All-CIN Physician WebEx

Delaware Care Collaboration
Mercy Accountable Care
Quality Health Alliance

May 4, 2021
6:00pm - 7:30pm
Reflection

Look to this day!
For it is life, the very life of life.
In its brief course
Lie all the verities and realities of your existence:
The bliss of growth;
The glory of action;
The splendor of achievement;
For yesterday is but a dream,
And tomorrow is only a vision;
But today, well lived, makes every yesterday
a dream of happiness,
And every tomorrow a vision of hope.

- Kalidasa
Trinity Health Mid-Atlantic (THMA) Clinically Integrated Network (CIN) Regional Update

Daniel Bair
Regional Executive Director
THMA CIN
THMA CIN Physician / Executive Leadership Team

Dan Bair
Regional Executive Director
THMA CIN

Dr. Sharon Carney
Regional Chief Clinical Officer
THMA

Dr. Benjamin Chack
President
Quality Health Alliance

Dr. Robert Monteleone
Medical Director
Delaware Care Collaboration

Dr. Wayne Miller
Medical Director
Mercy Accountable Care

Dr. Naomi McMackin
Chief Medical Officer
Quality Health Alliance
Spring Edition of the THMA CIN Newsletter & Website Now Available

Trinity Health Mid-Atlantic Network NEWS

April 2021

trinityhealthma.org/accountable-care OR trinityhealthma.org/aco
IMPORTANT UPDATE: CMMI Announcement re: Direct Contracting for 2022

• CMMI announced that it WILL NOT be moving forward with a second Direct Contracting application cycle for 2022;

• ONLY those Direct Contracting Entities who had applied and been accepted in 2020 for a 2021 start date or deferred 2022 start date will be permitted to enter the program;

• A listing of those entities can be found here: https://innovation.cms.gov/media/document/gpdc-model-participant-announcement;

• This means that QHA, MAC, and DCC will remain in our historically successful Medicare Shared Savings Program (MSSP) for 2022;

• Although CMMI has not provided any indication of whether they are going to open up a second Direct Contracting application cycle in the future, Trinity Health remains interested and continue to evaluate.
Delaware Care Collaboration (DCC) to join Trinity Health Integrated Care (THIC) for 2022
Trinity Health Integrated Care LLC

- Trinity Integrated Care, LLC (THIC), legally formed on May 26th, 2016, is a wholly owned subsidiary of Trinity Health ACO, Inc. THIC is comprised of six chapters and approximately 82,000 beneficiaries across five states: Florida, Idaho, Indiana, New York and Pennsylvania;

- Each of these chapters has experience participating in a Track 1 MSSP ACO and their commitment towards patient care will only be enhanced by their ability to share best practices across their expansive ACO network;

- The chapters have extensive experience in serving Medicare beneficiaries in ACO models:
  - St. Josephs Health Accountable Care Organization (Syracuse, NY) MSSP ACO Track 1
  - Mercy Accountable Care (Conshohoken, PA) MSSP ACO Track 1
  - Select Health Network ACO, LLC (Mishawaka, IN) MSSP ACO Track 1
  - Saint Alphonsus Health Alliance (Boise, ID) MSSP ACO Track 1
  - Quality Health Alliance (Langhorne, PA) MSSP ACO Track 1
  - Holy Cross Physician Partners ACO (Ft. Lauderdale, FL) MSSP ACO Track 1
Major Volatility with Savings Rate for Small ACOs
Oscar Health – PA Clinically Integrated Networks

- Reminder that our PA CINs are participating in Oscar Health, an individual health plan on the Healthcare Exchange Marketplace;

- Trinity or Oscar Health may be reaching out to you or your staff for provider credentialing information;

- For more information about the plan: https://www.hioscar.com/
Transition of Mercy Philadelphia Hospital (effective March 25, 2021)

• Re-purposed campus is a collaboration between Public Health Management Corporation (PHMC), Penn Medicine, Children’s Hospital of Philadelphia, and the Independence Blue Cross Foundation

