

Promoting the Most Appropriate Care
Choosing Wisely® initiatives are underway.

CPT Updates from the AMA
Get the CPT changes for 2016.



PHS, LVHN Sign Agreement to Merge
Full-asset merger is pending regulatory approvals.

Highlights from LVHN's Annual Meeting
Learn more and read the 2015 Annual Report.

The Retail Pharmacy View
Limiting anti-heartburn medications

Learn More About Cultural Competence
Earn free CMEs.

Medical Home Project
Making a difference across borders

Ethics Corner
You are not a 'health care provider'.

Library Services Update
New journals list interface

HCAHPS Update
The story behind the numbers

New Date for Nite Lites 2016
Event will be held Oct. 1 at LVH-Muhlenberg.

Who's New?
Comings and goings of our medical and allied health staff.

Congratulations
Check out who got certified.

Papers, Publications and Presentations
See what your colleagues are presenting.

Upcoming Seminars, Conferences and Meetings
Get dates, times and more.

Promoting the Most Appropriate Care

In 2012, the ABIM Foundation launched Choosing Wisely® with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.

Choosing Wisely centers on conversations between providers and patients informed by the evidence-based recommendations of "Things Providers and Patients Should Question." More than 70 specialty society partners have released recommendations with the intention of facilitating wise decisions about the most appropriate care based on a patients' individual situation.



An initiative of the ABIM Foundation

Through partnership and collaboration, three major Choosing Wisely initiatives are underway within our network. These recommendations are:

1) Don't do imaging for low back pain within the first six weeks unless red flags are present. (Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected.) Low back pain is the fifth most common reason for all physician visits. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs.

2) Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days or symptoms worsen after initial clinical improvement. (Symptoms must include discolored nasal secretions and facial or dental tenderness to percussion.) Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care.

3) Don't delay palliative care for patients with serious illness who have physical, psychological, social or spiritual distress because they are pursuing disease-directed treatment. Numerous studies—including randomized trials—provide evidence that palliative care improves pain and symptom control, improves family satisfaction with care and reduces costs. Palliative care does not accelerate death, and may prolong life in selected populations.

Multiple efforts will be directed at providers and patients moving forward to facilitate these messages into daily conversation.

For questions or feedback on this article, contact [Wayne Stephens](#) at 610-969-0028 or [Joseph Candio Jr.](#) at 610-969-0479.

2016 CPT Updates from the AMA

The American Medical Association (AMA) has released Appendix B, which captures the CPT changes for 2016. This document will include new codes, re-sequenced codes and revised codes. It is available [here](#).

Pocono Health System, LVHN Sign Agreement to Merge

Pocono Health System (PHS) and Lehigh Valley Health Network (LVHN) announced on Dec. 16, 2015, they have signed an agreement for a full-asset merger, pending regulatory approvals.

The PHS Board of Directors and LVHN Board of Trustees, in separate meetings this month, authorized the agreement.

In May 2015, the two organizations announced they had signed a letter of intent to merge subject to due diligence, the negotiation of definitive transaction



documents and approval from regulators. Pending completion of regulatory approvals, the parties expect the proposed merger to take effect in the first half of 2016.

"This agreement takes us one step closer to realizing this merger," said Jeff Snyder, FACHE, FHFMA, President and CEO of Pocono Health System. "It will bring continued growth and expansion in health care services for Poconos residents, providing them greater access to the highest-quality clinical care, the most sophisticated technology and advanced health records systems, and the largest and most experienced physician network in the area."

According to the terms in the agreement, LVHN anticipates developing with PHS a hospital of the future called Pocono Medical Center West in Pocono Township as was announced in late fall 2014 that incorporates the highest level of clinical competence to provide the highest quality care close to home. The merged entity will also create ambulatory health centers, develop and grow essential clinical services, recruit primary care physicians and increase access to specialists. In addition, LVHN is committed to providing more integrated care to the Pocono region through population health management, which includes sharing a common electronic medical records system.

Brian Nester, DO, MBA, FACOEP, LVHN's president and CEO, said, "Pocono Health System is a highly-valued community hospital that cares deeply for the Pocono region. We, at Lehigh Valley Health Network, commend the leadership of Pocono Health System for their exceptional oversight of this vital community asset. We applaud their accomplishments and look forward to making a great system of care even better for our communities."

The decision to merge builds upon a historical affiliation between the two organizations. They created partnerships that enabled the creation of a Trauma Center, provision of professional services in Radiation Oncology and Interventional Radiology and collaboration to provide services for the Monroe County Community Safety Program.

