



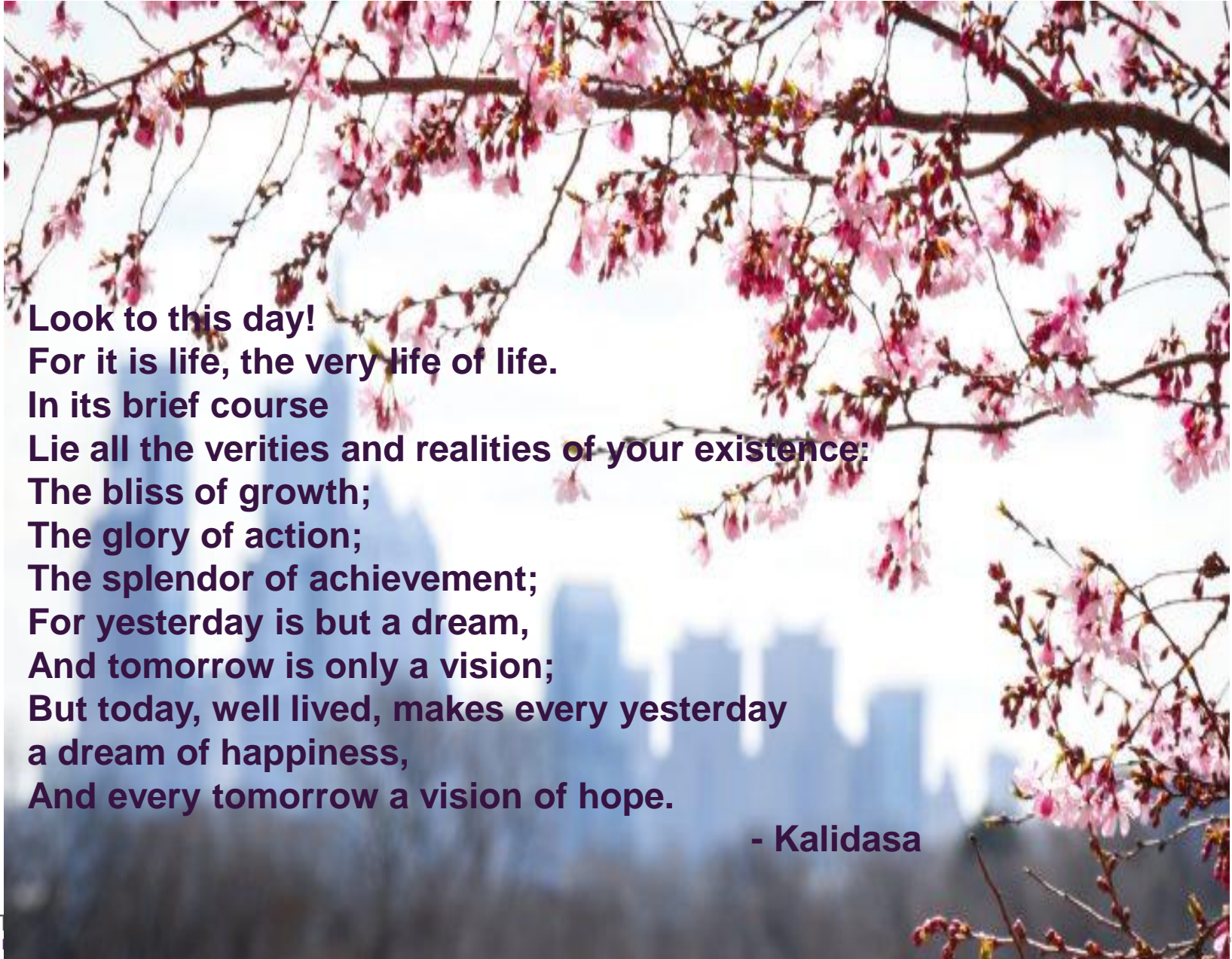
Trinity Health
Mid-Atlantic

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

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



Trinity Health
Mid-Atlantic

Clinically
Integrated Network

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

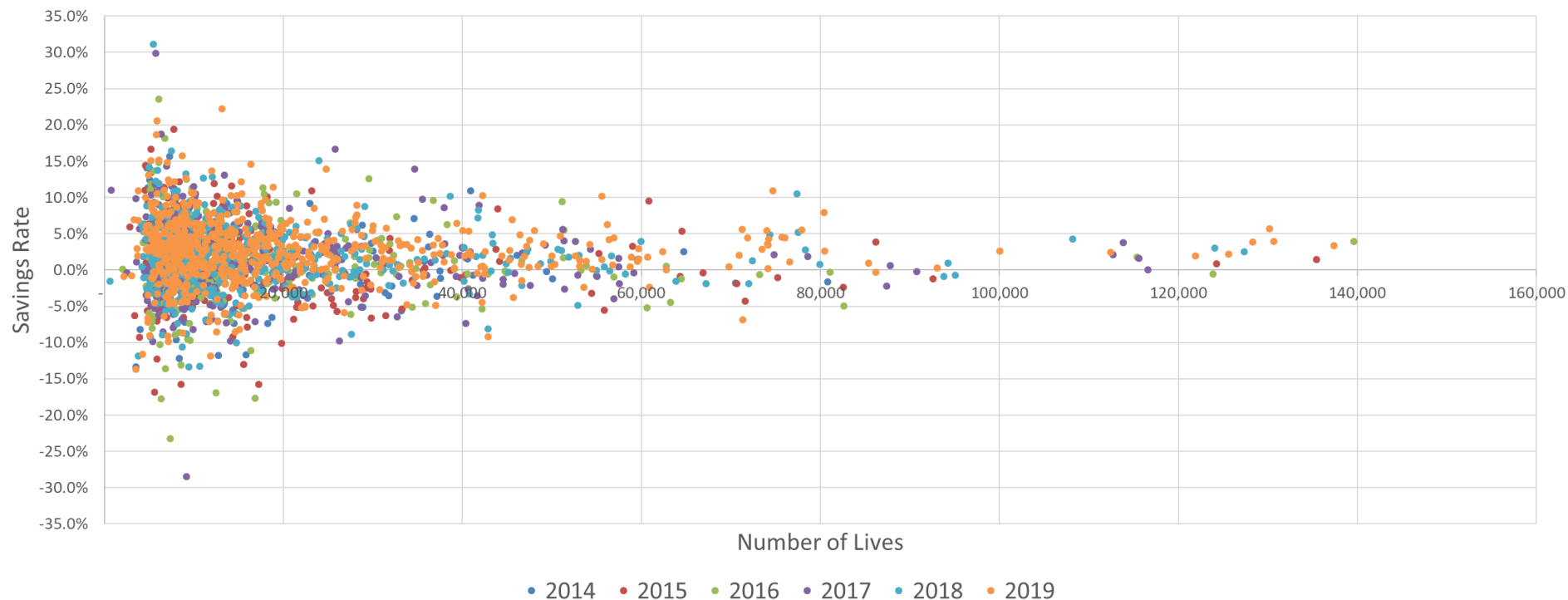


Trinity Health Integrated Care LLC

- *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 (Conshohocken, 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

All MSSP ACOs Membership and Savings Rate, 2014-2019



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/>*

oscar

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



Trinity Health
Mid-Atlantic

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:

ACO	Successes	Opportunities
QHA	<ul style="list-style-type: none">• Falls Screening (CARE-2) – 96.08%• HbA1c Poor Control (DM-2) – 15.38% **inverse measure**	<ul style="list-style-type: none">• Depression Screening & F/U (Prev-12) – 71.58%• High Blood Pressure Control (HTN-2) – 75.22%
MAC	<ul style="list-style-type: none">• Falls Screening (CARE-2) – 85.19%• Statin Therapy for CVD (PREV-13) – 84.51%	<ul style="list-style-type: none">• CRC Screening (PREV-6) – 58.82%• Depression Screening & F/U (Prev-12) – 64.91%
DCC	<ul style="list-style-type: none">• Falls Screening (CARE-2) – 96.00%• Preventive Care and Screening: Influenza Immunization – 95.78%	<ul style="list-style-type: none">• Hypertension (HTN): Controlling High Blood Pressure – 72.76%• Colorectal Cancer Screening – 79.49%

