

Spring 2018

# Better Medicine

Lehigh Valley Health Network

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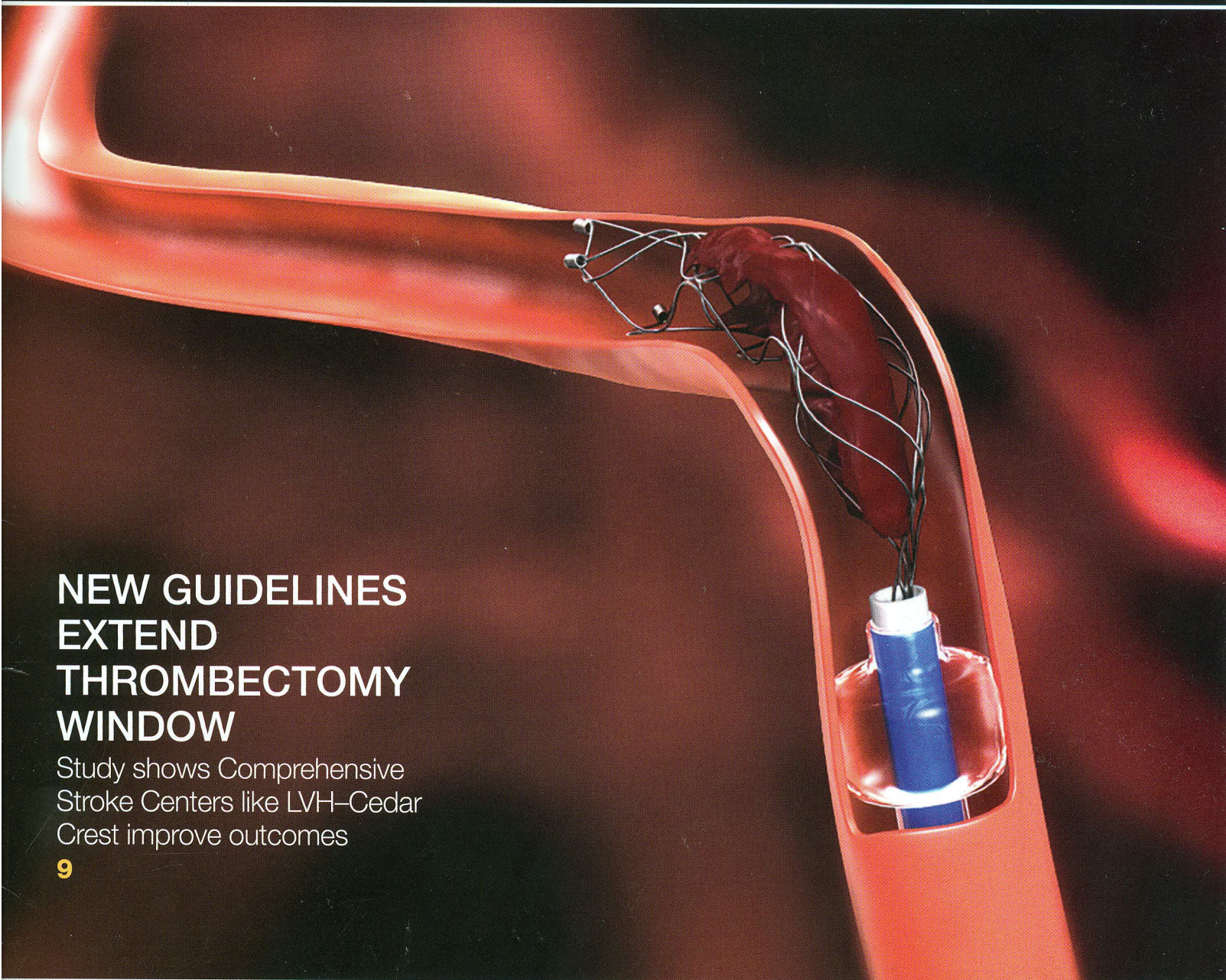
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# Better Medicine

FOR PROVIDERS BY PROVIDERS



## NEW GUIDELINES EXTEND THROMBECTOMY WINDOW

Study shows Comprehensive Stroke Centers like LVH-Cedar Crest improve outcomes

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# Family Medicine Physicians Highlight Newborn Care Expertise

By Natalie Bieber, DO, and Okju Yi, DO

About the authors: Natalie Bieber, DO, and Okju Yi, DO, are family medicine physicians at LVPG Family Medicine–Easton.



Natalie Bieber, DO  
Family medicine



Okju Yi, DO  
Family medicine

**LEHIGH VALLEY HOSPITAL–MUHLENBERG'S FAMILY BIRTH AND NEWBORN CENTER, WHICH OPENED IN JUNE 2017,** offers families a premier birthing experience with a high level of personal attention and exceptional clinical care. The center also provides an opportunity for us, as family medicine physicians, to educate both new and experienced parents about choosing a health care provider for their newborns.

**Building relationships early**


Many parents assume that only pediatricians can care for newborns, not realizing that family medicine physicians are also trained to care for infants and can continue providing care through adulthood. At the Family Birth and Newborn Center, all three family medicine physicians in the LVPG Family Medicine–Easton practice (ourselves as well as Grant

Greenberg, MD) rotate through daily rounds along with pediatricians in the nursery. This has given us an opportunity to form relationships with pediatricians and introduce ourselves to postpartum patients.

When we meet parents, we emphasize that our practice focuses on the whole person and family, integrating both medical and social concerns. We also offer direct scheduling for the first well-baby visit, which parents can arrange before they leave the hospital.

**Offering parents choices**

We've found that parents are happy to learn that they have a choice in newborn health care providers and appreciate the fact that they can entrust the health of multiple family members to one physician who can continue seeing them throughout their lives. In many cases, a mother who has delivered at the Family Birth and Newborn Center has brought in her infant for the newborn's first checkup and then made appointments for the rest of her family.

The goal of family medicine as a specialty is to ensure that everyone has a personal relationship with a trusted health care provider. We are happy to be doing this for the residents of Easton and Northampton County, from babies to grandparents, and everyone in between. 



TO REFER A PATIENT TO NEWBORN CARE, CALL 888-402-LVHN.

# Treating Patients as Consumers

By Michael Rossi, MD, MBA

About the author: Michael Rossi, MD, MBA, is Chief Physician Executive for Lehigh Valley Health Network and president of Lehigh Valley Physician Group. He is a clinical professor of cardiovascular medicine at the University of South Florida Morsani College of Medicine.



**Michael Rossi, MD, MBA**  
Chief physician executive

**TODAY'S PROVIDERS CARE FOR PEOPLE WHO ARE MORE KNOWLEDGEABLE, EMPOWERED AND COST-CONSCIOUS THAN EVER BEFORE.** First and foremost, they are our patients, but they are also savvy consumers.

