

Inside ...

Obamacare's Impact: This Year and Beyond

By Karen Hartman

As the autumn leaves were falling, the election for the President of the United States was heating up like a hot summer night in July. **page 4**



Social Media Allows Celtic Healthcare to "Join the Conversation"

By Kathleen Ganster

Facebook, Twitter, LinkedIn, YouTube...the social media sites seem endless.

But they also provide valuable communication opportunities for health care providers according to Jodi McKinney, Director of Corporate Communications at Celtic Healthcare. **page 17**



America's Health Rankings Shows Pennsylvania is 26th Healthiest State



By Philip L. Benditt, M.D.

The United Health Foundation has released the 2012 America's Health Rankings, and Pennsylvania is slowing moving up in the ranking. According to the report, Pennsylvania is the 26th healthiest state, up two spots from 28th in 2011.

Since the United Health Foundation began its annual analysis of states' health in 1990, Pennsylvania has consistently fallen on the lower end of

the middle, ranging from an all-time low at 32nd healthiest state in 2006 to a high of 26th on several occasions. To break the trend and become one of the healthiest states, Pennsylvania has to look at what we're doing right and start applying that knowledge to fix the areas where we're falling behind the other states.

Pennsylvania's strengths include:

- High school graduation rates are relatively high, with 80.5 percent of ninth graders finishing high school.
- Pennsylvania is in the top ten states with low percentages of uninsured people.
- While 22.4% of Pennsylvania adults still smoke, the numbers have dropped steadily from near 30% in 1990 when the

Rankings began.

● In the last year, the rate of preventable hospitalizations has decreased from 72.0 to 69.6 discharges per 1,000 Medicare enrollees.

The relatively high graduation rate is a key driver in Pennsylvania's move up the ranking ladder because it contributes to the health literacy of the state. High school graduation rates often mean the difference between a patient's ability to comprehend treatment instructions and understand how it relates to their disease management. In the case of an illness like diabetes, health literacy is critical.

But in other health areas, Pennsylvania is falling far behind other states:

● In the past five years, public health funding per capita has decreased from \$73 per person to \$52 per person, the tenth lowest in the U.S.

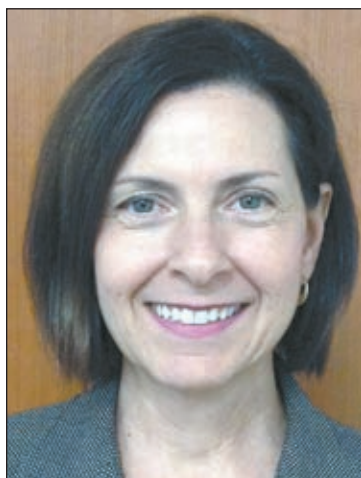
● The rate of cancer deaths in Pennsylvania is high compared to other states, ranked 37th with a rate of 193.3 deaths per 100,000 people.

● Compared to other states, Pennsylvania ranks 34th in infant mortality rate, with 7.3 deaths per 1,000 live births. The data also indicate that there is a significant disparity in infant mortality rates between white and African American populations.

Pennsylvania's weaknesses are key opportunities for the health care industry to develop innovative solutions to these problems.

See **RANKINGS** On **Page 5**

What to Know Before You Store Patient Credit Card Numbers



By Fran Cain

Everyone uses credit cards. Patients love to rack up points for travel and cash-back rewards. But before you store a credit card number in your practice database, be aware of the consequences if your patient records ever become compromised. Credit card

companies can impose huge fines if your office system is not securing patient credit card information adequately and it becomes compromised — to the tune of up to \$100,000 per incident. After reviewing this article and weighing the risks, ask yourself, "Does my practice really need to store credit card information on file?"

I HAVE A SMALL PRACTICE. HOW DOES THIS APPLY TO ME?

All credit card companies belong to the Payment

Card Industry (PCI). PCI has established a Security Standards Council to set and manage standards known as the Data Security Standard, or PCI DSS. If your practice accepts or processes payment cards, you must comply with the PCI DSS.

PATIENTS PREFER THAT I KEEP THEIR CREDIT CARD NUMBERS ON FILE.

WHAT IF I WANT TO STORE CREDIT CARD NUMBERS?

There are many rules to follow to be in compliance. You will be required to build and maintain a strong network; protect cardholder data; maintain a vulnerability management program; implement strong access control measures; regularly monitor and test networks; and maintain an information security policy.

HERE ARE SOME TIPS FROM THE PAYMENT CARD INDUSTRY WEBSITE:

- Encrypt all credit card numbers if stored in any system or database, including but not limited to logs and backups.
- Ensure the network has adequate firewall and up-to-date antivirus software.
- Use strong encryption for transmission of card-

holder data over the Internet.

● Regularly apply all systems and software security patches.

● Quarterly, run external vulnerability scans or penetration tests on the network.

● Limit access to cardholder information to staff with a legitimate business need.

● Enforce strong passwords.

● Avoid printing any card data on paper, but if any exists, it must be carefully secured and destroyed when no longer needed.

● Maintain data security policies that provide clear guidance to staff about handling of sensitive data (e.g., never e-mail Primary Account Numbers or PANs) and how to respond in case they discover data is compromised.

