

# CheckUp

## this month

VOL. 9, NO. 8 • AUGUST 16, 1996

## LVHHN Reports Strong Financial Results for 1996 — Emphasizes Importance of Operations Improvement

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK REPORTED A 55 PERCENT DROP IN NET PATIENT SERVICE OPERATIONS FOR the fiscal year ending June 30 compared to the prior year. But thanks to a favorable stock market, the organization ended up with a 26 percent increase to the bottom line.

"We are the strongest health care institution in the region and we should be proud of that," said Elliot Sussman, president and chief executive officer of LVHHN. "This region depends on us as a health care and community service provider and a major employer. If our financial position in the market deteriorates, then we and the community have less of everything. A strong financial statement enables us to provide comprehensive health services at a high level of quality, allows us to invest in new services and technologies, and gives us a base to weather difficult times."

However, the way in which the network arrived at a surplus of slightly more than \$16 million, 4 percent of all revenues, emphasizes the importance of operations improvements.

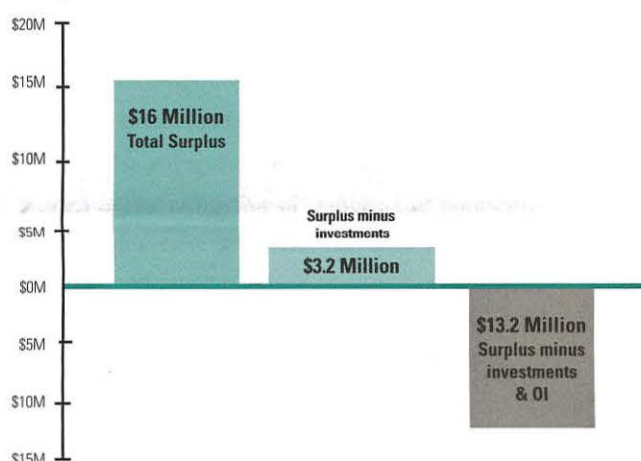
The network's patient services margin (patient operating revenue minus patient operating expenses) totaled almost \$6 million for 1996 compared to a little more than \$13 million in 1995. Total revenue rose by 2 percent but total expense increased by 4 percent,

chiefly because of ambulatory service growth offset by unachieved operations improvements, said Vaughn Gower, senior vice president of finance and chief financial officer for LVHHN.

Revenues from investments and interest expense in 1996 totaled \$12.8 million giving the bottom line a strong boost. Operations improvements totaled \$16.4 million, falling 18 percent short of what was expected.

Had investments not benefitted from Wall Street's strong showing, the network's surplus would have dropped to \$3.2 million. Take away the benefits of operations improvements, and the network would have shown a deficit of more than \$13.2 million, Gower said.

**Surplus 1996**



**Deficit 1996**

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## LVHHN Starts "Working Wonders" for Operations Improvement

HAVE AN IDEA YOU THINK WILL SAVE LVHHN MONEY? WANT TO GET REWARDED FOR YOUR EFFORTS AND INGENUITY, WHILE helping the organization reduce costs?

Then mark your calendar for the week of Sept. 16, so you can start "working wonders" at LVHHN. During that week, meetings will be held from morning to night at several locations to launch "Working Wonders," the organization's operations improvement idea reward and recognition program. And you can submit YOUR ideas for OI projects starting Sept. 23.

*Working Wonders* will award leisure and household merchandise, vacations and cash prizes to employees, physicians, volunteers and auxiliary members who provide valuable OI suggestions. And if LVHHN's fiscal year 1997 OI goal of \$20 million is achieved, all *Working Wonders* winners will receive a special prize for their extra efforts.

"*Working Wonders* is a great way for individuals and teams to have fun and earn rewards for helping LVHHN become a more cost-effective health care provider," said Lou Liebhaber, chief operating officer. "We need the

4,000-plus people who work or volunteer here to think outside the box' and jump-start the OI process."

*Working Wonders* was originally scheduled to kick off last spring, but was delayed while LVHHN initiated the work force expense reduction effort. "Now, the time is right to reintroduce it," Liebhaber said. "This idea reward and recognition program will be fun and reward-

ing, and is necessary for LVHHN to improve its competitive position in the local health care marketplace." The kick-off meetings will shift the program into high gear. Rewards, resources and rules will be described, and a special *Working Wonders* video will explain the program, which is key to LVHHN's institutional

priorities. Everyone who pledges participation in *Working Wonders* will be given a gift bearing the LVHHN logo.

Coaches chosen from middle management's ranks will conduct these upbeat sessions. Coaches will also provide guidance, encouragement and assistance to groups of employees in preparing their ideas for submission, and keep the teams informed about the status of their proposed projects.

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According to Jim Burke, vice president, operations, who led the development of the program *Working Wonders*, and its subtitle “Partners in Progress,” reflect the upbeat, collaborative nature of this network-wide effort. “It’s important that each member of LVHHN and its medical staff commit to working wonders every day that they’re at work,” Burke said.

George Ellis, director of respiratory therapy, has taken Burke’s place in spearheading the *Working Wonders* effort.

To learn more about *Working Wonders*, keep reading *CheckUp This Month* and *CheckUp This Week*. ■



## Launch Dates

**NOTE: All session are one hour in length.**

**Cedar Crest & I-78 — Auditorium**

**Monday, Sept. 16:**

Every hour: 6 a.m. - 6 p.m.

**Tuesday, Sept. 17**

6 a.m.; 8:30 a.m.; 9:30 a.m.; Then hourly from 1 - 6 p.m.

**Wednesday, Sept. 18**

6 a.m.; 5 p.m.; 6 p.m.

**Thursday, Sept. 19**

6 a.m.; 7 a.m.; Then hourly 1 - 5 p.m.

**17th & Chew— Auditorium**

**Monday, Sept. 16**

6 a.m.; 7 a.m.; 9 a.m.; 11 a.m.; 4 p.m.

