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Remembering How America Inspired Israel to Enact Healthcare Reforms

BY KAREN WOLK FEINSTEIN, PH.D.

The Pittsburgh Regional Health Initiative recently led a group of physicians, health policy analysts and insurers on a fact-finding visit to Israel as guests of the Myers-JDC Brookdale Institute – Israel's leading social and health policy think-tank. We were curious to learn how Israel has achieved universal coverage and good health outcomes at such low costs.

We learned that Israel provides generous universal healthcare coverage via four private non-profit insurance plans organized

on HMO concepts originally pioneered, but mostly abandoned, in the United States. Financed by progressive taxes, the basic service entitlement is substantial and includes physician services, hospitalizations and medications. As HMOs, each plan emphasizes high quality primary care to maintain members' health, coordinates care in the event of illness and measures provider performance on the basis of patient outcomes.

Primary care physicians practice at plan-sponsored health centers that use state-of-the-art information technology, patient-centric care, and disease management incentives to achieve re-

sults. Physicians receive rapid, extensive feedback on performance using quality indicators selected and designed by fellow physicians. Primary care in Israel is virtually paperless, with swift access to comprehensive patient information through Israel's highly-developed national health information technology.

Although the health plans are private non-profits, the Israeli government plays a crucial role: universal access, annual global healthcare budget, payments to plans based on age-adjusted capitation (reducing risk selection by insurers), and wage and price controls for providers. This levels

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Karen Wolk Feinstein



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Physicians Surviving the Recession

BY JAY ANDERS, M.D.



Dr. Jay Anders

Recently, I gave a presentation to a large primary care group in central Ohio. I asked the physicians how many of them were already experiencing an increase in patients not showing for appointments and how many were experiencing problems collecting copayments and/or outstanding balances. In the group of approximately 300 physicians, about 50% of them raised their hands.

Even though physician salaries have increased by 4% over 2007 levels, our industry is not recession proof. In today's era of high

deductible health plans and higher patient responsibility for health care costs, physicians are likely to see: patients canceling or delaying services, being non-compliant with needed preventive services, stretching their medication dollars, and generally cutting back on spending money for healthcare.

Emily Berry, in an article for *American Medical News*, reports approximately 3/4 of surveyed insurance company executives stated they expect physicians to have cash flow problems because of economic recession. In addition, one executive commented that the situation for primary

care providers was especially problematic, because their financial situations were fragile before the recent crisis. In a second article for the same publication, Pamela Lewis Dolan cites the opinion of several financial consultants in relation to how the "credit crunch" might affect physician practices. Overall, the consensus is, physicians are not immune to problems with both their personal and practice finances. As uncollectible debt builds on practice books, this debt can weigh heavily on a financial institution that is deciding whether to lend capital. On

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Trying to Hear Above the Shouting

••• By Harvey D. Kart •••

Like most of you, I've been watching the debate over healthcare reform with heightened interest. First and foremost, as an American, I know that any change to our healthcare system likely will have a profound effect on not just on me, but my family and our future generations. Adding to my interest—and consternation—is the simple fact that as publisher of Western Pennsylvania Hospital News, I am intimately (and fiscally!) connected to the healthcare system that could be radically altered—for better or worse.

That's why I find it disconcerting to watch how this process and the necessary debate is unfolding in Washington, DC, as well as countless small towns and big cities throughout America during August Town hall meetings, which, ideally, should provide a forum for citizens to express their questions and concerns about the proposed healthcare legislation. Instead, they have become nothing more than shouting matches whose end result is to further galvanize opposing positions.

To be fair, I don't think the U.S. House of Representatives helped the process from the beginning by producing the now-infamous "1,000-page bill" that most elected officials admitted they weren't likely to read and, even if they would, were also not likely to understand.

Such a foolhardy decision—intentional or not—to obfuscate the proposed legislation guaranteed that friend and foe alike to the idea of reform could twist the bill to be anything they wanted it to be: from a finely crafted, detailed work of genius to an ambiguous Trojan Horse hiding the real intent of its authors, which is to steal liberty right out from under us.

Add to that what has become a staple of American discourse—crowd pandering and fear mongering by anyone with a blog, a column, or a television show—and we could have predicted the reaction: an angry, frightened, and confused populace, worked into a red hot frenzy, just waiting to rip into an elected official, any elected official, to prevent the good ol' U S of A from plummeting head long into a pit of

Socialism. (And we used to think Groucho Marx's rendition of "Whatever It Is, I'm Against It" was funny in its exaggeration.)

But here's the problem. Lost in the din of the shouting and rampant misinformation spewed is a basic American ideal of helping our neighbor in need. That's now been replaced by the idea of letting everyone worry about himself or herself.

It's ironic to hear some of the same senior citizens say they fear any healthcare reform that includes a role for government who they happily flash their Medicare cards when needing treatment and cash their Social Security checks because, well, they're entitled.

It's also troubling to hear some who are opposed to the proposed legislation warn about "death panels"—knowing full well the frightening image this invokes—when, in the same breath, they admit they don't understand the bill.

Am I advocating for passage of the legislation as proposed? Not at all. Count me among the millions of Americans—including most of our Congressmen and Senators—who haven't read it. But what I am advocating is this. First, let's encourage—no, let's demand—from everyone, including our elected officials, a return to civility. Let's look at common ground first, such as what seems to be a majority opinion that our healthcare system can be improved for the good of all Americans. Whether that improvement demands a complete overhaul or just some fine tuning is yet to be determined. But we'll never reach common ground if we've dug our heels too far into the mud.

And finally, let's begin this process in the spirit of that guiding principle I mentioned earlier: to care for each other. Just that small step would go a long way toward improving healthcare for all Americans and securing the overall health of our nation.

Harvey Kart

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Corazon, a Pittsburgh-based firm with a second office in Ft. Lauderdale, FL, brings specialized advice and progressive thinking for strategic program development, offering consulting, recruitment, and interim management for the heart, vascular, and stroke specialties.

This fall, Corazon will host their 12th national conference in their hometown of Pittsburgh—the newly-crowned "City of Champions." The two-day event will present an exciting opportunity for administrative and physician leaders to exchange ideas and gain new insight into making the most of the heart, vascular, and stroke specialties—strategically and financially important service lines at many facilities.

2009 Annual Corazon Conference highlights include:

- Optimal process for heart attacks and brain attacks.
- Effective marketing strategies for the service line, including "Web 2.0" options.
- The Physician Enterprise Model for partnering.
- Operational and facility upgrades that can mean the difference between clinical and financial success or failure.
- New developments in EP and PCI.
- Innovative perspectives about the impact of program expansion on the community.
- JCAHO Certification for specialty programs.

According to Karen Hartman, President of Corazon, "We're excited to bring our national conference to our hometown this year ... as always, we've assembled a great panel of speakers that will address the hottest topics in our dynamic industry in an open forum that encourages discussion. There's also time for networking with speakers, exhibitors, and other attendees, and time to enjoy all that Pittsburgh has to offer ... including a field trip to our new Casino ..."

An impressive panel of experts will be featured at this year's event:

- Dr. Howard Feldman, Medical Director of the Heart Center at Mercy Medical Center in Roseburg, OR, will deliver the keynote address, including proven advice for hospitals embarking on any type of service expansion or program improvement. He will share lessons learned from his experience of building the Mercy Oregon heart program from a diagnostic-only lab to an advanced Center that offers a full continuum of care.

- Dr. Anthony Yanni, Chief Medical Officer at Mercy Hospital of Scranton, will pair with Corazon's Lorraine Buck to discuss the latest trends in Electrophysiology, including the rationale for program development.

- Jean Range, Executive Director of JCAHO Disease-Specific Certification, will speak with Corazon's Stacey Lang about the details of the certification process and the benefits and challenges of such an undertaking.

- Austin Cleveland, CEO of Lower Bucks Hospital and also of MatchMD, will share the podium with Corazon's Amy Newell to discuss optimal care processes—both clinical and operational—for the time-sensitive conditions of heart attacks and brain attacks.

- Special guest Tony Quatrini, the Director of Marketing for six-time Superbowl Champs The Pittsburgh Steelers, will share ideas for channeling passion, hard work, and dedication into a winning effort. His advice will apply to any team in any setting, while giving attendees a glimpse into the Steelers Organization's drive to succeed...

- You'll also hear from these notable speakers: Pat Raffaele, VP of Advocacy and Communications for Hospital Council of Western PA; Jim Zito, CEO of The Prairie Cardiovascular Center in Springfield, IL; and Matt Smithmeier, Director of PR and Marketing for Liberty Hospital in

Missouri.

The annual conference also offers various networking opportunities and other activities, including a welcome reception, breakfast panel with the conference exhibitors, and an outing to Pittsburgh's new River's Casino.

For more information about this year's conference, or for registration details, visit www.corazoninc.com or call 412-364-2800.

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Integrative Medicine

Massage, Flower Essences, Spiritual Healing, Drumming, Reiki, Acupuncture, Music, Aroma, Humor, Pet, and Art Therapy; all of these healing practices were formerly referred to as Alternative or Complementary Medicine. They deserve, however, to be referred to as Integrative Medicines because when we integrate these various disciplines with other contemporary healing methodologies, the results can be amazing.

As a hospital CEO, it brought me great satisfaction to introduce all of these treatments to the healing environment of the hospital. Many times they came amid intense resistance from both the medical staff, and some members of leadership. In fact, after nearly 10 years of offering comprehensive exposure to Integrative Medicine, we still had a smattering of non-believers. The only thing questionable about these therapies for a healthcare administrator is that the typical insurance companies don't cover the costs of all of them and cash payments come into play.

The number of patients coming to our facility had tripled through the emergency room alone as did the overall budget of the entire organization during that time period. Those "Forest for the Trees" practical, leaders still could not bring themselves to give credit to one of the major contributing factors involved in that surge of the hospital's popularity. Yes, of course, we also encouraged 24 hour, seven day a week visiting, had guest beds in some patient's rooms, and served meals to the families on the medical floor where their loved one was a patient.

Did all of this combine to create a healing environment, of course it did, but Integrative Medicine was the heart and soul of the DIFFERENCE.

Their skepticism seems to fit into the cycle of questioning the validity of wellness and prevention, two comprehensively established methodologies for improving general health and well-being, proven over centuries of unofficial clinical trials. Wellness and Prevention works, but because the insurance companies have not yet fully embraced these philosophies, then some still say that they are not valid. Treating sickness can be as comprehensive as ensuring wellness. For whatever reason, some of our medical and administrative leaders often confuse reimbursements with healing, and forget to add new patients and additional income from related disciplines like PT and OT to the equation.

As a nonmedical, nonscientist, it was easy for me to understand why the various integrative arts worked so well for our patients and their families. From the old song, "All You Need is Love," you could easily enjoy the looks on the faces of those patients and family members who used these treatments to receive sorely needed relief from whatever pain or loneliness they were experiencing. It doesn't matter if you're eighty minutes or eighty years old; touch, nurturing, and love all remain critical in our lives. Have you seen the statistics on how much better people do with pets than without, or how many babies died in orphanages due to the "failure to thrive?"

None of these ancient arts were created



BY NICK JACOBS

because the scientific method produced FDA approved results in trials of 200,000 or more. They evolved into centuries old healing arts because they provided relief

and help in a time when leeches, bleedings, and a lack of hand washing were the accepted medical treatments. The tribal shaman, medicine man, healers, and other spiritual leaders all knew what the subtle and not so subtle impact of their work meant to their fellow human beings.

We have casually observed the use of these healing modalities on patients who have experienced restored feelings to otherwise numb feet. We have seen them relieved from debilitating back pain, healed from hopeless wounds, saved from surgeries due

to the opening of blocked intestines through acupuncture. We have observed psychological breakthroughs from drumming that had never been reached by traditional therapy. Truthfully, I didn't care exactly what made our patients better, just that they were better, and the results were dramatic with an infection rate that annually did not go above 1%, a 3.4 day length of stay, a low readmission rate, and the lowest mortality rate for adjusted morbidity in the region. Remember, "All You Need is Love."

Nick Jacobs is International Director of SunStone Consulting, LLC. He has been featured as a leading spokesperson for healthcare initiatives and as a featured speaker for the American Hospital Association, American College of Healthcare Executives and the World Health Organization. He writes a blog, "AskaHospitalPresident.com," and has a new book, "Taking the Hell out of Healthcare." Nick can be reached at jacobsfn@aol.com or nickjacobs@sunstoneconsulting.com.

Profiles IN LEADERSHIP

William Kristan, M.D., Named President of the Medical Staff at UPMC Passavant

For more than 20 years, William Kristan, M.D., has worked in the Emergency Department at UPMC Passavant, making sure that patients who need immediate medical help are provided the best possible care. Dr. Kristan was also recently elected as the president of the medical staff, where he will lead the hospital's 700 medical staff members in continuing to provide the highest quality of care.

"I am very honored to have been named president of the medical staff, and I'm very proud of the caliber and quality of the professionals that the hospital attracts," said the Franklin Park resident. "When I first came to the hospital 20 years ago, I thought the staff was good then, though it was much smaller. Since then, we've really grown – not only in the number of staff but in the depth of services that we provide.

"It takes more than just a medical staff to run a hospital," he added, "and I'm really impressed with all of the employees here – from the nurses to the technicians to the therapists to the aides to our housekeeping and maintenance staff – they are all vital to our success."

Dr. Kristan, who received his undergraduate degree from Penn State and his medical degree from the University of Pittsburgh Medical School, was working at another Pittsburgh hospital when he was asked to interview at UPMC Passavant. "They asked



Dr. William Kristan

me to come take a look, and I'm glad I did," he said.

The doctor, who is residency trained and board-certified in emergency medicine, first became interested in medicine during high school, when he was exposed to different medical careers as an Explorer Scout. "If I wasn't an Emergency Department physician, I'd probably be a farmer," he said, "but being in the emergency room is what I love to do." Dr. Kristan also serves as the medical director of Pre-hospital Care at UPMC Passavant.



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LEGAL HEALTH UPDATE

Employers and Workers Disagree on Social Network Monitoring

Point and click. That's all anyone has to do these days to tell the world what's on their mind.

Since the advent of websites like Facebook and Myspace, the internet has become a powerful outlet for personal expression. Every day, more people are connected by the web of social networking and sharing freely what they think and feel. Whether it's friends, family members or total strangers, what's happening in the lives of other users is a closely followed news feed – especially as sites like Twitter, designed solely to relay constant updates on what people are thinking and doing in a 140 characters or less, continue to surge in popularity.

While many of the sites were initially designed for high school and college students, social networkers are quickly expanding to include adult professionals. A recent study found that there are 120 million profiles on just the four most popular networks. But as facebooking and tweeting become increasingly common in the workplace, they are blurring the line between professional and private identity.

The implications of social networking are of particular significance to hospital administrators, as more and more of their employees join the ranks of the connected. Where users post their thoughts, experiences, photos and videos freely for other networkers to see, any offensive or discriminatory material relating to their job, company or co-workers could potentially have far-reaching ethical consequences.

For example, if an employee makes dis-

crimatory comments about another employee or posts confidential information about the company in a social network profile, the employer could be held liable for the actions, particularly if the employee posts during work hours or through the employer's computer system.

But an employer's power to discipline or terminate employees for their private online postings is not absolute. The line between protecting a company's best interest and infringing on an employee's right to free speech is a fine one. Even so, many employers have begun monitoring employee profiles and blogs in an attempt to minimize the risk of damage to their organization's reputation.

According to the third annual Deloitte LLP Ethics & Workplace survey, employers and their employees disagree on whether or not companies should monitor what their workers post on social networking websites. While 60% of business executives believe they have the right to know how their employees portray themselves and their organizations on social networking sites, 53% of employees believe their online profile is none of their employer's business.

And even though 75% of employees are aware of the harm they can potentially inflict on their employer through social networking sites, 60% say they won't change their ways even if they know their boss is looking over their shoulder.

So the question remains, how can employers protect themselves without trampling on their workers' rights? One way to strike a balance with employees involved in social networking is to institute a set of

guidelines in a technology policy. Such a policy would include:

- A disclaimer of employer responsibility for private employee profiles
- A warning that employees making personal comments about the employer's products of services or other employees in a profile or blog will be subject to disciplinary action
- A warning not to use company equipment or networks to create or update a profile, except in the case that is relates to company business
- A specific statement that social networkers must abide by company policies on confidential information and trade secrets.

Employers should beware in establishing social networking guidelines that they comply with all pertinent federal and state laws, including labor and anti-discrimination laws.

Though executives and their employees may never agree on whether or not it's acceptable to monitor online social activity, having specific guidelines that outline the expectations of both sides will help ease the tension. And in spite of the potential for reputational harm, employers should keep in mind that with the increased popularity of social networking communities comes increased connectivity, communication and ultimately, opportunity.

Beth Slagle is a partner with Meyer, Unkovic & Scott LLP. She can be reached at bas@muslaw.com.



BY BETH SLAGLE

The Journey to Improve Hospice Care in America

The advent of health care reform calls for many providers to re-examine long-term fiscal sustainability. However, financial reimbursement is not the only resource that needs to be secured for the continued viability of an organization dedicated to high-quality care. Securing the human resource of committed, innovative, effective leaders looms as a particular challenge for the hospice and palliative care industry.

A 2005 survey conducted by the National Hospice and Palliative Care Organization found that as hospice began its fourth decade in the United States, many of its founding champions were approaching retirement. The survey included data from 200 randomly selected leaders of hospice and palliative care agencies. Findings demonstrated that of those 200, 82% were over age 45 and 42% were over age 55. Respondents acknowledged that "preparing the organization for the future" and "growing and developing the next generation of leaders" were chief priorities for their organizations.

Recently I was invited to join an executive roundtable of ten national leaders in hospice and palliative care. The plenary, which convenes four times annually, recognizes that leadership as a solitary enterprise is untenable. Facilitated by a consultant, its purpose is to identify and share best practices, including the mentorship of future



BY RAFAEL J. SCIULLO, MA, LCSW, MS

leaders. The plenary serves as a conduit for professionals from all aspects – chief financial officers, development directors, medical directors – to come together in sharing strategies, experiences and resources that perpetuate the values out of which the hospice movement was born.