- 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

2021 Quality Metrics (Same as 2020, still reporting via Web Interface/GPRO)



Measure #	Measure Title	Collection Type	Meaningful Measure Area
Quality ID # 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Experience
Quality ID # 479	Hospital Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	Admissions & Readmissions
Quality ID#: 480	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	Admissions & Readmissions
Quality ID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	Management of Chronic Conditions
Quality ID # 134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS Web Interface	Treatment of Mental Health
Quality ID # 236	Controlling High Blood Pressure	CMS Web Interface	Management of Chronic Conditions
Quality ID # 318	Falls: Screening for Future Fall Risk	CMS Web Interface	Preventable Healthcare Harm
Quality ID # 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	Preventive Care
Quality ID # 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	Prevention and Treatment of Opioid & Substance Abuse Disorders
Quality ID # 113	Colorectal Cancer Screening	CMS Web Interface	Preventive Care
Quality ID # 112	Breast Cancer Screening	CMS Web Interface	Preventive Care
Quality ID #438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	Management of Chronic Conditions
Quality ID # 370	Depression Remission at Twelve Months	CMS Web Interface	Treatment of Mental Health

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

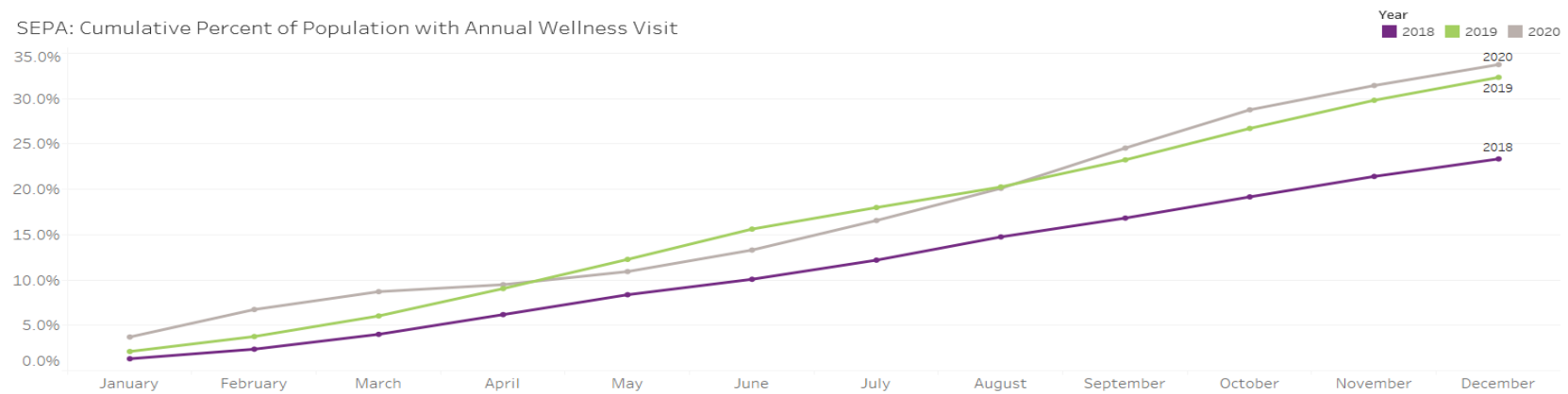
2020 Performance:

Langhorne: Cumulative Percent of Population with Annual Wellness Visit



QHA: 42.16%

SEPA: Cumulative Percent of Population with Annual Wellness Visit



MAC: 33.5%

Wilmington: Cumulative Percent of Population with Annual Wellness Visit



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

Most Effective Way to Document – MEAT!

