New partnership is set to revolutionize medical education and patient care in central and northeast Pennsylvania
In every issue

01 CEO’s welcome
A message from Geisinger President and CEO Dr. David Feinberg.

02 Research & innovation
A sampling of recent achievements and new discoveries by Geisinger researchers.

10 In profile
Meet Marc Varano, a community health assistant based at Geisinger Knapper Clinic.

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Write to us! We want to hear your thoughts on what you see here and your ideas for future stories. Email us at GeisingerMagazine@geisinger.edu.

Features

14 Geisinger Commonwealth School of Medicine
How the integration of The Commonwealth Medical College into Geisinger is poised to transform both organizations — and healthcare throughout the communities they serve.

BY SARI HARRAR

24 Making Scranton the healthiest place to live
Springboard Healthy Scranton seeks to transform the health of Scranton residents and, ultimately, communities nationwide.

BY ROBIN WARSHAW

29 Recognizing top-ranked care providers
Get to know 4 Geisinger physicians who rank among the top 10 percent nationally for the patient experience they provide.

BY SUSAN L. WORLEY

36 On the front lines of care
Follow along as Geisinger leaders make early-morning rounds and share observations and ideas.

BY KRISTINE M. CONNER

Community engagement
A new opioid treatment center opens at Geisinger Bloomsburg Hospital, part of a statewide effort to improve care for people with addiction.

40 Philanthropy update
Learn about giving opportunities and meet our new Geisinger Health Board leaders.

44 On the cover: The Geisinger Commonwealth School of Medicine, formerly The Commonwealth Medical College, is central to meeting the region’s need for quality healthcare and new doctors and health professionals.

Illustration: Anna & Elena Balbusso

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As we further extend into the communities we serve, we’re finding ZIP codes are as important as genomic codes when it comes to predicting the health of our patients. Income level, education, employment and environment make up the social determinants of health. The social determinants of health in our communities provide a holistic understanding of our patients.

We already know there’s a huge diversity of life expectancy if you’re poor. Lack of housing, food insecurity and social isolation are often the catalyst for patients who routinely come in and out of our emergency departments. While these are considered nonmedical needs, they are all vital to positive health outcomes.

Every day throughout Geisinger, we see patients with out-of-control diabetes that can lead to amputations, end-stage renal disease and blindness. We see people with heart disease that has gone unchecked for too long. We see patients struggling with mental health and substance abuse issues. For many, a Geisinger hospital or doctor’s office is the end of the line. Years of poor health drive them to us in a moment of crisis.

Geisinger is always here to help, but I have been thinking more about how we can help people get ahead of these issues before they become a crisis. Our challenge is to bring Geisinger’s caring into the communities that surround us. We know many of our neighbors don’t have access or the money to purchase healthy food. They are in jobs and environments that don’t always encourage physical activity. People might want to stop smoking or find treatment for addiction, but they don’t know where to start. Some have no idea how to find a primary care physician.

These are all pressing areas of need where Geisinger can make a difference. Good health begins at home. We are looking beyond the front doors of our hospitals and physician offices to address the needs of people where they live. In this issue of Geisinger Magazine, you’ll read about an ambitious effort called Springboard Healthy Scranton, a unique, community-based partnership that aims to transform the health of Scranton residents by addressing the city’s social determinants of health and then spreading successful programs throughout Pennsylvania and beyond.

The Geisinger Commonwealth School of Medicine, the subject of our cover story, is building on the vision of an established regional medical school that educates future doctors and healthcare providers who are rooted in patients’ lives and attuned to community needs. You’ll also learn about innovative efforts to help people with opioid addiction as well as patients who have trouble managing chronic health conditions. These are all part of Geisinger’s emphasis on meeting people where they live, work and play. Care should not just begin when patients walk through our doors.

Even as we focus on giving patients the best care in our hospitals and clinics, we know that access to quality medical care is only a small piece of the puzzle when it comes to achieving and maintaining good health.

At Geisinger, we aim to transform healthcare at its core by focusing on preventive care and healthy behaviors. We want to partner with the communities we serve to make sure people have what they need to get healthy and stay healthy.

David Feinberg, MD
President and CEO
Targeted genetic testing can show whether a person has a specific abnormal gene change (also called a variant) related to a disease or health condition. More extensive whole genome sequencing, which looks at all of a person’s genes, can find variants in other genes that were not expected. If the variant is associated with some other health condition or disease, it is called a secondary finding. As genomic sequencing has become more advanced — and more widely available — secondary findings are becoming more common.

The question then becomes: Which results should be returned to patients? In many cases, a patient and his or her physician can act on a secondary finding, taking steps to lower the risk of a health condition or prevent it entirely. For example, if a patient finds out he has a genetic variant linked to higher risk of a specific cancer, he might start screenings earlier or get them more often. But with some abnormal gene changes, there isn’t enough evidence to say how great the related risks are, or whether any actions will reduce that risk.

Geisinger’s Christa Lese Martin, PhD, director of the Autism & Developmental Medicine Institute, has played an important role in creating the guidelines that geneticists, physicians and researchers nationwide use to make decisions about results reporting. She served on the working group that came up with the first list of 56 “medically actionable” gene variants that the American College of Medical Genetics and Genomics (ACMG) said should be reported back to patients and physicians. All of the genes on the list, which was issued in 2013, were associated with diseases for which medical actions can be taken. They included genes linked to breast and ovarian cancer, several heart conditions and a connective tissue disorder, among others.

More recently, Dr. Martin served as co-chair on the working group that issued the first update to the guidelines in November 2016. The update was published by the ACMG as an official policy statement. The new list removes 1 gene from the original list but adds 4 more, bringing the total list of genes to 59. Variants in the four new genes are linked to rare but serious genetic disorders:

- Wilson's disease – Related to copper buildup that can lead to early death if not treated
- Juvenile polyposis – Increases the risk of colon and gastrointestinal cancers
- Hemorrhagic telangiectasia syndrome – Risk of rupture of a tangle of blood vessels that may cause sudden death
- Ornithine transcarbamylase deficiency – Increases ammonia in blood and may cause coma or death in newborns and infants

“Our ACMG working group has developed a process to maintain and update the list of genes,” Dr. Martin says. “The list is expected to keep changing over time as we learn more about specific genes and what role they play in our health.” Noting that genomic sequencing is becoming less expensive and more common, the update also recommended that doctors receive more genetics education to better help patients understand findings.

“The reporting of secondary findings presents significant opportunities to prevent disease,” Dr. Martin adds. –R.W.

Uncovering a new genetic clue to Alzheimer’s disease using imaging genomics

One in 9 Americans over age 65 has Alzheimer’s disease, which is thought to result from a combination of genetics and the environment. Much less commonly, the disease can affect people in their 30s, 40s or 50s. This early-onset form of Alzheimer’s disease (AD) runs in families and is caused by genetic factors. With both early-onset AD and late-onset AD, researchers are working to better understand how genes are involved in its development.

Abnormal changes or “variants” in a gene known as PSEN1 have been linked to the early form of AD that runs in families. When PSEN1 isn’t working correctly, AD symptoms such as forgetfulness, confusion and mood and personality changes may appear. For the first time, research has shown that variants in PSEN1 are also linked to late-onset Alzheimer’s disease. Dokyoon Kim, PhD, of Geisinger’s Department of Biomedical and Translational Informatics, was part of the research team that made the groundbreaking connection.

Imaging genomics is an emerging research field made possible by recent advances in speeding genomic sequencing data to scientists and looking at it alongside imaging data. For this study, the team analyzed large amounts of genomic data and brain images, such as MRI or CT, taken from more than 750 participants in the Alzheimer’s Disease Neuroimaging Initiative, a major research project being conducted in the U.S. and Canada to give researchers access to data collected from large numbers of patients. The researchers looked at variants of PSEN1 in the genetic data and at signs of Alzheimer’s disease in brain images. The information was then evaluated using highly advanced computerized statistical analysis.

The researchers found that several rare variants in PSEN1 were significantly associated with shrinkage (atrophy) in brain regions affected by late-onset Alzheimer’s disease. One specific variant increased risk only in carriers of another gene change called APOE e4, which is also associated with Alzheimer’s disease. Their findings suggest that PSEN1 does play a role in late-onset AD, just as it does with early-onset AD. This imaging genomics approach in turn can help pave the way toward using genetic information to develop new tools for diagnosing and treating late-onset AD. –R.W.

Statin use may protect the brain after heart rhythm-related strokes

About 9 percent of Americans over age 65 — nearly 1 in every 10 people — have irregular heart rhythms known as atrial fibrillation, or AFib. The heart tends to quiver and flutter instead of keeping a steady beat. As blood pools in the heart, a clot can form and then travel to the brain and lodge in an artery, blocking off critical blood supply. This is called a stroke or “brain attack.” People with AFib are four to five times more likely to have a stroke than people without it. And AFib-related strokes are serious: About 25 percent of people die within 30 days and 35 percent can no longer live independently.

Could the cholesterol-lowering medications called statins help people at risk for AFib-related stroke? A team of Geisinger researchers recently took part in the first study to look closely at statin use and outcomes after AFib-related stroke. Working with partners at Boston University, the University of Alabama at Birmingham and Notre Dame of Maryland University School of Pharmacy, the researchers studied the medical records of 1,030 older adults with AFib who had strokes between 2006 and 2010. All patients were treated at Geisinger, Boston Medical Center or the University of Alabama. The researchers looked specifically at how stroke survivors fared in the first 30 days after a stroke.

For 711 study participants, stroke was extremely disabling or even deadly. But for those who had been taking a statin, the risk of a severe or fatal outcome was 32 percent lower. Statin takers did better even when researchers considered other factors that can affect stroke outcomes. These include health conditions such as high blood pressure and diabetes, as well as age, gender, smoking, weight and the use of other stroke-preventing drugs.

How might statins — best known for lowering levels of heart-threatening LDL cholesterol — help? These medications might make brain attacks less devastating by keeping clots smaller or by protecting the brain during a blockage, the researchers noted. Although more research is needed, the study is in line with others showing that statins can lower heart attack and stroke risk. Because AFib-related strokes are particularly devastating, statin use in AFib is worth further study, the team concluded. –S.H.


The abnormal heart rhythms known as atrial fibrillation, shown at right, increase the risk of blood clots that can lead to stroke.

Photo: Courtesy of ScienceSource
Geisinger Lewistown Hospital School of Nursing

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Nearly one in five American children is obese. We know that obese adults are at increased risk of developing heart disease and dying prematurely from it. So how early do changes in heart geometry (shape) and function begin in obese children? What types of reshaping have the biggest impact on heart function? A team of researchers with Geisinger’s Department of Imaging Science and Innovation recently collaborated with a team at the University of Kentucky to answer these questions.

The teams used cardiovascular magnetic resonance imaging, or CMR, to examine the hearts of 41 obese and 29 healthy-weight children ranging from ages 8 to 18. The researchers scanned the muscle mass that makes up the left ventricle (LV), the chamber in the bottom left portion of the heart that pumps blood to the body. Then they used detailed measurements to characterize changes known to be associated with increased risk of death from heart disease. For example, compared to the healthy-weight children, the researchers found that obesity was linked to 23 percent more muscle mass in the left ventricle of their hearts and 10 percent thicker heart muscles — both signs of heart disease.

While 59 percent of the obese children had normal cardiac geometry, the other 41 percent had abnormal changes to the LV wall thickness and overall size that have been linked to early mortality risk in adults. These changes are called “remodeling.” (See illustration at below left that contrasts a normal left ventricle with those that have changes.)

The researchers also found that obese children as young as 8 have increases in the LV’s overall muscle mass, which suggests that the heart’s function and shape are already changing due to obesity. Children with a type of remodeling known as concentric hypertrophy were found to have problems with the heart’s ability to contract properly, also called cardiac strain.

“This was alarming to us,” said Linyuan Jing, PhD, a Geisinger research scientist who presented initial results from the study at the American Heart Association’s Scientific Sessions in November 2015. “Understanding the long-term ramifications of this will be critical as we deal with the impact of the pediatric obesity epidemic.” The results were published in the *Journal of Cardiovascular Magnetic Resonance* in 2016. The authors recommend that CMR be used more widely in future research in this area, and that it may have a role in caring for children with obesity in the future.

Project lead Brandon Fornwalt, PhD, says that this work can lead to better ways of helping children with obesity: “Ultimately, we hope that the signs of heart disease we see in these young children are reversible with weight loss and other targeted therapies, which we are currently investigating in collaboration with Geisinger’s Obesity Institute.” –M.C.

There are about 1.5 million adverse drug events in the U.S. each year. These events happen when a medication prescribed to help actually causes harm. Many are due to drug-drug interactions. This means that one medication a patient is taking affects the activity of another. While most patients can tolerate drug combinations — especially if their doctor manages doses carefully — some people experience reactions that can be mild, serious or even fatal in rare cases.

Flashing on a doctor’s computer screen, a drug interaction alert can cut the risk of harm. These warnings are part of the electronic health record (EHR) systems used by most hospitals and physician groups in the U.S. But according to a recent study by researchers with several health systems and hospitals nationwide, including Geisinger Holy Spirit, drug interaction alert systems across the U.S. vary widely.

Thirteen hospitals and doctor groups tested a total of 14 EHR systems for the study. They checked whether a list of 15 high-priority drug combinations triggered warnings. And they took note of the types of alerts that popped up.

Researchers found that only 2 systems sounded warnings for all 15 interactions. One system included only “passive” alerts that are easy to bypass. Another flashed warnings that required a response from the clinician. Only one system had a “hard stop” for one drug combination which the clinician could not override. Nearly 60 percent of the systems generated alerts that required doctors to document the reasons for using some drug combinations. However, the drug interactions that triggered this type of warning were different at different medical centers. Six of the systems used computer software from the same company, but each of those still produced different types of alerts. The conclusion? There is plenty of room for improvement.

“The content of the alerts that doctors see and which drugs get alerted in the first place are not standardized,” says study coauthor Richard Schreiber, MD, chief medical informatics officer and a practicing physician at Geisinger Holy Spirit in Camp Hill, Pa. “Health systems are looking for ways to improve their drug-drug interaction alerts. This study can help by showing them what’s happening at other institutions. “At Geisinger and at Holy Spirit, we have been using electronic health records for many years. We are constantly improving the performance of our drug alert system so that it becomes more and more effective,” Dr. Schreiber adds.

The study’s authors called for the creation of a national standard for drug-drug interaction alerting. This includes reaching agreement on which drug-drug combinations should be included and what the most effective warning would be. “Alerts — even excellent ones — can fail because physicians can be overwhelmed so many false alarms,” Dr. Schreiber says. “If we can make the alerts better and more relevant, clinicians will be able to react to the most critical ones.” –S.H.


Drug-drug interaction alerts vary across health systems
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Different ethnic groups may need different dosing of the blood thinner warfarin

Many people who are at risk for blood clots that can lead to heart attack or stroke take the medication warfarin (also known by the brand name Coumadin®). Finding the right dose for each patient is critical, as too high a dose can result in too much bleeding.

Right now, physicians can use factors such as age, gender, body surface area and even genetic profiling to figure out how rapidly the person’s body is likely to process the medication. This is called the rate of clearance. Through genotyping, they can test two genes called CYP2C9 and VKORC1 and look for variants, or changes in specific areas of each gene, that predict the rate of clearance for warfarin (CYP2C9) as well as vitamin K regeneration (VKORC1).

The body uses vitamin K to produce some of the clotting factors that help blood thicken and form clots. Warfarin works by interfering with how the body uses vitamin K. If the warfarin clears from the body quickly and the body is able to keep vitamin K levels up, then the person probably needs a higher dose. But if the warfarin remains in the body and vitamin K levels stay low, a lower dose is likely needed. Genotyping can help physicians predict how an individual’s body is likely to respond to warfarin. Warfarin dosing guidelines that make use of both clinical genetic factors are available to help physicians prescribe the right dose.

It now appears that a patient’s ethnic background also may have to be taken into account. This is according to a recent study by Ming Ta Lee, PhD, of Geisinger’s Genomic Medicine Institute, and researchers from universities in Chicago, Florida, Italy, Japan and Taiwan.

Past research has found that information about the genes CYP2C9 and VKORC1 is helpful in guiding warfarin dosing in most whites, but for a certain portion of the African American population, it doesn’t seem to help.

For this 2016 study, the researchers analyzed blood samples from 196 Asians (Chinese), 122 whites (93 Italians and 29 Americans) and 60 African Americans, all of whom were taking warfarin. They found that the warfarin clearance rates, while similar for Asians and whites, were almost 30 percent lower for African Americans. This meant that the blood thinner was staying in their bloodstream longer. In fact, the data showed that in African American patients, the warfarin remained stable in the blood at a rate of 1.5 to 1.8 times higher than in Asians and whites. This suggests that dosing based on factors such as age, body surface area and genetics might not be enough for African Americans.

The researchers concluded that ethnic differences may need to be considered when dosing warfarin. Research that involves mostly white patients cannot automatically be applied to other ethnic groups, as there are likely to be genetic differences. The researchers recommended that more studies be done to verify the right approaches for different ethnic groups, especially African Americans. –M.C.

