



**Advancing Health Care Value** through the  
**Power of Community Partnerships**

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VALLEY PREFERRED | 2011 PROGRESS UPDATE

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## Valley Preferred's MISSION:

To ensure high-value health care,  
satisfied patients and positive outcomes  
at an affordable cost.

When the term Accountable Care Organization was first introduced in 2006 by Elliott S. Fisher, MD, MPH, Professor of Medicine and Community and Family Medicine at Dartmouth Medical School, it represented the rather general notion of a set of providers associated with a defined population of patients, accountable for the quality and cost of care delivered to that population. Since then, the Patient Protection and Affordable Care Act has the American health care industry redefining what a true Accountable Care Organization is and, far more importantly, determining what changes are necessary to actually transform a large health care organization into one.

Now that the nation's health care infrastructure is a good two years into being rebuilt on a foundation of provider networks that are working to transform themselves into Accountable Care Organizations, there is a much clearer focus on the specific mechanisms required to qualify as such. Among the most prominent characteristics are quality measurement metrics and reporting; clinically integrated information systems to share patient care data throughout the health care community of providers, insurers (payers), employers and patients; the actual means to enact better medicine delivery at a lower cost; and the incentive systems to do so. All of these are aimed at delivering improved health care value for the consuming public.

The fundamental operating structure of Valley Preferred has equipped us to set out on this journey well before "accountable care" became the bywords of American Health Care Reform. One of the most important lessons that we have learned from our experience is that no single organization will arrive at the destination through their own devices. To span the wide gulf between the status quo and a future of outcome based, accountable, higher quality health care at a lower cost requires tighter partnerships between all of the key contributors to the overall function of the health care community: providers, insurers, employers, patients and government. We must build this bridge together.

Valley Preferred is an organization with a track record of success propelled by the physician-driven focus of our co-ownership with the Greater Lehigh Valley Independent Practice Association and through

# Stronger Community Partnerships and Proven Programs

our unique role as the preferred provider organization aligned with the nationally-recognized health care quality leader, Lehigh Valley Health Network. These connections and our own resources have formed a dynamic combination, enabling us to incorporate many of the pathways to accountable care into our daily operations.

While Valley Preferred's many clinical, consumer and business pathways may appear widely diverse, they all lead to a common destination: the delivery of uncommon value to all stakeholders in the health care equation.

Our ability to provide this value is evidenced in the lives of the many community partners served by Valley Preferred. For employers and employees, it is seen in the delivery of innovative health strategies like the Clinical Collaborative Products we provide through our partnerships with major health insurance companies and the Lehigh Valley Business Coalition on Health Care, a coalition of employers working together to provide the finest health care coverage possible for a collective population of more than 70,000 employees. These plans not only open doors to new cost-efficiencies for employers, they also pro-actively work toward improved employee health through linkage with BeneFIT<sup>SM</sup>, Valley Preferred's health education and wellness program.

For physicians, this value lives in Valley Preferred's Clinical Integration and Quality Improvement Programs, both of which are pioneering new ways to improve patient care, streamline practice paperwork, rewrite the models with which physicians are compensated for their time and expertise and, perhaps most importantly, assure that physicians can focus on caring for patients. A key way that we are propagating this value change is by supporting the transition of regional primary care

providers to the Patient Centered Medical Home model of care. In addition, Valley Preferred is boosting physician engagement through a series of programs including enhanced Disease Management services, the incorporation of Electronic Health Records into more practices and a novel pay-for-performance opportunity for participation in our Quality Improvement Programs.

For the families and institutions in the communities we serve, Valley Preferred's value enhancement is evident through innovative outreach programs aimed at increasing health awareness across all socio/demographic strata, availability of physical activity opportunities at the Valley Preferred Cycling Center, educational promotions and the sponsorship of numerous health-oriented events throughout the calendar year. In this publication you will learn how Valley Preferred is spurring valuable change by partnering with a local school district to address the issue of adolescent obesity.

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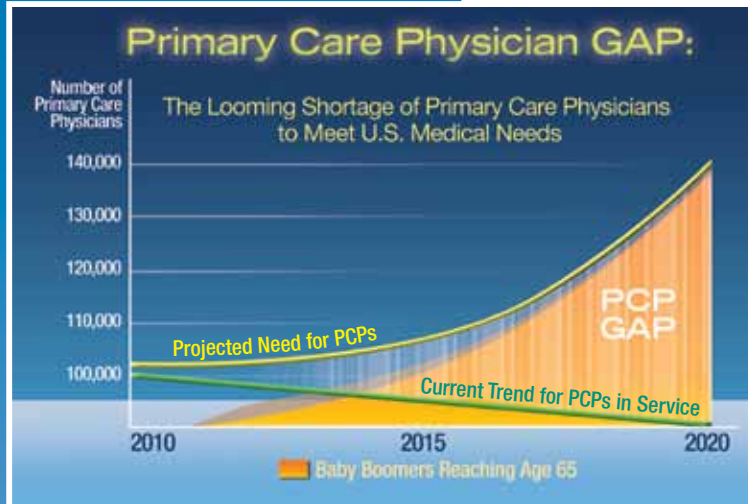
Even within our own organization, we are leading by example through the advancement of better worksite wellness for our own employees; Valley Preferred was recently recognized as one of America's Healthiest Small Companies by the Wellness Councils of America.

At the heart of Valley Preferred are talented employees skilled in their specialties, working tirelessly as a single team with our member physicians and hospitals to build the bridge to better health care delivery and value. Many thanks to all for your ongoing energy, insights and support.



From left:  
**Christina Lewis, RN, BSN, MPH**  
*Administrator, Health Services*  
**Jack A. Lenhart, MD**  
*Executive Director*  
**Laura J. Mertz, CBC**  
*General Manager*

## Supporting the Core of Community Health Care: Primary Care Physicians



for many years. A doctor shortage is looming as a very large problem for the future of American health care as fewer medical students go into primary care. According to many projections, only about half the necessary number of primary care physicians needed to meet future population demands are pursuing this specialty. According to the American Academy of Family Physicians (AAFP), the number of U.S. medical students going into primary care has dropped 51.8% since 1997. Taking into consideration the 10 to 11 year span required to educate a doctor, this trend is a big concern to health care experts. The AAFP is predicting a shortage of 40,000 family physicians in 2020, when the demand is expected to spike. The U.S. health care system has about 100,000 family physicians and will need 139,531 in 10 years.

Further burdening rising demands on primary care physicians will be the 78 million baby boomers born from 1946 to 1964 who begin to turn 65 in 2011 and will require increasing medical care. Aside from these startling statistics about the growing family physician gap is what it means for the future of health care

Valley Preferred's guiding philosophy through more than 17 years of successive growth has been, and will always be, that physicians are best qualified to address issues of patient care. Of all the medical specialties, the category that is in the premier "first touch" position to promote better health among the vast majority of our nation's population includes the practitioners that have long been recognized for nurturing the most trusted relationships with patients: primary care physicians. Unfortunately, the nation's base of primary care physicians has been seriously eroding

costs. Primary care physicians—a category that includes family physicians, general internists and general pediatricians—are best positioned to keep people out of emergency rooms and thus control health care costs. But medical analysts say giving this shrinking pool of physicians the responsibility to care for millions more patients is problematic.

Many consumers can attest to the experience of visiting their primary care physician only to feel the time constraints necessitated by practices with more patients than minutes in the working day. A recent *New York Times* article cited the example of a Pennsylvania practice of six physicians facing the challenge of "too many patients and too little time to care for a population of 12,000 and typical office visits lasting about 15 minutes."

One obvious downside is that small problems with comparatively low price tags, if left untended, may inevitably manifest themselves as larger, more complex medical problems with enormously higher costs. That is why some of the nation's more progressive insurers are now trying to avoid those high medical bills by taking the longer view...paying a bit more now to save a whole lot later.