Continuity in leadership requires more than just identifying candidates for future vacancies. In the absence of a framework for leadership development, a succession plan may address continuity without providing for quality in performance. The Center for Creative Leadership is an international organization with leadership research and education as its focus. The Center describes a construct of leadership development that includes three components: assessment, challenge and support. It contends that a professional opportunity which incorporates these elements increases the potential for a substantive leadership development experience.

Assessment can come from many sources, both structured and unstructured – performance appraisals, employee satisfaction surveys, observation, feedback from colleagues and clients, self-assessment and reflection. The cumulative data places people along a continuum of accomplishment and growth, plotting where they stand at present in relation to goals for continued leadership development. It should serve to motivate people toward their potential as well as suggest the

means by which to reach it.

Challenge affords an excellent mechanism for leadership development. In the best case, succeeding at a challenging task demands analysis, re-thinking established behaviors and processes, and being open to the acquisition of new skills and abilities. It's permission to not be the expert at the onset but to strive for mastery, simply to learn and lead by doing.

The element of support is critical to successful leadership development. It should take the form of systems and resources commensurate with identified goals. Resources are not limited to physical resources but include management focus, dedicated time for listening, collaboration related to strategy, and celebrating and rewarding accomplishments along the way. The celebration can include the opportunity for the developing leader to present results to high-level partners and boards, cultivating experience and exposure with this cohort.

Ideally, mentorship of future leaders in hospice and palliative care marries the developmental needs of the individual with the needs of the organization. Rigorous attention to this endeavor reinvigorates the core values and beliefs that have served and will continue to serve patients and families facing life-limiting illness with compassion and quality.

Rafael J. Sciuлло, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care. He may be reached at rsciuлло@familyhospice.com or (412) 572-8800.

INSIDE Washington



Hospitals will soon be subject to new restrictions on their arrangements with physicians and physician-owned entities. On October 1, Stark Law regulations go into effect that govern the terms of equipment and office leases, and that extend the Stark Law to “under arrangements” transactions. Hospitals that have not yet done so should examine any transactions of these types, and if necessary should restructure them before October 1.

The new limitations were issued as part of the hospital inpatient prospective payment system final rule for fiscal year 2009, which was published on August 19, 2008. That rule included numerous changes to the Stark Law regulations, most of which went into effect on October 1, 2008. The effective date for the lease and “under arrangements” regulatory changes were delayed for one year, however, to give hospitals time to restructure business deals that may be affected. Recently, a challenge in federal court in Washington, D.C. to prevent some of these changes from going into effect was lost.

Under the Stark Law, if a physician (or an immediate family member) has a direct or indirect financial relationship with an entity that furnishes “designated health services”, such as hospital services, and the financial relationship does not meet an exception, the physician is prohibited from referring Medicare patients to the entity. Additionally, the entity is prohibited from

billing for services furnished pursuant to a prohibited referral. Because a hospital may receive significant reimbursement from services referred by a physician with whom it has a financial relationship, a hospital must take great care to ensure that its transactions with referring physicians are Stark Law compliant.

“Per-Click” and Percentage Based Lease Payments

Under the Stark Law, equipment or office leases between a hospital and referring physician could be covered by various exceptions – exceptions for equipment and office leases directly with a referring physician, an exception for fair market value transactions, and an exception for indirect compensation arrangements where, for example, a physician-owned entity leases equipment or office space to a hospital. Each exception has numerous requirements, including for example, that the agreement must be in writing and signed by the parties, and that the compensation must be consistent with fair market value.

Beginning October 1, each of these exceptions will include new limitations that prohibit unit-of-service (or “per click”) and percentage-based rental pay-



BY KARL A. THALLNER, ESQUIRE

New Stark Law Restrictions Go Into Effect October 1st

ments in office and equipment leases. These changes respond to concerns that variable lease compensation formulas (even if justifiable as consistent with fair market value) can allow referring physicians to benefit from their referrals. As a result of the new limitations, rent under lease arrangements will usually have to be a fixed periodic amount.

“Under Arrangements” Transactions

The Medicare statute permits hospitals to furnish services to beneficiaries “under arrangements” with third party vendors. The vendor has a contractual relationship with the hospital under which the hospital bills Medicare for the service and pays the vendor. In recent years, some hospitals have entered into “under arrangements” transactions with physician-owned entities (such as hospital-physician joint ventures) that furnish imaging, ambulatory surgery, cardiac catheterization and other services to the hospital’s patients. Historically, these types of arrangements involving referring physicians could be structured to comply with the Stark Law because only the entity billing for the service (i.e., the hospital) was regarded as furnishing designated health services.

On October 1, the Stark Law will be expanded to treat an “under arrange-

ments” vendor itself as an entity furnishing designated health services. Specifically, the definition of “entity” will be expanded to include not only the entity that presents a claim to Medicare, but also the entity that “performed the DHS.” Accordingly, a physician may be prohibited from referring to a hospital if the services are furnished by the hospital “under arrangements” with an entity in which the referring physician has an ownership interest.

Conclusion

Because of the new Stark Law regulations taking effect October 1, hospitals should promptly assess whether they have “per-click” or percentage based leases, or “under arrangements” transactions, that could be affected. There are certain ambiguities and nuances in these regulatory changes, so close examination by competent legal counsel is often warranted. If necessary, transactions of these types should be restructured before October 1 in order for the hospital to ensure compliance with the new regulations.

Karl A. Thallner is a partner in the law firm of Reed Smith LLP. He is a member of the firm’s Life Science Health Industry group, focusing his practice on providing business and regulatory advice to hospitals, health systems and academic medical centers throughout the United States. Karl can be reached at kthallner@reedsmith.com. For additional information, visit www.reedsmith.com.

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Special Governance Briefing

Stellar Healthcare Boards - Striving for Excellent Governance

Emerging Best Practices and Certification - Mary Totten, President Totten & Associates and Consultant, Center for Healthcare Governance

Competency-Based Governance - Richard de Filippi, Chair-elect, American Hospital Association, and Trustee, Cambridge Health Alliance

New Governance Education Requirements

The Massachusetts Experience - Fredi Shonkoff, Senior Vice President, Corporate Relations, Blue Cross and Blue Shield of Massachusetts

The New Jersey Experience - Sean Patrick Murphy, Senior Vice President, General Counsel and Assistant Secretary, Solaris Health System, Edison, NJ

Commentators:

Anne D. Mullaney, Trustee, Jefferson Regional Medical Center and Partner, Thorp Reed & Armstrong

Deborah Rice, Executive Vice President, Health Services, Highmark

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ACHE, CLE (October only) and CME credit is available

Friday, November 20, 8-9:30 AM — PAA Fifth Avenue, Oakland

Building and Keeping a Thriving Workforce: The Board’s Role

James Bentley, PhD, Senior VP, Strategic Policy Planning, American Hospital Association

- Baby-boomer employees, a critical resource, are retiring from full-time work
- Hospitals/healthcare systems will be faced with a shortage of essential capabilities
- Boards’ fiduciary responsibilities include monitoring and responding to work force shifts

HPI Gratefully Acknowledges 2009 Funders

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If you or your organization is interested in learning about funding HPI, please contact Apryl Eshelman, Director of Development, Graduate School of Public Health, at 412.624.5639 or Eshelman@pitt.edu

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How Can We Do More For Less?

BY JOAN MASSELLA

As the current President of Southwestern Pennsylvania Organization of Nurse Leaders, I am pleased to invite you to our 30th Annual Educational Conference, More For Less, on September 10-11.

Although we as nurse leaders may hold a variety of positions and work in different organizations, we all have one factor in common: we work in a healthcare climate that is struggling with multiple issues and facing significant changes over the months and years to come. Daily, we are faced with difficult decisions & challenges that stem from balancing the quality of care we provide that is intrinsic to the heart and soul of nurses, with the business side of our profession, which is critical to our ongoing organizational success.

This year's session will focus on methods and strategies to assist us with this yin and yang. How can we assist our staff in working smarter and more efficiently and still provide quality, safe care that our patients deserve and expect? This year's speakers promise to be "down-to-earth" and provide us with practical and useful information and tools that we can apply to our everyday settings.

By popular demand, this year's conference will again be held at Nemaocolin Woodlands Resort and Spa. We all know that as leaders, we need to take occasional time for ourselves in order to function at our highest potential. As author Jim Rohn stated, "Take care of your body; it's the only place you have to live". I hope you take this opportunity to take care of your body as well as your mind and spirit, network with colleagues from around our region, and learn some very practical lessons that will assist you in our current environment.

FEATURED SESSIONS:

- Keynote Presentation: *Leadership – Doing More with Less* with Dr. R. Bruce Bickel;
- *Professional Nursing... A Historical Perspective of Nursing Roles* with Judy Zedreck-Gonzales
- *Why Toyota is the Hot Sexy New Thing in Healthcare* with Dr. Tania Lyon
- *Addressing Implementation Failure in Healthcare Organizations: Insights from Management Research* with Dr. Rangaraj Ramanujam
- *Addressing Implementation Failure in Healthcare Organizations* - Panel Discussion with Local Nurse Leaders
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COVER STORY:

Physicians Surviving the Recession

Continued from page 1

the personal financial side, when residents are confronted for the first time with an attending physician's salary, many pitfalls present themselves.

Many new physicians are lured into large mortgages that may not be sustainable over time given the current recession and probability of lower practice collections. This fact, coupled with the current housing crisis, could limit the physician's ability to seek a new practice location in the future.

Coping with the decline

What are some of the ways physicians can cope with declining patient schedules, reduced patient compliance, lower collections, and the potential problems that can result? We need to work smarter, not harder. Health care IT and patient intelligence data can provide physician practices with several solutions that can accurately benchmark collections and highlight key indicators, while assessing the scheduling and contacting patients for

needed appointments. These technologies can also identify populations of patients for needed care and help drive patient compliance through outreach. Moreover, a patient's health status is maintained or improved while filling a physician's schedule. Also, even in a recession, payers are willing to give incentive bonuses to physicians who can demonstrate high quality care. One example of this is the Physician Quality Reporting Initiative (PQRI) program by CMS which is the model for other payers to follow.

Even in a down economy, physicians have the ability to maintain their schedules, improve the quality of patient care, and weather the storm. We need to think innovatively as we look to new ways to maintain our practice schedules and remain focused on caring for patients.

Dr. Jay Anders is MED3000's Chief Medical Information Officer.
He can be contacted at
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Vantage® Expands Operations in NW Pennsylvania

In 1984, Vantage® began as a brainstorming session. A small group of hospital administrators were looking for ways they could work together toward a singular goal – improving patient care. The group believed that each hospital could be more effective in its own community if they worked together with other community hospitals. Twenty five years later, Vantage® Holding Company, LLC operates eleven companies that service the healthcare industry in Pennsylvania along with providing healthcare services in seven other states.

Starting with a staff of four employees in 1984, Vantage® was 100% owner hospital supported. Today, the company has grown to over 350 employees and expanded its annual net revenues to over 55 million dollars. Vantage® now derives 21% of its revenue from owner hospitals and 79% from non-owner sources. Because of consistent growth of Vantage over the years, the acquisitions and expansion efforts were essential.

On May 1, 2008, Vantage® purchased the 66,000 square foot former Talon Plant # 7 building along with 11 acres from the Redevelopment Authority of the City of Meadville. This original structure was a former manufacturing facility for Talon, Inc., the manufacturer of the first zipper. Vantage® plans on locating six of its eleven companies within this new location to be called “The Vantage® Center”. This facility will house corporate offices for all 11 Vantage® divisions including Vantage® Care Apothecary, a state-of-the-art closed door pharmacy that serves over 60 institutions across the state. Vantage® Home Infusion Therapy Services and administration offices will also operate from this new national headquarters which is scheduled to open this Fall.

Also this year, in addition to purchasing the Erie based Vantage® Healthcare Linen Service facility, Vantage® Real Estate Investment Company, LTD, a division of Vantage® Holding Company, LLC, acquired the Venango County Exchange Building along with an adjacent two story structure. This landmark facility is located on the corner of 13th and Liberty streets in Franklin, PA. At this location Vantage® recently opened a four bed sleep lab along with expanding HGT, the Vantage® Telecommunications operation. This expansion of HGT will provide the area with an NOC, Network Operation Center and Telecom switch to serve the county and surrounding areas with broadband and telecom communications service. Plans for this Franklin facility also include operating a telecom sales marketing service which should create an additional twenty to thirty jobs for the region.



Tom Surman, VP of Corporate Communications and Real Estate Development stated, “The new headquarters in Meadville along with the acquisition of the buildings located in Franklin will be a major asset in Vantage’s expansion plans. With over 25,000 total square feet of additional space in Franklin, we will be able to accommodate immediate needs and have room for growth. Franklin is one of



the most charming cities in Pennsylvania, and when the Oil Regional Alliance presented the properties to us, we immediately saw the possibilities for Vantage growth and job creation in the community.”

Anthony Nasralla, President and CEO Titusville Area Hospital and current Vantage® Chairman stated, “Through Vantage®, partner hospitals are able to bring new technology and services to our communities in Western Pennsylvania and beyond. We are proud of these this new Vantage® facilities that will continue serving its twelve owner hospitals while bringing additional good paying jobs to the region.”

The Vantage model has worked efficiently and effectively for the past twenty-five years with its mission of developing services of quality that save its owners money. Turning cost centers into revenue centers, growing owner equity along with shareholder value, and expanding into new markets, is accomplished through the Vantage® vision of joint ventures and partnering where there is growth opportunity.

For more information on
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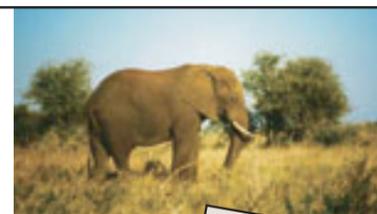
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Heart/Lung Machine Offers Latest in Perfusion Technology to Excelsa Health Patients

Excelsa Health's newest heart/lung machine offers the latest in perfusion technology to patients scheduled for open heart surgery in the Center for Cardiovascular Medicine at Westmoreland Hospital.

Terumo's System One heart/lung machine also accommodated a technique change in cardioplegia delivery that has been saving the health system more than \$80,000 over the last three years. This technique and cost savings has been shared at national forums, giving Excelsa Health the opportunity to showcase the advanced cardiac care delivered locally.

The recent addition of the TLink data management system also places Excelsa Health among the few cardiac programs nationwide to have an electronic perfusion record. According to Jim Patterson, chief perfusionist, TLink offers several benefits including enhanced patient care and improved quality and over time significant cost savings for the health system.

"The transcribing capabilities allow the perfusionist to spend



Excelsa Health chief perfusionist Jim Patterson demonstrates new heart/lung machine before being placed into service.

more time caring for the patient," explained Patterson. "Information from the electronic perfusion record is put into a database where benchmarking and quality assurance parameters can be queried and used to refine patient care, resulting in even better outcomes."

The heart/lung machine is

based on a computer platform utilizing a Local Area Network which allows for communication among other operating room devices including instruments tracking blood gases and cerebral oximetry. Eventually it will be interfaced with the hospital's information system providing a complete electronic record.

Novel Tool Evaluates Disaster Readiness in U.S. Cities

An innovative computer-based modeling approach for rare public health emergencies can help with disaster planning and medical response efforts in metropolitan areas. This is according to findings published in the American Medical Association's (AMA) *Disaster Medicine and Public Health Preparedness* journal. The study simulated and evaluated hypothetical malicious sarin releases in several Manhattan locations using city demographic information and hospital resource and public transportation system data. Results showed that an attack in Manhattan could potentially result in up to 22,000 exposed individuals and 178 intensive care unit admissions.

"This platform is more sophisticated than previous disaster planning models," said lead study author Silas Smith, M.D., Department of Emergency Medicine, New York University School of Medicine. "City-specific data was incorporated to study potential catastrophes and the medical and public health consequences. Hospitals and emergency planners may be able to better assess the effectiveness of emergency response plans and needed resources."

The study used real data including population usage information from the major Manhattan bus and train transportation centers. The actual number of hospital beds and available stockpiles of medical resources from the city's hospital system were also considered. Other factors evaluated included emergency medical services, hospital surge capacity, variable exposure effects and health declination, and behavioral and psychosocial characteristics of victims.

The computer simulation model could be used to simulate various hypothetical scenarios in metropolitan cities across the United States, and used to help improve our nation's disaster preparedness.



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When the goal is better healthcare, Cisco mobility solutions for healthcare from Advantacom can help. Contact Advantacom at 412 385 5000 or sales@advantacom.com to find out how. Or visit us online at WWW.ADVANTACOM.COM.



ADVANCES IN TECHNOLOGY

Latest in Technology Incorporated Into Minimally Invasive Surgical Suite Remodeling

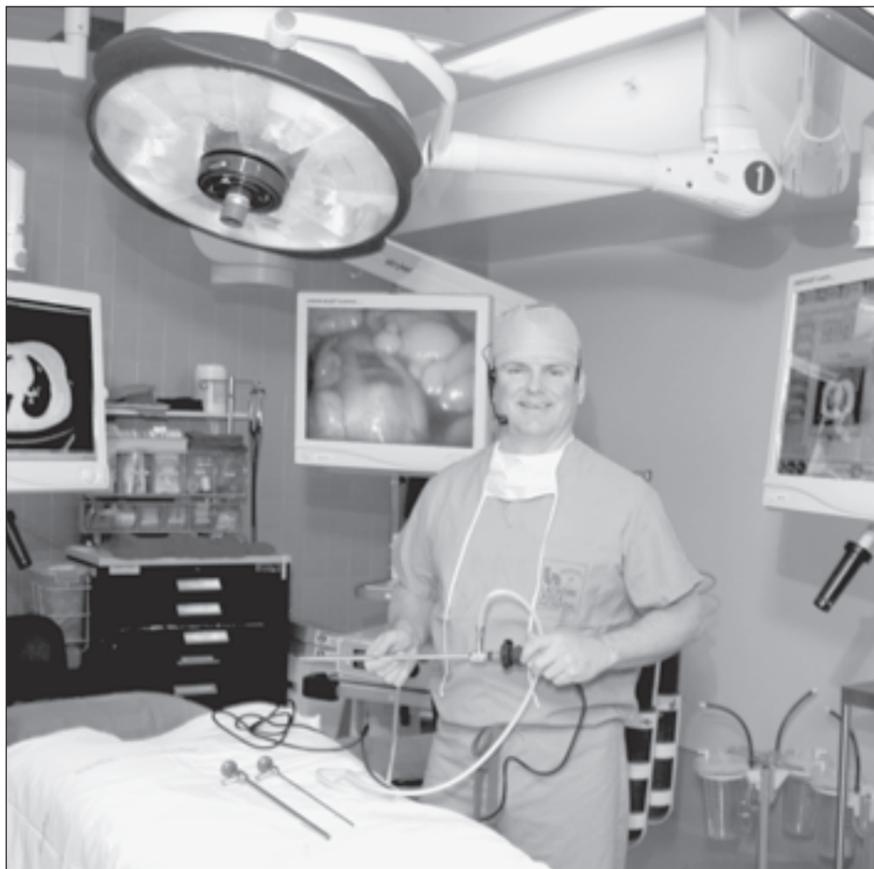
When Daniel Clark, M.D., FACS, came to Latrobe Hospital seven years ago, he shared the latest in minimally invasive techniques with his fellow surgeons. Having trained exclusively in what Dr. Clark believes will one day be the norm for all surgeries, he already had more than a decade of experience in advanced minimally invasive surgery and was eager to mentor his partners in doing more with less.

