the cost of health care.

We will use clinical and claims data for proactive surveillance of the populations we serve. With analytical precision, we can identify and find vulnerable and at-risk populations, be more efficient in the way we provide care to them and intervene before they face a very serious health problem. As a population health leader, we will take steps to:

Standardize care to eliminate unjustified variances in care delivery

- Eliminate waste from the health care system
- Prove that quality care can cost less.

The results: A healthier community, and lower costs for patients and the health care system.

Example: Providing care as a population health leader

A patient named Mary received a screening mammogram. The results showed an abnormality. She was advised to return for a diagnostic mammogram.

Scenario 1: Months went by, and Mary never returned for the diagnostic mammogram. During her next checkup, her doctor stressed the importance of getting a diagnostic mammogram, and so she did. The mammogram found a lump, which led to a biopsy, cancer diagnosis, lumpectomy, chemotherapy and radiation, and possible mastectomy. Mary was obviously very sick and scared. Plus, the health system incurred costs that could have been prevented.

Scenario 2 (population health): Using our population health analytical tools – Epic, Populytics, Optum One – we monitor Mary's clinical and claims data. These tools alert us that Mary didn't get her diagnostic mammogram. We call Mary to explain the importance of getting a diagnostic mammogram. She gets tested and is diagnosed with early-stage cancer. Because she was diagnosed early, she didn't need nearly as much care, endure as much hardship or incur as much cost as in scenario 1.

Four strategic imperatives

We created the strategic plan by looking at everything through the lens of the Triple Aim – better health, better care and better cost. The Triple Aim guides our efforts to creating value for our patients. The strategic plan categorizes these efforts in four strategic imperatives.

Scale – We will expand our market footprint and increase the size of the population we serve. We'll achieve this by exploring mergers and acquisitions, and expanding [LVHN's ACO](#).

- An ACO is a network of health care providers that seeks to improve medical outcomes for patients while controlling costs.
- LVHN's ACO serves 32,000 Medicare patients. If we meet quality benchmarks and reduce costs through better coordination of care, we will share in the savings with Medicare.

Growth – We will increase our presence in key geographic markets, recruit primary care physicians and develop services. Examples of growth are our [Center for Inpatient Rehabilitation](#), [Health Center at Fogelsville](#) and new [ExpressCARE locations](#). Growth provides the convenience people are looking for when shopping for care.

Value – We will continue to focus on providing quality care at the best possible cost. Quality includes excellent patient outcomes and providing the best patient experience (convenience, effective communication, etc.) We may never be the lowest-cost provider, but we will continue to deliver cost-saving initiatives through lean thinking and our collaboration with our colleagues in [AllSpire Health Partners](#).

Accountability – We will be accountable for the health of the population we serve. We'll use Epic and Optum One to analyze at-risk populations, identify care gaps and execute care improvements through [Community Care Teams](#), [medical homes](#), [home health services](#) and other interventions. This infrastructure will allow us to absorb

the clinical and financial risks associated with the care management of populations.

Goals update

Many of the things we must do to be a population health leader are defined in our goals, which are related to the Triple Aim. This chart provides a status report on our goals with three months remaining in FY15.



How you can help

You can support our strategic plan by doing these things to help us reach our goals:

- **Know your numbers.** Get a blood pressure (BP) and body mass index (BMI) screening and report your numbers to employee health. If your numbers are off, make lifestyle changes to bring them back to a normal range.
- **Make every patient encounter matter.** Use your best [PRIDE behaviors](#) and [AIDET](#), and be engaged, present, positive and accountable. Patients will choose where they go for care based on their experience.
- **Get informed.** Read LVHN Quarterly (our new print publication) and LVHN Daily (our new online source for news and information) for valuable information – such as LVHN news, where we stand with our goals and things you can do to help us achieve them. They also are great resources to learn about things happening at

LVHN that are part of our strategic plan.

- **Attend a Casual Conversations session.** They give you an opportunity to ask Dr. Nester questions. (You can [ask a question on LVHN Daily](#) any time.) The Casual Conversations schedule will be announced soon on LVHN Daily.