This thinking has long been embraced by Valley Preferred and in recent years it has gained considerable traction with some of our payer partners. The logic is undeniable: arm the "first line" health defenders—primary care physicians—with more financial, technological and personnel support so they can heal sick patients before they become sicker. "The task at hand is to keep patients healthy rather than treating illness with costly interventions when complications occur," said Jack A. Lenhart, MD, Executive Director of Valley Preferred and a primary care physician with more than 32 years' experience. "The consequence of ignoring this reality is the high risk of being buried by rising health care costs as a larger, older and sicker population copes with serious chronic disease."

## Transforming Primary Care with Patient Centered Medical Homes

Valley Preferred has long recognized the value of primary care physicians as the front line of the American health care delivery system and it is our belief that the road to increasing health care quality and value must start with them. Accordingly, we have committed to help build a highly innovative support system for family practices designed to strengthen their abilities to deliver high quality care and value for the inevitably increasing volume of patients demographically destined for their thresholds.

One of the most important moves behind this commitment is the transformation of traditional primary care practices into a new operating model known as the Patient Centered Medical Home (PCMH). This model promotes a team-based approach to impact the well-being and total care of each patient. Overall coordination of care is led by a primary care physician, assisted by care managers and other specialists, with the patient serving as the focal point of all medical activity.

Practices offering the Patient Centered Medical Home format create closer ties between the patient and the primary care team, which promises to reduce emergency room visits and inpatient hospitalizations.

A Patient Centered Medical Home aims to increase quality of care through comprehensive relationships and heightened communication, making it possible to appropriately treat ongoing conditions and quickly identify early-stage problems.

Valley Preferred was an early proponent of the Patient Centered Medical Home concept and for the past two years has served as a key contributor in a Lehigh Valley Health Network-wide effort to elevate more regional primary care practices to this new care model.

By delivering treatment early and efficiently, the practice is better equipped to effectively manage the costs of care.

Valley Preferred was an early proponent of the Patient Centered Medical Home concept and for the past two years has served as a key contributor in a Lehigh Valley Health Network-wide effort to elevate more regional primary care practices to this new care model. Financial and intellectual contributions from Valley Preferred, health insurance companies and other proponents of the Patient Centered Medical Home model are necessary to make this change happen. Practices enrolled in the multi-year certification program must meet the stringent standards of

the National Committee for Quality Assurance (NCQA), the industry's recognized authority in driving health care quality. With a 20-year track record of working with large employers, policymakers, physicians, patients and health insurance companies, NCQA has defined what is important, how to measure it and how to promote improvement in health care.



*Christine Gilmore, RN, BSN  
Valley Preferred Care Manager*



**Health Care Reform is also giving a boost to the Patient Centered Medical Home model** through National Institutes of Health grant policies and pilot programs established by the U.S. Department of Health and Human Services under the Medicare-Medicaid Patient Centered Medical Home Advanced Primary Care Demonstration Initiative.

## *Patient Centered Medical Home: The Condensed Version*

As a family physician and educator, William L. Miller, MD, MA, is adept at reducing volumes of complex details into understandable concepts. Here is his condensed version of “the four basic functions a robust Patient Centered Medical Home must do very well.”

- 1 Convenient First Contact for Patients.** The practice must automatically be the first place patients go for health care and not to the Emergency Department or a specialist. Easy accessibility is vital.
- 2 Comprehensive.** Between 80% and 90% of patients can get the needed treatment at the Patient Centered Medical Home.
- 3 Coordinated.** When the patient needs services outside of the primary care setting, the Patient Centered Medical Home coordinates care across the continuum.
- 4 Care Must Be Personal.** The Patient Centered Medical Home is built on a personal relationship of trust and a high comfort level shared by the patient and clinician.

## Early Success in Transforming Local Primary Care Practices into Patient Centered Medical Homes

While the process of converting a traditional primary care practice to an NCQA-recognized Patient Centered Medical Home is neither easy nor inexpensive, during the past year positive progress has been made with a significant number of local physician practices earning PCMH recognition and more in the NCQA process pipeline.

From the start of the program in 2009 to this writing, seven out of the enrolled seven practices in the program have earned recognition as Level III NCQA Patient Centered Medical Homes; an additional 18 practices are on track for recognition in 2011 or enrolled in the program for recognition at a future date.

“This is a very unique and highly notable achievement,” said Debbie Salas-Lopez, MD, MPH, FACP, Leonard Parker Pool Chair of the Department of Medicine and Associate Chief Medical Officer of Lehigh Valley Health Network. “It is unprecedented in the Lehigh Valley and clearly serves our network well in its growth into an Accountable Care Organization.” She was quick to credit three colleagues from

*Debbie Salas-Lopez, MD, MPH, FACP, Leonard Parker Pool Chair of the Department of Medicine and Associate Chief Medical Officer of Lehigh Valley Health Network*



Lehigh Valley Health Network: William L. Miller, MD, MA, Leonard Parker Pool Chair of the Department of Family Medicine and Co-chair of the Primary Care Strategic Plan; Malaika S. Stoll, MD, MPA, Department of Family Medicine and Project Director of the Primary Care Strategic Plan; and Eric Gertner, MD, Department of Internal Medicine and Project Liaison with Governor Rendell’s Chronic Care Initiative, Central Pennsylvania Region.

Dr. Salas-Lopez also noted the importance of Valley Preferred and the Lehigh Valley Physician Hospital Organization to the early success of the initiative. “From the beginning, Valley Preferred’s leadership has believed in this concept as a way to improve quality, contain costs and provide our community with the quality of care it deserves. Valley Preferred’s generous financial support to get the pilot program started, and ongoing mentorship in guiding these practices through this transformation, have been invaluable. Without Valley Preferred, we would not have been able to achieve this level of success so quickly.”

*Key drivers in the design of Lehigh Valley Health Network’s Primary Care Strategic Plan are Project Co-chair William L. Miller, MD, MA, Leonard Parker Pool Chair of the Department of Family Medicine; and Project Director Malaika S. Stoll, MD, MPA.*



## Valley Preferred Health Services' Specialized Care Programs Add Value for Patients, Employers, Physicians

A particularly valuable ally of local patients, employers and physicians is Valley Preferred Health Services, a comprehensive array of programs designed to assure that the most appropriate medical services are delivered in the most appropriate setting. Specialized programs operating under the aegis of Valley Preferred Health Services support physicians by providing additional clinical personnel, services and quality improvement mechanisms at all stages of the health care delivery experience. Furthering the effectiveness of the physician/Valley Preferred Health Services alliance is the fact that all of the specifically-designed component programs are clinically integrated to provide an overall view of each patient's care profile with the capability to interconnect information to stakeholders equally committed to improving the accuracy and efficiency of the patient's care. Valley Preferred Health Services programs include:

### • BENEFIT<sup>SM</sup>

Valley Preferred's own custom suite of health education and wellness programs, BeneFIT is offered to business clients to promote healthier lifestyles for employees and build a long-term culture of wellness in the workplace. BeneFIT's Certified Health Education Specialists (CHES) and their vast teams of clinicians and health experts work directly with clients to identify opportunities for reducing the risks of chronic disease and to implement programs focused on improving the health of their employees.

### • DISEASE MANAGEMENT

Built on a partnership between the patient, primary care physicians and Valley Preferred's Registered Nurse health coaches, our Disease Management Program educates patients about the nature of their chronic illness and empowers them to become better managers of their own health through tighter compliance with physician recommendations.