Recent remodeling in Latrobe's minimally invasive surgical suite will allow Dr. Clark and his colleagues to continue to do less with more.

This new fully integrated, voice-controlled, high definition Operating Room is best described as "the operating room of the future – today!" The i-Suite Operating Room by Stryker features the latest technologies for enhancing the quality and efficiency of surgical procedures: high-definition visualization and operating room integration.

A key component of the integration is voice-activation, a tool Dr. Clark has been using since 1997. This latest generation is called Sidne HD, and responds to Dr. Clark's direction, retrieving a patient's records, comparing imaging studies from prior surgeries, or photographing the procedure for future consults.

"Wireless, headset technology puts the surgeon in control of critical OR equipment at all times," noted Dr. Clark. "In traditional operating rooms, an assistant, under the verbal direction of the surgeon, controls all medical devices used during surgery. Sidne gives direct control of the operative environment to the surgeon, allowing him to operate devices, manipulate the optics of the videoscope, and even document find-



Dr. Daniel Clark with the voice activated technology and high definition monitors.

ings with pictures and/or motion video. All of this can be done with simple, wireless voice commands through the computerized i-Suite and Sidne integrated OR. That frees the surgical team to focus fully on the peri-operative patient care."

AGH Joins Select Group of Medical Centers in Study of Promising New Technology for Treatment of Heart Failure

Allegheny General Hospital (AGH) has joined a select group of leading cardiovascular disease centers in the United States exploring the efficacy of a promising new technology – called the DuraHeart™ Left-Ventricular Assist System (LVAS) – for the treatment of patients with advanced congestive heart failure (CHF) who are on the waiting list for heart transplantation.

AGH is the only medical center in Pittsburgh participating in the clinical trial of the DuraHeart device, joining a number of nationally recognized medical centers, including the University of Michigan and Columbia University Medical Center.

The DuraHeart LVAS is part of a new, third-generation class of artificial mechanical support technology, referred to as left ventricular assist devices (LVADs), that is surgically implanted to help maintain the pumping capacity of a weakened heart muscle that is no longer able to supply enough oxygen-rich blood throughout the body.

Similar to the way an automobile fuel pump regulates the flow of gasoline to the vehicle's engine, an LVAD functions via a tube connected to the heart's left ventricle that pulls blood into the pump, where it is then propelled through the aorta – the primary vessel that circulates blood throughout the body.

The small pump sits in the upper part of the patient's abdomen. A second tube attached to the pump exits the body through the wall of the abdomen and attaches to the pump's portable computer control system and power supply. This exterior control system enables the medical team to customize the device for optimal blood flow.

Designed for long-term patient support, the DuraHeart device houses a centrifugal flow rotary pump with an active magnetically levitated impeller. The impeller features three position sensors and magnetic coils, providing stability within the pump that optimizes blood flow and minimizes device wear and tear.



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ADVANCES IN TECHNOLOGY

Cadre: Creating the Future of Info Security Now

BY BARBARA R. FALLON

On-line banking, bill pay, shopping and record keeping is a part of most of our daily lives. Unfortunately, many have experienced or heard horror stories of identity theft and the long term inconvenience impact it can have on their lives. Now, think about hospitals, health clinics, doctors' offices and pharmacies and multiply those transactions by the millions, magnify the confidentiality threat, and add in the potential of misdiagnosis or treatment and you've got an CIO's worst nightmare. Now, does anyone have a question regarding the importance of information security?

Given that as a foundation, Cadre Information Security, an international employee-owned company with offices in Indiana, Pennsylvania, Michigan, Ohio, Tennessee and Alabama, has built a reputation since 1992 on keeping its clients ahead of the curve in the ever-changing security landscape.

According to Alan Hutchins, Security Consultant, health care institutions can be vulnerable to data leakage or outright theft on many levels. Security breaches in financial, clinical, or wireless connectivity platforms can not only impact personal identity and convenience but also medical lifesaving procedures which require moving huge amounts of data to and from remote locations in a secure and time critical manner.

Compounding this vulnerability in patient safety information, the magnified customer service focus and new telecommuting positions available in hospitals today can exacerbate the threat of malware associated with individual PCs that patients, contractors, doctors and vendors are encouraged to bring into the organizational environment on a daily basis.

"Cadre is seeing an increasing demand for network access control from its customers. Today's hospital networks play host to not only their own staff but also visiting doctors and health professionals, contractors, patients and their families. Combine that with more and more wireless access and the potential threats compound. To combat the increased vulnerability in these networks Cadre's solutions can identify and block malware on each connecting device. Additionally, our solutions can limit access to only those resources necessary for each user. The result is reduced security risks as well as reduced compliance risks," Hutchins explained.

The four pillars of Cadre's client services are:

- Partnerships with the 'best of breed' security vendors
- Professional Services providing Assessments and Penetration testing



Alan Hutchins

- Internal engineering staff at the ready with design, implementation and technical support, and;
- 24/7 telephone support.

"As a recognized Value Added Reseller (VAR) Cadre works to install, integrate and support pre-eminent security products to take advantage of synergies and economies of scale within our clients' existing security environments," he notes.

In fact, Cadre prides itself on its layered approach to solutions. For example, what initially appears to be a HIPAA compliance issue may also benefit from an overarching or wrap-around security solution that will improve patient safety or accelerate remote applications.

Hutchins said, "Some problems start as organic issues but our experience can help people see beyond their tunnel of responsibility and include others in the conversation. The end result is an initiative that not only manages security risks but does it in a budget conscious manner throughout the organization."

Cadre differentiates itself from the competition with its broad local, regional and national engineering talent base both on-site and via phone-- boasting a ratio of 2:1 technicians vs. sales professionals.

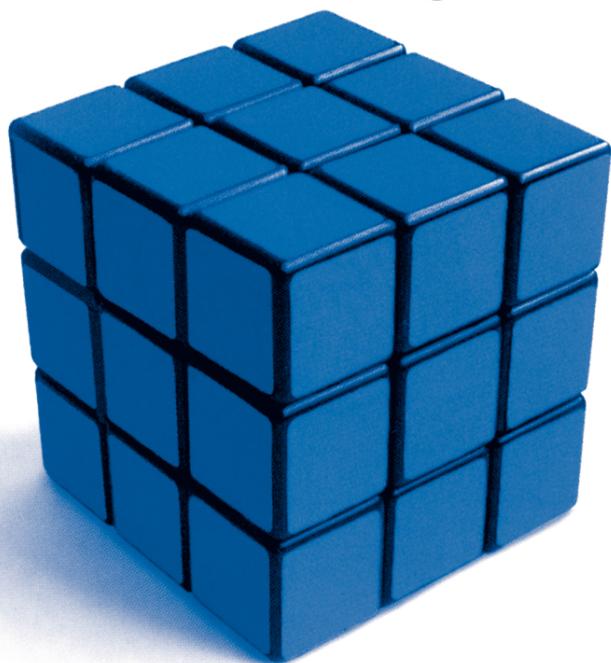
"Computers have shown us that the world has become smaller, and with our 24/7 availability we can deal with issues as they arise, whether that's in China, Europe or the United States," Hutchins confirmed.

Aware of the belt tightening mindset, Cadre, financially strong and innovatively growing, is well positioned to help clients protect their information and provide the best value for dollars spent. One key component of client service is to be an on-going reference regarding up-to date trends and solutions via webinars, 'lunch and learns' and expos which provide clients access to best case scenarios and interaction with colleagues. "It's not unusual for clients to read a Top 10 Tips or Trends in Security Risks article in our newsletter and recognize their organization is not alone in vulnerable positions. As a resource for up to date security information Cadre can help them stay one step ahead of the security threats," Hutchins concluded.

So, if its vulnerability assessment, security strategy development, design implementation and integration, or education and certification that your organization is seeking, Cadre offers clients the forensics expertise and technical support and knowledge base to achieve your desired levels of confidentiality, integrity and availability your patients deserve.

For more information, visit www.cadre.net or call 1-888-TO-CADRE.

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Now, we're getting ready to open the newest rehab gym in the neighborhood, a beautiful space with state-of-the-art equipment, including the area's only GameBike (an exercise bike attached to a video game console to enhance the rehab experience) and a fully applianced occupational therapy apartment.

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Rollout of New Health Care Provider Tools Creates Meaningful Transactions to Streamline Medical Claims

Collaboration within the health care system and administrative efficiencies are fundamental elements to any number of today's health care reform proposals in Washington, DC. New tools from Highmark to conduct real-time claims processing and real-time member liability estimation are driving collaboration and streamlining medical claims processing right in health care provider offices.

Real-time claims processing and real-time member liability estimation assist physicians and other providers to receive payment for their services and relieves the guesswork for members about the cost of their medical treatment. With real-time claim processing and real-time member liability estimation, Highmark members know

their actual out-of-pocket health care costs based on their benefits when they schedule and/or receive health care services. Physicians can discuss the costs with members and make payment arrangements or collect payment at the time care is delivered.

Through real-time tools, Highmark's network providers – physicians, hospitals, imaging centers, ambulatory surgical centers and other types of providers – are now able to determine a member's financial obligation before a service is rendered and to collect payment when the member receives care. Providers submitting real-time claims may also receive the portion of the payment that comes from Highmark in a shorter timeframe than in the past.

About 250 providers across Highmark's 49-county service area in Western and Central Pennsylvania began using real-time tools during the initial roll-out period, which began in November 2008. During January and February 2009, these providers submitted nearly 10,000 transactions that identified approximately \$395,000 worth of payments due from members.

These real-time capabilities are especially helpful to Highmark members with high deductibles, coinsurance or other cost-sharing to better understand the actual cost of health care services. Approximately 730,000 Highmark members in Pennsylvania are currently enrolled in health plans with cost-sharing that includes deductibles and/or coinsurance for in-net-

work services.

The health care provider community has shared with Highmark that real-time claims processing has enabled their patients to better comprehend the cost of the services they have received, understand what they owe and more easily make payment arrangements. In the physician office setting, health care professionals have shared that real-time tools have enabled them to obtain reimbursement from Highmark within three days instead of 15 to 20 days.

All of Highmark's providers are now able to use the real-time tools through Highmark's provider portal, NaviNet. Highmark is also working with practice management system vendors to integrate the real-time tools with their software.

Second Hyperbaric Oxygen Chamber Added at Wound Center

Sharon Regional recently added a second hyperbaric oxygen chamber at its Advanced Wound Recovery Center in Hermitage. "We've seen great success in our patients since bringing hyperbaric oxygen therapy to Mercer County last summer," says Gene Marcelli, M.D., general surgeon and medical director of Sharon Regional's Advanced Wound Recovery Center. "The addition of this second chamber allows us to efficiently meet the needs of our patients."

Dr. Gene Marcelli and clinical wound specialist Bob Hoagland, R.N., stand beside one of Sharon Regional's two hyperbaric oxygen chambers.



What Could Be Easier Than Talking?

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Ron Galbreath: 200% is Just What a Great "Coach" Gives

After a 36-season career coaching men's basketball at Westminster College and Clarion University and, most recently, the women's basketball team at Geneva College, Coach Ron Galbreath was about to face the most challenging opponent of his life.

As Galbreath settled in for the evening to watch Pitt basketball play in the Big East Conference semifinals on March 14, 2008, he started to feel nauseated. "I did not feel well that day," Galbreath explains. "It felt like I was coming down with the flu." His wife Pat knew something was wrong as her husband became increasingly weak. She drove him to Beaver Valley Medical Center where he was diagnosed with a stroke. Galbreath was then transferred to Allegheny General Hospital in Pittsburgh where he spent several days in the Critical Care Unit. Once his medical sta-



Ron Galbreath

tus became stable, he was moved to the step-down unit, but experienced continued difficulty with vision, speech, and short-term memory. Galbreath's right side was also paralyzed which he says was extremely frightening. "Initially, I was very afraid that I would not ever be able to move the right side of my body again," he said.

Just one week following his stroke, Galbreath was transferred to the Stroke Program at HealthSouth Harmarville Rehabilitation Hospital. "Some of Ron's doctors at the hospital thought he should be transferred to a nursing home instead of Harmarville," Pat Galbreath said. "We just would not accept this for Ron and pushed for him to get into Harmarville. I wish they could see him now."

Known as "Coach" by his Harmarville treatment team, Galbreath participated in

several hours of daily speech, occupational and physical therapy. At first, he was unable to stand or walk and he needed significant assistance to complete simple tasks like dressing and grooming. But he would not give in to his limitations.

"My therapists really pushed me, which is what I wanted," Galbreath said. "I am very competitive and wanted to be challenged. I remember one day, my physical therapist wheeled me over to a flight of stairs and said 'Coach, we are going up these stairs.' I looked at him and told him he had to be kidding me. Well, within one week, I was not only using the stairs, I was walking outside and up hills."

Physical Therapist Scott Bleakley remembers that Galbreath approached his rehab the same way he approached his coaching. "Coach gave more than 200 per cent throughout his stay with us," Bleakley said. "I took him outside one afternoon to shoot baskets. He still had significant weakness on his right side; however he wanted to approach the hoop. After 22 tries, he made the basket. He just would not give up until that ball went in."

As Galbreath progressed his determination expanded. "Once I started in rehab, I never once thought that I would not get better," he said. "God put that spirit in me a long time ago."

Galbreath's wife recalls coming to visit him on her birthday. "Ron had a card for me

that he had signed," she said. "He practiced writing his name all week so that he would be able to write in that card. It was the best gift I could ever receive from him."

Just three weeks after his admission to Harmarville, Galbreath was able to return to his home in Beaver County, where he began outpatient therapy to continue his remarkable progress.

Today, Galbreath is not only driving, weightlifting, playing racquetball, basketball and golf multiple times each week, he will also resume his position as head coach for Geneva's women's basketball team this fall. "We have been recruiting for the last several months and are beginning our fundraising efforts for the upcoming season," he said. "I will turn 69 in August and I feel great."

Galbreath goes on to say, "Where I am right now is a true blessing from God. I am very grateful to God, my wife Patty, and my family. I am so thankful to the staff at Harmarville for their patience, expertise and attention they showed every day."

"I am also so appreciative to the members of Chippewa United Methodist Church, all of the people who posted words of inspiration to me on CaringBridge.com, former students who played basketball and the countless friends from our community. I want to also extend my appreciation to Geneva College for holding my position and being so patient through my recovery."

Innovations in Physical Therapy

BY BRIAN HAGEN, DPT, MS, OCS, FAAOMPT, AND GREGORY STARCEVIC, MBA

Over the years, many disciplines within the medical arena have changed dramatically. Physical therapy is no exception. Physical therapy has become very specialized as the advances in technology and knowledge continue to grow. When choosing a physical therapist it is important to make an informed decision. Specialization of physical therapists has mirrored the specialization in the medical model in a variety of areas. Whether it be neurology, orthopedics, or pediatrics there are specialists in physical therapy that provide particular treatments in these categories and many more. Many of these changes have occurred particularly in Orthopedic Physical Therapy.

It is important to pick your physical therapist just as you would your physician to provide the most specialized cutting-edge treatment possible. Today's orthopedic physical therapist provides an in-depth evaluation to determine the root of the problem, develops a treatment plan taking into consideration the goals and specific outcome needs of the patient, and delivers an ever expanding variety of treatment options. Within orthopedics, physical therapists have changed in their credentialing as well as areas of specialization. Most therapists graduate with a DPT degree (Doctorate of Physical Therapy). The American Physical Therapy Association offers board certification to physical therapists in a number of areas; OCS is an Orthopedic Certified Specialist, and SCS is a Sports Certified Specialist. Additional credentialing such as FAAOMPT which designates a Fellow of the American Academy of Orthopedic Manual Therapists shows further orthopedic specialization in joint



Brian Hagen

mobilization. All of these specializations require very specific qualifications and testing regimens to insure advanced training. Centers for Rehab Services has the largest number of Orthopedic, Sports Rehabilitation, and Orthopedic Manual Therapy certified therapists in the area.

Picking a therapist is important, but picking a facility that provides adequate resources is also important.

Orthopedic physical therapy options have expanded as the technology has advanced. New treatments such as de-weighting, can precisely simulate decreased body weight across a particular joint while performing an exercise such as running in order to return an individual to their activity at a faster rate. There have been other technological advances in physical therapy treatments such as highly specific strength testing devices and advances in electrical muscle stimulation to increase circulation and reduce muscle atrophy. Foot orthotics fabrication to correct bio-mechanical imbalances using laser cameras and laser technology to precisely scan and cut an orthotic to fit with precision accuracy are just a few examples of new options for today's orthopedic physical therapist. All Treatments mentioned are available at Centers for Rehab Services.

Not all physical therapy is the same. Take into account the therapists skill level, reputation and credentials and make sure the facility is appropriate for your goals and needs.

Brian Hagen is Vice President, Network, Centers for Rehab Services. Gregory Starcevic is Director of Marketing, Centers for Rehab Services. Centers for Rehab Services offers over 40 locations throughout Western Pennsylvania.