You must assess your business systems and processes annually to ensure you are in compliance. The PCI website can help you to assess your environment. You may be able to use a Self-Assessment Questionnaire, which must be completed annually, depending on the bank card. For example Master Card allows you to self-assess if you process less than 50,000 transactions annually, while JCB International allows you up to 1 million transactions. Check with each credit card company or look on its website to determine your merchant level and the requirements for your business.

See **CREDIT CARD** On **Page 6**

LinkedIn's Latest Study Reveals that Most People Want To Learn New Skills

By Daniel Casciato

LinkedIn recently released its findings in regards to the top professional goals people want to achieve in 2013.

The social network surveyed more than 7,100 professionals and found that 74 percent of people globally made a professional goal for 2012, and of that number, fifty-six percent of those professionals said that they actually achieved their goal last year. In the United States specifically, 70 percent of people made a professional goal for 2012, and 56 percent of those people succeeded at accomplishing that goal.

According to a press release from LinkedIn, here are the top five professional goals people in the U.S. said they want to achieve in 2013:

1. Professional development through learning new skills (48 percent)
2. Network more/build more professional relationships (46 percent)
3. Get a new job/career (29 percent)
4. Get a raise (28 percent)
5. Get promoted or move into a leadership role (25 percent)

"Since so many people achieved the professional goals they set out to achieve last year, it's crucial for them to continue raising the bar in 2013," said Nicole Williams, LinkedIn's career expert. "As you build your business plan of attack for the New Year, keep in mind the skills that you accrued in 2012 — and continue to build on them. Don't rest on your laurels. Keep striving to differentiate yourself from the competition."

For people in the U.S., "financial security and growth" (55 percent) was the one thing they said that they most wanted to achieve with their professional goal this year. "Better work/life balance" (24 percent) was the second most common response followed by "stronger workplace performance" (16 percent).

The No. 1 professional goal globally for 2013 is, "professional development through learning new skills." Out of all the options, survey respondents could choose from, these countries had the highest percentage of professionals who wanted to achieve each of these specific goals we asked them about:

- Professional development through learning new skills: Brazil (61 percent of professionals selected this choice)
- Network more/build more professional relationships: France (55 percent)
- Get a new job/career: United Arab Emirates (42 percent)
- Get promoted or move into a leadership role: Singapore (39 percent)
- Start my own business: Indonesia (37 percent)
- Get a raise: Indonesia (36 percent)
- Be more confident and engaged in client, customer and/or team meetings: India (34 percent)
- Retire/prepare for retirement: United States (11 percent)

"Given the sour economy and the tough job market, some people may be surprised to hear that 'network more/build more professional relationships' ranked higher than 'get a new job/career,'" said Williams. "In reality, 'network more/build more professional relationships,' is probably one of the savviest goals a professional can make. Knowing someone is the easiest way to get your foot in the door. When done properly, cultivating new business contacts can open up not only new job opportunities, but also help you land new client accounts and even strategic partnerships. LinkedIn makes building those crucial contacts easy."

Learn more at <http://blog.linkedin.com>. ↑



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Obamacare's Impact: This Year and Beyond

By Karen Hartman



As the autumn leaves were falling, the election for the President of the United States was heating up like a hot summer night in July. There were multiple debates with *this* winner and *that* winner, along with the new media-invented phrase, "fiscal cliff." Throughout the campaign, Healthcare emerged as an important topic – typically the forerunner of any discussions of policy, with "Obamacare" Law vs. some other version of legislation.

Personally, I was out of the country vacationing in Europe (6 hours ahead of EST) during Election Day, and found myself up through the night watching CNN to know who would be the next president.

As a result of President Obama winning a second term in office, "Obamacare," or more officially, The Patient Protection and Affordable Care Act (PPACA), also known as the healthcare reform law, will continue as it was enacted in March of 2010. There will be some tweaks and changes, but for the most part, a clear direction of the healthcare vision has been defined.

All of the initiatives contained in the Act were not fully outlined when initially passed, and most were scheduled to start two to four years in the future (2012 – 2014). With this timeframe approaching in 2013, *is your organization prepared for the latest wave of changes related to these healthcare regulations?*

Based upon the provisions of this Act, below are key areas that will potentially have the greatest impact on hospital strategy and operations in the coming year.

Hospital and Physician Alignment – The healthcare industry as a whole has acknowledged that increased competition between hospitals and their doctors leads to fragmented care that can result in less-than-optimal outcomes, decreased access for patients, and higher costs. Developing ways for these parties to work together to focus on the patient experience and outcomes is inherent to Obamacare. The ultimate goal is to align the vision (and payments!) of both the hospital and physicians as a means to improve care delivery across the continuum. Regardless of the alignment model chosen, all hospitals should consider some arrangement in order to be well positioned for the future.

Bundled Payment – The PPACA includes provisions that explore various options for healthcare payment reform. A bundled payment approach dictates that reimbursement to healthcare providers (such as hospitals and physicians) be

combined and based on expected costs for clinically-defined episodes of care, meaning that many different types of procedures will be billed together under one 'episode' and reimbursed with one sum to be split between the hospital and physicians. Obviously this is a drastic departure from current payment methodology, and hospitals must think now about how to structure new financial models should this provision be mandated nationwide. With such an approach, program efficiency—clinical, operational, and financial—must be evaluated so that care delivery is as streamlined as possible.