• Named PHMC Public Health Campus, Penn Medicine will continue to provide a full-service Emergency Department in the facility, as well as adult inpatient medical care, behavioral health, and drug and alcohol treatment care

• Mercy Senior Health, CIN operated full-risk Medicare Advantage clinic, remains operational in West Philadelphia

• Mercy Medical Associates at Eastwick, Primary Care and Specialty Care serves the West Philadelphia Community
Quality, Practice Transformation, and Care Management Update

Brittany Danoski, MHA
Regional Director, Population Health,
Trinity Health Mid-Atlantic
THMA CIN Quality & Care Coordination Updates

• Quality & Practice Transformation- Brittany Danoski
  - 2021 ACO Quality Measures
  - Focus on Annual Wellness Visits

• Care Coordination- Allison Patzek
MSSP 2020 Preliminary Results (Internal)

• Preliminary GPRO internal findings:
  - Overall strong performance across region, especially during a pandemic year:

<table>
<thead>
<tr>
<th>ACO</th>
<th>Successes</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>QHA</td>
<td>• Falls Screening (CARE-2) – <strong>96.08%</strong></td>
<td>• Depression Screening &amp; F/U (Prev-12) – <strong>71.58%</strong></td>
</tr>
<tr>
<td></td>
<td>• HbA1c Poor Control (DM-2) – <strong>15.38%</strong> <strong>inverse measure</strong></td>
<td>• High Blood Pressure Control (HTN-2) – <strong>75.22%</strong></td>
</tr>
<tr>
<td>MAC</td>
<td>• Falls Screening (CARE-2) – <strong>85.19%</strong></td>
<td>• CRC Screening (PREV-6) – <strong>58.82%</strong></td>
</tr>
<tr>
<td></td>
<td>• Statin Therapy for CVD (PREV-13) – <strong>84.51%</strong></td>
<td>• Depression Screening &amp; F/U (Prev-12) – <strong>64.91%</strong></td>
</tr>
<tr>
<td>DCC</td>
<td>• Falls Screening (CARE-2) – <strong>96.00%</strong></td>
<td>• Hypertension (HTN): Controlling High Blood Pressure – <strong>72.76%</strong></td>
</tr>
<tr>
<td></td>
<td>• Preventive Care and Screening: Influenza Immunization – <strong>95.78%</strong></td>
<td>• Colorectal Cancer Screening – <strong>79.49%</strong></td>
</tr>
</tbody>
</table>

• 2021 Quality will still be reported through GPRO/CMS Web Interface
  - Measures are the same as 2020, reflected on the next slide for your reference
  - Please continue to partner with us on our commitment to quality
<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Collection Type</th>
<th>Meaningful Measure Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality ID # 321</td>
<td><strong>CAHPS for MIPS</strong></td>
<td>CAHPS for MIPS Survey</td>
<td>Patient Experience</td>
</tr>
<tr>
<td>Quality ID # 479</td>
<td><strong>Hospital Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</strong></td>
<td>Administrative Claims</td>
<td>Admissions &amp; Readmissions</td>
</tr>
<tr>
<td>Quality ID #: 480</td>
<td><strong>Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</strong></td>
<td>Administrative Claims</td>
<td>Admissions &amp; Readmissions</td>
</tr>
<tr>
<td>Quality ID # 001</td>
<td><strong>Diabetes: Hemoglobin A1c (HbA1c) Poor Control</strong></td>
<td>CMS Web Interface</td>
<td>Management of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID # 134</td>
<td><strong>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</strong></td>
<td>CMS Web Interface</td>
<td>Treatment of Mental Health</td>
</tr>
<tr>
<td>Quality ID # 236</td>
<td><strong>Controlling High Blood Pressure</strong></td>
<td>CMS Web Interface</td>
<td>Management of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID # 318</td>
<td><strong>Falls: Screening for Future Fall Risk</strong></td>
<td>CMS Web Interface</td>
<td>Preventable Healthcare Harm</td>
</tr>
<tr>
<td>Quality ID # 110</td>
<td><strong>Preventive Care and Screening: Influenza Immunization</strong></td>
<td>CMS Web Interface</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID # 226</td>
<td><strong>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</strong></td>
<td>CMS Web Interface</td>
<td>Prevention and Treatment of Opioid &amp; Substance Abuse Disorders</td>
</tr>
<tr>
<td>Quality ID # 113</td>
<td><strong>Colorectal Cancer Screening</strong></td>
<td>CMS Web Interface</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID # 112</td>
<td><strong>Breast Cancer Screening</strong></td>
<td>CMS Web Interface</td>
<td>Preventive Care</td>
</tr>
<tr>
<td>Quality ID #438</td>
<td><strong>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</strong></td>
<td>CMS Web Interface</td>
<td>Management of Chronic Conditions</td>
</tr>
<tr>
<td>Quality ID # 370</td>
<td><strong>Depression Remission at Twelve Months</strong></td>
<td>CMS Web Interface</td>
<td>Treatment of Mental Health</td>
</tr>
</tbody>
</table>
Annual Wellness Visits