Will I be penalized if my blood pressure (BP) and body mass index (BMI) numbers are high?

BY [SHEILA CABALLERO](#) · APRIL 8, 2015



This question was asked during Casual Conversations sessions with LVHN president and chief executive officer Brian Nester, DO, MBA, FACOEP. This response from Debby Patrick, senior vice president of human resources, explains what we are and are not doing with the biometric screening data colleagues are submitting as part of our “better health” goal.

The Know Your Numbers campaign is not designed to penalize colleagues if their numbers are high. Instead, we want colleagues to pay attention to their health and make the connection between high numbers and their risk for chronic or serious illness. We want everyone to be as healthy as possible, that's why we're encouraging all colleagues to participate, even those who don't have Choice Plus.

Completing the biometric screening will not increase your insurance premium. It will not impact your eligibility for any benefit program. The biometric screening results are not used to determine whether a claim is paid or denied.

As a health network we care about your health as well as the health of our entire community. Once you're

screened, we hope you'll take steps to maintain or manage your health. That's why we offer preventive care services and health improvement programs. We plan to use aggregated data to create new wellness programs that better address colleagues' needs. Getting healthy and staying there can improve your quality of life and minimize health plan expenses. We think those are worthy goals for all of us, as individuals and as a health network.

Know Your Numbers for Prizes, Prizes and More Prizes

BY [SHEILA CABALLERO](#) · APRIL 9, 2015

We're getting closer to meeting our "better health" goal, but we're not there yet. To date, 51 percent of colleagues have participated, but we need 60 percent to hit our target.

Help us keep the [biometric screening](#) results rolling in to employee health services by encouraging colleagues to participate. Each month, we'll announce new winners from among the colleagues who have submitted their blood pressure (BP) and body mass index (BMI) results.

More than a dozen colleagues have already won valuable prizes like restaurant gift cards, LVHN Fitness gift certificates and Fitbits. We're giving away Sodexo gift cards in April and we've added 10 more \$100 VISA gift cards to our grand prize drawings on June 30. Don't miss your chance to win. Submit your results today.

[Click here](#) to see a full list of winners.

March 30 prize-drawing winners:

\$60 LVHN Fitness gift certificate – Charlene Silva, CRNA, anesthesia, LVH–17th Street

Fitbit – Marwa B. Ali, pharmacy tech, LVH–Cedar Crest

Fitbit – Linda Schwartz , library director, LVH–Cedar Crest



See the New ExpressCARE Marketing Campaign

BY [ADMIN](#) · APRIL 6, 2015

A little more than four years ago, LVHN launched a convenient service that has come to be known as ExpressCARE at the Health Center at Moselem Springs. Patients can receive care without an appointment for common illnesses and minor injuries.

ExpressCARE provides an alternative to the ER or a visit to your primary care provider for treatment of things like the flu, seasonal allergies, cuts and lacerations, and sprains and strains. We now have 10 ExpressCARE locations and will be adding more in the coming months.

ExpressCARE has become popular with our patients – we are on a pace to see more than 70,000 ExpressCARE visits this calendar year and we intend to build on this momentum. This campaign will be our most significant push so far to increase public awareness.

Starting today, you will see and hear television and radio commercials and print ads about the uses for and convenience of ExpressCARE in the Lehigh Valley and Hazleton. Check out the