Mandatory Healthcare Insurance – At the core of the PPACA is the ideal that all American citizens will have affordable healthcare insurance coverage beginning in January 2014. The basic assumption is that providing appropriate primary care will improve the overall health of the population, resulting in less need for hospital services and less severe illness among hospitalized patients. This rationale is subject to much debate, however. In fact, states like Massachusetts have found that not to be the case, likely due to "pent up demand" for all types of healthcare services. Hospitals have just one year to prepare for what could be a large influx of patients who are now mandated to pay for insurance, and who will begin using it!

From a financial perspective, all of the above have the potential to significantly impact payments to hospitals and physicians. BUT, we caution that the term "impact" does not always mean negatively! If hospitals and physicians prepare well and engage in understanding the changes and how they can effectively and efficiently provide high-quality patient care, these changes can be just the right medicine for a better overall health for our nation.

Further, all of these provisions will require operational, financial, and clinical collaboration among physicians, hospital leaders, and other healthcare providers. Such changes will no doubt impact both 'big picture' strategy and day-to-day operations, beginning now, as most hospitals plan for the coming year and beyond. Understanding what the regulations mean on every level will be critically important, especially as hospitals strive to provide the highest level quality care to patients at the lowest cost—the ideal outcome of any change in national healthcare policy. And remember, circumstances change...Don't be the one who stays the same. You will be left behind. †

Karen Hartman is President at Corazon, Inc., a national leader in strategic program development for the heart, vascular, neuro, and orthopedics specialties, offering consulting, recruitment, interim management, and physician practice & alignment services to healthcare organizations across the country and in Canada. To learn more, visit www.corazoninc.com or call 412-364-8200. To reach Karen, email khartman@corazoninc.com.

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RANKINGS From Page 1

For instance, UnitedHealthcare is working to improve care for infants and mothers in Pennsylvania by providing the Baby Blocks program which rewards participants for taking steps to keep their babies healthy, such as attending prenatal doctors' appointments. We're also working to reduce health disparities between segments of the population through our Diverse Scholars program, which provides scholarships for minority students to pursue health-related careers.

But many of Pennsylvania's health challenges can be improved with behavioral changes. The number of Pennsylvanians who smoke, are obese and have sedentary life styles is high:

- 22.4% of the adult population smoke.
- 28.6% of adults are obese.
- 26.2% of adults report being physically inactive, meaning they do not engage in any physical activity outside of their regular employment.
- 9.5% of people have been diagnosed with diabetes.

UnitedHealthcare is working to address these challenges with a number of programs.

For example, UnitedHealthcare pioneered a new program through a partnership with Comcast to prevent the onset of diabetes. People enrolled in the program participate in an at-home program based on the reality-TV format. We're also in the midst of the 5th year of our UnitedHealthcare HEROES program, which awards grants to community-based youth organizations to help fight childhood obesity and build healthier neighborhoods.

The biggest message to be found in the 2012 America's Health Rankings is that while Americans are living longer because of medical advancements, unhealthy behaviors and the rapidly increasing rates of preventable illness are threatening our quality of life.

The good news is these trends are reversible, and the successes we have had in some health areas show us the potential for progress. For 2013, education and individual implementation of healthy habits will be key to improving Pennsylvania's overall health ranking. ↑

Philip L Benditt, M.D., is the Medical Director for UnitedHealthcare of Pennsylvania. For more information about America's Health Rankings and the complete list of results, visit www.americashealthrankings.org.

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CREDIT CARD From **Page 1**

If you are allowed to self-assess, it is not necessary to submit a report to the credit card companies or PCI, but compliance is still required at all times. There are several different self-assessment questionnaires, and it may be confusing to decide which one to use. Use the chart on the website to choose the questionnaire that most closely fits with your credit card collection practices.

If you are not allowed to self-assess, you will need to use a Qualified Security Assessor (QSA) to conduct annual assessments.

WHAT HAPPENS IF I STORE CREDIT CARD NUMBERS AND A PRACTICE COMPUTER IS LOST OR STOLEN, OR SOME OTHER BREACH OF MY SYSTEM OCCURS?

You must be able to demonstrate that you have been in compliance with PCI DSS. If your practice computers, network and/or database are compromised in any way, you must notify the credit card companies. If you cannot demonstrate that the data was completely protected and that you have been in compliance with PCI DSS, you will be subject to significant fines and lawsuits. If the credit card company does not terminate the contract, you may be treated the same as a higher level merchant and be required to conduct annual on-site assessments and validation by a Qualified Security Assessor. Expect the annual on-site assessments to cost in the \$10,000–20,000 range or more. You will be required to remediate any inadequacies discovered during the annual assessments at your own expense.

WHO ENFORCES COMPLIANCE OF THE PCI DSS?

American Express, Discover Financial Services, JCB International, MasterCard Worldwide, and Visa Inc. Each of these institutions posts compliance guidance which may be slightly different from the others. Before going to each credit card company website, read, understand, and follow all guidelines provided by PCI.

WHY AREN'T CARD READERS OR SOFTWARE APPLICATIONS SAFE ENOUGH FROM HACKERS?

According to the PCI, there are many reasons credit card readers or applications may not be secure. Card readers may inadvertently store magnetic stripe data which contains Sensitive Authentication Data or card verification codes; they may not be installed properly or securely and might be easily compromised; default settings or passwords may not have been changed on readers or in applications; security patches were not kept updated; the credit card data on the network is not properly segregated to be secure; data may not be properly encrypted; web applications may not be hardened against vulnerabilities.