M Monitor - signs, symptoms, disease progression, disease regression
E Evaluate - test results, medication effectiveness, response to treatment
A Assess/Address - ordering tests, discussion, review records, counseling
T Treat - medications, therapies, other modalities

CHRONIC CONDITIONS

NEED TO BE ADDRESSED ONCE A YEAR

Artificial Opening (ostomy) – Z93.9
 HIV Status – Z21
 Insulin dependent (if type II) – Z79.4
 Lower Limb Amputee – Z89.4 / Z89.5
 Noncompliant with Renal Dialysis – Z91.15
 Respirator Dependence – Z99.11
 Renal Dialysis – Z99.2
 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
I50.1 Left Ventricular Failure
I50.21 Acute Systolic CHF
I50.22 Chronic Systolic CHF
I50.23 Acute on Chronic Systolic CHF
I50.31 Acute Diastolic CHF
I50.32 Chronic Diastolic CHF
I50.33 Acute on Chronic Diastolic CHF
I50.41 Acute combined Systolic and Diastolic CHF
I50.42 Chronic combined Systolic and Diastolic CHF
I50.43 Acute on Chronic combined Systolic and

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
F32.4 MDD, single episode, partial remission
F32.5 MDD, single episode, full remission
F32.40 MDD, recurrent, remission, unspecified
F32.41 MDD, recurrent, partial remission
F33.42 MDD, recurrent, full remission
 Use PHQ-9 to aid in identifying severity level

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.-), history of tobacco dependence (Z87.891), exposure to environment tobacco smoke (Z77.22)

CHRONIC KIDNEY DISEASE

Important to Document

Stage – 1-5 and ESRD
Type – Acute or Chronic
Status of Condition – stable, worsening, ect
Underlying Cause (if known) – Hypertension, Diabetes
 Use linking terminology "Stage 4 CKD due to diabetes", "diabetic nephropathy"
Dialysis Status

ICD-10	Stage	Severity	GFR Value
N18.1	Stage 1	Normal	GFR > 90 ml
N18.2	Stage 2	Mild	GFR 60-89 ml
N18.3	Stage 3	Moderate	GFR 30-59 ml
N18.4	Stage 4	Severe	GFR 15-29 ml
N18.5	Stage 5	Kidney Failure	GFR < 15 ml
N18.6	Stage 5	End Stage Renal Disease	Requiring chronic dialysis or transplant

DIABETES

Important to document

Type – 1 or 2
Control – controlled, poorly controlled, uncontrolled, out of control
Specify Complications w/ linking verbiage – "caused by", "due to", "with", "secondary to"
Insulin Use Insulin Use (Z79.4)

Type 1	Type 2	Description
E10.21	E11.21	DM w/ Diabetic Nephropathy
E10.22	E11.22	DM w/ Chronic Kidney Disease
E10.29	E11.29	DM w/ other Diabetic Kidney Compl
E10.40	E11.40	DM w/ Diabetic Neuropathy, unsp
E10.42	E11.42	DM w/ Diabetic Polyneuropathy
E10.43	E11.43	DM w/ Diabetic Autonomic (poly) Nuero
E10.59	E11.59	DM w/ other Circulatory Complication
E10.621	E11.621	DM w/ Foot Ulcer
E10.65	E11.65	DM w/ Hyperglycemia
E10.69	E11.69	DM w/ other Specific Complication

Yearly screenings - A1C, retinal eye exam, nephropathy

CPT II Codes for CMS 2021 Quality Measures

Diabetes Hemoglobin A1c

HbA1c level < 7.0%	3044F	HbA1c level 8 – 9	3052F
HbA1c level \geq but < 8	3051F	HbA1c level > 9	3046F

Screening for Depression

3725F

Controlling High Blood Pressure

Systolic < 130	- 3074F	Diastolic < 80	- 3078F
Systolic between 130-139	- 3075F	Diastolic between 80-89	- 3079F
Systolic \geq 140	- 3077F	Diastolic \geq 90	- 3080F



Trinity Health
Mid-Atlantic

Quality, Practice Transformation, and Care Management Update

Allison Patzek, MSN RN CCRN-K

Director of Ambulatory Care Coordination,
North Region

Care Plan Barrier?