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Five Things You Should Know When Recovering From Hip Replacement Surgery



Hip mobility and strength is a necessary function of many daily activities. Pain in the hips can be brought on by osteoarthritis, rheumatoid arthritis, traumatic arthritis, bone tumors and bone loss from poor blood flow. When pain and discomfort reaches an unbearable level, people often chose hip replacement.

According to The American Academy of Orthopedic Surgeons, nearly a quarter million Americans receive hip replacements each year. With today's seniors living healthier and more active lives, that number is bound to increase.

After surgery, patients must undergo therapy to ensure a full recovery and regain the function and strength that existed prior to the hip replacement. Physical therapists work with patients to help them improve and regain physical mobility, strength and fitness.

"Rehabilitative therapy is a vital component of a successful hip replacement. It is important to plan for a comprehensive post-surgery rehabilitation program," said Melissa Luchynsky, Aegis Therapies, Rehab Program Coordinator. "Therapy helps patients regain their independence and get back to enjoying their regular activities."

Patients can make the recovery process less daunting

by following these five basic recovery guidelines:

1. Follow directions: Post-operative activities, whether minimal or complex, are crucial in recovery. Carefully follow the directions of your physician and physical therapist to prevent the new joint from dislocating while ensuring a proper healing process.

2. Strike a balance: Patients should engage in activity as well as rest. Although getting right back into the swing of things isn't realistic immediately after surgery, basic movement helps introduce the new joint to the body.

3. Accident-proof your home: Remove items that could provoke a fall, such as throw rugs or extension cords. Temporarily rearrange furniture so that moving around the home is easier; install a grab bar in the shower. Place frequently used items within arm's reach to avoid excess up and down movement.

4. Plan your recovery: Most patients want to know when they can resume their regular activities. When planning your surgery and recovery, ask your physician and therapist when you'll be able to resume everyday physical tasks. Having an idea of when you can drive again, return to work or even participate in athletic activ-

ities can be reassuring.

5. Give it time: Patients will find that during the first one to two weeks there will be somewhat limited physical activity. Your therapist will guide you as to what activities are appropriate immediately after surgery. Patients usually can begin walking shortly after surgery with the aid of device, such as a walker or a cane. As time and therapy progresses, walking on uneven ground and even taking the stairs becomes doable again. Driving and returning to work can take as little as four weeks, but for some people it may take up to 10 weeks depending on the individual's work environment and the specific surgical procedure.

"Every person is different, so therapy is individualized for the needs of each patient," stated Luchynsky. Luchynsky is an occupational therapist at Golden LivingCenter in Clarion, Pennsylvania.

To learn more about Aegis Therapies' rehabilitation services, call one of Golden LivingCenters in Western Pennsylvania or visit www.aegistherapies.com.

Profiles In Rehabilitation

THE WESTERN PENNSYLVANIA HOSPITAL

Greg Rudy, OTR



Greg Rudy, OTR, thinks laughter is the best form of medicine. In the Inpatient Acute Rehabilitation Unit at The Western Pennsylvania Hospital, he helps patients regain the strength to perform their everyday activities. With a degree in psychology and occupational therapy, Greg knows that patients are often very frustrated and depressed about losing function after a major medical event.

"He's a comedian. He's always happy and is constantly encouraging patients. He builds a strong rapport with patients because of it," says Mike Serdy, Rehabilitation Services Program Director.

According to Rudy, anything patients do in their everyday lives, the Acute Rehab staff will simulate that activity on the rehab unit or take them out in the community. Whether it's trips to Starbucks, baking brownies or re-creating a golfing green, Rudy works with each patient individually to ensure they return to full lives.

Rudy has been an occupational therapist for over 17 years. He has worked at West Penn Hospital for 8 years. He is a graduate of the University of Pittsburgh.

Kirsten Lageman, CCC-SLP



Kirsten Lageman, CCC-SLP, uses a broad skill set to help patients to return to a level of independence after a debilitating medical event. In the Inpatient Acute Rehabilitation Unit at The Western Pennsylvania Hospital, she works with patients who are having difficulty speaking, communicating their needs and feelings, processing their thoughts, producing their voice, or swallowing food and drinks. Patients who suffer from a stroke, head injury or neurological disorder may experience such issues.

She's aware that many patients may return home alone or with minimal help, so they need to be able to read directions on medication bottles or manage their money. "Ten percent of what I treat is slurred speech, the other 90 percent is language and cognitive deficits," said Lageman.

According to Mike Serdy, Rehabilitation Services Program Director at West Penn Hospital, Lageman's wealth of experience and professionalism ensure patients are receiving the best treatment and care possible.

FAMILY HOSPICE AND PALLIATIVE CARE

Amy Cribbs, MS - PHYSICAL THERAPIST



In a career that extends over 27 years, Amy Cribbs, MS, is now in her third year of service with Family Hospice and Palliative Care. Amy tends to families in eastern and northern communities. She shares that her years in long-term care prior to her work with hospice provided her with a valuable window into the experience of aging in place. Amy recounts how sometimes families and even other health care professionals became less involved with residents at end of life as their expectations diminished with the resident's abilities. Amy sees her skills in helping people adjust to functional losses while optimizing independence, safety and comfort as a privileged opportunity to enhance this transformative time for patients and families. She considers timely, honest and sensitive communication with families paramount in providing the necessary context for their understanding of life-limiting illness as a process. Amy embraces the opportunity to educate patients, families and other health care professionals about the distinctions between traditional physical therapy and physical therapy as it applies to the goals of the hospice patient. Amy credits her fellow team members, nurses in particular, with refining her understanding of pain assessment and management and is grateful for the true interdisciplinary team experience she's enjoyed at Family Hospice and Palliative Care.

Bill Sheppard, MS - PHYSICAL THERAPIST



Bill Sheppard, MS, is in his seventh year as a Physical Therapist with Family Hospice and Palliative Care. Bill sees patients and families followed by Family Hospice's South Hills and Hermitage teams. He supports the agency's educational efforts as an instructor for Family Hospice's Caregiver Training program and as a presenter at in-services for internal staff and at long term care campuses throughout the area. With over 36 years in the field, Bill considers his work in hospice to be the most rewarding he's ever done. He speaks with unceasing surprise about the generosity of families who invite him into the intimate circle of caring around their loved one and about the will and joy of patients who continue to set goals regardless of life-limiting illness. Bill values the luxury that hospice affords of interventions driven entirely by the patient's and the family's goals for the experience, not by the constraints of a clinical schedule of measureable progress. He describes a kind of "reverse rehabilitation" wherein the physical therapist continues to have something to lend to quality of life even as physical abilities diminish. It requires what Bill sees as a "re-conceptualization of what we were taught in school." In addition to his skills as a physical therapist, Bill is also a talented pianist and is known to favor families with a song or two if requested. For his many and on-going contributions to patient care, Bill has been recognized by his peers with the Heart of Hospice award.

VINCENTIAN REHABILITATION SERVICES

Nancy Kammersell, MA, CCC, SLP



When Vincentian Rehabilitation Services was looking for a speech therapist for their new outpatient facility which opened in March, Nancy Kammersell was a great fit for their needs.

Nancy brings more than 25 years of speech therapy experience to Vincentian Rehabilitation Services and has worked in the North Hills for the past nine years. She's pursuing her certification to provide vital stim therapy and has an interest in stroke and head injury.

At Vincentian Rehabilitation Services, Nancy evaluates and treats patients in both inpatient and outpatient settings, visiting Vincentian Regency and other skilled nursing facilities within Vincentian Collaborative System. Her current work is focused on evaluating people for swallowing problems and determining the appropriate approach for each patient. Additionally she's focusing on cognitive therapy, memory therapy, language and communication therapy.

After witnessing the effects of her grandfather's stroke in 1971, Nancy took an interest in speech therapy. Today, she most enjoys the time she spends with her patients hearing their fascinating stories. She takes pride in the successful outcomes she's witnessed in her patients and in the joy patients feel upon recovery.

Millcreek Community Hospital Physical Therapists are Part of a Team Providing Total Health Care for a Lifetime



LECOM Sports Medicine Physician Dr. Gregory Coppola instructs LECOM medical students with a patient in the Physical Therapy room at the LECOM Medical Fitness & Wellness Center.

Physical therapy is an integral part of both in-patient and out-patient treatment at Millcreek Community Hospital (MCH) and the Lake Erie College of Osteopathic Medicine (LECOM) John M. and Silvia Ferretti Medical Fitness & Wellness Center. Our dedicated team of rehabilitation professionals works with individuals and their families to develop programs tailored to their needs. Prompt return of our patients to work, sport and pain-free living is our top priority.

The center opened in March to provide a medically integrated approach to improving the health of the Erie, Pennsylvania community. Physical Therapy at the center is part of the team of medical experts uniquely positioned to provide patients with total health care for a lifetime of wellness. The center incorporates two floors of exercise and wellness training facilities and physicians from Medical Associates of Erie occupy the third floor where their patients have easy access to the wellness center programs, including physical therapy.

Physical therapy is one of the most expansive branches of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical therapists work with many types of patients, suffering from any number of musculoskeletal disorders. At the LECOM Medical Fitness and Wellness Center, our physicians and therapists treat a variety of orthopedic, medical, surgical and neurological cases. Our goal is to maximize recovery from injury, illness, or surgery, and promote exercise, fitness, and healthy living.

Our certified staff utilizes one of the more recent advancements in physical therapy known as the McKenzie Method. This method, also known as Mechanical Diagnosis and Therapy, is a philosophy of active patient involvement and education for back, neck and extremity problems. The key distinction is its initial assessment component—a safe and reliable means to accurately reach a diagnosis and only then make the appropriate treatment plan. McKenzie treatment uniquely emphasizes education and active patient involvement in the management of their treatment in order to decrease pain quickly, and restore function and independence, minimizing the number of visits to the clinic.¹

Another emerging technique that our physical therapists utilize is cold laser (or light) therapy. This therapy exposes the injured region to low-level laser light, which is used to stimulate or inhibit cellu-

Millcreek Community Hospital and LECOM Medical Fitness and Wellness Center Physical Therapists:

Stephen Burke, P.T. – Steve received his Bachelor's degree in physical therapy and biology from the University of Pittsburgh. He has over 21 years of practice, primarily in orthopedics, with experience in general rehabilitation, acute care and geriatrics.

Vickie McClay, M.P.T. – Vickie received her Master's degree in physical therapy from Duquesne University in Pittsburgh, PA. She is also certified in the McKenzie Method.

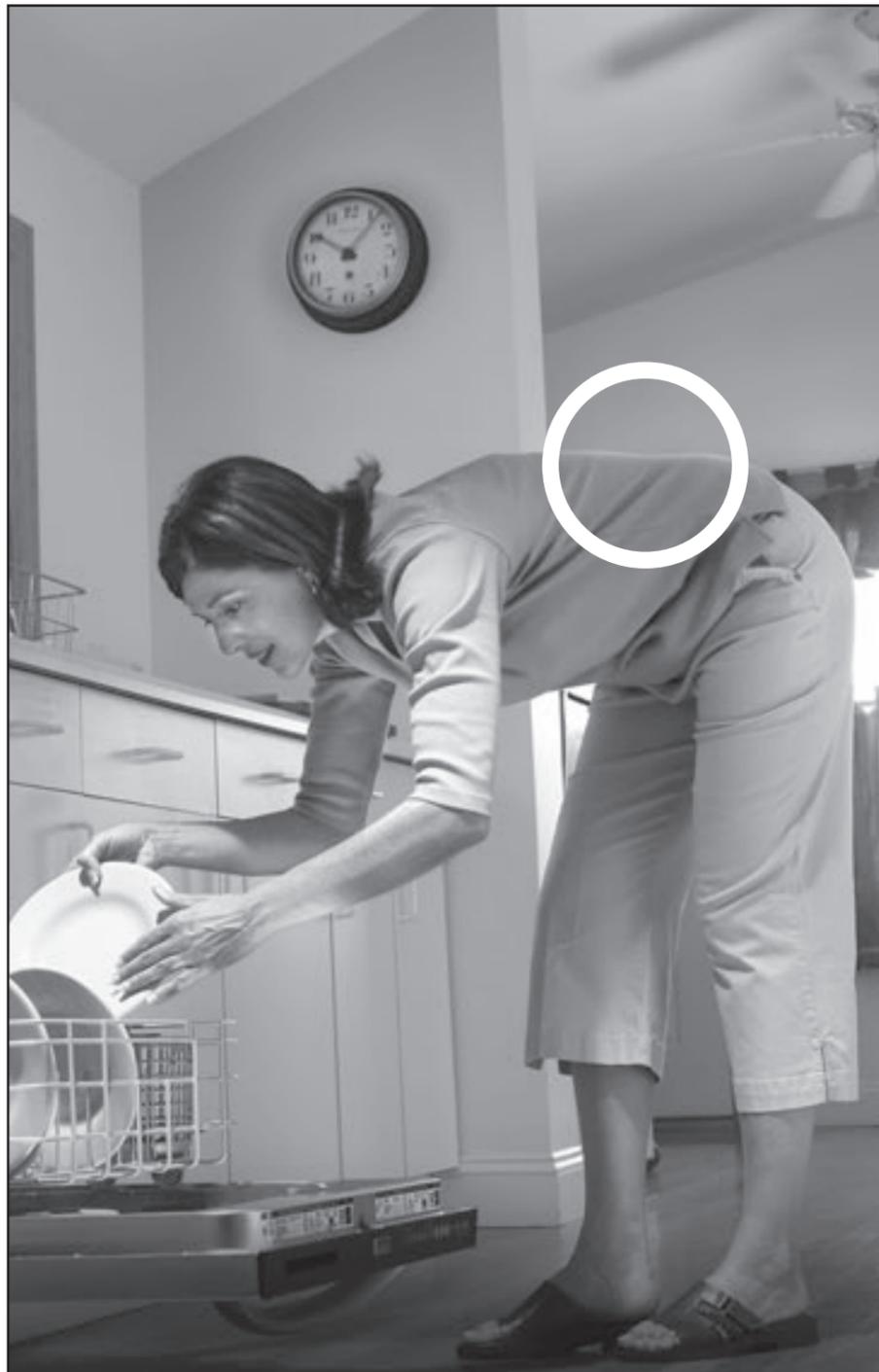
lar function.

In addition to these latest methods, our physical therapists also utilize a wide variety of treatments including: joint mobilization, which is a treatment technique used to manage musculoskeletal dysfunction, and soft tissue technique, which is the assessment, treatment and management of soft tissue injury, pain and dysfunction primarily of the neuromusculoskeletal system. The Wellness Center is also home to three state of the art pools, including a warm water therapy pool, where aquatic therapy is given. It is a beneficial form of therapy that uses the physical properties of water to assist in patient healing and exercise performance.

In the tradition of osteopathic medicine, our therapists treat the whole person for physical illnesses, while emphasizing preventive care. Therefore, we offer a more holistic approach for pain management including manual therapy. This hands-on approach can be helpful for the treatment of joints that lack mobility and range of motion in certain musculo-skeletal conditions. Manual physical therapy involves restoring mobility to stiff joints and reducing muscle tension in order to return the patient to more natural movement without pain.²

For further information about our physical therapy program and facilities, visit www.lecomwellness.com or www.millcreekcommunityhospital.com.

Sources: 1. www.mckenziemdt.org 2. www.aaompt.org



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Neuropsychologist a Valuable Addition to Rehabilitation Team

Robert F. Sawicki, Ph.D., is an investigator of sorts. As a neuropsychologist at Memorial Medical Center's Crichton Rehabilitation Center, Dr. Sawicki studies brain behavior in patients, such as their thinking, learning, perception and memory processes using standardized neuropsychological tests including adult memory, intelligence, visual perception and language assessments. "I'm looking for patterns of changes in a patient's mental functioning, which can help relate specific behaviors to either a neurological, dementing or other type of disorder with the goal of getting them the proper treatment," says Dr. Sawicki. Whereas neurologists study the structural aspects of the brain, as a neuropsychologist, Dr. Sawicki focuses on brain functions. In regards to neurosurgical patients, Dr. Sawicki conducts neuropsychological exams both pre and post tumor



Dr. Robert F. Sawicki

resection to demonstrate the neurosurgical benefit. At Crichton, he helps the staff in assisting patients trying to overcome physical and functional disabilities resulting from tumors, strokes and brain injuries.

"Dr. Sawicki's evaluation is different than a neurologist's or physical medicine specialist's evaluation. He adds value in determining the best

course of rehabilitative therapy and treatment for a patient," says Teresa Hoffman, Director, Crichton Rehabilitation Center.

"Most rehabilitation patients will never fully regain 100 percent of their functioning," says Dr. Sawicki. "Therefore, the challenge and focus is instead on developing a rehabilitation plan that will help the patient and his or her family compensate for what they've lost and adapt, so that they can have more freedom in their home environment and live as normal a life as possible."

"Freedom Through Functionality" Approach Decreases Pain, Increases Freedom

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Aegis Rehab Outcomes show that Medicare patients treated in facilities with the FTF program during 2008 experienced much greater relief from pain and increase in function. Patients treated for pain using the FTF program were much more likely to be able to function and sleep without disruption and they only needed to take medication on an "as needed" basis. Patients who were treated for pain using more traditional methods were more likely to experience occasional disruptions in their ability to function, disruptions in their sleep and needed to take medication on a regular basis to manage the pain.

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Lou Louies, therapist, works with resident, Bill Nolan, on a Nautilus® machine.

falls; reduced burden of care for those seniors who may be living in a skilled care setting; increased independence and increased efficiency with activities of daily living (ADLs); increased participation in other activities for seniors living in independent or assisted living settings; increased overall well-being, improved self-esteem and self-image, and increased socialization through increased participation.

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Healthcare Professionals in the News

ALLEGHENY GENERAL HOSPITAL

Allegheny General Hospital sports medicine specialist Edward Snell, M.D., received the 2009 Team Physician Award from the Pennsylvania



■ DR. EDWARD SNELL

Athletic Trainers' Society, in recognition of his 15-plus years of service to athletes, and the education and support of athletic trainers. In addition to serving as the Director of the Primary Sports Medicine Fellowship at AGH, Dr. Snell is Head Team Physician for the Pittsburgh Pirates and was recently elected President of the Major League Baseball Team Physicians' Association. He serves as Medical Director for Duquesne University's Athletic Training Education Program and is team physician for numerous Pittsburgh-area high schools.