Sniffles **CARE**

Bumps and Bruises **CARE**

No Appointment **CARE**

Weekend **CARE**

Around the Corner **CARE**

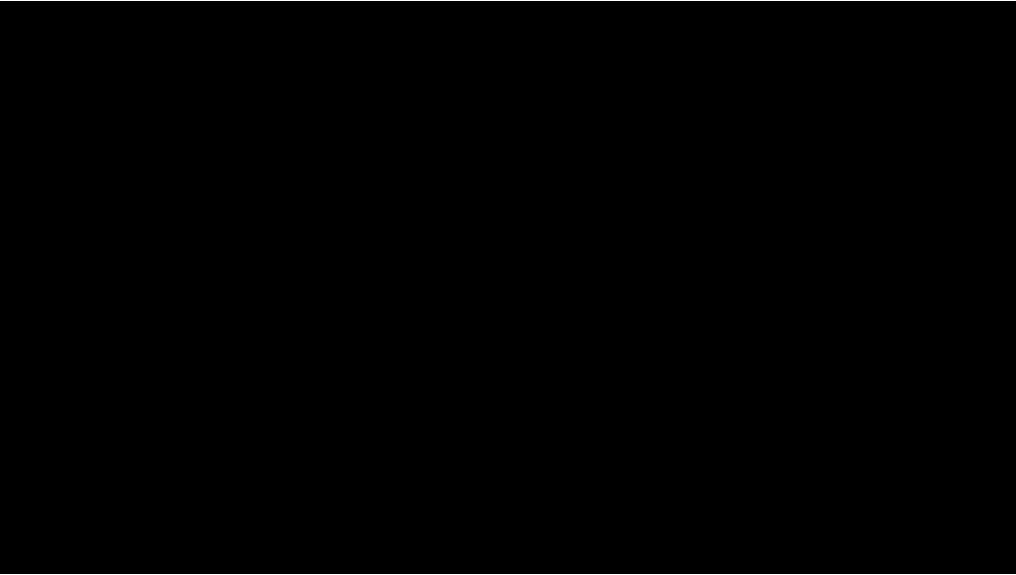
Peace of Mind **CARE**

 **ExpressCARE**

10 Locations | 365 Days a Year | 610-402-CARE | LVHN.org/expresscare

marketing campaign and tell your family and friends to use ExpressCARE when they need care for a common illness or minor injury.

Watch the television commercial and listen to the radio commercial:



Wave 2 Training Facts and Myths

BY [JENN FISHER](#) · APRIL 9, 2015

In just over a month, Wave 2 inpatient super users will begin training classes to learn the LVHN Epic electronic medical record (EMR) system. Since mid-February when the new EMR rolled-out at our ambulatory sites, the benefits of this integrated and responsive system are becoming apparent: Patients are more engaged in their health and communicating with their providers; providers feel informed about care their patients may receive at another LVPG practice; and billing colleagues see the benefits of a 'one touch' system with all information they need for a patient within a single chart. Ultimately, it's all about our patients and coordinating their health information across the system.

Training Facts

The Epic benefits that we're seeing in our ambulatory sites wouldn't have happened without training as the foundation. It's what our outpatient colleagues are building upon as they become more skilled and knowledgeable in the EMR. Because training is crucial to the successful use of Epic, remember this—

Fact #1: No training—No access—No kidding.



If you are an inpatient colleague and do not schedule and complete Epic training prior to Wave 2 Go-Live on August 1, you **will not** have access to the system.

Get started

- **Log on to The Learning Curve (TLC)** – the schoolhouse icon on your single sign-on (SSO) toolbar.
- **Review the “To Do” list** (located on the bottom half of the main TLC home page.) You will see assignments based on your role. (*NOTE: If you do not see any Epic courses listed, alert your director or manager.*)
- **Ask your manager/director if these are the courses you are supposed to take.** (For reference, look at your role and course listings in the [Training Wheels Course Catalog](#).)
- **Determine if your manager/director is handling all course enrollments** or if you must do it. Do not sign-up for a class until your manager or director tells you to do so.
- **Make sure you are enrolled in ALL of the classes in the correct order.** (100 before 200, 200 before 300, etc.)
- **Complete elearnings (listed in the course catalog)** before you attend class in person. Start these learnings ASAP.

Factoid: Know your Wave 2 Dates

- May 11: Super user training begins
- June 1 to July 26: End user training takes place
- July 20 to August 14: PTO Freeze in effect
- August 1: Wave 2 Go-Live at LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg and LVHN–Tilghman

Fact #2: Utilize your “Help” Resources

You are not alone on this Epic journey. The LVHN Epic team has many resources to help you along the way.