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

THMA North Region		THMA South Region	
St. Mary Medical Center	Nazareth Hospital	Mercy Fitzgerald	St. Francis Hospital
Quality Health Alliance (QHA)	Mercy Accountable Care (MAC)	Mercy Accountable Care (MAC)	Delaware Care Collaborative (DCC)
PAC Liaison	PAC Liaison	PAC Liaison	PAC Liaison
Lila Solomon	Lila Solomon	Susan Russo	Cathy Rowe

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.



Trinity Health
Mid-Atlantic

Ambulatory Care Pharmacist Update

Dr. Naomi McMackin
Chief Medical Officer
Quality Health Alliance

Trinity Health Mid-Atlantic Network NEWS

Meet Our Pharmacy Team



**Kristina Mazzie, PharmD,
Mercy ACO Population
Health Pharmacist**

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

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



**Rohit Moghe, PharmD, MSPH,
CDCES, Ambulatory Care &
Population Health Clinical
Pharmacist and Certified
Diabetes Care & Education
Specialist (CDCES)**

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

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

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

Provider Resources

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/diaclin/early/2020/12/02/cd21-as01.full.pdf



Trinity Health
Mid-Atlantic

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



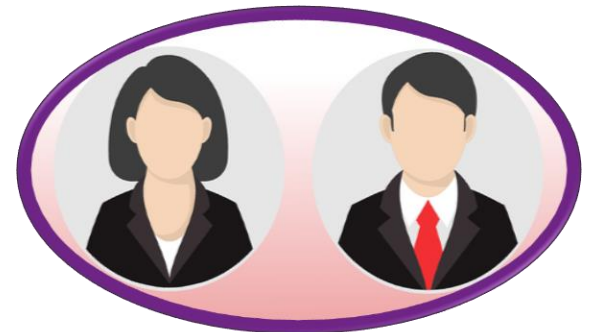
Nicole Yerger
Regional Director
Surgical & GI Service Lines



