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An Ounce of Prevention

How Continuous Monitoring (CM) solutions can save your healthcare business money – and perhaps save a few lives along the way

By Sumit Nijhawan

One of the cornerstones of quality healthcare is continuous monitoring of a patient's vital signs. Automated controls constantly provide readouts that illuminate risk indicators. Not only does it show what's happening in real time; it also triggers instant alarms when any vital sign strays outside safe parameters.

So, why, when it comes to dealing with the integrity of the business information that drives the healthcare system, are providers and insurers reluctant to take a lesson from operations in their own industry? According to a recent report on MSNBC.com, one in five health insurance claims are wrongly handled. Avoiding such errors and inefficiencies could save up to $15.5 billion annually in administrative costs – money that could be used to improve (and bring down the cost of) patient care.

Unfortunately, the industry continues to rely on costly, time-consuming manual controls and auditing processes to verify information and operational efficiency. Failing to build automation into continuous monitoring of the business operations of healthcare is akin to hospitals and care centers throwing out all that expensive equipment in favor of nurses taking vital signs with mercury thermometers and writing notes on paper charts.

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Mission Critical: Physician Engagement In The Age of ACOs

By Henry Ross and Rochell Pierce

Hospitals and physicians have made strange bedfellows over the years, and it's no wonder. Their respective cultures and needs couldn't be more different. Physicians, whether in a solo practice or large groups, tend to function more as individuals; whereas hospitals and health systems function more as an enterprise.

Regardless of operating style both physicians and hospitals are in the midst of a sweeping payment reform that is impacting both of their business models. Traditionally physicians, for the most part, have been reimbursed by "fee for service." Since the advent of DRGs (diagnosis related groups), hospitals, by and large, have been pushed more toward bundled payments by both Medicare and private payers.

With the introduction of the Patient Protection and Affordable Care Act (PPACA) in March of last year, we are now seeing both groups being moved to reimbursement models based on quality of outcomes and shared savings. At the forefront of this movement

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Artists Among Us — Lee Kim Translates Her World Through Creative Words and Eyes

By Christopher Cussat

Some people are born artists and others realize their creative spirit along life's journey. Lee Kim nicely fits both of these profiles. This gifted lawyer, poet, and photographer continues to find and redefine herself as a person and artist while she moves through the world with inspired eyes that lovingly acknowledge the past, imaginatively capture the present, and with hopefulness, look toward the future.

Photo by Stan Franzos
Lee Kim

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In relation to the healthcare industry, Lee acts as outside legal counsel for the Pennsylvania Regional Extension & Assistance Center for HIT, East/PA REACH EAST and Pennsylvania Regional Extension & Assistance Center for HIT, West/PA REACH WEST—through the Pittsburgh Regional Health Initiative to offer Certified Electronic Health Record (EHR) solutions to health care

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ACHIEVEMENT:
GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

The Health Care Debate: It's a Matter of Life or Death, But Do We Even Care?

As the publisher of a print and online medical business publication, I have witnessed the health care reform debate from all points of views, from the consumers and health care organizations to the legislators and insurance companies. So I consider myself above average in being aware of these industry issues. I'm also fairly aware of the latest current events. Although the landmark health care reform act was passed last year, the country remains divided on this issue. In fact, now we're seeing instances where some state judiciaries have declared it unconstitutional.

However, as a human being, I'm having some great difficulty understanding why, we as a society, can't find it in our hearts and souls to be willing to help our fellow man. There seems to be a disconnect there that I'm struggling to figure out.

Everyday, we hear about someone who was diagnosed with a life-threatening illness such as cancer, heart disease, stroke, and diabetes. Or we may know someone who was involved in a catastrophic incident like a car accident. Many of us have the health insurance to cover our medical care if anything like this happens. But there are some--maybe even those we are close to--who don't have insurance. Many of the men and women in positions of power, namely the legislators, will never have the experience of not having insurance to take care of their health. They have insurance and will have it for life when they retire. The taxpayers are continuing to help pay for their insurance as a perk of being in office. But for others, this is an issue of life or death.

I wonder how many of these legislators and those people who want to deny others of coverage have pre-existing conditions themselves. How many of their children, spouses, siblings and parents? What if they were rejected for health insurance? What if their insurance denied them of coverage?

To me, this doesn't seem fair and right. I've heard the arguments. I've heard people on one side of the table asking who says it had to be fair? Let those people ask their family or friends for help. It's their fault they're in this situation to begin with. Since the country is still recovering from a recession, you can't even tell them to go on Medicaid because there are no funds there either.

What really bothers me is that this issue has become really politicized, as opposed to everyone trying to figure this out and making this work together as a society. I was talking to some friends last week and asked where they stood on this issue. They said their feeling is that the "haves" in society have to suck it up and pay more so those who "don't have" can get the coverage they need. Almost immediately, though, you can find others who say they don't want to fund it and let those people fend for themselves.

I just shake my head sometimes when I think of how, in today's society, we have become so divided against each other. A majority of Americans have some religious belief. When you go to church on Sunday or synagogue on Saturday, they talk about caring for your fellow man. Let's set aside spirituality...didn't we all grow up with the values of helping others less fortunate than us. What happened to that caring? What happened to our humanity? How did we get to this point?

As a nation, we freaked out over the charges of Michael Vick's dog fighting operations, but we're not as passionate when it comes to human beings. It has all come down to putting a price tag on life. I can't figure out why we can't work together on this important issue. How can some of us sit through those Saturday or Sunday services? Or is it just on those days that we pretend to care?

I want to hear from you.

What is your opinion on the health care reform act and the repeals of the law that is taking place in some states? Where do you stand on this debate? Whether you agree or disagree with me, we'd like to put your comments online. If requested, we will post your comments anonymously.

Publisher's Note

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In today's atmosphere, when healthcare organizations are being held to ever-higher standards while doing more with less, manual and internally-built solutions are no longer sufficient. The costs and inefficiencies can interfere with the basic mission of any organization in the healthcare industry: Affordable, high quality patient care.

Manual home-grown monitoring tends to focus more on the mechanics of control than on the business and its ability to take care of people and ensure payment of their bills. In an era when quality of care and ability to pay are national priorities, this orientation must change. Here are two examples of the risks:

- Healthcare providers and insurers soon could be dealing with as many as 30 million new consumers of their services and benefits due to federal mandates. They will be processing more transactions than ever before, which means more potential for errors that impact care and payment operations.
- In January, the Centers for Medicare and Medicaid Services issued new requirements for insurers and self-insured entities regarding reporting of settlements, awards and payments made to Medicare-eligible claimants and/or plaintiffs. Fines as much as $1000 per day per claim could be levied against organizations unable to report accurate information.

Continuous Monitoring (CM) solutions that automate the monitoring and control of large, complex sets of information are the best way to cope with these risks. CM enables healthcare organizations to continuously monitor and control activities and information across an entire enterprise, providing a broader range of benefits than financial or ERP systems alone. With CM, organizations can move beyond manual, semi-automatic or even embedded controls, improving their ability to reduce costs, mitigate risks, improve business processes and streamline compliance.

Inter-related systems

Like medical specialists assembled for a consultation, there is a tendency for different parts of a healthcare organization to focus only on their area of concern when examining monitoring and control requirements. That can be a fatal mistake.

Take cost-containment. The financial department is focused on assuring costs meet predetermined budget levels. With manual, internally-built controls, there is a strong temptation to inspect data in batches and samples. While batch-processing drives costs down, it could also spike an organization's level of risk.

A CM approach accomplishes cost reduction without compromising risk management. CM removes the labor costs by monitoring all the data automatically and continuously.

As part of this process, CM creates an audit trail for every activity. When an anomaly arises, the research and resolve process is greatly streamlined because all of the data is easily visible and searchable. Further savings are realized because automated controls require testing once during any given evaluation period, versus 15 to 25 times for manual controls.

Audit and compliance issues can feel like life or death to any enterprise. In the healthcare industry, though, that risk is not just figurative. It also can be literal.

Continuous Monitoring can help reduce risk (and costs) by automatically tracking a business' vital signs and alerting key personnel early to problems or violations. CM can also keep the enterprise healthier by improving business processes. Because in business as in healthcare, an ounce of prevention is worth – well, you do the math.

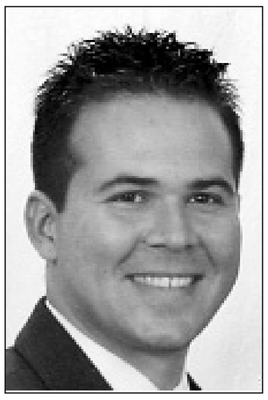
Sumit Nijhawan is the Company Operations Leader at Infogix, a software company whose solutions monitor, detects and prevent information errors. Before coming to Infogix, Sumit worked for the Blue Cross Blue Shield Association, SPSS, Inc., and PricewaterhouseCoopers. Sumit received a Bachelor of Arts degree in physics and chemistry from Coe College, a Ph.D. in engineering from Brown University and completed the Program for Leadership Development at Harvard Business School.

Western PA Hospital News wants to hear from you!

How are you using social media to increase awareness?

Email Daniel Casciato at writer@danielcasciato.com and we'll publish your story.

A Facelift for Facebook Pages: What it Means for Your Organization



By Daniel Casciato

If you've been managing a Facebook page for your health care facility or medical office, you may have recently noticed the option to switch to a new layout. The new layout, now similar to your personal page, includes several features to help you improve communication with your followers as well as interacting with potential new followers.

While you do not have to accept the upgrade at this point, all Pages will have the new look on March 10. Don't worry, Facebook gives all page administrators a step-by-step tour before you switch to the new layout. But here's a sneak peek at what to expect:

Liking/posting comments as your organization's Page: Previously, the only way you could like another page (like Western Pennsylvania Hospital News) is from your personal account. Also, if you wanted to comment on XYZ Hospital's page, you could only do so from your personal account. No longer. Facebook gives you the option to use Facebook as your Page. So you can like other Pages and post comments as your Page. It's not as confusing as it sounds, trust me. This just further enhances your brand and introduces your organization to a greater audience.