Get started

- **If you are a manager–**
 - 610-402-EPIC
- Option #3: Leave voicemail regarding the super user or provider champion programs
- Option #4: Leave voicemail regarding end user training (such as – your staff does not have courses listed on TLC. Call to request them.)
 - [Training Wheels Course Catalog](#)
 - [Super User Sharepoint site](#) for questions about super user program or to add or change super users.
 - [Wave 2 Management Toolkit](#)
- **If you are a super user–**
 - 610-402-EPIC
- Option #3: Leave voicemail regarding the super user program
 - [Training Wheels Course Catalog](#)
 - [Super User Sharepoint site](#) for questions about super user program or to add or change super users.
- **If you are an end user–**
 - [Training Wheels Course Catalog](#)
 - 610-402-EPIC, Option #4: Leave voicemail regarding end user training

Fact #3: Stay Informed

Information is the centerpiece of this entire EMR transformation. You can stay informed by many means.

Get started

- **Epic Flash** – This weekly publication is packed with information about the LVHN Epic transformation. Watch for it every Friday in your email.
- **Leader-to-Leader video** – Each month, LVHN managers hear an update about the Epic project. Watch the video clip titled, Epic Update, so you can stay informed, too.
- **Epic Transformation Intranet** – This site includes links to tip sheets, LVHN Epic Sharepoint pages and current metrics relevant to the Epic transformation at LVHN.
- **Huddles** – At one of your colleague huddles, make sure you talk about Epic. Use the Flash to prompt discussion.

Epic Training MythBusters

- Myth – I can only register for my training after I complete my TLC elearnings.
- **FACT** – TLC elearnings must be completed **prior to** attending training at One City Center. Please work with your manager/director when registering.

- Myth – As a super user, I only need to take my training classes once.
- **FACT** – Super users need to take their training track during super user training **and again** during end user training.

- Myth – I can take my 300 and 400 level course before I take my 100 level course.
- **FACT** – You must take your classes sequentially. Each class builds on the previous one.

Your Epic Calendars

Wave 2 Inpatient

Now: Wave 2 inpatient equipment delivery and set-up

Now through May 1, 2015: Wave 2 testing

May 11–31: Wave 2 super user training

June 1–July 26: Wave 2 end user training

July 20, 2015–Aug. 14, 2015: PTO restrictions in effect for Wave 2 (inpatient) colleagues

Aug. 1, 2015: [Go-live for Wave 2, inpatient settings](#)

Wave 1 Ambulatory

Mid-2015 and beyond: [Optimization](#)

Keep up with news about the LVHN Epic transformation on the [LVHN Epic intranet site](#).

Attend an Event to Build Your “Pink Q” and Earn Continuing Education Units

BY [JENN FISHER](#) · APRIL 10, 2015

Do you feel “in the know” about cancer topics specific to women? Over the last few years, screening guidelines, screening methods and treatments for women’s cancers have changed, but maybe your knowledge of them hasn’t. Here are a few “True or False” Qs to check your “Pink Q” about women’s cancers.

True or false: Dense breast tissue is common.

True. Dense breast tissue is very common. Ten percent of women have extremely dense breasts, while 40 percent have moderately dense breasts. An additional 40 percent have scattered areas of dense fibrous and glandular breast tissue. Most women will experience a decrease in breast density as they age.

True or false: Dense breast tissue does not increase your risk for breast cancer.

False. Dense breast tissue puts you at moderate risk for breast cancer. In addition, dense breast tissue makes it more difficult for radiologist to see a tumor in the breast when imaged by mammography.

True or false: An annual Pap test is recommended.

False. Current guidelines recommend a Pap test every three years for women between the ages of 21 and 65.

True or false: Tamoxifen and letrozole are two types of targeted therapies used to treat breast cancer.