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WHAT IF I COMPLETE A SELF-ASSESSMENT AND UNCOVER DEFICIENCIES?

If the self-assessment uncovers deficiencies, remediation is necessary. A remediation plan, known as an Action Plan for Non-Compliant Status, should be completed. PCI allows 12 months to remediate, but progress must be demonstrable. All remediation is at the expense of the merchant. If your practice is very large and you process many transactions, you will need to work with a data security firm. PCI provides a list of qualified assessors on its website.

HOW DO I AVOID THE NEED FOR ASSESSMENTS ALTOGETHER?

If you accept credit cards for payment, an annual assessment is required. But if you successfully follow these guidelines, the self-assessment questionnaire is short and painless:

- Secure your credit card readers.
- Use a virtual terminal solution provider validated by the PCI.
- Do not store credit card numbers, or any of the information from the credit card on any computer or system.
- Do not store the Primary Account Number (PAN) commonly known as the credit card number.
- Never store sensitive authentication data.
- If the PAN is displayed, it must be masked. Only the first six and last four digits may be displayed.
- Never store the data from the magnetic stripe or, if present, the chip.
- Never store the Personal Identification Number (PIN).
- Never store the card security code, the 3-digit number on the back of most credit cards or the 4-digit code on the front of American Express cards.
- Now that you know some of the risks and requirements of storing credit card information, do you really need them on file?

For more information, visit the Payment Card Industry website at www.pcisecuritystandards.org.

Fran Cain is with the Information Technology Department of PMSLIC Insurance Company, a member of the NORCAL Group.

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Inappropriate Interview Questions Can Lead to Discrimination Lawsuits



By Elaina Smiley

Rejected job applicants often want to know the reason why they didn't get a position for which they interviewed. If an interviewer asked inappropriate questions during the interview, it may lead an applicant to believe that illegal discrimination played a part in the interviewer's decision

not to hire him or her.

Certain subjects can be a minefield for discrimination lawsuits, so interviewers must be trained to walk a fine line when discussing these subjects and only ask questions as they pertain directly to the job. The following topics are some of the most problematic for employers:

AGE

Interviewers should not ask applicants any questions or make comments regarding the applicant's age, including questions about the applicant's year of graduation or expectations of retirement.

But interviewers should verify that applicants are over the age of 18.

CRIMINAL RECORDS

Pennsylvania employers should not ask applicants about previous arrests or convictions that are unrelated to the position for which the person is applying.

But employers should make sure that applicants have all required security and child abuse clearances. Pennsylvania employers are permitted to consider con-

victions for felonies and misdemeanors that are related to the job function when making their hiring decisions.

DRUGS AND ALCOHOL

Employers should not ask applicants about past treatment for alcoholism, past drug addictions or legal prescription drugs.

But employers should make their rules clear regarding the use of drugs and alcohol in the workplace, and notify applicants that they may require drug testing.

FAMILY STATUS

During an interview, employers should not ask prospective employees about their marital status, child care responsibilities, future plans for having children, or other family responsibilities, such as caring for an elderly or disabled family member.

Employers may ask applicants if they can fulfill the required schedule of the job, such as travel requirements, shift availability and the ability to relocate if necessary.

NATIONALITY

Employer should not ask applicants questions about where they were born, whether they are citizens of the United States or the nationality of their parents.

But employers should ask applicants if they can prove that they are legally authorized to work in the United States. Interviewers may also ask employees if they have foreign language skills that are related to the job duties.

PERSONAL FINANCES

Interviewers should not ask job applicants about



their personal finances, liabilities, garnishments or bankruptcy.

In limited circumstances, employers may use credit checks when doing employee background checks.

MEDICAL STATUS AND DISABILITIES

Employers should not ask about an applicant's physical or mental condition or disabilities.

Employers may ask about the applicant's ability to perform essential job duties. For instance, a health care employer may ask an applicant for a nurse's aide position if he or she can lift up to 50 pounds, if it is an essential part of the job function.

RELIGION

Employers should not ask applicants questions about religious faith, moral beliefs, which religious holidays they observe, or whether religion precludes them from working weekends or certain holidays. †

Elaina Smiley is a partner at Pittsburgh law firm Meyer, Unkovic & Scott and is co-chair of the firm's Employment Law Group. She can be reached at es@mualaw.com.

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Top 5 Collections Mistakes Made By Long Term Care Facilities



By Danielle Dietrich, Esq.

Money is a touchy subject. This is especially true when dealing with the elderly or infirm. However, facilities cannot keep the lights on if the bills are not paid. It can be a frustrating process- residents or their families promise payment, but the check never comes. Perhaps the family makes small payments here and there. Meanwhile, the balance continues to grow.

NOT HAVING A CLEAR POLICY IN PLACE FOR COLLECTION OF OUTSTANDING BALANCES

Facilities themselves are sometimes their own worst enemy when it comes to collecting on outstanding balances. Does your facility have policies in place for the collection of outstanding balances? Do you follow and enforce those policies?

If your facility does not have proper procedures in place, your recovery efforts will be much more difficult.