ALTOONA REGIONAL HEALTH SYSTEM

The Altoona Regional Health System Board of Directors at its most recent meeting unanimously approved the appointment of



■ JERRY MURRAY

Jerry Murray as president/chief executive officer. Murray has been serving as acting president/chief executive officer since November 1, 2008, when the former president/chief executive officer, Jim Barner, retired. Prior to Murray's appointment as acting president/chief executive officer, he was senior vice-president/clinical services for four years at Altoona Regional and had previously served in various leadership positions at Mercy/Bon Secours-Holy Family Hospital for 19 years.

BUTLER HEALTH SYSTEM

Homer Schreckengost, D.O., has joined the Butler Health System hospitalist program. Dr. Schreckengost completed an internship and residency at Clarion Hospital where he served as chief resident from July 2002 to June 2004. While at Clarion Hospital, Schreckengost served as adjunct clinical assistant professor in family practice for LECOM. He also served as medical director for Keeling Health Center at Clarion University, in addition to roles as director of medical education and family practice residency director at Clarion Hospital; medical director of Huston Family Health Center in Knox, PA; and medical director for Family Healthcare of Clarion.



■ DR. HOMER SCHRECKENGOST

Sangeetha Konda, M.D., of Advanced OB/GYN Associates has joined the medical staff at Butler Memorial Hospital. Dr. Konda completed an internship at the Harrisburg Family Practice Residency Program at Pinnacle Health and her residency at Penn State's Hershey Medical Center, specializing in obstetrics and gynecology. Dr. Konda completed an externship at Dunn-Erwin Medical Center in Erwin, N.C., and retains research experience in obstetrics and gynecology.



■ DR. SANGEETHA KONDA

CENTERS FOR REHAB SERVICES

Mark McMillen, L.P.T., facility director has re-located to the new Chippewa location. Mark received a Bachelor Of Science Degree in Physical Therapy from the University of Pittsburgh in 1991. Mark has been with CRS for 13 years, specializing in sport rehabilitation, general orthopedics with emphasis on the spine.



■ MARK MCMILLEN

Shelley Marie McMahon, DPT, named facility director of the Hopewell location. Shelley received a Doctorate of Physical Therapy from the University of Pittsburgh. Shelley's main focus is on the treatment of orthopedic injuries.



■ SHELLEY MARIE MCMAHON

Lauren DeFilippi, MPT, named facility director of the Moon location. Lauren received a Master of Physical Therapy from Duquesne University. Lauren's professional career has focused on treating and improving orthopedic injuries and focusing on the management of Sports Medicine issues. Lauren is a member of the APTA and is an Adjunct Instructor in the physical therapy department at Duquesne University.



■ LAUREN DEFILIPPI

Brian Anderson, MPT, named facility director of the Forest Hills location. Brian received a Bachelor of Science degree in Exercise and Sports Science, Athletic Training Option, from the Pennsylvania State



■ BRIAN ANDERSON

University and a Master of Physical Therapy from Chatham University. Brian has over 10 years experience in the outpatient orthopedic setting. He is a member of the American Physical Therapy Association, orthopedic section.

Jeffrey Rothman, DPT, OCS, named facility director of the Squirrel Hill location. Jeff received a Bachelor of Science in Exercise Physiology from West Virginia University and a Doctorate of Physical Therapy from Chatham University. Jeff has been with CRS for 7 years. He is the President of the PPTA Southwest District and is a Professor at Chatham University.



■ JEFFREY ROTHMAN

Jennifer N. Cohen, PT, DPT, MPH, named facility director of the Oakland location. Jen received a Bachelor of Science from the University of Pittsburgh in Movement Science, a Master of Public Health from Boston University, and a Doctorate of Physical Therapy from MGH Institute of Health Professions. Jen recently returned to Pittsburgh from Boston where she worked as a physical therapist in both outpatient orthopedics and inpatient acute care.



■ JENNIFER N. COHEN

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

Dr. Benjamin Miller has accepted the position of Physician Leader for the Diagnostic Referral Group at The Children's Home of Pittsburgh & Lemieux Family Center. Dr. Miller received his bachelor's degree from Yale University and graduated from the University of Pittsburgh School of Medicine in 2004. He completed his Pediatric Residency and served as Chief Pediatric Resident at Children's Hospital of Pittsburgh of UPMC.



■ DR. BENJAMIN MILLER

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

Howard W. "Hoddy" Hanna III has been elected Chair of the Children's Hospital of Pittsburgh Foundation Board of Trustees. His term runs through Dec. 31, 2010. Hanna has been a member of the Foundation Board since its inception in July 2000 and serves on



■ HOWARD W. HANNA III

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its Affiliation Oversight Committee, Executive Committee, Finance and Investment Committee and Capital Campaign Cabinet. He also has been a member of the Children's Hospital of Pittsburgh of UPMC Board of Trustees since 1993 and currently serves as vice chair. He also serves on the hospital board's Executive Committee and Finance and Investment Committee. Additionally, Hanna is a member of the UPMC Board of Directors and sits on its Executive Committee. Hanna is Chairman and Chief Executive Officer of Howard Hanna Real Estate Services.

John F. Alcorn, Ph.D., a biologist in the John G. Rangos Sr. Research Center at Children's Hospital of Pittsburgh of UPMC, has been selected as one of ten 2009 recipients of the prestigious Parker B. Francis Fellowship, awarded each year to scientists conducting pulmonology research. Dr. Alcorn's research focuses on uncovering the molecular pathway of pneumonia infections and defining novel therapeutic targets in the lung.



■ DR. JOHN F. ALCORN

EXCELA HEALTH

Excelsa Health laboratory technologist Toni Roney, MLT(ASCP), CLT(HEW), is newly credentialed in molecular laboratory diagnostics. A 32-year veteran of the Westmoreland Hospital laboratory where she received her initial training as a medical technologist, Roney completed a yearlong Web-based certificate course from Michigan State University's Biomedical Laboratory Diagnostics Program that concluded with a weeklong intensive laboratory experience in June. Roney's specialty is Immunology. Roney recently relocated to Excelsa's Latrobe campus where Immunology services have been consolidated.



■ TONI RONEY

GATEWAY HEALTH PLAN®

Gateway Health Plan® recently named Michael Madden, M.D., Chief Medical Officer. Dr. Madden is well-known to many, having served as a Medical Director at Gateway Health Plan from 2002-2005 before joining Highmark Blue Cross Blue Shield, where he served as a Medical Director for Medical Performance Management the last four years. Early in his career, he served as Executive Director for the St. Vincent Medical Group in Erie, Pennsylvania and a faculty member of the Family Practice Residency at St. Vincent for many years.



■ DR. MICHAEL MADDEN

GATEWAY REHABILITATION CENTER

Alysia Savannah, M.Ed., has been named director of the Gateway Rehab Corrections program in Braddock, PA. Prior to this position, she was the clinical manager at Liberty Station, Gateway's halfway house for adolescent males located in Bridgeville, PA. Savannah taught school for 12 years and is certified as both an Addiction Counselor Diplomate and an International Co-Occurring Disorders Professional Diplomate.



■ ALYSIA SAVANNAH

David Blenk, M.Arch., has been named Gateway Rehabilitation Center's executive vice president of corporate planning and business development. Prior to joining Gateway, he was executive director of Oakland Planning and Development Corporation. Blenk has previously served as a board member for the Oakland Transportation Management Association, Oakland Business Improvement District, and the Pittsburgh Community Reinvestment Group.



■ DAVID BLENK

HERITAGE VALLEY HEALTH SYSTEM

The Board of Directors of Heritage Valley Health System recently added two new board members to their organization. Jay R. Zdunek, D.O., is a primary care physician with offices in Midland, PA and Calcutta, OH. Dr. Zdunek is also the president of the medical staff at Heritage Valley Beaver, medical director of Medi Home Hospice and chairman of Tri-State Medical Group, a subsidiary of Heritage Valley Health System. Mary Kirsch, C.P.A., is a senior financial manager for Simio LLC in Sewickley. Prior to that, she was chief financial officer for Systems Modeling Corporation, based in Sewickley, and a tax manager for Peat Marwick Mitchell and Company, based in Seattle, and Arthur Andersen in Hong Kong.



■ DR. JAY R. ZDUNEK



■ MARY KIRSCH

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

The Lake Erie College of Osteopathic Medicine announces the promotion of Hershey Bell, M.D., M.S. (Med Ed), as Vice



■ DR. HERSHEY BELL

President of Academic Affairs and Dean of the LECOM School of Pharmacy. Dr. Bell began teaching at LECOM as Clinical Professor of Family Medicine and Associate Dean for Faculty Development and Evaluation in 2004. He will continue to oversee faculty development, the Master of Science in Medical Education program, and the Teaching and Learning Center.

John M. Ferretti, D.O., president and CEO of the Lake Erie College of Osteopathic Medicine, received a Presidential Citation from the American Osteopathic Association (AOA) Board of Trustees. The citation recognizes Dr. Ferretti's "dedication to advancing the interests of osteopathic medical education" over his 35-year career in osteopathic medicine.



■ JOHN M. FERRETTI

Mathew Bateman, Ph.D., was promoted to Associate Professor of Anatomy. Dr. Bateman is a lecturer for the College of Medicine, School of Pharmacy and the Master of Science in Medical Education program. Beyond his teaching duties, Dr. Bateman is the course director of Anatomy and Physiology for the LECOM School of



■ DR. MATHEW BATEMAN

Pharmacy, system coordinator for the Respiratory system in the College of Medicine, as well as the assistant director of the Lecture Discussion Pathway.

Richard McCabe, Ph.D., was promoted to Professor of Physiology. Dr. McCabe is director of the physiology course for LECOM osteopathic medicine and post-baccalaureate students. Dr. McCabe serves as director of community service and faculty adviser for the college's Mentoring Club. Since coming to LECOM in 2003, he has received the John and Silvia Ferretti Award for Distinguished Teaching, the American Association of Colleges of Pharmacy (AACCP) Teacher of the Year Award, and the School of Pharmacy Most Outstanding Faculty in Pharmacy Science award.



■ DR. RICHARD MCCABE

More Healthcare Professionals in the News continued on the next page.

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Healthcare Professionals in the News

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■ **MVH BOARD**
(L-R) JOHN D. FRY, VICE CHAIRMAN, RICHARD A. BARCELONA, CHAIRMAN, AND R. CARLYN BELCZYK, SECRETARY.

Officers of the boards of Mon-Vale Health Resources, Inc. will continue in their leadership roles in Fiscal Year 2009 – 2010. Richard A. Barcelona, chairman; John D. Fry, vice chairman, and R. Carlyn Belczyk, secretary, were re-elected to their positions with the Mon-Vale Board of Directors and Hospital Board of Trustees. Barcelona, chairman and CEO of Bailey Engineers, Inc., was appointed to the Mon-Vale Board of Directors in 1997 and to the Hospital Board of Trustees in 1999. Fry, president and chief executive officer of Procurement Specialty Group, Inc. was elected to the MVHR Board of Directors in 1998 and to the MVH Board of Trustees in 2000. Belczyk is a certified public accountant, accredited in business valuations and a certified valuation analyst. She began her career in public accounting in 1986.

OHIO VALLEY GENERAL HOSPITAL

Ohio Valley General Hospital Anesthesiologist and the Institute for Pain Diagnostics and Care Medical Director David Provenzano, M.D., has been selected to serve on the American Society of Anesthesiologists Subcommittee on Regional Anesthesia and Acute Pain.



■ **DR. DAVID PROVENZANO**

ST. CLAIR HOSPITAL

Gynecologic Oncologist John T. Comerci, Jr., M.D., has begun practicing at St. Clair Hospital. Dr. Comerci is the Director of the Division of Gynecologic Oncology, Department of Obstetrics/Gynecology at West Penn Allegheny Health System. He is the principal investigator for the Gynecologic Oncology Group for West Penn Allegheny Health System, in affiliation with the Cleveland Clinic.



■ **DR. JOHN T. COMERCI, JR.**

SHARON REGIONAL HEALTH SYSTEM

Ravi Alapati, M.D., a specialist in advanced laparoscopic surgery and board certified general surgeon, recently joined the medical staff of Sharon Regional Health System.



■ **DR. RAVI ALAPATI**

SHRINERS HOSPITALS FOR CHILDREN – ERIE

John Lubahn, M.D., has been named Chief of Staff of the Shriners Hospitals for Children—Erie. Dr. Lubahn has been serving as the Interim Chief of Staff since December, 2007.



■ **DR. JOHN LUBAHN**

Dr. Lubahn has been a member of the Erie hospital's medical staff since 1981. Dr. Lubahn currently serves as Director of the Orthopaedic Research Laboratory, Director of the Orthopaedic Residency Program and Chairman of the Department of Orthopaedics.

The Orthopaedic Nurses Certification Board has announced that Karen Phillips,

B.S.N., staff nurse RN3 at Shriners Hospitals for Children – Erie, has successfully completed the Orthopaedic Nursing Certification Exam and has achieved the designation of Orthopaedic Nurse Certified (ONC). Dustin Bruening, engineer in the Motion Analysis Laboratory at the Shriners Hospitals for Children – Erie, has successfully defended his doctoral dissertation and been awarded his Ph.D. degree in biomechanics from the University of Delaware, Department of Biomechanics and Movement Science.

UNIVERSITY OF PITTSBURGH CANCER INSTITUTE (UPCI)

Merrill Egorin, M.D., professor of medicine and pharmacology at the University of Pittsburgh Cancer Institute (UPCI), has received the 2009 American Society of Clinical Oncology (ASCO) Translational Research Professorship for his work in improving cancer treatments and supporting the next generation of researchers. Dr. Egorin will use the professorship to continue his pre-clinical and clinical studies of inhibitors of the PARP family of enzymes and how they can be exploited as targets for cancer therapies.



■ **DR. MERRILL EGORIN**



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PEDIATRICS

A Generation at Risk

BY MATTHEW PAPPALARDO

Thankfully for today's youngsters, many of the deadly diseases and epidemics that plagued the world of our grandparents are no longer risks for them. Science and technology have advanced healthcare and life expectancy at an astonishing rate. Yet within the last 15 years, a new and different epidemic has started among young people. Childhood obesity is at its highest rate ever, and it is getting worse.

In the not-too-distant future, the sad reality is Americans will be dying from obesity-related complications at about the same rate that the Third World is perishing from starvation.

Cindy Fickley, assistant professor and the director of the Undergraduate School of Nursing Program at Carlow University, teaches her students that a multitude of factors contribute to this problem. She believes pediatric nurses must play an integral role in combating such an epidemic, and stresses to her students the importance of nutrition and exercise in educating children and families about healthy living.

"Family life is much different now than it was even 20 years ago. Often you have two busy, full-time working parents. You have children spending more time watching television or playing video games than being active," said Fickley.

With adult Americans ranking as some of the world's most obese, it is clear that a huge problem is simply a lack of nutritional knowledge or a lack of effort to eat healthy, and that this is a societal problem.

"If the parents are obese and they have an unhealthy lifestyle, all too often you're going to see it with their kids as well," said Fickley.

There are also alarming trends that suggest childhood obesity is not a problem most overweight children are going to outgrow. People obese in childhood grow up to become obese adults at nearly an astounding 80 percent rate. A myriad of serious health complications are linked to obesity as well, including diabetes, cardiovascular complications, and various orthopedic problems.

A rise in obesity-related health problems has beleaguered a healthcare industry that could not have known how fast and devastating the problem would be.

"The industry was unprepared for such an epidemic. By the time the industry realized how serious it was, it had already become a huge problem," said Fickley, who added that the worst part is that the epidemic is growing, and said, "It's definitely going to get worse before it gets better."

Luckily, however, there is also good news. Obesity is preventable. The current epidemic has resulted from a change in the average lifestyle, mainly in diet and physical activity. But certain easy steps can be taken to raise awareness and begin to live a much healthier life.

The trick is breaking the cycle of ignorance and noncompliant behavior.

"The industry has to have a plan, and that plan has to include putting nutrition and



Cindy Fickley

physical activity at the forefront. But, with something like this, as with many other issues, it has to start in the home," said Fickley.

Fickley said if pediatric nurses put increased emphasis on nutrition and exercise in their teaching plans, children would be exposed to ideas such as proper diet and being active.

One step Fickley would like to see is the implementation of a standardized assessment, done whenever a child sees his or her pediatrician.

"This would give doctors an opportunity to locate warning signs and provide them an opportunity to educate both children and parents about taking steps towards healthier lives," Fickley said.

Doctors would be able to utilize a multitude of techniques to help a family move their child towards a healthier lifestyle, including food diaries, plotting a child's growth rates, knowing a child's body mass index (BMI), assessment of a child's hair, teeth, skin, gums, and eyes. Such an assessment by the child's primary doctor could allow for further diagnostic testing and early detection of possible serious risks.

Most importantly, it would allow doctors an opportunity to talk to parents, to suggest changes in lifestyle and the home-life of the child. This is usually the sensitive part.

"A lot of parents don't like being told that their child's diet and lifestyle are unhealthy. Parents like to think they know what they're doing, that they're raising their child the same way they were raised, etc. But a lot of parents are admittedly ignorant to smart diet and lifestyle choices, and benefit greatly from helpful advice," said Fickley.

Some of the nutritional advice seems like common sense, but it is precisely the failure to follow it that has led to the current crisis. Families should strive to make sure they eat a balanced diet with wholesome, home-cooked food, avoiding fast food and processed food for the sake of quickness and convenience. Healthy lunches packed for a child are often a plus over processed food available at a school cafeteria. Parents should make sure their children avoid high-fat (potato chips) and high-sugar (cookies, soda) items, and insist on exercise of some sort.

While the crisis is expected to worsen, Fickley said that awareness has started to spread, however slowly. The healthcare industry, and more importantly families, can no longer deny that it is a serious problem.

She said, "We as nurses have a responsibility to promote and improve the health of infants, children, and adolescents through education. Parents and children need to be taught about proper nutrition and the need for physical activity."

Cindy Fickley, MSN, assistant professor and director of the Undergraduate School of Nursing at Carlow University, can be reached at (412) 578-6379 or fickleyca@carlow.edu.