Photo bar: Just like on your personal account, you can now see the five most recent photos posted to your Page's wall at the top of the page. Also, any recent photos that your company is tagged in will also be displayed. Unflattering photo? Don't worry. You can just click the "X" to hide it.

Notifications: As an administrator, you now have the ability to receive notifications when you have a new post or comment on your Page.

Navigation tabs: This is just a minor design change. Instead of tabs such as "Wall," "Info," "Photos," and "Discussions," as well as other tabs appearing across the top, these features now appear in the left column under your Page's profile picture.

News feed: Finally, there is now a News feed on the Page account just like there is in your personal account.

Unfortunately, one change I disliked is that the content box under the Profile Photo is now located in the "Info" tab section. So for many of you who have your website prominently displayed, this information is no longer visible. Your visitors will have to seek it out. However, the fact that you can now interact with other brand's Pages is a huge upgrade, and makes the omission of the content box forgivable.

I love the new changes. How about you? Please email me at writer@danielcasciato.com and we'll share your comments in a future issue.

Daniel Casciato is a full-time freelance writer. In addition to writing for the Western PA Hospital News, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, friend him on Facebook (facebook.com/danielcasciato), or connect with him on LinkedIn @danielcasciato.

All-Inclusive Care for the Elderly – An Idea Whose Time Has Come

Question: What is the best, and most cost-effective, way to take care of the oldest, sickest, poorest individuals in Allegheny County? The answer used to be, "Put them in a nursing home." This is not only expensive; it provides a diminished quality of life for our elders.

Today, there is a program called "LIFE," which stands for Living Independence for the Elderly. There, financially eligible citizens within Allegheny County who are certified by the Department of Aging to be nursing facility eligible can receive comprehensive care at no charge.

There are two LIFE programs in Allegheny county (and others in surrounding counties), LIFE Pittsburgh (www.LifePittsburgh.org) and Community LIFE (www.commlife.org).

To be eligible for LIFE Pittsburgh or Community LIFE, participants must: a) be 55 or older, b) be certified Medical Assistance eligible by the Department of Public Welfare or be able to privately pay; c) live in Allegheny County; d) meet eligibility criteria for nursing home care; e) be willing to receive all health and medical care through LIFE; and f) have health problems that prevent them from living independently and safely at home without the help of LIFE. The average LIFE participant is 80 years old and has 7.9 chronic health conditions.

The model of care features a team approach. Each day, at each center, a team of roughly 10-15 care workers including a nurse, physician, social worker, physical therapist, occupational therapist, nutritionist, personal care aids and more meet with the center manager to review care for that center's participants.

Services include onsite physician/medical supervision, nursing care, physical therapy, occupational therapy, recreational therapy, activities and exercise, lunch, nutritional counseling, social services, dentistry, audiology, optometry, podiatry and more. Transportation is provided to/from adult day health centers. Home-care services are provided as needed. The program also covers all in-network special services such as emergency room visits, hospitalizations, surgeries, etc.

The program also includes all other services determined necessary by the team of healthcare professionals to improve and maintain the overall health of each participant. There is a tremendous amount of creativity and resourcefulness resulting from the team approach.

Celeste Carter was caring for her mother-in-law until it just got to be too much. "Between taking care of my own family and taking care of Mom, it wore me out. I wound up in the hospital myself!" Today, Celeste's mother-in-law is enrolled in LIFE Pittsburgh. "She's so much happier and more active. And they treat her wonderfully. She just loves it. I still participate in her care plan, but now I have my life in balance."

Government Gets It Right

One of the most remarkable things about providing all these comprehensive services, typically with no fee to the participant, is that it actually saves taxpayer dollars. Nursing homes are very expensive – roughly twice the cost of maintaining participants in LIFE programs. Moreover, with all the attention LIFE provides to health monitoring, socialization, medication management, diet and exercise, costly hospital stays and dramatic medical procedures are staved off.

The federal government recognizes this. It has a goal to dramatically reduce nursing facility spend and replace that with home-based care services. In fact, for LIFE programs, in addition to Medicare, the federal government matches the state's Medicaid payment. Clearly, this type of dignified, comprehensive, home-based care is an idea whose time has come.

PACE Around the USA

The Pennsylvania LIFE programs owe their existence to a relatively small Asian community in the San Francisco area. In 1971, they retained Marie-Louise Ansak to study the feasibility of building a nursing home in the community. She found that instituting a nursing home would be both financially infeasible and culturally inappropriate. Instead, she obtained funding to train health care workers, and outlined a comprehensive system of care combining all necessary medical and social services, based on the British day hospital model. Two years later they opened On-Lok, one of the nation's first adult day health centers.

In 1979, On Lok received a four-year Department of Health and Human Services grant to develop a consolidated model of delivering care to persons with long term care needs, and in 1983 they were allowed to test a new financing system that pays the program a fixed amount each month for each person in the program.

In 1986, federal legislation extended On Lok's new financing system and allowed 10 additional organizations to replicate On Lok's service delivery and funding model in other parts of the country. In 1994, with support of On Lok, the national Program for All Inclusive Care for the Elderly (PACE) was formed. LIFE programs actually are PACE programs, but as PACE was already trademarked in Pennsylvania (Pharmaceutical Assistance Contract for the Elderly), the name LIFE (Living Independence for the Elderly) was established. Today there are 75 PACE/LIFE programs in 29 states; 14 of these are in Pennsylvania.

For more information, visit www.LifePittsburgh.org.

Security and the Benefits of Going Electronic

By Tony Ryzinski

Providers and healthcare consumers both feel that the electronic health records will produce better healthcare outcomes. There's still some disagreement, though, about how each party feels about the security of such tools.

The practice of medicine is changing with technology, which calls for an adjustment of its perceptions in the space. Our physician clients tell us daily that EHR tools assist them in providing better care. EHRs alone don't mean doctors are better doctors, but they do help doctors provide better care. However, the patients of those physicians worry about security of EHRs. That fear is easily countered once they see the technology being used, though.

EHRs far outpace paper records in terms of security and accessibility. If of all the times a paper record made its way out of the office in a physician' briefcase and was lost, stolen or damaged, think of the time, money and resources that could have been saved had the records been electronic instead, and paper records are nearly impossible to replace, which is not the case with an electronic record.

And it goes without saying that EHRs make records more accessible. A patient's information can be viewed from any place in the world that has a connection without the record ever having to leave the office. In the case of a disaster such as a fire, the electronic record is backed up and saved multiple times over. Retrieving the complete list of practice's patient records is a simple task for an EHR compared to paper, which a practice may never recover from.

You don't have to take my word for it. Sage client Stockton MRI in Stockton, California, recovered from a disastrous fire to the practice last year with all patient records intact because of the clinic's electronic system. A few months after the fire, Stockton MRI was practicing out of a temporary mobile MRI unit at full capacity while they are rebuilt. Such a quick recovery would not have been possible with paper records.

When practices use advanced products to supply EHR, their information is secure and provides much needed cross-functionality for both the patient and the physician, and healthcare consumers (patients) tell us that they expect to have the same type of connection with their doctors that they have with other businesses in their daily lives, even if they are a bit leery about what they consider lack of security, and physicians are discovering that they must adopt technology because their patients are demanding it.

Because of this, an opportunity may exist for those of us in the HIT community to educate health care consumers about the benefits of EHRs in their ownership of their records and their connection to their providers. But, what may prove to be the most important is the fact that the true drivers in the healthcare market may be consumers. Patients overwhelmingly agree that electronic medical records will help improve care. From our research, patients are willing to switch doctors if their doctor does not use an EHR. One reason is that patients feel that the data input in the EHR more closely mirrors what they share with their physician. And they want that clarity in the event other health professionals need to review their record.

Healthcare and the healthcare environment are evolving according to the changing market, and will continue to do so. With the trend progressing toward patients having more complete access to data, the consumption of healthcare information is growing and the medical community can see across populations and manage care – chronic care, for example – more easily on a more global level. This is also a major piece to meaningful use. Reporting and data give physicians a way to provide better care. Reporting also increases ways practices can be profitable as they identify efficiencies, streamline care and pursue best practices around these efficiencies. Through EHR, practices can identify where and when they are increasing revenue, all the way through scheduling, wait time, office visit length and more. The real story of the changing healthcare landscape is, and will continue to be, all about reporting and connecting. Also, the quality of care will increase and patients will take health more personally and seriously because they have more ownership over their healthcare regime.

From this point onward, healthcare will be about electronic records and connection: connection to a system, and electronic health and information exchanges between physicians and their patients. Connected services are essential, as are accuracy, security and increased efficiency.

Connection and EHRs will continue to be the foundation for increased efficiency in the medical office, and leading to patients' better understanding of health and to taking ownership of their care. The new healthcare economy -- as it relates to interconnected services and interoperability, is changing the way vendors must communicate to physicians and healthcare -- is being driven by the healthcare consumer, so it is our job as members of the healthcare technology industry to be "physician-focused, patient-centric" and to continue producing the products that serve consumers as they seek greater ownership of their health information and desire to have an "always on" connection with their care providers. As such, we must support physicians so that they are able to continually meet their patients' expectations.

Regarding safety, physicians using an EHR are much less concerned about security than patients or physicians in the market for an EHR. Once they begin using an EHR, much of their fear and apprehension is alleviated. Understanding the thoughts, needs and opinions of these EHR users, and healthcare consumers allows us to speak to their concerns and meet their needs.

Tony Ryzinski is Senior Vice President of Marketing for the Sage Healthcare Division. For more information, visit www.sagehealth.com.