**Tuesday, Sept. 17**

6 a.m.; 9 a.m. ; 11 a.m.; 4 p.m.

**Thursday, Sept. 19**

9:30 a.m.; 10:30 a.m.; 4 p.m.

**Friday, Sept. 20**

9:30 a.m.; 10:30 a.m.

**2166 S. 12th St. - 1st Floor Conference Room**

**Tuesday, Sept. 17:** 3 p.m.

**Wednesday, Sept. 18:** 3 p.m.

**Thursday, Sept. 19:** 3 p.m.

**2024 Lehigh St. - Conference Room C**

**Monday, Sept. 16 :**

6 a.m.; 7 a.m.; 11 a.m.; 4 p.m.

**Tuesday, Sept. 17**

6 a.m.; 7 a.m. ; Noon ; 4 p.m.

**Wednesday, Sept. 18:**

6 a.m.; 7 a.m.; 8 a.m.; Noon; 4 p.m.

“Our surplus is used to save for future needs, pay for current equipment and facilities, and repay debt,” he said. “It provides the resources to replace equipment, update facilities (from replacing air conditioning units to building a new wing), invest in new services and technologies, support community programs, expand services to new areas, and develop new informations systems.”

The amount of the surplus, and where it comes from, also affects the network’s credit rating, Gower said. Credit rating agencies focus on core operations results. If credit rating deteriorates, it becomes more difficult for the network to get money from lenders, investors and philanthropists, who look carefully at the financial health of the organization.

“To put the network’s surplus into context, it’s only 4 percent of our \$360 million operating expense budget,” he said. “A \$16 million surplus equals about two weeks of total operating expenses or four weeks of payroll expenses for the network.

“But regardless of how attractive the bottom line looks, the network must focus on the value of its services and what it costs to provide quality care. This is what purchasers of health care look for,” Gower said. “We need to focus on the surplus from patient services. You can’t count on the stock market to pay for core operations any more than you can count on winning the lottery to put food on the table at home.”

And pressure on patient services revenue continues to increase as expenses grow, which in 1995 included \$21 million in uncompensated care, charity care, community health services/education and medical/patient education.

The operations improvement initiative was designed to reduce the cost per unit of service because that is what drives core operations. By reducing cost per unit of service, the network can attract more purchasers of health care with competitive pricing, and therefore volume rises, Gower said.

However, savings from operations improvements are not pure savings to the bottom line; they

also are needed to offset increases in fixed costs and revenue reductions. “For example, the welfare reform legislation is expected to reduce medical assistance revenue to LVH by \$4 million annually,” he said. “We have to make that up somewhere. And remember, the rest of the local market isn’t standing still with their own cost improvements. Although the network fell short of its operations improvement goal for 1996, the savings were an improvement over 1995 results and the outlook for next year is is positive.” About 80 percent of the \$22 million budgeted for operations improvements in 1997 is already specifically identified in the annual budget,” Gower said. “This is the best position we’ve been in for operations improvement achievement thanks to unflagging attention to the initiative throughout the organization.”

However, the importance of continuing to improve the value of the services offered throughout the network becomes even clearer as statistics show a decrease in hospitalizations and lengths of stay and an increase in ambulatory services.

“It’s very important to understand that we as an organization cannot just sit back and let circumstances overtake us,” Sussman said. “We need to look at the Bethlehem Steel experience and the experience of major retailers in the area and learn from them. We have to make responsible decisions — which are painful at times — to ensure this organization, its jobs and the resources it provides, will continue in the future. At the same time, that doesn’t mean we stop motivating and rewarding our employees and moving ahead with projects that cost money. We have to keep it all in balance.

“If we are able to meet the 1997 annual budget, we’ll see a higher level of patient care and we will have the wherewithal to make investments in our community and in our employees.” ■

**LVHHN ANNUAL UTILIZATION**

	.FY96	FY95	VARIANCE %
ADMISSIONS*	27,605	28,260	-2%
AVERAGE LENGTH OF STAY*	6.2	6.8	-9%
DAYS OF CARE*	170,954	192,379	-11%
EMERGENCY ROOM VISITS	58,221	62,929	-7%
OUTPATIENT REGISTRATIONS	380,589	336,112	13%
BIRTHS	3,141	3,092	2%
FTES (HOSPITAL)	3,598	3,666	-2%
FTES (TOTAL HEALTH NETWORK)	4,389	4,260	3%

\*EXCLUDES NURSERY



## Compensation Study Supports New Work Culture

A GROUP OF LVHHN MANAGERS IS RETHINKING THE ORGANIZATION'S COMPENSATION SYSTEM WITH A GOAL to create a new system that is simpler, market driven, flexible and appropriate today and into the 21st century.

Compensation study and redesign is an initiative that grew out of the change from "function" to "process" that is occurring across the organization. "It's rare these days to find someone working in their own little silo," said Mary Kay Gooch, vice president, human resources. "More and more, people are working together as teams, across departments and functions. We need a compensation system to support that new work culture." And although the redesign process is a network-wide initiative, unique systems will be created for each of the three divisions — LVH, LVHS and LVPG.

A goal of LVHHN's new pay structure is to reward people for achieving team and organizational goals. Major changes are planned to greatly simplify the performance appraisal process for

department heads and make it a more valuable tool for employees who are interested in professional growth. "We're following a positive trend in the health care industry that will result in a more manageable, less time-consuming process," Gooch said. The process will identify areas of opportunity to expand or enhance skills and knowledge, and provide employees with the resources to develop those skills.

A formal job evaluation system will be created, which will use market information to assign value to positions in all levels of LVHHN. Pay for certain roles will be based on the local employment market, others on regional or even national practices.