True. Letrozole (Femara®) is an aromatase inhibitor that lowers the amount of estrogen made by the body. For some women, reducing the amount of circulating estrogen may stop the growth of cancer cells. Tamoxifen also interferes with estrogen, but instead of reducing estrogen it inhibits the way estradiol binds to estrogen receptors, ultimately reducing cellular response to estrogen.

Colleagues are invited to keep building their “Pink Q” about women’s cancers at “I Pink I Can,” a dinner and learning session set for Monday, May 4 at 5 p.m. The “I Pink I Can” panel, Priya Sareen, MD, Lori Alfonse, DO, Kathryn Harris, MD, PhD, and Richard Boulay, MD, will cover breast and gynecologic health topics, including:

- Breast density and screening
- Breast cancer surgery options
- Treatments for women’s cancer
- Cervical cancer screening

Questions will be taken at the end of the presentations. You also will have the opportunity to earn continuing education units (CEU) for attending this event. **See the brochure for event information** or [go directly to registration site](#). Registration deadline is April 27.

I Pink I Can

Monday, May 4, 2015

5 p.m., check-in and registration

5:30 p.m., dinner

6–8:15 p.m., I Pink I Can program

Lehigh Valley Hospital–Cedar Crest Kasych Family Pavilion

Medical Imaging of Lehigh Valley Educational Conference Center rooms 6, 7 and 8

5 Surprising Things Sodexo Provides

BY [BRITTANY BANZHOFF](#) · APRIL 7, 2015

Sodexo, the company that manages cafeteria and food services at LVHN, does more than make delicious meals. Our Sodexo partners provide healthy options and work to make your dining experience as convenient as possible.

Here are five things Sodexo provides that you may not know about:

1. **Local ingredients are used as much as possible.** By partnering with local cooperatives like Lancaster Farm Fresh and Common Market, Sodexo supports our community and provides fresh, nutrient-dense food.
2. **Weekly café menus are on the [intranet](#).** The menus for each of Sodexo's seven LVHN cafes are listed. Just click:
 1. Departments
 2. Non-clinical
 3. Food & Nutrition
 4. View café menu



(L-r) Diane Garis, Sandra Neff, and Tina Sorrentino are three of our valued Sodexo food service colleagues.

3. Sodexo's **Mindful Health and Wellness approach** balances three components of wellness – eating, living and community – and supports them with healthful activities for the body, mind and spirit. Look for the Mindful logo on food that fits this approach.
4. **LVHN colleagues can use a Frequent Diner Rewards card.** Points are earned for each dollar spent and turned into gift cards for you to use. Extra points are rewarded for eating healthy or taking advantage of Limited Time Offers (LTOs). For more information, read the brochure in your café, or contact Dawn Edmiston at 610-402-4400 or dawn.edmiston@lvhn.org.
5. **You can pay with your ID badge.** Don't have time to grab your purse? Did you forget your wallet at home again? LVHN colleagues and affiliates can use their hospital issued ID badge to make cafeteria purchases. Your ID badge is linked to your credit or debit card, and purchases are billed at the end of the month. For more information, read the brochure in your café or contact Dawn Edmiston at 610-402-4400 or dawn.edmiston@lvhn.org.

5 SELECT Students Honored by Alpha Omega Alpha Honor Society

BY [TED WILLIAMS](#) · APRIL 8, 2015

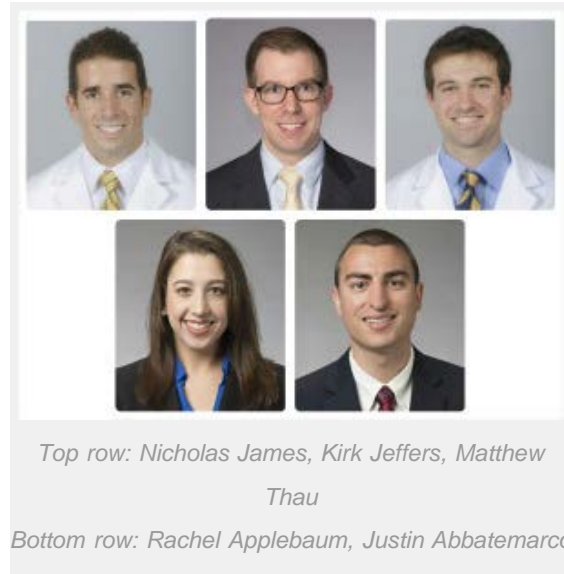
Five members of the 2015 and 2016 [SELECT](#) classes have been honored with induction into the University of South Florida (USF) Health Morsani College of Medicine Gamma Florida Chapter of the prestigious Alpha Omega Alpha (AOA) Honor Society.