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Western Pennsylvania Nursing Students Outshine Recession, Combat State-wide Nursing Shortage

The current economy has left many students struggling to enter the job market post-graduation, but local nursing students have the unique opportunity to use the decline to their advantage, as nursing has proven to be a recession-resistant profession. According to the Pennsylvania Center for Health Careers, 2008 saw 2,566 job openings in Pennsylvania—and 424 of those were in the Pittsburgh region. The state expects to experience a shortage of 16,100 registered nurses in 2010, leaving an abundance of openings for new nurses.



BY PAMELA R. SCHANWALD, R.N., M.H.S.A.

atric patient. The Children's Home's patients remain at the facility on average for 14-17 days, compared to the average 5 days at most other acute-care pediatric hospitals. Differing from a traditional hospital, The Children's Home features a family-friendly, homelike environment that is a more natural and developmentally-appropriate setting for infants and children. Students are also exposed to discharge planning and have the chance to learn about home-based equipment.

Nursing students who rotate through Child's Way® – The Children's Home's extended pediatric day care facility – are able to discover the beneficial aspects of the pediatric medical field firsthand. Each student is assigned a child in the day care to develop a care plan for the child's special needs. This teaches the students to consider long term medical needs and how they will be cared for over a long period of time.

One facility, The Children's Home of Pittsburgh & Lemieux Family Center, has been helping local college and university nursing students gain valuable experience in the medical field through their student nursing program.

Some student nurses work within The Children's Home's Pediatric Specialty Hospital, a 28-bed acute care facility that cares for infants and children transitioning from hospital to home, as part of their pediatric rotation. One of the benefits of the program is that students have a longer period of time to learn about the complex pedi-

The University of Pittsburgh has been a partner of the program for 10 years now, and other partners include Duquesne and Robert Morris Universities, La Roche College, Citizens School of Nursing, West Penn School of Nursing, and UPMC



(l-r) Suzanne Kearns, R.N., and Carlow College student nurse, Lauren Nagy, with baby Jaydon.

Shadyside Hospital School of Nursing. During their time at The Children's Home, students work with seasoned pediatric nurses and are assigned to different patients on a weekly basis to learn about specific diagnoses and treatments.

"The Children's Home's program allows our students to really get into the heart of the pediatric nursing field," said Gail Ratliff Woomey, MN, RN, clinical faculty with the University of Pittsburgh's School of Nursing. "They are able to actively engage in valuable hands-on experience in a specialized day care that cares for medically

fragile children in our community."

The pediatrics field allows nurses to develop close relationships with patients and their families, working with them throughout many stages of life. This requires a special temperament and understanding of how children think, grow and act since pediatric nurses not only form a bond with the patient, but must often educate them and their caregivers as well.

"The Children's Home values the opportunity to advocate the education of future nurses," said Dr. Fred Sherman, president of the medical staff at The Children's Home. "Nursing students leave the program with a better understanding of pediatric patients, specifically medically fragile ones, and an enhanced familiarity with an acute-care setting. There are very few opportunities for this kind of experience in the Pittsburgh area, and these experiences plays a vital role in our future workforce development."

Pamela R. Schanwald is the Chief Executive Officer of The Children's Home & Lemieux Family Center. She may be reached at pschanwald@chomepgh.org or (412) 441-4884.

To learn more about The Children's Home, visit www.childrenshomepgh.org.

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Developments in Doctoral Education in Nursing

In October 2004, the members of the American Association of Colleges of Nursing (AACN) voted to establish the Doctor of Nursing Practice (DNP) as the preferred preparation for advanced nursing practice by 2015. While a number of articulate members opposed this move, the majority prevailed. The primary objection at that time was that the option of a DNP might serve to deter potential students from achieving the PhD, thus thwarting the advancement of nursing science. That has not proven to be the case. In fact, recent enrollment figures from the AACN reflect an expansion of interest in doctoral education in nursing. In the recent past, graduations from PhD programs annually numbered in the 400s, with a surge to over 500 in 2007 and 2008.^[i] Close to 4,000 students are currently enrolled in PhD programs.

At the same time, almost 3,500 students have enrolled in either post-baccalaureate or post-master's DNP programs, with 361 graduations in the past year. While close to 80 percent of these students are NPs, other areas of interest are dispersed among the remaining 20 percent.^[ii] These trends reflect a large change in the way in which nurses view doctoral education, and it is hoped that this will lead to changes in the way in nurses' roles in the workplace.

The Duquesne University School of Nursing has a well-established PhD program and began offering a DNP in Fall 2008. Both programs are totally online, designed for practicing professionals and both are attracting students.

Basic elements and approaches to PhD education have remained very stable for the last decade, with considerable emphasis on research, theory and research methodologies, including research design and data analysis tools. The common elements or quality indicators in DNP programs are likewise fairly stable and reflect a commitment to evidence-based practice, quality and safety for patients, cultural competence, population-based health care planning, and competence in developing quality improvement processes. Clearly all of these topics are tied directly to the provision of excellence in clinical nursing practice.



BY EILEEN ZUNGOLO, RN, EDD, CNE, FAAN, ANEF

It is certainly too early to tell what impact DNP-prepared nurses might have on direct services to patients, and to the quality improvement goals of clinical practice. It is not too early to predict that the degree to which these nurses are successful in affecting quality will be closely correlated with the kind of support they receive from their nursing colleague. We do not have good reputations for being supportive of "new kids on the block," especially when their educational preparation exceeds our own. However it seems clear that as nurses have advanced the science underpinning our practice, and moved nursing's agenda for patient care more to the center of health care services, nurses have been invited to participate in more formal ways than ever before.

For example, regardless of where you stand on the current efforts to reform health care finances, wasn't it a pleasure to hear President Obama mention nurses as important contributors in the debate, and a strong source of information in the dialogue? We would not be in that mix if some of our colleagues have not excelled in health care policy, while others have examined patient care outcomes in a systematic way, and still others have pioneered new approaches to coordinate care to special populations. All of these nursing colleagues have collected data and explored the impact of their work; most have had the luxury of strong doctoral education to prepare them for this work.

It is my hope that as we explore new ways to advance nursing practice and develop optional avenues to advanced education, our profession can rally support and enthusiasm for this new generation of nurses and cheer them to ever-increasing challenges.

Eileen Zungolo, Dean, Duquesne University School of Nursing, can be reached at zungolo@duq.edu or (412) 396-6554.

i. Fang, D, Tracey, C., Bednash, G.D. (2009) 2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC: American Association of Colleges of Nursing.

ii. Op Cite.

LECOM at Seton Hill Welcomes Inaugural Class

The Lake Erie College of Osteopathic Medicine is taking a leadership role in meeting the challenges of 21st century medical education as the College opens LECOM at Seton Hill, the school's newest location at Seton Hill University in Greensburg.

"Our goal has been to provide an opportunity for medical students to train in southwestern Pennsylvania, where there is a high need for future health care providers," Dr. Ferretti said. "LECOM's experience in Erie and Bradenton shows us that a significant number of graduates practice in the same region where they attended school." Nearly one out of three LECOM Erie graduates remain in Pennsylvania, and with more than 35 percent of the incoming class from Pennsylvania, the College anticipates similar results from LECOM at Seton Hill.

The Class of 2013 will begin their coursework on the Seton Hill campus in buildings renovated to suit the students' unique learning needs. Changes have been made to both Lynch Hall and Reeves Hall to include additional administrative and instructional space, a laboratory for the students to practice osteopathic manipulative medicine (OMM), and a Learning Resource Center for study materials.

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EDUCATION

Celtic Healthcare is Now Offering Specialized Teleconference Educational Sessions

Celtic Healthcare is pleased to announce that we are now offering specialized teleconference educational sessions to interested parties, such as home health associations, agencies, and private insurance companies.

Celtic Healthcare features teleconference sessions to maximize learning efficiencies and create a simple way for organizations to tap into our wealth of knowledge on today's healthcare issues. Our teleconference programs create significant value for participants – minimizing the cost of continued education and increasing operational efficiencies. Above that, you will be able to measurably improve the quality of care that you are providing.

Two of our industry's well-known experts, Celtic Healthcare's own Tonya Miller, PT, DPT COS-C, and Misty Kevech, RN, BS Ed, MS, COS-C, are offering seminars on a wide array of topics including, but not limited to:

It Takes a Team to Reduce Acute Care Hospitalizations:

The national hospitalization rate on Home Health Compare remains at a daunting 29%. More than 1 in every 4 homecare patient's episodes ends in a hospitaliza-

tion. Learn how to use strategies and tools, at both the leadership and clinician level, to keep patients at home. Discover how to integrate an interdisciplinary team approach to reducing acute care hospitalizations using current best practice interventions.

Heart Failure Across the Continuum:

Explore the care of heart failure patients across settings; hospitals, homecare, skilled nursing facilities and physician offices. Learn how to engage patients and families to self-manage their heart failure and how as clinicians we can provide self-management support and technology to work collaboratively towards successful management of heart failure.

Identifying Appropriate Hospice Care:

Examine hospice purpose, goals and criteria and how to utilize hospice program optimally. Discover the full spectrum of hospice services, including bereavement. Review effective pain medication management, including compounding, ABHR Gel, and alternative pain management.



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Medication Management is More Than a Pill Box:

Statistics show medication errors are a factor in more than 35% of avoidable hospitalizations. Learn how to implement a variety of medication management strategies such as medication simplification, reconciliation, staff competencies, technological resources and more. In this presentation you will discover how all members of the team can play an integral role in medication management that can assist agencies in reducing avoidable hospitalizations and improve patient outcomes.

Improving Care Transitions for Better Patient Outcomes:

Homecare patients transfer across many health care settings such as hospitals, nursing homes and physician offices frequently with lack of information sharing. CMS, IHI and Joint Commission have all identified care transitions as a national priority. This presentation will build upon the evidenced-based theories to practical applications for your agency.

Falls: It Takes the Whole Team to Keep Them on Their Feet:

Falls are a leading cause of hospitalizations and death in individuals age 65 and older. There are many variables which can lead to falls in the home. Because of the complexity of fall risk and the severity of injury that is related to falls, the entire homecare team must play a role in fall reduction. Discover how your agency can develop an interdisciplinary team approach to evidence-based falls assessment and intervention. Also, learn effective benchmarking for falls data and its utilization for improve outcomes.

Interdisciplinary Telehealth Programs: Taking Technology to the Next Level

Telehealth has become a common intervention used by agencies to monitor patients' status during the homecare episode. Often, Telehealth is used primarily as a nursing tool to assess patients daily. Telehealth combined with evidence-based practice can be a powerful tool for rehabilitation professionals as well. Discover how the whole team can utilize the Telehealth technology to improve treatment interventions and provide quality patient care.

For more information on these and other education sessions, contact Karen Michael at michaelk@celtichealthcare.com or (724) 714-6395 or visit www.celtichealthcare.com.

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EDUCATION

Consortium Ethics Program: A Jumpstart to Clinical Ethics Education

Mrs. Smith is an 80-year-old woman who has had multiple admissions to the hospital for congestive heart failure and recently has had difficulty swallowing thin liquids. She reports no longer having any desire to eat or drink, and has taken nothing by mouth for a week. The patient is refusing the insertion of a feeding tube to provide nutrition and hydration, but her son is insisting that a feeding tube be placed. The treatment team does not want to force an unwanted intervention upon the patient, even though they feel it would be in her best interest. The patient's son is persistent in his request for the placement of the feeding tube and has begun to question his mother's decision-making capacity.

Far from being the exception, ethically complex cases such as Mrs. Smith's are common in the health care setting and seasoned professionals resolve these types of dilemmas daily. Most, however, do not have the time to "stand back" and reflect on their decisions. This "standing back" and reflecting about what "should be done" is one definition of professional ethics. What IS the patient's decision-making capacity? While it is the right of a competent patient to refuse any treatment—including life-sustaining treatment, what if a physician believes treating the patient is in her best interest? A physician does have an obligation to respect the patient's right to make autonomous decisions, but what should be done if the patient is no longer competent? Who is an appropriate surrogate? What if that surrogate does not act in accordance with the patient's previously expressed wishes?

A lack of training, vocabulary or knowledge of professional ethics frameworks can cause a physician to not fully or comfortably identify and address such issues. When health professionals are uncertain as to how to proceed in the face of troubling issues, they may consult their facility's ethics committee, or ethics consultation service. Yet, what if ethics committee members and/or ethics consultants have little more training in ethics than those who requested the ethics consult?



BY VALERIE B. SATKOSKE, PH.D.

One of the three primary functions of an institutional ethics committee is to educate its members and the members of its health care community regarding clinical ethics. A valuable source of health care ethics education and training in the Western Pennsylvania region is the Consortium Ethics Program (CEP) of the University of Pittsburgh. The most general goal of the CEP is to provide a cost-effective way to assist health care professionals, their institutions,

and the local health care community in developing and sustaining an awareness and expertise in clinical health care ethics to enhance patient care, policy formation, and ethics consultation.

The CEP stays abreast of the clinical ethics literature and emergent standards as proposed by professional bodies such as the Joint Commission and the American Society for Bioethics and Humanities (ASBH). Recently the ASBH has formed a committee to define standards and explore the possibility of credentialing for clinical ethics consultants. The CEP will follow the progress of this newly formed committee and explore educational tools to fulfill emergent professional standards.

In light of what appears to be a trend toward more formalized ethics education in the health care setting, utilization of the resources available through membership in the CEP will become increasing valuable. In addition to educational offerings such as the CEP, health care professionals who are interested in expanding their knowledge of health care ethics might also inquire about joining the ethics committee at their institution; seek continuing education credits in health care ethics; or even pursue education at the university level through ethics certificate programs and graduate level degrees in health care ethics, some of which can be accessed online. Just a few examples of the educational opportunities available to those interested in getting started in the field of health care ethics.

For more information about educational opportunities with the CEP, contact the CEP office at (412) 647-5834 or cep@pitt.edu and visit www.pitt.edu/~cep.

Western Pennsylvania's Ethics Education Network

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- On-site Education for hospital staff
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BASIC ISSUES IN HEALTH CARE ETHICS CONFERENCE

Tuesday, December 8, 2009 8:00 am - 4:00 pm Hospital Council of Western Pennsylvania
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Jody Stockdill
412-647-5832
joc10@pitt.edu
www.pitt.edu/~cep

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Saint Vincent College Introduces Graduate Certificate Program in Health Services Leadership

A new graduate certificate program in health services leadership has been announced by Saint Vincent College to enable practitioners to become effective leaders in the current complex health care environments.

The program follows the successful implementation of a master of science program in health services leadership which is now in its third year of operation. "Saint Vincent College's curriculum is designed to prepare qualified health care practitioners to become transformational leaders with a strong comprehension of the organizational and social context of American health care, and to enhance understanding of health care operations in order to assure ethical, responsible and effective care for patients," noted Dr. Dawn Edmiston, program director.

The certificate program provides a new option for those who seek leadership development but are not yet able to commit to a master's degree program. The innovative certificate program consists of four graduate courses (12 credits) designed around evidence-based theory with real-world application.

The courses in the program include U.S. Health Care Systems, Organization and Administrative Theory, Economics of Health Care and an elective course in health services leadership.

U.S. Health Care Systems delivers a comprehensive overview of the U.S. health care system covering structure, finance, governance, history, and cultural values. It provides an examination of key challenges and interactions with economic, technological, political, and

social forces within the larger society to include the health care system's response to these influences.

Organization and Administrative Theory is a survey of organization theory as it relates to health services administration. The course introduces key ideas in leadership, motivation, communication, human relations, decision-making, and policy formation. Special attention is given to how the individual, work group and organizations interact to affect the accomplishment of both individual and organizational goals.

Health Care Economics and Public Policy examines economic and public policies that affect the health care system. It analyzes relevant economic topics such as demand for health services, health care provider behavior, implications of insurance strategies, cost containment and health technology and regulation.

Afternoon and evening classes are conveniently scheduled on the Saint Vincent College campus as well as at Latrobe Hospital and Memorial Medical Center in Johnstown.

All courses completed in the graduate certificate program may be transferable to the master of science in health services leadership degree program if students elect to continue their studies.

The application for the health services certificate program is available online at www.stvincent.edu/graduateprograms.

Questions may be directed to the Office of Graduate and Continuing Education at (724) 805-2933 or gradadmission@stvincent.edu.

Chatham University Expands its Graduate Biology Program with a New Environmental Track

Tapping into the expanding interest in environmental science careers, Chatham University will add a track in Environmental Biology to its Master of Science in Biology program this fall, according to the Office of Academic Affairs. The new Environmental Biology track includes classroom, laboratory, and field work experiences designed for students who want to pursue careers in environmental services, research, education, or advocacy.

The Environmental Biology track will offer courses on topics such as Plant Development, Geographic Information Systems (GIS), Soil Science, Field Ecology, Wetlands Ecology, and Biostatistics. Students will also participate in internships and field seminars.

Chatham's MS in Biology program is designed for students with undergraduate degrees in biology or related sciences who wish to increase their knowledge of biology prior to entering advanced degree programs or teaching at community college. A Human Biology track is also available that is specifically designed to help students prepare for advanced programs in medicine, dentistry, veterinary studies, pharmacy, optometry etc. Both the Environmental Biology and Human Biology tracks offer thesis or non-thesis options.

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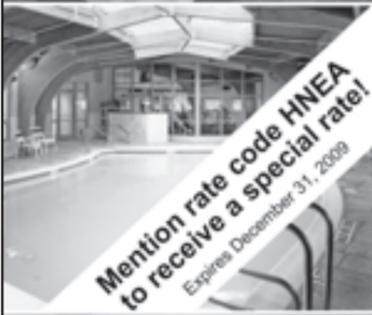
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DATEBOOK:

HIMSS Scholarships & Award Nominations

The HIMSS Foundation annually awards over \$60,000 in cash scholarships. Applications will be accepted until October 31. The 2009 Annual Awards Call for Nominations is now open. Nominations will be accepted through October 30. For more information go to www.himss.org.

September 2 Aging In Place for Seniors

An Aging In Place for Seniors program presented by Gateway Hospice will be held at the Ross Township Senior Center, 1000 Ross Municipal Drive, Pittsburgh, on Wednesday, September 2 at 11 a.m. There is no cost to attend. For more information, call (412) 536-2020 or 1-877-878-2244.