The redesign team meets every two weeks, and by late September, a schedule for launching the program will be published in *CheckUp*. It's expected that a new pay structure will be operational by the end of June 1997. Throughout the process, there will be many opportunities for employees to offer suggestions and input, Gooch said. ■

### Who's on the Compensation Redesign Team?

**David Beckwith, Ph.D.**,  
vice president, operations

**Jim Burke**, vice president, operations

**Carol Bury**, vice president, operations

**Pat Gavin**, controller,  
Lehigh Valley Physician Group

**Carole Moretz**, manager, nurse staffing

**Molly Sebastian**, director, patient care services

**Bill Mosser**, director, purchasing

**Ed O'Dea**, controller

**Kate Quinn-O'Hara**, nursing administrator

**Chris Rock**, administrator,  
Lehigh Valley Health Services

**Meg Schaffer**, manager, information services

**Keith Strawn**, director,  
compensation and benefits

**Leilani Souders**, analyst,  
compensation and benefits

## Press, Ganey Results Tied to Patient Centered Care

The implementation of patient centered care helped the transitional trauma unit (TTU) record the strongest improvement in the latest inpatient survey results from Press, Ganey Associates, Inc., according to Marilyn Guidi, R.N., director of patient care services in TTU.

The TTU increased 4.3 points — from 84.8 to 89.1 — in the survey results, which measured patient satisfaction at Lehigh Valley Hospital from April 1 to July 1, 1996. The TTU's 50-member staff implemented patient centered care in March.

"The educational process of getting ready for patient centered care really focused everyone on the patient," Guidi said. Everyone understood there was room for improvement and we embraced it because we knew we could give patients better care."

Other units showing improvement from the last quarter were patient care unit 6C, which improved 3.4 points to 92.6, and the transitional open heart unit, which improved 1.5 points to 92.5. Also showing some

improvement were patient care units 7A, 5B and 5C.

Intensive care unit nurses again stood out, scoring the highest in many categories. ICU nurses scored 93.5 points for friendliness, ranking them in the top 99 percent of nurses in LVH's peer group of hospitals. They scored 92.7 points for their "attention to special needs in ICU."

The Press, Ganey ratings are obtained from the results of a patient satisfaction survey mailed to every patient discharged from LVH. The questionnaire asks recipients to rate the hospital in 11 categories. Nearly 2,000 surveys were completed and returned during the second quarter of the year. At least 30 respondents are considered necessary to get a valid patient representation of a unit.

Lehigh Valley Hospital's overall inpatient score was 83.3 out of a possible 100, which was consistent with the previous period. This rating places LVH in the middle of its peer group of hospitals.

Mary Kinneman, senior vice president, patient care services, noted a concern that everyone at LVH needs to address. "Scores were down in staff sensitivity to patient inconvenience and privacy, and staff consideration of patients as individuals," she said.

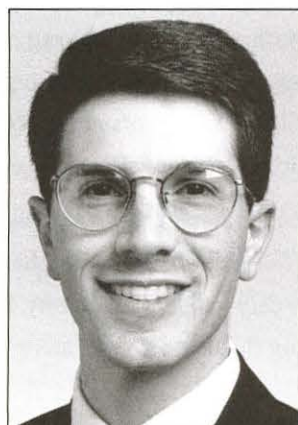
"We have to remember to make the stay for patients as comfortable as possible," she said. "Everyone has to work with patients and their families to get them through the system smoothly, and that includes respecting their privacy, being sensitive to inconvenience and treating them as individuals."

Watch for the results of a new outpatient survey in the September *CheckUp This Month*.

### Letter from a Patient, Transitional Trauma Unit:

*"I was admitted to LVH by ambulance following a bicycle accident and was a patient for five days. First-class care by ER and Trauma Unit staff put me on the way to a speedy recovery at home. To all of you — a most heartfelt 'thank you!'"*

—Gunter Thomas, Bethesda, Md.

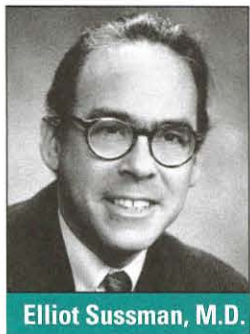


Michael A. Barone, M.D.

## Johns Hopkins Resident Joins Peds

The former chief resident in pediatrics at Johns Hopkins Hospital, Baltimore, recently joined the inpatient pediatrics staff at Lehigh Valley Hospital, where he will work with Claire Bolon, M.D., the unit's medical director. Michael A. Barone, M.D., completed a pediatrics residency at Johns Hopkins, where he also served as the editor of the 1996 Harriet Lane Handbook, a best-selling medical text. Written by pediatric residents, the handbook gives current guidelines for the treatment of sick children. During his residency training, Barone served for a year as the director of the inpatient pediatrics unit at St. Agnes Hospital, Baltimore. He earned his medical degree from the Northwestern University School of Medicine and his bachelor's from Bucknell University. Barone is a fellow of the American Academy of Pediatrics and a member of the American Board of Pediatrics and the National Board of Medical Examiners. ■





# Issues Initiatives

Issues & Initiatives is a series of activities providing employees information about current health care issues at Lehigh Valley Hospital and Health Network.

## Let's Be Proud of Our Accomplishments as a Provider and Partner

THE BUSY PACE WE KEEP AS HEALTH CARE PROVIDERS DOESN'T ALWAYS ALLOW TIME TO REFLECT ON OUR MANY ACCOMPLISHMENTS in fulfilling our mission. One of our four institutional priorities is to focus on, and thus improve, the value of our services. This has been, and will continue to be, hard work for us. But at the same time, we should discuss many recent advances that position Lehigh Valley Hospital and Health Network (LVHHN) for future success.

LVHHN employees, medical staff members and volunteers have many reasons to be proud. In the midst of dramatic changes in the health care industry, our network is increasing its value as a provider and partner in an increasingly challenging environment.