Fighting for Air, Pittsburgh Man Aims to Make Lung Association Gulf Tower Climb

"I had to take climbing Mount Everest off my 'bucket list.' The Gulf Tower is now my Mount Everest."

The idea of climbing Mount Everest, the world's highest mountain in the Himalaya Mountains, has been a challenge long coveted by climbers, adventurers and sports enthusiasts alike. It no doubt has been on the 'bucket lists' of many. Pittsburgh's Robert Trozzo, a retired Air Force and Navy Chief Petty Officer and divorced father of one, was one such person. Over five years ago he was diagnosed with idiopathic pulmonary fibrosis (IPF), a type of lung disease, and so there's a different "mountain" he'd like to climb – the 'Fight for Air' Climb at the Gulf Tower, an event benefitting the American Lung Association in Pennsylvania March 19.

"I suggested the idea of participating in the American Lung Association's Fight for Air Climb to my pulmonologist, and he thought it was a good idea," said Trozzo. "I had to take climbing Mount Everest off my 'bucket list.' The Gulf Tower is now my Mount Everest." And perhaps with good reason. "I want to bring more awareness to the disease," he says. "IPF is not as prevalent as many of the lung diseases we typically think of, such as lung cancer and COPD, but it is just as serious."

Idiopathic pulmonary fibrosis is the scarring, thickening or stiffening of the lungs. A chronic, progressive form of lung disease, it makes it increasingly difficult for those who suffer with the disease to breathe. Approximately 200,000 Americans are affected with IPF. There is no known cause of the disease, and the average life expectancy is three to five years.

"I get breathless very easily. It is like a slow suffocation," he says. "Imagine this – I was in the military my whole life, and now there's very little strenuous activity I can do anymore."

Ironically, the stairs of Trozzo's two-story home are the biggest challenge he faces with IPF. "Stairs seems to be my big nemesis. Shopping is also a problem because it's difficult to carry bags and manage an oxygen unit at the same time."

Although Trozzo has received the green light to climb the 700-plus stairs of the Gulf Tower, he still needs approval from another doctor, his cardiologist. Right now, he works out three days a week at a pulmonary rehabilitation facility and is also trying to create several teams for the Fight for Air Climb, encompassing friends and health care associates.

Hopefully, he'll have the chance to make the climb.

For more information on the March 19, 2011 Fight for Air Climb at the Gulf Tower, visit www.lunginfo.org/pittclimb.

Deploying Cloud Applications In Your Environment: Benefits and Pitfalls

By Daniel Casciato

Cloud computing is revolutionizing the IT industry. It can help healthcare organizations improve their deployment agility and thus enhance patient care, offer better health for the overall community, and provide new delivery models to make healthcare more efficient and effective, and at a lower cost to IT budgets.

Microsoft says that cloud-based applications [Software-as-a-Service, SaaS] can allow providers to "focus less on managing IT and more on delivering better care." For example, you can use cloud computing to migrate e-mail, foster collaboration and shift traditional applications into the web. It can also be used to share information seamlessly and in near-real-time across devices and other organizations.

"Cloud computing is most beneficial for small-to-medium organizations that cannot afford dedicated IT staffing or dual high availability data center facilities," says Phil Michel, president of St. John's Consulting Group in Madison, NJ. "Large organizations are less likely to realize a positive return on investment from cloud technology (beyond the known benefits that can typically be attained from pervasive virtualization) except for very rare applications."

According to Michel, there are five attributes of cloud computing:

- Service-Based: Consumer concerns are abstracted from provider concerns through service interfaces that are well-defined. The interfaces hide the implementation details and enable a completely automated response by the provider of the services to the consumer of the services.
- Scalable and Elastic: The provider's implementation ensures that services can be rapidly scaled on demand to add or remove resources as needed per consumer.
- Shared: Services share a pool of resources to ensure economies of scale and address multiple needs for multiple consumers, all working at the same time.
- Metered by Use: Services and resource consumption are tracked with usage metrics to enable multiple payment models versus conventional capital and operational expenses for information technology infrastructure.
- Uses Internet Technologies: The service is delivered remotely using Internet connectivity, identifiers, formats and protocols.

Many organizations are still experimenting with cloud-based applications. The technology is still maturing and it requires the integration of multiple systems management products as well as development of industry standards for mobility (to avoid vendor lock-in).

If you're exploring the option of utilizing cloud computing, there are three types of cloud-based topologies to consider:

- Public: Cloud provider's resources are shared between enterprises
- Private: Resources are dedicated to an enterprise (or department) with the detriment of the reduction of broader sharing (and thus cost savings) and the benefit of increased privacy/isolation/control. These resources can be deployed on-site or off-site.
- Hybrid: A blend of Public and Private cloud services that typically enables the use of Public services for exceptional situations for elasticity, scalability and availability

"One of the benefits of a public cloud is price and capacity elasticity," explains Michel. "It offers improved ability to rapidly accommodate seasonal or peak loads."

Another benefit of cloud computing is multisite availability (or disaster recovery) if contracted. Importantly, cloud vendor technical and systems management expertise (if outsourced) can lower your IT costs. Developers can provision and de-provision resources more dynamically to save expense and encourage more appropriate/timely resource sizing to accelerate plans.

Of course, there are some pitfalls to be cognizant of as well. For instance, a rogue administrator with access to a highly automated, "single pane of glass" could obliterate a cloud environment, either intentionally or unintentionally. You can lose the only data center you have. Very few modern systems management environments have a dual key paradigm (think missile silo) for configuration changes. So the residual use for tape is to ensure that the backed up data and associated control information is unavailable to administrators.

An important availability consideration is the loss of Internet connectivity, halting access to your applications for a period of time. You can also suffer from the involuntary disconnection of an infected server by the vendor. "Total dependency upon Internet connectivity for cloud applications typically means that connectivity configurations must be enhanced," says Michel.

A subset of the cloud is Storage-as-a-Service. This can be an effective extension of an organization's current infrastructure. Best practices are to duplicate and then encrypt the data before sending it offsite accompanied by replication of those control servers to avoid catastrophic data loss (physical, logical). However, according to Michel, this remote storage should not be considered as primary storage for latency sensitive workflows (e.g. PACS).

Finally, you need to consider the fact that the cloud paradigm presents yet another configuration alternative to be supported and coordinated by internal IT staff for implementation and during incidents. Cloud technologies will coexist with conventional technologies for the foreseeable future.

The healthcare industry and technology providers continue to work diligently to ensure that cloud computing will be secure and meet the regulations of the HITECH Act, HIPAA and PCI in the way data is stored and funneled in the cloud.

The possibilities of the cloud are encouraging for health organizations, but you need to proceed with caution and work with a vendor that you can trust.

For more information, contact Phil Michel at psm@sjcg.com. Michel is a consultant and project manager for the business continuity and relocation planning of highly visible and complex technology centers and mission critical offices. He specializes in financial services, information services, communications, medical center, pharmaceutical and banking industries. St. John's Consulting Group helps companies develop integrated plans to reduce risks and lower the total cost of ownership during mission critical site relocations, consolidations, and outsourcing. St. John's also helps companies improve the resiliency of their external and internal data centers.

Mobility Devices and Medical Supplies: A Healthcare Provider Prospective

By Jeff Roth

As the baby boomer generation continues to get older, these individuals will see an increasing need for adaptive equipment and mobility supplies to aid in their daily lives. While this may involve something minor such as purchasing a long handled shoehorn or a simple scrub brush to assist in the shower, a more heavy duty device such as a mobility scooter or stair lift may become a necessity depending on the severity of one's limitations.

As a professional in the health care realm, there's a good chance a client or a loved one in the baby boomer age group will seek your advice on the topic of mobility devices in the future. While it may seem like a fairly straightforward task to research the proper model, the reality is there are so many options available both in store and online that it can become overwhelming. Purchasing an ill-fitting device can actually worsen one's condition and be a true safety hazard. While this may not be a major issue with the lower priced items, buying an improperly fit lift chair or mobility scooter could lead to a hit not only to one's body but also their checkbook. Below is a list of 5 common mistakes to avoid from a physical therapist perspective when a loved one or client is ready to make this purchase.

Not Doing the Proper Homework

To give a real life example, one of the most common mobility supplies purchased worldwide is a cane. Purchasing a cane can be complicated because not only can you buy a cane made from wood, steel and aluminum but canes come in both fixed and adjustable lengths. In addition, canes come in standard single leg models, multileg models called quad canes as well as hemi canes for those dealing with effects from a stroke. Each disability has its own needs and this should be researched before offering advice. Suggesting a standard cane for one individual may be placing them at risk while a quad cane may be unnecessary for another person.

Being a Penny Pincher

Everyone loves a bargain. As shoppers we have a tendency to purchase items on sale or we believe to be of value even if that item may not be the best in class. When it comes to mobility devices, the basic rule of thumb is that you get what you pay for. For example, a new lower end lift chair recliner might cost ~$400 which may seem like a great deal. Problem is, this model will not have a full recline function nor will it offer the same comfort of a higher priced selection that the user will need. Because this chair will become the major area of sitting for the buyer, skimping for price over function probably isn't the best decision.

Waiting Too Long

A common issue that arises is the embarrassment that sometimes accompanies using a mobility device. Many people view using a walker or wheelchair as being crippled or having a negative stigma associated with them. Because of this, people tend to wait too long to ultimately make their purchase and cost themselves the help that could have prevented further decline in their status. Its best to overcome this mental hurdle and purchase the needed supply at the proper time to lessen any further physical decline.

Not Taking Proper Measurements

The most common problem that arises after purchase is that it simply doesn't fit right. While at times this can arise from miscommunication and purchasing error, usually it results from simply not taking proper body measurements before ordering. The number of individuals who are just plain lazy and don't perform simple measurements is astonishing and causes issues down the road with improper fit. Taking an extra 5 minutes to take the requested body measurements will save pain and discomfort from occurring due to ill-fitting equipment.