Valley Preferred offers Disease Management services for patients with the following chronic conditions:

- Asthma (Adult and Pediatric)
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease / Vascular
- Diabetes
- Hyperlipidemia
- Hypertension
- Obesity

### • CASE MANAGEMENT

For patients with catastrophic illnesses or injury, Valley Preferred's Case Management focuses on the goal of reducing costs through the superior coordination of services and resources. Working closely with the patient's physician, each Valley Preferred case manager supports the plan of care to maximize treatment available through the patient's health insurance benefit structure while managing the overall cost effectiveness of care.

The foundation of the Disease Management and Case Management Programs are Valley Preferred's clinical practice guidelines. These guidelines are built on evidence-based recommendations by nationally-recognized clinical authorities such as the National Quality Forum (NQF) and Ambulatory Quality Alliance (AQA), as well as current medical publications.

"All of our clinical care guidelines are also reviewed by Valley Preferred physicians practicing in the applicable clinical discipline and reviewed by our Physician Advisory Council," said Jonathan J. Burke, DO, Valley Preferred Associate Medical Director. "Our clinical care guidelines are as dynamic as medical progress, so updates are dispatched promptly through print and web-based correspondence, at our physician meetings and during Valley Preferred's regular outreach visits to practices."

### *Keeping Score for Physicians*

Streamlined and easy to read, Disease Management Scorecards are issued on a regular basis to **keep primary care physicians up-to-date** on the progress of their patients enrolled in the Disease Management Program.

In a 2010 Disease Management Satisfaction Survey, **98%** of patients noted that they have been able to make **positive changes to improve their health** as a result of being in Valley Preferred's Disease Management Program.

## Valley Preferred Partners with Primary Care Practices by Putting New Face on Health Coaching for Chronic Care Patients

Designed to provide primary care practices with clinical support for Valley Preferred members with diabetes, cardiovascular disease, respiratory disease and other chronic conditions, Valley Preferred's Disease Management Program health coaches have traditionally communicated with patients telephonically. But a pilot program launched in Spring, 2010, is now augmenting phone time with face-to-face coaching, providing an additional personal touch that is making a difference in the clinical results.

"The face-to-face coaching option was first offered in March, 2010, and by August we were already seeing improvements for patients. Diabetics, for example, recorded significant improvements in blood sugar levels, weight control, exercise and other key factors," said Mable Humphrey, RN, Valley Preferred Health Coach. "These are patients who were previously inconsistent with their recommended regimens. The higher degree of personalized goal setting is making the difference."

Available as a free service for patients with UnitedHealthcare's Valley Series, HealthAmerica's Lehigh Select and Lehigh Valley Health Network's Choice Plus coverage plans, the face-to-face coaching program is geared to be convenient for both patients and practices. "We meet patients right after regular appointments with their primary care physician," she said, adding that each health coaching session takes about an hour and includes listening to patient concerns and providing the lifestyle changes and motivation necessary to keep them working toward improved health. Physicians are provided with status reports after each session and patients also have the option to meet the health coach at other times which may be more convenient.

"It's just amazing how people open up in these one-on-one sessions," Humphrey noted. "They're talking to a real person, not a recording, and that difference clearly makes them more accountable to themselves."

According to one administrator who has experienced face-to-face coaching in her practice, it adds a new dimension of value to their patient service. "The concept is excellent. Having the Valley Preferred health coach embedded in our practice has definitely delivered benefits for our patients, physicians and staff," reports Kim Castagna, BBA, Administrator of Internal Medicine for the

Lehigh Valley Physician Group. "The more personalized touch is a very positive, very effective way to get patients more involved in their own self-care."

At present, Valley Preferred's face-to-face coaching option is extended exclusively to practices certified as Patient Centered Medical Homes

through Pennsylvania's Governor's Office of Health Care Reform. One local practice that is a Level III NCQA Patient Centered Medical Home is Pleasant Valley Family Practice in Brodheadsville. Practice partner Jonathan J. Burke, DO, reports that face-to-face coaching is one more way to enhance the quality of patient care.

"This team approach enables practices to shift from the traditional encounter-based care model to the more pro-active population management model," he said. "This is the type of practice support program that will empower physicians to deliver more timely care in the practice setting...resulting in fewer patients in the hospital or the Emergency Room."

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— Mable Humphrey, RN  
Valley Preferred Health Coach

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— Jonathan J. Burke, DO  
Valley Preferred Associate Medical Director  
Partner,  
Pleasant Valley Family Practice,  
—Level III NCQA  
Patient Centered Medical Home



## Valley Preferred Physician-Based Incentive Program Catalyzing Shift to Electronic Health Records at More Practices

At the very spine of a clinically integrated health network is a uniform system of electronic health information to connect physicians, hospitals and other caregivers into a common digital environment. This enables instant access to shared data, best practices, patient health histories, prescription formularies and a host of related health information that, in traditional models, was only available through ponderous paperwork and time-consuming telephonic communication. As part of Valley Preferred's Physician-Based Incentive Program, member physicians are strongly encouraged through financial rewards and technical support to incorporate an electronic health records system into their practices.

"At first our staff was nervous about the new electronic health records system, but within a few weeks it was obvious that it was going to be a positive change from the old paper-based records," said Kenneth G. Ryder, Jr., MD, a family physician and member of the Medical Associates of the Lehigh Valley group which started phasing in its Secure/NextGen electronic health record supported by the Valley Preferred incentive program half a decade ago. "Since then, our practice has saved an incalculable amount of time on appointment scheduling, patient phone calls, lab reports, discharge summaries, MRI diagnostics and just about any hospital reports I can imagine."

Among the most striking of the benefits the electronic health records transition has brought to his practice, Dr. Ryder points to prescriptions as the most significant. "All prescription activity is now e-scripted through my laptop or handheld computer. Nobody has to get on a phone anymore to send a prescription," he said, adding that the digital systems eliminate critical issues of handwriting legibility and forgery, and go a long way toward

cutting down on medication errors. "Research shows that electronic health records cut down on medication errors by over 70%. This is a tremendous tool to enhance the quality of care we are all striving for and it keeps getting easier to use every day."

In recent years, Valley Preferred's Physician-Based Incentive Program has enabled more regional practices to begin or complete the transition from paper to electronic health records. A tipping point for the adoption of electronic health records was achieved in 2010. A Valley Preferred research survey sent to 273 network practices yielded a 66% response with 51% of respondents indicated that they now have some form of electronic health records in place.

*Centricity* is the name of the electronic health record system of choice for the Lehigh Valley Health Network. Valley Preferred Associate Medical Director, Mark Wendling, MD, plays a key role in the network-wide integration of the new General Electric-designed Centricity system as Associate Medical Director of Outpatient Performance Improvement for Lehigh Valley Health Network.

"This centralized system is at the core of our Clinical Integration efforts, providing the technological means to interconnect the network's entire

catalogue of care for our inpatient and outpatient populations—labs, documents, operative reports, narrative summaries, every bit of information related to the care of each individual patient will be available to every qualified caregiver in a composite picture," said Dr. Wendling.

He noted that "we're about halfway through" connecting the entire network to the system with "more than 250 physicians currently linked and some large specialty practices to participate very shortly."

"This is a tremendous tool to enhance the quality of care we are all striving for."

—Kenneth G. Ryder, Jr., MD  
Family Medicine,  
Medical Associates of the  
Lehigh Valley



"I'm a family physician and, this morning, I ordered some lab work electronically. By mid-afternoon, I had the results and was able to share them and accompanying X-rays electronically with a medical colleague specializing in surgery. Now *that's* efficiency."