### Commitment to the Community

Our connection with the community has never been stronger. Last year, we provided \$24 million in free care to the poor, support for medical education, community wellness and screening services and school health pro-

grams—more than any other health care organization in the region. Our involvement in the Cities in Schools program for at-risk teens, the ALERT Partnership, the Coalition for a Smoke-Free Valley, the Burn Prevention Foundation and other local partnerships underscores our commitment to making the Lehigh Valley a safer and healthier place to live and work. The 37 clinics we operate at 17th & Chew to provide health services to the poor, uninsured and underinsured recorded a total of nearly 80,000 visits last year, far more than any other hospital in our region. We may not always receive credit for these efforts publicly, but there's ample proof throughout the Valley that LVHHN is making a difference.

We were chosen this summer to provide medical care to the Philadelphia Eagles during their training camp at Lehigh University, particularly because of our emergency services and expertise in sports medicine and orthopedics. We took this opportunity to educate our community about the value of physical and mental fitness through an extensive schedule of workshops and educational events at Lehigh.

### Experts and Outcomes

In addition to our prevention and primary care focus, we continue to take steps to solidify our role as a regional referral center for the treatment of trauma, cancer, heart disease and other serious illnesses. National experts like Gregory Harper, M.D., a cancer specialist who recently joined us as the director of the John and Dorothy Morgan Cancer Center, and nationally recognized programs like the Perinatal Partnership are valuable to patients of all ages who come here from near and far. Because of the Partnership, between 1991 and 1995, the percentage of low birth-weight babies born at Lehigh Valley Hospital fell from 12 percent to 5.3 percent, while the national average was 7.1 percent. Statistics like these highlight the benefits we provide to our region and forge our reputation as a national leader in health care.

We know through both our own quality analyses and those of outside agencies that we're providing high-quality care at our hospital and in our community. For example, in 1995 LVH's cardiac surgery program achieved a mortality rating of 1.5 percent compared to an expected mortality of

3.7 percent. Also, we were the only hospital with advanced cardiac services in southeastern Pennsylvania to receive a "plus" for quality of care (we had a significantly lower mortality than predicted) in the treatment of heart attack patients in 1993. This fact was in a report released in June by the Pennsylvania Health Care Cost Containment Council. These are world-class outcomes that reflect our value. We should be proud!

### PennCARE<sup>SM</sup> Progress

The exciting developments in the PennCARE<sup>SM</sup> integrated delivery system forecast a bright future for us and our partners. This affiliation links LVHHN with a network of seven other hospitals, their medical staffs and insurers to deliver a full range of health care services to enrolled members in central and eastern Pennsylvania. As the tradition of specialty care shifts to a focus on primary care and disease prevention, PennCARE<sup>SM</sup> gives LVHHN and our network partners access to enrolled lives in a combined service area of 3,800 square miles and a total population of approximately two million people. Easton, Warren and several other hospitals and their medical staffs are also interested in joining PennCARE<sup>SM</sup>, which would further expand the network and its contracting potential.

The new long-term partnership between PennCARE<sup>SM</sup> and U.S. Healthcare, the region's largest health maintenance organization, opens Lehigh Valley Hospital's doors to as many as 1,000 inpatient referrals from our partners in fiscal year 1997. U.S. Healthcare has approximately 100,000 enrollees in the Lehigh Valley service area and more than 250,000 in the PennCARE<sup>SM</sup> service area. This agreement, which "went live" on Aug. 1, is a national model that gives the PennCARE<sup>SM</sup> partners regional presence while preserving community-based health care. The contract ensures that local physicians and hospitals, who have a history of caring for their communities, make decisions on medical care and resources to benefit and improve the health of local communities.

With the U.S. Healthcare contract as a model arrangement, PennCARE<sup>SM</sup> continues to pursue additional insurance contracts in its service area. The eight partners are already providers for Valley Preferred, the third largest insurer in the Lehigh Valley, which forecasts an increase in covered lives from 30,000 to 50,000 in fiscal year 1997.

Last month, LVHHN physicians and staff began providing outpatient obstetrics and gynecology services at Muhlenberg Hospital Center, marking a major benefit of the partnership. Plans are under way to share and jointly sponsor a variety of services among PennCARE<sup>SM</sup> members. Clearly, the partnership will give its members the ability to take better care of their communities in the future.

Are there tough times afoot and ahead in health care? Yes, without a doubt. But LVHHN has a bright future. And as we continue to care for our community, we will keep our focus on being the best provider and partner possible. ■

## Operations Improvement

**FY 1996 GOAL  
\$20 Million**



**\$18.1  
Million  
through  
June 1996**

This gauge will appear in each issue of *CheckUp* This Month to show LVHHN's progress in working towards our Operations Improvement goal.



## EMPLOYEE FORUMS

Hosted by Elliot Sussman, M.D.  
Topic: "State of the Network"

Thursday, AUG. 22	2:30 p.m.	Cafeteria, 2024LS
Thursday, AUG. 22	4 p.m.	Cafeteria, 2024LS
Monday, AUG. 26	7:30 a.m.	Auditorium, CC
Monday, AUG. 26	10 a.m.	Auditorium, 17
Tuesday, AUG. 27	7:30 a.m.	Auditorium, SON
Tuesday, AUG. 27	3 p.m.	Auditorium, CC
Thursday, AUG. 29	3 p.m.	Auditorium, 17
Tuesday, SEPT. 3	3 p.m.	Auditorium, CC

## Benchmarking Begins with Data Collection

The organization-wide benchmarking study got underway last month when representatives of nursing, materiels, finance, engineering, laboratory, the health services division and several others began the process of "measuring up" against the best in health care.

The first step is data identification and collection. The initial "mapping" session, held in late July, was designed to come up with specific questionnaires for each cost center so that LVHHN departments are matched up with similar ones in the database-of 450 hospitals for comparison purposes. "In order to get the answers we need, we have to make sure we're asking the right questions," said Jim Burke, vice president, operations, who is coordinating the initial work.