• All Medicare beneficiaries should receive an Annual Wellness Visit as an important component to their overall health; This is an annual benefit to Medicare patients, but is not a physical exam.

• Trinity Health Mid-Atlantic Regional goal of 50% for 2021, achieved through a 20% improvement at practice level;
  - Data available at the ACO level, Practice level, and Provider level;
  - **2020 Performance:**
    - QHA: 42.16%
    - MAC: 33.5%
    - DCC: 17.67%

• How to Improve- Partner with your quality resource:
  - QHA: Karen MacAinsh, RN
  - MAC: Alicia Irving
  - DCC: Debra Campbell
  - Regional Toolkit developed:
    - **Education and tools available for elements of AWV, coding, ACP during AWV**
    - G-Codes reimbursable via telehealth under Public Health Emergency
Annual Wellness Visit Performance Across the Region

QHA: 42.16%

MAC: 33.5%

DCC: 17.67%
# Importance of HCC Risk Adjustment Coding

HCC Coding is important to capture the risk of your patients appropriately.

One-pager developed for your offices.

Please utilize as you code for the highest level of specificity.

### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Stage</th>
<th>Severity</th>
<th>GFR Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>N18.1</td>
<td>Stage 1</td>
<td>Normal</td>
<td>GFR &gt; 90 ml</td>
</tr>
<tr>
<td>N18.2</td>
<td>Stage 2</td>
<td>Mild</td>
<td>GFR 60-89 ml</td>
</tr>
<tr>
<td>N18.3</td>
<td>Stage 3</td>
<td>Moderate</td>
<td>GFR 30-59 ml</td>
</tr>
<tr>
<td>N18.4</td>
<td>Stage 4</td>
<td>Severe</td>
<td>GFR 15-29 ml</td>
</tr>
<tr>
<td>N18.5</td>
<td>Stage 5</td>
<td>Kidney Failure</td>
<td>GFR &lt; 15 ml</td>
</tr>
<tr>
<td>N18.6</td>
<td>Stage 5</td>
<td>End Stage Renal Disease</td>
<td>Requiring chronic dialysis or transplant</td>
</tr>
</tbody>
</table>

### Chronic Obstructive Pulmonary Disease

**Important to Document**
- **J44.0 COPD with acute lower respiratory infection**
- **J44.1 COPD with acute exacerbation**
- **J44.9 COPD unspecified**

Use additional reporting code when applicable - tobacco use (Z72.0), tobacco dependence (F17.0), history of tobacco dependence (Z87.91), exposure to environment tobacco smoke (Z77.22).