Pocono Medical Center (PMC) became an accredited Trauma Center in November 2008 with Lehigh Valley Health Network serving as the Level I Trauma partner. An agreement with LVHN to provide Interventional Radiology services commenced shortly thereafter. Most recently, an agreement was reached to have LVHN provide the professional services in Radiation Oncology at the Dale and Frances Hughes Cancer Center beginning in March 2015. Also in 2015, Pocono Medical Center and the [Children's Hospital at Lehigh Valley Hospital](#) announced a partnership with the Monroe County Community Safety Program to educate and provide services in areas that include child car seat safety, distracted driving and accident prevention.

Pocono Medical Center is celebrating its 100th anniversary this year in East Stroudsburg. With more than 230 physicians and 2,000 employees, it is one of Monroe County's largest employers, offering a full complement of clinical and acute care services for Monroe and surrounding communities. It was recently recognized as being among the top 10% in Pennsylvania and as a Best Regional Hospital by U.S. News & World Report. Pocono Medical Center's ESSA Heart and Vascular Institute offers the full breadth and depth of cardiovascular services, including diagnostic cardiac catheterization and angioplasty, open-heart surgery, and minimally invasive heart procedures, as well as vascular surgery and cardiac rehabilitation services. The Dale and Frances Hughes Cancer Center at PMC offers a variety of treatments and alternatives, including state-of-the-art radiation therapy. Pocono Medical

Center is a fully accredited Level III Trauma Center.

Lehigh Valley Health Network includes five hospital campuses—three in Allentown including the region's only facility dedicated to orthopedic surgery, one in Bethlehem and one in Hazleton, Pa.; 13 health centers caring for communities in five counties; over 130 primary and specialty care physician practices throughout the region; pharmacy, imaging, home health services and lab services; and preferred provider services through Valley Preferred. Specialty care includes: trauma care at the region's busiest, most-experienced trauma center treating adults and children, burn care at the regional Burn Center, kidney and pancreas transplants; perinatal/neonatal, cardiac, cancer care, and neurology and complex neurosurgery capabilities including national certification as a Comprehensive Stroke Center. Children's Hospital at Lehigh Valley Hospital, the only children's hospital in the region, provides care in 28 specialties and general pediatrics. Lehigh Valley Health Network has been [recognized](#) by *US News & World Report* for 20 consecutive years as one of America's Best Hospitals and is a national Magnet hospital for excellence in nursing. Lehigh Valley Health Network's Cancer Center is the only cancer center in the region to have been selected as a National Cancer Center Community Cancer Centers Program (NCCCP, 2010-14). Additional information is available at lvhn.org and by following us on [Facebook](#) and [Twitter](#).

Highlights from LVHN's Community Annual Meeting

Before an audience of about 300 community members and representatives from LVHN's [Board of Trustees](#), LVHN president and chief executive officer Brian Nester, DO, MBA, FACOEP, shared examples of how the health network "is creating a better health care experience throughout our community," at the Dec. 2, 2015, Community Annual Meeting.

Nester began his President's Report by discussing changes in various industries throughout the past five years. Then he talked about how health care has changed radically over that same time period. He centered his remarks on the Triple Aim, a framework that LVHN is using to create better health, better care and better cost for its community.



Bill Hecht, LVHN Board Chair in 2015, and Brian Nester, DO, MBA, FACOEP, LVHN president and CEO.

Throughout his presentation, Nester discussed innovations in care at LVHN, including the [MyLVHN patient portal](#) that allows patients to view their medical record; [Community Care Teams](#) that help people with chronic illness; and the upcoming partnership with the [Memorial Sloan Kettering Cancer Alliance](#) that will provide people in the Lehigh Valley with greater access to clinical trials.

In addition, he showed videos spotlighting how a [Community Care Team helped Karen Stoneback of Bethlehem](#); how [remote home monitoring helped Ed Patterson of Whitehall](#); how physician assistant [Brett Feldman, PA-C](#), provides [health care for people who are homeless](#); and how a new [virtual inpatient check-in and check-out system](#) will revolutionize hospital care.

Nester also spotlighted the \$401.6 million in Community Benefit provided by LVHN this year.

You can learn more about LVHN's past year by experiencing the [2015 LVHN Annual Report online](#).

- Review highlights, facts and figures of 2015.
- [Watch the videos](#) shown during the President's Report.
- Get detailed information about LVHN's [finances](#) and [community benefit](#).
- See a list of [LVHN leadership](#).
- Download and print the [Annual Report Overview](#).

Watch Dr. Nester's [entire presentation](#).

Limiting Anti-Heartburn Medications

According to a University of Michigan study, half of the patients in any American hospital are getting an acid-reducing drug to prevent heartburn or stomach and gut bleeding. This may seem to be a great idea, but according to the report it actually increases their risk for dying by opening them up to infections that may be even more dangerous.