—Mark Wendling, MD  
Valley Preferred Associate Medical Director  
Associate Medical Director of Outpatient  
Performance Improvement,  
Lehigh Valley Health Network  
Family Medicine,  
Valley Family Medical Center

## Measured Approach to Delivering Better Medicine

### Network Providers' Clinical Research Projects Bolster Valley Preferred Quality Improvement Program



Glenn S. Kratzer, MD  
Valley Preferred  
Associate Medical Director  
Internal Medicine  
Lehigh Valley Internists

A series of projects aimed at improving the quality of clinical care is in full swing with the scientific efforts of several Valley Preferred network providers leading the way. “These projects are an important component of Valley Preferred’s overall Quality Improvement initiative,” said Glenn S. Kratzer, MD, Valley Preferred Associate Medical Director. “They are part of a nationally-recognized, locally-managed effort to improve clinical performance and patient outcomes through progressive measurement and the appropriate application of best practice standards.”

Eighteen Valley Preferred Quality Improvement Projects led by local specialists or primary care physicians were initiated in 2009 with five of them completed as of December 2010. According to Dr. Kratzer, the results provide valuable clinical research and recommendations on a multi-division level. “The goal is to improve quality, reduce costs and increase value to patients, providers and payers,” he said.

Before proceeding, each project must be submitted for approval to Valley Preferred for a review of purpose, reporting and measurement methodologies, quantified conclusions and recommendations for improved clinical care with proposed goals.

Highlights of the five Valley Preferred Quality Improvement Projects completed as of December 2010 include:

#### • ANESTHESIOLOGY

**Project Leader:** Karen A. Bretz, MD

**Team Members:** Anesthesiology Department, Department of Surgery, Perioperative Nurses and Operating Nursing Staff

**Project Purpose:** Study the maintenance of post-operative normothermia and the potential of highly controlled normothermic levels to reduce hospitalization time and improve patient outcomes.

#### • CARDIOLOGY

**Project Leader:** William G. Combs, MD

**Team Member:** J. Patrick Kleaveland, MD

**Project Purpose:** Assess the utilization of aspirin, beta blockers and Clopidogrel in patients treated with percutaneous coronary intervention for acute ST elevation myocardial infarction at Lehigh Valley Hospital–Cedar Crest.

#### • CENTER FOR WOMEN’S MEDICINE

**Project Leader:** Joseph Patruno, MD

**Team Members:** Rochelle Steiner-Friel, MD; Sandra L. Curet, MD; Patricia L. Maran, MD

**Project Purpose:** To assure that all patients receive recommended primary and preventive care based on age, reproductive status, and specific medical history and condition. Recommendations include adherence to 20 preventive care considerations and parameters based on established standards of care as determined by the OB-GYN Resident Review Committee (RRC).

#### • EMERGENCY MEDICINE

**Project Leader:** David B. Burmeister, DO

**Team Members:** David M. Richardson, MD; Michele Hartzell, PA-C; Andrew C. Miller, DO; Richard S. MacKenzie, MD

**Project Purpose:** Process to address follow-up for culture and specific laboratory tests that resulted after a patient’s discharge from the Emergency Department.

#### • ORTHOPEDICS

**Project Leader:** Prodromos A. Ververeli, MD

**Team Members:** Eric Lebby, MD; Paul F. Pollice, MD; John M. Williams, MD

**Project Purpose:** To improve and maintain compliance with national SCIP (Surgical Care Improvement Project) standards for hip and knee replacement surgery, particularly in regard to uniform application of prophylactic antibiotics throughout a division with 46 orthopedic surgeons, 60 mid-level providers and two campuses.

## Additional Valley Preferred Quality Improvement Projects currently in progress include:

### • UROLOGY

**Project Leader:** Joseph G. Trapasso, MD

**Project Purpose:** Compare length of stay for two separate patient groups who undergo a partial nephrectomy either by traditional open incisional approach or by a laparoscopic approach.

### • VASCULAR

**Project Leader:** Eric P. Wilson, MD

**Project Purpose:** Monitor perioperative antibiotic usage and study potential benefits of adapting current treatment standards to improve vascular performance.

### • PAIN MANAGEMENT

**Project Leader:** Bruce D. Nicholson, MD

**Project Purpose:** Develop a compliance program for opioid prescribing with a focus on seamless reporting of patient opioid prescription and usage patterns shared across the health care continuum.

### • HEMATOLOGY/ONCOLOGY

**Project Leader:** Eliot L. Friedman, MD

**Project Purpose:** Monitor a practice's participation in the Quality Oncology Practice Initiative to provide quantitative results on procedural compliance and the effect on patient care quality.

### • PEDIATRICS

**Project Leader:** Oscar A. Morffi, MD

**Project Purpose:** Develop a fitness program for obese children with Body Mass Index greater than 95% using elements of contemporary youth culture to optimize engagement, consistency of participation, improved health and self-esteem.

### • INTERNAL MEDICINE

**Project Leader:** John D. Nuschke, Jr., MD

**Project Purpose:** Conduct a study on current levels of immunization promotion among practitioners and explore ways to heighten community awareness of the value and availability of immunization treatment.

### • INFECTIOUS DISEASE

**Project Leader:** Luther V. Rhodes, III, MD

**Project Purpose:** Increase awareness among providers of the indications of shingles and awareness of shingles vaccine availability here in the Lehigh Valley; sites where providers can send patients for shingles vaccine.

### • INTERNAL MEDICINE: GERIATRICS

**Project Leader:** Anne M. Yawman, MD

**Project Purpose:** Development of a standardized discharge form for patients leaving a skilled nursing facility for a visit to their primary physician.

### • INTERNAL MEDICINE: GERIATRICS

**Project Leader:** Catherine M. Glew, MD

**Project Purpose:** Selection of Physician Quality Reporting Initiative measures that can be reported in nursing home patients, with the development of a system for reporting them, attendance of providers at educational meetings and percentage of eligible patients with measures reported for each quarter after project completion.

### • DEPARTMENT OF MEDICINE:

#### DIVISION OF PULMONARY/CRITICAL CARE

**Project Leader:** Matthew M. McCambridge, MD

**Project Purpose:** Ventilator Associated Pneumonia is currently tracked by Infection Control. Project will study this rate and determine type of endotracheal tube which was utilized. Hypothesis: a new type of tube will reduce Ventilator Associated Pneumonia rates across Lehigh Valley Health Network.

### • DEPARTMENT OF MEDICINE: AIDS ACTIVITY OFFICE

**Project Leader:** Jennifer L. Mariotti, DO

**Project Purpose:** Conduct a survey among residents, attending physicians and office staff on implementing Center for Disease Control recommendations for HIV testing and risk factor screening in clinical practice.

### • DEPARTMENT OF MEDICINE: CARDIOLOGY

**Project Leader:** William G. Combs, MD

**Project Purpose:** Determine whether patients undergoing Percutaneous Coronary Revascularization at Lehigh Valley Health Network are receiving interventional procedures for appropriate indications.

### • DEPARTMENT OF PEDIATRICS: ABC FAMILY PEDIATRICS

**Project Leader:** Debra L. Carter, MD

**Project Purpose:** Improve the short-term management of infants affected by congenital conditions.

## Clinical Integration: Taking the Commitment to a New Level

Clinical Integration continues to be a forefront initiative for Valley Preferred as an essential way to drive health care value by increasing quality and controlling cost. The concept of Clinical Integration is simple: by interconnecting all network providers, insurers and employers with the information necessary to enact accurate decisions and actions in a timely manner, medical errors and redundancies in diagnostics or treatment will decrease, thus increasing the quality of care while better managing costs.

The implementation of Clinical Integration is far from simple; it is a process of immense complexity that takes several years of concentrated effort and a significant financial commitment. Valley Preferred has long believed that the benefits of Clinical Integration far outweigh the challenges and during the past year we have continued to forge ahead toward the completion of an interconnected clinical information system.

### National Authority Views Valley Preferred as “Advantaged”

The Advisory Board Company is a nationally-recognized Washington, D.C.-based organization that offers performance improvement services to the health care industry, particularly within the realm of Clinical Integration. The Advisory Board Company previously profiled Valley Preferred as possessing a tremendously strong platform on which to build and now has in place key components including strength of leadership, physician involvement, patient intervention programs and exceptional working relationships with payers.