September 10-11 SWPONL 30th Annual Educational Conference

The Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL) will hold their 30th Annual Educational Conference, More for Less, September 10-11 at Nemaquin Woodlands Resort. For more information, visit www.swponl.org.

September 12 Cruzin For a Cure

Cruzin For a Cure to benefit The Cancer Project will be held Saturday, September 19 from 11 a.m. to 4:30 p.m. at Mineral Beach, Finleyville. For more information, contact Carl at (412) 835-6135.

September 12 American Diabetes Association Hosts Diabetes Expo

On Saturday, September 12th, the American Diabetes Association will host the Diabetes Expo in conjunction with WTAE-TV Healthy 4 Life Expo at the David L. Lawrence Convention Center from 9:00 a.m. – 4:00 p.m. For more information, contact (412) 824-1181 x 4608 or 1-888-DIABETES.

September 14 CGH Benefit Golf Tournament

Canonsburg General Hospital's 25th Annual Benefit Golf Tournament is scheduled for Monday, September 14 at Valley Brook Country Club in McMurray. For more information, call (724) 745-3913.

September 17 2009 ACHE|WP Education & Networking Schedule

The Western Pennsylvania Chapter of the American College of Healthcare Executives (ACHE|WP) is offering an educational program on September 17 - Evolution of today's federal health care policy – in Erie, PA. Web broadcast and live program. Earn your Category I and II continuing education credits. For more information, visit <http://westpa.ache.org> or e-mail info@westpa.ache.org.

September 18-19 2009 Clinical Practice Forum

The Hospice and Palliative Nurses Association announces its 3rd Annual Clinical Practice Forum: "The Failing Heart: Integrating Palliative Care with Life-Sustaining Therapies," on September 18-19 at Hilton Pittsburgh. To register, call (412) 787-9301.

September 20 Walk for Food Allergy

This year's Walk for Food Allergy: Moving Toward A Cure in Pittsburgh will take place at Hartwood Acres on Sunday, September 20. For more information, visit FAAN at www.foodallergy.org.

September 23-26 NLN Education Summit 2009

The National League for Nursing will hold its 2009 Education Summit: Exploring Pathways to Excellence in Clinical Education, September 23-26 at the Pennsylvania Convention Center & Philadelphia Marriott Downtown. For more information or to register, visit www.nln.org/summit.

September 28 Marian Manor Charity Golf Classic

Marian Manor 9th Annual Charity Golf Classic will be held Monday, September 28 at Montour Heights Country Club in Moon. For tickets or information, contact Sr. Eileen Chlebowski at (412) 440-4305 or sec@marianmanor.com.

September 29 – October 2 PPC University

(Please note the dates have changed due to the G20 Summit) The Perfecting Patient CareSM (PPC) University, developed by The Pittsburgh Regional Health Initiative, is a powerful, proven healthcare education and training program, based upon Lean concepts and principles of The Toyota Production System. The University will be held at the Marriot Courtyard, Monroeville. Mandatory registration can be completed online using the form available at www.prhi.org/ppc_reg_list.php. For more information, contact Barbara Jennion at bjennion@prhi.org or (412) 586-6711.

September 30 - October 2 Healthcare Facilities Symposium & Expo

The Healthcare Facilities Symposium & Expo will be held September 30 - October 2, 2009 at the Navy Pier, Chicago, IL. Now in its 22nd year, the Symposium is the original event that brings together the entire team who designs, plans, constructs and manages healthcare facilities. Visit www.hcarefacilities.com to register.

September 30-October 3 The Society for Healthcare Strategy and Market Development 2009 Annual Conference

Join us this fall in Orlando at Connections 2009 to network with other healthcare leaders and acquire the tools you need to plot your course through these uncertain economic times and map and secure your organization's future. For more information, visit www.shsm.org/shsm/conference/index.html.

October 2 TRAPIC Annual Fall Educational Conference

The Three Rivers / Pittsburgh Chapter of the Association for Professionals in Infection Control and Epidemiology, (TRAPIC), will hold its annual educational conference entitled "Rake in Infection Prevention" on Friday, October 2 from 7:30 a.m. until 3:30 p.m. at the Hilton Garden Inn Southpointe, 1000 Corporate Drive, Canonsburg. For more information, visit www.APIC.org, or contact Sandra Silvestri at silvestris@upmc.edu.

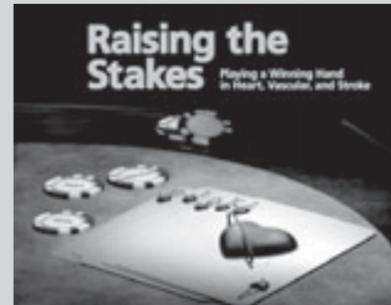
October 6-7 Corazon Annual Fall Conference

Join Corazon, October 6 and 7, as they host their Annual Fall Conference, "Raising the Stakes: Playing a Winning Hand in Heart, Vascular, and Stroke" taking place in Pittsburgh, PA, at the Doubletree Hotel Pittsburgh Airport. For more information, call (412) 364-8200 or visit the conference link at www.corazon-inc.com.

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"Raising the Stakes: Playing a Winning Hand in Heart, Vascular, and Stroke"

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October 6-7, 2009



Agenda Highlights include:

- State of the Union in Heart, Vascular, and Stroke
- Operational and Facility Innovations
- Physician Employment Models and How They Work
- Disease-Specific Certification with The Joint Commission
- HOT TOPICS including Heart Attacks & Brain Attacks, Electrophysiology, and More!

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- Professional Nursing.... A Historical Perspective of Nursing Roles with Judy Zedreck-Gonzales
- Why Toyota is the Hot Sexy New Thing in Healthcare with Dr. Tania Lyon
- Addressing Implementation Failure in Healthcare Organizations: Insights from Management Research with Dr. Rangaraj Ramanujam
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Summer Travelers Should Plan Ahead for Potential Health Risks

Passport? Check. Plane ticket? Check. Insurance card?

Whether it's a week of relaxation on a quiet beach or backpacking across an unknown continent, nothing can turn a dream vacation into a nightmare faster than a medical emergency. And with recent medical alerts raising concerns about the potential health risks associated with traveling, it's now more important than ever for vacationers to be prepared.

Every foreign travel destination has different health and safety risks, but by taking the time to plan ahead to prevent illness and prepare for unexpected medical emergencies, travelers can easily minimize concerns. Not only will prepared travelers be able to respond more quickly in a medical emergency, but they will also avoid the burden of unnecessary medical expenses.

There are several aspects of health care that travelers must consider.

Insurance coverage. As essential as it is to receiving medical care in the United States, understanding health care insurance



BY DR. PHILIP BENDITT

is equally important when traveling abroad. To be fully prepared for a medical emergency when away from home, travelers should,

- Carry an insurance identification card and a claim form with other important travel documents.

- Understand how their health insurance coverage works outside of the United States. Some insurers like United-Healthcare offer extended coverage for international medical expenses.

- Educate themselves on how the health care system and emergency treatment works in the country they plan to visit.

Disease prevention. Some diseases that are rare in the United States are common in other parts of the world and require special preventative measures. Everything from insect bites to contaminated water can pose a threat to health and safety. To protect against potential exposure to disease and other health risks specific to their destination, travelers should,

- Visit the Center for Disease Control and

other government websites for information on prevalent diseases and other health alerts affecting foreign destinations.

- Make sure they are up to date on vaccinations.

- Peel fruits and vegetables to avoid consuming pesticides and contaminants in the water used to wash them.

Personal precautions. Travelers with a medical condition that requires a regiment of prescription medication or special attention in the event of an emergency should make sure foreign officials and medical professionals are clearly informed. To avoid complications when traveling with a medical condition, travelers should,

- Carry prescription medications in their original containers in a carry-on bag and label them clearly.

- Have their physician write a letter explaining the condition, its limitations, and prescriptions to carry with them in case of an emergency.

- Obtain a copy of their personal health record and carry it with travel documents.

Communicating in an emergency. In many foreign destinations there will be obstacles to communication that could make finding help in an emergency diffi-

cult. To ensure a language barrier doesn't stand in the way of getting help, travelers should,

- Contact the International Association for Medical Assistance to Travelers of the Nearest U.S. embassy to find medical facilities and English-speaking doctors in the area where they plan to travel.

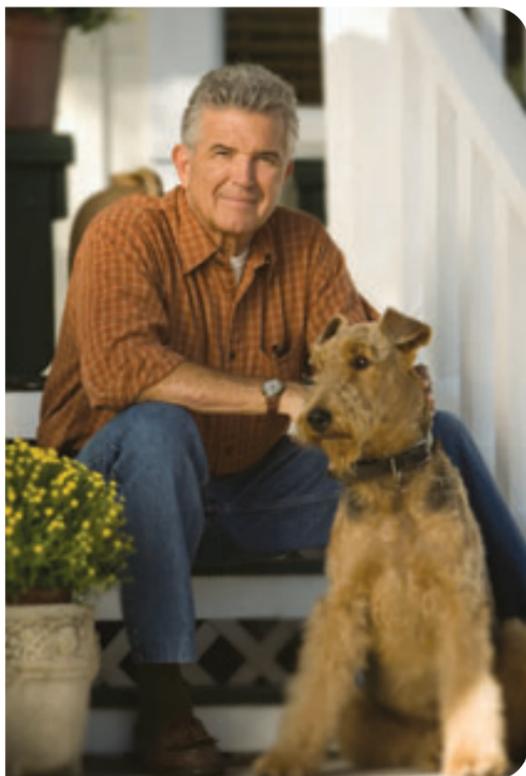
- Learn the words for doctor, emergency, and hospital in the native language.

Travelers with higher medical risks, such as diabetics, severe asthmatics, and pregnant women should always consult a physician before taking off. A qualified medical professional can provide more detailed information on specific health concerns and any additional precautions they might require.

Above all, it's important for summer travelers to remember that health care systems elsewhere differ widely from those in the United States, and from country to country. Travelers abroad should be aware of any major health risks and have a basic understanding of their destination country's health care system to ensure a safe and healthy experience.

Dr. Philip Benditt is Medical Director of UnitedHealthcare, Pennsylvania. He can be reached at Philip_L_Benditt@uhc.com.

Please send your email addresses to judy@hospitalnews.org to receive monthly Western Pennsylvania Hospital News Editorial Updates!



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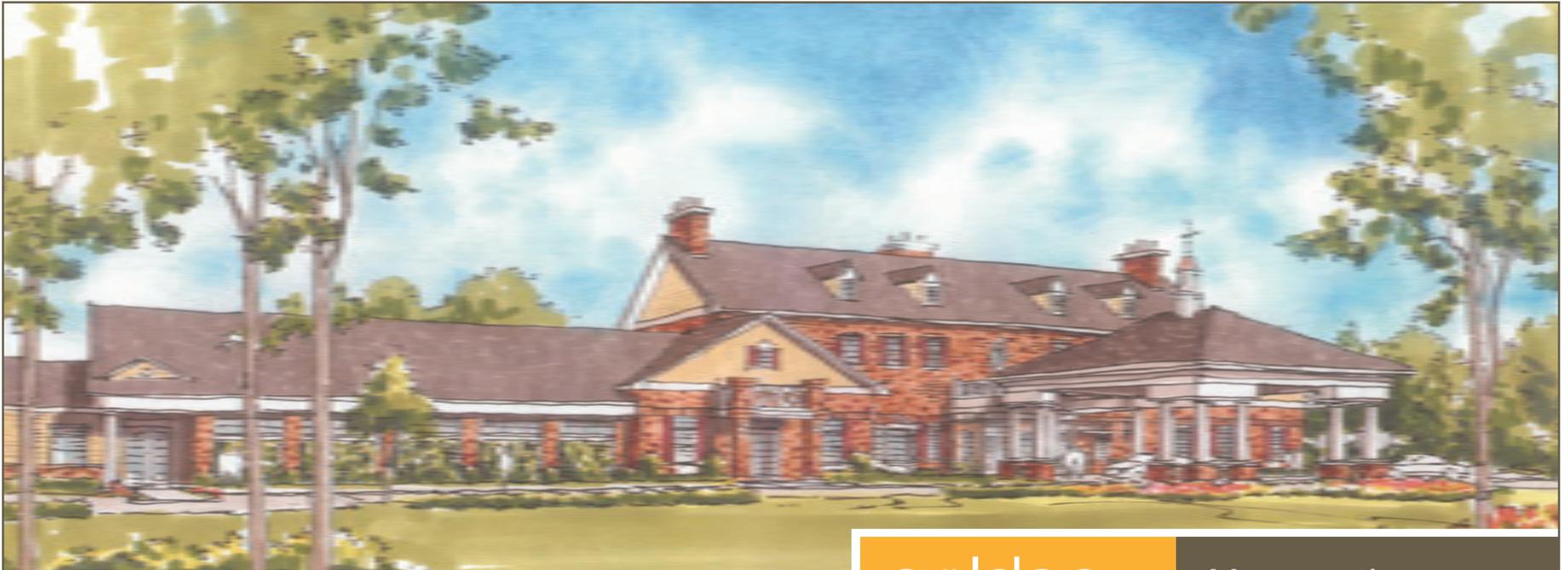
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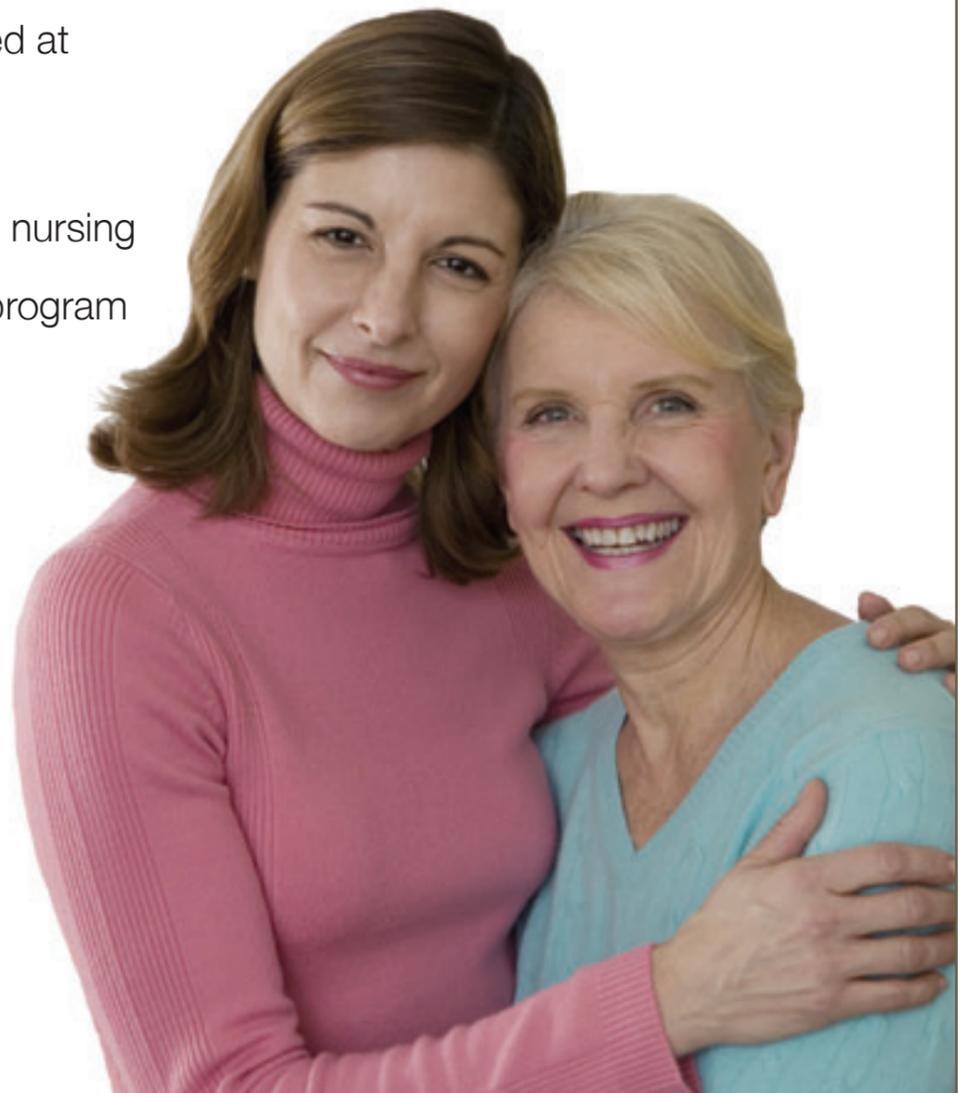
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St. Barnabas Health System is comprised of a 172-bed skilled nursing facility in Gibsonsia, a 47-bed skilled nursing facility and a 182-bed assisted living facility in Valencia, an outpatient Medical Center and three retirement communities. RN and LPN positions available at the two nursing facilities. Home Care Companion positions are available to assist our Retirement Village and community clients with daily living and personal care needs. Earn great pay and benefits now. Fantastic country setting, convenient drive from Pa. Turnpike, Rts. 8 & 19, Interstates 79 & 279.

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For a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization, located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please contact Joan Mitchell, for Independent Living; Suzanne Grogan for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

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For almost 100 years, Baptist Homes Society has served older adults of all faiths throughout the South Hills. As a continuing care retirement community, we provide a full continuum including independent living, short-term rehabilitation, personal care and assisted living, memory support, skilled nursing programs and hospice care. Between our two campuses, we offer one-stop shopping for senior living services. Baptist Homes, our Mt. Lebanon campus, serves nearly 300 older adults. Providence Point, our new campus in Scott Township, has the capacity to serve over 500 older adults. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Baptist Homes Society is both Medicare and Medicaid certified. For more information visit our websites (www.baptisthomes.org or www.providencepoint.org) or arrange for a personal tour at either campus by calling Karen Sarkis, Community Outreach Liaison, at 412-572-8308. Baptist Homes is located at 489 Castle Shannon Boulevard, Mt. Lebanon, and Providence Point is located at 500 Providence Point Boulevard, Scott Township.

COMMUNITY LIFE

Living Independently For Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social service, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive healthcare and social services, meals, and participate in various activities.