Based on a computer simulation, approximately 90 percent of inpatients have a higher risk for dying when they start on an acid-reducing medication while in the hospital than if they were not on it. However, if patients are already on proton pump inhibitors (PPIs) when they are admitted, 80 percent of them have only a small increase in risk, so they are somewhat safer. The issue is that reducing acid in the stomach increases the risk for infection, especially pneumonia and *Clostridium difficile* (*C. Diff.*). Suppressing acid production can lead to an increase in bacteria in the stomach and throat, which can then get into the lungs.

It is part of some hospitals' "rules of thumb" to give PPIs automatically under certain conditions, such as high-dose steroids. While GI bleeds are risky, hospital-associated pneumonia or *C. Diff.* are more common. The study using extensive computer modeling in risk-benefit analysis was able to make the

link between PPI usage and infections. The researchers suggest that by limiting the use of PPIs to only the most appropriate patients—those with existing GI bleeds—patients will be safer. At LVHN, use of PPIs in the hospital requires special prompts.

New Drugs

- Epiduo Forte Gel (*adapalene*3% and *benzoyl peroxide* 2.5%): For moderate to severe inflammatory acne.
- Genvoya tablets (*elvitegravir* 150 mg, *cobicistat* 150 mg, *emtricitabine* 200 mg and *tenofovir* 10mg): A four-drug combo for treatment of HIV-1 infection in adults and pediatric patients ages 12 and over.
- Namzaric capsules (*memantine HCL ER* 28 mg or 14 mg and *donepezil* 10 mg): A once-daily treatment of mild-to-severe dementia of the Alzheimer's type.
- Praxbind injectable solution (*idarucizumab* two single 2.5 g/50 mL): Two vials equal one dose for the reversal of the anticoagulant effects of Pradaxa (*dabigatran*)
- Stiolto Respimat inhalation spray (*tiotropium* and *olodaterol*): For the long-term, once-daily maintenance treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema.
- Tresiba injection (*insulin degludec*): A once-daily SQ injection to improve glycemic control in adult patients with Type 1 or Type 2 diabetes.

Coming Soon

- QuilliChew ER tablets (*methylphenidate ER* 20 mg, 30 mg and 40 mg): A chewable and splittable tablet for treatment of ADHD.
- Rx to OTC Switch: Rhinocort nasal spray (*budesonide*)

New Generics

- Exelon patches: (*rivastigmine*6 and 9.5 mg)
- Jalyn capsules: (*dutasteride*5 mg and *tamsulosin* 0.4 mg)
- Mirapex ER tablet: (*pramipexole*25 mg)

For questions or feedback on this article, contact [Jay Needle, RPh](#), manager, Health Spectrum Pharmacy, LVH–Muhlenberg, at 484-884-7004.

Learn More About Cultural Competence and Earn Free CMEs

Do you want to learn more about cultural competence and earn FREE CMEs? Take Viewpoints, an e-learning CME course.

Developed by Critical Measures, this interactive course offers physicians a framework for providing clinically competent care in a globally mobile world. Upon completion, medical professionals can expect to have an increased understanding of racial and ethnic disparities in care, language access issues, and medical disparities that result from globally mobile populations. Follow the steps below to complete the course. Viewpoints is accredited to provide 6.0 hours of AMA Category 1 CME/CEU credits for physicians.

1. Go to: <http://train.cmelearning.com>
2. If you have not registered previously, select [register here](#) under New User?
3. Complete all the information requested in the boxes. Tip: Use **LVHS** as your username. Enter **LVHN100** in the Code box.
4. Select the Register box at the bottom.

5. After completing the registration, you will receive an email link that will confirm your registration.
Click on the link within 24 hours to complete registration.
6. Enter your username and password at www.cmelearning.com
7. Proceed to subscribe to Viewpoints.

If you need assistance, please contact support@criticalmeasures.net or call Critical Measures Support at 612-964-1815.

Making a Difference Across Borders

In November, [Sweety Jain, MD](#), of the department of family medicine, traveled to Turkey and taught a session to a sociology class at Istanbul University on the "Roles of Families in Health Care of Individuals with Disabilities."

Professor Nurgun Oktik, chair of the university's sociology department, learned about LVHN's [Medical Home Project \(MHP\)](#) work at a meeting in Thailand and followed up with a request for Jain to speak. The content was translated by Oktik into Turkish.

During the two-hour session, Jain reports the students were impressed by the MHP's work and left the session inspired to be change catalysts.



"The students had the most thought-provoking questions," says Jain, who is founder and director of the

MHP. "The MHP team is making a difference across borders."

Jain invited the students to visit the [MHP Facebook page](#) and view the LVHN-produced "Patient Voices" video.

Now in its 10th year, MHP is a program of LVHN's department of family medicine and is an example of effective health care community collaboration. Its mission is to improve health care quality for patients with disabilities through advocacy and education. It has received many grants and awards. The team consists of LVHN professionals, representatives from local advocacy groups, patients and family members.