What do you do if you have heart disease and can’t find transportation to your medical appointments? What if you have diabetes but can’t afford healthy food or a scale to weigh yourself? What if you are on Medicaid for a disability and need to find a new place to live, but don’t know where to turn? What if you have a chronic health condition and don’t understand the instructions you received after being discharged from the hospital?

Geisinger Health Plan (GHP) members facing these and other challenges have someone who can help, located right in their primary care physician’s office or in the community. Called community health assistants (CHAs), this new breed of care manager serves as an extension of the healthcare team. CHAs make phone calls and home visits to help patients with a range of challenges: understanding medication instructions, moving from hospital to home care, making doctor’s appointments, accessing public transportation and social services — and more.

Janet Tomcavage, MSN, chief population health officer for Geisinger, notes that the CHA role is part of a strategy to provide better care for chronically ill patients and those who require access to social services close to where they live. CHAs support the needs that fall outside the realm of what a doctor’s office typically provides. “The community health assistants forge relationships with patients and their families, getting to know the socioeconomic factors that affect them and helping better connect the clinical team to these patients,” she says. “We know that up to 60 percent of a patient’s health outcome is driven not by genetics, traditional medical care or the procedure they had, but by their own behaviors and what happens at home in their communities. The CHA program is helping us address the social determinants of health: factors that get in the way of a patient’s ability to make good decisions regarding their health.

“CHAs need to have good people skills and the ability to translate a clinical care plan into messages that patients and their families can understand,” Ms. Tomcavage adds.

CHAs often live in the communities where they work and can have a variety of backgrounds, from healthcare, social work and psychology to experience as paramedics or nursing assistants.

Today, there are 30 CHAs throughout the GHP network in Pennsylvania. Although the program is fairly new, there are already clear results. Among a cohort of about 4,500 patients working with our CHAs from September 2015 to February 2017, there was a 40 percent reduction in the number of people using the Emergency Department (ED) and a 53 percent reduction in number of ED visits overall.
The CHA program was conceived more than four years ago, when GHP was named one of three managed care organizations in northeast Pennsylvania to provide healthcare coverage for Medicaid patients. “We really came together as a healthcare delivery system and health plan to think through and develop the strategies to better support the special needs of the Medicaid population,” Ms. Tomcavage says. This summer, GHP plans to expand its Medicaid coverage areas into the Lehigh/Capital zone, which covers 13 counties in south-central Pennsylvania.

To get a closer look at the CHA role, Geisinger Magazine spoke with Marc Varano, who has spent nearly his entire 27-year career in healthcare and became a CHA for the Knapper Clinic on the Geisinger Medical Center campus in Danville, Pa., in early 2016.

Your career started out in communications and marketing for Geisinger and evolved over the years through a number of healthcare organizations into roles involving more patient contact. How did those experiences prepare you for the CHA role?

Mr. Varano: It was a natural progression. Most of my prior experience was dealing with patients and families in some capacity, from interviewing them for press releases to connecting them with social support services in the community. As a CHA, I am all about trying to hook people up with the right resources at the right time and keep them healthier so they can do well at home. I try to address all their needs as much as I can. I really like what I do.
How do you describe your role as a community health assistant?

Mr. Varano: Basically I function as the eyes and ears of the case manager in the community.

Geisinger Health Plan case managers work with any patient whose medical condition is complex and could benefit from close oversight. The goal is to keep them healthy and out of the hospital or Emergency Department. Case managers call patients to check in with them after discharge and, if they uncover a need the CHA can help with, they refer the patient to us. For example, case managers might find that the patient says they are taking Lipitor [a cholesterol-lowering statin] every day, but when they hang up the phone, how do they know that the patient is really taking the medication? If they have doubts, they can refer the patient to us. I become the go-between for the patient and the case manager. That’s why a big part of my job is doing home visits. I check the patients’ medications and make sure they are taking them properly. If they have any questions, I will bring them to the attention of the case manager or physician. During my home visits, I often call the case manager on a speakerphone and have them talk directly with the patient.

I also do a home safety checklist. If there are any glaring problems, such as throw rugs on the floor that they can trip on or too many things plugged into an outlet, I can help with those and bring them to the attention of the case manager. I also check to see if the patient needs any social service referrals, such as help with transportation service applications, housing, insurance applications, qualifying for food from a local food bank or finding a local Salvation Army for clothing and other resources. I set up scales so they can weigh themselves daily, which allows their weight to be sent electronically to the case managers. I can also assist them if they need a referral to get a hospital bed or other medical equipment.

Most of my patients have chronic conditions such as diabetes, heart problems or COPD [chronic obstructive pulmonary disease]. One of the most important things I can do is help them find transportation to their medical appointments through rabbittransit [the area’s public transportation system that serves disabled and elderly riders]. Making it to those appointments is critical for managing their conditions.

What is your typical day like?

Mr. Varano: My caseload can vary anywhere from 15 to 30 patients each day, with a combination of phone calls, home visits and seeing patients while they are at the clinic. CHA caseloads are tied to the case manager’s caseload, and I support community case managers outside of the Knapper Clinic as well. Plus, we cover for other CHAs when they have a day off to make sure their patients are called or visited on a regular basis.

Can you describe how you’ve helped a patient over a period of time?

Mr. Varano: Over the last year, I’ve been working with one patient with COPD who has...
an extensive history of Emergency Department visits and hospitalizations. I first visited him last spring in his high-rise apartment, where he lives with a cat he rescued.

In April 2016, the first thing I did was refer him to LIFE Geisinger, an adult day program for seniors, and got him started with Meals on Wheels. In May, I got him signed up for rabbittransit so he could get to his appointments. In June, I helped him transfer to a Geisinger primary care provider to better manage his care. Over the next few months, I helped him get a hospital bed and found him an electric scooter that was donated by a local social service club. He signed up for a senior prescription program through PACE.net [the state’s prescription assistance program] and I helped arrange home delivery of his medications. When he took a turn for the worse in November, I helped schedule a pulmonologist’s appointment for him.

Early this year, he enrolled in a program to more closely manage his COPD and got scheduled for a sleep study. I also helped him fill out a Geisinger financial assistance form and a Medicaid application. Along the way, I made regularly scheduled home visits to learn more about his needs and communicated all of the information back to the case manager.

This is a fairly high-needs patient, but what I did for him is pretty typical of the assistance I give over time to help patients stay on track.

Why do you feel it is so important to help patients and their families with support services that go beyond medical care?

**Mr. Varano:** I believe most of us got into healthcare to help people in some capacity. I’m not a doctor or nurse, but what I do contributes to a patient’s overall health. When I call patients to check on them or give them a phone number for a local resource, they sometimes call me a little bit later to thank me. They might tell me my referral helped them get insurance or food for their family. That’s the kind of validation that makes the CHA role so important. The core is that we want to help people and make sure they know where to turn for whatever help they need.

We also help patients navigate through the healthcare system, which can be very confusing at times. They can call me directly if they have any questions and I can do all the legwork and find the right resource to help them.

When we have our regular staff meetings, we will share and talk about case studies or success stories. We also present different cases at the primary care team meetings that include all the doctors. That is how we know this type of work truly matters.

Many of these patients simply don’t know what is out there to help them. I’ve spent most of my career in healthcare in central Pennsylvania and I’ve gotten to know a lot of the resources available. Geisinger Health Plan has tasked the CHAs with putting together a centralized resource guide for each of our coverage areas. We also do as much networking within the community as possible. Some of us get involved with healthcare organizations to stay in touch with what’s out there. I’ve been involved with area Rotary and Kiwanis clubs, fundraising walks for the Alzheimer’s Association, and events for the American Heart Association and the American Cancer Society. I’ve also been involved with the Case Management Society of America since 2009.

What do you think the future holds for the community health assistant role?

**Mr. Varano:** I see the role becoming more involved and eventually expanding into a licensed professional position. Case managers with large caseloads can’t do home visits for every patient. That’s where we come in. We identify the care gaps and help patients fill them. We keep a close eye out for them.
On hilly Pine Street in downtown Scranton, one of the nation’s newest and most cutting-edge medical schools is training a new kind of doctor for northeast and central Pennsylvania — and for the world. That mission got a boost on Jan. 1, 2017, when The Commonwealth Medical College integrated with Geisinger to become Geisinger Commonwealth School of Medicine.

“Joining together a world-class health system and health plan with a young, innovative school of medicine will make our region a hub for medical education, research and discovery,” says David Feinberg, MD, president and CEO of Geisinger. “The integration will benefit more than just our patients, students, faculty and employees. Together we will build stronger families and neighborhoods and create new centers of learning and innovation — making our region richer not only in jobs and resources but in health and well-being, too.”

Each partner is remarkable in its own right. The 8-year-old medical school, founded against the odds with widespread and passionate community support, embeds students in patients’ lives in unique and powerful ways. Geisinger started over a century ago and today is recognized internationally for its commitment to evidence-based medicine, a first-rate patient experience and groundbreaking research in areas such as population health and genomics. Together, they’re a winning combination, says Steven J. Scheinman, MD, president and dean of Geisinger Commonwealth. “We see amazing opportunities unfolding,” he notes. “We’re a great fit: Both institutions believe that empathy, compassion and kindness are key to the future of medicine, and we look forward to making an impact in these areas as healthcare evolves.

“Everyone will benefit,” Dr. Scheinman adds. “We see training opportunities for our students, new teaching opportunities for Geisinger physicians, new opportunities to work with local communities and to

Ushering in a new era for Geisinger — and for healthcare in central and northeast Pennsylvania
develop new graduate degree programs around Geisinger’s research strengths.

The ultimate goal: smart, empathetic doctors with the tools to help people stay healthy, not just manage disease — and who have the desire to practice locally, reversing the region’s growing doctor shortage. One great example is Geisinger Commonwealth fourth-year student Robert Griffith, 28. A native of Stroudsburg, he earned his MD this spring and plans to train as an interventional radiologist. “I’m hoping to come back and practice in the area after my residency,” says Dr. Griffith, who was a nurse before entering medical school. “I love it here. I have a connection to northeast Pennsylvania. It’s great recognizing and knowing the people you treat — it’s like an extra reward. This is where I want to be.”

“The biggest thing since coal left Scranton”

Creating a brand-new medical school is no easy task, especially without the backing of a university or a medical center. But with plenty of community support, it happened in Scranton. The story began in 2004 with a group of seven people — physicians, attorneys and civic leaders — galvanized by warnings of a nationwide doctor shortage that would hit the local region hard. Lackawanna County alone was projected to lose 29 percent of its doctors by 2011. “People were driving long distances or waiting months for doctor appointments,” says Gerald Tracy, MD, former head of cardiology at Scranton’s Mercy Hospital (now Regional Hospital of Scranton) and one of the founders of the school, where he is now a professor of medicine. “We needed family doctors as well as specialists in orthopaedics, neurosurgery, anesthesiology and general surgery.”

Research suggested that many doctors stay local — practicing where they grew up, attended medical school or completed residency and fellowship training. But all of Pennsylvania’s medical schools were in Philadelphia, Pittsburgh, Hershey and Erie. It was time to reverse the region’s healthcare brain drain.

“We knew we would need tremendous community support, and we got it,” says cofounder Robert Wright, MD, who had already established a residency program in Scranton in partnership with Temple University, now called The Wright Center. Dr. Wright served as the medical school’s interim president and dean in 2012 and is a member of the Geisinger Commonwealth Board of Trustees.

President & CEO
David Feinberg, MD, greets Steven Scheinman, MD, president and dean of the medical school and now Geisinger’s chief academic officer, at the February 2017 joining ceremony.
Students Shailly Gaur, Kristina Borham and Sahil Pandya practice their clinical skills in the school’s Simulation Center.
The original group of 7 grew to more than 20. “Our plan was to leverage the success of the Scranton Temple Residency Program led by Dr. Wright,” says cofounder Robert W. Naismith, PhD. “Dr. Wright had the vision and made an unwavering commitment after reading reports in major medical journals about the future physician shortage in the U.S. We met Tuesday mornings at 7 a.m. to strategize. We began by inviting state and local political leaders. Eventually, we hit the lottery when we got crucial financial support from Blue Cross of Northeastern Pennsylvania and the Pennsylvania state legislature. That made it all possible.”

“The community stepped up,” Dr. Tracy notes. “Local hospitals, the Scranton Temple Residency Program and others also contributed significantly. People around here think of this as their medical school. There’s lots of pride.”

Their to-do list: Raise $90 to $100 million, develop a detailed education plan and have it accredited by the Association of American Medical Colleges. Hire faculty, find a dean, line up dozens of hospitals and hundreds of volunteer doctors to provide clinical training. And build a school from the ground up with everything from anatomy labs and lecture halls to research facilities. Then attract students.

The medical school opened in 2009 and offered generous scholarships to every student, with funds raised from local donors. It made history as one in a wave of 16 medical-school startups across the U.S. between 2001 and 2014 aimed at filling the growing physician gap. “It’s a fascinating story,” Dr. Feinberg notes. “Starting a medical school may have sounded totally crazy at the time. But the people of Scranton and the region are unique. They love Scranton, they work hard and they don’t care about obstacles. It’s a great example of the community coming together and saying, ‘Let’s pull this off.’”

Students met at Lackawanna College until construction of the Medical Sciences Building was finished in 2011. The airy, modern building on the border of the Electric City’s downtown and historic Hill section has impressive local roots. Its brick, slate and glass are local products. Beneath its foundation are some of the anthracite coal mines that once powered the region economically — now filled in and stabilized to support the structure. Local excitement ran high when the school opened.
As Ray Angeli, then president of Lackawanna College, noted at the time, “I think [the medical school] could be the largest thing to hit the city of Scranton since coal left.”

A different approach to clinical education

Geisinger Commonwealth students complete their first two years at the school’s Scranton headquarters. Unlike students at other medical schools, they spend less than a quarter of their time in lecture hall classes and more time on active learning. They work together in small groups to discuss case studies — just as teams of healthcare practitioners do on the job. They hone communication and medical skills in lifelike role-playing sessions in the school’s state-of-the-art medical suite, complete with exam rooms, a patient waiting room and a receptionist. They practice everything from emergency medicine techniques to labor and delivery using full-size, robotic mannequins wired to look, sound, move and react like live human beings. Some even blink their eyes.

Most students don’t stay in Scranton for all four years of medical school. Every student is assigned to one of the school’s four regional medical campuses — based in Scranton, Sayre, Wilkes-Barre and Williamsport — for hands-on clinical training. (Soon, they will also be assigned to Danville, Dr. Feinberg says.) Each student relocates to his or her assigned campus for the third and fourth years. A network of more than 1,200 community physicians and over 2 dozen regional hospitals provides them with opportunities to start caring for real patients.

Clinical education itself is not unique; every medical student in America gets it. While most receive this training at one or even a few large hospitals, Geisinger Commonwealth’s system places students at community-based hospitals and physician practices. And instead of focusing on a single specialty such as pediatrics or family medicine for six weeks and then moving on, students here rotate among different outpatient specialties for six months. This system, called a “longitudinal integrated clerkship,” lets them build stronger relationships over time with patients and with the doctors who mentor them.
“Instead of block rotations, you’ll spend one day a week in a different specialty. You keep going back, so you get to see the same patients over and over again. Sometimes, you can follow their progress as they receive care from different specialists,” says student Robert Griffith. “You learn more about how different areas of medicine connect in patient care. And you can see patients transition to different types of care, such as from internal medicine to rehabilitation for an injury.

“It’s so easy to become preoccupied with book learning in medical school, but that doesn’t happen here,” he adds. “There’s enough time in patient care that you really see patients every step of the way. The message is always: We don’t treat a diagnosis. We treat people.”

Geisinger Commonwealth’s large network of clinical-partner hospitals and volunteer physicians is notable — and has been from the start. “People bent over backwards to make it a success,” recalls Valerie Weber, MD, vice dean for educational affairs at Drexel University College of Medicine in Philadelphia. Dr. Weber served as chair of the Department of Clinical Sciences, associate dean for clinical affairs, and professor of medicine at The Commonwealth Medical College from 2009 to 2014. Before that she was chief of general internal medicine and geriatrics at Geisinger. She recruited hundreds of volunteer community-based physicians, established relationships with regional hospitals and led the development of the school’s clinical training program for third- and fourth-years.

“Doctors and hospitals in the region were on board with the mission. They had a lot of enthusiasm because they saw the need and wanted to help out,” Dr. Weber says. “Doctors also knew that working with students would reignite their own excitement for their work — it was fun and refreshing. Very few leave the program once they volunteer. It’s very meaningful for them.”
Committed to local communities

Since the beginning, the school has given preference to well-qualified students from inside the Commonwealth, particularly the 17 counties of northeast and north-central Pennsylvania. Standards are high. There were 6,591 applicants for the current first-year class of only 108 students, who will graduate in 2020. Among them, 77 hail from Pennsylvania, including 32 from the local region. Being smart and hardworking isn’t enough; successful applicants must be passionate about giving back to the community, too.

“We are unique among Pennsylvania’s medical schools in favoring students from our own region,” Dr. Scheinman says. “Everyone who is accepted is academically superb; we get nearly 7,000 applicants a year. Their board scores and the quality of the competitive residencies they move into after graduation attest to that. But we go beyond academics. We look for students with a commitment to community service.”