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

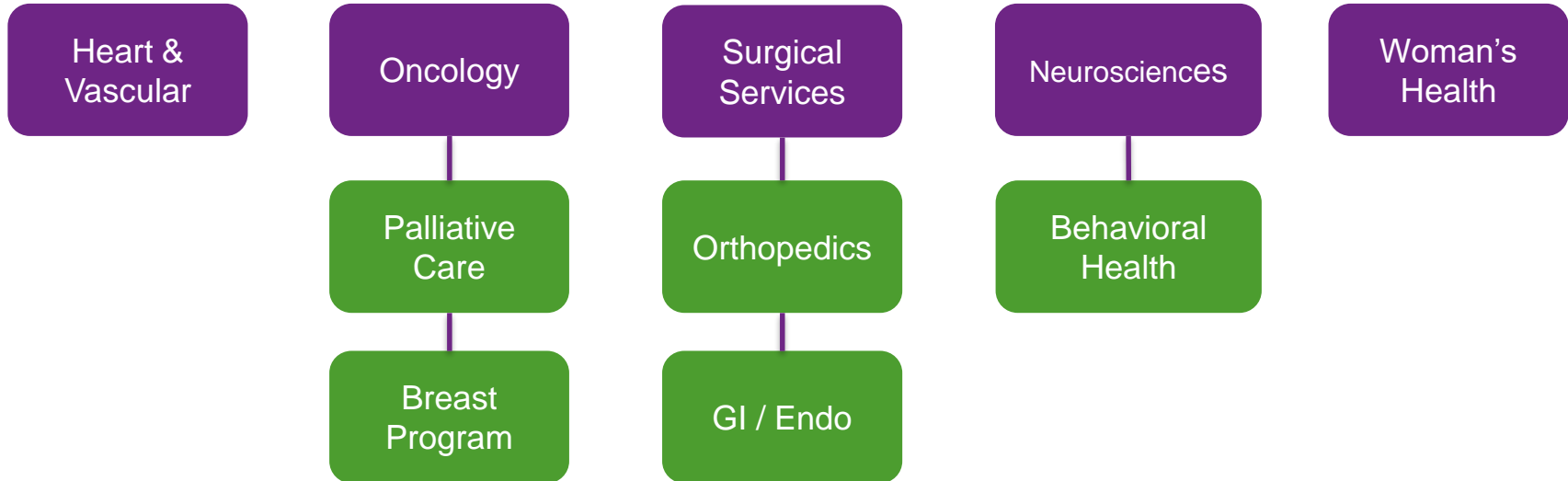
perry.miller@trinity-health.org

Kathy Price, Executive Assistant, Service Lines

610-886-6712

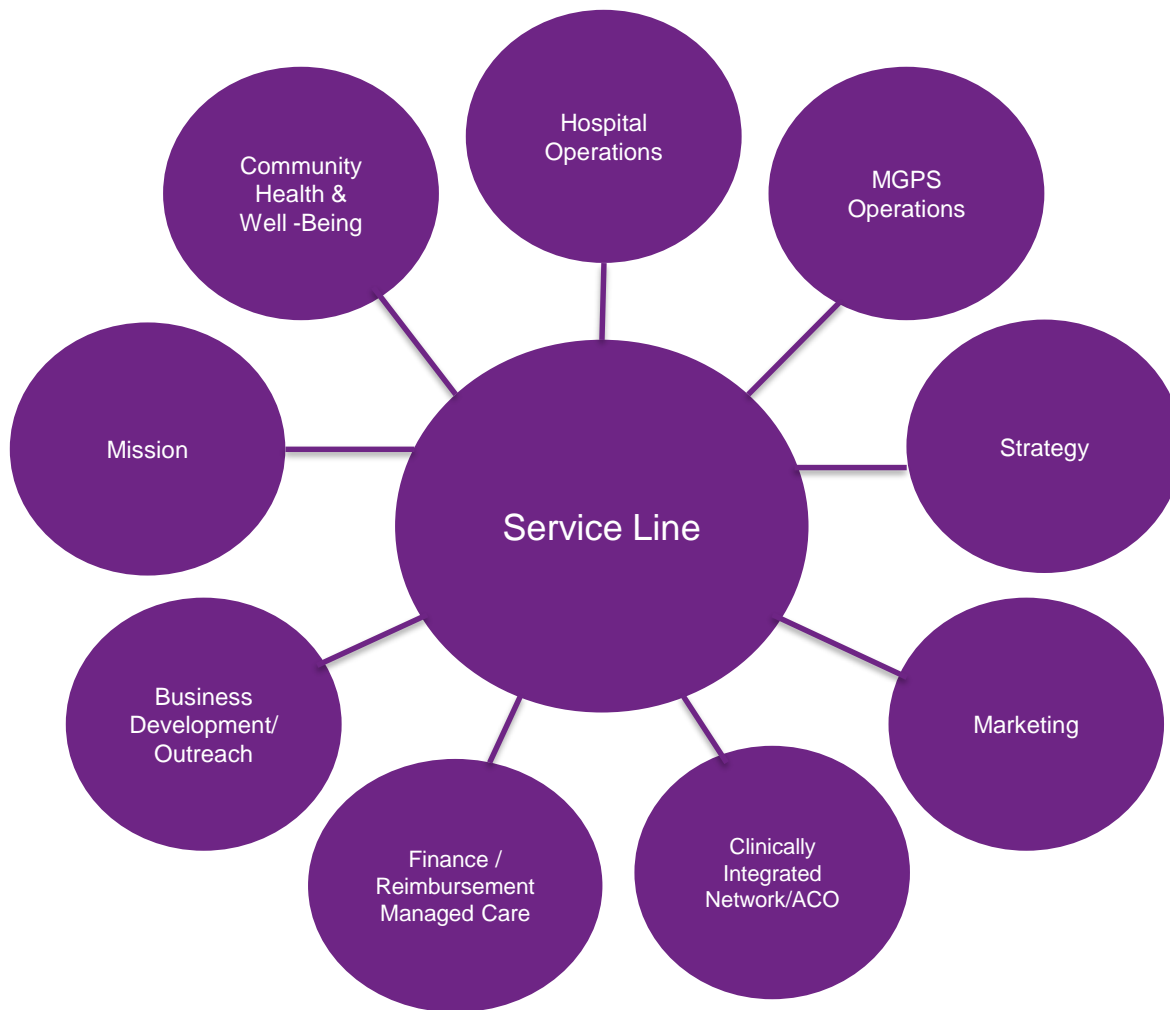
kprice@trinity-health.org

Trinity Health Mid-Atlantic Service Lines





Service Line Development / Growth



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 | g9neuro.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*



Efkam 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*



Curtis Allumbaugh, MD



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

General Neurology



Craig Bogen, MD



Jennifer L. Gallo, PhD

Neuropsychology



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

*Parkinson's Disease/
Movement Disorders*



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

Neuro-Pharmacology



Karen Greenberg, DO, FACOEP
Director, Neurologic Emergency Department

Neuro Emergency Medicine



Kathryn Lester, PsyD, ABPP
Director, Neuropsychology Program

Neuropsychology



Stanislav Naydin, MD, PharmBS



Paul Shneidman, MD



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



Patrick Sullivan, DO

Neuro Emergency Medicine



Krikor Tufenkjian, MD
Director, Neurophysiology Program

*Neuromuscular Disorders/EMG
EEG*

Patient Referral Guide



GLOBAL NEUROSCIENCES INSTITUTE
CLINICAL EXCELLENCE | RESEARCH | INNOVATION

PATIENT REFERRAL GUIDE

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

NEUROSURGEONS

Erol Veznedaroglu, MD, FACS, FAANS, FAHA | Kenneth M. Liebman, MD, FACS, FAANS
Mandy J. Binning, MD, FAANS | Zakaria Hakma, MD, FACS, FAANS | Hiran S. Hedayat, MD | Tina C. Loven, DO