Here are some ways to increase your facility's chances of recovering fees:

NOT KEEPING A FULL COPY OF THE EXECUTED ADMISSIONS AGREEMENT

Your facility should always keep a full copy of the executed admissions agreement in the resident's file. This document is the entire basis for your recovery. If you file a legal complaint, the courts usually require that you attach the signed agreement. Fully executed means that all blanks are completed, including spaces for initials. The admissions agreement should clearly outline all payment responsibilities and expectations. It is surprising how many facilities use a form agreement, and only keep a copy of the signature pages.

Your facility should also keep copies of all intake information. This information becomes key in the collections process. It usually contains valuable information about the resident's assets, such as life insurance policies, property ownership and other sources of income. Once a facility obtains a court judgment against a resident, this information helps reveal potential avenues to collect that money. The financial information contained in the intake paperwork may also be useful if the resident is

trying to qualify for Medical Assistance. It can also help your attorney determine whether the resident or a family member improperly disposed of the resident's assets.

NOT KEEPING COPIES OF ALL FINANCIAL INFORMATION FROM THE PATIENT AND/OR THE PATIENT'S FAMILY

Failing to keep copies of checks or other financial information can negatively affect your ability to collect on a judgment.

Your facility should keep copies of all payments it receives on the resident's behalf. In Pennsylvania, one of the easiest ways for a judgment holder to collect on money owed to it is to garnish money from a bank account (with certain exceptions). Having a copy of a resident's check helps speed up that process because it provides the name of the bank and account information. This can reduce or eliminate the need to engage in discovery or to hire a company to search for bank account information.

NOT INVOLVING YOUR STAFF

When a resident, or former resident, owes money, talk to your employees who know the resident. It is amazing what kinds of information employees may have about the resident's life prior to and outside of the facility. They may be privy to information about rental property, vacation homes and transfers of assets to others.

Staff members often know, or sense, when a family member may be misappropriating assets. Many states (including Pennsylvania, Ohio, West Virginia and Maryland) have filial support laws, creating a responsibility for children to support an indigent parent and pay for that parent's care. While misappropriation of money is not required under the filial support laws, a facility's case will be much stronger if there is evidence of wrongdoing by the child.

NOT PARTICIPATING IN THE MEDICAL ASSISTANCE PROCESS

Work with your residents and their families to assist in qualifying them for Medical Assistance. The process is confusing and bureaucratic. Deadlines are easy to miss. Guiding the resident and their family through their process can greatly assist in these efforts. As a facility, you can have an attorney involved in the process. Your admissions agreement should include releases and authorizations that permit the facility to help secure Medical Assistance on the resident's behalf.

NOT FOLLOWING THE FAIR DEBT COLLECTIONS PRACTICES ACT

The Fair Debt Collections Practices Act (FDCPA) prohibits debt collectors from using particular tactics of debt collection and requires certain procedures. Make sure your billing office employees are educated on the FDCPA. Similarly, if you use an outside agency to handle your collections work, make sure they follow the requirements. Your company can suffer substantial fines for violations of the FDCPA, whether you violated the act yourselves or allowed vendors to do so.

Cash flow is an essential measure of corporate health; improving your collections process can have a real impact on your bottom line. No one expects you to be experts in everything, so consider working with someone who can help your facility improve its collections process. ¶

Danielle Dietrich, Esq. is an attorney with Tucker Arensberg, P.C. She handles all matters of business and commercial litigation for a variety of clients, including long-term care facilities. She can be reached at ddietrich@tuckerlaw.com or 412-594-5605.



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Kick Off the New Year by Reviewing Target Markets



By David M. Mastovich, MBA

As you move into the new year, you and your health care organization or company can benefit from a thorough review of your target markets.

Even if you are not in marketing, sales or PR, you still have target audiences.

Who do you present ideas to?

Do you have to meet the needs of internal customers?

Clearly decide who you want to reach and influence. Then, drill down into each of those market segments as much as possible. Otherwise, your target audiences will be too broadly defined:

“Physicians refer us most of our patients.”

“We need to market to parents so they send their kids to our school.”

“Our goal is to reach women aged 25-54.”

Women 25 to 30 years old think and act differently than women 50 to 55 years old.

Primary care and specialty physicians practice as sole practitioners and in small and large groups. Parents come in different sizes, shapes and mindsets.

Further segmenting each target audience allows you to tailor your message to the market, resulting in more effective marketing of your idea, product or service.

Next, prioritize to effectively allocate resources.

Segment clients and prospects into A, B and C categories based on their potential impact.

While it sounds easy enough, most companies do not realistically assess client and prospect potential. In some cases, ‘A’ prospects should actually be in the ‘B’ or ‘C’ categories and vice versa.

As counter intuitive as it may seem, you also need to purge your list of Fake Maybes who might never result in a sale. Moving on to a real lead is much more productive because Fake Maybes take an emotional toll and consume valuable marketing resources.

Segment and prioritize clients and prospects. Make more realistic projections. Say goodbye to those Fake Maybes.

Invest the time now and you’ll have a much happier new year. 🙌

David M. Mastovich, MBA is President of MASSolutions, an integrated marketing firm focused on improving the bottom line for clients through creative selling, messaging and PR solutions. He’s also author of “Get Where You Want To Go: How to Achieve Personal and Professional Growth Through Marketing, Selling and Story Telling.” For more information, go to www.massolutions.biz.



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Strategic Financial Planning for Physicians Facing New Economic Realities

The view ahead won't be very appealing to physicians if they continue to play by the old investment rules.