In a 2010 statement, Laurie Sprung, PhD, Executive Director of The Advisory Board Company said: “As providers work to improve the quality and efficiency of care, we see organizations like Valley Preferred, who recognize the interdependence between physician alignment, an aggressive quality care program and financial incentives, as advantaged.”

## Valley Preferred Clinical Integration Grant Request Targets Preventable Causes of Hospital Readmissions

The hospital discharge process is a critical stage of the health care experience, particularly for older patients with chronic conditions such as diabetes, congestive heart failure or vascular disease. According to research, 25% to 33% of these discharged patients return to the hospital because of complications that could have been addressed and, in all likelihood, prevented during the discharge process. The levels of patient stress and health care costs that could be potentially reduced by analyzing and improving current hospital discharge procedures—and adopting a new Clinically Integrated approach enjoining all caregivers in the process—holds great promise, both physically and financially. Valley Preferred has approved a grant request to conduct an in-depth study on enhancing patient outcomes and

reducing hospital readmissions by integrating all clinical actions and data during the patient discharge process.

This is a prime example of how a Clinically Integrated network could deliver greater quality and cost efficiency through more effective communication and collaboration among post-acute care providers. According to the grant request: “Poorly executed transitions in care negatively affect patients’ health, well being, family resources and unnecessarily increase the costs incurred by the health care system.” This grant work will define ideal discharge procedures while holding the potential to greatly decrease readmission percentages through enhanced training, collaboration and communication across the post-acute care continuum.

## Clinical Integration through Interaction between Specialists and Primary Care Physicians

When physicians take time to connect with other physicians about the latest advances in their respective fields, the result can be better patient care and stronger practices for all concerned. That's the idea driving a program developed by Valley Preferred to promote Clinical Integration through interaction between specialists and primary care physicians in the Valley Preferred network.

Informal one-hour presentations bring specialist physicians into primary care practices to share knowledge about important innovations and experiences in their specialty. Primary care physicians then ask questions about that specialty area, often using some of their own case experiences. The program's goal is to improve the knowledge of primary care physicians and enhance referral decisions for better

outcomes and improved patient care. The anticipated advantage to Valley Preferred is improved quality and decreased cost of care—two primary benefits of our Clinical Integration initiative.

When the program's first introductory letter was distributed the response was immediate, indicating a clear need for this level of information exchange between local physicians. Our primary care physician feedback surveys rank the program at 4.7 on a scale of 5 as best.

One of the advantages of the program is that primary care physicians can choose the specialty topic most relevant to their practice. Requests have varied widely, ranging from specialists in cardiology and diabetes, to pain management and women's health. All requests to date have been fulfilled.

## Valley Preferred's Continuing Commitment to the Health Insurance Broker Community

**“Executives from several major health insurance companies told brokers [at the annual conference of the Greater Philadelphia Association of Health Underwriters] that even with health reform, they expect agents to continue to market their products.”**

—*Insurance & Financial Advisor* • November, 2010

Valley Preferred affirms that health insurance brokers are an essential interface in the delivery of value-driven coverage for employers and employees.

Valley Preferred remains committed to valued broker relationships and our market stance as “Pennsylvania's leading provider-owned, broker-friendly PPO.” Backing this commitment is the availability and ongoing development of broker resources available through Valley Preferred's dedicated Broker Service Specialist, Kevin Hausmann. Among these are informational tools and specialized personnel available to assist with client presentations, monthly communications geared to broker/business client interests, broker education events and access to Valley Preferred's unique Clinical Collaborative Products which include comprehensive disease

management, wellness programs and other features which make them on-target and highly marketable for brokers.

“The role of the broker is essential in helping business clients understand and comply with the Patient Protection and Affordable Care Act. Brokers' service commitments qualify them to fill this need because more than 75% of their time is now spent assisting clients, answering questions, addressing coverage issues and specific employee needs, and assisting in claims settlements...less than 25% is spent selling insurance.”

—*Vince Phillips*  
*Lobbyist for the Pennsylvania Association of Health Underwriters*

“As providers work to improve the quality and efficiency of care, **we see organizations like Valley Preferred**, who recognize the interdependence between physician alignment, an aggressive quality care program and financial incentives, **as advantaged.**”

—*Laurie Sprung, PhD*  
*Executive Director*  
*The Advisory Board Company*  
*Washington, D.C.*

## From French Fries to Fitness: Valley Preferred Partners with School District to Trim Youth Obesity Epidemic

Valley Preferred has long believed that the workplace is an effective forum in which to reach adult employees for programs to initiate healthier lifestyle choices. In a new effort to address the expanding problem of youth obesity, Valley Preferred has pioneered a new pilot program staged at the heart of youth culture: the school.

In accordance with Pennsylvania Department of Education requirements, Parkland School District has been screening the Body Mass Index (BMI) of its student population for more than five years. Consistent with national profiles, the BMI of its youth population was trending upward at worrisome rates. While cultural factors beyond the school play a large part in the expanding waistlines of American kids, Parkland officials took a realistic look at school-related factors they could control. Among the findings: pizza parties and other food-as-reward incentives, daily cafeteria snack selections and exercise programs.

Parkland officials partnered with Valley Preferred for a solution and, under the guidance of Valley Preferred member physicians Oscar A. Morffi, MD, FAAP, and Jack A. Lenhart, MD, Valley Preferred Executive Director, a new student wellness program was created, built around the popular Nintendo Wii interactive video gaming system.

With parental permission, a select group of students from Parkland's Orefield Middle School participated in the Wii Workout pilot program in after-school sessions held three times a week over the course of the Spring semester, 2010.

The multi-discipline program featured a regimen of both fun and fitness, including:

- Wii Fit Plus games which require physical interaction
- Blood pressure assessment
- Cardiovascular activities: running, aerobics, step classes, jumping rope, Tai Bo, indoor cycling
- Flexibility and balance exercise with yoga and stretching
- Core stability and strength activities with circuit training, fit balls and bands
- Guest speakers on nutrition, wellness
- Educational materials to share with family members
- Journal recordings of their experiences
- Healthy snacks
- Reward incentives (t-shirts, gift cards, exercise aids) with the Grand Prize of a Nintendo Wii gaming system

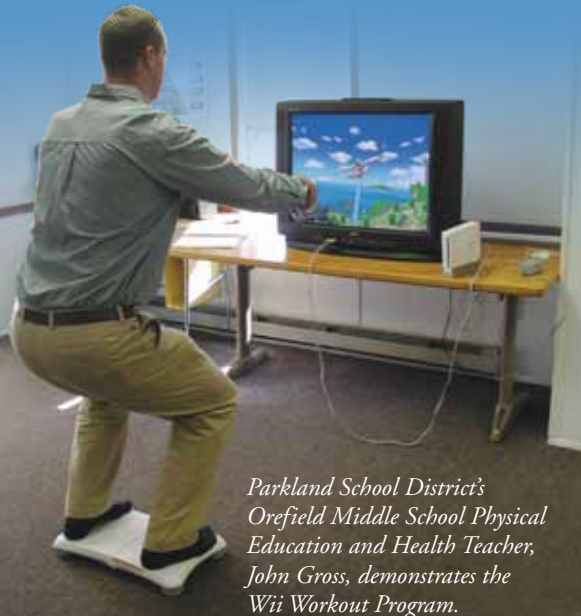
### *Trimming Student Bodies: Lessons Learned by Wii Workout Participants*

Following are actual excerpts from the journals of students (grades 6, 7, 8) who participated in the Wii Workout Program started at Parkland School District with the help of Valley Preferred:

“The exercising made me **feel good.**”

“My favorite part of the Wii Workout is that **I am losing weight** and having fun.”