“For so many of our students, their hope is to practice medicine in northeast and north-central Pennsylvania someday,” says Michelle Schmude, ED, associate dean for admissions, enrollment management and financial aid and an assistant professor in the Department of Clinical Sciences at Geisinger Commonwealth. “Our goal is to make that happen.”

Integration with Geisinger will advance that mission, say Dr. Scheinman and Dr. Schmude. “We have the possibility for developing a stronger partnership with Geisinger hospitals for residency programs, providing graduates with more top-quality training opportunities in and near our region,” Dr. Schmude says. “It’s very exciting.”

Dr. Feinberg agrees. “Treating Geisinger Commonwealth students and graduates as the most important students, residents and fellows in our training programs is a wonderful double whammy. It increases the chances that the best and brightest will stay in our region to practice medicine. And it’s like having a great farm team for major league baseball: Doctors will learn the proven practices of Geisinger’s approach to medicine and be ready to step into our system when they start practicing.”

Meanwhile, Geisinger Commonwealth has commissioned a workforce needs assessment to guide strategic plans for expanding residencies. It’s too early to know how many Geisinger Commonwealth graduates will return to work in the region, but all indications are good. “Our first class graduated in 2013 and started residencies and fellowships that can take three to six years or longer, depending on the specialty,” Dr. Scheinman says. “We are seeing some of the first physicians settle here.” One hopeful sign: When the college recently gauged graduates’ interest in a program that would help them find positions in the area, 60 percent said it sounded like a good idea, according to Dr. Tracy.

One returning doctor is Dan Benyo, MD, a 2014 graduate. Dr. Benyo, 34, will join his father’s internal medicine practice in Drums, a township in Luzerne County, this summer after completing an internal medicine residency at the Penn State Milton S. Hershey Medical Center in Hershey, Pa. “In my 20s, I worked as a recording engineer, but something was missing from my life,” he says. “I drove home from California, knocked on the front door and told my dad I wanted to practice medicine.”
Deep roots are a strong and meaningful pull. “My dad grew up in Hazleton, where his parents ran Andy’s Food Market,” Dr. Benyo says. “He delivered groceries, and later some of his house calls were to those same families. I would go with him and hang out in the hospital and the office. I saw how fulfilling his work is. The region has important health needs, including caring for and preventing chronic diseases like diabetes and heart disease. Understanding people’s lives and being part of the solution are woven into medical school training at Commonwealth. It goes way beyond classrooms and books. I want to give back to this community.”

Learning from local families

More evidence of the school’s focus on community health is the unusual and powerful Family-Centered Education Program, which pairs first- and second-year students with community members facing a chronic health condition or disability. More than 100 families throughout the 17-county area volunteer, inviting students into their living rooms and along for doctor visits and social outings.

“The families are the teachers, showing and telling students how they live with serious health conditions,” says program coordinator Jennifer M. Joyce, MD, professor of family medicine at Geisinger Commonwealth. “They share experiences about doctors who have been helpful and those who haven’t been so helpful. The students aren’t there to diagnose or find solutions. They learn from the families so that someday they’ll be better at partnering with their own patients and seeing them as people with full lives. Most new medical students don’t have this kind of experience.”

This type of program, pioneered at the University of Michigan, is drawing increasing attention across the U.S. as medical schools strive to help students develop empathy — a deeply human emotion that helps doctors connect with patients, but sometimes gets lost in the stress of medical training, Dr. Joyce notes.

Sharon Hahn, a retired food services manager from Dunmore, is one of the program’s volunteers. “There’s a history of serious heart disease in my family: I’ve lost my father, my mother, my brother and a sister and several cousins,” says Ms. Hahn. “I’ve had two heart attacks and 16 stents implanted to open clogged arteries. I work hard to stay as healthy as possible and to spend time with my son, my grandchildren and my Labrador retriever, Maggie Elizabeth. I want to show the students that the best doctors recognize their patients’ daily struggles and try to help. You won’t understand pain by reading about it in a textbook. I want to help them gain insights about what it’s like being on the other side of the exam table.”

It’s a profound experience that helps future doctors learn compassion even as they deal with long hours and heavy caseloads. “There’s so much to a patient’s life you don’t get to see in the office,” says third-year medical student Marc Sandhaus of Scranton, who was paired with Ms. Hahn. “Sharon took us into her home and introduced us to her family when they
visited. She took us to her cardiac rehab class and introduced us to her friends. I gained insights you would never get in a 15-minute office visit. We’re still pretty close; I’m in my clinical clerkship now at Scranton area hospitals. When we bump into each other there, we’re both really happy.”

Second-year student Sabrina Brunozi, of Old Forge, Pa., agrees. “You can learn on paper as much as you want, but it’s different when you hear and see how a health condition affects someone’s daily life,” she says. She meets several times a year with program volunteer Brenda Kwiatek of Honesdale, who is dealing with complications of weight-loss surgery. “We sit with Brenda and her husband and children and learn so much about doctor’s appointments that went well and those that didn’t,” Ms. Brunozi says. “Brenda’s a real fighter — she’s advocated for her own health. It’s inspiring.”

That’s exactly the point, Ms. Kwiatek says. “I’ve been through a lot. Early on, my doctor didn’t listen when I told him something was wrong. You can’t stop. You have to be strong and keep talking. No one knows your body and your health better than you do. Finally, my doctors understand. We’re more like partners now. I want Sabrina and the other students to understand that listening is so important.”

Education in — and for — the community

Geisinger Commonwealth School of Medicine also offers a one-year master’s degree program in biomedical sciences, available at a regional campus in Doylestown as well as in Scranton. More healthcare degree programs are coming, thanks in part to Geisinger’s expertise in genomics, bioinformatics and population health, among other areas. Ready to launch soon will be a certificate program in behavioral health for healthcare professionals already in practice and the master’s degree program in neuroscience with The University of Scranton.

“Part of our vision is delivering curriculum and programs that address the needs of the larger community,” notes William F. Iobst, MD, vice president for academic and clinical affairs and vice dean at Geisinger Commonwealth. “Integrating with Geisinger will help us further this goal.”

The partnership also will help Geisinger and the medical school build on other community ties. “Not only are students already required to work on projects that address specific health needs of the community, [but] the school itself maintains an impressive network of community partnerships, which we fully intend to nurture and maintain,” Dr. Feinberg notes. One notable program is the school’s popular and long-running Regional Education Academy for Careers in Health – Higher Education Initiative, more commonly known as REACH-HEI. The program partners with school districts throughout northeast Pennsylvania to provide pathways from high school through college for students interested in a range of healthcare careers, from medicine and dentistry to physical therapy and more.

Meanwhile, Geisinger Commonwealth students reach into the community to complete a 100-hour service requirement and research project. Robert Griffith’s project took a local look at a national problem: patients who end up in the hospital repeatedly due to a string of health problems. “We found out that some ‘super utilizers’ would likely recover and need less care if early hospital stays were little longer,” he says. “When I’m practicing medicine, knowing about this would motivate me to push back, in some cases, if a health insurance plan covered a short stay for someone who might benefit from an extra day in the hospital.”

Learning from the community, Dr. Iobst says, will make the Geisinger Commonwealth School of Medicine’s new doctors smart, compassionate and a good fit for the region. “Northeastern Pennsylvania is full of incredibly hardworking people who get things done,” he says. “They deserve great healthcare. They accomplished the amazing feat of launching a medical school when nobody thought it was possible. It’s not uncommon for people around here to say, ‘That’s my medical school.’ We want to be worthy of that.”

“Part of our vision is delivering curriculum and programs that address the needs of the larger community. Integrating with Geisinger will help us further this goal.”
Making Scranton the healthiest place to live

BY ROBIN WARSHAW • PHOTOGRAPHY BY JOSIAH LEWIS

Geisinger and partners take aim at health challenges found in many communities across the U.S.

Scranton resident Jontaya S. Bennett is only 25 years old, yet she understands the health problems many people in her hometown face: high blood pressure, diabetes, obesity, cancer and more. Ms. Bennett was a home health aide and now works as a certified nursing assistant in a local nursing home. She has seen how hard it is for some individuals and families to get healthy foods such as fresh vegetables and fruits, which could improve their medical conditions and help them stay well.

Certain Scranton neighborhoods are even considered “food deserts” because they have no large supermarkets with fresh produce. “There are not really that many places where you can find good groceries,” says Ms. Bennett, who shops for herself and her 4-year-old-daughter. What’s more, many local residents can’t afford a car to drive to a supermarket and aren’t able to lug bags of food from bus stops to where they live. “Some seniors can’t get out of their homes at all and don’t always have an attendant to bring them things,” she says.

Last December, Ms. Bennett was one of about 30 Scranton residents invited by Geisinger to take part in a meeting to kick off a groundbreaking project called Springboard Healthy Scranton, aimed at tackling many of the biggest health issues that residents face. The program will be powered by Scranton community groups and residents.
with support from Geisinger. Springboard Scranton will take on the challenges of obesity, diabetes and behavioral health, such as addiction, and work to build a healthier, stronger Scranton. At the meeting, city residents had the chance to share their experiences and ideas with community organizers, public health planners, business experts, students and staff from throughout Geisinger, including Geisinger Community Medical Center and Geisinger Commonwealth School of Medicine, both located in Scranton. Also in attendance were members of the Springboard Health Advisory Board, which is made up of health and business leaders from across the U.S. who bring a wealth of knowledge about opportunities to improve community health.

The diverse gathering, while focused on Scranton’s needs, heralded the beginning of a much larger and more ambitious Geisinger initiative on population health and preventive medicine — called Springboard Health — that ultimately aims to make an impact far beyond northeast Pennsylvania.

**Transforming our approach to population health**

The idea for Springboard Health grew out of Geisinger President and CEO David Feinberg’s conviction that high-quality medical care is only the beginning of what’s needed to improve health. Having the best-trained healthcare providers and latest equipment simply isn’t enough. Many answers to preventing and treating health problems can be found in what we eat and drink, the amount of physical activity we get, the environment that surrounds us, local economic opportunities and access to mental health and social support services. Making sure an entire population stays healthy depends on addressing all of these factors.

“We’re good at putting you back together [after a medical condition arises], but we kept thinking, ‘What if we got ahead of this and really changed the game?’” Dr. Feinberg said as he explained the vision for Springboard Health at the Scranton meeting. That question led Geisinger to join with community and national partners to look at poverty, hunger, unemployment and other social determinants that influence the overall health of a population — and imagine what could be.

Springboard Health’s first goal is to achieve measurable gains in the overall health and well-being of Scranton residents — both physical and socioeconomic. Sophisticated analysis of project data will identify how progress is achieved, identify “hot spots” in need of attention and make it possible to replicate successful efforts elsewhere. By sharing what is learned in Scranton, Springboard Health’s ambitious long-term goal is to create an innovative model that can be scaled for use in communities nationwide and even globally.

“We want to transform healthcare at its core by focusing on preventive care, behavioral health and economic growth,” says Dr. Feinberg, who unveiled the initiative in early 2017 to an international gathering of healthcare innovators, entrepreneurs and scientists at the renowned J.P. Morgan Healthcare Conference in San Francisco. “It’s about creating a community culture of health through cost-effective and sustainable solutions.”

**Getting started: Fighting diabetes with fresh food**

The first target for the Scranton project is diabetes, a common chronic condition marked by too-high blood sugar levels. Left unchecked, diabetes can lead to heart, kidney, eye and nerve problems. Research shows that Type 2 diabetes, the most common form, can be improved or even prevented through good nutrition, weight loss and increased physical activity. Yet diabetes rates are rising rapidly across the United States. In Lackawanna County, where Scranton is located, one in seven people has diabetes and one in seven also does not have enough affordable, nutritious food — a hunger problem known as food insecurity.

To address this situation, Springboard Scranton will introduce a program that gives a “prescription” for fresh vegetables, fruits and other healthy foods to area residents with Type 2 diabetes. This Fresh Food Pharmacy, slated to begin in 2018, will target people who are food insecure and
have high A1C levels, a measurement of the amount of sugar in
the blood that indicates diabetes risk. In addition to the fresh
food prescription, they will receive nutritional counseling
and diabetes education. Participants will learn, among other
things, how to cook and use nutritious foods that may be
unfamiliar to them.

With support from Geisinger, local food banks will supply
participants with enough fresh healthy food for 10 meals
per week for themselves and their families. That expands
the benefits of Springboard Scranton beyond the person
with diabetes, says Anthony D. Aquilina, DO, regional president
of Geisinger Northeast. “We want patients to be healthier,” he
says. “If that means fewer patients in the long run using our
hospitals, that’s a good thing.”

Expectations are high that Springboard Scranton will help
lower diabetes among the city’s 76,000 residents. There’s
reason to believe it can: Participants in Geisinger’s small
pilot project for Fresh Food Pharmacy in Shamokin have all
lowered their A1C levels. Some had such good improvement
that doctors reduced or ended some of their diabetes
medications. “Type 2 diabetes is a diet-responsive disease,”
Andrea T. Feinberg, MD, a physician involved in the pilot,
told the Scranton gathering. “We need to give patients the
tools to put health in their hands.”

The project plans to connect local farmers and food
banks in order to make locally grown produce more readily
available to participants and others. To promote prevention,
Springboard Scranton will educate children in the city’s
schools and neighbors in community groups about how good
nutrition and physical activity can help them avoid chronic
conditions such as diabetes and obesity.

Springboard Scranton will also make it easier for area
residents to join MyCode, Geisinger’s community genetics
study (see Geisinger Magazine, fall 2016). About 3,000
Scranton residents are already participating in MyCode.
Springboard Scranton aims to increase that to 25,000. By
having their genomes sequenced, volunteers not only help
research but also could find out if they are at risk for certain
cancers and other genetic diseases. “We can see who’s at high
risk and present options before they get the disease. Many
things are treatable or manageable if you know they exist,”
says Dr. Aquilina. Overall, Geisinger has 140,000 patients
enrolled in MyCode, and about 3 to 4 percent have received
genetic test results that they and their doctors can use to
better manage their health.

Drawing on community resources to
create change from within

The strength of Springboard Scranton lies in the active
involvement of residents, nonprofit organizations and schools.
“Scranton is made up of good people who take care of each
other,” says Virginia McGregor, a Scranton business and civic
leader who is a member of the Geisinger Health Board of
Directors. “This project brings us all together for the same goal.”

Like many communities, Scranton reflects its history,
challenges and character. It’s been home to generations
of families, many of them arriving as immigrants in the
late 19th and early 20th centuries. The city prospered
until after World War II, when some industries left and
the local economy began to decline. Health problems and
poverty increased, as did substance abuse and food insecurity.
Community organizations sprang up to help.

Today, Scranton is being revitalized by economic
development and growth in educational and medical institutions
(see page 14). Yet both older long-time residents and newer
residents, including immigrants from many areas of the world,
face problems with chronic health conditions, poor nutrition
and more. By helping Scranton organizations and residents make
healthy changes now and for the future, Geisinger will show
the “caring for our community” purpose that is at its heart.
“It’s not about Geisinger doing it. It’s about Geisinger
empowering it and enabling it to move forward,” says Nancy
Lawton-Kluck, chief philanthropy officer of the Geisinger
Health Foundation, which supports Springboard Healthy
Scranton and Springboard Health.

The project will be shaped through insights and ideas
from local groups such as the Harry and Jeanette Weinberg
Northeast Regional Food Bank, the Scranton School District,
The Wright Center and United Neighborhood Centers.
of Northeastern Pennsylvania. Many organizations will deliver services to participants and contribute data so results can be analyzed.

The Weinberg Food Bank, which collects and distributes food to community food banks, understands the connection between hunger and health, says Executive Director Gene Brady. The food bank has nutrition educators and a building equipped with large coolers for storing crates of fruits and vegetables. Through the Springboard Scranton partnership and support from Geisinger, “we’ll be able to obtain and distribute more healthy foods,” Mr. Brady says. He anticipates positive results from the Fresh Food Pharmacy approach.

Adding even more power to the project are the 40 national experts in business, healthcare and technology who have signed on to advise Springboard Health. One of those advisors, Bob Beitcher, is president and chief executive officer of MPTF (Motion Picture and Television Fund), a charity-supported social service organization for members of the entertainment industry. He believes Scranton can address societal factors that affect health, such as poverty and poor nutrition, but that the motivation has to come from within.

“We [the advisors and Geisinger] can provide guidance,” says Mr. Beitcher, “but the community needs to want to get better and to support each other in getting better.”

That’s exactly why the United Neighborhood Centers of Northeastern Pennsylvania became part of the Scranton project. “It’s tailor-made to what we’re trying to accomplish… [and] the other agencies around the table feel the same,” says CEO Michael Hanley. His organization operates programs serving low-income residents, including older adult centers and a farmers’ market in underserved South Scranton. It also has English- and Spanish-speaking peer educators who go to churches and housing developments to teach residents how to manage diabetes and other chronic diseases.

“It’s going to take all of us [in the community] working together,” Mr. Hanley says. “Springboard Healthy Scranton is gathering and strengthening all these programs. That’s what’s going to make it successful.”