Failing to Consult with a Professional

With certain higher end devices such as power wheelchairs and stair lifts, purchasing these blindly without professional consultation would not be recommended. Spending a large amount of money on a custom fit product without really knowing if it is appropriate would be irresponsible. Consulting with a physical therapist or other rehabilitation professional should be a starting point if someone you know is looking to make a significant mobility device purchase. Doing so might save not only money but also piece of mind in the long run.

Jeff Roth MPT is a licensed physical therapist and owner of Roth Therapy Services LLC, a home health care specialty group in Pittsburgh, PA. In addition to his practice, Jeff has created the website www.walkersandwheelchairs.com which gives advice on how to buy mobility equipment including lift chairs, bath lifts, stair lifts and more. Jeff can be contacted directly at info@walkersandwheelchairs.com.

Can Your Hospital Obtain Major Planned Gifts?

Yes it Can and Very Easily

By Karl Ohrman

Planned gifts tend to come as a surprise to many hospitals and other nonprofit organizations. Good-hearted people put hospitals in their wills or as beneficiaries to a life insurance policy without necessarily telling the organization that they've done so.

This is a wonderful and unexpected occurrence but wouldn't it be better to arrange and obtain large planned gifts that are given openly and irrevocably?

We read about the million dollar plus planned gift on occasion. How can an organization prime the pump to ensure a steady stream of major planned gifts for the future? How can you build the endowment or ease future day-to-day operational costs?

Proven programs are available to the hospital development team that:

- Will generate six and seven figure planned gifts
- Will be structured to be open and irrevocable to the hospital
- Require no out of pocket expense from the donor.

One such plan has been available since 1964, but only in the United Kingdom. Thousands of these plans have been established with a one hundred percent performance record. Special provisions available to United Kingdom banks and insurance companies enable such plans.

Congressional legislation enacted in 1999 allows this plan to function in the United States. Many U. S. cases have been established with performance success similar to the United Kingdom.

Many major donors feel tapped out. They tend to be generous to the annual appeal, the occasional capital campaign and even to the annual golf tournament. They hesitate to commit estate values into a planned gift.

Now there is a way for these generous donors to make additional major planned gifts with no out of pocket expense with this time tested concept. Thus we have a near perfect situation:

A HOSPITAL IN NEED OF MAJOR PLANNED GIFTS.

A donor willing to make such a planned gift if there is no out of pocket expense. And a plan with a perfect performance record since 1964.

Of course, other planned gift techniques are available, but our group has found this concept to be an invaluable tool to the development team to generate major gifts from qualified donors.

For further information contact Karl Ohrman, CLU, ChFC, President of Coordinated Financial Services at 800 570-9266 or karlohrman@coordinated.us.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at writer@danielcasciato.com

The Sisters of St. Joseph of Northwestern Pennsylvania Announce Nursing Scholarship

The Sisters of St. Joseph of Northwestern Pennsylvania have announced the establishment of a $50,000 nursing scholarship in the name of C. Angela Bontempo, past president and CEO of Saint Vincent Health System. Bontempo retired December 31, 2010 and was honored at a celebration on January 20, 2011 at Lake Shore Country Club.

The C. Angela Bontempo Nursing Leadership Scholarship will be awarded over the course of the next five years. Each year, a $10,000 scholarship will be given as an individual award or shared among multiple recipients. Candidates must be full-time nurses, employed at Saint Vincent Health Center and be currently pursuing a Master's Degree. Scholarship recipients must commit to two years of employment at Saint Vincent Health Center in a nursing leadership position at the completion of their studies.

Mary Ellen Dwyer, SSJ, President of the Sisters of St. Joseph of Northwestern Pennsylvania and Angela Bontempo, past President and CEO, Saint Vincent Health System

"Despite many changes during the Sisters' 150-year history in the Erie Diocese, our commitment to education and healthcare has been constant," said Mary Ellen Dwyer, SSJ, president of the Sisters of St. Joseph of Northwestern Pennsylvania. "As Angela's retirement occurs during our anniversary year, it seems appropriate to honor her with the establishment of this scholarship. Our hope is two-fold: that it recognizes the service she has given to Saint Vincent and that it provides an educational opportunity to someone in the field of nursing and further ensure quality nursing care provided at Saint Vincent."

When recruited in 2001, Bontempo became the first lay person to serve as president and CEO of Saint Vincent -- Erie's first hospital and one of western Pennsylvania's only remaining Catholic hospitals. The Saint Vincent Board of Trustees and the Sisters of St. Joseph of Northwestern Pennsylvania selected Scott Whalen, Ph.D., to succeed Bontempo, effective Jan. 1, 2011. Whalen previously served as Saint Vincent Health Center's president and chief operating officer.

"Angela has kept our mission alive and visible throughout her tenure as our first lay president and CEO," Dwyer stated. "Through her leadership, the quality of our health care ministry has kept pace with the many changes in Catholic health care. More important, she has shown us that it's not necessary that a Sister be in the leadership role, but it is necessary that it be someone who believes in our mission. We were fortunate to have found that in Angela and now in Scott, as well."

"I am humbled by the Sisters of St. Joseph. The trust they placed in me as the first lay person to serve as CEO and President of Saint Vincent Health System has been a true honor. And, now, to place my name as part of a nursing scholarship fund is an overwhelming feeling. But as a former nurse, I know that helping to develop great nursing leaders will affect the quality of care we continue to provide our patients," said Bontempo, who will remain at Saint Vincent as counsel to the administration for three to six months.

The first scholarship will be presented in July 2011. For more information, interested candidates can contact the Saint Vincent Human Resources Department at 814-452-5641.

Education Update

Gannon Introduces Biomedical Engineering Program

Gannon University has received approval from the Pennsylvania Department of Education for a new bachelor of science degree with a major in biomedical engineering. The program will be offered by the University's College of Engineering and Business in the Fall 2011 semester. Gannon's program will be the only offering locally.

Biomedical engineering is the application of engineering principles and techniques to the medical field. As a discipline, biomedical engineering seeks synergies between engineering and medicine, with improving healthcare diagnosis and treatment as one of the primary goals.

"Gannon's College of Engineering and Business is grateful for the support of the Pennsylvania Department of Education in viewing this as an important program," said Melanie L. Hatch, Ph.D., dean of Engineering and Business.

According to the American Society for Engineering Education, biomedical engineering is one of the fastest growing academic disciplines. Gannon explored a biomedical engineering program in part because of that growth and in response to student interest and demand.

Gannon's program is designed to help students develop expertise in designing medical devices and equipment that enhance the quality of life for patients. The curriculum will draw upon the University's current programs in mechanical engineering, biology, chemistry and computer science and will include new course offerings in biomaterials, biomechanics and biomedical systems modeling and analysis, among others.

"We envision a very unique offering that combines engineering and the health professions," Hatch said.

Common biomedical engineering applications include the development of biocompatible prostheses, diagnostic and therapeutic medical devices, imaging equipment, such as MRIs, and biotechnologies like regenerative tissue growth.

The program recently received an $80,000 grant from the George I. Alden Trust, Worcester, Mass. The funds will allow Gannon to upgrade existing biology and mechanical engineering labs.

Specifically, the University will purchase equipment, software and other technology that will enhance students' classroom learning and support related research.

For more information on the program, visit www.gannon.edu/biomed.

Education Update

New Scholarship Available for Students in Healthcare-Related Academic Program

The 2011 Edward J. Gerner Scholarship, funded by The Western Pennsylvania Healthcare Information and Management Systems Society (WPHIMSS), is now available to local college/university students to make application. WPHIMSS is one of nearly forty-nine affiliated chapters of HIMSS, the largest healthcare management and information systems professional organization in the nation.

The recipient of the scholarship will receive an award of $1000 and a student membership in HIMSS. Additional information about the benefits of this membership can be found at www.himss.org/ASP/youngProfessionals.asp

This scholarship was established by WPHIMSS, in conjunction with the University of Pittsburgh's Health Administration Program in 1995, to help financially support the education of students pursuing career goals related to healthcare management and information systems. In 2007, it was named in recognition of Edward J. Gerner who served as Assistant Administrator of Children's Hospital of Pittsburgh until his retirement in 1989. He developed the first hospital management engineering department in the United States in 1956 and was instrumental in creating the Hospital Management Systems Society (renamed the Healthcare Information and Management Systems Society in 1986). Gerner served as the Society's first president (1961-1963) and he helped establish WPHIMSS in 1982.

The successful applicant may be enrolled in a technical major such as computer science, health management systems/management engineering, healthcare administration, health information management, or a related discipline or an area of study that includes both healthcare and technology such as informatics.

An application and instructions can be found at http://www.wphimss.org/students/students1.html. Please submit questions about the scholarship to scholarship@wphimss.org.

For more information, visit www.wphimss.org.

LECOM Pharmacy Students Present Business Plans

Pharmacy students from the Lake Erie College of Osteopathic Medicine School of Pharmacy Class of 2012 showcased their business skills and ideas last month at the Erie campus. Students in the Pharmacy Practice Management class were required to create mock business plans for a class project. They presented their business plans during a poster presentation session held in the LECOM Atrium.

Eighteen groups of second-year students explored a wide range of pharmacy business models. They included topics such as: opening an independent pharmacy, community service projects, and using new media to market and promote their pharmacy businesses and services. The assignment required students to think outside of their comfort zones and work as a team to come up with a plan.

Associate Professor Kim Burns, R.Ph., J.D., the course coordinator, said the poster presentations were the third and final step in a three-part project. Students had to submit a written business plan, make a presentation to a panel of faculty members, and create posters illustrating their work.

"This is an active learning experience for the students," said Dr. Burns. "After graduation some of them might be pharmacy owners or may have to incorporate some business aspects into their practice so the pharmacists' role is not just a clinical one," Dr. Burns explained.