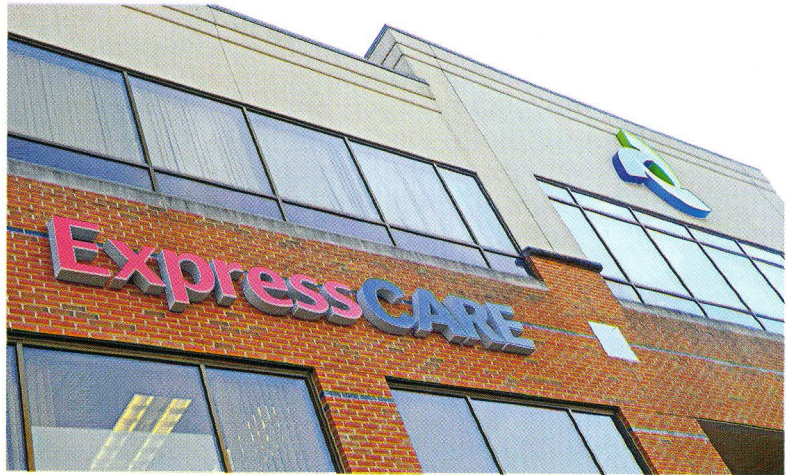
This makes sense, considering the massive changes that have occurred in health care in just the past few decades. Medical information is easily accessible on the Internet. People are asked to spend more of their own money on high-deductible insurance plans and co-pays. Patients want and expect more than the traditional doctor/patient relationship, and they have high standards regarding quality, access and the entire patient experience.

At Lehigh Valley Health Network (LVHN), we welcome this new era of treating patients as consumers, and we are taking multiple steps to meet and anticipate their needs, particularly when it comes to delivering value – high-quality care at a lower cost while improving access and the entire patient experience.

## Coordinating care for Medicare patients

In 2014, LVHN formed an accountable care organization (ACO) to participate in the Medicare Shared Savings Program. The goal of ACOs, which were created as a result of the 2010 Affordable Care Act, is to provide coordinated, high-quality care to Medicare patients and ensure that these patients, particularly the chronically ill, get the right care at the right time, while avoiding duplication of services and medical errors.

The LVHN ACO is now one of the largest in the country, with more than 40,000 beneficiaries. In its first



*By continuing to search for innovative ways to improve access and cost, and developing a dynamic, passionate workforce, we are certain that LVHN will continue to be the region's first choice for excellent care.*

two performance years, the ACO achieved over \$16 million in savings for CMS-attributed Medicare and achieved a quality score of 98 percent. We look forward to continuing this success for years to come.

## Improving access


"Care that fits your life" is more than a motto on our website. It speaks to our convenience commitment to seeing patients on their schedules and in venues, both physical and virtual, that they prefer.

Nearly 130,000 patients visited our ExpressCARE locations last year, which includes our Children's ExpressCARE facility, the only one of its kind in the region. Our Video Visits give patients an even more convenient method to connect with an LVHN provider. We recognize that

patients have busy lives, and we are always seeking better ways to meet them on their terms.

## Caring for our workforce

Delivering this kind of patient-centered, consumer-focused care is challenging and puts unique pressures on our colleagues. That's why we've committed to workforce wellness, educating our colleagues about ways to recognize and avoid burnout, and offering programs that reward their vital contributions.

We know that patients have greater control and more options than ever before. By continuing to search for innovative ways to improve access and cost, and developing a dynamic, passionate workforce, we are certain that LVHN will continue to be the region's first choice for excellent care. 

# Saving Heart: Reducing Cardiotoxicity for Cancer Patients and Survivors

Only program of its kind in the Lehigh Valley



**Ranju Gupta, MD**  
Hematology oncology

**WHILE CANCER SURVIVAL RATES HAVE STEADILY IMPROVED OVER THE PAST TWO DECADES,<sup>1</sup>**

cardiotoxicity associated with chemotherapy and radiation may leave patients at higher risk of cardiovascular disease. A multidisciplinary team of specialists at the Lehigh Valley Cancer Institute assesses and closely monitors oncology patients throughout all stages of cancer therapy and the survivorship period to reduce cardiac morbidity and mortality.

A new subspecialty, cardio-oncology recognizes the complexity of treating cancer patients with cardiac conditions as well as the cardiotoxic effects of targeted radiation and chemotherapy agents such as anthracyclines, trastuzumab and tyrosine kinase inhibitors. Cardiac toxicity is the second most common cause of morbidity and mortality in cancer survivors, with rates of cardiotoxicity potentially exceeding 30 percent.<sup>2-4</sup>

“Some of the adverse effects of cancer treatment on the heart can be anticipated, monitored, managed or avoided altogether,” says hematologist oncologist and program co-director Ranju Gupta, MD, with LVPG Hematology Oncology–Muhlenberg. “By working together, cardiology and oncology are able to employ cardioprotective therapies or recognize and attempt to treat cardiotoxicity when it occurs.”

**Assessing risk**

The Lehigh Valley Cancer Institute’s Cardio-Oncology Program, the only one of its kind in the Lehigh Valley, assesses the risk for cardiotoxicity

in oncology patients before the start of chemotherapy or radiation. The assessment focuses both on the risk associated with the specific chemotherapy and/or radiation treatment and the risk related to co-existing cardiac risk factors, age and sex. Therapeutics-related cardiac dysfunction includes heart failure, coronary artery disease, peripheral vascular disease, thrombo-embolism, pericardial disease and valvular heart disease. More than 100 patients have been treated since the program’s inception two years ago.

“We’re getting better and better at the treatment of cancer, but we need to be sure that patients don’t die from cardiovascular disease,” says cardiologist and program co-director Deborah Sundlof, DO, with LVPG Cardiology–Muhlenberg. “Our goal is to protect the heart while killing the cancer.”

**Reducing cardiovascular dysfunction**


Sundlof and the two other cardiologists on the Cardio-Oncology Program team also counsel patients receiving potentially cardiotoxic therapy about the benefits of reducing cardiac risk factors by maintaining optimal blood pressure, lipids and blood sugar levels, quitting smoking, and adhering to dietary and exercise

recommendations. “Risk factors for heart disease and cancer closely overlap, which is why I talk to patients about healthy lifestyle modifications that can significantly reduce risks,” Sundlof says.

“Great progress has also been

*“Cardiovascular complications are a significant issue facing cancer patients, and we have added clinicians in cardiology, oncologic pharmacy and advanced practice to meet growing demand.”*  
– Ranju Gupta, MD

made in the field of radiation oncology aimed at reducing the risk of late cardiac toxicity from the treatment of left-sided breast cancers,” says radiation oncologist Jeanette Blauth, MD, with the Lehigh Valley Cancer Institute. “Techniques such as prone breast radiotherapy and deep inspiratory breath hold allow for maximal sparing of cardiac structures while still ensuring comprehensive coverage of all at-risk volumes.”

The Cardio-Oncology Program recently expanded from Lehigh Valley Hospital (LVH)–Muhlenberg to LVH–Cedar Crest to provide greater access for oncology patients. “Cardiovascular complications are a significant issue facing cancer patients, and we have added clinicians in cardiology, oncologic pharmacy and advanced practice to meet growing demand,” Gupta says. 



**Deborah Sundlof, DO**  
Cardiology



**Jeanette Blauth, MD**  
Radiation oncology



TO REFER A PATIENT TO LVHN’S CARDIO-ONCOLOGY PROGRAM, CALL **888-402-LVHN**.