Several innovative programs have been developed by the team. Noteworthy examples include the P DAT (Patients with Disabilities as Teachers) program, which has to date trained hundreds of health care professionals, and the "Patient Voices" video, which is available for free online to anyone who wishes to educate themselves or their staff in disability etiquette.

For questions or feedback on this article, contact [Sweety Jain, MD](#), of the department of family medicine.

You Are Not a 'Health Care Provider'

When he was alive, my friend and colleague Allen Verhey used to lament the minimalism of the standard paradigm in Anglo-American bioethics, called "principlism." Most of us know this account, which focuses on the principles of justice, respect for persons, beneficence and non-maleficence. Verhey did not reject that principlist account so much as to claim that it was inadequate to capture the richness and complexity of the world of clinical ethics. He preferred what he called more robust accounts found, for example, in differing religious traditions.

When I see or hear the term "health care provider," I am reminded of Verhey's caution(s) about our use(s) of language. My first worry is about the use of the expression "health care" in the phrase. It covers everything from complex neurosurgery to the provision of bandages in the local pharmacy. In brief, it covers far too much so that the specifics of what is being discussed are lost. But that is only the beginning of my difficulties. My real worry is about the term "provider."

Providers put us in the world of goods and services and the world of quite limited responsibilities and relationships. I may become the friend of my auto mechanic or fishmonger, but I do not expect to have to let them into my life. I may prefer high performance autos to standard sedans and salmon to carp;

nothing more need be known for these transactions. The situation of health care is, in a word, different. We recognize and at the same time do not recognize this in the way in which we use language. Let me give just one example.

Discussions of HIPPA make no sense unless we recognize that we turn over private health information to those who care for our health. Sometimes we turn over potentially embarrassing information that we do not want widely shared, yet we entrust those who care for our health to know these things and hold them close. We even impose legal requirements here that are not imposed in regular commercial transactions. The information that I may think Mercedes autos are the best (or worst) or that Pacific salmon beats North Atlantic salmon is quite different from the information about me held by those who treat me for my diabetes or cancer. The former may be mentioned, or not, by my mechanic or fishmonger. The latter may not be openly discussed by my internist or oncologist.

Yet we continue to use a language, designed appropriately for the marketplace, which elides these differences. And, I fear, that marketplace language takes over and corrupts our thinking. We use marketplace language to frame our thinking, and forget that more may be required of us.

What to do? Let me make one small suggestion. Whenever you see the language, "health care provider," remind yourself that in an important way it is not adequate and in that sense not true. You are not only "health care providers." You are so much more. You are "nurses," "physicians" and "therapists," etc., etc., etc.

For questions or feedback on this article, contact [Stephen Lammers, PhD](#), ethics program consultant.

New Journals List Interface

You may have noticed that our journals list recently changed. Library Services is pleased to announce an entirely new interface for our journals lists. This new interface offers our colleagues many of the same searching features as the old but with some new features as well.



One of the many new features is the ability to search for peer-reviewed journals. If you come across "Full Text Delay" and a time period, it simply means that particular subscription only has access to the table of contents (not the full text) for the specified amount of time.

If there is an article you need that falls within the embargo period and the Digital Library does not have any other access to it, simply [request it](#) through our interlibrary loan service, and we will get it for you for free. You can request an article, book or book chapter from the "Request an Article/Book/Chapter" link on the Digital Library's homepage or from the "Request Article" tab at the top of our journal list.

Please take a moment to [check it out](#). To get to the library homepage on the intranet (LVH.com): FIND

FAST à Library Services.

*For questions or feedback on this article, contact **Library Services** at 610-402-8410.*

The Story Behind the Numbers

Physician communication is not about making patients happy. It is about providing great care and reducing the suffering of our patients. We survey inpatients, with hundreds of them receiving HCAHPS surveys every year. Our fiscal year performance from July through November 2015 includes an LVH–Cedar Crest physician communication score of 76.2. That means 24 percent of our patients felt that provider communication was not the best, and that performance puts us at the 16th percentile nationally. LVH–Muhlenberg's scores are better, with a score of 79.1 (32nd percentile).

Patients and families have critical pieces of information that are essential to a patient's care, such as allergies, past procedures, social influences,



baseline medical and cognitive status. Our ability to reduce suffering and prevent harm is impaired when our communication is less than perfect.

Several weeks ago, we admitted Patrick for a procedure that went relatively well. However, just over 24 hours post-discharge, Patrick was readmitted in critical condition. If it were not for his daughter, there would have been a high likelihood of Patrick dying at home.

Despite well-intentioned physicians, APCs and nursing staff, our system of communication fell short of what Patrick needed. The "Doctor" spot on the communication (white) board went unclaimed. Patrick's daughter also wrote multiple notes on the communication boards expressing concerns and asking for callbacks that went unanswered.