LECOM pharmacy students from the Class of 2012 presented their business plans to faculty members and fellow students at a recent poster presentation event.

Education Update

In fact, two LECOM School of Pharmacy alumni from the Class of 2005 recently opened an independent pharmacy in Edinboro, Pa. Rebecca Wise, Pharm.D., and Paul Berkebile, Pharm.D, are the owners of Lakeside Health Mart Pharmacy. They are also adjunct clinical faculty members at LECOM who mentor LECOM students for clinical rotations at the new pharmacy.

Milanka Petrovic led a group that created a business plan called "Smart Start". They created a mock, non-profit program that teaches antibiotic resistance education to second graders in Erie County. They made coloring books for students and pamphlets for parents and came up with a plan to involve chain pharmacies in the educational outreach.

"It helped us work together," said Petrovic. "We all had to make certain compromises and sacrifices with each other to complete the project successfully," Petrovic said.

Another group created a business plan for an independent pharmacy that uses an internet radio show to reach new customers and bring in new business. Group leader Arpit Mehta said the idea was to launch a radio show where customers could call in and talk to pharmacists about their medications and other health related concerns. In order to complete the project, Mehta's group talked to five independent pharmacies in Erie, Pa., and several local radio stations.

"It was a great experience because we now have an idea of what it takes to open a new pharmacy and to encourage new customers to come to the pharmacy," Mehta said. They learned that it can be challenging for independent pharmacists to compete with the larger chains so they have to offer extra, value-added services in order to attract loyal customers.

First-year pharmacy students were required to attend the poster presentation and had a chance to ask questions of the project leaders. It gave the first-year students some good ideas for next year, when they'll have to come up with their own pharmacy business projects.

For more information, visit www.lecom.edu.

Health Care HR: A Surprise and a Challenge

By Cynthia Corsetti

People are people, wherever you go (as the adage goes). But my recent consulting experience with a medical practice indicates that Human Resources issues in health care have some striking differences with HR in corporate America.

After spending many years as an executive level, corporate HR professional, I decided in 2010 it was time to leave the fast paced world and create an HR consultancy.

One of my first clients was a medical practice, which asked me to review its HR practices and staffing issues. I thought to myself, "How hard can this be?" I've been involved with corporate mergers, acquisitions, and multiple locations, so I thought one medium-sized medical practice would be relatively simple.

I soon found out just how challenging health care HR can be.

First obstacle: staffing. I learned that medical offices are often staffed in two groups:

1. Long-term staffers who have been with the doctor "forever"

2. A more transient group that seems to have one foot out the door at all times

Replacing this transient group is an ongoing challenge. In the corporate world, an interview was an opportunity to delve into the personality of the candidate. In a medical practice it was about filling a need, and filling it quickly. I had to relearn interview techniques, rethink selection processes, and unfortunately make a few very poor hires during my learning curve.

I also learned that in a medical practice, there is a very fine line between making money on an employee and losing money on that employee.

In the corporate world, when I wanted the best, I shelled out the cash and I hired the best. In a medical practice positions reach their maximum return level rather quickly. I also learned that physicians will tolerate much more from an employee than might be tolerated in corporate America. It is easier for them to tolerate things than to start the selection process over again; they are, in fact, just too busy to deal with it.

Staffing was only the beginning of my challenges. I began the process of reviewing HR strategy as it related to a medical practice, analyzing basics, such as employee reviews. The reviews were performed in a very informal and subjective manner. Physicians, I have since learned, want to practice medicine; they do not want to review staff performance.

Office Managers, for the most part have not been properly trained to review employees and without training, reviews could easily become nothing more than a popularity contest.

With the seemingly unending turnover problems that medical practices seem to face, retention is a critical issue. I began writing a formal evaluation program, which required me to define the knowledge, skills, and abilities on which these employees should be evaluated, and how we could use the review to retain talent.

Next was on-boarding. On-boarding (more commonly known as orientation) in a corporate environment begins the minute the offer is accepted. In a well-run corporation, a mentor is assigned immediately. That mentor calls the new employee for a personal welcome, and HR sends out a welcome package including logo mugs and shirts other "welcome to the family" items. In the medical practice on-boarding was "here is the restroom, hang your coat over there, and let's get to work." This happens because the daily demands of the practice do not necessarily allow extra time for a more gradual start.

I noticed that employee files, handbooks, and even discipline issues were being handled in a manner that could place a hard-working physician in the middle of audits and possible lawsuits. Like most small businesses, HR becomes an afterthought. No matter how well-intentioned, even the most experienced Office Manager is much more effective at billing, coding, and scheduling, than with HR functions.

My first client helped me to recognize these unique challenges in managing a medical practice. I learned that there needs to be a perfect balance between HR best practices and maintaining the culture that the physicians have created. I believe that what I learned in all of this can be beneficial to anyone who is charged with managing a practice.

Next month: How to interview prospective staff legally and effectively, because there is more to the person than what you see on a resume.

Cynthia Corsetti, MS, SPHR, is a management consultant, certified executive coach, and certified master life coach located in Pittsburgh, Pennsylvania. For more information, email her at Cynthia@cynthia-corsetti.com.

MISSION From **Page 1**

will be Accountable Care Organizations (ACOs), which is set to be the model for simultaneously managing patients' health and providers' financial risk for care provided. While the demonstration projects are just getting underway, the simple truth is this: in the age of healthcare reform, hospitals and physicians will need each other more than at any other moment in American healthcare history.

Collaboration between physicians and health systems will become the single most important strategy both groups can undertake in order to secure their future and financial viability. In fact, many forward-thinking organizations are already engaged in this important endeavor. But how successful is your current physician relations initiative, and are you seeing a healthy return on investment? No single initiative deserves a strategic approach more than physician relations and engagement. In order to enjoy measurable results, healthcare organizations should ensure their physician relations solution includes the following critical elements in order to facilitate a meeting of the minds with their doctors:

1. Find the right physician relations manager. Because physicians can be a bit jaded when it comes to having outside representatives calling on them, credibility is key when stepping up outreach efforts. Organizations should find a physician relations champion who understands the nuances of healthcare delivery in both the office and hospital environments. The selected manager, who fills this very important role of liaison, should also have credibility with hospital departments, which may need to respond to physician issues as they are identified and should be empowered to respond immediately to the most basic of issues. Another critical characteristic is impeccable follow-through. Uncovering critical issues impacting physician satisfaction is pointless if the manager does not successfully resolve – or at least address with hospital management – the complaints and suggestions expressed by doctors. Lack of closure on any outstanding issue virtually guarantees your liaison will not be granted a second audience. In short you need a sales person who is accountable.

2. Ask how you can earn more of their business. Splitters (physicians who divide their admission among multiple facilities) are not uncommon on any medical staff, especially where a number of hospitals stand in close proximity to each other. Physicians select a hospital for a variety of reasons, but it IS POSSIBLE to change admitting patterns. Hospitals need to qualify their physician prospects by determining which ones are splitters and have the highest potential to bring the most profitable book of business to their facility. That means doing the due diligence required to determine existing referral patterns. Only then should you ask what it will take to have a doctor send more patients. It could be as simple as buying a new piece of equipment in the operating room, expanding diagnostic or treatment capabilities of an existing service line, or opening more block time for the surgeon – to developing initiatives that will drive favorably insured patients to their desired service lines. It is important to note: do not take your loyal physicians for granted. These are your best referral sources and you want to assure you maintain that relationship.

3. Ascertain the level of integration your physicians find acceptable. While many physicians are not comfortable with the notion of employment by a health system, they will entertain models for closer integration and collaboration on managing hospital services and departments. This is not a discussion for a first visit. Only after your liaison establishes a level of trust -- and figures out how closely aligned a doctor will consider being – can this subject be successfully broached. But determining potential alignment structures will be critical as health systems evolve into ACOs.

4. Maintain a data-rich tracking system. No physician relationship management initiative can be effective without a database approach that allows the physician relations specialist to gather personal and professional data and track their every physician encounter. Your tracking system should allow for the input of resolved issues, as well as flag those that are still pending and require follow-up. It must also have the ability to track referral volumes. If these change, either up or down, there is the opportunity to proactively optimize or address.

5. Evaluate the success of your outreach program on a regular basis. Hospital leaders should evaluate the progress of their physician relations program at quarterly intervals, to ensure that the efforts are targeted to the right physicians and are driving bottom-line results. It is essential to confirm the alignment of economic goals – identifying what is important to the physicians and addressing how you help them achieve their goals. For example, optimizing opportunities to engage new patients.

"Coming together is a beginning. Keeping together is progress. Working together is success," famous words by Henry Ford. In establishing a collaborative environment in support of your physician relationship management initiative, hospitals position themselves for a more successful transition to ACOs. This proactivity will help assure a positive evolution for both the hospital and their physicians as both parties realize the benefits of partnership.

Henry Ross is CEO and Rochell Pierce is senior vice president of physician relationship management at Aegis Health Group, which helps hospitals across the country to build lasting relationships with their two most important audiences – physicians and favorably insured consumers. More information is available at www.aegisgroup.com.

Conemaugh Physician Group Welcomes New Plastic Surgeon

Kamran Shayesteh

The Conemaugh Physician Group recently welcomed **Kamran Shayesteh, DO,** board-certified general and plastic and reconstructive surgeon, to CPG Plastic Surgery, the practice of Paul A. Rollins, MD and Joel E. Borkow, MD.

Dr. Shayesteh is a graduate of the University of Maryland and the Chicago College of Osteopathic Medicine. He completed General Surgery and Plastic and Reconstructive Surgery residencies at the Philadelphia College of Osteopathic Medicine (PCOM) where he was named Resident of the Year in 2003.