1. “Cancer statistics report: death rate down by 23% in 21 years.” American Cancer Society website. [cancer.org/latest-news/cancer-statistics-report-death-rate-down-23-percent-in-21-years.html](http://cancer.org/latest-news/cancer-statistics-report-death-rate-down-23-percent-in-21-years.html). 2. “Cardiotoxicity of chemotherapeutic agents and radiotherapy-related heart disease: ESMO Clinical Practice Guidelines.” D. Bovelli et al. *Annals of Oncology*. 2010; 21(Suppl 5): 277-82. For citations 3-4, visit [LVHN.org/bettermedicine](http://LVHN.org/bettermedicine).



# LVHN Provides Certified Cardiac Rehabilitation



Peer-reviewed certification assures best practices for cardiac rehab

## Monitored exercise and support


During cardiac rehabilitation, patients wear a heart monitor while exercising on a treadmill, bicycle, rower, arm bike or recumbent stepper in the hospital's gym or rehab clinic under the supervision of registered nurses and/or master's-level exercise physiologists.


"If we see changes in patients' pattern or response to exercise, we let their physician know," says Crysta Zimmerman, coordinator of cardiac rehabilitation at LVH-Schuylkill. Safety is also a key metric. With AACVPR certification, a physician must be immediately available in case of emergency.

## Stronger together

In addition to monitored exercise, patients and their families receive education and counseling. With LVHN's AACVPR-certified cardiac rehabilitation program, "we look at the whole patient. When you're taking care of the heart, you have to look at everything," Zimmerman says.

An added bonus is that patients get to meet other exercisers who are going through the same thing, which helps them feel less scared and vulnerable. "It's like a support group," Breen says.

After patients complete LVHN's certified cardiac rehabilitation program, which typically runs two to three times per week for up to 36 sessions, they can pay a monthly fee to continue exercising at an LVHN facility without a heart monitor, but under the continued reassuring guidance of registered nurses and exercise professionals. 

 TO REFER A PATIENT FOR CARDIAC AND PULMONARY REHABILITATION, CALL **888-402-LVHN**.



Linda Breen, MS  
Cardiac rehabilitation

### PATIENTS REFERRED TO CARDIAC REHABILITATION AT LEHIGH VALLEY HEALTH NETWORK (LVHN) CAN BE ASSURED THEY'RE RECEIVING THE HIGHEST STANDARD OF CARE.

All LVHN cardiac rehabilitation programs, including the facilities at Lehigh Valley Hospital (LVH)-Cedar Crest, LVH-Muhlenberg, LVH-Hazleton, LVH-Pocono and LVH-Schuylkill, have earned the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certification.

"AACVPR certification demonstrates that LVHN is aligned with best practices for cardiac rehabilitation," says Linda Breen, MS, clinical supervisor in cardiac rehabilitation at LVH-Pocono.

It signals that the programs are held to the highest standards of quality and clinical excellence to ensure patient safety and superior outcomes. AACVPR certification is

the only peer-review accreditation process designed to evaluate individual programs for adherence to standards and guidelines developed and published by the AACVPR. Certification is valid for three years.

An outpatient-based monitored exercise program, cardiac rehabilitation helps improve outcomes in patients who have experienced myocardial infarction, heart transplant, valve replacement, open-heart surgery, angioplasty, stent implantation, and other cardiac conditions and procedures. Evidence suggests that cardiac rehabilitation can reduce the risk of cardiovascular events over the ensuing year; improve exercise performance; reduce symptoms of angina, dyspnea and fatigue; enhance medication compliance; and reduce the risk of all-cause mortality by 25 percent.<sup>1</sup>

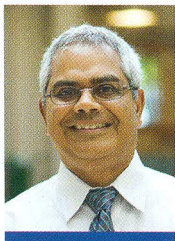


Crysta Zimmerman  
Cardiac rehabilitation

1. "Cardiac rehabilitation in 2017: factors that determine its benefit." American College of Cardiology website. [acc.org/latest-in-cardiology/articles/2017/07/14/08/27/cardiac-rehabilitation-in-2017](http://acc.org/latest-in-cardiology/articles/2017/07/14/08/27/cardiac-rehabilitation-in-2017).

# The Lehigh Valley Cancer Institute Offers Radiation Immunotherapy Combination

Unique radiation ‘dose painting’ enhances immune system response



**Suresh Nair, MD**  
Hematology-medical oncology

**TO TREAT OLIGOMETASTASIS – A TYPE OF METASTASIS IN WHICH CELLS FROM THE ORIGINAL TUMOR SPREAD TO ONE TO THREE SITES** – the Lehigh Valley Health Cancer Institute is developing a new area of excellence: stereotactic body radiation therapy (SBRT) in combination with nivolumab (Opdivo), a targeted immunotherapy. “We’re seeing a lot of potential for this dual therapy,” says Suresh Nair, MD, physician in chief with the Lehigh Valley Cancer Institute.



**Alyson McIntosh, MD**  
Radiation oncology

## Targeting specific cancer cells

SBRT – focused high-dose radiation – with nivolumab activates the body’s antitumor immune response and creates a target for the immune system while minimizing side effects. “Radiation damages tumor cells, so there’s more circulating antigen, the protein that’s distinct to the tumor,” says radiation oncologist Alyson McIntosh, MD, with the Lehigh Valley Cancer Institute.

When nivolumab is given within a few weeks of SBRT treatment, the

immune system is upregulated. “It can recognize the target, the antigen,” McIntosh says. The upshot? “The immune system is in hyperdrive to attack tumor-specific cancer cells for a more durable response.”

The innovative treatment approach holds promise for patients with metastatic melanoma and rare types of carcinomas, such as lung, sarcoma, gastrointestinal stromal tumor, sarcomatoid renal cell and sarcomatoid variant kidney cancer.

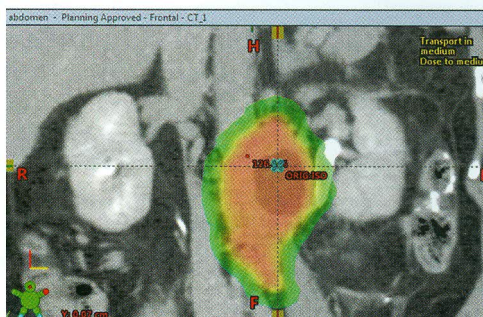
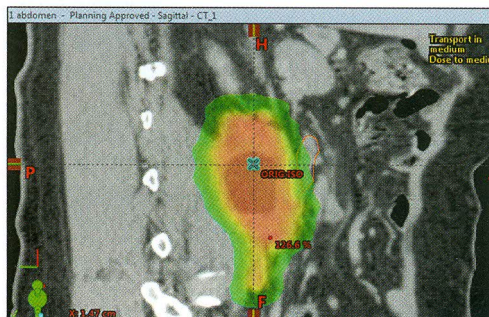
“Most patients with sarcomatoid variant kidney cancer die within a year. But we have a patient who started on a clinical trial and was then treated with SBRT and nivolumab who has gone on to have a complete remission,” Nair says. “As of May 2018, he is two years out and he’s feeling wonderful, which is incredible.” Nair and McIntosh have treated at least 100 patients with this dual technique. “One of the best predictors of good response with the dual therapy is if tumors have a high mutation rate,” McIntosh says.