**Improving health through the power of data**

While the Fresh Food Pharmacy and MyCode enrollment will kick off the Scranton enterprise, the broader plan is to develop more projects focused on creating better health for everyone in the city. Achieving that community-wide culture of health depends on Springboard Healthy Scranton measuring what works and what doesn’t, and evaluating the data to identify strategies that can be applied there and elsewhere.

“To inspire other people, you need to be able to measure and show what you’ve achieved — and how,” says Springboard Health advisor Esther Dyson. She is executive founder of The Way to Wellville, a similar 10-year project to transform the health of 5 communities from Connecticut to California. She is also chairman of EDventure Holdings.

Ms. Dyson points out that metrics and evaluation are also crucial for making “the business case” for good health. “It’s not just about reducing healthcare costs, it’s about improving productivity, creating more vibrant communities, reducing incarceration, all these things,” she says. “People are so focused on the cost of healthcare, but they really need to also focus on the cost of poor health and the sheer human benefits of good health.”

That’s part of the reason the Springboard Health initiative is beginning in Scranton, which has many of the same challenges found in other places. Moving outward from the city, which planners expect to do within a short time, will bring in small towns and rural communities with similar social and economic health problems but different resources. The ultimate goal is to take Springboard Health nationwide.

Creating a structure and process that works will enable every community to put effective health changes into action.

“We have an opportunity that I don’t think has ever happened before — to make a real and lasting difference in community health that can then be replicated across the country,” says Ms. Lawton-Kluck.  

To learn more about Springboard Healthy Scranton and the Springboard Health initiative, visit [SpringboardHealthy.org](http://SpringboardHealthy.org) or follow the effort on Facebook, Twitter (@sprngbrdhlthy) or Instagram (springboardhealthy).
Community-based patient-centered innovative education

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Recognizing care providers who rank among the nation’s best

BY SUSAN L. WORLEY • PHOTOGRAPHY BY JOSIAH LEWIS

Geisinger honors 108 clinicians with 2016 Top Patient Experience Awards

What is one of the best ways to gauge the quality of the care that a primary care physician, specialist or advanced practitioner — such as a physician assistant or nurse practitioner — provides?

Experts in patient satisfaction such as Press Ganey, the company that developed the first scientifically rigorous patient survey, say the answer is simple: Ask the patients. Since its founding in the 1980s, Press Ganey has developed partnerships with more than 26,000 healthcare organizations, surveying their patients about topics such as kindness and communication. The goal is to help healthcare providers understand their patients’ perspectives and use the data to improve the patient experience.

For over 10 years, Geisinger has made good use of those data. Each week, clinical care surveys are distributed to patients who are seen by every care provider within Geisinger. The results of the surveys are then compared with results in Press Ganey’s national database. Each year, Geisinger recognizes those primary care physicians, specialists and advanced practitioners whose scores place them among the top 10 percent of all clinicians in the U.S. In 2016, 108 care providers achieved this distinction and were honored at the Top Patient Experience Clinicians Awards Dinner in November.

“Although today all hospitals must survey patients for regulatory reasons, Geisinger has a long history of surveying patients to learn what areas have needed improvement,” says Chief Patient Experience Officer Greg Burke, MD. “We have always kept an ear open for the voice of the patient.”

In addition to acknowledging those who rank among the best in the nation, Geisinger also shines a spotlight on what Dr. Burke calls the “best of the best.” Each year, the

“Christina Appleman is the most compassionate and caring provider I have dealt with at Geisinger. She listens to what you have to say and does not rush you. You are a person to her, not just a number.”

—quote from a patient, Press Ganey survey
specialty care and primary care physicians with the highest patient experience scores in their category receive Geisinger’s prestigious Marks Awards. These awards were named in honor of Victor J. Marks, a dermatologist who served as Geisinger’s interim CEO from 2000 to 2001 and was known for his commitment to patient satisfaction. Pediatricians Jennifer M. Potter, DO, of Geisinger Shamokin Area Community Hospital,* and Terrah Keck-Kester, MD, of Geisinger Bloomsburg Pediatrics, won the 2016 Marks Awards.

The Appleman Award, which recognizes the advanced practitioner with the highest patient experience scores, went to Monisa D. Wagner, PA-C, a physician assistant in pediatric neurology. The award is named in honor of Christina Jo Appleman, CRNP, a menopausal counselor in Geisinger’s Healthy Aging Clinic, who ranked among the top 10 percent of providers nationally for the 13th time in 2016.

* a campus of Geisinger Medical Center

What is it like to be cared for by a physician or advanced practitioner who ranks so highly in patient satisfaction? The personal stories that follow are based on interviews with patients — the real patient satisfaction experts — of four of Geisinger’s 2016 Top Patient Experience Award winners. Each story provides a glimpse into the genuine caring and expertise that top Geisinger clinicians deliver every day.

**David J. Kolessar, MD**  
**Orthopaedic surgeon**  
**Provider location: Wilkes-Barre, PA**

In fall 2008, Carl Shply of Monroe Township, Pa., began to notice that his left knee was more swollen and painful than usual. No stranger to joint pain, he had consulted with physicians in the past for short-term treatment of discomfort in his left knee and right ankle. He chalked up his pain to a history of playing high-impact sports, working at a physically demanding job and engaging in outdoor activities such as hunting and fishing. And he learned to tolerate the pain, mainly because of his fierce dedication to his job. As the co-owner of a thriving family muffler business, Mr. Shply worried most about taking time off from work.

When his knee discomfort finally led him to seek medical advice, Mr. Shply turned to Dr. Kolessar, an orthopaedic surgeon at Geisinger who specializes in joint reconstruction and replacement. Dr. Kolessar came highly recommended by Mr. Shply’s primary care physician.

“One thing that really stands out in my mind about Dr. Kolessar,” says Mr. Shply, “is that he put my mind at ease right away by carefully explaining my condition to me.”

Dr. Kolessar told Mr. Shply that he had osteoarthritis, a common chronic condition that occurs when cartilage (the smooth connective tissue that cushions a joint) breaks down, resulting in swelling, pain and stiffness. He explained that past injuries and overuse of the joints, such a repetitive heavy lifting and sports, are risk factors.

“Carl had undergone a left knee ACL reconstruction 15 years prior, but otherwise he seemed to be in good health,” recalls Dr. Kolessar. “His daily activity involved a great deal of physical labor, including heavy lifting and up-and-down movements, which resulted in pain and difficulty walking.”

When it came to treatment options, Mr. Shply says that Dr. Kolessar was particularly sensitive to his fear of missing work.

“When I see patients with painful arthritic joints, I ask whether their discomfort interferes with their quality of life and ability to function,” says Dr. Kolessar. “I like to make sure we have discussed and tried all realistic conservative treatment options before we even think about surgery.”

Under Dr. Kolessar’s care, Mr. Shply tried medications, exercise and injections, as well as modifying his daily routine, to reduce the pain and discomfort. But soon his knee became unstable and he experienced two serious falls. Mr. Shply’s subsequent knee joint X-rays showed that his arthritis was getting worse. He and Dr. Kolessar knew it was time to have a conversation about knee replacement surgery.

“Every time I talked with Dr. Kolessar, it was clear to me that he was looking out for my best interests,” says Mr. Shply. “He suggested that I would probably need a more permanent solution for my knee, without ever putting too much pressure on me to have surgery.”
“Dr. Kolessar also did an outstanding job of explaining what was happening with my knee,” he adds. “He showed me X-rays that helped me see how more damage was occurring. He also used models to explain the difference between a normal knee and one with osteoarthritis. I could see exactly what was causing my pain.”

“The choice to move to surgery should involve a shared decision-making process between the patient and the surgeon,” Dr. Kolessar says.

After Mr. Sheply decided to have a total knee replacement, Dr. Kolessar and his medical assistant helped him prepare for the procedure. On the day of surgery, Dr. Kolessar met with him again and reviewed all of the goals of the knee replacement — including the realignment of his knee, which had become crooked over time.

Mr. Sheply went into his December 2016 surgery at Geisinger Wyoming Valley Medical Center feeling confident. And when he woke up, Dr. Kolessar was right there to shake his hand.

“The length of recovery after surgery can vary considerably,” says Dr. Kolessar. “Carl had excellent pain tolerance and also was highly motivated to return to work, so I anticipated a more rapid recovery. But I also had to protect him from doing too much too soon.”

Mr. Sheply followed Dr. Kolessar’s advice for recovery, initially attending physical therapy sessions and then exercising on his own at home. In less than a month he was back at work. Today he no longer experiences pain in his knee and says he can’t wait to plan his next fishing trip. Recently his good friend announced that he’d just had knee replacement surgery — performed by a fantastic surgeon named Dr. Kolessar.

“I would have recommended Dr. Kolessar in a second, but I guess someone else beat me to it!”

—Carl Sheply
Lauren King shows Dr. Benjamin Kuhn what she is able to do now that she has her strength back, thanks to his successful treatment of her stomach condition.
Benjamin R. Kuhn, DO  
Pediatric gastroenterologist  
Provider location: Mechanicsburg, PA

Carla King of Hershey, Pa., recalls the life-changing afternoon she spent watching Disney’s *Ice Princess* with her then-5-year-old daughter, Lauren. At the end of the movie, Lauren, who had never ice-skated before, turned to her and announced, “Mommy, I want to skate in nationals!”

Inspired by her daughter’s enthusiasm, Mrs. King arranged for Lauren to begin skating lessons, and in the months that followed she watched her daughter come alive on the ice. Now 10, Lauren is a competitive skater who also has been featured in costumed ice-skating productions of *The Lion King* and *Annie*.

But both mother and daughter remember when mysterious symptoms threatened to interfere with Lauren’s training. About three years ago, Lauren began having frequent episodes of vomiting “out of the blue,” says Mrs. King. She lost weight, her stomach hurt and she often felt dizzy and weak.

Mrs. King says she will always be grateful that Lauren’s pediatrician referred them to pediatric gastroenterologist Dr. Ben Kuhn, whom she calls “a lifesaver.”

At his Harrisburg clinic, which is just one of the group’s 12 satellite offices, Dr. Kuhn listened intently as the Kings described Lauren’s symptoms. Mrs. King remembers his warmth and friendliness and how he picked up on her use of medical terminology — and quickly learned she was a nurse. He also marveled at Lauren’s devotion to ice-skating. In recognition of their obviously strong bond, he gave mother and daughter a nickname: the dynamic duo.

“There was just an instant chemistry between Dr. Kuhn and my daughter,” says Mrs. King. “He listened to both of us, he was kind and he made us feel very comfortable right from the start.”

Dr. Kuhn’s instinct was to start with conservative treatment using medications. But when Lauren’s symptoms returned, he performed an endoscopy, a procedure that uses a thin, flexible scope to examine the stomach. Dr. Kuhn detected a tightening of the pylorus (the opening through which food and drink pass from the stomach into the small intestine during digestion), a condition known as pyloric stenosis. This condition tends to affect infants under 6 months of age; it is rare in older children like Lauren. To everyone’s relief, the endoscopy alone opened up the pylorus, temporarily ending Lauren’s symptoms.

“She was like new again,” says her mother. “And she was thrilled to get back on the ice. She lives, breathes and talks ice-skating. She wants nothing more than to be on the ice.”

Dr. Kuhn warned them that the symptoms could return, and a year later they did. He then recommended a procedure that would again use an endoscope, but this time with a small balloon inserted through the scope that could be used to further widen the opening. It would require anesthesia and a breathing tube, which made mother and daughter nervous. But Dr. Kuhn took the time to talk them through it and put them at ease.

Carla and Dave King are grateful to Dr. Kuhn for getting their daughter back on the ice and back to her normal activities.

“Lauren was able to totally trust him because of the connection he made with her, starting with his interest in her ice-skating,” says Mrs. King. “I have been in medicine my whole adult life and I know that most doctors care about their patients, but this was completely different from anything I’d seen.”

Dr. Kuhn in turn was grateful to Mrs. King for giving him such detailed information about Lauren.

“I was by no means an expert on Lauren,” he says. “I have to rely on information from parents, who know their children best. What set this relationship up for success was listening to the symptoms they described and making a group decision regarding each procedure. I wouldn’t have my own daughter undergo a procedure after a first visit based on the initial symptoms they reported.

“It’s amazing how much correcting the underlying issue has allowed Lauren to receive the nutrition she needs to become a healthy, strong competitor,” he adds.

Now a year out from her most recent treatment, Lauren is back on the ice, and the family often sends photos and videos to Dr. Kuhn.

“You just say ‘Dr. Ben’ and my daughter lights up,” says Mrs. King. “Recently he asked us to let him know when Lauren is in the Olympics. He says that no matter where they are being held, he will be there.”
“I’ve had problems with my skin for most of my life,” says William Tanski of Danville, Pa., who until his retirement five years ago spent a good part of his life outdoors. After a career in the military, he operated bulldozers and other heavy equipment for many years. As early as his 30s, he started developing scaly patches and skin lesions. Occasionally he would see a doctor to have them removed or treated with injections. However, he felt powerless to prevent new growths — and was well aware that his father, who had fair skin like his, had struggled with skin cancer.

One day Mr. Tanski’s wife noticed seven dark brown lesions on his face and urged him to see a dermatologist. His primary care physician referred him to Elizabeth Noble, MD, who then practiced in Danville.

“Dr. Noble told me right away that she was pretty sure that I had basal cell cancer. Thankfully, she said she would be able to do some testing and some removal of the skin cancer that day, so I wouldn’t have to spend time worrying about it,” says Mr. Tanski.

Dr. Noble specializes in Mohs surgery, a technique noted for saving the greatest amount of healthy tissue while removing cancerous areas. This type of surgery offers the highest cure rate available, typically around 99 percent. When she suspects skin cancer, Dr. Noble removes a thin layer of tissue and, while her patient waits, examines it under a microscope. She repeats the procedure until the last layer of tissue she views is cancer-free. Because Dr. Noble sensed that Mr. Tanski was anxious, she was careful to explain every detail in advance and again during the procedure.

“There is always some scarring,” says Dr. Noble. “But Mohs specialists are trained in reconstructive surgery, so we may use skin flaps or grafts to minimize that scarring. Patients often end up staying with us for several hours when they undergo these procedures. This gives me a lot of time to talk with patients and really get to know them. It’s a great opportunity to connect.”

Over several visits with Mr. Tanski, Dr. Noble learned he was worried about some other health conditions besides his skin. In fact, a few months after she began seeing him, he had a heart attack. Dr. Noble says that most patients are dealing with other burdens besides their skin condition.

“Everyone is carrying something. When people come to see me they are often apprehensive and generally not having a great day — between skin cancer, surgery and whatever else is going on in their lives, such as the heart attack in Bill’s case. My goal as a doctor is to treat skin cancer, but my goal as a human being is to make that bad day a little better,” Dr. Noble says.

“She was so nice to me during every visit,” says Mr. Tanski. “It was clear to me that she really felt for me because I was going through an awful lot.”

After several treatments, Dr. Noble was able to remove all of his skin cancers. She continues to educate him about skin cancer risk and preventive steps such as sun protection. She also has recommended that Mr. Tanski’s two daughters have baseline skin evaluations and take extra care to protect their skin from the sun.

“Dr. Noble was more than a good doctor,” says Mr. Tanski. “She was a caring human being who was always compassionate.”

“I will never forget how often she would ask how I was feeling or if anything else was bothering me. I don’t have the words to describe what a wonderful person she is.”

—William Tanski
Angela Soto Hamlin, MD
Breast surgeon
Provider location: Mechanicsburg, PA

Ever since her mother was diagnosed with breast cancer decades ago at the age of just 49, Virginia Sutton of Camp Hill, Pa., had been bracing herself for what seemed like the inevitable.

“While I watched my mother go through treatment for breast cancer, I remember I was already thinking that one day I would probably be diagnosed with breast cancer, too,” says Mrs. Sutton, “The idea scared me and it stayed with me. I was always worried about it.”

Mrs. Sutton had regular mammograms and her results were always negative, but she remained uneasy. Last fall, while on a wedding anniversary cruise with her husband, she discovered some blood coming out of her right nipple. “I was terrified, but I didn’t want to ruin our cruise, so I waited until our return to tell my husband,” she recalls.

Casey Sutton, a retired Marine, immediately contacted their primary care physician at a local military clinic. The clinic referred them to Angela Soto Hamlin, MD, a breast surgeon with the Breast Care Center at Geisinger Holy Spirit. “That was the first thing about Dr. Soto Hamlin that impressed us,” says Mr. Sutton. “Her reputation was so great that people at our military clinic knew about her.”

Mrs. Sutton was especially alarmed because she’d recently had a normal mammogram. The couple recalls how Dr. Soto Hamlin spoke in a soothing, calm voice as she provided them with information. She recommended a biopsy (removal of a tissue sample to check for cancer) and an MRI to rule out the possibility of cancer. “It’s really very important to have patients understand what is going on, particularly when there is a possibility of breast cancer, because decisions need to be made. Education is a huge part of what I do. It’s important to empower them to make the right decisions,” says Dr. Soto Hamlin, who soon discovered that Mrs. Sutton did indeed have breast cancer.