These concerns poke at the continuum of care's (not the individual's) failure to insist on the best for our patients and our community. Patrick happens to be my father-in-law, and his daughter (Jennifer Rovella) is the chief of critical care. I have a personal connection to this story, but every day we have new stories and data points to encourage us to not accept anything less than the best.



For questions or feedback on this article, contact [E.J. Rovella, MBA, MHA, FACHE](#), program manager for HCAHPS, at 610-402-4844.

Nite Lites 2016 at LVH–Muhlenberg

The annual Night Lites gala is on the move. It is now scheduled for Saturday, Oct. 1, 2016, at LVH–Muhlenberg, from 5 p.m. to 12:30 a.m. See you there.

Who's New — January 2016

Medical staff new appointments

Susan J. Angelisanti, MD

LVPG Obstetrics and Gynecology–Kutztown

Lehigh Valley Physician Group

333 Normal Avenue

Kutztown, PA 19530

Phone: 610-683-5522 Fax: 610-683-5017

Department of Obstetrics and Gynecology

Division of Obstetrics/Gynecology



Angela M. Camasto, MD

LVPG Pediatrics–Center Valley
Lehigh Valley Physician Group
3800 Sierra Circle
Suite 100
Center Valley, PA 18034-8476
Phone: 484-664-2090 Fax: 484-664-2089 Department of
Pediatrics
Division of General Pediatrics
Provisional Active



Philip J. Dunn, DO

LVH Department of Medicine
Lehigh Valley Health Network
Lehigh Valley Physician Practice
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105-1556
Phone: 484-862-3159 Fax: 484-862-3175 Department of
Medicine
Division of General Internal Medicine Provisional Limited Duty



Zuhal Ergonul, MD, PhD

LVPG Pediatric Neurology–1210 Cedar Crest Lehigh Valley
Physician Group
1210 S. Cedar Crest Blvd
Suite 2400
Allentown, PA 18103-6229
Phone: 610-402-3888 Fax: 610-402-3892 Department of
Pediatrics
Division of Pediatric Subspecialties
Section of Neurology
Provisional Active



Michael A. Kalil Jr., DO

LVH Department of Medicine
Lehigh Valley Health Network
Lehigh Valley Physician Practice
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105-1556
Phone: 484-862-3159 Fax: 484-862-3175 Department of
Medicine
Division of General Internal Medicine



Provisional Limited Duty

Bonnie L. Patek, DO

LVH Department of Medicine
Lehigh Valley Health Network
Lehigh Valley Physician Practice
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105-1556
Phone: 484-862-3159 Fax: 484-862-3175
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Michael J. Sither, DO

LVH Department of Medicine
Lehigh Valley Health Network
Lehigh Valley Physician Practice
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105-1556
Phone: 484-862-3159 Fax: 484-862-3175
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Daniel Tseytlin, DO

LVH Department of Medicine
Lehigh Valley Health Network
Lehigh Valley Physician Practice
Cedar Crest and I-78
PO Box 689
Allentown, PA 18105-1556
Phone: 484-862-3159 Fax: 484-862-3175
Department of Medicine
Division of General Internal Medicine
Provisional Limited Duty



Leadership Appointments Department of Medicine

Timothy J. Friel, MD

Chair

Status Changes

Peter J. Barbour, MD

Department of Medicine

Division of Neurology

(Lehigh Neurology)

From: Emeritus

To: Emeritus Active

Michael J. Barrett, MD

Department of Medicine

Division of Cardiology

(Department of Medicine)

From: Emeritus

To: Emeritus Active

Victor J. Celani, MD

Department of Surgery

Division of Vascular and Endovascular Surgery

(Department of Surgery)

From: Emeritus

To: Emeritus Active

James J. Goodreau, MD

Department of Surgery

Division of Vascular and Endovascular Surgery

(Department of Surgery)

From: Provisional Emeritus

To: Provisional Emeritus Active

Gregory R. Harper, MD, PhD

Department of Medicine

Division of Hematology – Medical Oncology

(LVPG Hematology Oncology–1240 Cedar Crest)

From: Emeritus

To: Emeritus Advisory

George A. Kirchner, DDS

Department of Dental Medicine

Division of Prosthodontics

(LVH Department of Dental Medicine)

From: Emeritus

To: Emeritus Active

Jay E. Kloin, MD

Department of Medicine

Division of General Internal Medicine

(Department of Medicine)

From: Emeritus

To: Emeritus Active

Brian A. Nester, DO, MBA

Department of Emergency and Hospital Medicine

Division of Emergency Medicine

(Executive Office)

From: Emeritus

To: Emeritus Active

Gary G. Peters, DDS

Department of Dental Medicine

Division of General Dentistry

(LVH Department of Dental Medicine)

From: Emeritus

To: Emeritus Active

Larry W. Todd, DO

Department of Family Medicine

(LVPG Family Medicine–Whitehall)