## Delivering precise treatments

This innovative therapy approach is the result of Nair’s breadth of experience with immunotherapy, research being conducted through the Lehigh Valley Cancer Institute’s alliance with Memorial Sloan Kettering (MSK) Cancer Center and advanced technologies, such as SBRT. New data showing the promise of SBRT plus nivolumab was discussed at the Lehigh Valley Health Network/MSK symposium in January 2017. SBRT plus nivolumab isn’t experimental, “but it is cutting edge,” Nair says.

To deliver the most precise SBRT treatments, McIntosh uses the Edge radiosurgery system, a linear accelerator specifically designed to deliver SBRT. To further target the radiation, she has developed a novel radiation delivery approach, known as dose painting: the radiation dose at the center of a tumor is higher than the dose at the periphery, which is touching healthy organs, to reduce the risk of side effects.

“The MSK Alliance is a two-way street,” Nair says. “They were so enamored with Dr. McIntosh’s dose painting scheme that they’ve adopted it.”



▲ Images show that the small intestines and kidneys are able to receive a low (acceptable) dose while the tumor is getting a high dose at the same time.



TO REFER A PATIENT FOR CANCER TREATMENT, CALL 888-402-LVHN.

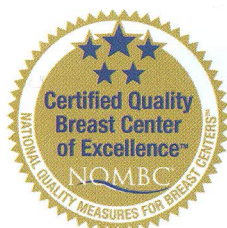
# LVHN Breast Health Excellence

Lehigh Valley and Pocono Breast Health Services only two in state to earn designation



**Catherine Taranto**  
Breast Health Services

**LEHIGH VALLEY HEALTH NETWORK (LVHN) BREAST HEALTH SERVICES HAS ALWAYS ATTAINED HIGH RECOGNITION FROM ORGANIZATIONS FOCUSED ON QUALITY BREAST CARE**, such as the National Accreditation Program for Breast Centers and Breast Imaging Center of Excellence by the American College of Radiology. Now Breast Health Services has attained another outstanding, quality-measured honor: Breast Health Services at Lehigh Valley Hospital (LVH) and LVH-Pocono were each named a Certified Quality Breast Center of Excellence™ in the National Quality Measures for Breast Centers (NQMBC) by the National Consortium of Breast Centers. In doing so, these locations are the only comprehensive centers in Pennsylvania to earn Certified Quality Breast Center of Excellence designations.



## A top breast care program

Catherine Taranto, Director, Breast Health Services, says this certification speaks volumes to patients. "Patients can be confident they will receive quality care from an institution rated as one of the top breast cancer programs in the nation and their care team is specialized in breast cancer treatment," she says.

Colleagues worked collaboratively to be assessed by the NQMBC, including Breast Health Services leadership, breast surgical

oncologists, pathologists, radiologists, radiation oncologists, hematology oncologists, the tumor registry and information services analysts. Taranto says the team is focused on excellence. "They are all experts in their field and dedicated to excel in their practice every day," she says.

## How NQMBC determines excellence

To earn the designation, Breast Health Services in the Lehigh Valley and Poconos were evaluated against 32 quality measures required by the NQMBC. "The measures include imaging timeliness of care, patient satisfaction, clinical quality, advanced breast cancer treatment protocols and survival rates," Taranto says. "These measures are compared and ranked nationally with other breast centers."

Participation is voluntary but provides benchmarks LVHN's Breast Health Services locations can use to further enhance care. "Participating in the NQMBC ensures we continue to update our practices as standards of care change to continue to provide the highest level of quality care for our patients," Taranto says. 🌟



WOMEN AGES 40 AND OLDER WHO HAVE NOT HAD A SCREENING MAMMOGRAM IN THE LAST 365 DAYS CAN DIRECTLY SCHEDULE ONE AT [MYLVHN.ORG](http://MYLVHN.ORG).



MORE INFORMATION ABOUT MAMMOGRAPHY AT LVHN OR WHERE MAMMOGRAPHY SITES ARE LOCATED IS AVAILABLE AT [LVHN.ORG/MAMMO](http://LVHN.ORG/MAMMO).



# Groundbreaking Treatments for Melanoma Only at the Lehigh Valley Cancer Institute

Patients among the first to receive innovative immunotherapy medications



**Suresh Nair, MD**  
Hematology-medical oncology



**Aaron Blackham, MD**  
Surgical oncology

**THE INCIDENCE OF MELANOMA – POTENTIALLY THE DEADLIEST FORM OF SKIN CANCER – HAS BEEN RISING FOR THE PAST 30 YEARS**, according to the American Cancer Society. It’s a dreaded diagnosis. However, patients at the Lehigh Valley Cancer Institute with melanoma can be reassured that they’ve come to the right place. It offers the most advanced treatments in the U.S.

“We practice Memorial Sloan Kettering (MSK) standards of care,” says Suresh Nair, MD, physician in chief and medical oncologist with the Lehigh Valley Cancer Institute. “It’s the best evidence-based treatment for all stages of melanoma. We’re also involved in sharing clinical trials with our MSK colleagues.”

### Surgical treatment

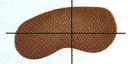




The Lehigh Valley Cancer Institute is also leading the way for patients with melanoma who require surgery. “Complete lymph node dissection has been the standard of care for all patients with stage 3 nodal metastases,” says Aaron Blackham, MD, with LVPG Surgical Oncology,


who is part of the Lehigh Valley Cancer Institute’s multidisciplinary melanoma clinic, which includes Nair as well as radiation oncologist Alyson McIntosh, MD, and nurse navigator Angela Miller, RN. “But based on recently published randomized trials, we now know that select patients can undergo ultrasound surveillance as an alternative to complete lymph node dissection with less morbidity and similar long-term survival,” Blackham says.

Of course, patients are fortunate to have access to such innovative treatment protocols close to home. But they can do their part to prevent melanoma by wearing a broad-spectrum sunscreen with SPF 30 and reapplying often. “Sun protection is important, no matter your complexion,” Nair says.

To catch melanoma early, refer patients to a dermatologist to evaluate moles that meet one or more of the “ABCDE” criteria: Asymmetric, irregular Border, Color variation, Diameter greater than a pencil eraser and Evolution or change over time. “Those are the most concerning signs of a pigmented skin lesion,” Blackham says.

**ABCDE**  
rule for the early detection of melanoma

	<b>A</b>	<b>Asymmetry</b>
	<b>B</b>	<b>Borders</b> (the outer edges are uneven)
	<b>C</b>	<b>Color</b> (dark black or have multiple colors)
	<b>D</b>	<b>Diameter</b> (greater than 6 mm)
	<b>E</b>	<b>Evolving</b> (change in size, shape and color)

 FOR INFORMATION ABOUT ONGOING CLINICAL TRIALS AT LVHN, GO TO [LVHN.ORG/CLINICALTRIALS](http://LVHN.ORG/CLINICALTRIALS).

 TO REFER A PATIENT FOR MELANOMA TREATMENT, CALL **888-402-LVHN**.

## Groundbreaking clinical trials

Patients, especially those with advanced metastatic melanoma, gain the benefit of being among the first to receive groundbreaking immunotherapy medications, such as nivolumab and ipilimumab, which are proving to be lifesaving. “Lehigh Valley Health Network has 30 stage 4 melanoma patients who are completely cancer-free, for anywhere from one year to 13 years,” says Suresh Nair, MD. “The substantial majority are within the last five years with the initial clinical trials of nivolumab and ipilimumab.”