### Diabetes

**Type 1**
- E10.21
- E10.22
- E10.29
- E10.40
- E10.42
- E10.43
- E10.50
- E10.62
- E10.64
- E10.68

**Type 2**
- E11.21
- E11.22
- E11.29
- E11.40
- E11.42
- E11.43
- E11.50
- E11.82
- E11.85
- E11.69

**Description**
- DM w/ Diabetic Nephropathy
- DM w/ Chronic Kidney Disease
- DM w/ other Diabetic Kidney Compl
- DM w/ Diabetic Neuropathy, unsp
- DM w/ Diabetic Polyneuropathy
- DM w/ Diabetic Autonomic (poly) Nervo
- DM w/ other Circulatory Compl
- DM w/ Foot Ulcer
- DM w/ Hypertension
- DM w/ other Specific Compl

**Yearly screenings**
- A1C, retinal eye exam, nephropathy

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**Chronic Conditions**

**NEED TO BE ADDRESSED ONCE A YEAR**
- Artificial Opening (ostomy) - Z83.9
- HIV Status - Z21
- Insulin dependent (type II) - Z79.4
- Lower Leg Amputee - Z39.4 / Z39.9
- Noncompliant with Renal Dialysis - Z91.15
- Respirator Dependence - Z99.11
- Renal Dialysis - Z95.2
- Tracheostomy - Z93.0

**Congestive Heart Failure**

**Important to Document**
- Acuity - Acute, Chronic, Acute on Chronic
- Type - Diastolic, Systolic, Combined systolic and diastolic
- Due to or associated with - Cardiac or other surgery, Hypertension, Valvular disease, Rheumatic heart disease (Endocarditis, Pericarditis, Myocarditis), Other
- ISO 1 Left Ventricular Failure
- ISO 21 Acute Systolic CHF
- ISO 22 Chronic Systolic CHF
- ISO 23 Acute on Chronic Systolic CHF
- ISO 31 Acute Diastolic CHF
- ISO 32 Chronic Diastolic CHF
- ISO 33 Acute on Chronic Diastolic CHF
- ISO 41 Acute combined Systolic and Diastolic CHF
- ISO 42 Chronic combined Systolic and Diastolic CHF
- ISO 43 Acute on Chronic combined Systolic and Diastolic CHF

**Major Depressive Disorder**

**Important to Document**
- Episode - single episode or recurrent
- Severity - mild, moderate, severe with or without psychotic features
- Clinic Status of Current Episode - partial or full remission
- F32.0 MDD, single episode, mild
- F32.1 MDD, single episode, moderate
- F32.2 MDD, single episode, severe w/o psychotic episodes
- F33.0 MDD, recurrent, mild
- F33.1 MDD, recurrent, moderate
- F33.2 MDD, recurrent, severe w/o psychotic episodes
- F34.2 MDD, recurrent, partial remission
- F34.3 MDD, recurrent, full remission
- Use PHQ-9 to aid in identifying severity level

**Trinity Health Mid-Atlantic**
# CPT II Codes for CMS 2021 Quality Measures

## Diabetes Hemoglobin A1c

<table>
<thead>
<tr>
<th>HbA1c Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 7.0%</td>
<td>3044F</td>
</tr>
<tr>
<td>≥ but &lt; 8</td>
<td>3051F</td>
</tr>
<tr>
<td>≥ 8 – 9</td>
<td>3052F</td>
</tr>
<tr>
<td>&gt; 9</td>
<td>3046F</td>
</tr>
</tbody>
</table>

## Screening for Depression

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3725F</td>
</tr>
</tbody>
</table>

## Controlling High Blood Pressure

<table>
<thead>
<tr>
<th>Blood Pressure Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic &lt; 130</td>
<td>- 3074F</td>
</tr>
<tr>
<td>Systolic between 130-139</td>
<td>- 3075F</td>
</tr>
<tr>
<td>Systolic ≥ 140</td>
<td>- 3077F</td>
</tr>
<tr>
<td>Diastolic &lt; 80</td>
<td>- 3078F</td>
</tr>
<tr>
<td>Diastolic between 80-89</td>
<td>- 3079F</td>
</tr>
<tr>
<td>Diastolic ≥ 90</td>
<td>- 3080F</td>
</tr>
</tbody>
</table>
Quality, Practice Transformation, and Care Management Update

Allison Patzek, MSN RN CCRN-K
Director of Ambulatory Care Coordination, North Region
WHAT IS AMBULATORY CARE COORDINATION OR CARE MANAGEMENT?
Ambulatory Care Coordination takes a patient-centered approach to delivering high quality care in the community. Our goal is to improve health outcomes while providing exceptional patient and provider experiences along with reducing unnecessary or avoidable utilization.