Dr. Soto Hamlin explained that Mrs. Sutton had invasive breast cancer, meaning that it can invade nearby tissue and spread to areas outside the breast, including the lymph nodes. Invasion of the lymph nodes had occurred near the left breast and there were some unusual findings in the right breast. “Right away I thought of my mother and how after she had one breast removed, cancer was found in her other breast. It was that cancer that ended up taking her life,” says Mrs. Sutton. “So I told Dr. Soto Hamlin that if there were any risks in my other breast, I wanted to have both of them removed.” She made the decision to have a bilateral mastectomy followed by breast reconstruction. (For that, Dr. Soto Hamlin recommended Holy Spirit plastic surgeon Roderick Zickler, MD, whom Mrs. Sutton also praises for his kindness and compassion.)

Dr. Soto Hamlin met with Mrs. Sutton on the day of her surgery and reviewed the details of the procedure. Mrs. Sutton remembers how reassuring it was to see Dr. Soto Hamlin in the operating room before anesthesia, then again in the recovery room when she first woke up. Dr. Soto Hamlin explained that the surgery had been successful and Mrs. Sutton would not need radiation or chemotherapy.

After surgery, Mrs. Sutton participated in the “Take Charge” wellness program developed by the Geisinger Holy Spirit Breast Care Center, which focuses on diet, exercise and stress reduction. Within a few weeks, she was moving comfortably and able to return to her favorite pastime: gardening.

“Dr. Soto Hamlin gave me details about everything I needed to do to recover completely,” says Mrs. Sutton. “And she took a personal interest in me. She knew that I had a daughter, so she recommended that my daughter get screened and be aware of her own breast cancer risk.” “If you have a first-degree relative with breast cancer, you may have a higher risk for the disease,” says Dr. Soto Hamlin. “Appropriate, careful risk assessments are important. Screening for women with a family history should begin 10 years before the age of the youngest family member at diagnosis.”

Mr. Sutton also appreciated how Dr. Soto Hamlin took on the extra task of reassuring him while treating his wife: “Neither of us will ever forget what she did to pull us both through.”

Dr. Angela Soto Hamlin, a board-certified surgeon at Geisinger Holy Spirit Breast Care Center, describes education as a “huge part” of what she does for patients.
On the front lines of care

Massive rounding effort brings Geisinger leaders together to listen, learn and improve the patient experience

By Kristine M. Conner

It is just after 5 a.m. on the frigid morning of Dec. 19, 2016. Despite the weather and the early hour, about 360 administrators, department chairs, managers, board members and other leaders at all of Geisinger’s hospitals have gathered to round. This is a different type of rounding than you might recognize from your favorite medical TV drama, when a senior doctor leads medical residents from room to room, peppering them with questions about each patient’s condition. From Lewistown to Camp Hill, Bloomsburg to Scranton, and all the way over to Atlantic City, N.J., Geisinger leaders are walking their hospitals’ hallways to observe, listen and learn. Their goal is to gain a front-line view of what’s going well and what needs to be improved.

Leadership rounds are nothing new; in fact, our hospitals and many others nationwide have done them for some time. But more than a year ago, Geisinger took the practice to an entirely new level by having leaders at all nine hospitals round at the same time. President and CEO David Feinberg, MD, kicked off the first systemwide leadership rounds in late 2015, describing them as “the largest patient rounding event
in America.” Hundreds of leaders from all Geisinger hospitals were connected through a live video feed, enabling teams to communicate in real time before and after rounds. Since then, leadership rounds have taken place every three months.

On this December morning, the first rounds ever held so early, leaders get to interact with physicians, nurses and front-line staff who are wrapping up a long night shift. They talk with patients who landed in their Emergency Departments over night or who are just arriving for morning procedures. They check on concerned family members camped out in waiting rooms. The leaders ask questions and take notes about problems or issues that need attention. They look for instances of outstanding care, noting staff members’ names so they can follow up with a thank-you note. And they hand out small snack bags as a gesture of appreciation. At about 6:30 a.m., they gather again to share what Chief Patient Experience Officer Greg Burke, MD, calls “wow” stories — examples of great care they witnessed or heard about — followed by opportunities for improvement and a discussion of how to make those fixes quickly. Even if there isn’t an immediate fix, a leader takes responsibility to follow up.

“We’re bringing together leaders from the highest executive level to mid-management, and not just clinical leaders,” notes Dr. Burke. “Finance, foodservice, environmental services, IT [information technology], the health plan — they’re all there. I once rounded in the pediatric ICU [intensive care unit] with the chief financial officer. It is great for nonclinical folks to feel the impact of what it is to care for patients.”

Rounding also makes practical sense. “Let’s say you have the head of IT rounding that day and someone reports a problem with the computers on the eighth floor. Right there, you can begin to resolve it. It’s about getting fixes in real time and empowering leaders to do things in ways that don’t require layers of approval,” he adds.

The hospitals also can share new ideas and best practices, he adds. “When I was rounding at Geisinger Community Medical Center in Scranton, I noticed the Emergency Department had a mobile phone charging station — such a great idea!” he says. “I took a picture and sent it to the chief administrative officer in Danville so we could get one.”

And all of this seems to be helping to create a better patient experience. Before kicking off the Dec. 19 rounds, Sue Robel, RN, Geisinger chief nursing officer and patient experience officer, noted that patient satisfaction scores were on an unprecedented upswing, with more than three out of four patients surveyed saying they would recommend their Geisinger hospital to others.

The power of the practice was evident as teams began to share their observations after rounding. At Geisinger Community Medical Center, leaders spoke with a nurse
on the fifth floor who was concerned that many patients’ overhead lights were not working. A facilities leader present at Geisinger Medical Center in Danville responded that the bulbs were already scheduled for replacement. At GMC, leaders who visited the Special Care Unit waiting room on the fifth floor found that family members were trying to rest, but couldn’t really get comfortable. They suggested supplying pillows in the waiting room, and a chief administrative officer agreed to order them the very same day.

Not all problems have such an immediate fix, but they are important for leaders to hear about and own. For example, teams at Geisinger Holy Spirit and Geisinger Bloomsburg Hospital realized they shared concerns about having one front-desk person in the Emergency Department during the night shift. At AtlantiCare, a Member of Geisinger Health System, leaders met with a patient in the Observation Unit who had been in the ED the previous day. He wondered why he had to supply much of the same information twice: Shouldn’t the information already be in the system? At Geisinger Wyoming Valley, an ED staff member commented that the printed directions given to patients refer to hospital elevators by letter, but the elevators are not marked that way. These and other insights from the front lines help leaders make changes that improve the patient experience.

Rounding also builds a sense of camaraderie, mainly because leaders get to witness and share stories about great care. A medical resident at GMC who had just seen 22 patients on the night shift told the rounding team how he uses C.I.CARE (Connect, Introduce, Communicate, Ask & Anticipate, Respond, End with Excellence), Geisinger’s system for ensuring caring communications. He reflected on how it helps him and other new physicians approach the vulnerable patients who now look to them as “the experts.” The team at Holy Spirit commented on the way that a veteran nurse of 42 years — 12 at their hospital — interacted with a patient with dementia. “She was lovely and caring and clearly had a wealth of experience — the kind of person you would want to take care of your own family,” one leader said. The team from Geisinger Shamokin Area Community Hospital gave a “shout out” to their Emergency Department staff and especially the nursing supervisors, who handle a range of situations: “We were very impressed.” These and other stories remind leaders of the good things happening on the front lines throughout Geisinger.

“The byproduct of this whole experience is that leaders are thinking of this as one system with one goal,” says Dr. Burke. “We get to see ourselves as one Geisinger.”

Talking with patients (top): At GMC, John Thompson explains how he and his cousin, Bernie, drove two hours from Tioga County so that John could have a carotid artery stent placed to remedy a blockage. He expressed some nervousness, but said that his experience with Geisinger had been “great” so far. He accepted Dr. Greg Burke’s business card in case he had any questions or concerns.

Reaching out to an anxious child (bottom): At GWV, Lindsey Ford, MSN, Magnet program director, and Janice Divers, MSN, operations manager for Pediatrics, Mom/Baby, and Labor/Delivery, comfort Tristan Fernandez, whose father, Edward, brought him to the Emergency Department for help with breathing problems.

Photo (top): Robert Brown
Observing in the Emergency Department (top): “Seeing the leaders make rounds shows that Geisinger isn’t just paying lip service to quality. I’ve had many leaders ask me, ‘What can I do for you in this moment?’ — and I sense that the patients can feel this commitment,” says GMC emergency physician Mark Olaf, DO, shown updating his colleagues about a patient.

Gathering for reflection after rounds (bottom left): In Scranton, the Geisinger Community Medical Center (GCMC) leadership team gathers for the systemwide videoconference after rounds.

Making notes (bottom right): Lotoya Henry, manager of Human Resources at GCMC, and Diane Cehelsky, operations director of GCMC Laboratory Services, make notes about their observations during rounds.

Photos: (top) Robert Brown; (bottom left and right) Josiah Lewis
Perry Meadows, MD, doesn’t blame his stepson’s long cycle of addiction to opioid medications, heroin and cocaine on the initial pain caused by a work-related injury and multiple surgeries in the late 1990s. Instead, he points to the doctor who wrote prescriptions for more and more painkillers, without a moment’s thought about where this might lead.

“In 2002, I had to do CPR on him after he collapsed in the hallway and wasn’t breathing,” recalls Dr. Meadows, who is now medical director of government programs for Geisinger Health Plan. “He had injected pain meds — fentanyl — while in a hot tub and overdosed. I resuscitated him by the time the paramedics got there. He was only 21.”

Although his stepson has had many cycles of recovery and relapse since then, Dr. Meadows still shares the story to let others know that it can happen to anyone. Last September, he submitted written testimony to the Pennsylvania House of Representatives in support of a resolution to create a task force to make addiction treatment more available through health plans and other resources. As he wrote, “I understand the anxiety associated with a phone call from an unknown number in the area code where you think your family member is living, with the sweaty palms, the increased pulse and the knot in the stomach, because you know this is the call telling you he is in the ED [Emergency Department] again or that he is dead from an overdose.”

Dr. Meadows’ family story illustrates the human cost behind the increase in what health professionals call opioid use disorder, or OUD. It affected some 4.3 million Americans in 2014, according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Perry Meadows, MD, doesn’t blame his stepson’s long cycle of addiction to opioid medications, heroin and cocaine on the initial pain caused by a work-related injury and multiple surgeries in the late 1990s. Instead, he points to the doctor who wrote prescriptions for more and more painkillers, without a moment’s thought about where this might lead.

“Geisinger selected to join statewide effort to stem the tide of opioid addiction”

By Maura C. Ciccarelli

Giving help and hope to those suffering from addiction

Geisinger’s Margaret Jarvis, MD, shown here at the new medication-assisted treatment center in Bloomsburg, is a nationally recognized expert in addiction medicine.

Photo: Josiah Lewis
illegal drug. (We know that about four in five new heroin users started out misusing prescription painkillers.) In 2015, over 33,000 people in the U.S. died from nonmedical use of opioid pain medications. Of those, nearly 3,300 were from Pennsylvania. This Pennsylvania death rate was 20 percent higher than it was in 2014.

“Clearly, our entire nation is in the throes of what the Centers for Disease Control have labeled an opioid epidemic, and Pennsylvania is up near the top, with one of the highest death rates,” says Margaret Jarvis, MD, medical director of Geisinger Marworth Alcohol & Chemical Dependency Treatment Center in Waverly, Pa. “Over the last two decades, many physicians felt pressed to aggressively treat pain with opioids, and a lot got diverted from pain care to addiction.” Dr. Jarvis herself is a recognized addiction medicine expert and has testified multiple times at state and federal hearings on the opioid crisis. Recently, she was elected vice president of the board of the American Society of Addiction Medicine.

Today, health professionals classify OUD as a disease that can be treated with a combination of medications and behavioral health therapies. Despite the numbers, there is hope, and Geisinger is determined to be part of the solution.

A focused, statewide effort on managing people through treatment

In response to the opioid epidemic, the Commonwealth of Pennsylvania has created the OUD Centers of Excellence network funded through the Pennsylvania Department of Human Services. It is investing in health centers that it sees as “ahead of the curve” when it comes to substance abuse treatment, according to the program’s website. Right now, treatment for addiction is fragmented and patients often can’t navigate the system on their own. The goal is to create centers with dedicated teams that actively manage patients using a combination of medications and behavioral health therapies, called medication-assisted treatment, or MAT.

In August 2016, Geisinger became one of roughly 50 sites selected by the state to create new MAT centers to help people addicted to opioids, whether prescription medications or illegal ones like heroin. In April, Geisinger launched its first center at Geisinger Bloomsburg Hospital. Two more centers will be added over the next year or so.

“People are falling through the cracks, partly because of limited resources, partly because that’s what happens with addiction,” says Stephen J. Paolucci, MD, chief medical
officer of Geisinger Bloomsburg Hospital and chair of the Department of Psychiatry/ Behavioral and Addiction Medicine at Geisinger. “We need to put case managers in place who can follow the patients with reminders and frequent contacts. When push comes to shove, and patients are back in an environment that might have contributed to addiction in the first place, they will be at risk of relapse. Therapies, counseling, regular contact and care management can help keep them moving in a positive direction.”

Geisinger’s MAT center team includes a board-certified addiction physician, an addiction-trained pharmacist, administrative staff and case management staff, including a nurse case manager and social work case manager, says Jordan Barbour, MPH. As a two-year administrative fellow with Geisinger, he worked with a wide-ranging team of colleagues to create the center.

Patients are referred to the Bloomsburg center from a variety of sources, including primary care doctors, Emergency Department staff, and local law enforcement and courts. If a physical exam by a doctor suggests that the patient is a good candidate for MAT, the patient moves through a regimen of closely monitored prescription therapy using one of two kinds of medications. Buprenorphine (Suboxone®) reduces withdrawal symptoms and the desire to take opioids again; however, if taken along with opioids, withdrawal symptoms occur. Naltrexone (Vivitrol®) blocks the effects of opioids and removes the high, but more research is needed to determine if it can also reduce cravings.

“The clinic’s goal will be to have patients succeed with a drug-free recovery, but the first and primary goal is to get folks functional with the help of medication therapy, back living their lives with their families and happily employed,” Mr. Barbour says.

Patients are required to have regular visits and pill counts and enroll in a drug and alcohol counseling program. But the MAT center isn’t just about managing addiction with medication. Each patient’s mental health and social needs are also addressed. Case managers counsel patients and connect them with behavioral health services, housing and job assistance, support groups and other social services. The center also works closely with local authorities who administer the state’s drug and alcohol program, drug court programs as well as programs for first-time offenders, all of which can refer people for treatment. So far, the center’s list of resources and community contacts includes about 30 organizations.

“There is a shift in how folks view addiction,” says Mr. Barbour. “Opioid addiction is now seen as a chronic disease that is not much different from COPD [chronic obstructive pulmonary disease], diabetes or heart failure. Opioids hijack your dopaminergic pleasure center in your brain, so once you are addicted, it’s not really a choice. With addiction, if you relapse, that is a symptom of the disease.

“We know there is a fine line. While we cannot have someone who’s chronically abusing the system, we have to shift the conversation to the other side, to be accommodating and understanding. We have to build a system of medical, social and community care that takes into account the unique characteristics of the disease of addiction.”

Using data to fine-tune care

As part of the state’s MAT grant, Geisinger sends monthly reports to the Department of Human Services on patient volumes, frequency of visits, satisfaction with care and other data points, says Sharon L. Larson, PhD, acting chair of the Department of Epidemiology and Health Services Research and research director of the Division of Psychiatry for Geisinger. An important goal with the first MAT center in Bloomsburg is figuring out the best processes for getting patients into the program and then discharging them back to primary care physicians — typically after they achieve 18 months of success with their care plan.

“We want to learn how to integrate substance abuse care across the entire primary care system. What are the best strategies to use in the most cost-effective way? How can we train clinicians outside the MAT center to handle addiction-related issues? How can we serve as many patients as
possible?” Dr. Larson says. “Because addiction is a brain and behavior disorder, we have to treat it the same as other chronic health conditions and understand where the care gaps are.”

Geisinger Health Plan is also coordinating with the Bloomsburg center, says John B. Bulger, DO, the plan’s chief medical officer: “We see it as part of our fundamental mission of caring for people and communities.” It will follow outcomes for any GHP members who enroll in the MAT center’s program.

Lessons learned this time will be used as Geisinger develops the next two centers.

Building on Geisinger’s ongoing commitment to the opioid crisis

Geisinger’s selection by the Commonwealth of Pennsylvania as a partner in creating these new Centers of Excellence for treatment builds on our longstanding commitment to fighting addiction. For 35 years, the Geisinger Marworth Alcohol & Chemical Dependency Treatment Center in Waverly, Pa., has provided inpatient and outpatient treatment for addiction to drugs and alcohol.

