How ProvenExperience™, Geisinger’s new patient-satisfaction program, is improving the healthcare experience — with a money-back guarantee.

“We want you to refer us to friends and family”

Which aspects of your care were outstanding?

Where did your experience go wrong?

We’re here to listen to your feedback.
In Every Issue

01 CEO's Welcome
A message from Geisinger President and CEO Dr. David Feinberg.

02 Research & Innovation
A sampling of groundbreaking discoveries by Geisinger researchers.

14 In Profile
Meet second-year resident Dr. Katie Roza, who navigates the deaf and hearing worlds as she masters the art and science of medicine.

Features

18 ProvenExperience™
An in-depth look at Geisinger’s new patient satisfaction program and its vision for outstanding patient care.
BY SARI HARRAR

28 After Pediatrics
An innovative Geisinger clinic provides a much-needed medical home for young adults with complex conditions.
BY ROBIN WARSHAW

36 A Prescription for Peace of Mind
How Geisinger pharmacists have become an integral part of caring for patients with chronic conditions.
BY SUSAN WORLEY

40 Modern-Day House Calls
Harnessing the power of paramedics to care for patients in their homes.
BY MAURA CICCARELLI

44 Community Engagement
Geisinger’s new partnership with The Primary Health Network to improve access to primary care.

46 Philanthropy Update
Centennial Campaign wrap-up.

50 My Turn
Chief Patient Experience Officer Greg Burke, MD, on how patients are often his best teachers.

52 Continuing Professional Development
Upcoming opportunities at Geisinger.

© Copyright 2016 Geisinger Health System. All rights reserved. Requests for permission to copy or redistribute any portion of this publication should be directed to Geisinger Magazine, 100 N. Academy Avenue, MC 40-20, Danville, PA 17822, or GeisingerMagazine@geisinger.edu.

We welcome your comments and feedback.

This is our first issue, and we want to hear your reactions to what you see here and what you’d like to see in future issues. Include your name, email address, city and state of residence and, if you are a Geisinger staff member or alumnus/a of our education programs, your current (or past) position(s) and the years that you worked or trained here. Submit letters to: GeisingerMagazine@geisinger.edu.
A large part of what drew me to Geisinger was everyone’s obvious dedication to treating each patient according to best practices — that is, care steps known to deliver the best outcomes. This dedication has earned Geisinger a national and even international reputation for innovation, quality and value. We use the word “proven” with so many of our programs because we know our patients are best served by care processes that are proven to work. It sounds obvious, right? But it takes great effort and focus to make sure we know what the best practices are, use them consistently and engage in research and innovation to figure out if there is an even better way.

Over this past year, as I have walked our hallways, visited patients in their rooms and checked in with frontline staff, I have noticed something else at Geisinger: a dedication to caring. By “caring” I mean much more than delivering medical procedures and treatments. I mean sitting down with patients and families, looking them in the eye, having real conversations and meeting their needs at a vulnerable time. I mean a nursing team that washes and French-braids the hair of a 12-year-old girl every day as she is recovering from an ATV accident. I mean a physician who speaks Mandarin taking the time to check on and translate for a family from China after their father had a stroke while traveling in the U.S. You will read about the Comprehensive Care Clinic, which was inspired by the needs of one young adult patient with severe physical and cognitive disabilities who had aged out of pediatric specialty care. You'll meet a Geisinger physician-in-training who happens to be deaf and is bringing a valuable new perspective to our staff and patients. You will read about programs that help patients with chronic illnesses manage their symptoms and medications safely, so they can avoid trips to the hospital or Emergency Department. These and many other stories will demonstrate our commitment to innovation in order to do what is best for patients.

I really do believe healthcare is about people caring for people. Even as we provide the most sophisticated medicine there is, we must stop to hold a patient’s hand and get him or her through a challenging moment. We must always be laser-focused on getting it right with the next patient. This is what Geisinger is all about. We care.

David Feinberg, MD, MBA
President and CEO
Research and innovation have been key to Geisinger’s mission since Abigail Geisinger opened her hospital more than 100 years ago. Research infuses all aspects of healthcare, from disease prevention and treatment to healthcare delivery. We focus our innovation and research efforts on what can be done best at Geisinger, using the combination of characteristics that make the hospital system unique:

- High-quality patient care
- Fully integrated healthcare system
- Large, stable patient population
- Advanced electronic health record
- Clinical data warehouse

Our goal is to create healthcare services and delivery that will improve quality of care while enhancing access and affordability.

In 2009, we completed a research strategic planning process that confirmed and elevated the role of research in Geisinger’s mission. It emphasized research that improves health and healthcare — not only for our own patients, but also for patients nationally and globally through scholarly publications, presentations and commercialization of new discoveries.

This section of Geisinger Magazine features just a sampling of the many important contributions to research made by Geisinger staff members in 2015.

For a fuller picture of research at Geisinger, visit our website at geisinger.org/for-researchers.
Although about 2.7 million people in the U.S. have chronic hepatitis C (CHC), a viral infection that can lead to liver problems, researchers are only now starting to get a better picture of the quality-of-life issues surrounding this disease.

A study published in the journal Hepatology in March 2015 found that 29.7 percent of 4,781 CHC patients surveyed met the criteria for depression and 24.6 percent were in poor physical health. All of the patients were part of the Chronic Hepatitis Cohort Study (CHeCS) at Geisinger Health System in Danville, Pa., and three other locations: Henry Ford Health System in Detroit, Mich; Kaiser Permanente – Northwest, in Portland, Ore.; and Kaiser Permanente – Hawaii in Honolulu.

Joseph A. Boscarino, PhD, MPH, senior scientist with the Geisinger Center for Health Research, is the article’s lead author.

The survey, which is one of the largest of its kind, asked patients about their hepatitis risk factors, treatment exposures, additional demographic variables, and key psychosocial measures in the course and outcome of their chronic liver disease — all information important for public health and medical management of CHC.

The patients most vulnerable to depression and poor health generally met the following criteria:

• Male gender
• Black race
• Current smoker
• History of intravenous drug use
• History of alcohol and drug rehabilitation
• Education level of less than high school
• Employed
• High life stressors
• Low social support
• Currently receiving CHC treatment with interferon (which has been documented as being associated with depression)
• High rates of additional serious diseases

Conversely, patients who were considered “cured” — that is, who had previous CHC therapy and showed a sustained viral response for 12 weeks — were less likely to be depressed even if they shared many of these criteria.

While interferon-free, all-oral CHC treatments may help reduce the prevalence of depression in the future, this study highlights the continuing need for clinicians and public policymakers to pay closer attention to the widespread behavioral, psychosocial and treatment challenges faced by many chronic hepatitis C patients. –M.C.

Parents’ Traits May Influence Autism Symptoms

By Robin Warshaw

Genetic mutations, or unusual changes or “mistakes” in genes, contribute to many health conditions. In some cases, people with the same condition can have the same mutation but with major differences in the extent of their symptoms. This happens in autism, which is known to sometimes arise from genetic causes, although the relationship between specific mutations and autism is not yet fully understood.

A study published by a team of researchers from Geisinger’s Autism & Developmental Medicine Institute (ADMI) in the February 2015 issue of *JAMA Psychiatry* found that, in children with the same autism-related mutation, traits inherited from parents could impact the severity of their traits for the wide variations in mental function and intellect, social behaviors and motor skills seen in brain development disorders such as autism.

Researchers focused on children with one of the more common, although still rare, genetic changes linked to the condition, a mutation in chromosome 16p11.2 that deletes 29 genes. Children with this deletion “all have the same genetic variant; however, some of them present with severe impairments, such as intellectual disability, autism and seizures, whereas others may be called ‘normal,’” says Andres Moreno De Luca, MD, an ADMI investigator and resident physician in diagnostic radiology who co-authored the study with several key Geisinger colleagues, as well as collaborators at Harvard Medical School, the University of Washington and several other academic institutions. “The reason why it’s so variable has been intriguing and kind of difficult to tackle. We had several hypotheses,” adds Dr. Moreno De Luca.

Among the possible explanations is that symptoms resulting from a 16p11.2 deletion might be affected by parental traits that can be inherited. The researchers knew that children tend to reflect an average of their biological parents’ characteristics in certain areas, such as height, IQ, social functioning and physical coordination. The team decided to focus on how parental traits might influence the effects of the autism-related mutation. “In the past, that familial/genetic background was often ignored by researchers when studying people with genetic conditions, especially those that impacted intellectual abilities and behavior,” Dr. Moreno De Luca says.

Exploring the impact of parental traits could help doctors better predict how the deletion might affect a child. For example, in general, an IQ score of 100 is considered average or normal. If both parents have higher IQs, such as in the 120s, their child without the autism-related mutation would likely score in the same range. Having the deletion would downwardly affect that child’s IQ, but since it started higher due to the parents, the affected child’s score would still be in a normal range. In families where both parents have lower-than-average IQ scores, the mutation also shifts the child’s IQ score downwards and it may be more likely to fall below 70, a range associated with intellectual disability.

Similarly, if parents have lower scores in social behavior and functioning, their child with the genetic mutation would likely score below the parents’ lower measurements and have behaviors often seen in autism.

To test the theory, the researchers looked at 56 children with the 16p11.2 deletion, as well as their parents and siblings without the mutation, using IQ tests, a social skills assessment and a motor function test. The study found that parental cognitive, social and motor performance, as well as body mass index, did affect the child’s functioning in these inherited traits.

By establishing this influence, the research showed how the diagnosis of autism and other neurodevelopmental conditions should depend less on absolute, all-or-none measurements and look at more complex, even subtle, factors. It reflects a “genetics-first” approach, in which specific genetic makeup is considered rather than external characteristics of how the condition appears. Much more can be learned about autism by studying a group of 56 children with the 16p11.2 deletion than by
Chromosomes have arms. Each chromosome in your body has a short (or p) arm and a long (or q) arm.

Chromosomes have addresses. Every chromosome contains different sections and regions.

Chromosomes have stripes. The arms have different and unique regions, which can look like stripes (bands) under a microscope.

Chromosome 16p11.2

46

How many chromosomes do we have? Most people have 23 pairs of chromosomes, for a total of 46.

16p11.2

Chromosome 16 Region 11.2

Arm p

Typically you get one chromosome from mom and one from dad. This means that most people have 2 copies of chromosome 16.

Sometimes, a child is born with differences in his or her chromosomes. A person might have extra copies or fewer copies of a whole chromosome or just part of one. This is called a copy number variant or CNV.

What is the difference between typical & distal? These are two distinct regions of 16p11.2. The “typical” region is most common and the “distal” region is next to it.

Why all the fuss about deletion vs. duplications? A 16p11.2 deletion means that there is genetic material missing. A 16p11.2 duplication means that there is extra genetic material. Having a deletion versus a duplication affects what types of features people have.

Studying 56 children with unknown or different genetic variants that may or may not be related to their autism.

How might this help affected children and their families? While the research is not yet at a point where it can be used with individual patients, Dr. Moreno De Luca says, the families studied showed similar results along a continuous curve. “That’s where the parental information helps you predict where in that curve the kid will score, as opposed to just saying, ‘Yes, you’re disabled,’ or, ‘No, you’re not.’ You can come up with a profile of abilities and challenges.” This would help guide early interventions and strategies for strengthening children’s weaker functional areas.

In an editorial about the study which appeared in the same issue of JAMA Psychiatry, Brown University brain scientist Eric M. Morrow, PhD, MD, noted that the research was “a critical one of its kind in the field.” The research, he added, has relevance for how clinical diagnoses are made and how genetics may contribute to variables that can be measured.

Geisinger welcomes its newest partners, Holy Spirit and AtlantiCare

Holy Spirit—A Geisinger Affiliate

In the fall of 2014, Geisinger Health System was thrilled to welcome Holy Spirit Hospital and Health System in Camp Hill as a new affiliate. The hospital is a 307-bed Joint Commission-accredited acute care facility with more than 500 physicians on staff. The Holy Spirit system also includes many primary and specialty physician practices and outpatient locations throughout south-central Pennsylvania.

Together, Holy Spirit and Geisinger are working to develop innovative programs and services to improve the health of the local population and bring the most advanced care closer to home.

These include:

- Expanded primary care, with more offices in more locations
- More surgical specialties and advanced diagnostic technologies
- A new pediatric inpatient unit and more pediatric specialty services
AtlantiCare, a member of Geisinger Health System

In the fall of 2015, Geisinger had the honor of officially welcoming a new member, its first outside the state of Pennsylvania: AtlantiCare, headquartered in Egg Harbor Township, N.J. AtlantiCare’s more than 5,500 employees and 900 physicians and providers serve the community in more than 70 locations throughout 5 counties in New Jersey, making it the region’s largest healthcare organization and largest non-casino employer. AtlantiCare and its business units are governed by boards made up of volunteer community leaders.

The system includes:

• AtlantiCare Regional Health Services: AtlantiCare Regional Medical Center with two locations, ambulatory services and AtlantiCare Physician Group
• The AtlantiCare Foundation
• AtlantiCare Health Solutions, an accountable care organization

In just the past two years, AtlantiCare has:

• Opened its 10th AtlantiCare Urgent Care location
• Completed the second phase of a $62.5 million project to modernize the AtlantiCare Regional Medical Center Mainland Campus in Pomona
• Opened its third AtlantiCare Surgery Center in Little Egg Harbor
Geisinger Leads a $4.4 Million “Big Data” State Grant for Obesity Research

A deeper understanding of the causes of obesity, as well as improved treatments for obesity and many of its related health problems, are among the goals of a $4.4 million, four-year research grant awarded by the Pennsylvania Department of Health in late 2015 to a team of scientists from Geisinger Health System, Pennsylvania State University and the University of Pennsylvania.