WHO IS INVOLVED IN MY PATIENT’S CARE?
Multiple disciplines can be involved in the patient’s care depending on the individual's needs. Our teams across the region consist of RNs, MSWs, behavioral health specialists, community health workers, pharmacist and post-acute care liaisons along with numerous community agency partnerships.

HOW CAN THIS PROGRAM SUPPORT THE PRACTICE?
We are your practice support team and available to manage the needs of your patients through coordination of care, chronic disease management, and addressing social/behavioral health needs including social determinates of health. We can meet with your practice team to review new programs and patient cases. Providing referrals to rising risk patients, and those with immediate needs, is essential to meeting the goals of the program, but largely underutilized. Our team strongly encourages referrals.
Care Coordination Leads

HOW CAN I REFER MY PATIENTS?
To refer patients to our FREE program, please call or email your care manager or program director.

Rhonda Meredith, BSN, RN, CCM  
Director of ACO Care Coordination, Delaware Care Collaboration  
rmeredith@che-east.org, 302.575.8313

Tanya Vogel, MSN, RN  
Director of Acute and Ambulatory Care Integration,  
Mercy Catholic Medical Center and Mercy Accountable Care  
tanya.vogel001@mercyhealth.org, 610.237.4541

Allison Patzek, MSN, RN, CCRN-K  
Director of Ambulatory Care Coordination, North Region and Quality Health Alliance  
allison.patzek@stmaryhealthcare.org, 215.710.4747
# THMA Post-Acute Care Regional Structure

<table>
<thead>
<tr>
<th>THMA North Region</th>
<th>THMA South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary Medical Center</td>
<td>Nazareth Hospital</td>
</tr>
<tr>
<td>Mercy Fitzgerald</td>
<td>St. Francis Hospital</td>
</tr>
<tr>
<td>Quality Health Alliance (QHA)</td>
<td>Mercy Accountable Care (MAC)</td>
</tr>
<tr>
<td>Mercy Accountable Care (MAC)</td>
<td>Delaware Care Collaborative (DCC)</td>
</tr>
<tr>
<td>PAC Liaison</td>
<td>PAC Liaison</td>
</tr>
<tr>
<td>PAC Liaison</td>
<td>PAC Liaison</td>
</tr>
<tr>
<td>Lila Solomon</td>
<td>Lila Solomon</td>
</tr>
<tr>
<td>Susan Russo</td>
<td>Cathy Rowe</td>
</tr>
</tbody>
</table>

## Comprehensive Expertise:
- RN/SW
- Utilization Management
- Disease Management
- Palliative Care / Hospice Certified
- Denials / Appeals
- Acute Care / Ambulatory Care / Home Health Care
- Case Management Certification
- Masters in Therapies
Post-Acute Care Strategy

• Partners with Post-Acute care facilities, agencies and providers to improve care transitions and escalate care redesign opportunities;
• Works closely in readmission review work to improve patient outcomes;
• Adheres to best practices in patient discharge preparation and assuring appropriate follow up care is arranged when returning to the community from skilled care facilities;
• Assists our Network Providers with direct admissions to skilled care from the community when appropriate.
Ambulatory Care Pharmacist Update

Dr. Naomi McMackin
Chief Medical Officer
Quality Health Alliance
Meet Our Pharmacy Team

**Kristina Mazzie**

Graduated from Saint Bonaventure University in Olean, NY in with a bachelor’s degree in Biology. She completed her doctorate degree in Pharmacy from Lake Erie College of Osteopathic Medicine in Erie, PA. Kristina also completed a pharmacy practice residency at Frederick Memorial Hospital in Frederick, MD with a focus on acute care medicine. She has more than 10 years of experience in the field of acute, transitional, long term, and ambulatory care. Her professional interests include comprehensive medication management, motivational interviewing and medication counseling.