“Now I get more sleep and **I made new friends.**”



*Parkland School District's Orefield Middle School Physical Education and Health Teacher, John Gross, demonstrates the Wii Workout Program.*



“...we knew we had partners that could make a long-term difference in the health of our kids.”

— Robert R. Thornburg  
Director of Student Services, Parkland School District



Council that partners school health, physical education and nutrition staff with Valley Preferred's health experts," he said, adding that Valley Preferred's BeneFIT wellness team provided valuable input while Valley Preferred member physicians Jack A. Lenhart, MD, and Richard J. Morse, MD, serve as active members of the Health Council. "We also now have new administrative guidelines on cafeteria snacks, fitness activities, staff fitness education and food-as-reward incentives for students. We are well on our way to shifting our district's culture from french fries to fitness."

"When Doctors Lenhart, Morffi and Morse, and Valley Preferred came to the Parkland School District, we knew we had partners that could make a long-term difference in the health of our kids," Thornburg said. "They started a wellness culture here that now includes staff, families, the medical community and health insurance companies. We're all learning from this initiative every day and plan to expand on the experience, doing our part to stem America's youth obesity epidemic and enhance the health of students throughout the district."

Left: Robert R. Thornburg,  
Director of Student Services,  
Parkland School District

Right: Diane Nolte, Math  
Coach at Parkland School  
District's Orefield Middle  
School, displays the  
Wii Workout "diploma"  
and incentive gifts awarded to  
students for achieving  
goals. All were donated by  
Valley Preferred.



By the end of the semester, the majority of the students had an attendance rate above 85% and the trend toward weight gain had been stopped with more than 83% staying within +/-1% of their original BMI level. The participants also had a new understanding of how proper eating and exercise can make a positive difference in their lives. (See personal experience excerpts from students in sidebars.)

"With Valley Preferred's assistance, this program helped to change the lives of the participating students at our Orefield Middle School and laid the groundwork for a new culture of wellness throughout the Parkland School District," said Robert R. Thornburg, Director of Student Services, Parkland School District. "Beyond the Wii Workout Program, we have developed an upgraded wellness policy created by our newly formed Health

## Students' Lessons Learned (Continued)

"I have met some of my goals because I can run longer and I lost some weight but not all of it. Also, **I am stronger** than I was before."

"My favorite part is getting to make new friends, and the games and great teachers and **the overall better feeling** by doing this program!"

"Now after I eat, **I get rid of my plate** so I can't get more food."

"I'm not that good at running and I don't motivate myself as much as I should. **I will overcome obstacles** by not thinking about bad foods, running more to improve my endurance and **I will really work hard** over the summer. My health is the most important thing to me because **I want to live a long, healthy life.**"



## BeneFIT<sup>SM</sup> Retools to Extend Corporate Health and Wellness Services to Employers Aligned with all Major Health Insurance Companies

Valley Preferred's credo of *Care Beyond the Coverage* embodies our pro-active approach to protecting the health of employees and their families by educating them to adopt healthier lifestyles. When it comes to helping employers create the cultures of wellness that have been proven to help control health costs, Valley Preferred offers BeneFIT, our custom suite of health education and wellness programs designed for implementation in business environments, large and small.

Since the BeneFIT brand was introduced in 2007, it has been vigorously embraced by regional employers interested in enhancing employee health. Valley Preferred's BeneFIT team, led by our own Certified Health Education Specialists, has filled this bill admirably with progressively higher volumes of activity logged annually.

BeneFIT's health education and wellness programs are extended on a cost-free basis to Valley Preferred business clients enrolled in UnitedHealthcare's *Valley Series*, HealthAmerica's *Lehigh Select*, Lehigh Valley Health Network's *Choice Plus* health plans and to members of the Lehigh Valley Business Coalition on Health Care participating with HealthAmerica health insurance products. Given the successful development and market acceptance of the BeneFIT packaged product, and with Health Care Reform mandates increasing demand for high-quality company wellness plans, 2010 saw BeneFIT begin the process to make its services available on a new fee-for-service basis to companies beyond the Valley Preferred network and our traditional market geography.

"With Health Care Reform and more employers opening their eyes to the value of corporate wellness programs, we have a

tremendous opportunity to offer BeneFIT's considerable expertise to more employers. This opens the door to more corporate relationships and positive exposure for Valley Preferred's other products and services" said Carol Noel Michaels, MPH, CHES, Health Educator. "Essentially, we are building on the success of our BeneFIT product with some retooling to meet the needs of groups aligned with major insurers beyond the Valley Preferred roster of contracted health insurance companies." She added the fact that, as a locally-based wellness education provider, BeneFIT has a competitive advantage over many of the remote wellness components offered by major insurers. "Our experience is that many local employers value a locally-managed wellness program provider," she said. "Because we are closer geographically, BeneFIT has always been able to provide very hands-on, very

responsive single-source solutions for our business clients. This is a distinction that we will be building upon in our efforts to share BeneFIT's professional services with more employers under the new fee structure."

Among the enhancements BeneFIT now offers to corporate wellness clients is the BeneFIT Toolkit, a step-by-step reference aid to help company wellness leaders implement their employee wellness programs. Developed and copyrighted by Valley Preferred, the new BeneFIT Toolkit is one of the most comprehensive support tools available in the wellness education industry.

Also introduced in 2010 was the new Valley Preferred Personal Health Suite, an online health guide to complement BeneFIT's onsite programs. Qualified business clients and employees can engage in personal wellness assessments, customized healthy living programs, games and other resources to make staying well fun, easy and accessible 24/7.

As a **locally-based** wellness education provider, BeneFIT has a competitive advantage over many of the **remote** wellness programs offered by major insurers.

### Valley Preferred Health Fair at Samuel Adams PA Brewery: "They did an awesome job..."

"Our brewery recently held our annual Health and Safety Fair. We want to commend the Valley Preferred BeneFIT team. They did an awesome job and went above and beyond our expectations.

"The day went very well. Our employees were engaged and everyone from Valley Preferred and Lehigh Valley Health Network that assisted with our Health and Safety Fair were great...just how important our health is was clearly impressed upon us by your team.

"Thank goodness for the stroke education. We had an employee who showed signs of a stroke just this morning and feels the stroke information he received at the event was his life jacket! He is currently in Lehigh Valley Hospital being tended to. Thank you!"

— Samuel Adams PA Brewery  
Fogelsville, Pennsylvania

Health Care Reform is helping to make a strong case for BeneFIT's marketability to larger employers offering multiple health insurance plans. The U.S. Department of Health and Human Services advocates that corporate wellness programs be built upon six criteria, all of which are exceeded by Valley Preferred's BeneFIT program. These six criteria defining the requirements for a comprehensive wellness program are:

1. Health education: Must offer skill development and awareness tailored to employee needs
2. Supportive social and physical environments: This includes the ability to help corporations organize expectations and implement health policies like non-smoking, avoidance of drug and alcohol abuse, seat belt safety, etc.
3. Integration of worksite programs within the corporation's organizational structure

4. Links to related programs, like Valley Preferred's Employee Assistance Program (EAP)
5. Health screening programs
6. Follow-up and evaluation to improve process and impact

BeneFIT offers all of these essentials on a turnkey basis and will be sharing our unique brand of customized wellness education with more businesses throughout the coming year.

During 2010, BeneFIT reached over 2,000 employees and worked with more than 30 clients, providing more than 100 onsite services including health fairs, training events, seminars, broker information forums and wellness meetings.

Client satisfaction scores from BeneFIT's health fairs and events consistently earned ratings ranging from "Very Good" to "Excellent."