Dr. Shayesteh comes to Conemaugh Memorial Medical Center from Maryland where he spent the past five years in private practice seeing patients at Suburban Hospital in Bethesda, Montgomery General Hospital in Olney and Shady Grove Adventist Hospital in Rockville, Maryland.

Dr. Shayesteh has a special interest in reconstructive surgery and has presented numerous Grand Rounds on the topic including facial fractures, complex wound reconstruction, soft tissue reconstruction and new therapies in reconstructive surgery.

Later this year, Dr. Shayesteh plans to go to Kenya on another mission trip with the Paul Chester Children's Hope Foundation. On his last mission trip to Columbia, South America, Dr. Shayesteh performed 28 operations in ten days.

CPG Plastic Surgery offers patients a wide variety of reconstructive and plastic surgery procedures including minimally invasive techniques that can be performed during cosmetic, reconstructive and emergency surgery.

More information on CPG Plastic Surgery is available at www.conemaugh.org under Programs and Services or by calling 814-534-6750.

Choosing an Office Location: Points on Better Decision Making

By John Chamberlin

While the stereotypical phrase regarding the business of real estate is "Location, Location, Location," there is much more to the process of choosing an appropriate office location for your medical practice. Available green space for out-of-office break activities, proximity to cooperative business partners, as well as being under the same roof with well-respected medical groups are all considered significant factors in choosing your next office space.

However, with the competitive nature of medical practices today, you need to be sure your location also affords your patients and customers amenities such as free and convenient parking along with a safe, well-maintained building and surrounding property. As importantly, you want the location to be accessed easily by your patients and suppliers.

Nestled on six wooded acres in the eastern suburbs of Pittsburgh, the Integrity Medical Building is one such medical office facility. David Hanley, Broker for Prudential Realty Commercial (PRC), says that the property is excellent on a number of fronts.

"The serene park-like setting creates a completely different atmosphere and work environment than most other medical buildings and hospitals," he says. "The Integrity Medical Building is a great facility for any medical professional office needs. Just minutes from I 376 (Parkway East), Integrity is a quality, professionally managed and leased facility serving a wide variety of medical professionals. It's also ideal as an outpatient center."

Additionally, if you're looking for perfect Vastu, (the orientation of the building), look no further than Integrity which faces due east. The following medical tenants are currently located in the Integrity Medical Building: Premier Medical Associates, UPMC, Gastroenterology/Diagnostic Center, East Suburban Sports Medicine, and Laboratory Corp. of America.

"Our staff and patients enjoy the surprisingly private and quiet surroundings despite the close proximity to the high traffic area of Rodi Road," says Denise Bigante, administrator for Gastroenterology Associates, one of the current tenants in the facility. "Plentiful free parking and ease of patient access from the Parkway East are the comments typically shared by patients."

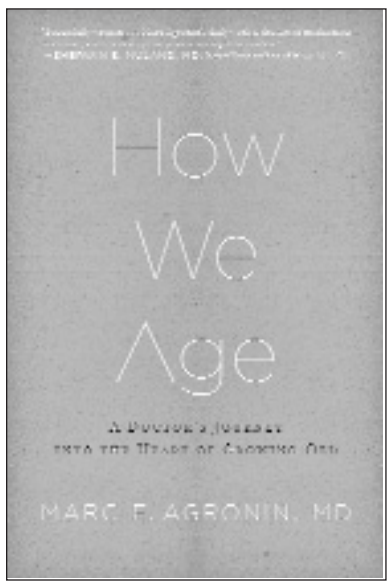
Hanley adds that in the medical profession, you need to keep your skills and knowledge updated so that you are operating at the cutting edge.

"Why go through the process of offering the most modern medical technology and therapeutic modalities if your office location doesn't reflect that you are indeed cutting-edge," he says. "While your office location doesn't treat your patients, your facility does greet your patients and no doubt you want the facility to reflect your professionalism along with a welcoming feel."

If you're interested in a tour of the Integrity Medical Building office space, located in the eastern suburbs of Pittsburgh at 1000 Integrity Drive, Pittsburgh, PA 15235, contact David Hanley at 412-261-6532 ext.237 or email him at david@prudentialrealty.com. There are currently medical suites available from 500 to 3,100 square feet with existing buildout's that can save you money.

"How We Age" by Marc E. Agronin, MD.

c.2011, DaCapo Press $25.00 / $29.00 Canada
302 pages, includes notes



There may be a correlation, but you're not sure.

Do wrinkles directly contribute to crabbiness? Can the sprouting of gray hair cause a general miasma? And why do people think "Senior Moments" are so darn funny? You wonder, because you've spotted another wrinkle and two more grey hairs, you forgot where your keys are, and there's nothing humorous about that.

But getting older has its benefits, says Marc E. Agronin, MD. In his new book "How We Age", he takes a look at aging – not from your body's POV, but from your brain's perspective.

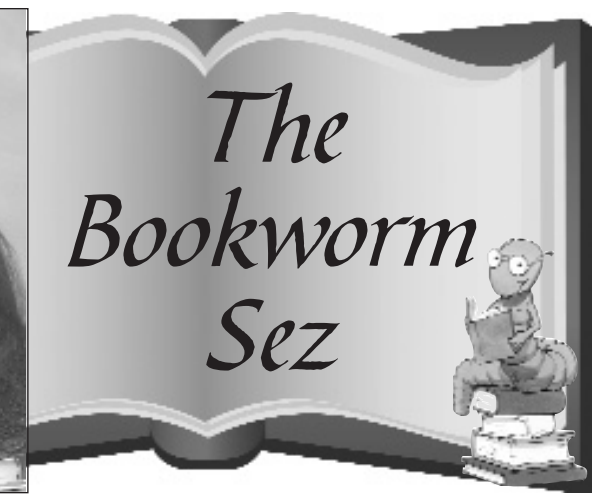
Growing up in Kaukauna, Wisconsin, Marc Agronin had a good role model in his grandfather, who was the town's beloved physician. Watching his grandfather at work inspired Agronin to become a doctor himself.

As a geriatric psychiatrist whose patients battle dementia, Alzheimer's, depression, and other disorders, Agronin has seen the life-changing, life-threatening issues that come with maturation. But stereotypes and clichés aside, even though our culture is obsessed with youth, his patients also enjoy benefits that come with aging.

Once upon a time, we barely aged. Just a hundred years ago, the average human lifespan was around fifty years which means, says Agronin, that aging is "less a product of nature and more of a human achievement wrestled from nature." Centenarians, in fact, are the fastest growing age group in today's world.

But as we pluck gray hairs and worry at wrinkles, we need to remember that physical signs of aging are mere annoyances. The real issue to focus on is that aging is harshest on our brains. So, despite the inescapable fact that we have no Neuron Fountain of Youth to rely on, can we age well… in our heads?

Agronin thinks so. In this thoughtful book, he writes about patients he's known who have faced their Golden Years with grace and strength.



There was the wheelchair-bound man who couldn't remember much personal history, but could carry on an eloquent conversation in his native Russian language.

There was the group of women with early-stage Alzheimer's who embraced their own social network, showing Agronin that alone, patients might falter but together, their limitations were eased.

And then there was Marilyn and Mac. She accepted aging eagerly. He fought it. But both agreed that with years, came "gifts": better judgment, contemplation, mellowness, and sometimes, delight.

Part science, part essay, "How We Age" is not one of those books that blindly celebrates the so-called wisdom of years. Author Marc E. Agronin bluntly writes about dementia, forgetfulness, Alzheimer's, and other issues that come with Seniority. He's honest with his readers without trying to hide anything.

Then, he balances the bad with soaring stories of the goodness in becoming an elder, including serenity, knowledge, and acceptance. Agronin's colleagues taught him that aging has no cure. His patients taught him that aging really doesn't need a cure.

Thoughtful, warm, and wise, "How We Age" is a book for everyone who's putting on the years, like it or not. For all of us, books like this never get old.

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.

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HIPAA's Potential Impact on FMLA Certification

By David J. Lampe

The Family and Medical Leave Act ("FMLA") entitles eligible employees of covered employers to take unpaid, job-protected leave for certain family and medical reasons. These medical reasons include the "serious health condition" of an employee's spouse, child, or parent, or the "serious health condition" of the employee that prevents him/her from performing the essential functions of their job.

In order to assess whether a covered individual has a "serious health condition", an employer can require sufficient medical information to support an employee's request for FML. However, the Health Insurance Portability and Accountability Act ("HIPAA") generally restricts a healthcare provider from divulging protected health information ("PHI") of their patients to third-parties, including employers. This article provides tips for maneuvering through the potential conflicts between these two statutes.

The Department of Labor ("DOL") prescribes FMLA certification forms to verify the existence of a "serious health condition". To be sufficient, a medical certification should state the following: the date the condition commenced; the probable duration of the condition; appropriate medical facts regarding the condition; a statement that the employee is needed to care for a covered family member or a statement that the employee is unable to perform the essential functions of his or her position; dates and duration of any planned treatment; a statement of the medical necessity for intermittent leave or leave on a reduced schedule; and expected duration of such leave.

The employee can either personally deliver the completed FMLA certification form to his/her employer, or have his/her healthcare provider send the completed form directly to the employer. Either way, at the time the employee is given the FMLA certification forms, the employer should require the employee to complete a HIPAA-compliant authorization for the employee's healthcare provider to release the employee's PHI to the employer. The authorization must specify a number of elements, including a description of the PHI to be disclosed; the person authorized to make the disclosure; the person to whom the healthcare provider may make the disclosure; an expiration date; and in some cases, the purpose for which the information may be used or disclosed.

HIPAA privacy rules requires a healthcare provider to treat a "personal representative" the same as the individual, with respect to the use and disclosure of the individual's PHI. A personal representative is a person legally authorized to make healthcare decisions on an individual's behalf or to act for a deceased individual or the estate. In most cases parents are the personal representative for their minor children.