More recently, Geisinger has taken action in response to the worsening opioid crisis. About five years ago, Geisinger developed an innovative approach to improving pain management while reducing the risk of medication misuse by creating the area’s first pharmacist-run chronic pain clinic in Danville. Today, 6 pharmacists are working on-site at 13 primary and specialty care practices in Pennsylvania. They partner with physicians to care for patients who are experiencing chronic pain not related to cancer. The pharmacists help ensure that opioid pain medications are prescribed and used appropriately, and they counsel patients toward alternative pain medicines and other remedies, such as physical therapy and exercise. The program recently added an addiction-trained counselor who is partnering with one of the pharmacists; there are plans to add more in the future (see page 44). In 2016, the program was recognized for its innovative approach to chronic pain management by being named a finalist for the American Society of Health-System Pharmacists Foundation Award for Excellence in Medication Safety.

Over the past year, Geisinger has worked with several community partners to create a drug take-back program that gives local residents a safe place to drop off leftover medications, including opioids. Secure dropboxes are now located throughout Geisinger’s facilities, as well as in area pharmacies and food markets. These are helping to stem the tide of leftover medications that often end up in the wrong hands, further fueling the problem of addiction (see Geisinger Magazine, fall 2016).

Even more recently, Geisinger Health Plan launched a community awareness campaign about opioid use disorder, dubbed with the social media hashtag “#HadEnough.” Throughout fall 2016 into early 2017, panels of speakers from Geisinger and the community teamed up for a series of presentations at area high schools and colleges and at other community events. It was a way to “address the crisis and let people know that there is hope,” says Geisinger Health Plan’s Dr. Bulger.

Dr. Perry Meadows of the health plan was one of the people who shared his family’s story at the community forums. He encourages people to educate themselves about this disease and the resources that can help. “Don’t try to do it by yourself, whether you’re a family member or someone who has addiction issues. You can’t do it alone,” he says. “Most importantly, never lose hope. When you lose hope, you’ve lost.”

In 2014, 58 out of 67 counties in Pennsylvania reported drug overdose related deaths.

Pennsylvania leads the nation in drug overdoses among males ages 12 to 25.

Source: Pa.gov
Giving to help Geisinger build healthier communities

Throughout this issue of Geisinger Magazine, you’ve read about Geisinger’s efforts to help people in the areas we serve build healthier lives. This means everything from connecting residents with healthier food options to preventing and treating addiction to opioids to training the next generation of doctors who will practice medicine in local communities.

Private donors to the Geisinger Health Foundation play a key role in making these and other programs possible. Below are just three examples of efforts that have and will continue to benefit from the generosity of our donors. Contact the Foundation if these programs or any others you read about in Geisinger Magazine are of interest to you.

Pairing addiction-trained counselors and social workers with Geisinger pharmacists

In 2012, roughly 250 million prescriptions for opioid painkillers were written in the U.S. — enough for every adult to have his or her own bottle. That same year, Geisinger tried a new approach to pain management: We started having pharmacists run chronic pain clinics right inside selected primary care and specialty care practices. Busy physicians now had a pain medicine expert on site to help them and their patients make decisions about treatment. This included options such as non-opioid medications, physical therapy, exercise and nutrition. If an opioid was necessary, the pharmacist could manage the prescription carefully and educate patients about the risks of misuse, either by themselves or by people in the household.

Today, Geisinger has 6 pharmacists managing about 1,600 patients at 13 sites. In early 2016, we added another innovation: placing an addiction-trained counselor or social worker with the pharmacist on site. “We realized we were missing out on the psychosocial aspect of care: finding patients who might have mental health or social issues which could increase the likelihood of abuse,” says Gerard Greskovic, RPh, director of ambulatory clinical pharmacy programs.

The John E. Morgan Foundation in Tamaqua, Pa., long known for its support of education and healthcare, agreed to fund the first full-time position, now held by Erica Kramer-Smith, MA. She works with Justin Troutman, PharmD, to counsel patients at four Geisinger sites in Luzerne and Schuylkill counties.

“I am a pharmacist, so mental health isn’t something I am trained in,” says Dr. Troutman. “There is plenty of science showing that mental health issues can affect risks and outcomes with chronic pain. Before Erica, the most I could do was urge someone to see a counselor or mental health expert. Now she can take that patient on and follow up on the care.”

“What’s so exciting to me is that we are taking a medical model and adding a real-life complement,” Ms. Kramer-Smith says. “I see every patient who comes in for a pain medicine consult with Justin. I can really spend time with each one and gauge if there is a potential for opioid misuse. We are looking at lifestyle, saying, ‘These are your stressors, you work, you have children. How can we help you function spiritually, mentally, physically?’ — we look at the entire patient. I can educate them about sleep, nutrition and exercise and not have them look solely to a pain pill.”
Ms. Kramer-Smith also can help figure out when there’s a problem, as with a recent patient who was using up her medication too quickly. She soon admitted she was misusing it to relieve stress. “We’ve been able to get her off the narcotic and into mental health counseling, and she is doing much better,” says Ms. Kramer-Smith.

Geisinger now wants to add five more trained counselors or social workers to partner with the other pharmacists in the program. The Geisinger Health Foundation is seeking private donors to help fund the additional positions. Given that 80 percent of street drug users first became addicted to prescription medications — whether their own or those taken from a family member — these counselor-pharmacist partnerships could have an amazing “ripple effect” on the community, says Dr. Troutman.

“By preventing addiction, increasing safe storage and educating patients about the dangers of an open medicine cabinet, you can cut down on the amount of opioids in the community, and that benefits everyone,” he says. (See page 40 for more information about Geisinger’s other efforts to combat the opioid crisis in Pennsylvania.)

To learn more about how you can support the Substance Misuse and Addiction-Trained Counselor/Social Worker Program, contact Susan Mathias with Geisinger Health Foundation at sbmathias@geisinger.edu or 570-214-4322.
Helping patients manage complex conditions at home

Geisinger Wyoming Valley Medical Center’s (GWV’s) innovative Mobile Health Paramedic Program (MHPP) has become a national model for providing patient-centered care for at-risk patients outside the hospital (see Geisinger Magazine, spring 2016). When GWV physicians suspect they have a patient who could have trouble managing a complex condition such as heart failure or diabetes independently, they can refer that patient to the MHPP. Many of these patients are elderly and have landed in the hospital or Emergency Department (ED) multiple times. Three full-time paramedics make house calls to help patients understand the information that sometimes gets “lost in translation” between hospital and home.

“The paramedics can reinforce what patients were told in the hospital or ED: This is how the medication needs to be stored, here’s the right way to take it, here is the diet you need to follow,” says Kathleen Sharp, MBOE, a Geisinger senior performance innovation consultant who was involved in developing the program. “They can help patients look through their own cabinets and show them the foods that are laden with salt, for example, and make sure they understand the impact.”

From its start in March 2014 through the end of 2016, the program served nearly 1,270 patients. Data collected through June 2016 indicated that readmission rates for patients in the MHPP with heart failure dropped from nearly 18 percent to just over 5 percent. This meant that patients had 1,781 fewer days spent in a hospital bed.

The Mobile Health Paramedic Program does not charge patients for the service and is not reimbursed by insurance. Keeping it strong over time will depend in part on private support. The GWV Auxiliary has already funded training for paramedics and advanced equipment for measuring blood pressure and preparing blood samples for lab testing. In 2016, the Geisinger Health Foundation established a fund to encourage more private donors to support the program. David Schoenwetter, DO, who founded and now directs the MHPP, was among the earliest contributors, along with some grateful relatives of patients. The program now seeks to purchase a second sport utility vehicle and outfit it with the necessary medical equipment.

“It is a very patient-focused model and it gets great reviews,” says Dr. Schoenwetter, who is also director of the Division of Emergency Medicine Services. “The paramedics aren’t restricted to a certain length of visit; they have the time and resources to meet patients’ needs in the home. Anyone who gives to this program should know that they are helping the real people who are impacted by it.”

To learn more about how you can support the Mobile Health Paramedic Program, contact Cheryl Connolly with the Geisinger Health Foundation at caconnelly@geisinger.edu or 570-808-7868.
Stephen Poorman of Lock Haven, Pa., is a serial entrepreneur whose business successes range from starting a chain of musical instrument stores to investing in real estate to helping lagging businesses become profitable again. Throughout his career, but especially over the past few years, he has focused on using his financial success to strengthen the community he has called home throughout his entire life.

In 2016, he and his wife, Pamela, made a $7 million gift to Lock Haven University to support students in the new Stephen Poorman College of Business, Information Systems and Human Services. Their gift also supports students in the physician assistant and nursing programs at the Lock Haven University Clearfield Campus. This was the largest gift from an individual in the history of Pennsylvania’s state university system.

After making that gift, the Poormans turned their attention to the Geisinger Health Foundation, naming Geisinger a beneficiary of the Poorman Trust. They have created the Poorman Scholarship Fund in the Geisinger Commonwealth School of Medicine (see page 15), the first new scholarship established after Geisinger officially acquired the Scranton medical school on Jan. 1. In addition, they made a six-figure commitment that will be used in part to benefit Geisinger Lock Haven, a primary care clinic that also offers specialty care in obstetrics, women’s health and rheumatology.

Mr. Poorman says that the decision to support Geisinger came easily, given his decades of experience as a business owner who relied on the Geisinger Health Plan for his employees — and as a patient at Geisinger himself.

“From suffering a heart attack to cancer and a stroke, I’ve spent months in the Geisinger Medical Center in Danville. This experience has given me a firsthand appreciation of the professional, caring and effective treatment they deliver,” he says. “Geisinger physicians saved my life. And whether it was the tonsillectomy for my granddaughter or the emergent need for a Life Flight®, Geisinger has been our solid rock with exceptional medical care for our family, staff and community.”

“Where would rural Pennsylvania be without Geisinger? I can’t imagine it. Where would we turn for such high-quality medical care? I am proud to support Geisinger and I encourage others to do the same.”

If you are interested in supporting students at the Geisinger Commonwealth School of Medicine or some other program within Geisinger, contact Susan Mathias with the Geisinger Health Foundation at sbmathias@geisinger.edu or 570-214-4322.

Supporting the future of medicine in central Pennsylvania

Ways to give

Gifts of any size are gratefully accepted and can support any number of priorities and initiatives throughout our organization, including state-of-the-art equipment and facilities for our patients; advanced training and education for our physicians, nurses and staff; and breakthroughs in medical research and treatment. Gifts also can support community programs and medical education.

Charitable opportunities include annual and major gifts, endowments, estate planning, tribute gifts, naming opportunities and grants. Visit geisinger.org/foundation for more information and click “Make a Gift” to start your legacy today.
Geisinger Health Board of Directors welcomes new chair and vice chair, thanks retiring members

The Geisinger Health Board of Directors is the governing body of Geisinger. Its members bring with them years of leadership experience in business, education, healthcare and other professions. They oversee the financial operations of Geisinger, help shape our strategic vision and plans, hold us to our core mission and advise us on legal, ethical and financial matters. These community leaders play a key role in our success.

John Bravman, president of Bucknell University, is elected board chair

Bucknell University President John Bravman, PhD, has been elected chairman of the Geisinger Health Board of Directors. He succeeds William Alexander, who served as board chair from 2011 to 2016.

"John Bravman is a highly respected, dynamic and innovative leader with a long history of success," says Geisinger President and CEO David Feinberg, MD. "He is guiding Bucknell through an extraordinary period of growth and achievement, and the Geisinger family looks forward to his leadership as our board chairman."

Dr. Bravman’s election to board chair underscores what is already a robust partnership between Geisinger and Bucknell that includes numerous collaborations between doctors, researchers and students, spanning departments and academic disciplines at both institutions. One example is the Geisinger-Bucknell Autism & Developmental Medicine Institute. The Lewisburg-based research and treatment facility represents a unique partnership between an undergraduate institution and a major health system. Geisinger and Bucknell also have a history of being represented on each other’s boards. Dr. Feinberg was recently elected to Bucknell’s Board of Trustees, and

John Bravman, PhD, Geisinger Health Board Chairman

Dr. Bravman has served as a member of Geisinger’s board since 2012. Both positions are uncompensated.

"Geisinger has established itself as an extraordinary and innovative leader in health services. I treasure our partnership, and I am deeply honored to serve in this new capacity," says Dr. Bravman. "Bucknell and Geisinger share a commitment to our communities and a vision for innovation and excellence that benefits not just our respective constituents, but society as a whole."
Heather Acker of Gentex Corporation is elected board vice chair

Gentex Corporation Executive Vice President and Chief Financial Officer Heather Acker, MBA, has been elected vice chair of the Geisinger Health Board of Directors.

“Heather is a highly experienced and well-respected board member and the Geisinger family appreciates her leadership,” says Geisinger President and CEO David T. Feinberg, MD. “Her professional and community accomplishments are exemplary, and we look forward to working with her as our new vice chair.”

A board member since 2013, she also serves as vice chair of the audit and compliance committee as well as a member of the finance, Geisinger family and emergency action committees. Additionally, she is a member of the Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options boards of directors.

Ms. Acker has been chief financial officer at Gentex for 20 years and executive vice president since 2010, responsible for all financial and administrative activities. A graduate of Bucknell University, she earned a master’s degree in business administration with distinction from the Wharton School of Business at the University of Pennsylvania.

Thank you to our board members who retired in 2016 after a combined 75 years of service

Geisinger recently honored four long-standing members of the Geisinger Health 2016 Board of Directors for their many years of distinguished service.

William H. Alexander
18 years of service
Completed in December 2016

E. Allen Deaver
18 years of service
Completed in December 2016

Richard A. Grafmyre
9 years of service
Completed in December 2016

Frank Henry
30 years of service
Completed in September 2016
My beautiful, confident, joyful and courageous mom died in 2015, just five short weeks after receiving a diagnosis of gastric cancer. She spent the final days of her life at home surrounded by family. Preparing for the funeral, my brothers and sisters came together to create a video montage honoring her life. As we tearfully sorted through old photos, a series of images began to emerge of Mom at work.

I noticed that she was smiling — no, she was beaming with joy — in this collection of images that captured a career spanning 25 years in the federal civil service supporting the U.S. Army. As her life at work played out in pictures, I noticed a recurring image of Mom with about a dozen or so men in uniform. In the early photos, Mom is the only woman, sitting in the middle of the front row proudly displaying her latest framed achievement award. She often spoke of duty, dedication and the difference she made in her role. Even though she did not wear a uniform, she was deeply committed to those serving our country. Anytime an opportunity presented itself to take on a special project, to go the extra mile, to solve a problem or to mentor a new person, she was the first to volunteer.

Maybe it was because she was an Army wife herself: She clearly understood the importance of her role and how it connected to the mission of protecting our country’s freedom. I also believe she felt an important sense of responsibility to inspire, support and encourage other women. As the years pass in these photos, she is joined by more and more women of different ages and ethnicities — each sitting in the front row proudly displaying her own achievement award.

Growing up, I have to admit I didn’t think much about my mom’s professional life — she was just “Mom” to her seven children. In hindsight, I understand that the impact of her example on me was deeper than I realized. She believed that everyone could lead, regardless of his or her official title, and she mentored that potential in her fellow employees — especially women.

I held several leadership roles in the retail sector before I felt compelled to pursue more meaningful work, and in 2005 I began my career in healthcare. In February 2016, I joined Geisinger as vice president of talent acquisition. I was drawn to Geisinger by Dr. Feinberg’s belief that every role on the team is important — whether it’s the person scheduling an appointment, parking a car, cleaning a room, repairing a computer, processing a claim, serving a hot meal, helping a lost visitor, relieving pain or performing a lifesaving procedure. Dr. Feinberg’s vision of delivering an exceptional experience to every customer, every time is only possible when we attract and retain the most talented, kind and compassionate people. I came here because I wanted to advance that vision.

Since joining Geisinger just over a year ago, I’ve been privileged to take part in Women LEAD [Legacy, Empowerment, Advocacy and Development]. Women LEAD is sponsored by Geisinger’s Diversity & Inclusion Office and is our first Employee Resource Group. The group is dedicated to developing and empowering female employees by providing a network of resources for them, while also increasing awareness among all employees about gender issues in the workplace. Being part of Women LEAD has enhanced my cultural competence,
improved my leadership skills and broadened my professional network. Anyone can join Women LEAD, including men and those in a non-management role. I am proud to be part of it and I’m committed to creating a more inclusive, encouraging and supportive work environment for all.

Through this experience and others at Geisinger so far, I’m beginning to understand that my mom and I have a lot in common professionally. Every day, I remind myself that many of my values came from her:

• Every role connects to the organization’s mission, and when you fully understand the importance of your role it will enrich your life both professionally and personally.
• Leadership is not defined by your title; leadership is taking on a special project, going the extra mile, solving a problem or mentoring a new person.
• Life is more meaningful when you include others on the journey, offering support, understanding and encouragement to everyone.

In many ways, joining the Geisinger family has brought me full circle. Losing my mom so suddenly was incredibly difficult, but I now appreciate her life in a new light. Her example inspires and guides me. I hope that everyone at Geisinger understands his or her connection to our organization’s mission, embraces the importance and purpose of every role, and realizes there are opportunities to lead every day — no title required. Finally, I hope each of us experiences daily moments of kindness, acceptance, encouragement and compassion from our colleagues here.