*The BeneFIT Toolkit is a step-by-step reference guide designed in 2010 to support BeneFIT's corporate clients with the implementation of their in-house health and wellness programs on an ongoing basis.*



### *Enhancing the BeneFIT worksite wellness experience for employees...*

is the new **Valley Preferred Personal Health Suite**, offering a wide array of online resources to increase employee engagement and health awareness.

The Personal Health Suite's wellness assessment portal is accredited by the **National Council for Quality Assurance (NCQA)** and the **Utilization Review Accreditation Commission (URAC)**.

## Innovative Health Solutions for Employers, Health Insurance Companies and Providers are Key to Continued Growth for Clinical Collaborative Products

To answer local employers' quest for health plans offering quality health provider choices, affordability and wellness education for employees, Valley Preferred introduced the region's first Clinical Collaborative Products more than four years ago. The "collaborative" reference comes from the fact that Valley Preferred collaborated with a major health insurer and the Lehigh Valley Business Coalition on Health Care in the creation of this entirely new model of health plan. The goals of our Clinical Collaborative Products were to help insurers minimize their underwriting risk while facilitating the means for network physicians to provide measurably enhanced care, and for employers and employees to have affordable coverage and the wellness tools to live healthier, more productive lives.

The Clinical Collaborative Products designed as a result of this teamwork have proven to be very attractive to local brokers and employers. They are *Lehigh Select*, offered through HealthAmerica and introduced in 2006, and *Valley Series*, offered through UnitedHealthcare and introduced in 2008.

Valley Preferred has always viewed our relationships with health insurance brokers as vital to sharing the physical and financial benefits of *Care Beyond the Coverage* with regional employers, employees and their covered family members. With the Clinical Collaborative Products, brokers now have offerings for small to mid-sized clients that include locally-administered, health-promoting programs like wellness education, disease management and clinical support...features that previously were almost exclusively available in plans tailored by health insurance companies for larger corporate employers.



**"Valley Preferred's wellness and clinical programs are some of the best we've seen in the industry,"** said **Thomas J. Croyle**, President of the Lehigh Valley Business Coalition on Health Care, an organization that represents more than 70,000 employees. **"Their wellness and disease management programs are exceptionally well-suited for regional employers and, for years, Valley Preferred has proven to be a valuable partner in helping us deliver quality health care coverage in the most economical fashion."**

### Rewarding Employers, Employees for Better Health: WellFirst Gold Product Partnership Introduced

Building on the success of the Clinical Collaborative Product *Lehigh Select* model, an innovative wellness program that rewards employers and employees for making healthier lifestyle choices is now available through the Lehigh Valley Business Coalition on Health Care.

*WellFirst Gold* is an alliance of Valley Preferred, HealthAmerica and the Lehigh Valley Business Coalition on Health Care. The new program features incentives designed to improve the health

of employees and their spouses by eliminating unhealthy habits or improving upon their lifestyle behaviors. Employers receive a reduced insurance premium rate and a cash reward for each employee who successfully completes the *WellFirst Gold* program. Employees who complete the program receive a discount on their health insurance contribution and the best reward of all: improved

personal health. Employers and their employees must meet requirements outlined in the *WellFirst Gold* program guidelines.



Launched in October 2010 and available in Lehigh and Northampton Counties, *WellFirst Gold* is open to members of the Lehigh Valley Business Coalition on Health Care with two to 500 employees who offer HealthAmerica health insurance products.



Clinical Collaborative Products team Valley Preferred's expertise and provider network with the underwriting power of major health insurance companies.



## Looking Ahead: Closer Collaboration is Key to Achieving Mutual Goals in Era of Health Care Reform

**“The pessimist complains about the wind;  
the optimist expects it to change;  
the realist adjusts the sails.”**

—William Arthur Ward

The preceding pages of this publication provide a look at some of the ways Valley Preferred has been adjusting its sails to harness the winds of change inevitable with Health Care Reform. Consistent throughout these varied efforts is the core notion that, to achieve a future of higher quality health care at a lower cost, we must build upon the strength of our partnerships throughout the medical, insurance and consumer communities.

Of these partnerships, the most fundamental is Valley Preferred’s association with Lehigh Valley Health Network. As the exclusive preferred provider organization of a nationally-recognized health network, Valley Preferred has been able to cultivate more value-focused initiatives, and propel more measured performance quality, than would have been possible without such an alliance.

As Lehigh Valley Health Network’s Senior Vice President of Physician Hospital Network Development *and* Chair, Board of Trustees of the Lehigh Valley Physician Hospital Organization, Inc. — the corporate parent of Valley Preferred — Brian A. Nester, DO, MS, MBA, CPE, FACOEP possesses a unique vantage point with which to view both organizations’ pathways toward the common goal of quality care at an appropriate cost.

“Health Care Reform as it is being interpreted has created an unsettled environment for all providers,” Dr. Nester said. “But independent of what happens in Washington, D.C., it behooves us to move toward a new *value-based* model of care delivery as opposed to the traditional *volume-based* model.” He noted that a key near-term challenge will be to overcome disincentives within our current reimbursement system to accelerate the American health care culture’s ability to navigate toward high quality care at a lower unit cost.

“Greater collaboration with health insurers to incentivize value-oriented care delivery and the provision of real-time measurement as it relates to appropriate utilization of service is required to take care to the next level,” he said.

Dr. Nester emphasized that a fundamental shortcoming of the current United States system is the overutilization of services and the costs that go with it. “One of the most telling facts is that more expensive health care does not correlate with better care and better outcomes. It’s been obvious for decades that America cannot ‘buy’ its way out of this quandary, so let’s focus on the realities of what we can do more efficiently and effectively.”

One logical move is to better coordinate network clinical resources, particularly those focused on the prevention and management of the most common chronic diseases which consume the vast majority of health care resources.

“Valley Preferred has proven to be very innovative in prioritizing value-based initiatives such as with its BeneFIT employee health and education programs, Valley Preferred Health Services disease management and other leading-edge care programs, exemplified by the Patient Centered Medical Home initiative,” he said. “Through coordination of the care management assets developed by Valley Preferred with existing parallel assets within Lehigh Valley Health Network, we can effect greater overall value efficiencies. In essence, one plus one equals three.”

“Our network is blessed with rich and ample resources,” Dr. Nester pointed out. “But for all of them to be effective, we’ll need to further invest in physician/hospital relationships by capitalizing on the many successes of both Lehigh Valley Health Network and Valley Preferred...we must row together,” he said. “Through working in unity toward the delivery of high-quality, cost-conscious care, we can accelerate progress toward our mutual goal: to enhance the health of our community.”



“Through coordination of the care management assets developed by Valley Preferred with existing parallel assets within Lehigh Valley Health Network, we can effect greater overall value efficiencies. In essence, one plus one equals three.”

— Brian A. Nester, DO, MS, MBA, CPE, FACOEP

*Senior Vice President,  
Physician Hospital Network Development,  
Lehigh Valley Health Network*

*Chair, Board of Trustees,  
Lehigh Valley Physician Hospital  
Organization, Inc.*



## Valley Preferred Wins Communitas Award

*The Communitas Award is an international program that recognizes the work of organizations that have demonstrated excellence in community service and corporate social responsibility throughout the year.*

Leadership winners of the 2010 Communitas Award included Assurant, Inc.; Blue Cross Blue Shield of Rhode Island; Certain Teed Corporation; H. J. Heinz Corporation; Raytheon, United Airlines and *Valley Preferred*.

Valley Preferred won in the category of Leadership in Community Service & Social Responsibility for ongoing work with the Valley Preferred Spirit of Courage Award Program, the Valley Preferred Cycling Center and numerous other health-focused community programs.

“We have always seen community service as an essential part of our overall body of work,” said Valley Preferred General Manager, Laura Mertz. “It is an honor to have this ongoing commitment of Valley Preferred distinguished with such high-level corporate recognition.”