“Our overall goal is not only to predict the risk of obesity, but also to develop new analysis methods and software that will allow us to improve diagnosis and therapies for coronary heart disease, endometrial cancer, Type 2 diabetes and other debilitating medical conditions associated with obesity,” says Marylyn D. Ritchie, the director of biomedical and translational informatics at Geisinger Health System and the Paul Berg Professor of Biochemistry and Molecular Biology at Penn State. Ritchie is the principal investigator of the research team, which she leads along with Pentz Professor of Biology Kateryna Makova at Penn State and Jason H. Moore, the Edward Rose Professor of Informatics and director of the Institute for Biomedical Informatics at the Perelman School of Medicine at the University of Pennsylvania.

The research project is part of the “Big Data in Health Research” effort established by the state’s Commonwealth Universal Research Enhancement Program to develop new procedures, methods and software for integrating and analyzing multiple types of biomedical information stored in large clinical, imaging, laboratory, genetic and other databases. The goal is to harness many types of expertise to mine the data effectively and generate new insights that can guide future research, education and clinical care for the prevention or treatment of diseases that are important for the citizens of Pennsylvania.

Among the conditions associated with obesity that the Geisinger/Penn State/U. Penn research team will study are nonalcoholic steatohepatitis (inflammation of the liver), which is the leading cause of cirrhosis, and nonalcoholic fatty liver disease, which affects 30 percent of U.S. adults and also increases the risk of Type 2 diabetes. The researchers also expect to gain new insights into the mechanisms underlying the effects of obesity on endometrial cancer and degenerative joint disease.

The innovative methods, systems and software that will be developed by this project also will be available for use by other researchers studying other diseases and conditions. –K.C.
Scientists have a new way to gauge the impact of their research: a tool called Altmetric, which counts up social media and online mentions in outlets such as Facebook, Twitter and Reddit, as well as Google+, blogs and in news articles. A recent article by Marylyn Ritchie, PhD, director of Biomedical and Translational Informatics at Geisinger, has set an Altmetric record for the journal Nature Reviews Genetics, where it was published in January 2015.

By March 2016, the article had been tweeted 353 times, appeared on 8 Facebook pages and racked up 19,265 page views. It had also been mentioned in online reference services 34 times. With an Altmetrics score of 207, it not only ranked No. 1 among articles published around the same time by the journal, but also topped all 1,437 articles tracked from Nature Reviews Genetics. Social media interest placed it among the top 1 percent of 169,679 journal around the same time. “Science, like most areas in life, is now a big part of the online and social media world,” says Dr. Ritchie. “This new metric is a great way for scientists to get a sense of the impact their work has on the community.”

Titled “Methods of integrating data to uncover genotype–phenotype interactions,” the article explores emerging ways scientists can look more deeply at how genes influence health and disease. This involves analyzing not only the genes themselves, but also considering factors such as environmental effects on genes, the proteins a cell produces with its genetic “recipe book,” and which genes are actually switched on in a cell. “Genes do not work in isolation. They function in the context of other genes, biological pathways, and within their environment. To truly understand common disease, we need to embrace this complexity,” says Dr. Ritchie, who is also director of the Center for Systems Genomics at Pennsylvania State University. She coauthored the article with Sarah A. Pendergrass, PhD, and Dokyoon Kim, PhD, both investigators in Geisinger’s Biomedical and Translational Informatics Program. –S.H.

New Practice Guidelines for Prescribing Weight Loss Medicines

More than 1 in 3 Americans ages 19 to 79 are overweight and another 1 in every 3 are obese, according to the 2012 National Health and Nutrition Examination Survey. Reducing calories and becoming more physically active can help with weight loss and lower obesity-related risks such as diabetes, heart disease, high cholesterol and high blood pressure. Yet dieting and exercise often don’t achieve needed weight loss, in part because the body may adapt through hormonal, or endocrine, changes.

When patients haven’t been able to lose weight and maintain that reduction through diet and exercise, doctors might also prescribe weight loss medicines. In just the last few years, the U.S. Food and Drug Administration has approved four new anti-obesity drugs. Medications like these, when used in combination with diet and exercise, may help people lose and maintain weight loss, but there are several factors to consider in making that choice.

Christopher D. Still, DO, director of the Geisinger Obesity Institute, recently served on an international task force of experts convened by the Endocrine Society to create research-based guidelines that physicians can follow when they are considering using such medicines to treat obesity. The new guidelines also specify the weight loss medicines that should not be given when the patient has certain other conditions, such as cardiovascular disease. They advise physicians to talk with their patients about other treatments they may be taking for diabetes, depression, epilepsy or other conditions that may promote weight gain or loss.

The guidelines also specify that patients taking weight loss medicines be monitored monthly at least for the first three months of treatment, and then about every three months after that. Also included are recommendations about follow-up screenings and what contributing factors doctors should evaluate, such as family history, sleep disorders and socioeconomic characteristics.

In addition to being published in the Journal of Clinical Endocrinology and Metabolism, the guidelines are available through the Endocrine Society website at endocrine.org. –R.W.


Prevalence of obesity among adults aged 20 and over, by sex and race and Hispanic origin: United States, 2011-2012

Obesity defined as BMI ≥ 30 kg/m².
Building a Genomic Knowledge Base to Improve Patient Care

Hypertrophic cardiomyopathy (HCM) is a condition in which the heart muscle thickens, increasing a person’s risk of sudden cardiac arrest. Because the condition runs in families, any affected person and his or her relatives are typically offered testing for genetic variants that have been associated with HCM. In the past several years, though, researchers have reached differing conclusions as to which variants are pathogenic — a direct cause of the condition — and which are of “uncertain significance.” Understandably, shifting information can cause confusion and concern among families worried about HCM risk.

This is just one example, but it points to the key challenges of testing people for genetic variants that have been linked to serious diseases. Nearly 80 million genetic variants have been discovered in the human genome, but for most, we do not have a clear understanding of their role in human health and disease. Furthermore, academic and commercial genetic testing laboratories often work in isolation as they assemble evidence on the impact of specific genetic variants on disease risk.

To address these challenges, Geisinger’s Christa Lese Martin, PhD, director and senior investigator with the Autism & Developmental Institute (ADMI), and David Ledbetter, PhD, executive vice president and chief scientific officer, along with other ADMI and Genomic Medicine Institute colleagues, have joined forces with experts at several institutions — including the National Institutes of Health, Partners HealthCare in Boston, and the University of North Carolina, among others — to create a clinical genome resource called ClinGen. The group published a special report in The New England Journal of Medicine in June 2015.

ClinGen is bringing public, private and academic institutions together to create a database of genomic variant information that encourages uniformity in interpreting results across different clinical laboratories. The group is developing common standards for assessing genomic variants, interpreting their meaning and then deciding how to deliver information to benefit patients. A cornerstone of the effort is the publicly accessible ClinVar database, launched by the National Center for Biotechnology Information in 2013, where researchers, clinical laboratories, expert groups, clinicians and patients can submit information about specific variants and any supporting evidence linking them to disease. Other key questions ClinGen is addressing are (1) whether a gene is actually causing a condition; and (2) whether any medical actions can benefit affected patients.

ClinGen has developed a starred rating system to help database users quickly assess the level of evidence associated with any assertion about a genomic variant’s significance. In addition, it has launched a number of working groups in areas such as cardiovascular disease and hereditary cancer as well as the Actionability Working Group, charged with identifying which genes are associated with actions that can be taken to help people who do not yet have any symptoms of genetic disease (preventive therapies, extra monitoring, etc.).

“With a system in place to support the open sharing of clinically interpreted data,” the researchers write, “we are now poised to shepherd in a new era of transparency and advancement in genomic science that has the potential to improve how genomic information will inform the enhanced clinical care of patients.” To learn more, visit ClinicalGenome.org. –K.C.

Evidence that Patient-Centered Medical Homes Can Reduce Acute Inpatient Care Cost

A “patient-centered medical home” is a primary care practice designed to achieve three goals: a better patient experience, a healthier patient population overall and lower cost of care. But does it really work? There is some early evidence that patient-centered medical homes can improve outcomes while lowering care costs. In theory, patients managed by a medical home would be less likely to require admission to the hospital, reducing costs associated with acute inpatient care.

Last year, a team of Geisinger researchers led by Daniel D. Maeng, PhD, research investigator for the Center for Health Research at Geisinger Health System, published results offering evidence that patient-centered medical homes’ costs savings are driven primarily by reductions in inpatient care, as opposed to reductions in other types of services. The study was published in the April 2015 issue of Health Affairs.

The research team focused on elderly Medicare patients who were members of one of Geisinger’s ProvenHealth Navigator practices, a network of 86 patient-centered medical homes that the health system rolled out between 2006 and 2013. All were also members of the Geisinger Health Plan (GHP). Each practice has an embedded case manager who works primarily with GHP members who are flagged as “high-risk,” targeting them with the most intensive management and care services.

The researchers were able to compare patients whose primary care providers were in Navigator practices against those whose primary care providers were not yet in a Navigator practice. Using GHP data, they examined the cost impact of the Navigator experience by breaking down the total cost savings into its major components: outpatient services, inpatient services, prescription medications, and professional costs (payments to doctors, specialists, independent labs and other healthcare providers).

The study found that, on average, each Navigator site saved $53 per member per month in total care costs, adjusting for changes in the value of the dollar between 2006 and 2013. This translates to about 7.9-percent total cost savings, on average, across the 90-month period covered by the study. The team also found that the largest source of savings was inpatient cost — $34, or 19-percent lower cost in Navigator versus non-Navigator practices. This $34 average accounts for about 64 percent of the total estimated savings of $53. Primary care practices that were early adopters of the ProvenHealth Navigator approach achieved higher cost savings than those that joined later.

Geisinger’s ProvenHealth Navigator experience shows that improving care quality does not necessarily mean higher cost of care, but instead can lead to reductions in costs over a long period. This is critical evidence for health systems, primary care practices and insurance plans to have as they consider investing in required to re-engineer a practice to become a patient-centered medical home. This study is also important to older patients with chronic medical conditions, who stand to benefit most from choosing a primary care practice designed as a medical home. –K.C.

More than 100 years ago, Abigail Geisinger made one — and only one — request of the leaders of her new hospital: “Make it the best.”

Today, Geisinger is one of the most scientifically advanced and innovative healthcare organizations in America.

But we also know that to be the best, we must care the best. Caring. It’s such an old idea it almost seems brand new.

We think Abigail would be pleased.
Meet Katie Roza, MD

Dr. Katherine “Katie” Roza, a second-year internal medicine resident at Geisinger Medical Center, has spent her life navigating between the deaf and hearing worlds, mastering the art of communication in ways that will benefit her patients and colleagues.

Dr. Roza earned her BA in English from Amherst College in western Massachusetts, learned Italian sign language to research early deaf education as a Fulbright Scholar in Italy, and graduated from the Icahn School of Medicine at Mount Sinai in New York City, where she also completed a Doris Duke Clinical Research Fellowship in palliative care.

All of this would be remarkable enough except for one added factor: Dr. Roza was born deaf.

While her hearing aid helps her hear some sounds, she also uses lip reading, sign language, interpreters and technology to connect with the hearing world.

As a physician, she plans to specialize in palliative care, which capitalizes on her keen interest in listening carefully to what is said — and not said — to understand the needs of her patients and their families. Palliative care specialists work with seriously ill patients and their families to manage pain and other symptoms, minimize physical and emotional distress, help them make complex medical decisions, and ensure that patients can achieve the quality of life they want. Clearly, successful communication is key to this specialty.

According to Linda Famiglio, MD, FAAP, chief academic officer and associate chief medical officer, working with Dr. Roza has been a great opportunity for Geisinger.

“In clinical medicine and especially in education today, we are recognizing that diversity makes us stronger,” Dr. Famiglio explains. “We need diversity of opinions and approaches to medicine so that we can become more aware of what needs to be made available to all people. Katie is the first (resident) to come to us specifically describing herself as deaf, but she is doing a lot more for us. She is helping us recognize the fact that we have to provide care and education to everyone that we possibly can and address their individual needs.”

Few residency programs around the country offer accommodations for deaf or hard-of-hearing clinicians, Dr. Famiglio adds, and Geisinger is the first residency program in Pennsylvania to provide such support.

In this interview with Geisinger Magazine, Dr. Roza reflects on the challenges she has faced in her life as well as her perspectives on the hearing and deaf worlds, and how these are shaping her experiences as a physician-in-training.

Tell us about your hearing loss.

Dr. Roza: I was born deaf to a hearing family and fitted with a hearing aid at 7 months. I attended both deaf and hearing preschools. Since my first language is spoken English, I was mainstreamed in hearing schools starting in kindergarten.
I use multiple means of communication, including my hearing aid, lip reading and FM system microphones. An FM system microphone amplifies sound and transmits it directly to my hearing aid. As a physician-in-training, I also use sign language interpreters and an electronic stethoscope.