Students from the 2015 class include:

- Justin Abbatemarco, Toms River, N.J.
- Rachel Appelbaum, Alpharetta, Ga.
- Kirk Jeffers, Easton, Pa.

Students from the 2016 class include:

- Nicholas James, Jacksonville, Fla.
- Matthew Thau, Parkland, Fla.



AOA is a national honor society for medical students, residents, scientists and physicians from the United States and Canada that was founded in 1902 for the promotion of scholarship and research in medical schools and the recognition of achievement in medical science, practice and related fields. There are 123 AOA chapters in medical

schools nationwide and more than 150,000 members, including more than 50 Nobel Prize winners in medicine and chemistry. About 75 percent of American medical school deans are AOA members. The AOA's Gamma Florida Chapter at the Morsani College of Medicine was established in 1976.

SELECT – which stands for Scholarly Excellence, Leadership Experiences and Collaborative Training – is a medical school collaboration between Lehigh Valley Health Network (LVHN) and USF Health that began in 2011. The program includes two years of study at USF Health's campus in Tampa, Fla., followed by two years of clinical experience at LVHN, with additional training in leadership skills, the fundamentals of health care systems, and values-based patient-centered care.

“It's an additional honor for Nicholas and Matthew in that they're being inducted as Junior AOA students,” says [Liborio LaRussa, MD](#), of [LVH Pediatric Inpatient Care](#), who serves as AOA campus representative for the USF Morsani College of Medicine at LVHN. “This particular designation reflects the consistent excellence demonstrated by these students in their preclinical work and the first portion of their clinical training. Justin was similarly honored as Junior AOA from the 2015 class.”

Students may be nominated for AOA induction in their third (junior) or fourth (senior) year of medical school. The AOA Gamma Florida Chapter elects new members twice a year from the top quartile of the class, based on criteria of academic performance, leadership, service and professionalism. James and Thau will be formally inducted at the AOA Gamma Florida Chapter's spring banquet April 14. Abbatemarco, Appelbaum and Jeffers were inducted last year.

The 2015 SELECT class, the inaugural class in the program, will graduate on April 17 in St. Petersburg, Fla. Recently, those 16 students participated in “[match day](#),” when they found out where they would complete their residency training. Abbatemarco will complete his neurology residency at Cleveland Clinic. Appelbaum will complete her general surgery residency at Lehigh Valley Hospital. Jeffers will complete his orthopedic surgery residency at Louisiana State University School of Medicine.

Cardiologist Thomas Ciotola, MD, Is a ‘Hazleton Boy’ – VIDEO

BY [ALYSSA YOUNG](#) · APRIL 8, 2015

We are producing videos of our doctors and advanced practice clinicians (APCs) to help our community find trustworthy health care providers. We will share them here to introduce you to these colleagues. You'll learn about their personality, philosophy of care and inspiration for practicing medicine. These videos are embedded in our website's [Find a Doctor](#) tool, where you can learn about each provider's educational background and more. Enjoy!

[Thomas Ciotola, MD](#), grew up in Hazleton surrounded by family members who worked in the medical field.

Now as a board-certified cardiologist at [Lehigh Valley Physician Group–Vine Street](#), he's flattered when patients who moved away return to visit him.

“My passion is getting you back into your life again, so you can forget about your heart – I took care of that,” he says.

Get to know him with this video.