Each department head then has the opportunity to examine and understand the preliminary questionnaire specific to his or her area. In late

August, department heads will meet in groups of 25 or so with representatives of MECON-PEERx, the benchmarking database service. The first page of each questionnaire will have been completed by LVHHN finance, for review by the department head. At the sessions, department heads will complete a "characteristics" portion of their specific questionnaires.

MECON will run and analyze the information that's collected, so that by the end of September, department heads have data comparing their areas to benchmarks. The next six to eight months will be spent in discussions with benchmarking partners, and in developing and implementing action plans to achieve benchmark targets.

"We all need to consider the process and the data results seriously," Burke said, "remembering that it is a tool to help us be more competitive by improving our cost position." ■

## PennCARE<sup>SM</sup> Facts

### MEMBERS OF PENNCARE<sup>SM</sup> NETWORK

- Doylestown Hospital, Doylestown
- Gnaden Huetten Memorial Hospital, Lehighton
- Grand View Hospital, Sellersville
- Hazleton General Hospital, Hazleton
- Hazleton-St. Joseph Medical Center, Hazleton
- Lehigh Valley Hospital, Allentown
- Muhlenberg Hospital Center, Bethlehem
- North Penn Hospital, Lansdale

TOTAL NUMBER OF BEDS: 1,877

TOTAL ADMISSIONS:  
approximately 70,000

TOTAL OUTPATIENT VISITS:  
approximately 900,000

COUNTIES SERVED: Berks, Bucks, Carbon, Lehigh, Luzerne, Monroe, Montgomery and Northampton

POPULATION OF AFFECTED REGION: 2 million

TOTAL AREA OF PENNCARE<sup>SM</sup> REGION: 3,800 sq. mi.

TOTAL NUMBER OF EMPLOYEES IN PENNCARE<sup>SM</sup> HEALTH CARE ORGANIZATIONS: 9,166

TOTAL NUMBER OF PHYSICIANS ON PENNCARE<sup>SM</sup> HOSPITAL MEMBER MEDICAL STAFFS: 2,230

## PennCARE<sup>SM</sup> Gains Momentum with U.S. Healthcare Contract

Recent developments have set the stage for PennCARE<sup>SM</sup>'s continued growth as a major integrated delivery system in eastern Pennsylvania.

In late July, Easton Hospital's physician/ hospital organization (PHO) and board of trustees voted overwhelmingly to authorize the hospital's management to negotiate with PennCARE<sup>SM</sup> for membership as a provider partner. The actions came after a series of presentations by PennCARE<sup>SM</sup> board members and representatives from LVPHO, at the invitation of Easton's board and medical staff. Formal action will be taken by the PennCARE<sup>SM</sup> board at an upcoming meeting, according to Elliot J. Sussman, M.D., chairman of the board and president of PennCARE<sup>SM</sup>.

Sussman said a number of other hospitals and their medical staffs have also expressed an interest in PennCARE<sup>SM</sup>, and several visits or presentations have occurred or are scheduled by PennCARE<sup>SM</sup> members.

On Aug. 1, the PennCARE<sup>SM</sup> partnership activated a 10-year agreement with U.S. Healthcare,

the region's largest health maintenance organization. The agreement could be a national model, Sussman said. The American Hospital Association's Center for Organizational Leadership called the network overall, and the U.S. Healthcare agreement, "distinctive and unique in the country."

"Our arrangement with U.S. Healthcare is based on quality and outcomes," Sussman said, "and ensures that local physicians and hospitals work together to make decisions on medical care and resources that benefit and improve the health of local communities."

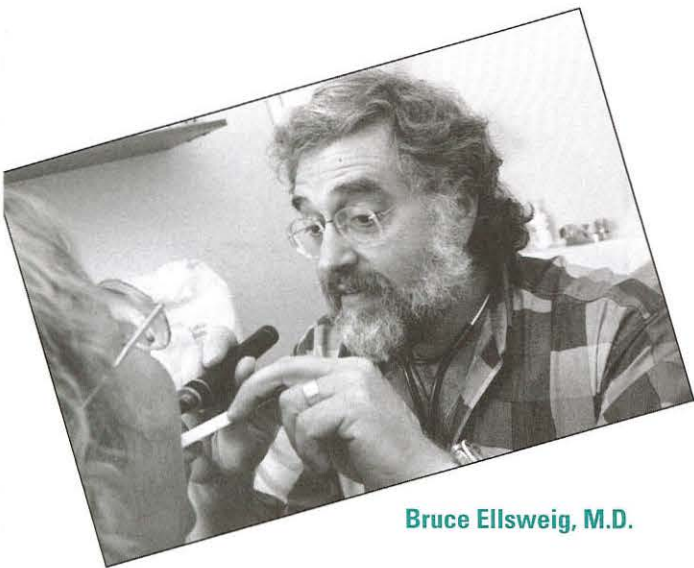
"Our agreement with PennCARE<sup>SM</sup> provides all parties involved with the opportunity to work as a team to increase quality of care," said Robyn S. Walsh, senior vice president of medical delivery, U.S.Healthcare. "By working together to more efficiently accomplish the goal of improving health care to our members, we will eliminate duplication of services and increase the resources directed to care."

PennCARE<sup>SM</sup>'s discussions with several other managed care organizations and major national and regional insurers for similar agreements are in various stages of negotiation. PennCARE<sup>SM</sup> partners are already providers for Valley Preferred, the third largest insurer in the Lehigh Valley.

Health professionals from throughout the PennCARE<sup>SM</sup> network are also participating in several educational sessions sponsored by the network. They have included a session on negotiation, a conference in New York City on physician and medical practice issues, computer learning labs on managing the transition to managed care and a clinical process improvement network.