Research is ongoing. The Lehigh Valley Cancer Institute is the only site in the region to offer a new clinical trial for patients with stage 4 melanoma that is resistant to all of the standard available treatments. It combines nivolumab plus anti-LAG-3, an immunotherapy that provides a booster of dendritic cells.

“These antigen-presenting cells tell the T cell to attack the melanoma,” Nair says. The study is currently enrolling patients, with few exclusions. “Patients could have any number of prior treatments,” he says.

# Comprehensive Stroke Centers, Like LVH–Cedar Crest, Improve Patient Outcomes

Study supports CSC finding; plus, new guidelines extend thrombectomy window to 24 hours



**Darryn Shaff, MD**  
Neurointerventional radiology

**NEW TRIALS PROVIDE CONCLUSIVE EVIDENCE THAT ACUTE ISCHEMIC STROKE PATIENTS BENEFIT FROM MECHANICAL THROMBECTOMY UP TO 24 HOURS AFTER SYMPTOM ONSET.**<sup>1,2</sup> Neurointerventionalists at Lehigh Valley Hospital (LVH)–Cedar Crest perform thrombectomy on approximately 70 patients annually. LVH–Cedar Crest is a high-volume certified Comprehensive Stroke Center (CSC).

## New guidelines

The clinical trials led the American Heart Association (AHA) and American Stroke Association (ASA) to issue recommendations in early 2018 that increase the window of time to treat select patients with large vessel cerebral artery occlusions from six hours up to 24 hours.<sup>3</sup>


“Time is no longer the total determinant, and this has resulted in a massive widening of the treatment window,” says Darryn Shaff, MD, Chief of Neurointerventional Radiology at Lehigh Valley Health Network (LVHN). “Roughly 20 percent of patients with ischemic stroke may be eligible to receive thrombectomy, while typically only 2-10 percent of patients currently undergo the potentially lifesaving procedure. The new treatment window will make far more patients eligible. Now, the most important factors are selecting the right patients and getting them to a Comprehensive Stroke Center that can provide thrombectomy.”

## Specialized stroke treatment

LVH–Cedar Crest’s Comprehensive Stroke Center certification by The Joint Commission, in collaboration with the AHA and ASA, is an

important consideration when referring patients or transporting emergency cases requiring the highest levels of care. A study released in January 2018 at the International Stroke Conference in Los Angeles found that 65 percent of stroke patients with an emergent large vessel occlusion who were taken directly to a CSC had favorable outcomes.<sup>4</sup> Just 42 percent of similar patients who were taken to the nearest hospital or Primary Stroke Center had favorable outcomes.

The study also found that stroke patients received care faster at the CSC than in Primary Stroke Centers, even when transport to the Comprehensive Stroke Center required additional drive time. The only Comprehensive Stroke Center in the region, LVH–Cedar Crest provides 24/7, 365-day-a-year access to thrombectomy treatment.

“When the level of evidence about the clinical efficacy of an intervention (thrombectomy) is so high, there is an obligation to triage appropriately and take patients to the center best equipped to provide treatment that significantly reduces the risk of long-term disability,” Shaff says. 

**New clinical trials increase the window of time to treat select patients with large vessel cerebral artery occlusions from six hours up to 24 hours.**



TO ACTIVATE CARE FOR A PATIENT REQUIRING STROKE TREATMENT, CALL **911**.

1. “Thrombectomy for stroke at 6 to 16 hours with selection by perfusion imaging.” G. Albers et al. *New England Journal of Medicine*. 2018; 378(8): 708-18.  
2. “Thrombectomy 6 to 24 hours after stroke with a mismatch between deficit and infarct.” R. Nogueira et al. *New England Journal of Medicine*. 2018; 378(1): 11-21. For citations 3-4, visit [LVHN.org/bettermedicine](http://LVHN.org/bettermedicine).

# LVPG Children's Diabetes Program Earns Accreditation

Multidisciplinary team improves access to continuum of care for kids and their families



**Rebecca Johnston, RN**  
Pediatric endocrinology

**THE LVPG PEDIATRIC ENDOCRINOLOGY CHILDREN'S DIABETES PROGRAM HAS RECEIVED ACCREDITATION FROM THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE).** The program, which was established in December 2017, provides a family-centered approach to managing type 1 and type 2 diabetes in infants, children, adolescents and young adults.

### Multidisciplinary team

The Children's Diabetes Program emphasizes a comprehensive approach to diabetes treatment with access to certified diabetes educators, a licensed social worker, a registered dietitian and pediatric endocrinologists at a single site. A behavioral therapist is also available to provide additional support. In addition, referrals to an ophthalmologist, pediatric cardiologist, pediatric nephrologist, pediatric gastroenterologist, gynecologist, adolescent medicine and other specialists within Lehigh Valley Children's Hospital are available. The Children's Diabetes Program works collaboratively with school nurses and

community resources to better meet patient needs.

LVPG Pediatric Endocrinology treats more than 700 diabetes patients annually. From June 2016 to June 2017, there were approximately 370 patient visits by LVPG Pediatric Endocrinology patients to a remote diabetes center. These pediatric patients can now be seen at LVPG Children's Diabetes Program.

"Managing a chronic disease like diabetes is complicated, which is why we want to offer integrated education, training and resources that patients and their caregivers need to stay healthy," says Donna Miller, RHIT, Senior Practice Manager, LVPG Pediatric Endocrinology.


### Promoting self-care behaviors

The Children's Diabetes Program employs AADE's seven self-care behaviors as the framework for patient and parent education. The seven areas of education focus on the following:

- Healthy eating – effect of food on glucose levels, meal planning, carbohydrate counting, goal setting

- Being active – benefits, elements of physical activity plan, implementation
- Monitoring – blood glucose monitoring technique and interpretation, ketone testing and interpretation, continuous glucose monitoring training
- Medication – safe medication use, skill demonstration, insulin injections and delivery systems, pumps
- Problem solving – hypoglycemia prevention and treatment, hyperglycemia prevention and treatment, sick-day care
- Healthy coping – adaptation to lifestyle changes, bio psychosocial awareness and management, coping resources and counseling support
- Reducing risks – complication prevention, referrals for specialty care, eye exam, immunizations, renal care, yearly testing and follow-up

"The most important aspect of our program is giving parents and children the education and tools to engage in effective self-care behaviors," says children's diabetes educator Rebecca Johnston, RN, with LVPG Pediatric Endocrinology. "This includes everything from hands-on education on how to read food labels or how to use a continuous glucose meter, to assisting with access to transportation so that families can attend education sessions, or offering low-cost alternatives to expensive supplies."

Throughout the diabetes self-management education process, Johnston and the program team maintain ongoing communication with the referring provider to coordinate care and to provide feedback regarding the patient's progress, goals, outcomes, recommendations and plan. 



American Association of Diabetes Educators

◀ The Children's Diabetes Program engages with school nurses and community resources to meet patient needs.



TO REFER A PATIENT TO LVPG PEDIATRIC ENDOCRINOLOGY CHILDREN'S DIABETES PROGRAM, CALL **888-402-LVHN**.