Vice President of Talent Acquisition Julene Campion, shown holding a photo of her mother, is leading Geisinger’s efforts to hire 2,000 new employees in 2017.

Photo: Josiah Lewis

“Being part of Women LEAD has enhanced my cultural competence, improved my leadership skills and broadened my professional network.”
Geisinger’s healthcare providers have distinguished themselves as innovative leaders in their chosen disciplines. Our healthcare providers have access to advanced diagnostics, treatments and research that may not yet be widely available elsewhere. But first and foremost, they are committed to delivering the best possible care to each and every patient.

This directory will help you choose a Geisinger location close to where you live or work. Geisinger locations are listed by the type of care (primary, specialty, urgent or hospital) and by city/town. Many Geisinger locations offer a variety of specialty services. Therefore, use this directory as a guide and refer to geisinger.org for a complete and up-to-date listing of Geisinger services and locations.

In addition to calling sites directly for an appointment, you can schedule appointments at many Pennsylvania sites by calling CareLink at 800-275-6401 or accessing the myGeisinger online portal. For information on Geisinger locations in Lackawanna County, call 844-703-GCMC (4262). You can schedule appointments at many New Jersey sites by calling 888-569-1000 or by accessing AtlantiCareDoctors.org.
Primary care services
Offered at many of our primary care sites. Check geisinger.org and AtlantiCareDoctors.org for the most up-to-date listing of services and locations.

- Acute care
- Adult Down syndrome
- Advanced medical home care
- Behavioral health
- Chronic disease management
- Diabetes education
- Family medicine for individuals of all ages
- Geriatric assessment
- High blood pressure management
- Internal medicine for adults 18 years and older
- Nutrition counseling
- Pediatrics for infants, children and teens through age 17
- Preventive care
- Women’s health

All specialties & services
Offered at our specialty sites and many of our hospital campuses and primary care sites.

- Addiction medicine
- Allergy
- Breast health
- Cancer
- Cardiology
- Clinical nutrition
- Cosmetics
- Critical care
- Dental medicine
- Dermatology
- Ear, nose & throat (ENT)
- Endocrinology
- Gastroenterology
- Hepatology
- Home care
- Home infusion pharmacy
- Hospice
- Infectious diseases
- Lab medicine
- Life Flight®
- LIFE Geisinger
- Nephrology
- Neurology & neurosurgery
- Optometry & ophthalmology
- Orthopaedics
- Pain management
- Palliative & supportive medicine
- Pediatrics
- Pharmacy
- Podiatry
- Primary care
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Sleep services
- Sports medicine
- Surgery
- Telemicine
- Thoracic surgery
- Transplant surgery
- Urgent care
- Urology
- Vascular surgery
- Weight management
- Women’s health
 PENNSYLVANIA PRIMARY CARE SITES

Bellefonte
Geisinger Bellefonte
819 E. Bishop St.
Bellefonte, PA 16823
800-230-4565
Fax: 814-353-3500

Bellefonte
Geisinger Big Valley
4752 Slate Route 655
Bellefonte, PA 17004
717-667-9030

Benton
Geisinger Benton
4469 Red Rock Road
Benton, PA 17814
717-925-6424
Fax: 717-925-5852

Berwick
Geisinger Berwick
2200 W. Front St.
Berwick, PA 18603
570-759-1228
Fax: 717-737-8561

Bloomsburg
Geisinger Bloomsburg Hospital
549 Fair St.
Bloomsburg, PA 17815
570-387-2100

Geisinger Bloomsburg Pediatrics
425 E. First St., Suite 201
Bloomsburg, PA 17815
570-416-1816
Fax: 717-759-2017

Boiling Springs
Geisinger Primary Care
1358 Lutztown Road
Boiling Springs, PA 17007
717-258-3274
Fax: 717-258-0311

Camp Hill
Geisinger Primary Care
1800 Carlisle Road
Camp Hill, PA 17011
717-737-3465
Fax: 717-737-8561

Carbondale
Geisinger Carbondale
42 N. Scott St.
Carbondale, PA 18407
570-282-6660
Fax: 570-282-7977

Carlsile
Geisinger Primary Care
1211 Forge Road
Carlsile, PA 17013
717-218-3920
Fax: 717-218-3921

Geisinger Pediatrics
1211 Forge Road
Carlsile, PA 17013
717-218-3920
Fax: 717-218-3921

Catawissa
Geisinger Catawissa
353 Main St.
Catawissa, PA 17820
570-356-2351
Fax: 570-356-2663

Clarks Summit
PrimeMed Medical Group
Clarks Summit Geisinger Clinic
231 Northern Blvd., Suite 3
Clarks Summit, PA 18411
570-587-4113
Fax: 570-587-7703

PrimeMed Medical Group
Clarks Summit Geisinger Clinic
790 Northern Blvd., Suite K
Clarks Summit, PA 18411
570-586-4114
Fax: 570-586-6722

Dallas
Geisinger Dallas
114 L.L. Michael Cleary Drive
Dallas, PA 18612
570-675-2000
Fax: 570-675-1806

Geisinger Knapper Clinic
100 N. Academy Ave.
Danville, PA 17822
570-271-7907
Fax: 570-271-5609

Geisinger Medical Center, Pediatrics
Foss Clinic
100 N. Academy Ave.
Danville, PA 17837
570-271-6565
Fax: 570-271-7888

Dillsburg
Geisinger Primary Care
126 W. Church St., Suite 200
Dillsburg, PA 17019
717-432-2411
Fax: 717-432-1409

Duncannon
Geisinger Primary Care
51 Business Campus Way
Suite 200
Duncannon, PA 17020
717-834-3108
Fax: 717-834-6911

Dunmore
Geisinger Pediatric Specialty Services
1000 Meade St., Suite 204
Dunmore, PA 18512
570-703-2123

Elysburg
Geisinger Elysburg
106 S. Market St.
Elysburg, PA 17824
570-672-2574
Fax: 570-672-0151

Etters
Geisinger Primary Care
148 Newberry Parkway
Etters, PA 17319
717-938-0120
Fax: 717-938-0124

Forty Fort
Partners in Pediatrics Forty Fort
190 Welles St., Suite 122
Forty Fort, PA 18704
570-718-4140
Fax: 570-718-4141

Frackville
Geisinger Frackville (includes pediatrics)
701 W. Oak St.
Frackville, PA 17931
570-874-4100
Fax: 570-874-1728

Harrisburg
Geisinger Primary Care
4230 Crums Mill Road, Suite 100
Harrisburg, PA 17112
717-233-6711
Fax: 717-233-7880

Geisinger Primary Care
3601 N. Progress Ave.
Harrisburg, PA 17110
717-652-7266
Fax: 717-657-9734

Geisinger Pediatrics
4230 Crums Mill Road, Suite 100
Harrisburg, PA 17112
717-233-6711
Fax: 717-526-8404

Hazleton
Geisinger Hazleton
426 Airport Road
1 Beltway Commons
Hazle Township, PA 18202
570-459-9730
Fax: 570-459-9736

Geisinger Pediatrics
426 Airport Road
6 Beltway Commons
Hazleton, PA 18202
570-501-7512
Fax: 570-501-7515

Honesdale
Geisinger Honesdale
3306 Lake Ariel Highway
Honesdale, PA 18431
570-253-0148
Fax: 570-253-5042

PrimeMed Medical Group
Honesdale Geisinger Clinic
3306 Lake Ariel Highway
Honesdale, PA 18431
570-253-0148
Fax: 570-253-5042

Honesdale
PrimeMed Medical Group
Honesdale Geisinger Clinic
3306 Lake Ariel Highway
Honesdale, PA 18431
570-253-0148
Fax: 570-253-5042

Huntingdon
Geisinger Cold Springs
3228 Cold Springs Road
Huntingdon, PA 16652
814-643-6462
Fax: 814-643-0901

Jessup
PrimeMed Medical Group
Geisinger Clinic
407 Third Ave.
Jessup, PA 18434
570-383-7922
Fax: 570-383-5450

Kingston
Geisinger Kingston
499 Wyoming Ave.
Kingston, PA 18704
570-283-2161
Fax: 570-714-0670

Kulpmont
Geisinger Kulpmont
119 Nevada Drive
Kulpmont, PA 17834
570-373-1250
Fax: 570-373-1718

Lewisburg
Geisinger Lewisburg
250 Reitz Blvd.
Lewisburg, PA 17837
570-523-0655
Fax: 570-523-7996

Levistown
Geisinger Family Health Associates
21 Geisinger Lane
Levistown, PA 17044
800-230-4565

Geisinger Lewistown
21 Geisinger Lane
Levistown, PA 17044
800-230-4565
Fax: 717-424-2121

Lock Haven
Geisinger Lock Haven
955 Bellefonte Ave.
Lock Haven, PA 17745
570-748-7714
Fax: 570-893-6325

Mahanoy City
Geisinger Mahanoy City
31 S. Main St.
Mahanoy City, PA 17948
570-773-3042
Fax: 570-773-3041

Marysville
Geisinger Primary Care
211 Broad St.
Marysville, PA 17053
717-957-3500
Fax: 717-957-4069

Mechanicsburg
Geisinger Primary Care
335 Lamb Gap Road
Mechanicsburg, PA 17050
717-591-1365
Fax: 717-591-1365

Geisinger Internal Medicine
6 Market Plaza Way
Mechanicsburg, PA 17055
717-766-0228
Fax: 717-766-8122

Geisinger Magazine
Camp Hill
CareSite Pharmacy
890 Poplar Church Road, Suite 103
Camp Hill, PA 17011
717-761-6545
Fax: 717-730-9281
Grandview Surgery & Laser Center
205 Grandview Corporate Place
Camp Hill, PA 17011
717-731-5444
Fax: 717-731-0415
Geisinger Behavioral Health
Geisinger Holy Spirit Hospital
503 N. 21st St.
Camp Hill, PA 17011
717-763-2228
Fax: 717-763-2385
Geisinger Camp Hill Center
875 Poplar Church Road
Camp Hill, PA 17011
• Blood Donor Center
  717-975-3250
• Cardiology
  717-724-6450
  Fax: 717-724-6451
• Cardiothoracic Surgery
  717-763-2228
• Imaging Services
  717-763-2385
Geisinger Neurosurgery
423 N. 21st St., Suite 300
Camp Hill, PA 17011
717-763-2559
Fax: 717-724-6125
Geisinger Nutrition & Weight Management
890 Poplar Church Road, Suite 210
Camp Hill, PA 17011
717-761-7244
Fax: 717-761-2055
Geisinger OB/GYN
423 N. 21st St., Suite 202
Camp Hill, PA 17011
717-763-9880
Fax: 717-737-2765
Geisinger Travel Health
890 Poplar Church Road, Suite 100
Camp Hill, PA 17011
717-972-4229
Fax: 717-972-4546
Geisinger Pulmonary Medicine
897 Poplar Church Road
Camp Hill, PA 17011
717-857-0010
Fax: 717-857-0011
Geisinger Teeline
503 N. 21st St.
Camp Hill, PA 17011
717-763-2345 or
800-722-5385 (toll-free)
Geisinger Vascular Surgery
800 Poplar Church Road
Camp Hill, PA 17011
717-763-0510
Fax: 717-241-5102
• Cardiovascular Diagnostic Services
  717-724-6397
Geisinger Wound Care Center
503 N. 21st St.
Camp Hill, PA 17011
717-972-7177
Fax: 717-972-7178
Janet Weis Children's Hospital at Geisinger Holy Spirit
503 N. 21st St.
Camp Hill, PA 17011
717-763-2379
John R. Dietz Emergency Center
503 N. 21st St.
Camp Hill, PA 17011
717-972-4300
Fax: 717-972-4341
The Ortenzio Heart Center at Geisinger Holy Spirit
503 N. 21st St.
Camp Hill, PA 17011
Fax: 717-972-7676
Carbondale
Geisinger Cardiology Carbondale
141 Salem Ave., Suite 1
Carbondale, PA 18407
570-282-1605
Fax: 570-282-1614
Carlisle
Geisinger Cardiac Rehab
360 Alexander Spring Road, Suite 2
Carlisle, PA 17015
717-243-0056
Geisinger Carlisle Center
1211 Forge Road
Carlisle, PA 17013
717-218-3900
• Geisinger Holy Spirit Breast Care Center
  717-737-4718
  Fax: 717-909-0022
• Cardiology
  717-724-6450
  Fax: 717-724-6451
• Cardiovascular Diagnostic Services
  717-724-6397
• Diabetes Services
  717-763-2466
• Endocrinology
  717-972-7120
  Fax: 717-712-7121
• General Surgery
  717-249-1895
  Fax: 717-249-1487
• Imaging Services
  717-972-4900
• Laboratory & EKG Services
  717-857-0020
• Vascular Surgery
  717-241-5070
  Fax: 717-241-5102
Geisinger Neurology
3 Jennifer Court, Suite B
Carbondale, PA 18407
Fax: 717-245-0316
Clarin
Pediatric Specialty Services Clarion
1 Hospital Drive
Clarion, PA 16214
814-226-9500
Fax: 570-271-7833
Clarks Summit
Viewmont Medical Labs Abington
790 Northern Blvd.
Clarks Summit, PA 18411
570-586-1449
Fax: 570-586-1452
Geisinger Viewmont Medical Labs Clarks Summit
1000 State St.
Clarks Summit, PA 18411
570-585-8196
Fax: 870-585-8197
Geisinger Viewmont Medical Labs Morgan Highway
Abington Executive Park
Clarks Summit, PA 18411
570-702-8145
Fax: 570-558-7418
Danville
Geisinger HealthSouth Rehabilitation Hospital
2 Rehab Lane
Danville, PA 17821
800-232-8260
Fax: 570-271-6796
Geisinger Janet Weis Children's Hospital
100 N. Academy Ave.
Danville, PA 17822
570-271-6438
Geisinger Woodbine Lane
115 Woodbine Lane
Danville, PA 17821
570-271-6704
Geisinger Wound Care
100 N. Academy Ave.
Danville, PA 17822
570-271-6541
Fax: 570-271-6737
Dickson City
Geisinger Viewmont Medical Labs Dickson City
1500 Main St.
Dickson City, PA 18519
570-483-4226
Fax: 570-483-4227
Dillsburg
Geisinger Dillsburg Center
126 W. Church St.
Dillsburg, PA 17019
717-432-7413 or
888-432-7413 (toll-free)
• Behavioral Health Services
  717-763-2228
  Fax: 717-633-2385
• Imaging Services
  717-972-4900
• Laboratory & EKG Services
  717-857-0020
• Physical Therapy
  717-972-4900
Geisinger Duncannon
Geisinger Duncannon Center
51 Business Campus Way
Duncannon, PA 17020
717-834-3280 or
888-834-3280 (toll-free)
• Cardiology
  717-724-6450
  Fax: 717-724-6451
• Cardiovascular Diagnostic Services
  717-724-6397
• Diabetes Services
  717-763-2466
• Imaging Services
  717-972-4900
• Laboratory & EKG Services
  717-857-0020
• Physical Therapy
  717-972-4900
Geisinger Janet Weis Children’s Hospital
100 N. Academy Ave.
Danville, PA 17822
570-271-6438
570-271-6541
Fax: 570-271-6737
Dickson City
Geisinger Viewmont Medical Labs Dickson City
1500 Main St.
Dickson City, PA 18519
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Fax: 570-483-4227
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  Fax: 717-633-2385
• Imaging Services
  717-972-4900
• Laboratory & EKG Services
  717-857-0020
• Physical Therapy
  717-972-4900
Duncannon
Geisinger Duncannon Center
51 Business Campus Way
Duncannon, PA 17020
717-834-3280 or
888-834-3280 (toll-free)
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  717-724-6450
  Fax: 717-724-6451
• Cardiovascular Diagnostic Services
  717-724-6397
• Diabetes Services
  717-763-2466
• Imaging Services
  717-972-4900
• Laboratory & EKG Services
  717-857-0020
• Physical Therapy
  717-834-3280
• Pulmonary Diagnostic Services
  717-834-3280
58
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570-871-4011
Fax: 570-871-4012

Geisinger Viewmont Medical Labs South Scranton
2232 Pittston Ave.
Scranton, PA 18505
570-207-4168
Fax: 570-207-4169

Geisinger Viewmont Sleep Disorder Center
517 Ash St., Suite C
Scranton, PA 18509
570-808-3410
Fax: 570-207-5529

Selinsgrove
Geisinger Medical Oncology Selinsgrove
1575 Old Trail Road
Selinsgrove, PA 17870
570-374-8555
Fax: 570-374-9933

Geisinger Specialty Care Selinsgrove
21 Susquehanna Valley Mall Drive
Suite D
Selinsgrove, PA 17870
800-275-6401

Geisinger Susquehanna University***
620 University Ave.
Selinsgrove, PA 17870
570-372-0536
Fax: 570-372-0539

Geisinger Urology Selinsgrove
5 Atrium Court
Selinsgrove, PA 17870
570-372-9933
Fax: 570-372-0828

Shamokin
Geisinger Specialty Care Shamokin
4203 Hospital Drive
Coal Township, PA 17866
570-648-4010
Fax: 570-648-5076