Sussman said the national search for a PennCARE<sup>SM</sup> medical director continues, chaired by Gavin Barr, M.D. from Muhlenberg Hospital Center. Sussman said he expected an individual to be chosen soon. ■





Bruce Ellsweig, M.D.

MANAGED CARE HAS INTRODUCED A TANGLE OF NEW TERMS AND RELATIONSHIPS TO CONSUMERS, AND experience is proving to be the best, if not the only teacher as new members learn how to get the most from their health care plan.

Take the phrase “primary care provider,” or PCP, for example. Enrollees in closely managed care plans like Choice Plus not only must choose a PCP when they sign up for a plan, they also must learn how and when to interact with the PCP to have their health needs met.

“Managed care is redefining the relationship between the doctor and patient,” says Bruce Ellsweig, M.D. who has practiced family medi-

## Managed Care: Redefining the Doctor-Patient Relationship

cine in the Lehigh Valley for 19 years. “The PCP and patient share a responsibility for health care, with the PCP acting as the patient’s advocate and as a responsible partner of the health plan.”

As coordinator of patient care, the PCP provides basic diagnostic services like routine physicals and blood tests, treats patients for most medical problems and refers them to specialists when necessary, Ellsweig says.

But is the PCP responsible for encouraging patients to do things to keep well, like lose weight or quit smoking?

Ellsweig believes that patients today must be well informed about their health and their managed care plan to get the most benefits from their PCP. “Patients should come to their PCP with an agenda for their health,” he says. “At the same time, they should expect the doctor to also have a plan for wellness activities.” His office reminds patients of their periodic checkups and screenings by mailing newsletters or postcards to their homes.

Not all primary care physicians share this collaborative approach with their patients, says Mary Kay Gooch, LVHHN’s vice president of human

resources. “Some are better than others in guiding their patients to stay healthy,” she says, noting that many primary care physicians are still getting used to their role as patient advocate. Gooch advises new participants in managed care to meet with a PCP before signing on with him. “Talk with a doctor before you choose him as your PCP in a managed care plan. Find someone you can connect with,” she says.

Gooch also points plan members to Choice Plus’ member services department at Spectrum Administrators when they’re not happy with a physician’s service. “Member services will track complaints about scheduling, referrals, insurance coverage and treatment issues,” she says. “They’ll investigate the issue, talk with the doctor or his office staff and follow up with the patient.”

However, if your PCP still isn’t meeting your needs, you don’t have to remain his patient, says Ellsweig: “You can try to work with your PCP, letting him know what you want. But if you’re not satisfied, then you can choose another PCP. And with Choice Plus, you have this option every month.”

**To contact Choice Plus’ member services, call ext. 7410. ■**

## Muhlenberg, LVHHN Offer Expanded Women’s Health Services

Bethlehem area women have a convenient new health resource at Muhlenberg Hospital Center, thanks to a cooperative arrangement with PennCARE<sup>SM</sup> partner LVHHN.

Opened this summer, the new service grew from Muhlenberg’s existing expertise in breast health services. LVHHN collaborated with Muhlenberg to add physicians with a primary care ob/gyn focus. Patients can receive routine obstetrics and gynecology services, including yearly exams, screenings and women’s health education at Muhlenberg, according to Marie Shaw, women’s health services director, LVHHN. For delivery of their baby or for high-risk services, women will be cared for at LVH, 17th and Chew streets.

“An exciting feature of the Muhlenberg program is that services were designed to meet the needs of women with busy schedules,” Shaw said. The location is convenient and turnaround of test results is very prompt, she said.

Women are responding favorably to the new service, according to Michael Sheinberg, M.D., who is one of the physicians caring for patients at Women’s Health at Muhlenberg Hospital Center. “Patients love the convenience,” he said. “And it’s more fulfilling for us as physicians to be able to go to our patients rather than requiring them to come to us. We can build relationships as members of the same community.”

**To register for a “Get To Know Your Doctor” session at Muhlenberg Hospital Center or for more information, call 402-CARE.**



*Women’s Health at Muhlenberg Hospital Center provides childbirth care, breast care, gynecologic (women’s reproductive) care, wellness/preventive care and women’s health education.*

### Women’s Health at Muhlenberg Hospital Center includes:

- New primary obstetrics and gynecology (OB-GYN) services provided by LVHHN-affiliated physicians (OB-GYN Associates and College Heights OB-GYN) at the Muhlenberg Hospital Center campus.
- Availability of mammography and breast ultrasound testing at convenient hours.
- Fast turnaround of test results, due to a centralized location and streamlined procedures.

The service is located in the Muhlenberg Medical Office Building, 2597 Schoenersville Rd. near Route 22. ■

## Choice Plus Benefits Tips: Infertility and In-Vitro Fertilization Services

Under Choice Plus, infertility services are payable as any other medical service as long as you obtain a referral from your primary care provider (PCP). You may seek infertility services without preauthorization from a network obstetric/ gynecology or reproductive specialist for an initial consultation. Subsequent visits or procedures related to the infertility diagnosis — whether additional office visits, lab work, testing or injections — require preauthorization from the utilization review department. The referred specialist must also submit a treatment plan to your PCP before utilization review can authorize the services.

The Choice Plus plan pays for in-vitro fertilization procedures (including gamete in-vitro fertilization) at 60 percent of the fee schedule, as long as they are administered by a participating provider and facility. Precertification with the utilization review department must also be obtained. These procedures are subject to a lifetime maximum of three in-vitro fertilization procedures per member.