If an employee is unable or unwilling to return the completed FMLA certification, HIPAA prohibits a healthcare provider from sending the completed FMLA certification directly to the employer if the certification contains patient PHI. An exception to this general rule is disclosure pursuant to the above-referenced authorization executed by the individual who is the subject of the PHI.

On occasion, an employer may determine that the FMLA certification is incomplete or provides insufficient information to assess whether there exists a "serious heath condition". In such instance, the FMLA requires the employer to give the employee written notice as to what sections are incomplete and allow the employee seven days to obtain the missing information. If the employee refuses to cooperate, the employer may decline the FML.

Alternatively, after the aforementioned seven-day period, the employer may directly contact the healthcare provider to either clarify or authenticate the information in the FLMA certification. However, the DOL has specified that communications between employers and the employee's healthcare provider to clarify FMLA certifications must also comply with HIPAA privacy rules. Compliance with these privacy rules may entail the employer sending the healthcare provider the aforementioned authorization to release PHI as a precursor to discussing the FMLA certification. Furthermore, the employer's representative who contacts the employee's healthcare provider must either be a healthcare practitioner, an HR professional, a leave administrator or a management official. In no case may the employer's representative be the employee's direct supervisor.

An employer may request FMLA recertification every thirty days unless the medical certification indicates that the minimum duration of medical condition will exceed this period. In all cases, an employer may request recertification every six months, even where the certification states a longer period. Since an initial grant of FML may require recertification, an employer should set an expiration date on its employee's authorization to release PHI that allows it to be reused to authorize the release of medical information for purposes of recertifying this leave.

While HIPPA's privacy rules may restrict an employer's ability to confirm a serious health condition under the FMLA, such restrictions can easily be avoided by an employer receiving a HIPPA-compliant authorization to release PHI from its employees at the front-end of an FMLA request.

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Heritage Valley Health System Welcomes New Foundation Board Officers and Board Members

The Boards of Directors of the Heritage Valley Beaver Foundation and Heritage Valley Sewickley Foundation recently announced their board leadership for 2011. The leadership for the Heritage Valley Beaver Foundation is comprised of: I. David Atcheson, DMD, Chair; Tom Leydig, Vice Chair; Judy Madder, Secretary/Treasurer. The leadership for the Heritage Valley Sewickley Foundation, effective January 1, 2011 is comprised of: Scott Elste, Chair; Greg Smith, Vice Chair; Lynn Vescio, RN, MSN, MS, Secretary/Treasurer.

Additionally, the Heritage Valley Beaver Foundation is pleased to welcome Alex Sebastian to its Board of Directors. Sebastian is the award winning proprietor of the Wooden Angel Restaurant in Beaver and is recognized nationally for his expertise in American wines. He previously served on the Heritage Valley Beaver Foundation Board and its predecessor board from 1989 to 2006 and on the Heritage Valley Health System Board of Directors from 1999 to 2006. Sebastian also founded the Heritage Valley biennial wine and culinary fundraising event, "A Toast to Your Health," in 1990.

The Heritage Valley Sewickley Foundation is also pleased to welcome James D'Antonio, M.D. to its Board of Directors. Dr. D'Antonio is a board certified orthopaedic surgeon at Greater Pittsburgh Orthopaedic Associates and has spent his entire career in adult reconstructive surgery at Heritage Valley Sewickley. He received his engineering degree from Rutgers University and doctorate in medicine from the University of Pittsburgh, where he also serves as an associate professor of orthopaedic surgery. Dr. D'Antonio holds honors from several professional societies and has long been involved with research and design of total hip and total knee replacements.

For more information, visit www.heritagevalley.org.

Accounting for Success: Outsourced Services Reduce Staff and Improve Quality

By Tom Joseph

There was a time when the only bookkeeping option for medical practices was to hire a bookkeeper. But advances in technology have made outsourcing a viable alternative for many practices that have traditionally hired their own staff. Successful experience with medical billing services has made practice managers comfortable with outsourcing in general. Many practices have found that outsourcing leads to smoother financial management, while saving time and money.

Bookkeeping problems can be acute for small to mid-sized practices. Often they have more activity than can be supported by their CPA firm, but not enough to justify hiring full-time staff. There are often quality problems when part-time bookkeeping duties are assigned to full-time administrative staff person lacking an accounting background. Even those who would like to hire a full-time accountant are finding a shortage of available talent in the market. This shortage has led to an escalation in salaries, as well as an increase in turnover as organizations find it increasingly difficult to retain skilled bookkeepers and accountants.

As a result of these conditions, the benefits of outsourcing can be many. In addition to cost savings, the practice can reduce exposure to the risks associated with poor quality and turnover. Practices also benefit by having access to a deeper pool of resources, improved financial controls, and best operating practices.

"Outsourcing is much more like having your own personal accountant than I expected. Our service provider knows what needs to be done before I do!" says Maureen Frank, Office Manager of Dr. Kimberly Rau's office. Before outsourcing, her office struggled to hire and retain support staff, and bookkeeper turnover caused a myriad of headaches.

John McMurtry CPA, a partner with the public accounting firm KFMR, specializes in medical practices and health care. "We've found numerous benefits to the outsourcing of bookkeeping and billing functions. Most practices don't have the expertise to manage accounting staff or the associated technology. And time that doctors spend on bookkeeping does not contribute to their bottom line."

Instead of charging by the hour, outsourcing firms ideally bill by the transaction. This means that practices don't have to manage the time spent on bookkeeping or billing activities, which in itself can be a big time saver. The service providers have an incentive to be as efficient as possible since they are compensated the same regardless of how long it takes to complete the job.

"Our outsourced service provider understands the needs of our practice and I would highly recommend this type of service" Patty Quillen, Office Manager for Dr. Howard Pittle, Family Practice Physician. "I appreciate how efficiently the communication works. I get a report each week that allows me to easily keep the doctor completely up-to-date on his financial status."

As practices are stretched to make the most of every dollar they spend, outsourcing can help them remain competitive without having any impact on patient care.

Tom Joseph is CEO of Bookminders (www.bookminders.com), an outsourced bookkeeping service with offices in Pittsburgh and Philadelphia, PA. Bookminders provides timely, accurate and cost effective bookkeeping services to more than 300 businesses and nonprofit organizations. Tom can be reached at 412-323-2665, tsjoseph@bookminders.com.

Submissions? Story Ideas? News Tips? Suggestions?
Contact Daniel Casciato at writer@danielcasciato.com

Countering Antibiotic Resistance: New Strategies in the Era of Superbugs

By Dr. Bozena Korczak

Despite past advances in the evolution of anti-infective treatments, most authorities think we are losing the battle against microorganisms. Seventy percent of infections in the US are now drug resistant (APIC, 2008), and treatment of infections is compromised by the emergence of bacteria that are resistant to single or multiple antibiotics. Resistance to antimicrobial agents has developed in every notable strain of pathogenic bacteria, and to essentially every commercially available antibiotic. The global market for anti-infective medications is growing due to the increase in bacterial drug resistance and lack of novel approaches to combat infections.

The latest nail in the coffin of traditional antibiotics is the rise of the "NDM-1 superbugs" that contain an enzyme called New Delhi metallo-beta-lactamase that inactivates antibiotics. As widely reported in the press, the gene coding for NDM-1 enzyme was first identified in a patient treated in a New Delhi hospital, but thanks to global travel, it has turned up in hospitals on several continents. To date, several bacteria species prevalent in the US have picked it up including —E. coli, K. pneumoniae, and E. cloacae.

One of the culprits has been inappropriate use of antibiotics for relatively mild illness. When a disinfectant or antibiotic "kills 99 percent of germs," it sounds good, but it leaves 1 percent that is stronger and more drug-resistant, which consequently reproduces and spreads around.

There are a number of healthcare steps that are underway to control overuse of antibiotics or to prevent the spread of the infection nevertheless, novel treatments to mitigate the disease are critically needed. Scientific efforts to design compounds within a known class of antibiotics might not be novel enough since bacteria already possess the protective mechanism against these drugs. Some researchers are now again turning to host defense proteins for inspiration in the quest for new antibiotics as an example of successful strategies adopted by plants and animals. In 1986, it was found that frog skin harbors armies of peptides that attack and destroy bacteria and fungi and facilitate wound closure and reduce inflammation. This discovery in frogs led to identification of the host defense proteins (HDP) family, which has since been found in virtually all higher life forms, including humans. Host defense proteins are a key component of the immune system—a first line of defense against bacteria. Since studies indicate that bacteria have little or no ability to resist antimicrobial peptides, one of the most intriguing possibilities inspired by this discovery is the creation of new forms of antibiotics to fight bacteria that have developed resistance to conventional drugs.

It is now known that it is possible to create small molecules that are able to mimic the key biological properties of natural host defense proteins. Such chemical mimics of HDPs directly interact with bacterial cell membranes, resulting in the destruction of membrane integrity and cellular death.

Should further studies corroborate the ability of such compounds to successfully fight bacteria that are no longer stopped by traditional antibiotics, healthcare providers around the world would gain a new weapon against antibiotic resistance—a scourge that now claims more lives each year in the US than AIDS and costs the American healthcare system billions of dollars a year, with a similarly sky-high toll in lives and healthcare costs around the globe.

In sum, we need a two pronged approach to control the spread of multidrug resistant infection; through health care initiatives and through innovative research to discover new classes of antibiotics with minimized potential for development of resistance. Otherwise, the ultimate result will be fewer effective tools to fend off bad bugs.

Dr. Bozena Korczak is Senior Vice President of Drug Development & Chief Development Officer of PolyMedix Inc., a Radnor, PA-based biotechnology company focused on developing new therapeutic drugs to treat acute cardiovascular disorders and infectious diseases. She can be reached at lcaperelli@polymedix.com.