My entire life has unfolded in both the deaf and hearing worlds. For me, to live in both worlds is to exist as a hyphen, to share characteristics of both worlds, but to belong fully to neither. For me, partaking of both worlds — both sign and spoken languages, both deaf and hearing cultures — brings an indescribable richness.

Living as a hyphen means that my communication needs and sense of identity are fluid and change in different settings and over time. I use different tools and skills to communicate depending on whether a conversation includes two people or many, happens in a place that is quiet or noisy, or occurs in a professional or social context. Experimenting with ever-changing communication technologies and strategies gives me an empowering sense of adaptability and resourcefulness.

**What was your childhood like?**

**Dr. Roza:** In many ways, I grew up like any other child. I loved when my mom read children’s books, such as *If You Give a Mouse a Cookie*, to my twin sister and me. She has a delightfully expressive storyteller’s voice in both sign and speech. She instilled in me a sense of wonder and a love of stories.

In other ways, my hearing loss was actually more like a superpower. In elementary school, teachers wore an FM system microphone that transmitted their voices directly to my hearing aid. If the teacher left the classroom and forgot to turn off the microphone, I would still be able to hear her in the hallway. I would warn my classmates when the teacher was about to walk back into the classroom just in time for them to stop joking around. Sometimes I overheard my teachers chatting about their weekend plans or other students. As I grew older, I learned that it was more polite to switch off my receiver so that I can’t overhear conversations. Don’t worry, I am still careful to do that now.

You majored in English as an undergraduate. Why did you choose medicine as your career?

**Dr. Roza:** When I was a child, my father and grandfather, both nephrologists (kidney specialists), would tell me stories about their patients. Their enthusiasm reflected their dedication and was inspiring to me. As a patient, I realized how vital empathetic
communication and shared understanding — the human touch — are to healing.

I have always loved reading and writing. I was that kid who walked down the hallway with her nose in a book, bumping into things. So majoring in English was a natural choice for me. In college, I started reading literature that focuses on the lived experience of illness and disability, and I continue to do so. One work that resonated with me was *A Fortunate Man*, a book by writer John Berger and photographer Jean Mohr that tells the story of a country doctor in England in the 1960s. It shows the humanity of both patients and physician as they respond to illness.

I think that trying to better understand the nuances of communication may be my life’s work. I am passionate about writing and medicine because of my desire to help others heal through communication and to forge human connections.

---

**How have your life experiences so far informed your approach to medicine?**

**Dr. Roza:** In my interactions with patients, I use nonverbal cues as important pieces of information to facilitate communication. By necessity, I study the facial expressions and body language of those around me. Every movement — the flicker of an eye, the shape of the mouth, a gesture — reveals thoughts and emotions that remain unspoken. When I talk to patients, I can never forget that communication is fragile and intangible and requires care and attention.

**Why does palliative care as a specialty appeal to you?**

**Dr. Roza:** I hope to train in palliative care partly because of my love for communication. Palliative care providers talk to patients to identify their hopes and fears in the face of serious illness. They help patients and their families understand the patient’s health problems and treatment options and guide them in making complex medical decisions that match their values. They may offer support simply by listening.

While I was a Doris Duke Clinical Research Fellow in palliative care prior to coming to Geisinger, I learned that transparent and sensitive communication is one of the core principles of compassionate medicine. In my research, I interviewed bereaved family members and asked them to reflect on their loved ones’ end-of-life medical care. One son shared the story of the loss of his mother, who had suffered from decompensated heart failure (sudden worsening of heart failure symptoms). He was grateful that his mother’s palliative care physician set realistic expectations about her poor prognosis, allowing the family to cherish their remaining time with her. He considered the medical team’s efforts to explain each routine step in her care a genuine gesture of kindness.

Stories like this one are powerful reminders for me that effective communication is also a source of connection and healing.

I’m passionate about healthcare system innovations that focus on the delivery of patient-centered care. I’m lucky to train at an
institution that reflects deeply and deliberately about its own approach to patient care and about our healthcare system and policies.

As a physician, I hope to serve others. I feel tremendous personal growth and fulfillment from service to community.

What have your experiences at Geisinger been like?

Dr. Roza: I love a slogan that Geisinger used: “Redefining boundaries.” Working with Geisinger to coordinate my accommodations during residency has been exciting because it’s a new experience for all of us. I’m very lucky to have such a welcoming and accepting community here. I’m wowed by the immense support I’ve received from co-residents, attending physicians and staff hospital-wide. The support of my colleagues makes me feel at ease. For me, Geisinger’s openness and willingness to learn together reflect its core values of compassion and innovativeness. I hope to carry these values with me throughout my career.

What was your research about in Italy and what was it like to live there for a year?

Dr. Roza: My experiences were come un sogno — like a dream. I have fond memories of wandering the medieval stone streets of Siena. I remember chancing upon processions of drummers and flag wavers in brightly colored medieval dress preparing for the city’s age-old horserace, the Palio. I enjoyed learning to understand a culture different from my own.

During my time in Italy, I visited deaf schools and researched different approaches to early deaf literacy education. Throughout Italy, approaches to deaf education vary widely in their use of sign or spoken language and integration of deaf and hearing students. One of my favorite memories was visiting a bilingual preschool that integrates both Italian sign language and spoken Italian. During a lesson on gardening, deaf and hearing children worked together to create a giant book whose main character was a flower named Margherita.

Many teachers expressed a need for children’s books and teaching materials that incorporate sign and spoken languages in order to meet the learning needs of their deaf students. Part of my research was to pilot the development of such educational materials with the hope that they might appeal to all children, deaf and hearing.

Have you encountered others with hearing loss working in healthcare who share similar experiences?

Dr. Roza: I am a member of the Association of Medical Professionals with Hearing Losses (AMPHL). Through AMPHL, I’ve been able to meet a wonderful group of mentors and peers. We trade tips on the benefits of using different microphones, electronic stethoscopes and communication strategies in clinical settings. I’ve turned to my AMPHL mentors countless times throughout my medical training for encouragement and guidance. I’ve also given presentations based on my own experiences.

It’s very exciting for me that as more people with hearing loss enter the healthcare field, the number of sign language interpreters who specialize in working with deaf healthcare professionals is growing.

What lessons have you learned that you would like to share with other healthcare providers?

Dr. Roza: I’ve learned that support often comes from the most surprising places. Geisinger supports my communication needs on both personal and institutional levels, reflecting its caring and innovative culture. Every day at work, I’m profoundly grateful to my Geisinger family for their kindness and support.

I’ve also learned that people respond differently to illness and disability and that I cannot assume others’ needs. By listening, I might learn to understand the needs of others.

The white coat reminds me of our call to serve, of the breadth of our medical knowledge and its humbling limits. I’ve learned that if we cannot find a fix-all, together we can seek healing.
“We want you to refer us to friends and family”
– David Feinberg, MD, MBA
A hospital bill $1,000 higher than I thought it should have been? It had to be a mistake!” says Joseph Tomsho, 46, a Penn State-trained engineer and cell tower company estimations manager who lives in Sugarloaf, Pa.

Tomsho had back surgery in February 2015 at Geisinger Medical Center (GMC) in Danville to repair a herniated disc. “It was bulging at a spot called C5-6 on my spine, pressing on nerves and causing a lot of pain in my arm and hand,” he says. By March he felt better. But then that whopper of a bill arrived. “I was told by the Geisinger Health Plan, my health insurance company, that the copay for back surgery was $1,000 starting in 2015 — but that information didn’t show up on their website, TheHealthPlan.com,” says Tomsho. “And I didn’t read my benefits pamphlet from cover to cover — who does? I think someone at Geisinger could have told me about it when I scheduled my surgery.”

He argued with the health system’s billing office for months, lost an appeal and felt “so upset, I was fit to be tied.” As a last resort, Tomsho fired off an email to Geisinger Health System President and CEO David Feinberg, MD. “My wife, Nicole, is a pathologist assistant at Geisinger. She heard about refunds for bad service at work, so I asked for one,” he says. “To his surprise, he got it. But the story didn’t end there.

Tomsho’s experience inspired the development of Geisinger’s headline-grabbing — and controversial — smartphone app that lets patients give the health system immediate feedback about their care and request refunds for less-than-stellar service. And it focused national attention on ProvenExperience™, Geisinger’s innovative new patient satisfaction program that places compassion, kindness and five-star service at the center of every patient experience. ProvenExperience comes with an unprecedented guarantee: If you’re dissatisfied with anything — from cold food to a long wait in the Emergency Department to a billing snafu — you can request your money back, no questions asked. Refunds cover the elements of the bill which are a patient’s individual financial responsibility — part or even all of any copayments, coinsurance and/or deductible you’ve been charged.

“Joe Tomsho’s experience was a wake-up call for all of us,” says his surgeon, Jonathan Slotkin, MD, director of Spinal Surgery at the Geisinger Health System Neurosciences Institute. Dr. Slotkin helped develop the ProvenExperience app as medical director of Geisinger in Motion, the health system’s mobile technology department. “It was a eureka moment, realizing that our system has to connect with our patients in the manner they want to be connected with. It didn’t matter that, technically, Geisinger had informed Joe about the copay. What matters is that we didn’t notify him in a way that worked for him.”

The ProvenExperience app was pilot tested with spinal surgery and weight loss surgery patients at GMC.
in Danville and at Geisinger Wyoming Valley Medical Center in Wilkes-Barre from November 2015 through the January 2016. At press time for this magazine, the health system planned to make the app available to all Geisinger Health System patients in late spring or early summer 2016.

“I was humbled,” Tomsho says. “I fought for something for myself and now it’s going to help so many more people.”

“Starbucks doesn’t sip your latte and argue with you”

Hospital refunds for unhappy patients? It’s a first for a Pennsylvania health system and likely unprecedented in the U.S., according to the Pennsylvania Medical Society. In November 2015, U.S. News & World Report called the ProvenExperience app “the latest, and perhaps most radical, innovation of a system recognized for continually reinventing medical care.” Local healthcare experts were more skeptical, even calling it “a horrible idea” and “no slam dunk” in a local newspaper (The Times-Tribune, Nov. 13, 2015).

But Geisinger administrators maintain that patients deserve nothing less. “People trust us with their lives,” notes Greg F. Burke, MD, chief patient experience officer. “So we’re trusting them when they ask for a refund. It’s our moral imperative to return money to people who are disappointed in their care. And more than that, it’s our responsibility to deliver great service at all times.”

If that money-back guarantee reminds you of the kind of customer service you’d get from Amazon.com, Starbucks or a fancy department store, but not from your healthcare system, it’s time to set your expectations higher, Dr. Feinberg says. “The way I see it, if you go into Starbucks and you’re not happy with your order, they don’t sip your latte and argue that they made it correctly. They just take care of you on the spot,” he said while unveiling ProvenExperience at a national conference of healthcare leaders in Orlando, Fla., last November. “Geisinger has been held up as a national model for high-quality and cost-effective medical care. Now is the time to focus on compassion. To me, patient experience is about providing the same quality of care I want for my family.”

Maybe you’ve heard about that famous “refund app” on the news by now. But ProvenExperience is about much more than refunds. Geisinger is putting the patient experience first with a wide range of initiatives, including online doctor ratings; standardized uniform colors for employees; more patient advocates; a greater emphasis on rounding (checks on patients in their rooms) by both caregivers and leaders; more attention to real-time “service recovery” when patients are inconvenienced; and a new communications framework that emphasizes respect, kindness and warmth.

ProvenExperience builds on Geisinger’s nationally recognized ProvenCare® initiative, an effort to improve the health of our hospital patients by applying rigorous “best practice” standards to the care we provide in areas such as preventive health, diabetes, hypertension (high blood pressure), bariatric (weight loss) surgery, lumbar spine surgery, coronary artery disease, hip and knee replacement and more. It also builds on ProvenHealth Navigator®, a collaboration between the Geisinger Health System and the Geisinger Health Plan that
coordinates care for people with chronic medical conditions to help them stay healthy and out of the hospital.

“The word ‘proven’ means we identify and then consistently use the best practices in medicine to get the best results for our patients,” Dr. Burke explains. For ProvenExperience, as with Geisinger’s other programs, these best practices have been drawn from well-designed research studies, work done at other leading American hospitals, and the recommendations of major patient satisfaction organizations such as Press Ganey, the healthcare industry’s recognized leader in understanding and improving the patient experience.

Geisinger’s Patient Experience team, which analyzes patient feedback and partners with Geisinger staff and employees to continuously improve the patient experience, focuses on areas where Press Ganey patient surveys reveal opportunities for improvement, says Paul Sommer, senior director of Patient Experience.

“ProvenExperience is the promise to our patients that they’ll get the best care possible, every time,” adds Denise Venditti, RN, DNP, vice president of Patient Experience, for the Geisinger Health System. So here’s what that promise means to you.

**Doctor ratings you can trust**

...best care provider I ever had.

...very abrupt and hurried.

...she is family to me. LOVE HER!!!!

...arrogant and condescending.

When I attempted to explain how I was injured he was rude.

Geisinger is one of the first dozen health systems in America to post online ratings and consumer comments — the good, the bad and the ugly — about its own doctors, nurse practitioners and physician assistants. Launched in October 2015 on MyGeisinger.org after a five-month internal pilot, the ratings rank providers on a scale of zero to five stars for attributes such as friendliness and courtesy, concern for patient worries and the likelihood that patients would recommend them to others.