From: Active

To: Honorary Status

Ronald E. Wasserman, MD

Department of Medicine

Division of Neurology

(Ronald E. Wasserman, MD)

From: Emeritus

To: Emeritus Active

Leave of Absence

Ann C. Anderson, DPM

Surgery

Podiatric Surgery

(Allentown Family Foot Care)

From: Active

To: Active/Long Term LOA

07/01/2015 – 06/30/2016

New Fax Number

LVPG Hematology Oncology–1240 Cedar Crest

Basil S. Ahmed, MD
Dan Popescu, MD
Surendra S. Shah, MD
New Fax Number: 610-402-9082

Resignations

Stephen S. Campbell, MD

Department of Surgery
Division of Neurological Surgery/Spine Surgery
Section of Neuro Trauma
(LVPG Neurosurgery–Muhlenberg)

Sharath C. Chowdwarapu, MD

Department of Pediatrics
Division of Neonatology
(LVPG–Neonatology)

Allied health staff new appointments

Veronica S. Andre

Emergency Department Scribe
eScribe Management Services
One City Center
PO Box 1806
Department of Emergency Medicine – 9th Floor
Allentown, PA 18105-1806
Phone: 484-862-3232 Fax: 484-862-3250
Supervising Physician – Richard S. Mackenzie, MD



Nathan D. Blatt, CRNA

Certified Registered Nurse Anesthetist
Lehigh Valley Anesthesia Services, PC
Lehigh Valley Health Network
Lehigh Valley Hospital
Cedar Crest and I-78
PO Box 689
Central Utilities Building, 2nd Floor
Allentown, PA 18105-1556
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician – Thomas M. McLoughlin Jr., MD



Lolita D. Carter, CRNP

Certified Registered Nurse Practitioner
LVPG–Pediatrics
Lehigh Valley Physician Group
Lehigh Valley Hospital
17th & Chew, PO Box 7017
Children's Clinic – Child Advocacy
Allentown, PA 18105-7017
Phone: 610-969-2540 Fax: 610-969-3074
Supervising Physician – Debra D. Esernio-Jenssen, MD



Mark J. Harvey, CRNP

Certified Registered Nurse Practitioner
LVPG Internal Medicine–1230 Cedar Crest
Lehigh Valley Physician Group
1230 S. Cedar Crest Blvd
Suite 201
Allentown, PA 18103-6235
Phone: 610-402-8950 Fax: 610-402-1059
Supervising Physician – Matthew J. Winas, DO



Brandon T. Hicks, CRNA

Certified Registered Nurse Anesthetist
Lehigh Valley Anesthesia Services, PC
Lehigh Valley Health Network
Lehigh Valley Hospital
Cedar Crest and I-78, PO Box 689
Central Utilities Building, 2nd Floor
Allentown, PA 18105-1556
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician – Thomas M. McLoughlin Jr., MD



Courtney M. Jankowski

Emergency Department Scribe
eScribe Management Services
One City Center
PO Box 1806
Department of Emergency Medicine – 9th Floor
Allentown, PA 18105-1806
Phone: 484-862-3232 Fax: 484-862-3250
Supervising Physician – David M. Richardson, MD



Justin R. Johnston

Anesthesia Technical Assistant
Lehigh Valley Anesthesia Services, PC
Lehigh Valley Health Network

Lehigh Valley Hospital
Cedar Crest and I-78, PO Box 689
Central Utilities Building, 2nd Floor
Allentown, PA 18105-1556
Phone: 610-402-1374 Fax: 610-402-4230
Supervising Physician: Thomas M. McLoughlin Jr., MD



Stacy S. Klinger, LPC

Licensed Professional Counselor
LVPG Adult and Pediatric Psychiatry–1259 Cedar Crest
Lehigh Valley Physician Group
1259 S. Cedar Crest Blvd
Suite 230
Allentown, PA 18103-6376
Phone: 610-402-5900 Fax: 610-402-4650
Supervising Physician: Susan D. Wiley, MD



Ashley M. Lane, PA-C

Physician Assistant-Certified
LVPG Pulmonary and Critical Care Medicine–1250 Cedar Crest
Lehigh Valley Physician Group
Center for Advanced Health Care
1250 S. Cedar Crest Blvd, Suite 205
Allentown, PA 18103-6271
Phone: 610-402-9116 Fax: 610-402-9610
Supervising Physician – Joseph B. Schellenberg, MD



Crystal L. Schwenk, CRNA

Certified Nurse Anesthetist
Northeastern Anesthesia Physicians, PC
24 S. 18th Street
Allentown, PA 18104-5622
Phone: 610-628-8372 Fax: 610-628-8648
Supervising Physician – Bradley S. Parlin, DO



Matthew I. Walton, PA-C

Physician Assistant-Certified
LVPG Internal Medicine–Hausman Road
Lehigh Valley Physician Group
798 Hausman Road
Suite 100
Allentown, PA 18104-9116