By Mike PeQueen, CFA, CFP, Managing Director and Partner, HighTower Las Vegas

Over the next 18 to 24 months, most physicians will face major changes in how they run their medical practices. They will have to manage the implementation of EMR/EHR systems; the change-over from ICD9 to the ICD10 coding system; and the roll-out of the next round of provisions in the Patient Protection and Affordable Care Act. All of these factors will add to the already high costs of running a medical practice, costs that include not only financial expenditures, but also the personal toll on doctors who will have less time, less autonomy and more stress.

As they look ahead, many doctors are beginning to think about whether and when they will want to step back from full-time practice. They are taking a hard look at their investment strategies, and some are discovering that they may have to adjust their expectations regarding retirement. The view ahead may not be very appealing to physicians if they continue to play by the old investment rules.

There are, however, a number of steps that physicians can take now in order to better prepare for the future. And regardless of where you are in your own career trajectory, it is never too early to consider these suggestions.

- **Reduce risk exposure.** Physicians have traditionally been highly risk tolerant, willing to embrace any number of all-or-nothing investments. If that llama farm or pistachio grove went bust, doctors could always count on getting bailed out by their large incomes. But as the level of uncertainty increases in your professional life, it should decrease in your investment portfolio. Instead of looking for long-shot winners, concentrate on getting a respectable rate of return with more traditional investments.

- **Focus on setting up the right qualified retirement plan.** Physicians too often turn to off-the-shelf profit sharing plans, such as 401(k)s, without considering other IRS-approved options. Defined benefit plans – traditional “pension plans” – are often overlooked because of the misconception that these only apply to large companies. But small and even one-person practices can use defined benefit plans to their advantage, since they frequently allow for much more in tax-deductible con-

tributions than any other type of plan.

- **Consider a cross-tested profit-sharing plan.** Another underutilized strategy for physicians is a cross-tested profit-sharing plan. Unlike traditional profit sharing plans, these employer-sponsored plans favor older, long-term employees. IRS regulations allow the plans to take age, length of service and level of compensation into account when determining the contribution allocation. It costs a bit more to set up a customized cross-tested plan, but it can dramatically increase the percentage of the plan contribution going to the investment accounts of owners and other highly compensated employees.

- **Seek out financial advisors with expertise in the medical field.** A CPA with extensive experience working with medical practices can serve as your CFO, providing context and guidance both in making key strategic decisions and in the daily management of your practice. A savvy pension administrator can recommend retirement savings options that are better suited to medical practices than the standard 401(k)s. And a comprehensive wealth manager can devise a financial plan that will allocate and manage your assets to help you meet current needs while preparing for the future.

- **Above all, have a financial plan.** Having a financial plan is like having a medical treatment plan. Many physicians who wouldn't dream of treating a patient without a medical plan are content to lurch along without a financial plan. Having one is essential for navigating the medical profession's new economic realities. A financial plan will help you establish guidelines and a strategy for attaining your financial goals, which is especially important if you are considering a shortened timeline to retirement. †

Mike PeQueen, CFA, CFP, is a Managing Director and Partner with HighTower Las Vegas, with over 25 years in the investment profession. Formerly, he was a Senior Vice President of Investments and Senior Portfolio Manager in Merrill Lynch's PIA Program. Mr. PeQueen earned a Master's Degree in Banking and Financial Services from Boston University.

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Wearing a NeuroProsthesis

By Drew Buffat, CP

In the United States over 50 million people endure serious chronic pain, annually. Four out of ten are unable to find any relief. Three million of these individuals are working-age with lower back pain. Their choices have been limited to surgery and pain medications.

There is also a non-surgical, non-narcotic proven pain relief: wearing a NeuroProsthesis.

A NeuroProsthesis is a medical device worn on the body that replaces neurological function lost to injury or disease by delivering electrical currents to the body which interact with the nervous system. It can deliver electrical stimulation to the pain inhibitors in the spinal cord, disrupting the pain signal and giving chronic pain sufferers relief.

One such device is the AxioBionics Wearable Therapy BioMiniBelt™ for lower lumber pain relief.

The best way to understand how this technology helps is to first have the patient undergo evaluation by a trained clinical provider. The goal of the evaluation is to assess the patient's initial reaction to stimulation and to establish accurate electrode sites on the lower lumbar region that result in reduction in pain. If the initial results provide a positive outcome, then the clinician will outline what configuration of the lumbar belt will work best.

- There are two types of electric stimulation available:
- 1. Transcutaneous electrical nerve stimulation [TENS] TENS is low-level electrical stimulation of the sensory nerves in the skin to block pain.
 - 2. Neuromuscular electrical nerve stimulation [NMES] NMES is similar to TENS, but is much stronger stimulus [up to 3 to 5 times as strong] and will be recommended where medically appropriate.