The public ratings include frank and revealing comments. One Geisinger patient enthused about her obstetrician: *The care and bedside manner were amazing. While I was crying, scared to be put to sleep, she held my hand.* In contrast, a frustrated patient had this to say about a family doctor: *I waited 30 minutes after the nurse left the room. I went into the hall and found the doctor gossiping with a different nurse and informed her that I needed to be seen because I had to work. She then flew through my appointment.*

In a world where decisions about everything from your next car to your next pizza usually involve a glance at digital ratings, it was time for Geisinger to offer its own, says Randy Hutchison, director of Patient Experience. According to a 2014 study in the *Journal of the American Medical Association*, 59 percent of Americans think online doctor ratings are important. Up to 54 percent of patients aged 18 to 24 use them, a 2015 national survey found. But many sites post ratings based on as few as two or three reviews. And often, consumers turn to sites better known for restaurant critiques, such as Yelp, for the inside story on healthcare providers.

“Using Geisinger’s new ratings will feel familiar to anyone who has used Angie’s List to pick a plumber or TripAdvisor.com to find a hotel, with an important distinction,” Hutchison says. “Our ratings are gathered in a way that ensures they’re accurate, scientifically valid and very trustworthy. Press Ganey, an independent
We’re making sure purposeful hourly rounds happen for every patient, every hour, on every nursing shift.

Add the patient satisfaction survey company, randomly selects Geisinger patients to do surveys after appointments. We only post ratings once a doctor has at least 30 reviews. So far, we have ratings posted for nearly 700 providers.

Ratings are an average of all survey responses. Comments are updated weekly and screened only to remove vulgarity, patient names, private health information and remarks about other practitioners, Hutchison says. “Beyond that, if someone writes it, you can read it.”

Ratings aren’t just handy when you need a new family physician. Doctors are reading them, too. And that can lead to improvements that patients notice. In one University of Utah study, a public rating system increased the number of physicians with high patient satisfaction ratings from 27 percent to 50 percent in two years. That’s happening at Geisinger as well. Since launch of the internal pilot in June 2015, Geisinger’s Outpatient Specialty and Community Practice Service Line providers (Geisinger primary care physicians in communities) have improved their patient satisfaction percentile ranks by 8 and 10 points, respectively, as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys. “I log on every few weeks and take a look. It’s an opportunity to learn,” says Anthony T. Petrick MD, FACS, FASMBS, director of Minimally Invasive and Bariatric Surgery for the Geisinger Health System. “For me personally, I know my own patients’ waiting times can be long. I need to develop strategies to improve that.”

Add Dr. Slotkin, “The ratings harness the internal sense of competition we all feel to do our best. We can learn a lot from people who walk away dissatisfied. This kind of transparency builds trust.” Meanwhile, the health system also posts hospital-wide patient satisfaction ratings online. This gives the community easy access to the same ratings used by the federal government to assess consumer satisfaction with healthcare systems across America as measured by HCAHPS surveys. (To encourage hospitals to take patient satisfaction seriously, the federal government now withholds some Medicare reimbursements when satisfaction levels are extremely low.) These are the surveys patients fill out after a hospital visit.

Visit geisinger.org and go to the “Find a Provider” section to view profiles, ratings and patient comments for Geisinger healthcare providers.

The perfect nurse check-in, every time

When Melanie Kohli, RN, checks in on orthopaedic, neurology, neurosurgery and trauma patients under her care on Geisinger Wyoming Valley Medical Center’s 6 West unit, she asks five questions. “I want to know about each patient’s level of pain and whether they need a drink, a change of position, help getting to the bathroom, or would like me to hand them something they can’t reach on their own, such as eyeglasses, a magazine or a cell phone,” says Kohli, a registered nurse from Hunlock Creek, Pa. “These five questions make patients feel comforted and well-cared-for. They know I’m really looking out for them and not just sticking my head in the door for a few seconds.”

Kohli’s not alone. The five questions are the foundation of the “purposeful hourly rounds” that are now the norm for floor nurses throughout Geisinger Health System. “These questions sound so basic, but they’re fundamental to a great
patient experience,” Dr. Venditti says. “They’re well-grounded in nursing research looking at the most effective hourly patient rounds. Under ProvenExperience, we’re making sure purposeful hourly rounds happen for every patient, every hour, at every hospital.”

Meeting our patients’ needs in a timely manner is a ProvenExperience priority. In fact, staff responsiveness to patients is well-documented as the biggest factor in improving the overall patient experience. In contrast, upgrades such as bigger TVs in hospital rooms and new furniture don’t have as much of an impact. In all Geisinger hospitals between March 2015 and February 2016, based on 9,224 Press Ganey survey responses, 65.3 percent of patients said they “always” found the staff to be responsive; 25.5 percent said “usually,” 7.9 percent “sometimes” and 1.2 percent “never.” Consistently doing hourly rounds should help improve staff responsiveness to patients — and the overall patient experience.

To specifically ensure that we improve in this area, Geisinger surveys now ask hospital patients (once they’re back home) whether nurses always performed hourly rounds. In January 2016, just 49 percent of our patients told us that rounds happened every hour, telling us we needed to focus more attention on this practice. “When our patients say purposeful rounds are consistently done every hour, our patients rate Geisinger in the 97th percentile, which means we are performing better than 96 percent of all other hospitals in the U.S.,” notes Sommer.

Research finds real benefits. In a 2016 University of California San Francisco study, patient falls decreased 50 percent and pain control improved 11 percent when nurses on a medical-surgical unit made purposeful rounds more often. And in a 2014 review, University of Pennsylvania researchers found that patients used call bells 23- to 71-percent less often when nurses performed purposeful rounds more frequently. “Of course, if you need the nurse urgently, you should always call,” Dr. Venditti says. “Hourly rounds do not replace responding to call bells in a timely manner.”

The future: easy-to-understand hospital bills and more

More ProvenExperience upgrades are on the way:

**Simpler medical bills** “We want to make hospital bills a lot easier to understand,” Dr. Feinberg says. “We don’t know if they’ll be modeled after restaurant bills or supermarket receipts, but we’re working on it.”

**Same-day medical appointments** “We’re going to offer same-day appointments 365 days a year for every specialty,” Dr. Feinberg notes. “If you’re a single mom and you happen to get the afternoon off and want to sneak in a well-woman checkup, for example, we’ve got someone to see you. If you want to take your kids in for physicals, we’re available.”

**A smarter MyGeisinger.org** The health system website will also soon get “smarter,” offering you options tailored to your health needs and concerns. “Imagine MyGeisinger.org working more like Amazon.com. When it knows your preferences, and with your permission, it will show you more helpful information, such as recipes and walking groups you can join if you’re trying lose weight or control your blood sugar,” Dr. Slotkin says.

**24/7 hospital visits** “Open visitation exists in many of our hospitals, but not everywhere,” Dr. Venditti notes. “Our visitation policies are absolutely something that we will be addressing.”
Purposeful rounds are good for nurses, too, she says. “Studies show nurses take fewer steps and enjoy their jobs more,” Dr. Venditti notes. That doesn’t surprise Kohli. “People go into nursing to help others,” she says. “When patients feel well-cared-for, you feel good.”

Caring communication

Nurses are at the heart of every hospital stay. “Research shows that a hospital patient may interact with hundreds of people — from doctors to lab technicians to physical therapists to the people who clean your room and serve your meals — during a typical inpatient visit. But most contact, as high as 80 percent, is with nurses,” says Dr. Burke. “They’re on the front line for great patient care.”

“We’re at the bedside more than any other caregiver,” adds Dr. Venditti. “That’s why nursing plays a major role in ProvenExperience.” In addition to hourly rounds, Geisinger’s nurses are putting into practice four more ProvenExperience initiatives. In past patient satisfaction surveys, Geisinger’s Patient Experience team has found that when these initiatives happen consistently, patients are happier with their care. “Together, these five practices can raise patient satisfaction with nursing care at Geisinger from the bottom half to the top 10 percent for all hospitals in the country,” Sommer explains. They include:

Clear, respectful communication: Nurses, as well as doctors — and, ultimately, all of Geisinger’s 30,000-plus employees — will be trained in a communications framework called C.I.CARE, which emphasizes caring and compassion. The acronym stands for Connect, Introduce, Communicate, Ask for Permission and Anticipate, Respond, and End with Excellence. The goal: making all patients feel acknowledged, welcomed and respected. “For example, a nurse entering a patient room will introduce herself or himself by name, greet the patient warmly, make eye contact and smile,” Dr. Venditti says. “Before providing any care that involves contact with the patient or their equipment, the nurse will ask the patient’s permission. It is important to anticipate the patient’s needs and respond promptly to their questions and concerns.”

C.I.CARE will extend to every Geisinger interaction, from patient rooms to exam rooms, the Geisinger Health Plan call center, hallways, cafeterias and parking lots. Employees are encouraged to smile and greet each other and to offer help to visitors who look lost or confused, even walking with them to their destination. “I now take an extra moment to say ‘May I examine you?’ when I start each patient visit,” Dr. Petrick notes. “It’s a courtesy our patients deserve.”

“This is an authentic, friendly and respectful way to interact with patients as well as with visitors and coworkers,” Dr. Venditti says. In HCAHPS patient satisfaction surveys conducted between March 2015 and February 2016, 78.7 percent of all Geisinger hospitals’ patients said nurses “always” communicated clearly with them, 17.3 percent said “usually,” 3.4 percent said “sometimes” and 0.6 percent said “never.” While those scores are, for the most part, on par with state and national averages, “we want to excel,” Dr. Venditti says.

“What an amazing responsibility to know that we can make a positive difference in
someone’s life each and every day that we come to work,” notes Susan M. Robel, RN, BSN, executive vice president, system chief nursing and patient experience officer for the Geisinger Health System. “The C.I.CARE model applies to our communication with our patients and their families, as well as with each other. All of our employees play an important role in fulfilling our commitment to caring.”

**Updated whiteboards**: What time is physical therapy? What’s the name of the doctor on duty? When can I go home? Keeping information like this current on the erasable memo boards hanging in every Geisinger patient’s room has a big impact.

“Families and patients rely on this communication board to know what the patient’s personal daily goal is as well as when they last had pain medication, when they’ll be able to go home and the names of their current nurse and doctor,” Dr. Venditti says. “If it’s not updated, the whiteboard stops being useful. People feel confused instead of empowered. Our goal is to make sure the whiteboard is always up to date.”

This writing on the wall matters. “When whiteboards are updated frequently, overall patient satisfaction with nursing care at Geisinger rises to the 89th percentile,” notes Sommer.

**A visit from the hospital unit’s nurse leader**: Under ProvenExperience, nursing managers will check in with every patient in their unit. “Nurse leader rounds already happen most of the time,” Dr. Venditti explains. “We’ll be elevating it to all of the time on every Geisinger campus.”

During nurse leader rounds, patients can report on what’s going well and what needs improvement. “Seeing the nurse in charge of the unit gives patients one more person they can connect with if they have any concerns or complaints,” Kohli says.

**Bedside shift report**: When Kohli’s shift ends, she enters patient rooms with the nurse who will take over on the next shift. “Bedside shift reports let me give the oncoming nurse more information. And the patient can add information if he or she wants to,” she says. “It’s also a great time, with two of us there, to make a positive impact on the patient’s care and experience.”

Get this app!

Whether you’re staying at a Geisinger Health System hospital or receiving outpatient care through a Geisinger provider, downloading the ProvenExperience app to your smartphone is a great way to provide instant feedback on your experience. The bonus: If you’re unhappy with your service in any way, you indicate that you’d like a refund for part or all of your copay, coinsurance or deductible.

Tested first with spine and weight loss surgery patients at two Geisinger locations, the health system expects to release the app to all patients in late spring or early summer 2016. “ProvenExperience is about delivering service excellence,” says Chanin Wendling, director of Geisinger in Motion in the health system’s Division of Applied Research and Clinical Informatics, whose team developed the app. “We want to make it as easy as possible for patients to provide feedback.”

When Wendling took the app in its experimental form to several Geisinger family advisory boards to try out, she discovered that they were more interested in providing comments than getting a refund. “They didn’t like versions with the refund screen up front; they said it was more important that we listen to what patients have to say first. So we’ve put the comments screens first and the refund request at the end.”

The free app is available through the iTunes and Google app stores.
Bedside shift reports also have similar impact on the overall patient experience, Sommer says. Patients who say they always got a bedside shift report rated Geisinger’s nursing care in the top 10 percent in the country.

More advocates, more ways to give feedback

“I want to come home — now,” Kimberly Walsh told her husband on the phone. Hours after surgery to remove her thyroid gland in December 2015, Walsh was recuperating in the telemetry unit at Geisinger Wyoming Valley Medical Center in Wilkes-Barre. “Before surgery, the intravenous line they put in my hand really hurt, but no one came to fix it,” she says. “Afterward, I was put in a hospital room without a bathroom — just a bedside commode. When my husband called the switchboard to talk with me, they couldn’t even find me or my room at first. And the next afternoon, I had to walk — in my hospital gown with a surgical wound on my neck and electrodes on my chest — down a very long hallway out of the unit to use a public bathroom. I was very unhappy.”