Fertility drugs are covered if prescribed by a participating provider in connection with a covered service and if purchased at Health Spectrum Pharmacy or Walter’s Pharmacy. Fertility drugs are payable at 60 percent of charges after a \$10 copayment per prescription is paid. If you buy fertility drugs at Walter’s Pharmacy, you must pay for the prescription, then submit the claim to Spectrum Administrators for reimbursement. Fertility drugs from Health Spectrum Pharmacy require only the \$10 copay and the 40 percent co-insurance when purchased. ■



## Thousands Flock to See Philadelphia Eagles Train and Learn How to Improve Their Health

FOR THE FIRST TIME IN NATIONAL FOOTBALL LEAGUE (NFL) HISTORY, A NEW TRAINING CAMP CONCEPT allowed fans to watch the Philadelphia Eagles prepare for the 1996 season and participate in fun, healthy activities sponsored by Lehigh Valley Hospital and Health Network (LVHHN).

This unique partnership with the Eagles gave LVHHN staff the opportunity to educate thousands of people each day about the importance of healthy sports participation, injury prevention and physical fitness. Nearly 20 departments and more than 150 LVHHN health professionals volunteered their expertise through daily interactive displays and large weekend events that focused on specific age groups. Activities ranged from walking assessments and tai chi demonstrations to roller-blading and bike safety seminars.

John Stavros, senior vice president, marketing and planning, was encouraged by the number of fans that turned out each day, despite often



Another highlight of the four-week long camp was the July 28 Green and White Scrimmage. Pictured above are some of the 100 lucky LVHHN employees and their guests who won reserved, 50 yard-line tickets. The seats were a hot commodity in the Lehigh Valley, with nearly 18,000 enthusiastic fans filling Goodman Stadium.



Cindy Meeker, R.N., (right) professional nurse council, reads the blood pressure of a fan on senior's day. In addition to professional nurse council, volunteers from AIDS activities office, Affinity, Burn Prevention Foundation, cardiac rehab, geriatric interest network, Center for Health Promotion and Disease Prevention, Morgan Cancer Center, Lehigh Valley Home Care and Hospice, nurses from telemarketing/402-CARE, security and trauma departments, and Valley Preferred representatives participated throughout the camp.

### PCC Update: Admitting Process Undergoes Change

As work redesign based on patient centered care principles is implemented throughout Lehigh Valley Hospital, there is a continual process of evaluation and measurement of how well these changes are meeting the seven dimensions of care and operational requirements.

A goal of redesign has always been to admit patients directly to their assigned unit rather than have them wait in the lobby or the centralized admitting department. Initially, administrative partners handled all admissions in addition to their many other duties. However, staff from the admitting department have recently take over this procedure.

The change was necessary because admission codes and procedures are seemingly always changing making it difficult for administrative partners to keep current due to the limited number of admissions. Administrative partners will continue to perform other vital clerical tasks as part of the patient centered care team. This is just one example of ongoing evaluation and change which is necessary to meet redesign goals. ■



Denise Bartholomew, (center) registrar, and Pat Portner, administrative partner on the sixth floor unveil the new admitting process.

inclement weather. "Working with the Eagles on this new training camp idea has been a great learning experience and we continue to discuss our expanded relationship. Of course, all discussions will have to take place after the Eagles return from the Super Bowl," he said.

Another first at the camp was the unveiling of the athletic performance testing offered by Thomas Meade, M.D., Orthopaedic Associates of Allentown and the Allentown Human Performance Center. The test, modeled after the NFL rookie combine testing, measured an athlete's abilities in four categories—speed, agility, flexibility and strength. Scores fed into a data bank of more than 300,000 comparable athletes give participants a personalized profile of strengths and weaknesses. Meade reported that the test was a popular stop with more than 2,000 athletes of all ages participating.

According to Elliot J. Sussman, president and chief executive officer, "By teaming up with the Eagles, LVHHN could reach those people in our community that we haven't been able to

before with our health message. Our participation at the camp was another example of our commitment to the community, which last year totaled more than \$18 million in free or discounted health screenings and medical care." He concluded, "We are confident that many people left the training camp happy to have seen the Eagles at work but also better informed about their own health." ■



# Partners in PennCARE

"Partners in PennCARE™" will be a regular feature in CheckUp This Month providing news about programs and other activities in the PennCARE™ network.

**Hazleton General Hospital and Hazleton-St. Joseph Medical Center** teamed up to participate in a number of community events earlier this summer. Activities included the Laurel Mall Health Fair, the American Cancer Society's Relay for Life and the Chamber of Commerce Trade Expo.

**Muhlenberg Hospital Center's** (MHC) Banko Education Center will be the site of several community education classes co-sponsored by LVHHN's Center for Health Promotion and Disease Prevention, WomanCare and Muhlenberg Hospital Center beginning in September.

MHC site offerings include: "Weigh Less-Exercise More: Weight Management Program," "Exercise for Life" (for adults), and "Measurable Results" (for women). Call 402-CARE for more information or to register.

**Muhlenberg Home Health**, a program of Lehigh Valley Home Care that opened five months ago at Muhlenberg Hospital Center, has exceeded initial patient volume projections with an average of 80 patients monthly, according to branch manager Deborah Search, R.N. Since opening Feb. 28, Muhlenberg Home Health staff has made 4,300 visits to patients throughout Northampton County, in western Lehigh County and as far north as Bangor and Wind Gap. Growth has occurred so rapidly that four new registered nurses were hired to staff the program, Search said. Lehigh Valley Home Care staff has provided weekend and on-call coverage for the program, but Muhlenberg Home Health staff will soon provide this service as well.

**North Penn Hospital**, Lansdale, offers blood pressure and cholesterol screenings at Montgomery Mall the first Friday of every month. Blood pressure test is free. Individuals may have a total cholesterol or total cholesterol high density lipoprotein breakdown test for \$7 or \$14, respectively. For information, call NPH Health Match at (215) 361-4848 or stop by the mall. ■

## Corrections to July's CheckUp This Month

► Omission: Monica Rossick, hospice/skilled nursing, celebrated her fifth year anniversary on June 6.