Geisinger Ophthalmology Shamokin
4203 Hospital Drive
Coal Township, PA 17866
570-644-9001
Fax: 570-644-2730

South Williamsport
Pediatric Specialty Services
South Williamsport
204 Curtin St.
South Williamsport, PA 17702
570-322-2314
Physicians call: 800-332-8901
Fax: 570-322-3510

State College
Geisinger Ophthalmology Windmere
428 Windmere Drive, Suite 200
State College, PA 16801
814-231-1502
Fax: 814-231-1542

Sunbury
Child Advocacy Center of the Central Susquehanna Valley
216 Chestnut St.
Sunbury, PA 17801
570-473-8475

Geisinger Urology Sunbury
437 Market St.
Sunbury, PA 17801
570-286-3054
Fax: 570-286-0809

Taylor
Geisinger Viewmont Medical Labs Taylor
818 S. Main St.
Taylor, PA 18517
570-562-6003
Fax: 570-562-6005

Waverly
Geisinger Marworth Alcohol & Chemical Dependency Treatment Center
P.O. Box 36
Lily Lake Road
Waverly, PA 18471
800-442-7722

Wellsboro
Pediatric Specialty Services
at Soldiers & Sailors Memorial Hospital
32–36 Central Ave.
Wellsboro, PA 16901
800-275-6401

Wilkes-Barre
Geisinger East Mountain Podiatry
1155 East Mountain Blvd.
Enterance A
Wilkes-Barre, PA 18702
570-808-3362
Fax: 570-808-5144

Frank M. and Dorothea Henry Cancer Center
1000 East Mountain Blvd.
Wilkes-Barre, PA 18711
570-808-6150

Geisinger Northeast Urology
6 Wildflower Drive
Wilkes-Barre, PA 18711
570-808-8843
Fax: 570-808-8844

Geisinger Orthopaedics
Wilkes-Barre****
1175 East Mountain Blvd.
Wilkes-Barre, PA 18702
570-808-1093
Fax: 570-808-7878

Partners in Pediatrics
Hanover Street
166 Hanover St., Suite 105
Wilkes-Barre, PA 18702
570-808-6672
Fax: 570-808-6673

Richard and Marion Pearsall Heart Hospital
1000 East Mountain Blvd.
Wilkes-Barre, PA 18711
570-808-7300

Geisinger Wyoming Valley Outpatient Specialty Center
675 Baltimore Drive
Wilkes-Barre, PA 18702
800-275-6401

***a service of Geisinger Medical Center
****a service of Geisinger Wyoming Valley Medical Center

Pennsylvania URGENT CARE SITES
No appointment needed. Open daily. Providers at these sites treat minor injuries and illnesses for patients 12 months and older. For more information or to see a complete listing of our locations, visit MyCareworks.com.

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Geisinger Careworks
174 Buckaroo Lane
Bellefonte, PA 16823
814-353-1030
Fax: 814-353-1053

Bloomburg
Geisinger Careworks
425 E. First St.
Bloomburg, PA 17815
570-416-1890
Fax: 570-416-1891

Burnham
Geisinger Careworks
224 N. Logan Blvd., Suite 220
Burnham, PA 17009
717-242-0196
Fax: 717-242-0701

Camp Hill
Geisinger Spirit Urgent Care
431 N. 21st St.
Camp Hill, PA 17011
717-763-3730
Fax: 717-763-3734

Carlisle
Geisinger Spirit Urgent Care
1211 Forge Road, Suite 500
Carlisle, PA 17013
717-218-3990
Fax: 717-218-3991

Clarks Summit
Geisinger Careworks
1020 Northern Blvd.
Clarks Summit, PA 18411
570-587-2290
Fax: 570-587-1874
**PENNSYLVANIA HOSPITAL SITES**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomsburg</td>
<td>Geisinger Bloomsburg Hospital</td>
<td>549 Fair St., Bloomsburg, PA 17815, 1-800-231-5203</td>
</tr>
<tr>
<td>Camp Hill</td>
<td>Geisinger Holy Spirit</td>
<td>503 N. 21st St., Camp Hill, PA 17011, 1-800-231-5203</td>
</tr>
<tr>
<td>Danville</td>
<td>Geisinger Medical Center</td>
<td>100 N. Academy Ave., Danville, PA 17822, 1-800-231-5203</td>
</tr>
<tr>
<td>Lewistown</td>
<td>Geisinger Lewistown Hospital</td>
<td>400 Highland Ave., Lewiston, PA 17044, 1-800-231-5203</td>
</tr>
<tr>
<td>Scranton</td>
<td>Geisinger Community Medical Center</td>
<td>1800 Mulberry St., Scranton, PA 18510, 1-800-231-5203</td>
</tr>
<tr>
<td>Shamokin</td>
<td>Geisinger Shamokin Area Community Hospital</td>
<td>4200 Hospital Road, Coal Township, PA 17866, 1-800-231-5203</td>
</tr>
<tr>
<td>Wilkes-Barre</td>
<td>Geisinger South Wilkes-Barre</td>
<td>25 Church St., Wilkes-Barre, PA 18765, 1-800-231-5203</td>
</tr>
<tr>
<td>Wyoming Valley</td>
<td>Geisinger Wyoming Valley Medical Center</td>
<td>1000 East Mountain Blvd, Wilkes-Barre, PA 18711, 1-800-231-5203</td>
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**NEW JERSEY PRIMARY CARE SITES**

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<tr>
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<tbody>
<tr>
<td>Atlantic City</td>
<td>AtlantiCare Physician Group</td>
<td>24 S. Carolina Ave., Atlantic City, NJ 08401, 1-800-231-5203</td>
</tr>
<tr>
<td>Little Egg Harbor</td>
<td>AtlantiCare Physician Group</td>
<td>459 Route 9 S., Little Egg Harbor, NJ 08087, 1-800-231-5203</td>
</tr>
<tr>
<td>Manahawkin</td>
<td>AtlantiCare Physician Group</td>
<td>547 Route 72, Manahawkin, NJ 08050, 1-800-231-5203</td>
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**Pennsylvania**

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<tr>
<td>Scranton</td>
<td>Geisinger Community Medical Center</td>
<td>1800 Mulberry St., Scranton, PA 18510, 1-800-231-5203</td>
</tr>
<tr>
<td>Shamokin Dam</td>
<td>Geisinger Community Village Plaza</td>
<td>2660 N. Susquehanna Trail, Shamokin Dam, PA 17876, 1-800-231-5203</td>
</tr>
<tr>
<td>State College</td>
<td>Geisinger Community Village Plaza</td>
<td>Best Buy Plaza, State College, PA 16803, 814-238-1279, 1-814-238-1929</td>
</tr>
<tr>
<td>West Hazleton</td>
<td>Geisinger Community Village Plaza</td>
<td>6 Diana Lane, West Hazleton, PA 18202, 570-501-3760, 570-501-3762</td>
</tr>
<tr>
<td>Williamsport</td>
<td>Geisinger Community Village Plaza</td>
<td>1824 E. Third St., Williamsport, PA 17701, 570-601-2200, 570-601-2202</td>
</tr>
<tr>
<td>Wilkes-Barre</td>
<td>Geisinger Community Village Plaza</td>
<td>1155 East Mountain Blvd, Wilkes-Barre, PA 18702, 570-808-3135, 570-808-5136</td>
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**New Jersey**

<table>
<thead>
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<tbody>
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<td>Little Egg Harbor</td>
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<td>459 Route 9 S., Little Egg Harbor, NJ 08087, 1-800-231-5203</td>
</tr>
<tr>
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<td>AtlantiCare Physician Group</td>
<td>547 Route 72, Manahawkin, NJ 08050, 1-800-231-5203</td>
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**N.J.**

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</tr>
<tr>
<td>Little Egg Harbor</td>
<td>AtlantiCare Physician Group</td>
<td>459 Route 9 S., Little Egg Harbor, NJ 08087, 1-800-231-5203</td>
</tr>
<tr>
<td>Manahawkin</td>
<td>AtlantiCare Physician Group</td>
<td>547 Route 72, Manahawkin, NJ 08050, 1-800-231-5203</td>
</tr>
</tbody>
</table>
NEW JERSEY
SPECIALTY CARE SITES

Atlantic City
AtlanticCare Clinical Laboratory–
Atlantic City
1925 Pacific Ave.
Atlantic City, NJ 08401
609-572-8380 or 888-569-1000

AtlanticCare Clinical Laboratory–
Atlantic City
AtlanticCare HealthPlex
1401 Atlantic Ave.
Atlantic City, NJ 08401
609-572-6030 or 888-569-1000

Brigantine
AtlanticCare Clinical Laboratory–Brigantine
353 12th St. S.
Brigantine, NJ 08203
609-266-3602 or 888-569-1000

Cape May Court House
AtlanticCare Physician Group
Cardiology–Cape May
Court House
106 Court House S. Dennis Road
Building 200, Suite 200
Cape May Court House, NJ 08210
609-677-7776 or 888-569-1000
Fax: 609-677-7509

AtlanticCare Clinical Laboratory–
Cape May Court House
106 Court House S. Dennis Road
Building 200, Suite 202
Cape May Court House, NJ 08210
609-463-3244 or 888-569-1000

AtlanticCare Physician Group
Neurology Associates
106 Court House S. Dennis Road
Building 200, Suite 200
Cape May Court House, NJ 08210
609-407-2372 or 888-569-1000
Fax: 609-677-7280

AtlanticCare Physician Group
OB/GYN
106 Court House S. Dennis Road
Building 200, Second floor
Cape May Court House, NJ 08210
609-407-2372 or 888-569-1000
Fax: 609-677-7280

AtlanticCare Physician Group
Cardiology
2500 English Creek Ave.
Building 200, Suite 211
Egg Harbor Township, NJ 08234
609-677-7776 or 888-569-1000
Fax: 609-677-7509

AtlanticCare Physician Group
Endocrinology
2500 English Creek Ave.
Building 800
Egg Harbor Township, NJ 08234
609-407-2277 or 888-569-1000
Fax: 609-677-7280

AtlanticCare Physician Group
Neurology Associates
AtlanticCare Health Park
2500 English Creek Ave.
Building 800
Egg Harbor Township, NJ 08234
609-407-2372
Fax: 609-677-7280

AtlanticCare Physician Group
Otolaryngology
(Ears, nose & throat)
2500 English Creek Ave.
Building 900, Suite 905
Egg Harbor Township, NJ 08234
609-407-2302 or 888-569-1000
Fax: 609-407-2373

AtlanticCare Physician Group
Surgical Associates
AtlanticCare Health Park
2500 English Creek Ave.
Building 800
Egg Harbor Township, NJ 08234
609-407-2332 or 888-569-1000
Fax: 609-407-2364

AtlanticCare Physician Group
Urology–Egg Harbor Township
2500 English Creek Ave.
Building 1000, Suite 1001
Egg Harbor Township, NJ 08234
609-383-6400 or 888-569-1000
Fax: 609-383-6401

Galloway
AtlanticCare Physician Group
Cardiology
54 W. Jimmie Leeds Road
Galloway, NJ 08205
609-573-5077 or 888-569-1000
Fax: 609-652-8258

AtlanticCare Physician Group
Cardiology
318 Chris Gaupp Drive
Galloway, NJ 08205
609-404-9900 or 888-569-1000
Fax: 609-404-3653

Linwood
AtlanticCare Physician Group
Cardiology
Linwood Commons
2106 New Road
Building C, Suite 4
Linwood, NJ 08221
609-601-3212 or 888-569-1000
Fax: 609-677-7210

AtlanticCare Physician Group
OB/GYN
2021 New Road, Suite 10
Linwood, NJ 08221
609-653-1444 or 888-569-1000
Fax: 609-926-2308

Manahawkin
AtlanticCare Clinical Laboratory–
Manahawkin
547 Route 72 E.
Manahawkin, NJ 08050
609-597-0356 or 888-569-1000

AtlanticCare Physician Group
Cardiology
547 Route 72 E.
Manahawkin, NJ 08050
609-597-3090 or 888-569-1000
Fax: 609-597-0746

AtlanticCare Physician Group
OB/GYN
547 Route 72 E.
Manahawkin, NJ 08052
609-677-7211 or 888-569-1000
Fax: 609-677-7210

AtlanticCare Physician Group
Surgical Associates
547 Route 72 E.
Manahawkin, NJ 08050
609-407-2332 or 888-569-1000
Fax: 609-407-2364

Marmora
AtlanticCare Clinical Laboratory–
Marmora
210 S. Shore Road, Suite 201
Marmora, NJ 08223
609-390-0012 or 888-569-1000

Northfield
AtlanticCare Clinical Laboratory–Northfield
1601 Tilton Road
Northfield, NJ 08225
609-272-8488 or 888-569-1000

North Cape May
AtlanticCare Clinical Laboratory–
North Cape May
650 Town Bank Road
Cape May, NJ 08204
609-884-5631 or 888-569-1000

Ocean City
AtlanticCare Clinical Laboratory–Ocean City
201 West Ave.
Ocean City, NJ 08226
609-391-8509 or 888-569-1000

Pomona
AtlanticCare Clinical Laboratory–Pomona
65 W. Jimmie Leeds Road
Pomona, NJ 08240
609-652-3410 or 888-569-1000

Rio Grande
AtlanticCare Physician Group
Cardiology–Rio Grande
1613 Route 47
Rio Grande, NJ 08204
888-569-1000

AtlanticCare Physician Group
OB/GYN–Rio Grande
1613 Route 47
Rio Grande, NJ 08204
888-569-1000

Geisinger Magazine
NEW JERSEY
HOSPITAL SITES

Atlantic City
AtlantiCare Regional Medical Center
1925 Pacific Ave.
Atlantic City, NJ 08401
609-345-4000 or 888-569-1000

Pomona
AtlantiCare Regional Medical Center
65 W. Jimmie Leeds Road
Pomona, NJ 08205
609-652-1000 or 888-569-1000

NEW JERSEY
URGENT CARE SITES

No appointment needed. Open daily. On-site medication dispensing. Providers at these sites treat minor injuries and illnesses. For more information or to see a complete listing of our locations, visit atlanticare.org/urgent.

Berlin
AtlantiCare Physician Group
Urgent Care Center—Berlin
255 Route 73
West Berlin, NJ 08091
856-719-8600 or 888-569-1000
Fax: 856-719-8601

Clementon
AtlantiCare Physician Group
Urgent Care Center—Clementon
1310 Blackwood-Clementon Road
Clementon, NJ 08021
856-783-1802 or 888-569-1000
Fax: 856-783-1832

Egg Harbor Township
AtlantiCare Physician Group
Urgent Care Center—Egg Harbor Twp.
2500 English Creek Ave.
Building 900, Suite 909
Egg Harbor Township, NJ 08234
609-407-2273 or 888-569-1000
Fax: 609-407-2230

Galloway
AtlantiCare Physician Group
Urgent Care Center—Galloway Twp.
110 E. Jimmie Leeds Road
Galloway, NJ 08205
609-748-2100 or 888-569-1000
Fax: 609-748-2101

Hammonton
AtlantiCare Physician Group
Urgent Care Center—Hammonton
Broadway Square
120 S. White Horse Pike
Hammonton, NJ 08037
609-567-2573 or 888-569-1000
Fax: 609-567-4935

Little Egg Harbor
AtlantiCare Physician Group
Urgent Care Center—Little Egg Harbor
459 Route 9 S.
Little Egg Harbor, NJ 08087
609-407-2273 or 888-569-1000
Fax: 609-296-5735

Marmora
AtlantiCare Physician Group
Urgent Care Center—Marmora
Hope Medical Commons
210 S. Shore Road, Suite 201
Marmora, NJ 08223
609-407-2273 or 888-569-1000
Fax: 609-390-2753

Mount Laurel
AtlantiCare Physician Group
Urgent Care Center—Mount Laurel
3131 Route 38
Mount Laurel, NJ 08054
856-866-8700 or 888-569-1000
Fax: 856-866-1302

Rio Grande
AtlantiCare Physician Group
Urgent Care Center—Rio Grande
1613 Route 47
Rio Grande, NJ 08204
888-569-1000

Sicklerville
AtlantiCare Physician Group
Urgent Care Center—Sicklerville
627-B Cross Keys Road
Sicklerville, NJ 08081
856-728-8700 or 888-569-1000
Fax: 856-728-8701

Somers Point
AtlantiCare Physician Group
Urgent Care Center—Somers Point
443 Shore Road, Suite 103
Somers Point, NJ 08244
609-569-7077 or 888-569-1000
Fax: 609-567-7078
More than 150,000 Geisinger patients are now participating in our MyCode® Health Initiative, one of the largest and most advanced genetic studies ever conducted. Thank you all. Data from MyCode has already helped Geisinger scientists and physicians develop new and more effective ways to prevent and treat diseases, including cancer.

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That’s why America is watching Geisinger.

For more information, call 800-275-6401 or visit geisinger.org
Geisinger Commonwealth School of Medicine student Marc Sandhaus visits with Sharon Hahn of Dunmore, Pa. The school’s Family-Centered Education Program pairs students with community members facing a chronic health condition or disability.