Walsh, 51, a pharmacist who lives in Dallas, Pa., called the hospital’s patient advocate. “She was shocked and sympathetic and offered to look into it, and also said she’d look into a refund once I received my bill,” Walsh says. “That hadn’t crossed my mind. I was just so angry and didn’t want this to happen to anyone else. It’s one thing for a healthy woman in her 50s to deal with, but what if it were an older person or someone who was really sick? When I told my doctor about my experience during my checkup the following week, he encouraged me to contact Dr. Feinberg. That got me all fired up to contact Geisinger. I called the administration and had a long talk with the head of patient advocacy, Becky Ruckno.”

Walsh ultimately received a refund of nearly $800, but she feels even happier that her story was heard and has made a difference. “Becky explained that they were educating the staff on assigning only patients who cannot use the bathroom on their own to that particular patient room, for example,” she says. “I have to say my experience was not all bad. My surgeon was amazing. And I had some wonderful nurses who were very attentive. And I’m satisfied that Geisinger listened.”

In fact, Geisinger is listening more than ever. The hospital system is enlarging its patient advocate team so that someone is always available to help with complaints and problems during or after a hospital stay. “We’re increasing staff size from 8 to 12 so that there’s an advocate assigned to every hospital. And we’ve moved patient advocacy into Geisinger’s Patient Experience department, underlining its important role in patient satisfaction,” says Rebecca Ruckno, director of Patient and Family Advocacy and Interpretive Services. “We do more now. In addition to investigating individual complaints, we’re looking for patterns to identify systemwide and hospital-wide issues we can address to make everyone’s experience better. We’re taking patient advocacy to a new level.”

And Geisinger patients have more ways to get in touch than ever before. In addition to patient surveys sent through the mail or via email after a hospital stay or many doctor visits, you can reach out at any time, in any way — by phone, email, old-fashioned letter or the ProvenExperience app. Since Dr. Feinberg announced the system’s patient satisfaction guarantee last year, feedback has been pouring in. “We’ve heard from more than 2,000 people in total,” Ruckno says. “Out of
all those new comments, fewer than 70 people asked for refunds. Most people just want us to know what happened so we can improve things for others.”

The health system takes all complaints seriously and is prepared to respond. “This is called service recovery,” explains Hutchison. “It’s something we’ve always done. Under ProvenExperience, we’re doing it better. We’ll help you fix a problem on the spot. And we’ll offer you something, such as a voucher for a meal or snack in one of our cafés if you’ve been inconvenienced — such as if you’ve had a long wait for a doctor. In the past few months, we’ve sent 400 service recovery kits out to operations managers in departments throughout our hospitals and many more to outpatient clinics. They’re stocked with vouchers and other supplies so that employees can do more to help and make amends.”

Got a complaint, a compliment or a question?
Contact Geisinger about your experience at Patient_Advocates@geisinger.edu or 570-808-3977

“You can’t run a restaurant and say you don’t care about the food”

On Dec. 21, 2015, as part of another ProvenExperience effort, more than 500 Geisinger administrators met with patients and health system employees during walking tours of GHS hospitals and clinics from State College to Atlantic City. Afterward, they discussed what they had learned during leadership rounding via live videoconferencing. “We didn’t call Guinness but I’m pretty sure this is the largest patient rounding event in America,” Dr. Feinberg told participants.

The goal: Keep hospital leaders in touch with patients. “If you don’t go into patient rooms, you can’t be a good leader,” Dr. Feinberg says. “That would be like running a restaurant and saying you don’t care about the food.”

The assignment: “Fix anything we can and take care of any issues right here and now,” according to Dr. Feinberg. At the Marworth Alcohol Treatment Center in Waverly, Pa., it was pillows. “The pillows are covered in plastic so they stay clean, but people can perspire a lot in detox,” Dr. Greg Burke relates. “A second- or third-hand pillow isn’t pleasant, people told our administrators. The next day, the rules were changed: In the future, every new patient will receive a new pillow. The staff went out and bought 70 new pillows for current patients, too. It’s small, but it made a difference.”

Dr. Burke himself visited the Emergency Department of Geisinger Community Medical Center in Scranton. “We noticed they had a system for charging patient cell phones. That’s a real patient-pleaser, as people are always complaining they can’t keep their phones charged in the ER. We’re ordering charging kiosks for other ERs now.”

More leadership rounds are planned as part of ProvenExperience.

The bottom line? ProvenExperience is all about creating a healthcare system that works harder to keep you healthy and help you heal. “At Geisinger, we really have all the tools to say, ‘OK, we’ve got no excuse. Let’s pull it together so that every single person that we come in touch with, we wow them,’” Dr. Feinberg says. “In the end, you’re going to refer us to a friend.”
An innovative Geisinger clinic provides a medical home for young adults with complex needs

Damire Gowin, in his mother’s words, is “a very happy child, so fun to have around.” He enjoys watching cartoons, loves rock ‘n roll music and has a deep, chuckling laugh.

He also can’t walk or talk, receives nourishment from a feeding tube and has frequent seizures. Damire recognizes people by their voices and follows them with his eyes. He functions at the level of a 6-month-old, his mother says, due to brain damage in infancy.

Connie and Wayne Gowin became foster parents to Damire when he was 2 1/2 years old and adopted him at age 8. He is now 20. A nurse stays with him at night in the family’s Towanda, Pa., home so his mother can sleep. “You can never leave him alone because he’ll take his trach (breathing tube) or feeding tube out,” says Connie. Sometimes he accidentally hurts himself during seizures.

Medically complex young adults like Damire have conditions they acquired at birth or that developed in childhood. Until recently, some survived for only a few years or less. As scientific advances have improved pediatric treatment, many children now live far beyond the time predicted when they were first diagnosed.

Today, about 750,000 children with complicated medical needs turn 18 every year in the U.S. Like snowflakes, each one is different. They vary in abilities and disabilities — physical, cognitive and behavioral. Some, like Damire, are unable...
Pediatrics

BY ROBIN WARSHAW • PHOTOGRAPHY BY JOSIAH LEWIS

“Dr. Davis gets ‘em laughing. Damire and his sisters have a good time. It doesn’t even bother them that they’re going to the doctor’s, where it used to bother them.”

Connie Gowin, mother of Damire
to care for themselves. Others take their complex conditions with them to college. Yet all share a common challenge: As they become adults, they will need medical care for symptoms and challenges associated with childhood conditions.

That means leaving the familiar and often emotionally reassuring world of pediatric medicine and facing many unknowns. With little guidance or coordination, care can be fragmented and hard to find. Adult healthcare providers may be unfamiliar with, or even uncomfortable with, patients’ complicated issues. That’s why many of these young adults use hospital emergency rooms for primary care. They also tend to have less follow-up medical support, which can cause problems to worsen and new ones to develop.

Anthony Conklin: how one patient inspired a new care approach at Geisinger

When he was a child, Anthony Conklin’s family drove several times a month to a pediatric hospital four hours away, “just to keep him healthy,” says his mother, Pat. Born with brain bleeding, Anthony couldn’t use his limbs, had seizures and breathing problems, and was often hospitalized. When pediatric care ended, his family searched for new doctors, with little luck.

Anthony had been a Geisinger patient as a young child, but his family had to switch his care due to insurance reasons. They brought Anthony back to Geisinger in 2008, after he turned 21, yet finding the right care was still tough. Generally, adult care providers were not experienced at treating patients who had complex health issues since birth. Pat felt like she was struggling to be heard, even as she was confident she knew Anthony best. A nursing administrator told her about Dr. Tom Davis’ interest in medically complex young adults.

“I could see that Anthony’s mother was frustrated because she wasn’t able to access the level of care she needed. That exemplified why the Comprehensive Care Clinic needed to be created,” Dr. Davis says. It would be a learning experience for all. “Anthony was really the first patient. We went through the process together to figure out how to do this well.”

Providing the right care, Dr. Davis says, “was really about getting to know Anthony, his life and problems, and thinking outside the box to manage those problems. It was about bringing in the right people and resources so that this smiling kid, who loved to vocalize and loved people — and met — was able to continue to do that for as long as possible.”

With a care plan and coordinated management, things got a little easier for Pat. Her expertise with her son’s needs was recognized and appreciated, and her questions answered, while the CCC staff taught her medical skills to use at home.

Anthony took a role as well, as an educator. “Toward the end of his life, he was in the hospital a lot,” Dr. Davis says, “and he allowed us to show what we were trying to accomplish with the medical home model.” When medical students and residents walked into Anthony’s room, he “lit up” and was always willing to be part of the teaching.

Anthony “put a face, a personality and a life to a concept,” says Dr. Davis. “He acted as the living proof that this can work. He has quite the legacy here.”

Pat and Dr. Davis agreed that Anthony’s life would not end in the hospital. “I wanted him home with his dogs, music and family,” Pat says. Anthony was 29 when he died in 2013. Pat now is on the Geisinger Parent-Family Advisory Committee and helped create a guide for caregivers.
Families worry as young adults with complex conditions face the transition to adult medicine: Where will we find doctors who understand all of my child’s needs? Can my child take more responsibility for medical care? Will providers listen to family and caregivers? What insurance changes will happen?

“As they reach the teenage years, in the back of your mind, you know 21 is coming fast,” says Patricia Conklin, of Berwick, Pa. Her son, Anthony (see sidebar) was born with a brain hemorrhage and given three days to live. Despite severe impairments and chronic medical conditions, he survived almost three decades before he passed away in 2013.

“When 21 hit, we walked out that door (of a children’s hospital) and we could never go back in there again,” Pat says. “You’re pretty much on your own.”

Filling the void: Geisinger’s Comprehensive Care Clinic

Children with complex medical needs generally leave pediatric care between ages 18 and 21. Often it’s up to families to find adult primary care providers and specialists. They also must juggle appointments, monitor prescriptions and equipment, bridge communications among providers and navigate insurance coverage. Carlos Perez, MD, a Geisinger pediatric pulmonologist who treats lung conditions such as cystic fibrosis, has seen the struggles his patients face. “Families were frustrated when they couldn’t find anybody who wanted to deal with certain problems,” he says. “They were having to go multiple places to try and get every little thing, with no sense that there was anybody looking at the big picture.”

That big picture for each patient requires understanding complicated childhood disorders as well as adult changes and needs.

Through the focused interest and advocacy of Thomas W. Davis, MD, Geisinger Medical Center now provides a solution for patients and families who, as he puts it, were “falling through the cracks.” Dr. Davis, who completed his residency at Geisinger in 2012 and joined the medical staff that same year, is director of Geisinger’s Comprehensive Care Clinic (CCC), an innovative program founded to achieve better care for young adults with pediatric-acquired conditions. Working in partnership with patients and families since 2012, the CCC provides both a well-planned transition to adult care and, for many, a patient-centered “medical home” of primary care and coordinated services.

The CCC helps young people with a wide range of conditions, such as congenital heart disease, cerebral palsy, Type 1 diabetes, muscular and myotonic dystrophies, cystic fibrosis, autism spectrum disorder, intellectual disabilities, seizure disorders, spina bifida, irritable bowel disease, chromosomal abnormalities and genetic disorders. More than 275 patients now use the CCC, with some of them living two or more hours away from Danville. In the past decade or so, many university-based pediatric hospitals have established complex care clinics, but there are very few similar adult clinics to serve patients after they “age out” of pediatrics. By being at the forefront of this comprehensive and supportive care movement for young adults with childhood-acquired conditions, the CCC brings relief to many families — even those who know the ins and outs of the healthcare system.

“When 21 hit, we walked out that door (of a children’s hospital) and we could never go back in there again. You’re pretty much on your own.”
I didn’t know who was going to take him,” says Karen Castillo of her son, Antonio, who has lissencephaly, a brain malformation that causes profound handicaps. Tony, 22, lives at home in Sugarloaf, Pa., and needs help with all function. Karen is a former pediatric nurse and her husband, José, is a Geisinger hematologist/oncologist. Even with their medical knowledge, Karen felt anxiety about switching their son to adult providers. “Most physicians wouldn’t know what to do with Tony,” she says. That worry eased when a Geisinger physician told the couple about Dr. Davis and his work.

Ever since volunteering as a teenager to help children who had complex conditions, Dr. Davis has been interested in caring for young people like Damire and Tony. During his residency at Geisinger, he studied the best approaches to helping such patients make the transition to adult medicine. He explored research, talked with families and young adults, and conferred with specialists. His interest led to board certification in internal medicine (adult healthcare) and pediatrics, a combined specialty known as med-peds.

At the CCC, Dr. Davis is director and physician on a team with a physician assistant, RN care manager and pharmacist. The team handles primary care and some specialty care for many patients, consults and coordinates with other physicians and specialists, solves insurance difficulties and finds outside resources. Families and young adults are valued as important members of that team. This helps patients get the right care, function better and have fewer hospital stays. The clinic also prepares them, if able, to participate in their own care. “We think about the things we need to do for the patient to improve his or her quality of life and to improve the family’s and caregiver’s quality of life,” says Dr. Davis.
Take the example of Dimitris Theodorelos, 22, who has Duchenne muscular dystrophy, a genetic disorder causing progressive muscle weakness. He can’t walk or move his arms, has breathing and heart problems, and uses a feeding tube and ventilator. Nurses help him at his family’s home in Kingston, Pa.

At the CCC, Dimitris says, he’s been more involved in talking about his condition and treatments than before. “I have a better part in my care with Dr. Davis,” he says, adding that his functioning has improved. “My heart is a lot better. Before it was at 130 or 140 beats per minute. Now it’s in the 80s.”