# LVHN Offers HoLEP Laser Treatment for Prostate Enlargement

Men with BPH can benefit from minimally invasive procedure



**Jim Johannes, MD**  
Urology

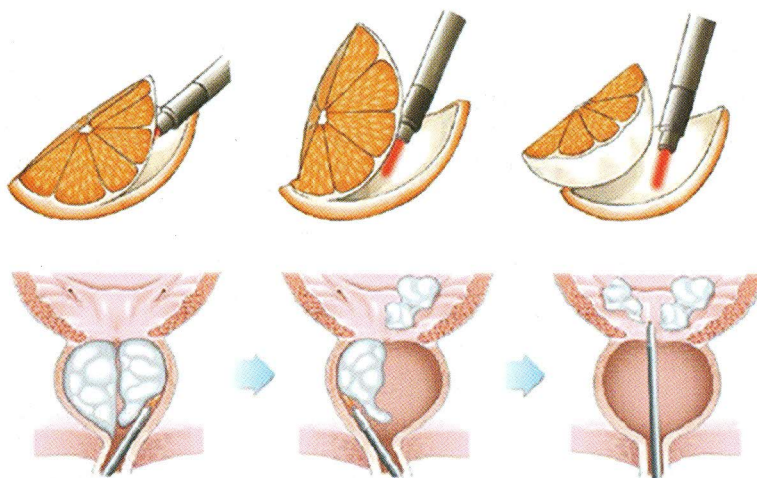
**MEN WHO EXPERIENCE PROSTATE ENLARGEMENT CAN NOW BE TREATED FOR SYMPTOMS** such as frequent urination, difficulty getting a stream going, weak stream, dribbling or inability to completely empty the bladder with a new procedure at Lehigh Valley Health Network (LVHN) that can offer significant advantages over standard care.

Called holmium laser enucleation of the prostate (HoLEP), the procedure addresses issues that arise when the walnut-sized prostate gland develops a condition common among older men called benign prostatic hyperplasia (BPH). The noncancerous BPH impinges the urethra, the tube that channels urine from the bladder, and restricts urine flow.

## HoLEP advantages

While medication can sometimes relieve BPH's squeeze on the urethra, many men require a surgical solution. Standard therapy has been transurethral resection of the prostate (TURP), a minimally invasive procedure in which a small instrument called a resectoscope is inserted into the urethra to trim away excess prostate tissue. Severely enlarged prostates may be treated with a more invasive open surgery called simple prostatectomy that removes larger amounts of the obstructive gland. Prostatectomy is associated with longer hospital stays and higher risks of complications and bleeding.

In the HoLEP procedure, surgeons enter the urethra with a laser that removes large amounts of the prostate and pushes the tissue into the bladder, where it's removed with an instrument called a morcellator.



▲ The HoLEP procedure, in which surgeons enter the urethra with a laser that removes large amounts of the prostate and pushes the tissue into the bladder, can be likened to scooping out the inside of an orange (top).

"You get the same results as with open prostatectomy but go home after about 10 hours instead of needing an overnight hospital stay," says urologic surgeon Jim Johannes, MD, with LVPG Urology-1250 Cedar Crest. "Many urologists believe this approach will become the new standard of care for BPH, but it requires specialized equipment and training." LVHN alone offers HoLEP locally.

## An ideal candidate

HoLEP is especially useful for prostates that are too large for TURP to treat effectively. This was the case with 75-year-old Gary Fitch of Tannersville. Prostate-specific antigen (PSA) test results and symptoms had long indicated Fitch had BPH. He

took medication but put off surgery. "Having this kind of procedure is not something you really look forward to," Fitch says. Eventually, his prostate grew so large that he became completely unable to urinate. A urine-draining catheter offered a short-term solution, but it was clear Fitch's problem needed a more definitive resolution.

Johannes performed a HoLEP procedure on Fitch in June 2017. "I showed up for surgery around 7 a.m., and by about 3 p.m., they said I could go home," Fitch says. "The results are absolutely amazing." Issues with flow, control and pain have vanished. "By every objective, measurable outcome, he's doing fantastic," Johannes says. "He's peeing better than a 20-year-old." 🌈



TO REFER A PATIENT FOR HOLEP OR OTHER UROLOGY TREATMENTS, CALL **888-402-LVHN**.

# Leading-Edge Treatments for GERD and Acid Reflux Disease

Less-invasive approaches available to qualified patients



**Scott Beman, MD**  
Surgery

**PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE (GERD) DON'T HAVE TO TRAVEL FAR TO RECEIVE THE LATEST TREATMENT OPTIONS.**

Lehigh Valley Health Network (LVHN) physicians now offer two additional leading-edge procedures to qualified patients: transoral incisionless fundoplication (TIF) and LINX.

"The procedures are offered as part of the LVHN Reflux Treatment Program, in conjunction with specialists at Eastern Pennsylvania Gastroenterology and Liver Specialists," says Scott Beman, MD, with LVPG General, Bariatric and Trauma Surgery. Patients considering treatment for reflux are not only looking for improvement of symptoms, but may also be concerned about the adverse long-term effects of taking proton pump inhibitors (PPIs), which include vitamin B-12 deficiency, bone



**Shashin Shah, MD**  
Gastroenterology

weakness and fracture, and renal insufficiency.

**Transoral incisionless fundoplication**

TIF treats GERD at its source. The approach uses the incisionless EsophyX device to endoscopically reconstruct the antireflux valve to restore the body's natural protection against reflux. It creates a barrier between the stomach and esophagus to prevent the reflux of stomach contents.

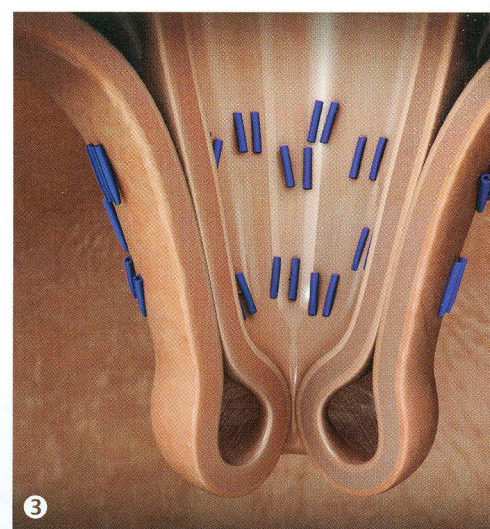
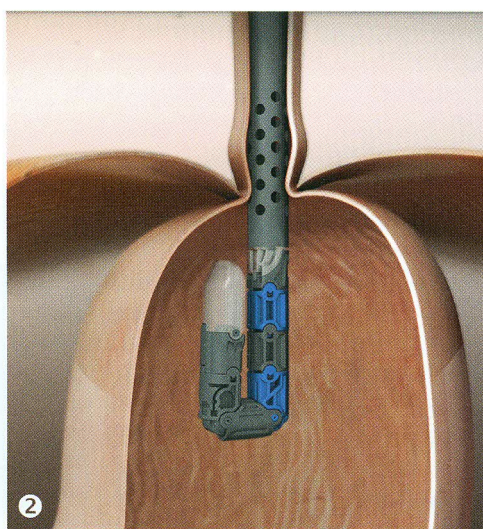
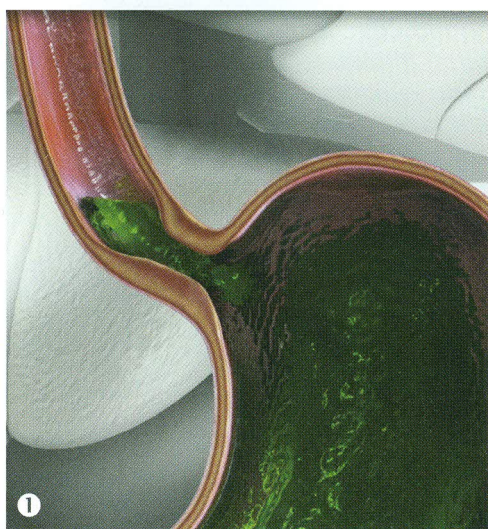
"The best candidates for TIF are patients suffering from GERD who regularly experience troublesome symptoms, but who no longer respond to or aren't satisfied with pharmaceutical therapies," says Shashin Shah, MD, director of endoscopy at Eastern Pennsylvania Gastroenterology and Liver Specialists. TIF is often performed in conjunction with

upper hiatal hernia repair.