## Community Outreach: Efforts & Honors

### New Records Set for Fifth Annual Valley Preferred Spirit of Courage Award Celebration

A record crowd of 620 assembled at Coca-Cola Park in Allentown in late September, 2010 to honor 16 hometown heroes at the fifth annual Valley Preferred Spirit of Courage Award Celebration. The fundraising event honors local individuals who risked their lives to save others from a fire tragedy, and also those who have done an outstanding job promoting fire safety or burn prevention education. Proceeds benefit the Burn Prevention Network and Lehigh Valley Health Network Regional Burn Center and Burn Recovery.

2010 attendance exceeded the previous year’s record by more than 20%, according to B. Daniel Dillard, Executive Director, Burn Prevention Network.

Sponsorships also increased significantly.

“A half-dozen years ago the Spirit of Courage Award Celebration was merely a concept in the mind of its originators, and may well have remained just that



“...the Valley Preferred Spirit of Courage is now a signature event within the Greater Lehigh Valley and eastern Pennsylvania...”

— B. Daniel Dillard  
Executive Director, Burn Prevention Network

had it not been for the vision and enthusiastic support of Valley Preferred,” said Dillard. “As a result of that investment, the Valley Preferred Spirit of Courage is now a signature event within the Greater Lehigh Valley and eastern Pennsylvania. The Burn Prevention Network is proud to partner with Valley Preferred in annually recognizing the heroic spark that exists within each of us.”

The date for the 2011 Valley Preferred Spirit of Courage Award Celebration is Tuesday, October 4.



*Firefighters David Fatula and James Fenstermaker were among Valley Preferred Spirit of Courage Award recipients.*

**SAVE THE DATE:** Valley Preferred Spirit of Courage Award Celebration – Tuesday, October 4, 2011

## Valley Preferred Cycling Center Celebrates 35th Anniversary

*Milestone is Time for Growth in Community Programs and Attendance at World-Class Cycling Track*

The Valley Preferred Cycling Center celebrated its 35th anniversary with growth in its multiple community-level cycling programs and the highest attendance in a decade for the professional racing season staged at this leading venue for the international sport of track cycling. Highlights of the successful community programs for the 2010 season at the Valley Preferred Cycling Center include:

- **Red Robin Marty Nothstein Bicycle Racing League**—Spring and Fall Sessions: 184 riders (8% increase over previous season)
- **HealthAmerica PeeWee Pedalers Youth Cycling Program:** 221 riders (10% increase)
- **Air Products Developmental Cycling Program**—adult and youth level participation: 307 riders (2.5% increase)
- **Try the Track!** Program for first-timers; 3 sessions conducted for men and women: 121 riders (10% increase)
- **Rodale Corporate Challenge:** 14 corporate teams and 97 riders



*A recent class of Valley Preferred Cycling Center PeeWee Pedalers gather around Executive Director Marty Nothstein at the program completion festivities.*

“Our unique partnership with Valley Preferred is a major reason for the growing success of the community cycling programs,” said Marty Nothstein, Executive Director of the Valley Preferred Cycling Center and winner of an Olympic gold medal in the sport. “We share the same vision to engage more adults and kids, and make our local programs even better. By working together, we’ve made great progress in using the Valley Preferred Cycling Center as a vehicle to drive health awareness and physical activity to new levels here in the Lehigh Valley and beyond. Throughout these pursuits, Valley Preferred has proven to be the ultimate partner.”

Valley Preferred’s own Corporate Challenge Team competed in the fifth annual Rodale Corporate Challenge Race series featuring employee teams from many of the Lehigh Valley’s leading corporations. Valley Preferred fielded three teams, one of which took the second place trophy in the Italian Pursuit Race category.

Taking our support of cycling on the road, Valley Preferred once again sponsored Team Tania to fight multiple sclerosis through the 2010 Bike MS City to Shore Bike Tour, the largest event of its kind on the East Coast. This was Valley Preferred’s 12th year of sponsorship for this nationally-recognized team.

### *2010 Valley Preferred Corporate Challenge Team*

**Row 1 (L to R):** Ken Rachwal, PA; Joseph Candio, Jr.; Wayne Dubov, MD; Patrick Kincaid; Michelle Kardobely, RN; Eileen Coil; Eric Bauernschmidt, CRNA

**Row 2 (L to R):** Janet Hower; Andrew Pestcoe, DO; Sallie Urffer; Kim Procaccino, RD; Luis Puentes, RN; Gary Riddell; Angelo Procaccino; Randy Smargiassi, DPM; Richard Boorse, MD, Captain; Meg Moore, MD; Chrissy Saraceni, MD

*Absent from photo:* Julie Antidormi, CRNA; Susan Krieg, MD



*The President’s Volunteer Service Award provided by President Barack Obama honors organizations that have committed to strengthening America in 2010 and for helping to make a difference through volunteer service.*

This Award was recently presented by the American Lung Association to **Valley Preferred Administrator, Health Services, Christina Lewis, RN, BSN, MPH** (shown below) and Valley Preferred for the volunteer service provided as a member of the American Lung Association Advisory Board and for participating at numerous volunteer events throughout the year. Accompanying the Award was a letter from President Barack Obama thanking Chris and Valley Preferred for “doing all you can to shape a better tomorrow for our great Nation.”





## Valley Preferred Marketing Campaign Built on Making Healthier Choices

Valley Preferred’s newest marketing campaign was shaped by the belief that consumers must play a larger role in their own wellness by making healthier lifestyle choices in their everyday lives. The verbal message of the multimedia effort states: Healthier choices are the best policy. This credo is supported by illustrative graphics depicting healthy versus less-than-healthy choices that we all face on a daily basis. The new campaign carries Valley Preferred’s “healthier choices” message throughout the Lehigh Valley market via outdoor, radio, web and e-marketing, direct mail and a variety of print media.

*Outdoor advertising was one of the media to carry the Valley Preferred brand and message of “healthier choices” to employers and consumers throughout the Lehigh Valley Metropolitan Statistical Area.*

### Valley Preferred Honored with Patriotic Employer Award from U.S. Department of Defense

Valley Preferred was recognized as a Patriotic Employer by the U.S. Department of Defense’s National Committee for Employee Support of the Guard and Reserve. The award recognizes companies that have demonstrated outstanding support for their employees who participate in the U.S. National Guard and U.S. Reserve units of the Army, Navy, Air Force and Marine Corps.



The 17th Annual National Health Information Awards, based in Illinois, honors the nation’s best consumer health information programs and materials. Valley Preferred was recognized in the Managed Care Organization division with a Merit Award in the Consumer Decision-Making Information category for its newspaper and newsletter entries.

### Valley Preferred Wins Multiple Honors in National Marketing Competition

Valley Preferred was named the winner of five awards in the health care industry’s largest marketing competition, the 27th Annual Healthcare Advertising Awards. According to the sponsoring national publication, Healthcare Marketing Report of Atlanta, GA, the 2010 program drew over 4,000 entries making it the largest health care advertising awards competition in the United States.

Valley Preferred won silver awards in the Newspaper/Single Ad and Radio Series categories, and bronze awards in the Magazine/Single Ad and Outdoor categories. The winning radio entry featured vocal talent by Haley Mertz, a 15-year old Lehigh Valley native. The Valley Preferred 2009 Annual Report titled “Account. Ability.” was also recognized with a merit award. The entries were created in concert with agency Keenan-Nagle Advertising, Inc. of Allentown, PA.

A national panel of judges was engaged in reviewing all entries based on creativity, quality, message effectiveness, consumer appeal and overall impact.

Lehigh Valley Physician Hospital Organization, Inc.

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# Valley Preferred

 LEHIGH VALLEY HEALTH NETWORK

[valleypreferred.com](http://valleypreferred.com)

*Member:*



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