Dimitris loves video games, but his brother or cousins have to play for him. Recently, Dr. Davis suggested a device that could let him play games through eye and muscle movements. He also recommended a wheelchair better shaped to Dimitris’ body. “I appreciate everything the clinic has done for me,” says Dimitris. “Everyone there has helped.”

**Making a successful transition to adult life**

Christine Dunham, of Pocono Pines, Pa., recently finished college and has big plans. At 23, she’s preparing for graduate school and a career as a psychologist. Yet her path has not always been so clear. Diagnosed as an infant with sarcoidosis, a condition that forms damaging lumps in organs, Christine’s childhood was marked by many visits to specialists, periods of illness and a long hospital stay when the disease spread to her stomach.

“Throughout my life, my mom was always in the (examining) room with me,” she says. As her 18th birthday approached, Christine’s Geisinger doctors sent her to Dr. Davis to talk about the transition out of pediatrics. “I was a little nervous,” she admits.

Planning a good transition to adult care involves thinking about the young person’s medical and psychosocial concerns. In the CCC, transition planning may begin at age 15. Each patient receives a full medical assessment and evaluation of behavioral issues, technology requirements such as ventilators or monitors and

---

**What’s in a comprehensive care plan?**

The CCC’s comprehensive care plan is a roadmap for the transition process and adult medical care. Created by Dr. Davis and other Geisinger staff, with input from patients, families and caregivers, the plan includes these elements:

**Transition**

- Ongoing needs for conditions begun in childhood
- When pediatric services will end
- Any adult providers identified
- Patient’s awareness of diagnosis and treatments
- Transition readiness, based on patient’s strengths and weaknesses
- Community resources for caregivers and families

**Patient first**

- Shows young person as more than a disease
- What patient is like on a good day
- Communication style
  - If cannot talk, how patient vocalizes or gestures
  - Likes and dislikes, such as darkened or brightly lit room
  - How patient changes when ill
  - Best approaches when in hospital or needing blood draws
- “What everyone should know about me” details
- Goals

**Head-to-toe analysis**

- Looks at all concerns by system, such as pulmonary, cardiovascular and nervous systems
- Presents medical issues and current treatment or medicines prescribed for each
  - Says what can safely be done at home if a problem arises, when to call doctor and when to go to hospital
- Details all body systems as well as behavioral issues and technology or equipment
“As an adult, it’s kind of scarier to weigh the pros and cons of my treatments, when before it was the doctors and my parents talking it over and basically making the decisions.”

more, says care manager Paula L. Shaw, RN. “We learn what their needs are, when they have to age out from pediatric specialists and what their likes and dislikes are,” Shaw says.

Clinic staff members understand parents’ emotions about leaving pediatric care. “They’re responsible for the child being here. They’ve been advocating and spent countless nights awake,” says Shaw, who first got to know some of today’s CCC patients as infants, when she was a nurse in the pediatric intensive care unit (ICU). The clinic connects with adult specialists who are open to collaboration and to continuing what’s worked well before.

In the transition process, some young people learn to become responsible for their healthcare, as parents evolve into supportive roles. Barbara Leauber, MS, PA-C, physician assistant for the CCC, has seen growth happen. “We talk with parents and young adults about things they (patients) need to take more independence with, like medication management, learning doses and timing,” she says. When patients cannot take on responsibilities, the CCC helps families and caregivers become experts in patients’ conditions and therapies.

Christine gradually adjusted to being in charge. “As an adult, it’s kind of scarier to weigh the pros and cons of my treatments, when before it was the doctors and my parents talking it over and basically making the decisions,” she says. She still asks her parents for advice, but “at the end of the day, I’m the one having to make the choice.”

Patients receive detailed comprehensive care plans (see sidebar, page 31), developed with input from the young adults, their families and pediatric specialists. Patients and caregivers can use the plan with new providers, during hospitalizations or when they travel, to explain the young person’s condition, needs and care preferences. The plan “looks at the whole benefit for that particular child,” says Dr. Perez, who often refers patients with lung conditions to the clinic.

The CCC was developed from recent research in the field. Dr. Davis is part of the Healthcare Transition Research Consortium, an international group studying the transition process. “We have to look at systems of care and (ask) how do we better deliver care to these patients,” he says.

Help from a medical home

Perhaps most significant for many families and young people, the CCC provides a patient-centered medical home at age 18 and older. This gives comprehensive primary care focused on the full scope of patients’ needs. Office visits are typically about an hour, longer than possible in traditional practices. And similar to the way that primary care physicians for healthy adults coordinate with specialists involved in their care, the CCC communicates even more closely with its patients’ specialists.

Jill M. Gotoff, MD, a pediatric neurologist and epilepsy specialist at Geisinger, has patients with difficult-to-control epilepsy as well as cognitive delays, autism and other conditions. When Dr. Gotoff refers patients to the CCC, she monitors their epilepsy and relies on the clinic and Dr. Davis to handle a broader range of concerns. “He’s not afraid of these patients,” she says. “Sometimes, primary care providers, if they hear the word ‘epilepsy’ or see that the patient is on more than one medication or has another issue, they immediately say, ‘Call Neurology.’ I know that Dr. Davis will manage the patient’s issues within the context of his or

---

Pediatric complex care clinic opens

Building on the CCC’s work with young adult patients, Geisinger recently opened a Pediatric Complex Care Clinic. This provides care management for children age 2 weeks to 16 years who use technology such as a ventilator and see two or more pediatric specialists. “We need to catch these children early and decrease any issues that may be developing,” says Michaelyn Notz, DO, clinician for the pediatric program. “Eventually, they can move to the Comprehensive Care Clinic and have a continuation of their care.”

For more information, call 570-271-6440.
her general health, conferring with specialists when necessary.

The clinic also coordinates with insurers and health or social services. As care manager, Shaw handles everything from finding answers to families’ questions to investigating insurance coverage for nighttime nursing and medical equipment. The clinic pharmacist makes sure that medicines prescribed by multiple physicians won’t interact. “You’ve got it all in one place,” Connie Gowin says.

For many patients, the medical home approach streamlines care. Says Christine Dunham, “It’s a lot simpler just going to Dr. Davis once in a while and him running tests all at once, instead of having to make four or five trips to specialists.”

That has been important to the Gowin family. Although they live two hours from Danville, they use the CCC as their medical home not only for Damire, but also for two adopted daughters. (The couple, who have two adult biological daughters as well, provided foster care to medically fragile babies before adopting the three children.) Their daughter, Heather, 21, has cerebral palsy and other problems. Hannah, 17, has DiGeorge syndrome, a chromosomal defect causing developmental and immune difficulties. The clinic schedules all three to have appointments on the same day, back-to-back.

According to Connie, the primary doctors in their rural area didn’t understand the children’s needs and didn’t communicate well with the family or specialists. She finds the CCC team “very good about sitting down and discussing the kids and coming up with a game plan.” Electronic and phone contacts with specialists keep everyone informed.

Some patients use their comprehensive care plans with primary care providers near their homes. The CCC partners with those community doctors to maintain close follow-up and communication.

But there’s another reason the Gowins like their children’s medical home: Damire, Heather and Hannah are comfortable at the CCC and enjoy their visits. “Dr. Davis gets ‘em laughing. The kids have a good time,” Connie says. “It doesn’t even bother them that they’re going to the doctor’s, where it used to bother them.” This is because the CCC views patients as people, not conditions. That compassionate understanding respects the young adults while also reassuring families. Karen Castillo, the former pediatric nurse whose son is in Dr. Davis’ care, noticed it right away. “When I met Dr. Davis, he got down on his knee, took Tony’s hand and spoke directly to him. That touched my heart,” she says. “He interacts with Tony during each visit, even if Tony doesn’t respond.”

Last summer, Tony became very ill and Karen thought he might not survive. Dr. Davis sent Tony home on oxygen, which he still needs, but he is doing better and is back enjoying activities at a day program in Wilkes-Barre, Pa. “Every day, he comes home and they say he had a wonderful day,” his mother says.

To find out more about the Comprehensive Care Clinic, call 570-271-6164.

Christine Dunham of Pocono Pines, Pa., appreciates the convenience of having all follow-up testing done by the Comprehensive Care Clinic.

“It’s a lot simpler just going to Dr. Davis once in a while and him running tests all at once, instead of having to make four or five trips to specialists.”
At Geisinger, pharmacists have become an integral part of the care team for patients with chronic conditions, helping to orchestrate better outcomes and better care.
Five years ago, Thomas Klena, age 77, of Danville, Pa., was diagnosed with atrial fibrillation, an irregular heart rhythm. Having an irregular heartbeat can cause blood to collect in the heart and potentially form a clot, which can travel to a person’s brain and cause a stroke. Klena’s cardiologist prescribed anticoagulation therapy, which simply involves taking a blood-thinning medication that helps prevent dangerous blood clots from forming. Going on a blood-thinner is anything but simple, though, and Mr. Klena suddenly had a great deal of new information to absorb. It turned out that treating his new chronic condition would require not only carefully adjusted drug therapy, but also regular blood monitoring to guard against excessive clotting or bleeding.

Moreover, he would have to learn about all of the foods and medications that could potentially interfere with his therapy, and he would need to take special precautions before having any future surgeries.

Klena’s cardiologist knew his patient would need more in the way of education and personal attention than a busy doctor’s office could provide. He immediately referred him to a nearby Geisinger Health System Anticoagulation Management Clinic, where pharmacists were ready to help with the process of adjusting to his new therapy.

“I only visit the clinic about once a month now,” says Klena. “My situation is stable, so I’ve settled into a comfortable routine. But in the beginning the pharmacists spent a lot of time with me, one-on-one, teaching me about every single
detail of my condition. They went over my diet and which foods I should avoid. They explained the regular blood testing that I had to do, and what all of the numbers indicated. Before and after my hip and knee surgeries, they spent a lot of extra time with me, to help me with necessary adjustments to my medication. And recently, when my blood test results were off because of a change in my diet during the holidays, they worked closely with me to get me back on target.”

With the goal of extending, rather than replacing, the guidance provided by Mr. Klena’s cardiologist and primary care physician, the anticoagulation clinic provided the coaching and round-the-clock reassurance that he needed to adapt to his new routines. And five years later, the clinic remains a reliable resource.

“If I ever have a question about my anticoagulation therapy,” Klena says, “I know the answer is just one phone call away. And all of the details about my therapy are carefully documented electronically, so all of my doctors stay informed. When I go to see my cardiologist, I don’t have to go over every single thing that has happened since our last visit. He has pretty much all of the information he needs at his fingertips.”

The medication experts

Today, collaborative drug therapy management agreements, which allow pharmacists to play an integral role in delivering team-based medical care — particularly to patients with chronic conditions — are becoming more common throughout the U.S. However, Michael Evans, BS, RPh, associate vice president of Strategy and Innovations, co-director of the Pharmacy Outcomes Fellowship Program, and pioneering founder of the first Geisinger Health System Anticoagulation Management Clinic, remembers when such agreements were unheard of. Back in 1996, not long after he joined Geisinger, Evans envisioned pharmacists moving beyond their standard role of dispensing medication to directly engage in patient-centered counseling and medication management. At that time, his ideas were considered fairly radical and met with considerable resistance. This was an area of patient care that physicians had traditionally handled.

“When we initially tested the concept of a pharmacist helping to manage a chronic disease,” says Evans, “we decided to begin with anticoagulation therapy, because it involves working with patients who have very high-risk disease states. Anticoagulation therapy also has a very narrow therapeutic index, which means it is very difficult to control, and precise monitoring and adjustments are often required to prevent excessive clotting or bleeding.

When I designed our pilot program two decades ago, I was grateful that a few key physicians, including two neurologists, supported the idea. However, even when results of our pilot program clearly demonstrated the value of placing pharmacists in this new role, we continued to face some pushback because it was so unconventional at the time.”

Pharmacist Stacey Grassi, PharmD, who reports to Evans as regional coordinator of the Ambulatory Clinical Pharmacy Programs at Geisinger and who works closely with patients at the Anticoagulation Management Clinics, recalls the shift in thinking about the pharmacist’s role that was still taking place at the beginning of her own career, just over a decade ago.

“Traditionally people used to think of a pharmacist as having one of two roles,” says Dr. Grassi. “There were standard retail pharmacists, who distributed medicines at various retail sites, and then there were the pharmacists who worked in hospitals and typically spent their days down in the basement, processing prescriptions. But gradually some schools of pharmacy began changing their approach to education and offering more specialized training.”

What became increasingly apparent to educators and students alike, says Dr. Grassi, is that pharmacists have their own niche in healthcare.

“Our area of expertise is medicines,” she says. “We’re trained to understand each drug’s mechanism of action, to know how each drug works in the body, and how other medications are going to interact with it. We’re trained to understand potential side effects and how to handle them. Pharmacists really are medication experts. When it comes to other areas of patient
care, such as diagnosing disease, our physician colleagues are unquestionably the experts.”

As the Anticoagulation Management Program at Geisinger evolved, and pharmacists began to interact and collaborate with other healthcare professionals more regularly, Evans and Dr. Grassi say that pharmacists gradually became a familiar and trustworthy resource.

“Eventually,” says Dr. Grassi, “we started to grow on the nurses and physicians. They realized that we weren’t going away and they could take advantage of what we had to offer.”