*Email: kristina.mazzie@mercyhealth.org*

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**Rohit Moghe**

Earned his bachelor’s in Physiology from Penn State University, doctorate in Pharmacy from University of Illinois in Chicago and master’s in Public Health from Thomas Jefferson University. Rohit has more than 19 years of experience in large academic health systems, with added expertise across vast areas of care delivery from acute and critical care, to rehabilitation, long-term care, and federally qualified health centers (FQHCs). Prior to his arrival at QHA, Rohit coordinated pharmacotherapy consult services at his previous institution as part of a geriatric trauma program.

*Email: rohit.moghe@stmaryhealthcare.org*
Ambulatory Care Pharmacist: The Triple Aim

• Has the advanced knowledge and expertise to focus on the special needs of populations who have chronic illnesses and take medications.
• Integrates care of acute illnesses and exacerbations in the context of chronic conditions, specializing in transition of care management.
• Educates and engages patients in health promotion and wellness
• Advocates for access and affordability of medications while also being champions of best practice in appropriate prescribing.
• Key to achieving success in quality measures: adherence, Hgb A1c control, HTN control & depression.
• Resource to providers and practice staff with rapidly changing landscape
Ambulatory Care Pharmacist: The Patient

- Provides long term patient follow up and develops sustained partnerships with providers across the continuum, caregivers and community-based resources.
- Helps to manage patients in between provider visits, checking vitals, monitoring adherence, and educating patients on the importance of taking their medications as directed.
Statin Use In Persons with Diabetes (SUPD)

- Statin use is mandated for diabetic patients to lower the risk of myocardial infarction, cerebrovascular accident and cardiovascular death.
- Statin use has been proven to help lower primary and secondary risk by at least 20 – 27%.
- For patients with diabetes aged 40 – 75 years without ASCVD, regardless of current LDL levels, use moderate-intensity statin therapy in addition to lifestyle therapy.
- There are several contraindications allowed for this measure (if coded appropriately in the chart): Hospice, ESRD, rhabdomyolysis/myopathy, pregnancy/lactation, liver disease/cirrhosis, and pre-diabetes.
- For patients of all ages with diabetes and ASCVD, high-intensity statin therapy should be added to lifestyle therapy.

High-Intensity Statin Therapy

- Daily dose lowers LDL on average by ≥ 50%
- **Atorvastatin** 40 – 80 mg
- **Rosuvastatin** 20 – 40 mg

Moderate-Intensity Statin Therapy

- Daily dose lowers LDL on average by approximately 30 – 49%
- **Atorvastatin** 10 – 20 mg
- **Rosuvastatin** 5 – 10 mg
- **Simvastatin** 20 – 40 mg
- **Pravastatin** 40 – 80 mg
- **Lovastatin** 40 mg
- **Fluvastatin XL** 80 mg
- **Fluvastatin** 40 mg BID
- **Pitavastatin** 2 – 4 mg

American Diabetes Association (ADA). Standards of Medical Care in Diabetes—2021 Abridged for Primary Care Providers. clinical.diabetesjournals.org/content/diabclin/early/2020/12/02/cd21-as01.full.pdf
THMA Regional Service Line Update

Carol Fluegge, MBA, MSN, MA, RN
THMA Regional Vice President Clinical Service Lines
THMA Service Line Team

Carol Fluegge  
Regional VP Service Lines

Nicole Yerger  
Regional Director  
Surgical & GI Service Lines

Perry Miller  
Regional Director  
Heart & Vascular Service Lines

Kathleen Price  
Executive Assistant

Open Position  
Regional Director  
Oncology Service Lines
Service Line Team Contact information

Carol Fluegge, THMA Regional VP Clinical Service Lines
  610-613-5684
  cfluegge@mercyhealth.org