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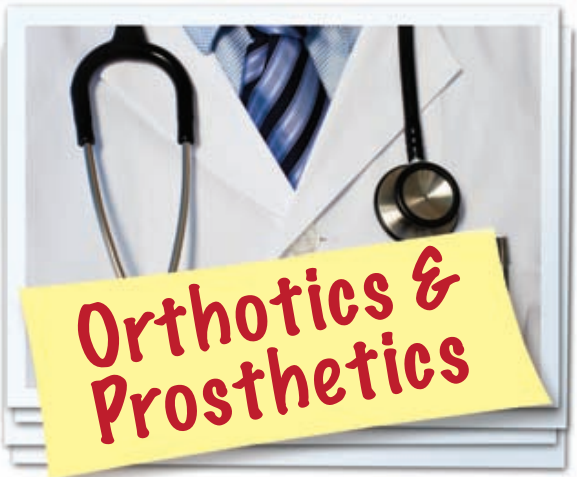
INSURANCE COVERAGE

In some circumstance, Wearable Therapy is covered by certain insurance companies. Standard TENS and NMES are usually covered by insurance depending on diagnosis and medical necessity.

FOLLOW UP

The clinician will schedule follow up appointments for up to a year based on the diagnosis to monitor pain relief. De La Torre includes all follow-up visits in the treatment with the BioMiniBelt™.


Evaluation locations: De La Torre Orthotics & Prosthetics conducts evaluations at two of their eight office locations. Hamar Township,[One Alexander's Center, Suite 104, 2585 Freeport Road, Pittsburgh, PA 15238] and their new location, Cranberry [400 Northpointe Circle, Suite 102, Seven Fields, PA 16046].



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American Orthotic and Prosthetic Association Call for Papers

The American Orthotic and Prosthetic Association (AOPA) and its partners, The U.S. National Member Society of the International Society for Prosthetics and Orthotics (USISPO); and the German Association of Orthopaedic Technology/Con.fair.med recently announced a call for papers for the 2013 World Congress to be held Sept. 18-21, 2013 at the Gaylord Palms Resort, Orlando, Florida.

The World Congress program committee has made a commitment to having a strong scientific program and is soliciting scientific and clinical case study abstracts for the congress. The committee invites you to submit an abstract to be considered for presentation at the congress.

The committee has also made a commitment to have plenary sessions with invited speakers who are leading experts from the world over, such as the following professionals:

Dr. Roy D. Bloebaum, Ph.D. - is a Research Scientist and Co-Director of the VA Bone and Joint Research Lab at the Dept of Veterans Affairs Salt Lake City Health Care System. Dr. Bloebaum's publications include 113 peer reviewed man-

uscripts on bone and total joint replacement related topics and he has been a guest lecturer on these topics all over the world.

Heinz Trebbin, CPO, MSc - is an international activist, speaker and founder of the renowned Don Bosco P&O educational program, the only fully accredited P&O program in all of Latin America.

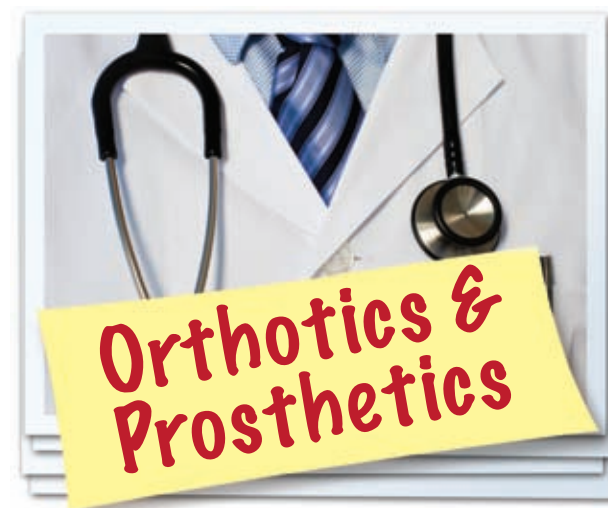
Dr. Andrew Hansen, Ph.D. - is the Director of the Minneapolis VA Rehab Engineering Research Program and Associate Professor at the University of Minnesota. Dr. Hansen is an internationally recognized expert in ankle-foot prosthetics. His team is actively developing rehabilitation technologies and performing research studies to evaluate effects of medical devices on user performance.

Dan Berschinski, a decorated war veteran, lost both of his legs during Operation Enduring Freedom. This has not slowed him down. He recently founded and will serve as CEO of Two-Six Industries LLC, a service-disabled veteran-owned small business. Two-Six Industries produces injection molded plastic components; new research will explore the commercial feasibility of prosthetic socket designs. He also serves on the board of directors for the Amputee Coalition.

Dieter Juptner - President of the German Group Ampuwiki

Strong scientific and clinical case study submissions are expected from around the world. The format of the conference will provide a substantial audience for novel research focused on orthotics and prosthetics. The AOPA hosted World Congress will bring together prosthetists, orthotists, physicians, scientists, researchers, engineers, programmers, clinicians, and other professionals.

Papers are being accepted for podium, poster and/or symposium sessions. Learn more at <https://aopa.wufoo.com/forms/2013-call-for-free-papers/>.



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Facebook Introduces Graph Search — A Vastly Improved Search Function



By Daniel Casciato

A few weeks ago, Facebook unveiled its latest tool called Graph Search.

Facebook's mission is to make the world more open and connected by giving users the tools to map out their relationships with the people and things they care about. This map is called the graph.

If you have a Facebook account, think of everyone you are connected with, their connections, and their connections, along with their interests and photos. With this new search feature, you can better navigate all of these connections and make it more meaningful in your outreach and

marketing efforts.

Graph Search will appear as a bigger search bar at the top of each page in Facebook. When you search for something, such as "physicians in Pittsburgh," that search not only determines the set of results you get, but also serves as a title for the page. According to Facebook, "you can edit the title – and in doing so create your own custom view of the content you and your friends have shared on Facebook."