A model for other chronic conditions

The remarkable growth of the anticoagulation program coincided with — and benefited from — Geisinger’s pioneering use of electronic health records, which record every detail of each patient’s therapy and support the coordination of care by each patient’s healthcare team. A finely tuned system of communication is in place to support patients under all circumstances, which can range from preparing for vacation or surgery to coping with medication costs.

“Our pharmacists are familiar with every patient assistance and coupon program available,” says Evans. “We’re always ready to develop a tailored medication plan based on the financial, physical, social and religious needs of a patient.”

Such meticulous attention to detail led not only to the success of the Anticoagulation Management Program — which now has 33 locations, with 41 pharmacists currently managing more than 19,000 patients — but also to the launch of Geisinger’s internationally recognized Medication Therapy Disease Management (MTDM) Program.

“After the success of the anti coagulation program,” says Evans, “our physicians began to say, ‘Wow, if you can manage high-risk therapy such as anticoagulation, you should be more than capable of managing diabetes and other chronic conditions.’”

Evans’ team of pharmacists was certainly up to the task, and they now successfully counsel more than 30,000 patients each month through the expanded MTDM program. In addition to helping patients with anticoagulation therapy, the pharmacists manage patients taking medications for nearly a dozen other conditions, including hypertension (high blood pressure), diabetes, cancer and chronic pain. In the midst of a national conversation about the appropriate use of pain medications, the MTDM program’s work with pain patients is attracting the attention of healthcare experts across the country.

In June 2016, the MTDM program that began with just two pharmacists in 1996 received one of the highest honors bestowed by the American Society of Health-System Pharmacists (ASHP): the ASHP Award of Excellence.
Last September, Fanny Frascella knew something was wrong: She wasn’t feeling well and had suddenly gained weight.

The answer — that she was retaining excessive fluid because of her heart condition — typically would mean she’d have to be admitted to the hospital overnight or even longer to receive intravenous diuretics that could help her body get rid of the fluid.

“I didn’t want to go to the hospital,” explains Frascella, 85, who lives with her husband, Dan, in Wright Township, Pa. However, her Geisinger Wyoming Valley (GWV) Medical Center cardiologist, Seth Ward Fisher, MD, FACC, had another option.

Instead of a hospital stay, Frascella was successfully treated and monitored over the course of several days in the comfort and familiarity of her own home. Paramedics from the Geisinger’s Mobile Health Paramedic Program (MHPP) made the sometimes twice-daily house calls that helped her lose the 16 pounds of fluid required by her doctor.
“In Mrs. Frascella’s case, the paramedics met her in the office and then came to her home to give her diuretics and be available if she had any problems,” says Kim Hart, RN, heart failure nurse coordinator at GWV. “We wanted to make it as easy and comfortable as possible.”

The innovative program has a team of paramedics who can be dispatched to handle medically complex cases at the request of Geisinger Wyoming Valley physicians from the Heart Failure Clinic, Emergency Department or one of the five primary care/medical home sites within a 20-mile radius of GWV. Roughly 60 percent of all participants have heart failure; the others have diabetes, chronic obstructive pulmonary disease (COPD), and other serious conditions that could benefit from in-home services.

The paramedics use mobile equipment and audiovisual technology to connect with care providers and conduct on-site assessments, medical interventions or follow-up care, such as checking vitals, blood testing or administering intravenous diuretics.

“They were very helpful to come to the house to do what they did,” Frascella says. “I appreciated that and I thought it worked out well.”

Her husband, Dan, adds, “Being the caregiver, it meant that I didn’t have to get in the car, drive down to the hospital, stay down there for eight hours and then drive back home. That was a big load off of my mind.”

Roni Koval, EMT-P, was the primary paramedic caring for Fanny. “I saw her afterward at the clinic when she came in for an appointment,” she recalls. “She looked wonderful.”

Frascella is just one of over 1,000 patients who have benefited from over 3,700 home visits and phone encounters since the MHPP began in March 2014. The program covers Luzerne County and the southern parts of Lackawanna and Wyoming Counties.

Closing the gap between home and hospital

“About a year before we launched, we were exploring many ways to extend more care into the community and not have care so focused on the hospital setting,” says David Schoenwetter, DO, FACEP, medical director of Emergency Medical Services for Geisinger Health System. “Our community-based care solution was to create a hospital-level-of-care program in the home. In addition to nursing and pharmacy resources, we knew we would need some type of clinicians who could be nimble and flexible and had the skill set to help manage the care.”

Paramedics fit the bill perfectly, he says. “They have a wide background in handling acute and chronic conditions, they are used to working outside of the hospital/clinical environment, and they are used to dealing with people in their home or living environment. A big part of their work is relaying information back to physicians. They are used to visiting patients, providing an assessment and then circling back with the providers to determine a care plan. “They make a great flexible, nimble, rapidly deployable clinical resource,” Dr. Schoenwetter adds.

“The paramedics are the eyes and ears for the doctors,” says Martin Mahon, EMT-P, FPC, the MHPP program manager. “They need to have that caring for the patient, be able to communicate well with the patient, and develop a real rapport. They also must have high skill levels in medical care and critical thinking.”

“Looking at this from the patient’s point of view, we know they don’t really want to come to our Emergency Department or get admitted to the hospital,” says Kathleen Sharp, MBOE, LBB, a Geisinger senior performance innovation consultant who helped develop the community-based care program. “With this program, we can design care that is safe, effective and meets the patient’s needs. The program also fills a gap between the nurse case manager program and the Emergency Department providers. It makes sure we are providing integration of services without duplication.”

For Mahon, the real secret to success has been the paramedics.

“When they walk into a house, they can be comfortable in that place,” he says. “They get along with the family and with the patients. They’ve gone out of their way for many patients. When we’ve had a patient who passed away, they have gone to the viewing. They see the patient often enough that they become like family.”
Although all of the paramedics in MHPP have years of experience in emergency medicine, the day-to-day job of the mobile home paramedic tends to be less adrenaline-infused — but no less impactful. The team includes three full-time paramedics: Koval, Robin Fike, NREMT-P, and Michael Boyer, EMT-P. Mr. Mahon, fills in on nights and weekends for the other team members, as does paramedic Bobby Carpenter, NREMTP, and Jack Lasky, EMT-P, who also is emergency medical services coordinator for GWV.

Koval, a former 911 paramedic who started volunteering for her local ambulance corps during high school, now spends her days following up with patients in person or over the phone and being deployed by physicians to visit new patients as needed.

“In my role, I deal with a lot of heart failure patients,” she says. “I call patients and ask questions related to their heart failure. If they are starting to have an issue, we can catch it early before the point where they have to be admitted to the hospital.

“Typically, the patient will call the doctor and say they aren’t feeling well and then the doctor asks us to go to draw labs and then the physicians can decide, based on the results, if they need to have the patient come into the office. Then we can follow up with home visits,” she says.

“I like this role. We get to see the results of our treatment within days, especially with the heart failure patients,” Koval explains. “We know that what we did really made a difference. We see these people get better.”

Technology is a key part of the process, Koval adds. “I can conduct a 12-lead EKG and send it directly to the doctor’s office. Then, if the doctor wants to do a visual examination of the patient, I can set up my laptop and wireless connection to do a face-to-face video chat between the doctor and the patient. This is some pretty cutting-edge stuff.”

Proven results

The program’s outcomes have been impressive. During the pilot phase from March 2014 to June 2015, the program prevented 42 hospitalizations, 33 Emergency Department visits and an estimated 168 inpatient days. MHPP is offered to patients free of charge because it provides better care.

Statistics aside, Mahon notes that the MHPP has helped chronically ill patients reach goals that matter to them: “One man wanted to be stable enough to visit his grandchildren one last time. He did.”

When that patient, who was in his 80s, passed away not long after, his family noted their appreciation for the Geisinger team in his obituary. They thanked Hart, the two paramedics — Koval and Fike — as well as Jennifer Mangan, RN, and asked that memorial contributions be made to Geisinger’s Mobile Paramedic Heart Failure Fund.

Says Koval, “With 911 calls, you often have no clue what happened to your patients. Nine times out of ten you are putting them in the

### MHPP interventions for 1,001 individual patients from March 2014 – May 8, 2016

<table>
<thead>
<tr>
<th></th>
<th>Heart failure patients</th>
<th>Other patients</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visit encounters</td>
<td>294</td>
<td>318</td>
<td>612</td>
</tr>
<tr>
<td>Phone encounters</td>
<td>2,696</td>
<td>456</td>
<td>3,152</td>
</tr>
<tr>
<td>Total encounters</td>
<td>2,990</td>
<td>774</td>
<td>3,764</td>
</tr>
</tbody>
</table>

Source: CBC Mobile Integrated Health Patient Log
ambulance and driving them to the ER and you’re usually not sure if what you did made a difference. With this program, we see these people and truly know that what we did made a difference. And then you have something awesome like what happened with (this patient). We know that it wasn’t just him that we helped — we helped the family and they appreciated it too.”

MHPP was unanimously chosen for the 2015 Emergency Care Innovation Award of the Year by the American College of Emergency Physicians and Urgent Matters, a resource center for improving emergency care that is part of the School of Medicine and Health Sciences at George Washington University in Washington, D.C. The program also was profiled in an August 2015 Wall Street Journal article by noted health journalist Laura Landro. But the program’s most impressive recognition comes from patients: Recent results show that 73 percent have taken the time to complete the post-encounter survey, and their responses have been 100-percent positive.

For Fanny and Dan Frascella, the innovative in-home approach made all the difference in how well Fanny felt after Koval helped stabilize her condition.

“I appreciated them coming and doing what they did,” says Frascella, who also reports that, with the help of nurse coordinator Kim Hart, she has been eating and drinking better to keep fluid retention at bay. “They were very friendly and very cooperative. They couldn’t do enough for me, right Dan?”

He agrees wholeheartedly. “I think it’s a wonderful program. This way you get the help and the patient has the comfort of their own home and they aren’t out of their environment. Also, (the paramedics) were here twice a day and nothing was too much for them to do. In between the times they were supposed to be here, they called to see if everything was going all right.”

Looking ahead, there are plans to expand this program’s approach to other Geisinger hospitals. Plus, for GWV Emergency Department patients who are sick enough to require hospital-level care but stable enough to be treated in their own homes, the medical center has launched a Treatment at Home Option program. This allows patients to receive physician-directed care from paramedics in their homes following discharge from the ED — a further expansion of patient-centered services beyond the traditional hospital setting.

“With this program, we see these people and truly know that what we did made a difference. And then you have something awesome like what happened with (this patient). We know that it wasn’t just him that we helped — we helped the family and they appreciated it too.”
For a person who either does not have health insurance or is enrolled in a plan with high out-of-pocket costs — often by necessity, since these plans tend to have lower premiums — a checkup at the doctor or dentist can stress the household budget. Seeing a specialist may be out of the question. As a result, routine health care gets neglected, and people resort to the Emergency Department (ED) when symptoms become too bothersome to ignore. This goes against the concept of the primary care “medical home,” which encourages patients to establish a relationship with a primary care physician in order to stay well and manage symptoms before they spiral out of control.

“Patients who can’t access primary care for financial reasons end up using the ED as their medical home,” says Tracey Wolfe, MHA, vice president of operations for the Division of Medicine and Community Affairs. “For a while now we have known this was happening in some of Geisinger’s service areas and we wanted to change it.”

Wolfe is referring to the Community Health Needs Assessments conducted by Geisinger Lewistown Hospital and Geisinger Shamokin Area Community Hospital* over the past few years, which showed this to be an issue in both communities. However, providing low- or no-cost primary health services is difficult, if not impossible, to sustain over

---

**Geisinger Partners with The Primary Health Network to Improve Access to Primary Care**

A new building is in the works for Primary Health Network–Lewistown and scheduled to open in 2017. Rendering: Courtesy of JC Pierce, LLC

---

*a campus of Geisinger Medical Center*
time. To widen access to affordable primary care, Geisinger Health System turned to The Primary Health Network (PHN) to set up and manage community health centers located close to these two hospitals. PHN is a private, nonprofit organization with more than three decades of experience helping communities throughout western Pennsylvania and Ohio set up Federally Qualified Health Centers, or FQHCs. Open to anyone, these centers provide their services to all persons regardless of ability to pay, and they charge on a sliding-fee scale based on patients’ family income and size. By doing this and complying with certain other federal requirements, FQHCs qualify for specific subsidies from the government, which makes the model sustainable. However, it is very difficult for a startup clinic to qualify for government approval as an FQHC, which is why Geisinger sought out The Primary Health Network as a partner.

PHN–Lewistown Community Health Center opened in January 2014 in a storefront about two miles from the hospital. It provides primary care for all ages and women’s health services; a separate Lewistown Dental Clinic recently opened down the street. In its first 2 years, the center saw more than 13,000 patients. PHN is preparing to break ground on a new multisitory health center located right off Route 322 and scheduled to open by the end of 2017; it will bring medical and dental into one space and expand the scope of services to include behavioral health. PHN Eastern Regional Director Marie Mulvihill, who as former executive director of the United Way of Mifflin-Juniata had tried for years to establish a health clinic in the Lewistown area, is excited to bring The Primary Health Network into Geisinger’s service area, as most of its centers are now located in western Pennsylvania.