Nicole Yerger, THMA Regional Director Surgical & GI Service Lines
  610-781-3809
  nyerger@mercyhealth.org

Perry Miller, THMA Regional Director Health & Vascular Service Lines
  609-315-0234
  perry.miller@trinity-health.org

Kathy Price, Executive Assistant, Service Lines
  610-886-6712
  kprice@trinity-health.org
Service Line Development / Growth

- Community Health & Well-Being
- Hospital Operations
- MGPS Operations
- Mission
- Strategy
- Marketing
- Business Development/Outreach
- Finance/Reimbursement Managed Care
- Clinically Integrated Network/ACO
THMA Neurosciences
Neurosciences Highlights

• **THMA:**
  - Regional MSA with Global Neurosciences Institute (GNI) for the provision of Neurosciences across the region
  - Dr. Erol Veznedaroglu, FACS, FAANS, FAHA
  - Dr. Mandy Binding, FAANS, Medical Director Stroke Program
  - Tele-stroke coverage at all 4 hospitals 24/7/365, as well as tele-stroke tablet/platform to support coverage
Neurosciences Highlights

**St. Mary Medical Center:**

- Stroke Center of Excellence
- Neuro-hospitalist and Stroke Alert coverage 24/7/365
- Neurosurgery presence
  - Neuro-Trauma: Princeton Brain and Spine
  - Neurosurgery: GNI
    - Neuro-Oncology
    - Neuro-Vascular
    - Carotid Endarterectomies
- Coverage/interpretation for OP EEG’s
- Neuropsychology services offered at St. Mary Rehab
- OP office in SMMC MOB for the following:
  - General Neurology
  - Specialty Neurology
  - Neurosurgery
  - Neuropsychology
Neurosciences Highlights

- **Nazareth Hospital**
  - Stroke Center of Excellence
  - Neuro-hospitalist and Stroke Alert coverage 24/7/365
  - Neurosurgery
    - Carotid Endarterectomy

- **St. Francis Healthcare**
  - Stroke Center of Excellence
  - Neuro-hospitalist and Stroke Alert coverage 24/7/365

- **Mercy Fitzgerald Hospital**
  - Stroke Center of Excellence
  - Neuro-hospitalist and Stroke Alert coverage 24/7/365
  - Neurosurgery coverage with GNI
    - Spine
    - Neuro-Oncology
    - Neuro-Vascular
  - Neurology OP Office in MOB
  - In process for lease for OP session time for Neurosurgery in the MOB
MEET OUR PHYSICIANS

844.464.6387 | gnineuro.org

Global Neurosciences Institute is an extraordinarily innovative team of the most highly trained and skilled neurosurgeons, neurologists and researchers. We are 100 percent committed to eliminating barriers between narrowly focused medical specialties to enable holistic, collaborative, patient-centered care.

We’re improving treatment by inventing new therapies and pioneering new surgical techniques. We cultivate true patient-doctor relationships. Ours is an intimate, deliberate and coordinated team approach to neurological health, keeping each patient at the forefront no matter the resources and effort required. We are changing lives and transforming health care.

OUR NEUROSURGEONS

- **Erol Veznedaroglu, MD, FACS, FAANS, FAHA**
  Director, Neurosciences
  Cerebrovascular
  Normal Pressure Hydrocephalus (NPH)
  Chiari Malformation

- **Kenneth M. Liebman, MD, FACS, FAANS**
  Director, Endovascular Neurosurgery & Critical Care
  Cerebrovascular
  Trigeminal Neuralgia

- **Mandy J. Binning, MD, FAANS**
  Director, Neurosurgery and Comprehensive Stroke Program
  Cerebrovascular
  Peripheral Nerve

- **Efkan Colpan, MD**
  Brain, Spine

- **Zakaria Hakma, MD, FACS, FAANS**
  Director, Minimally Invasive Spine Program
  Cerebrovascular
  Peripheral Nerve
  Spine