Harmonious and Clutter-Free Health Care Environments

Promoting Well-being with Feng Shui in Health Facilities Benefits Everyone

By Yvonne Phillips

Have you thought about how the Feng Shui in your health care facility is affecting your patients, staff and visitors? The Feng Shui of any environment impacts the quality of people's experience in those places, and over the long-term, either enhances or decreases the stress for those in that setting.

The surrounding environment has more impact on people's moods and performance than you might think. A poorly arranged office or reception area with dark lighting, clutter, and sharp angles will block the energy flow and add stress and anxiety to everyone, which over time can lead to depression, muddled thinking, lethargy and even illness.

The principal of the ancient science of Feng Shui is that for harmony, health and well-being to exist, the life force energy ("chi") needs to be in balance in the environment that you are surrounded in, either at home or work. As an industry that promotes health and healing, shouldn't the environment of your facility be arranged to match this intention?

The art of Feng Shui has been used for thousands of years as a method of creating balance between people and their environments. The International Feng Shui Guild states, "At the deepest level of understanding, Feng Shui is the interplay between the seen (our surroundings) and the unseen (energy and intention). Feng Shui acknowledges the interconnectedness of all things." Reducing the stress in your environment by designing spaces according to Feng Shui practices will enhance the health and wellbeing of everyone.

Uplifting your health care environment is easier than you think. Clearing the clutter and making a few changes will go a long way to promoting a more relaxing atmosphere in your facility.

- Clear the Clutter and Get Organized- A cluttered environment makes for a cluttered mind. The constant distraction of random objects and piles of paperwork and disorganized files only scatters and erodes our energy. Remove tripping hazards such as electrical cords, boxes or other objects from walking areas.
- Clear and Well-lit Front Entrance – A spacious, easy to access entrance with proper signage is a welcoming experience. Remove obstacles close to the doorway such as coat racks and chairs.
- Create a Calming Waiting Area – Ideal wall colours for a calming environment are soft earth tones, yellows, greens or blues. Soft ambient lighting, carpeting to absorb noise and paintings of landscapes are ideal. Soft music instead of television or radio, healthy plants and natural elements such as a water fountain, rocks or crystal salt lamps are also excellent additions for this space.
- Clean the Walls, Carpets and Window Coverings - Think of washing away years of old energy beyond cleaning off dirt and stains.
- Update the Decor - Even more uplifting is adding fresh paint, new carpeting, flooring, curtains or blinds, along with new plants and better lighting.
- Organize and Uplift Your Work Space – Enhance the flow of chi by clearing the clutter from your desk and floor area, and update your filing system or shelving if necessary. Put healthy plants or crystals in your office, and soft-lit desk lamps as an alternative to harsh fluorescent lighting. Display photos of happy occasions and loved ones, as well as paintings or art pieces that inspire you.
- Position Your Desk Correctly – Sit where you can see the doorway rather than face away from it. Ensure your desk is away from machinery such as fax machines and printers which emit electromagnetic pollution and synthetic odours, which can drain your energy field.

If you have the option, management and senior staff should ideally have offices furthest away from the busy front entry and waiting areas.

The process of de-cluttering and uplifting the environment of your healthcare facility is a beneficial commitment to you, your staff, and everyone that spends time there. A few changes can immediately promote a more peaceful and healthier place to work.

Yvonne Phillips is a National Feng Shui Practitioner, Author and Speaker with over 18 years of experience. Yvonne is certified with Feng Shui Institute International and has trained with world famous Feng Shui Master Lillian Too. As owner of Creative Color & Design, she incorporates Feng Shui principles into both residences and businesses, from small businesses to large corporations. Please visit http://www.fengshuiabc1.com or email yvonnephillips1@aol.com for more information.

Legal Update: The Bumpy Road to ACOs

By Gary Kaplan

Perhaps one of the least controversial aspects of last year's health care reform act -- the Patient Protection and Affordable Care Act (PPACA) -- was creation of the Medicare Shared Savings Program (MSSP), which encourages creation of Accountable Care Organizations (ACOs), including joint ventures between hospitals and physicians, to share in savings to the Medicare program that result from better health management of designated patients. Under MSSP, Centers for Medicare and Medicaid Services (CMS) will set benchmarks for health care spending for the patients managed by an ACO; if an ACO beats the applicable benchmarks, it would receive a share of the savings to Medicare as a performance payment.

On February 1, 2011, in a symposium at the Brookings Institute in Washington D.C., Donald Berwick, Administrator of CMS, stated that a proposed rule for Medicare ACOs will "be out very soon." Because the proposed rule will undoubtedly receive numerous comments that must be reviewed and considered before adoption of a finale rule, it will likely be another year before much clarity is provided.

In the interim, hospitals and providers planning to develop ACOs are not entirely without guidance, and a number of health systems and payors have implemented forms of ACOs over the past few years. For example, Advocate Physician Partners and Advocate Health Care in Illinois serves approximately one million patients through arrangements that require participating physician to use specified health information technology and follow quality, and cost/utilization initiatives that include both incentives and sanctions, including termination for non-performing physicians. Advocate did not create its ACO without battle scars, dealing with a two-year dispute with United Healthcare and a four-year antitrust investigation by the FTC. The FTC resulted in a 2006 consent decree allowing Advocate to move forward (subject to some reporting and monitoring requirements).

On the fraud and abuse side, some guidance has been provided in an OIG Advisory Opinion (on potential violation of the Antikickback Statute) rule proposed by CMS on gainsharing arrangements in 2008. Although the proposed rule was never finalized, it provides a useful overview of likely consideration with respect to compliance. Such arrangements must be carefully documented and rely upon objective performance measures based on a hospital's historical clinical data. Among other requirements, the proposed rule calls for review of such arrangements by an independent organization prior to implementation and annually thereafter.

Some recent court cases, however, highlight the need for caution in any non-traditional hospital-physician arrangement. In U.S. ex rel. Drakeford v. Tuomey Healthcare System, a U.S. District Court in South Carolina found that arrangements between a community hospital and various physician groups violated the Stark laws and ordered payment of damages of more than $49 million. The court also called for a retrial of claims seeking more than $200 million in damages.

The Tuomey case, which has been vigorously contested by Sumter hospital, essentially rests on claims that payments to physicians, who entered part-time employment contracts with newly formed LLCs created by the hospital, were greater than "Fair Market Value" and were not "commercially reasonable" (as required to comply with possible exceptions to the Stark law). In support of these claims, the government relied on evidence of "red flags" including compensation formulas that provided compensation greater than the hospital's collections.

Tuomey has argued it relied in good faith on legal advice, and that, under guidance provided by CMS, payments for services personally performed by a physician do not constitute a "referral" subject to Stark. In response, the Justice Department argued that payments that include portions of the technical fees received by a hospital should be considered referrals under the plain language of the statute. Unless the case is settled, this issue will no doubt resurface on appeal.

A second recent case that counsels in favor of caution is United States ex rel. Singh, et al. v. Bradford Regional Medical Center, et al (W.D. Pa). In November 2010, the District Court held, as a matter of law, that a hospital violated the Stark law by virtue of a subleasing arrangement it had entered with two internal medicine physicians for a nuclear camera. The Justice Department argued that the arrangement was not a bona fide sublease of equipment need by the hospital, but was instead an effort to pay for referrals. In support of this finding, the court cited evidence that the hospital CEO acknowledged that "he would not have entered into the sublease arrangement if he knew that BRMC would not receive any referrals from Vaccaro and Saleh," and, in fact, the camera was never used by the hospital (which subsequently acquired a different one).

Whether or not the Tuomey and Bradford decisions are ultimately upheld, they are troubling in a couple respects. First, these cases demonstrate the high cost of arguably uncertain regulations and related guidance. Second, to the extent, as argued in Tuomey, the Justice Department and courts will not stand behind regulatory guidance by CMS the risks and costs of uncertain will be magnified.

As CMS develops rules for Medicare ACOs, the clarity of such rules will be as important as the substance in encouraging (or discouraging) potentially beneficial arrangements among hospital and physicians to improve quality of care while reducing costs.

Gary Kaplan, Esq., is a member of Thorp Reed & Armstrong's Health Care Law Practice Group.

Local Doctor Elected President of Washington County Medical Society

Jennifer L. Lewis, MD, a general internist/hospitalist physician in McMurray, will begin a term in 2011 as President of the Washington County Medical Society. Dr. Lewis was elected to the position at the Society's Annual Recognition Dinner on November 11, having served as President–Elect for the past year.

A native of Canonsburg, Dr. Lewis practices at Waterdam Medical Associates and Canonsburg General Hospital. She also serves as Assistant Professor of Medicine, Drexel University School of Medicine. As Assistant Professor, she teaches medical students who rotate through her practice. She has been recognized by Drexel for her teaching via their Golden Apple Award in 2003 and 2005, and received the Dean's Special Award for Excellence in Clinical Teaching in 2004 and 2007.

After receiving her BS in Chemistry at the University of Pittsburgh College of Arts and Sciences in 1993 (graduating summa cum laude), Dr. Lewis went on to obtain her MD degree at the University of Pittsburgh School of Medicine in 1997, where she was honored with the James D. Heard Jr. Prize in Internal Medicine. She completed her residency training in Internal Medicine at Allegheny General Hospital in 2001, holding the position of Chief Resident during her final year.

Dr. Lewis is also a member of the American College of Physicians, American Medical Association, and Pennsylvania Medical Society. Prior to moving to Washington County in 2008, she practiced at Pittsburgh General Medicine Associates and Allegheny General Hospital.

Washington County Medical Society is affiliated with Pennsylvania Medical Society. The patient-doctor relationship is a priority of the Pennsylvania Medical Society and the Washington County Medical Society. The Medical Society listens to concerns of both patients and doctors to improve the delivery of health care services.

For more information, visit www.wpahs.org.