“Geisinger is a strong presence in this region and PHN is known for what it does so well, and together we can really make a difference to the segment of the population that really needs this,” Mulvihill says.

“This whole effort is about collaboration,” adds Geisinger Lewistown Hospital Chief Administrative Officer Kay Hamilton. “What we cannot provide, PHN can. And when they have patients who need specialty care, we can be here to meet that need.”

In March 2016, PHN’s Shamokin Community Health Center opened on the campus of Geisinger Shamokin Area Community Hospital in the Ressler Building, which is already home to a specialty care clinic. Chief Administrative Officer Thomas Harlow expects that, over time, the center will relieve some of the pressure on the ED to provide both primary care and care for chronic conditions.

“About 40 percent of our ED visits are low-acuity and not true emergencies. And if you have a chronic condition such as diabetes, you don’t want to be getting your care in the ED.

It’s better in the long run for patients to be seen in a primary care setting,” he says. “I also think this effort shows that we hold ourselves accountable for what we find when we survey the needs of our community. If we do the community health needs assessment and don’t act on it, we aren’t serving the community well.”

Each Geisinger hospital conducts an in-depth community health needs assessment every three years and creates an action plan to address the findings.

For more information about the new PHN community health centers:

The Primary Health Network
primary-health.net

PHN–Lewistown Community Health Center
21 S. Brown St.
Lewistown, PA 17044
717-447-0340

PHN–Shamokin Community Health Center
4203 Hospital Road, Suite 1
Coal Township, PA 17866
570-486-4588
Geisinger’s Centennial Campaign Surpasses Goal, Raising Over $171 Million to Benefit Patients and Programs

Redefining boundaries
When Abigail Geisinger founded the first Geisinger hospital 100 years ago, she launched what is today one of the largest and most innovative healthcare systems in the country. Thanks to her transformative gift, communities throughout central, south-central and northeast Pennsylvania and southern New Jersey now have access to quality healthcare and an exceptional patient experience.

We have spent the past century building on our founder’s generosity, creating a foundation of philanthropy that is exemplified in the recently completed Centennial Campaign. The Centennial Campaign was truly a community effort, involving patients and their families, employees, leadership and business partners. Together, they supported Geisinger and our mission by raising more than $171 million to revolutionize the quality of care we provide to our communities.

Transforming development at Geisinger
We began the Centennial Campaign in June 2003, determined to not only reach our financial goal, but also to build a sustainable fundraising program supported by dedicated volunteers through a variety of philanthropic activities. Only then, we knew, could we create the strong, structured platform from which more ambitious fundraising efforts would emerge.

Our vision became a reality in 2010, when we set a new fundraising goal for the campaign of $150 million and restructured our development office, adding more than 30 professionals in fields ranging from major gifts and grants to prospect research and employee giving.

Engaging the community
We knew from the beginning that the core of this campaign had to come from the community. Given that Geisinger serves more than 3 million residents, this required a significant volunteer commitment. More than 200 volunteers, organized on a regional and community level, participated with volunteer committees in each region. Together, they served as advocates, ambassadors, and active solicitors, carrying the message of our patient-centered philosophy throughout their neighborhoods.

Programs and initiatives launched and expanded with campaign funding

- Alec Ewing Healing Garden
- Autism and Developmental Medicine Institute
- Expansions to Geisinger Woodbine, Geisinger Lewistown Emergency Department and Radiology renovations
- GenomeFIRST
- Frank M. & Dorothea Henry Cancer Center at Geisinger Wyoming Valley
- Keystone Health Information Exchange expansion
- Multiple clinical and program expansions
- MyCode® expansion
- ProvenWellness Neighborhood
- Steele Center for Innovation
- Tambur Family Neonatal Intensive Care Unit at Geisinger Wyoming Valley
- Treatment at Home Option
- Women’s Heart Health Initiative

New funders

- Margaret A. Cargill Foundation
- Discovered and Developed in PA, a DCED Program
- John E. Morgan Foundation
- Harry and Jeanette Weinberg Foundation
- Gary and Mary West Health Institute
“My daughter has Down syndrome. After she was born, we found a wonderful resource in the Neurodevelopmental Pediatrics Clinic in Danville. I want other families to have the positive experiences we have had, and I give because I believe in paying it forward. That’s why I support the Autism and Developmental Medicine Fund.”

Christa Lucas, DPT, manager, Rehabilitation Department, Geisinger Community Medical Center

“I was able to continue my education with support from nursing awards. I give because I want to give others a chance — not only other nurses, but also our patients. By supporting nursing education, nurses like me have the opportunity to continue learning, and our patients will continue to have the best possible outcomes.”

George Rittle, RN, inpatient nursing operations manager, Geisinger Bloomsburg Hospital

This component of the Centennial Campaign incorporated a volunteer-led, donor-centered approach based on more than 150 employee volunteers who served as “champions” within their departments. We more than met our $10 million goal. Most important, however, is that nearly 70 percent of physicians and 99 percent of the executive leadership team supported the campaign with gifts.
Supporting Geisinger Health System

About Geisinger Foundation

The mission of Geisinger Foundation is to provide Geisinger Health System and its entities with significant philanthropic support to assist in meeting clinical, educational, research and capital priorities. Through philanthropy and grant acquisition, Foundation efforts integrate with Geisinger Health System’s vision to be the health system of choice, advancing care through education and research, focused on quality and innovation, market leadership and the Geisinger family.

Ways to give

Though the Centennial Campaign successfully concluded in 2015, there are still many ways you can be a part of Geisinger’s next 100 years and help to shape patient care for generations to come. Gifts of any size are gratefully accepted and can support any number of priorities and initiatives throughout our health system, from state-of-the-art equipment and facilities for our patients, advanced training and education for our physicians, nurses and staff, to breakthroughs in medical research and treatment.

Charitable opportunities include annual and major gifts, endowments, estate planning, tribute gifts, naming opportunities and grants.

Please visit geisinger.org/foundation for more information and click “Make a Gift” to start your legacy today.
Centennial Ball celebrates Campaign successes and 100 years of caring at Geisinger

On the evening of Oct. 3, 2015, more than 300 members of the Geisinger Health System community gathered for an evening of cocktails, dinner and dancing to mark the 100th anniversary of Abigail Geisinger’s dedication of the original flagship hospital — and all that has happened since then to build Geisinger into a major health system composed of 9 hospital campuses, a 1,200-member multispecialty group practice, approximately 23,500 employees, 2 research centers and a 467,000-member health plan. A parking lot on the Geisinger Medical Center campus in Danville was transformed into a 150,000-square-foot event space to host the celebration.

References to the past were evident and included a display of the contents of a 1913 George F. Geisinger Memorial Hospital time capsule, as well as a 16-foot-long ice bar that replicated the columns of the original hospital. Several former Geisinger CEOs attended, including immediate past CEO Glenn Steele Jr., MD, PhD, who announced the Centennial Campaign fundraising total of $171,156,760. Thanks to the generosity of Campaign donors, the evening became a celebration not only of Geisinger’s past achievements, but also of a future bright with new possibilities.
In the summer of 1988, I was asked to give a speech to my fellow graduates at Jefferson Medical College on the day prior to our graduation. I had entitled my lecture “Our Best Teachers,” knowing that my fellow students expected a humorous display highlighted by my dead-on imitation of our professors. I gave them what they wanted, but as the end of the presentation approached, I switched gears, got serious and delivered a tribute to all of the patients we were privileged to care for during our years of medical training. They truly were our best teachers as they willingly shared their stories and even their very bodies as we learned the art of medicine. Looking back, I realize I might have been guilty of a bit of hubris, being so new to my chosen profession. However, in my 28 years of medical practice since then — 24 of them here at Geisinger Medical Center — I am more convinced than ever that patients truly are physicians’ best teachers.

Here, I have witnessed firsthand as patients suffering with chronic illness display amazing dignity. I have seen spouses support their lifetime soulmates as they themselves endured a terminal illness. Families have taught me how to respond to tragedy and turn weakness into strength. Patients who made what I considered unreasonable demands ultimately taught my colleagues and me the virtue of patience. Firsthand experience really is the best way for doctors to learn. Ron shared every aspect of his illness with admirable openness and trust in all of his caregivers. Eventually, he was transferred to The Johns Hopkins Hospital, where specialists had seen at least a few similar cases.

His devoted wife convinced me that the best way to keep in touch with Ron was texting him on his cellphone. So I finally learned how to text, which pleasantly surprised all four of my children! However, as Ron’s illness progressed and his prognosis worsened, our relationship took a new and unexpected turn. On a subsequent admission to Geisinger, he asked me to witness his baptism. I was profoundly touched to be present for what turned into an inspirational spiritual moment. As I left the hospital room, I felt I had been blessed to accompany Ron beyond the usual boundaries of a medical relationship. We were friends.

After Ron’s passing, his wife asked me to give the eulogy. It was not hard to share Ron’s qualities of family devotion, courage in the face of severe illness, and his blossoming faith. It was hard to speak without my own tears of emotion breaking through. In my mind, the circle of our doctor-patient relationship was...
complete. I had learned about a rare disease and shared it with multiple colleagues, but more importantly, I witnessed Ron’s great courage in facing that disease and his final spiritual journey as death approached. I had even learned how to text on my cellphone! I have a great deal of gratitude to Ron, who gave me far more than I was able to give him.

I will continue to tell students of medicine to remember that, as important as their professors are, patients will always be their best teachers. As physicians, we just have to be open and attentive to their lesson plans.

Greg F. Burke, MD, FACP, chief patient experience officer for Geisinger Health System, has been a practicing internal medicine physician for 28 years. He also serves as editor-in-chief of Geisinger Magazine. The My Turn column will feature the voices of Geisinger staff members who wish to share a personal perspective on practicing medicine and caring for patients here. If you are a Geisinger staff member who would like to contribute to this column, please email us at GeisingerMagazine@geisinger.edu.
The Geisinger Health System Center for Continuing Professional Development (CPD) serves the educational needs of healthcare professionals in the integrated healthcare delivery system and the community. It is jointly accredited by the Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center and Accreditation Council for Pharmacy Education to provide certified continuing education for physicians, nurses, pharmacists and other members of the healthcare team.

The Center for CPD encourages innovative methods of continuing education that emphasize cognitive learning, skill development and attitudinal change rather than "seat time." In 2015, the Center for CPD delivered conferences and symposia, regularly scheduled series, online enduring materials, and diverse training programs to more than 37,000 health professionals.

To learn more about any of the Geisinger CPD activities listed below, call 570-271-6692 or 800-272-6692, or visit geisinger.org/pages/center-for-continuing-professional-development.html.

### UPENDING EVENTS

**JULY**

| 25 | Fundamentals of Disaster Management | Henry Hood Center, Geisinger Medical Center, Danville, PA |

**AUGUST**

| 6  | Educational Conference for Ophthalmic Medical Personnel | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 17 | Aging Brain and Behavioral Neurology Symposium | Mohegan Sun, 255 Highland Park Blvd., Wilkes-Barre, PA |

**SEPTEMBER**

| 7  | Pediatric Trauma Nursing Topics | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 9  | 12th Annual Fall Into Step with Respiratory Care | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 16–18 | First Annual Seminar in Anatomic Pathology | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 21 | Update in Pulmonary Medicine 2016 | Hemelright Auditorium, Geisinger Medical Center, Danville, PA |
| 23 | The Ethics of Medical Error | Mohegan Sun, 255 Highland Park Blvd., Wilkes-Barre, PA |
| 24 | 19th Annual Trauma Anesthesia Symposium | Hilton Scranton & Conference Center 100 Adams Ave., Scranton, PA |

**OCTOBER**

| 6  | 9th Annual Clinical Cornucopia Conference | Pine Barn Inn, 1 Pine Barn Place, Danville, PA |
| 13 | Emergency Nursing Conference | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 14 | 7th Annual Persistent Pain Symposium: A Multidisciplinary Approach | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 15 | Optometry Conference | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 20 | A Systematic Approach to Quality Care for the Elderly | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 26 | Geisinger Quality Annual Meeting | Holiday Inn, Grantville, PA |
| 27 | 8th Annual Pediatric Psychology/Psychiatry Update | Henry Hood Center, Geisinger Medical Center, Danville, PA |

**NOVEMBER**

| 4  | Nursing Research and Evidence Based Practice — The Keys to Quality Patient Care | Henry Hood Center, Geisinger Medical Center, Danville, PA |
| 11 | 23rd Annual Primary Care Update | Penn Stater Conference Center 215 Innovation Blvd., State College, PA |
| 29 | 8th Annual Our Mission to Teach: A Faculty Development Course | Henry Hood Center, Geisinger Medical Center, Danville, PA |

**DECEMBER**

| 1 – 2 | Fundamentals of Critical Care Support Provider Course | Henry Hood Center, Geisinger Medical Center, Danville, PA |
There’s something about this place... something special.

Call it what you will. Our history. Our values. Our lifestyle.

Here, we haven’t forgotten to care.

Geisinger has grown to be one of the most scientifically advanced and innovative healthcare organizations in America. But we’ve never forgotten where we come from.

Caring. It’s such an old idea it almost seems brand new.

For more information, call 800-275-6401 or visit geisinger.org
Geisinger Medical Center’s 100th anniversary celebration in 2015 prompted the opening of a 1913 George F. Geisinger Memorial Hospital time capsule. The contents, shown here, were displayed at the Centennial Ball (see page 46).