- **Tina C. Loven, DO**
  Director, Pediatric Neurosurgery
  Pediatric

- **Scott Strenger, MD, FACS, FAANS**
  Spine, Brain

- **Atom Sarkar, MD, PhD, FAANS**
  Director, Stereotactic, Functional and Epilepsy Surgery
  Deep Brain Stimulation
  Epilepsy
  Parkinson’s Disease
  Spine
OUR NEUROLOGISTS & SPECIALISTS

G. Peter Gliebus, MD, FAAN
Director, Cognitive Disorders Center
Alzheimer’s Disease/Cognitive Disorders
Behavioral Neurology
Concussion/Brain Injury

K. Greenberg, DO, FACOEP
Director, Neurologic Emergency Department
Neuro Emergency Medicine

Karen Greenberg, DO, FACOEP
Director, Neurologic Emergency Department
Neuro Emergency Medicine

Curtis Allumbaugh, MD

Kathryn Lester, PsyD, ABPP
Director, Neuropsychology Program
Neuropsychology

S. Ausim Azizi, MD, PhD, FANA, FAAN
Director, Neurology Program
General Neurology

Stanislav Naydin, MD, PharmBS

Craig Bogen, MD

Paul Shneidman, MD

Jennifer L. Gallo, PhD
Neuropsychology

David H. Sirken, DO, FANA, FACP
Director, Neuro-Hospitalist

Jill M. Giordano Farmer, DO, MPH
Director, Parkinson’s Disease and Movement Disorders Program
Parkinson’s Disease/Movement Disorders

Patrick Sullivan, DO
Neuro Emergency Medicine

Natalie Gofman, PharmD, BCPS, BCCC
Director, Neuro-Pharmacology Program
Neuro-Pharmacology

Krikor Tufenkjian, MD
Director, Neuropsychology Program
Neuromuscular Disorders/EMG EEG
# Patient Referral Guide

**GLOBAL NEUROSCIENCES INSTITUTE**

**PATIENT REFERRAL GUIDE**

844-GNI-NEURO (844-464-6387)
gnineuro.org

## NEUROSURGEONS

- Erol Vezezdaroglu, MD, FACS, FAANS, FAHA
- Kenneth M. Liebman, MD, FACS, FAANS
- Mandy J. Binning, MD, FAANS
- Zakaria Hakma, MD, FACS, FAANS
- Hirad S. Hedaya, MD
- Tina C. Loven, DO
- Atom Sarkar, MD, PhD, FAANS
- Scott W. Streger, MD, FACS, FAANS
- Jonathan G. Thomas, MD, FAANS

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<th>Disorder</th>
<th>Neurosurgeon</th>
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<td>Acoustic Neuroma</td>
<td>Erol Vezezdaroglu, MD</td>
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<td>Carotid Stenosis</td>
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<td>Normal Pressure Hydrocephalus (NPH)</td>
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<td>Skull Base Tumor</td>
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<td>Chiari Malformation</td>
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<tr>
<td>Trigeminal Neuralgia</td>
<td>Neurosurgery</td>
</tr>
</tbody>
</table>

## NEUROLOGISTS*

- Alzheimer's Disease/Cognitive Disorders/Memory Disorders
  - G. Peter Gliebus, MD, FAAN
- Epilepsy (Seizures)
  - Krikor Tufenkjian, MD
- General Neurology
  - S. Ausim Azizi, MD, PhD, FANA, FAAN
  - Krikor Tufenkjian, MD
- Behavioral Neurology
  - G. Peter Gliebus, MD, FAAN
- Parkinson's Disease/Movement Disorders
  - Jill M. Farmer, DO, MPH
- Concussion/Brain Injury
  - G. Peter Gliebus, MD, FAAN
- Neuromuscular Disorders/EMG
  - Krikor Tufenkjian, MD

*Neurologists marked with an asterisk (*) have additional certifications.

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Questions, Discussion and Adjournment

Thank you for joining us this evening.

Next meeting – Fall 2021