"The data suggest that regurgitation associated with reflux can be improved with TIF up to four years out," Shah says. Longer-term data are not yet available. "It's a great technique to offer because after a four- to six-week healing process, during which time a modified diet is required, it can greatly improve reflux control and decrease need for long-term antacid medication, all without scars."

**LINX**


LINX is a laparoscopic surgical procedure whereby a magnetic band is placed above the gastroesophageal junction, around the lower esophageal sphincter (LES), to provide compression that inhibits stomach contents and acid from refluxing into the esophagus. Food can still pass through the LES normally. Patients with GERD



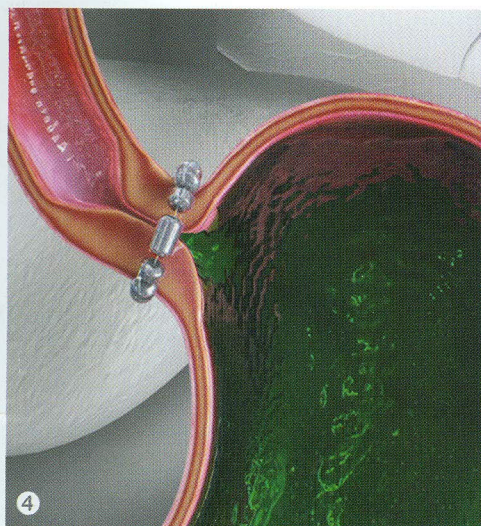
▲ (1) Bad valve allowing gastric reflux; (2) EsophyX device delivers fasteners to reconstruct the antireflux valve; (3) Repaired valve with fasteners; (4) Repaired valve using LINX

or a modest-sized hiatal hernia are candidates for LINX. Evidence suggests that more than 90 percent of LINX patients remain off antacid medications after five years, Beman says.

LINX and TIF can be alternatives to standard laparoscopic fundoplication for reflux for patients with hiatal hernia and reflux disease. "Both TIF and LINX are minimally invasive and require less stomach manipulation. Patients may therefore experience fewer potential complications, such as gas-bloat syndrome or the inability to burp or vomit," Beman says. In the appropriate patients, TIF is performed with no incisions at all.

In addition to LINX, TIF and MIS fundoplication, LVHN GI specialists provide a full range of services, including the laparoscopic repair of large, complex hiatal hernias and large para-esophageal hernias, as well as advanced endoscopic techniques for the treatment of complications from long-standing reflux. 

 TO REFER A PATIENT FOR GERD OR ACID REFLUX DISEASE TREATMENT, CALL **888-402-LVHN**.



## ExpressCARE

### ExpressCARE Hours Expanded in Fogelsville, Whitehall, Palmer Township Locations

To better serve the health needs of Lehigh and Northampton County residents, Lehigh Valley Health Network is expanding the hours of operation at three ExpressCARE locations in the area.

ExpressCARE–Fogelsville, located at the Health Center at Fogelsville, 1431 Nursery St., Fogelsville; ExpressCARE–MacArthur Road, located at 2741 MacArthur Road, Whitehall; and ExpressCARE–Palmer Township, located at the Health Center at Palmer Township, 3701 Corriere Road, Easton, are now available to patients from 8 a.m. to 8 p.m., seven days a week.

ExpressCARE is provided by Lehigh Valley Physician Group without an appointment for common illnesses and minor injuries, including sprains/strains, cuts/lacerations, poison ivy/rashes, seasonal allergies, flu symptoms, bronchitis, ear infections, sore throat and fever.

There are 18 ExpressCARE locations in Lehigh, Northampton, Berks, Carbon, Luzerne and Monroe counties, including the region's only Children's ExpressCARE built specifically for kids at the Health Center at Palmer Township.

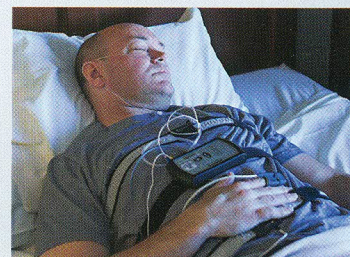
 FOR ALL EXPRESSCARE ADDRESSES AND CURRENT WAIT TIMES AT MOST LOCATIONS, VISIT [LVHN.ORG/EXPRESSCARE](http://LVHN.ORG/EXPRESSCARE).

## LVH–Pocono

### Home Sleep Studies Now Available at LVH–Pocono

Home sleep studies are now available to individuals who appear to have symptoms of sleep apnea at Lehigh Valley Hospital (LVH)–Pocono. The service is offered in the outpatient testing area. Khemraj Sedani, MD, Samer Alkhuja, MD, and Sowmya Lakshminarayanan, MD, work in the program and are board-certified in sleep medicine.

While being connected at the hospital, patients are educated about the equipment. Parameters monitored during the home sleep study include airflow, respiratory effort, blood oxygen saturation, body position and movement. The patients wear the monitoring device at their home for multiple nights and then return it to the hospital. The physicians then complete the analysis of the collected data and provide professional interpretation to the referring providers that includes diagnosis with pertinent recommendations.



 TO REFER PATIENTS FOR HOME SLEEP TESTING AT LVH–POCONO, CALL **888-402-LVHN**.

## Provider Updates

### LVHN Providers Offer Expanded Access and Services

Lehigh Valley Health Network providers are offering expanded services that promote patients' access to care close to home.