## SERVICE ANNIVERSARIES

**Congratulations to the following employees on their August 1996 service anniversaries! Thank you for your continuing service to Lehigh Valley Hospital and Health Network.**

### Twenty Five Years of Service

Irene R. Ehrigott  
Nursing Administration  
Fay E. Podlesny  
Lab-Toxicology  
Sharon L. Guerrieri  
Transitional Open Heart Unit  
Jean L. Jackson  
Radiation Oncology

### Twenty Years of Service

Peggy E. Farrell  
GICU  
Kathleen M. Koch  
Lab-Blood Bank  
Barbara Folger  
Cardiac Cath Lab

### Fifteen Years of Service

Stephen B. Keith  
Information Services Operations  
Elizabeth Fulmer  
Public Affairs  
Ralph Montesano  
Perfusion  
Eugene Morgan  
Nuclear Medicine  
Janice A. Pertruccelli  
Pediatric Unit  
Norman R. Weaver  
Operating Room  
Patricia A. Wirth  
7B Medical/Surgical Unit

Gayle J. McCarthy  
Laboratory-Chemistry  
Joanne Gimpert  
Human Resources Administration  
Alice A. Hemerly  
Breast Diagnostic Services  
Donna Kulp  
Center for Health Promotion & Disease Prevention  
Robert A. Greenawald  
Plant Engineering  
Michael Hutnick Jr.  
Plant Engineering  
Norman J. Manley  
Perfusion  
Krisan Wong  
6C Medical/Surgical Unit

### Ten Years of Service

Kim L. Burke  
Open Heart Unit  
Susan F. DeTurk  
Transitional Open Heart Unit  
Terri L. Hildebrand  
Neonatal ICU  
Patricia A. Warnagiris  
6N Adult Psychiatry Unit  
Teresa E. Mauser  
Care Management Systems  
Cynthia Grace  
Trexlerstown Medical Center  
Lisa Simon  
7C M&S Nephrology Unit

B. Daniel Dillard  
Burn Prevention Foundation  
Aida Velasquez  
Outpatient Pediatrics  
William Orłowsky  
Financial Services  
Barry W. Diefenderfer  
Security  
Marcia I. Frankel  
5B Medical/Surgical Unit  
Georgeann Kressley  
Post Anesthesia Care Unit  
Margaret S. McCain  
7C Medical/Surgical Unit  
Patricia L. Wright  
HealthPage  
Linda A. Espinal  
Perinatal Partnership  
Cynthia J. Moser  
Respiratory Therapy  
Sharon M. Mouchref  
GICU

### Five Years of Service

Howard C. Cook Jr.  
Pharmacy  
Jesus M. Diaz  
7C Medical/Surgical Unit  
Kathleen F. Kohler  
HBSNF  
Zeida Lugo  
Outpatient Pediatrics  
Lisa A. Marks  
Mauch Chunk Medical Center  
Cynthia Spittle  
Laboratory-HLA  
Angela R. Strausser  
Shock/Trauma Unit

Tara Templet  
Executive Office  
Diane L. Zapach  
Burn Prevention Foundation  
Henry E. Zelaya  
Escort-Mailroom-Print Shop  
Patti J. Kopko  
Clinical Resource Management  
Michele A. Gibbs  
Physical Medicine  
Patricia Longenhagen  
Respiratory Therapy  
Vicki A. Bush  
7B Medical/Surgical Unit  
Jose M. Colon  
General Services  
Jean A. Heffelfinger  
Admitting Office  
Brain K. Leader  
Care Management Systems  
Deborah D. Manwaring  
Neonatal ICU  
Mary M. Saylor  
Pediatric Unit  
Jacqueline A. Slifko  
HC Milford-Skilled Nursing  
Joyce M. Strauch  
Admitting Office  
Kenneth A. Yenser  
Security  
Diane M. Mittl  
Admitting Office  
Melissa I. Aguilar  
Hospice Administration & General  
Thelma M. Hartzell  
Central Nervous System Unit  
Barbara A. Morgan  
Pharmacy

If you have news or a story idea for **CheckUp This Month**, send your suggestion by the first work day of the month to Rob Stevens, editor, public affairs, 1243 SCC-PA, using interoffice mail or e-mail. **CheckUp This Month** is an employee publication of Lehigh Valley Hospital and Health Network's public affairs department. For additional information, call ext. 3000. Lehigh Valley Hospital and Health Network is an equal opportunity employer. M/F/D/V

EDITOR Rob Stevens

DESIGN Denise Golant

PHOTOGRAPHY Photo/Graphic Services

**Doylestown Hospital**, Doylestown, has started a special program to help victims of domestic violence and rape called the "Sexual Assault Response Program." Through this program, a specially trained nurse in the emergency department provides immediate, sensitive and skilled treatment to assault victims. To learn more about Doylestown Hospital's program for abused women, call the emergency department at (215) 345-2828.

### Gnaden Huetten Memorial Hospital,

Lehighton recently broke ground for an \$8 million addition that will double the size of the emergency department, add a new ambulance entrance and provide space for outpatient testing. The two-story, 27,000-square-foot building is expected to take 11 months to complete.

The Lehighton hospital also opened its Women's Health Center in Tamaqua, which will provide offices for Rose Marie Kunaszuk, a certified nurse midwife. Gnaden Huetten also operates the WomanCare center in Lehighton. For information about its educational programs, call (610) 377-7070.



You can help Lehigh Valley Hospital's PEDIATRIC PROGRAM grow... and possibly WIN this country style playhouse at the same time!

FOR ONLY \$1

you can enter the drawing for the playhouse which is valued at \$7,500 and was constructed and donated by BOYLE ASSOCIATES. It measures 10X12 ft., is wired for electricity and could easily convert to a potting shed or an artist's studio.

Drawing will take place

SEPTEMBER 28 at

the Nite Lites at Dorney Gala!

Get your RAFFLE ENVELOPE at the GIFT SHOPS at either site or call 402-CARE.