The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated healthcare for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in-home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

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A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:
Presbyterian SeniorCare - Oakmont
1215 Hulton Road, Oakmont, PA 15139
412-828-5600
Presbyterian SeniorCare - Washington
825 South Main Street, Washington, PA 15301
724-222-4300

ST. BARNABAS HEALTH SYSTEM

St. Barnabas Health System offers a continuum of care at its two campuses in the North Hills. Skilled nursing care is offered at the 172-bed St. Barnabas Nursing Home in Richland Township, Allegheny County, and the 47-bed Valencia Woods at St. Barnabas in Valencia, Butler County. The Arbors at St. Barnabas offers assisted living for up to 182 persons. All three facilities offer staff-run, on-site rehabilitative services, extensive recreational opportunities, and beautiful, warm decor. Home care is available at the St. Barnabas Communities, a group of three independent-living facilities: The Village at St. Barnabas, The Woodlands at St. Barnabas and The Washington Place at St. Barnabas. The Washington Place, a 23-unit apartment building, has hospitality hostesses on duty to offer residents support as needed. St. Barnabas Health System, a non-denominational, faith-based organization, has a 108-year tradition of providing quality care regardless of one's ability to pay. For admissions information, call:

- St. Barnabas Nursing Home
5827 Meridian Road, Gibsonsia, PA 15044, (724) 444-5587
- Valencia Woods at St. Barnabas/The Arbors at St. Barnabas
85 Charity Place, Valencia, PA 16059, (724) 625-4000 Ext. 258
- St. Barnabas Communities
5850 Meridian Rd., Gibsonsia, PA 15044, (724) 443-0700, Ext. 247

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PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality; Childhood Lead Poisoning Prevention; Chronic Disease Prevention;

Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director 333 Forbes Avenue, Pittsburgh, PA 15213
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The Hospital at The Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Green Tree, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs. For more information, please call 412-420-2400. The Children's Institute 1405 Shady Avenue Pittsburgh, PA 15217-1350 www.amazingkids.org

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LIGHT READING

Light Reading is a series of communications from MASSolutions that sheds light on common business challenges and provides solutions to strengthen your bottom line.

Insecure Arrogance

Do you work with people who act like they know everything? Or don't want to hear an opinion that differs from theirs?

Ever have to make sure the boss thinks your ideas were his?

Managers who ignore new ideas (or act out at those who present them) are sometimes described as decisive or strong willed. I think they are actually displaying what I refer to as insecure arrogance.

Author F. Scott Fitzgerald wrote that the test of first rate intelligence is the ability to hold two opposing ideas and still retain the ability to function. Managers who succumb to insecure arrogance often lack the confidence to weigh or wrestle with multiple points of view. Their insecurities lead them to act like they are completely certain their way is the best or only way.

Clearly, insecure arrogance can be detrimental to an organization's culture and overall productivity. Limiting exposure to multiple ideas or potential solutions stifles personal and professional growth of the perpetrator and those around him.

How can we know if we've been displaying insecure arrogance and how can we avoid it?

Do you actively seek diverse opinions? Are you able to adjust your approach after hearing a compelling idea? Strive to understand the rationale behind differing viewpoints and weigh multiple opinions before



BY DAVID M. MASTOVICH, MBA

making decisions (and still, as Fitzgerald wrote, maintain the ability to function).

What can we do when we encounter insecure arrogance?

There really isn't a one size fits all approach. However, the first step involves understanding the emotional makeup and personality style of the person displaying insecure arrogance. If the person is data driven, provide details to make your case. When working with a

more instinctual, emotional decision maker, tell real life stories or anecdotes that they can relate to.

Ultimately, though, it's about your relationship and strengthening it. Treat them the same way you treat your best clients. You know what makes your top clients tick, right? You find creative ways to reach and influence key customers and to make it about them. Apply these same techniques with your boss or peers to overcome their insecure arrogance.

David M. Mastovich, is the president of MASSolutions, a Pittsburgh based Strategic Marketing firm that focuses on improving the bottom line for client companies through creative marketing, selling, messaging and customer experience enhancement. David can be contacted at (412) 201-2401 or info@massolutions.biz. You can view the Light Reading Archives online at www.davidmmastovich.com/reading.html.



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Investors' Lab

Is Diversification Dead?

Diversification is not a new idea. Even the Talmud recommends not putting all eggs in one financial basket when it says "Let everyman divide his money into three parts, and invest a third in land, a third in business, and a third let him keep in reserve."

What the Talmud's advice means today is to own a home, have some money in the bank or in bonds, and have a well-constructed portfolio of stocks.

Historically, we have defined diversification as having a position in asset classes that behave differently given the same set of economic and market conditions, for example stocks and bonds. For many, diversification has also always entailed having multiple securities, across multiple sectors within any given asset class.

For decades, multi-asset class diversification and security diversification have worked exceptionally well to manage two broad forms of portfolio risk: systematic and unsystematic risk.

Systematic risk refers to a specific risk inherent in a market, for example the Chinese stock market or the New York Stock Exchange, and is usually driven by economic or political factors. For example, when the economy goes into recession, the stock market typically declines and more often than not, the bond market is flat or up. By owning multiple asset classes, i.e., diversifying asset classes, we can manage systematic risk.

Unsystematic risk refers to company-specific or industry-specific risk. By owning many companies across multiple industries, we manage the risk of large, permanent loss that might come from a single company's failure. Consider owning an S&P 500 index versus owning General Motors. There is more risk of permanent loss in owning GM than in owning the broad market of U.S. large company stocks. One of the seminal figures of portfolio theory, William Bernstein, said, "Given a long enough time horizon, all companies will go to bankruptcy." True enough, but don't forget that while companies fail, both markets and asset classes continue to exist.

Many investors and professionals who believed in and apply the rules of diversification as a way of managing risk are wondering, what happened this time?

We have all watched portfolio values decline precipitously and wonder if they will ever recover. Is it different this time?



BY PAUL BRAHIM, CFP AIFA

Is diversification dead?

Careful study of other financial and economic contractions shows that all asset classes are behaving exactly as they did in former periods of extreme recession or depression. In crisis mode, no amount of diversification provides cover, because everything goes down. The real value of diversification comes as the economy recovers and correlations begin to diverge again. For

example, year to date through June 30, 2009, the S&P 500 is up 3.16% while the BarCap U.S. Corporate High Yield Index is up 30.43%. A bond asset class outperformed a stock asset class by a factor of 10, in the middle of a recession.

Fidelity Investments Market Analysis, Research and Education Group (MARE) cite four reasons that diversification is still a valid strategy.

1. **Massive Asset Class Rotation:** In 2008, investment grade bonds were top performers at 5.2% while emerging market stocks were the worst at -53.2%. So far, in 2009, emerging market stocks are the best performer at +36.2% while investment grade bonds are laggards at just 1.9%.

2. **Returns can vary widely:** Return differences between the best and worst asset classes have averaged 51% for the last two decades. In 2009, U.S. growth stocks have outperformed U.S. Value stocks by 15%!

3. **Long-term performance patterns overwhelm short-term divergences:** In the short run, especially during a crisis or a period of excessive exuberance, assets tend to behave the same. The divergence in performance in 2009, high yield bonds and emerging markets, highlights the value of diversification. Those benefits become even clearer over the long term.

4. **Chasing short-term winners can backfire:** Moving in and out of asset classes at the right time can be challenging. Those who exited high yield bonds or emerging markets in 2008 may have missed the recovery in 2009.

It seems diversification is not dead. In fact, the value of diversification has never been clearer. Investors who follow the advice of the Talmud and broadly diversify are already on the road to recovery, while those who attempted to time have missed a large part of the initial recovery.

Paul Brahim, Managing Director, BPU Investment Management, Inc., can be reached at pbrahim@bpuinvestments.com.

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COVER STORY: Remembering How America Inspired Israel to Enact Healthcare Reforms

Continued from page 1

the playing field and reduces complexity. To further contain spending, Israel developed a widely accepted and respected Ministry of Health process to evaluate and prioritize new drugs and devices to be covered in the basic service bundle. Reasonably immune to political interference, coverage decisions are made by a special commission of experts in clinical practice, scientific research, economics, technology and ethics.

Administrative costs are low. There are no separate health plans for the elderly, disabled, and poor in Israel; anyone is eligible to join any one of the plans. Employed workers choose a plan that best suits their needs and preferences just like anyone else, without their employers' involvement. Plans are encouraged to be creative and compete on the basis of quality, efficiency and patient satisfaction. Member satisfaction is high; only about 1 percent of the population changes plans each year.

Unlike in the U.S., where financial incentives are heavily weighted toward physician specialization, Israeli physicians are salaried and wages are fairly uniform across specialties. Government-subsidized medical education costs \$2,000-\$3,000 a year. Most students finish medical school debt-free. Respect for primary care physicians is high and, without a large debt, more Israeli medical students choose primary care and internal medicine.

Israel's higher quality, lower cost and patient-satisfying health care is rooted in HMO concepts that were developed here 20 years ago. These concepts crop up again now in "new" ideas for the U.S. healthcare system: strengthening primary care via the Patient-Centered Medical Home; establishing regional, multi-provider integration of care via Accountable Care Organizations; and instituting payment reforms which are variations on capitation to remove the profit motive from clinical decision-making. By themselves, however, these new programs are unlikely to achieve the excellent results of the Israeli system. Not if they are grafted on top of an expensive and underperforming "legacy" system that rewards doing as many tests, treatments and procedures as possible, without proof of superior outcomes.

We have another chance to address these big issues right now. We can seriously question where our healthcare dollars go, how much of our spending buys value-added services, and how to remove disincentives to quality and efficiency. We could ask what we want from our healthcare system and how to get there. We could conceive a far better long-term vision. But an overhaul will require the political will and stamina to create a rational system that rewards the most efficient, highest quality providers.

Dr. Karen Wolk Feinstein, President and CEO, Pittsburgh Regional Health Initiative, can be reached at info@prhi.org.

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Vinomis Laboratories has introduced a new super-concentrated dietary supplement based on three widely acclaimed ingredients: Pure Resveratrol, Red Wine Grape Extract, and Quercetin.

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For nearly 200 years, scientists have been aware of a phenomenon known as "The French Paradox." Despite a high saturated fat, high calorie diet, the French live longer and healthier than Americans. High consumption of red wine has long been suspected as the cause, but in 2003, a team of researchers at Harvard Medical School "broke the code" and discovered that 19 polyphenols activate the "SIRT" genes, and 17 of these are found in red grapes and red wine. These genes produce the Sirtuin enzymes which play a key role in the aging process, and prevent many of the diseases related to aging such as diabetes, cancers, heart disease, Alzheimer's, and others.

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Study by Forbes Hospice Director Underscores Importance of Positive Religious/Spiritual Outlook for Breast Cancer Patients

Women with breast cancer who feel angry at God or are disillusioned with their faith are more likely to experience depressive symptoms, lower life satisfaction and worse overall mental health than those who have a positive religious or spiritual outlook, such as looking to God for strength and guidance, according to a new study published in the Journal of Palliative Medicine.

Clinicians should be aware that patients with serious illness who are in the midst of a religious or spiritual struggle are at further risk of diminished well-being and may benefit from a clergy referral, said lead author Randy Hebert, M.D., Medical Director of Forbes Hospice, part of the West Penn Allegheny Health System.

"Religion is an important coping mechanism for many women dealing with a breast cancer diagnosis, and clinicians may want to respectfully inquire about their patients' religious beliefs so that they can intervene appropriately to help women at risk," said Dr. Hebert, who is also Vice Chief of the Division of Hospice and Palliative Medicine at The Western Pennsylvania Hospital and The Western Pennsylvania Hospital - Forbes Regional Campus.

Dr. Hebert's study, "Positive and Negative Religious Coping and Well-Being in Women with Breast Cancer," enrolled 198 women with early-stage (I or II) breast cancer and 86 women with later-stage (IV) breast cancer. Recruited from a number of hospitals in western Pennsylvania, participants were interviewed at the time of entry into the study, and eight to 12 months later.

Positive religious coping was measured by the statements "I've been working together with God as partners to get through this problem" and "I've been looking to God for strength, support and guidance." Negative religious coping reflected the statements "I've been wondering if God has abandoned me" and "I've been expressing anger at God for letting this happen to me."

While negative religious coping predicted a worse overall emotional and mental health, positive religious coping was not associated with any measure of well-being.

Unlike many other studies that have explored how religious coping affects a patient's well-being, this study controlled for variables such as age and ethnicity, social support, cancer stage and personality attributes such as hostility or cynicism.



Randy Hebert

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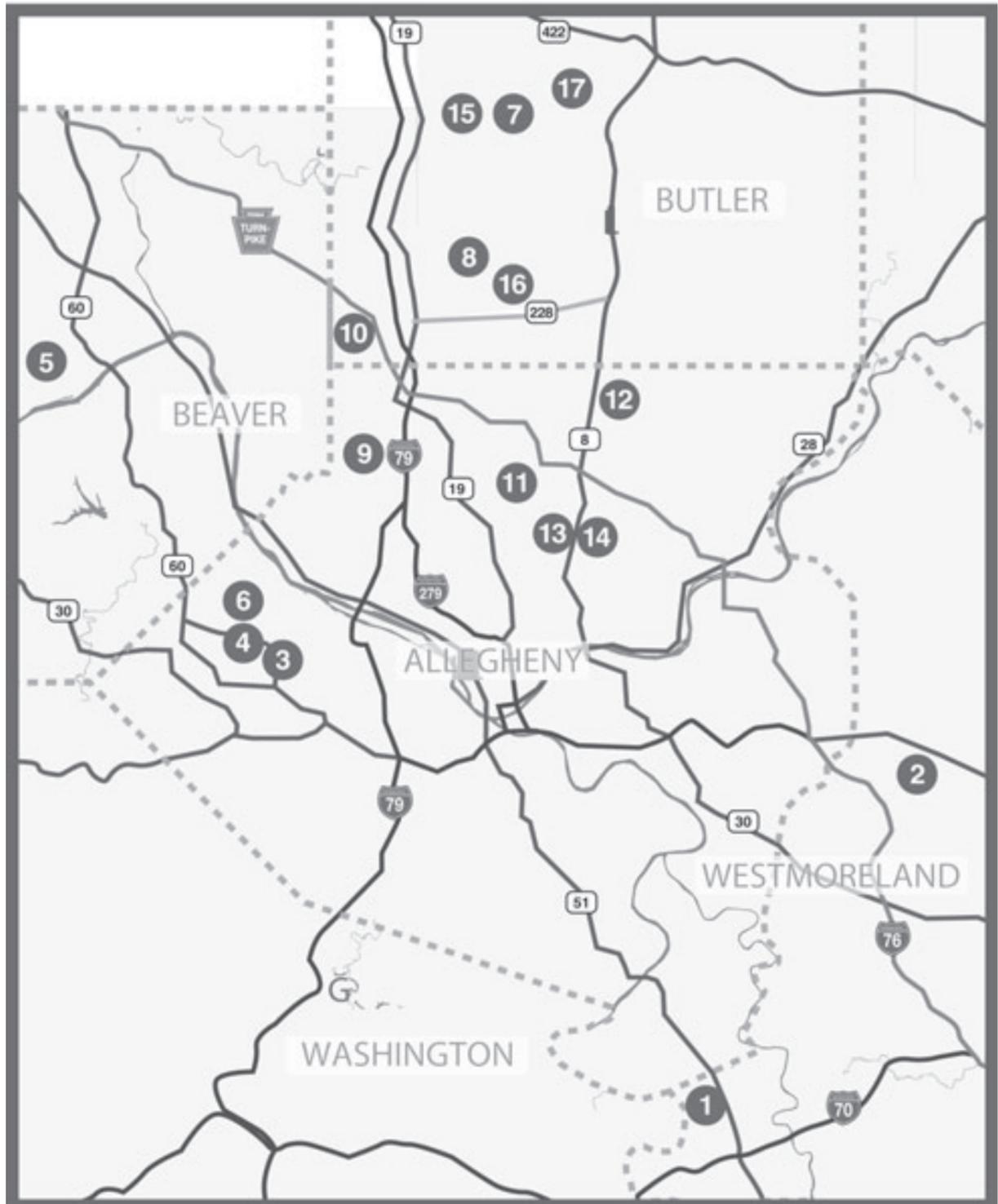
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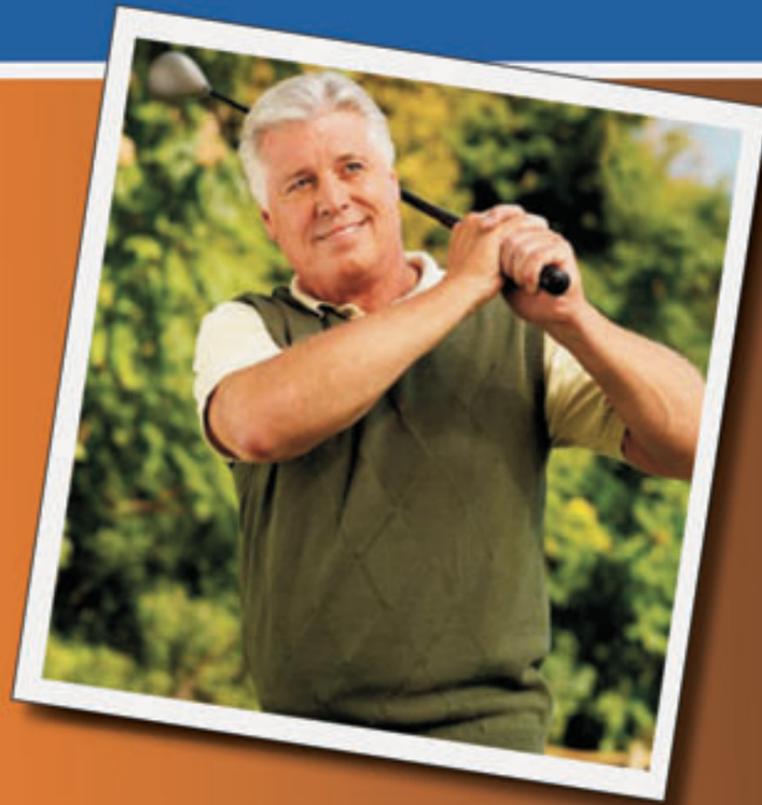
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