#### The following providers are seeing patients in Pottsville:

##### LVPG Pain Specialists— Pottsville



Robert  
Wilson, DO



Anant  
Parikh, MD

##### LVPG Pediatric Physiatry—Pottsville



Liza  
Green, MD

##### LVPG Internal Medicine— Claude A. Lord Blvd.



Nghia  
Hoang, DO

#### The following family medicine, internal medicine and obstetrics/gynecology providers affiliated with Lehigh Valley Hospital (LVH)—Pocono are accepting new patients:

##### Family Medicine Stroud West, Stroudsburg



Jacqueline  
McGibbon,  
MD



Alicia Simon,  
CRNP

##### Internal Medicine at the Health Center at East Stroudsburg



Ravikumari  
Gollapalli,  
MD



Cindy  
Fuhrman,  
CRNP

##### Obstetrics and Gynecology at the Health Center at East Stroudsburg



Shadi  
Kayed, MD



Seanna  
Thompson,  
MD

##### Family Medicine West Main St., Stroudsburg



Oliana  
Ros, MD

##### Family Medicine Brodheadsville, Brodheadsville



Traceyan  
Mendez, MD



Syed Zia, MD

##### Gynecology at LVH—Pocono



Chester  
Smith Jr.,  
MD



Peter  
Yaswinski Jr.,  
MD

##### Family Medicine Cresco, Cresco



Alvin  
Berlot, DO

##### Family Medicine Tannersville, Tannersville



Mohammad  
Ali, MD, MBA

#### These providers are offering medical-surgical specialties at LVH—Pocono:



Raymond  
Singer, MD,  
MMM  
*Cardiac thoracic  
surgeon*



Kelly  
Wanamaker,  
MD  
*Cardiac thoracic  
surgeon*



Kathryn  
Wheel, MD  
*General surgery*



Luis  
Cervantes,  
MD  
*Neurosurgery*



Zakiya  
Douglas, MD  
*Pulmonology  
(Bartonville  
Healthcare  
Center)*



Rachel  
Brobst,  
CRNP  
*Vascular surgery*



David  
Meir-Levi,  
DO  
*Vascular surgery*



Eric Wilson,  
MD  
*Vascular surgery*

 TO REFER A PATIENT TO CARE BY LVHN PROVIDERS,  
CALL **888-402-LVHN**.

## Hazleton

# 3-D Mammography Comes to Hazleton

3-D mammography is now offered for screening and diagnostic purposes at the Health & Wellness Center at Hazleton. 3-D mammography can be particularly helpful in patients with dense breast tissue and at increased risk for breast cancer.

Lehigh Valley Health Network offers mammograms performed by certified technologists using advanced technology for both 2-D and 3-D mammography. Screening mammograms are performed at convenient locations across the region.



PATIENTS CAN SCHEDULE A SCREENING MAMMOGRAM DIRECTLY ON [MYLVHN.ORG](http://MYLVHN.ORG), PROVIDED THEY ARE AGES 40 OR OLDER AND HAVE NOT HAD A MAMMOGRAM IN THE PAST 365 DAYS. THOSE YOUNGER THAN AGE 40 REQUIRE A PRESCRIPTION.

## LVPG Providers

# Time-Saving Physician Phone Prompt Available

All clinical providers associated with Lehigh Valley Health Network (LVHN), whether employed by the network or not, should be aware of an option on the Lehigh Valley Physician Group (LVPG) phone tree that will expedite your access to a provider at that practice.

### This is how it works:

- When you call an LVPG office, you'll be connected to a 20-second introduction.
- The introduction includes practice name and location, a **911** reminder for medical emergencies and the benefits of registering with MyLVHN.
- Following the introduction, you're presented with several menu options.
- At that point, clinical providers can press "8" and be connected directly to a clinical provider at that practice.
- If there are multiple providers at the practice, you'll have the choice of which provider with whom you wish to speak.

This option is designed to save you precious time in making a connection for your important conversation with an LVPG provider. Please relay this information to your practice manager and staff as well. This option is meant as a rapid communication pathway when a provider needs to discuss a shared patient across our global continuum of care (our Epic shared platform of course is available for this type of communication as well).

## Tamaqua, Nazareth

# LVHN Rehabilitation Locations Now Open in Tamaqua, Nazareth

Lehigh Valley Health Network now offers outpatient adult rehabilitation services in Tamaqua and Nazareth. Programs are tailored to meet patients' unique lifestyle needs and challenges, close to home. The goal is to return patients to their regular routines as quickly and safely as possible.

### Services offered in Tamaqua include:

- Physical therapy
- Occupational therapy
- Speech therapy
- Neurologic therapy
- Orthopedic therapy

### LVHN Rehabilitation Services—Tamaqua

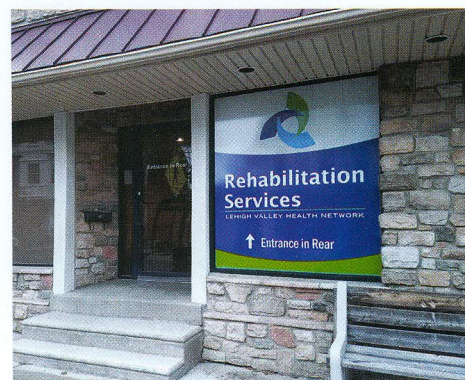
is located at 567 W. Penn Pike, Suite 6A, Tamaqua. Office hours are *Monday, Tuesday and Thursday: 7:30 a.m. to 6 p.m.; Wednesday and Friday: 7:30 a.m. to 12:30 p.m.*

### Services offered in Nazareth include:

- Physical therapy
- Neurologic therapy
- Orthopedic therapy

### LVHN Rehabilitation Services—Nazareth

is located at 39 S. Main St., Nazareth. Office hours are *Monday through Thursday: 7 a.m. to 7 p.m.; Friday: 7 a.m. to 3:30 p.m.*



TO REFER A PATIENT FOR REHABILITATION SERVICES AT ANY OF OUR 45 LOCATIONS, VISIT [LVHN.ORG/REHAB](http://LVHN.ORG/REHAB) OR CALL **888-402-LVHN**.



# Continuing Education Conferences

## MAY

**22** Feather Lecture: Patient Safety – It's Not Rocket Science

**23** Child Maltreatment

For information regarding these and other upcoming educational conferences, call the Department of Education at **610-402-2277** or visit [go.activecalendar.com/lvhn-doe](http://go.activecalendar.com/lvhn-doe).

Dates and topics are subject to change.

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## Robotic Surgery Now Available at LVH–Hazleton

**SURGEONS AT LEHIGH VALLEY HOSPITAL (LVH)–HAZLETON FOCUS ON THE HIGHEST QUALITY OF SURGICAL CARE** and can address the needs of patients in a multitude of specialties.

Since January, procedures have been available using the da Vinci® Xi™ Surgical System, which gives surgeons the ability to perform complex and delicate surgery. Scarring can be minimal, and many patients have

less pain after surgery and return to work within weeks. benefits may lead to a faster recovery and an improved patient experience.

### Surgeries that LVH–Hazleton surgeons can perform robotically include:

- Hernia repair
- Gallbladder
- Colon-rectal
- Hysterectomy

Surgeons certified in robotic surgery at LVH–Hazleton include Michael Mahoney, DO, and Joshua Nochumson, MD, both of LVPG Surgery–Health & Wellness Center at Hazleton, and Anthony Carrato, MD, of Carrato Medical Associates, Hazleton. Nochumson is a fellowship-trained colon-rectal surgeon.

### Surgical services offered at LVH–Hazleton include:

- Minimally invasive surgery
- Bariatric surgery
- Breast surgery
- Vascular surgery
- Varicose vein treatment
- Upper endoscopy
- Colonoscopy

Surgeons at LVH–Hazleton also include Martin Walko, MD, of LVPG Surgery–Health & Wellness Center at Hazleton, the area's only fellowship-trained bariatric surgeon; Jill Snyder, DO, of LVPG Obstetrics and Gynecology; and Jayme Lieberman, MD, of LVPG Surgery–Health & Wellness Center at Hazleton.

 **TO REFER A PATIENT FOR SURGERY, CALL 888-402-LVHN.**