Phone: 610-336-8260 Fax: 610-336-8269
Supervising Physician – Michael L. Zager, MD

Helen L. Willis, RN

Registered Nurse
Neighborhood Health Center
333 W. Union Street
Second Floor
Allentown, PA 18102-5401
Phone: 610-820-7605 Fax: 610-820-7606
Supervising Physician – Abby S. Letcher, MD



Change of supervising physician

Melissa J. Knecht, PA-C

Physician Assistant-Certified
(Coordinated Health)
From: Michael F. Busch, MD
To: James M. Sunday, MD

Rachel L. Moyer, PA-C

Physician Assistant-Certified
(LVPG Neurosurgery–1250 Cedar Crest)
From: Stephen S. Campbell, MD
To: Stefano Camici, MD

Brian F. Ropp, PA-C

Physician Assistant-Certified
(Coordinated Health)
From: Michael F. Busch, MD
To: James M. Sunday, MD

Michael S. Wolfe

Mapping Support Specialist
(Biosense Webster)
From: Gregory T. Altemose, MD
To: Babak Bozorgnia, MD

Rebecca M. Wozniak

Pacemaker/ICD Technician
(St. Jude Medical)
From: Gregory T. Altemose, MD
To: Babak Bozorgnia, MD
From: Provisional Allied Health

Change of supervising physician and group

Kimberly A. Spring, CRNP

Certified Registered Nurse Practitioner

From: LVPG Internal Medicine–1230 Cedar Crest – Jon E. Brndjar, DO

To: OACIS Services – Michael Chyu, MD

Mallory E. Spotts, PA-C

Physician Assistant-Certified

From: LVPG Hospital Medicine at Muhlenberg – Najma Khanani, MD

To: LVPG Neurology–1250 Cedar Crest – Hussam A. Yacoub, DO

Michelle M. Trzesniowski, CRNP

Certified Registered Nurse Practitioner

From: LVPG Family and Internal Medicine–Bethlehem Township – James T. McNelis, DO

To: LVPG Family Medicine–Easton Ave – Holly L. Binnig, MD

Additional supervising physician and group

Rachel E. Guerrero, PA-C

Physician Assistant-Certified

(LVPG–Emergency Medicine – Jeanne L. Jacoby, MD)

Addition of: LVPG Family Medicine–Macungie – Suzanne L. Widmer, DO)

Removal of supervising physician and group

John M. Blundetto, PA-C

Physician Assistant-Certified

(The Head & Neck Center, PC – Andrew J. Pestcoe, DO)

Removal of: Allen Ear Nose & Throat Association – Paul S. Lemberg, MD

Change of practice

Christina M. Gallucci, PA-C

From: Eastern Pennsylvania Gastroenterology and Liver Specialists, PC

To: LVPG Adult and Psychiatry–Muhlenberg

Lehigh Valley Physician Group

Lehigh Valley Hospital–Muhlenberg

2545 Schoenersville Road

Fifth Floor

Bethlehem, PA 18017-7384

Phone: 484-884-6501 Fax: 484-884-6504

Elizabeth A. Halenar, LPC

From: LVPG Neuropsychiatry–1250 Cedar Crest

To: LVPG Obstetrics and Gynecology–1245 Cedar Crest

Lehigh Valley Physician Group

1245 S. Cedar Crest Blvd.

Suite 201

Allentown, PA 18103-6267

Phone: 610-402-4870 Fax: 610-402-4960

Name changes

Dana L. Fish, PA-C changed to **Dana L. Spadt, PA-C**

Physician Assistant-Certified

(LVPG–Emergency Medicine)

Emergency and Hospital Medicine

Emergency Medicine

Emily J. Vasquez, PA-C changed to **Emily J. Morales, PA-C**

Physician Assistant-Certified

(LVPG Infectious Diseases)

Medicine

Infectious Diseases

Resignations

Peter W. Bellis

Pacemaker/ICD Technician

(St. Jude Medical)

Tammy B. Brenner, CRLT

Certified Renal Lithotripsy Technologist

(Keystone Mobile Partners)

Lori G. Cooper, CRNP

Certified Registered Nurse Practitioner

(Lehigh Valley Family Practice Associates, LLP)

Robert W. Grimes, OPA-C

Orthopaedic Physician Assistant Certified

(VSAS Orthopaedics)

Michael D. Lean

Pacemaker/ICD Technician
(St. Jude Medical)

Steven J. Rogalski, PA-C
Physician Assistant-Certified
(OAA Orthopaedic Specialists)

Larissa D. Whitney, PA-C
Physician Assistant-Certified
(LVPG Neurocritical Care)

Congratulations: January 2016

[David L. Raj, MD](#), division of diagnostic radiology, was recently certified in diagnostic radiology by the American Board of Radiology. Raj has been a member of the medical staff since July 2015. He is in practice with Medical Imaging of Lehigh Valley, PC.