Atom Sarkar, MD, PhD, FAANS | Scott W. Strenger, MD, FACS, FAANS | Jonathan G. Thomas, MD, FAANS

- | | | |
|--|--|---|
| <input type="checkbox"/> Acoustic Neuroma | <input type="checkbox"/> Brain Aneurysm/AVM | <input type="checkbox"/> Brain Tumor |
| <input type="checkbox"/> Carotid Stenosis | <input type="checkbox"/> Chiari Malformation | <input type="checkbox"/> Kyphoplasty |
| <input type="checkbox"/> Normal Pressure Hydrocephalus (NPH) | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pituitary Tumor |
| <input type="checkbox"/> Skull Base Tumor | <input type="checkbox"/> Spine (Operative/Non-operative) | <input type="checkbox"/> Spine Tumor |
| <input type="checkbox"/> Stereotactic Radiosurgery | <input type="checkbox"/> Stroke | <input type="checkbox"/> Trigeminal Neuralgia |

NEUROLOGISTS*

- | | | |
|---|---|---|
| <input type="checkbox"/> Alzheimer's Disease/Cognitive Disorders/Memory Disorders
G. Peter Giebus, MD, FAAN | <input type="checkbox"/> Epilepsy (Seizures)
Krikor Tufenkjian, MD | <input type="checkbox"/> Neuropsychology
Jennifer Gallo, PhD
Kathryn Lester, PsyD, ABPP-CN |
| <input type="checkbox"/> Behavioral Neurology
G. Peter Giebus, MD, | <input type="checkbox"/> General Neurology
S. Ausim Azizi, MD, PhD, FANA, FAAN
Krikor Tufenkjian, MD | <input type="checkbox"/> Parkinson's Disease/Movement Disorders
Jill M. Farmer, DO, MPH |
| <input type="checkbox"/> Concussion/Brain Injury
G. Peter Giebus, MD, FAAN | <input type="checkbox"/> Neuromuscular Disorders/EMG
Krikor Tufenkjian, MD | |

Questions, Discussion and Adjournment

Thank you for joining us this evening.

Next meeting – Fall 2021