Papers, Publications and Presentations: January 2016

- Thomas Nappe, DO, and Leonel Diaz, DO, graduated residents; and Elizabeth Evans, DO, LVPG–Emergency Medicine, co-authored an article, “Bedside ultrasound evaluation uncovering a rare urological emergency secondary to neurofibromatosis.” It was published Oct. 20 ahead of print in the Western Journal of Emergency Medicine.
- Indru Khubchandani, MD, honorary member, division of colon and rectal surgery, was the keynote speaker at the opening day of the International Society of Pelvic Floor Disorders meeting in Hangzhou, China, on Nov. 6. The international meeting had participation from more than 20 countries. Khubchandani was elected as honorary chairman. His lecture was entitled “Chronic perineal pain—a true dilemma.”
- Ronald Freudenberger, MD, MBA, Walter and A. Hazel May Chair for Excellence in Cardiology; chief, division of cardiology; medical director, Charles Chrin Heart and Vascular Center, LVHN; and professor of cardiology, University of South Florida College of Medicine, co-authored an article, “National trends in utilization, mortality, complications, and cost of care after left ventricular assist device implantation from 2005 to 2011.” It was published Nov. 14 ahead of print in the Annals of Thoracic Surgery.

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Papers, Publications and Presentations: January 2016 - Lehigh Valley Health Network - A Passion For Better Medicine

William Miller, MD, chair, department of family medicine, co-authored an article, “Trust and reflection in primary care practice redesign.” It was published Nov. 27 ahead of print in the Health Services Research Journal.

January Seminars, Conferences and Meetings

Department of Education Conferences

- Jan. 29-31 – Department of Anesthesia Sixth Annual Winter Retreat at Bear Creek Resort
- March 9 – Gastrointestinal Symposium
- March 30-31 – Ethics Workshop
- April 6 – Pain Management Symposium
- April 14 – Ninth Annual Ethics Symposium
- April 23 – Second Annual Urology Symposium
- April 30 – Update in Cardiology

For more information, call 610 402 2410, option 1, or visit LVHN.org/cecalendar.

Greater Lehigh Valley Independent Practice Association (GLVIPA) General Membership Meeting

The next general membership meeting of the GLVIPA will be held Jan. 25, beginning at 6 p.m., in the

LVH–Cedar Crest auditorium, and teleconferenced to ECC Room B at LVH–Muhlenberg.

The annual Board of Trustees election will be held at this meeting.

For more information, contact [Mary Ann Curcio](#), coordinator, GLVIPA, at 610-969-0423.

Health Network Laboratories Lunch-and-Learn

- Jan. 14 - Precision Medicine - Personalized, Problematic and Promising, with J. Larry Jameson, MD, PhD, Dean, Perelman School of Medicine at the University of Pennsylvania, LVH–Cedar Crest auditorium.

For more information, contact [Patricia Zemitis](#) with Health Network Laboratories at 610-402-8155.

Cardiology Grand Rounds

- Jan. 8 – Stroke Prevention in Atrial Fibrillation, with David Holmes, MD, of the Mayo Clinic, Rochester, Minn.

Cardiology Grand Rounds are held the first Friday of the month beginning at noon (unless otherwise noted) in the LVH–Cedar Crest auditorium and videoconferenced to ECC Room D at LVH–Muhlenberg.

Neurology Conferences

- Jan. 7 – The Affordable Care Act – Neurology, with Brad Kile, PhD, president, Dumbarton Group, LLC
- Jan. 14 – Cryptogenic Stroke and Monitoring, with Katie Attieh, PA-C, LVHN
- Jan. 28 – Migraine Disability Stigma, with William Young, MD, Thomas Jefferson University

All conferences will be held in the conference room at 1250 South Cedar Crest Blvd. and videoconferenced to the 1770 Bathgate Road office.

For more information, contact [Angeline Regis](#) in the division of neurology at 610-402-9008.

Pediatric Grand Rounds

- Jan. 12 – The Future Is In Our Teams, with J. Nathan Hagstrom, MD, chair, department of pediatrics; Kasych Family Pavilion ECC Room 8 at LVH–Cedar Crest
- Jan. 19 – Adolescent Depression Screening, with Dhanalakshmi Ramasamy, MD, and Susan Wiley, MD, adolescent and pediatric psychiatry; auditorium at LVH–Cedar Crest
- Jan. 26 – TOPIC TO COME, with Christine Bender, MD, pediatric resident; Kasych Family Pavilion ECC Room 7 at LVH–Cedar Crest

The department of pediatrics holds Grand Rounds on Tuesdays, beginning at 8 a.m., in the locations noted.

For more information, contact [Cari Coelho](#) in the department of pediatrics at 484-862-3131.