OK, so you may be thinking, big deal. How's this different from Google or even the search function Facebook currently has in place?

Facebook assures its users that Graph Search and web search are very different.



Web search takes a set of keywords, such as "Pittsburgh hospitals" and provides you with the best possible results that match those keywords.

With Graph Search you can combine phrases, such as "my friends in Pittsburgh who also work in Pittsburgh hospitals," to get a set of people, places, or other content that's been shared on Facebook.

Another difference, according to Facebook, is that every piece of content on Facebook has its own audience, and most content isn't public. Graph Search was built with privacy in mind. It makes finding new things much easier, but you can only see what you could already view elsewhere on Facebook.

As of this writing, you can test drive the Graph Search. Right now, you can only search for a subset of content on Facebook. This first version focuses on four main areas—people, photos, places, and interests.

We'll keep you posted on Graph Search as Facebook rolls this out. In the meantime, go to www.facebook.com/graphsearch to get on the waitlist. ↑

Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Healthcare News and Pittsburgh Healthcare Report, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

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The 2-bedroom is 1600 square feet. The large galley-style kitchen looks out into the dining room and living room. There is a deck off the living room as well as a powder room on the main floor. The bedrooms are located on the upper level and each come with its own private bath. Prices range from \$1600.00 to \$1700.00.

The 3-bedroom townhouse is 2000 square feet! There is a bonus room right off of the garage. The main level has a living room, dining room, powder room, and a huge eat-in kitchen. Some come with fireplaces. The master bedroom has a private bath and a walk-in closet. The other bedrooms are identical in size. The 3-bedroom rents from \$2000.00 to \$2100.00 per month.

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Five Tips for Hospitals Considering a New Service Expansion



By Ross Swanson

Increased local competition, decreased regulatory activity permitting more advanced clinical services, and health system consolidation activities have heightened the need for many hospitals to expand their portfolio.

Our clients, which include hospitals and practices of all shapes and sizes, continue to seek our assistance regarding new services and how best to approach a possible expansion.

We recommend the following when considering the addition or expansion of a clinical service, regardless of subspecialty (ies):

1. Maintain transparent and open dialogue with the key stakeholders (this must include the administrative and clinical team) who would have ‘touch-points’ with the new service. In fact, key stakeholders should have one-on-one meetings with the individuals performing any planning activities to ensure that all perspectives related to the new service offering have been garnered.

2. Perform a data-driven analysis of the current market capture and/or what is being lost to the competition with regards to the service. This important step must also be coupled with ensuring accuracy of the data being scrutinized so that realistic future targets can be set.

3. Conduct a gap analysis of the hospital’s existing services that most closely parallel the new service. The analysis should be performed at the onset of any planning. Identifying any internal deficiencies early allows facilities to experience a much smoother transition when complex activities associated with new service implementation begin.

4. Predict the potential growth within the new service using the findings from the aforementioned key stakeholder meetings, market data analysis, and gap-analysis. All targets should be endorsed by the identified key stakeholders and efforts made to include discussion related to key industry, practice, and technology changes. When using a third party to assist with these discussions, ensure that you are leveraging the outside expertise to broaden the internal group’s perspective on viable service options.

5. Identify the key steps/hurdles, associated implementation timeline, and

financial requirements associated with the new service. This final step must include rigorous documentation of all findings so that key decision makers are equipped with a solid plan to make a ‘go/no-go’ decision for service expansion.

The complexity related to adding new services in the current tumultuous health-care environment demands that hospitals use a methodical approach. By incorporating these five key tips into any hospital service expansion strategy will ensure that key decision-makers are adequately armed with the tools to make the best decision. ↑

Ross Swanson is Senior Vice President for Corazon. Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. To learn more, call 412-364-8200 or visit www.corazoninc.com.



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Stop Nurse Bullies in their Tracks: Four Steps to Success



**By Renee Thompson,
MSN, RN, CMSRN**

If you've been a target of a nurse bully, I don't have to tell you how destructive bullying can be. I've known nurses who have called off work, suffered from headaches and diarrhea, and even quit — all because of nurse bullies. Healthcare loses productivity, risks medical errors, and loses excellent

nurses each year to this one problem. It's time for the bullying to stop! Here's how:

STEP 1: MENTALLY SEPARATE YOURSELF FROM THE BULLY

Think back at times when you were yelled at, criticized, or secretly sabotaged by your co-workers. Now, pretend you are simply an observer watching the events you've recalled unfold. Can you see how the problem is with the bully and not you? Even if you make a mistake, it's unprofessional and inappropriate for another person to yell, openly criticize, or "zing" you when you're not looking. You don't deserve to be

berated or publicly humiliated for a mistake. No one does.

STEP 2: NAME THE BULLY BEHAVIOR

The single most powerful response you can make in the face of either blatant (overt) or subtle (covert) bully behavior is to name it. Bullies who feel a sense of power during their overt tirades gain momentum as they scream and yell. Interrupting a bully midstream and labeling the behavior can short-circuit the verbal assault.

Likewise, when a colleague secretly tries to sabotage you, rolling his or her eyes behind your back or undermining your ability, acknowledging that you are aware of the behavior brings the bully out of the closet. Typically, once the covert bully's cover is gone, the behavior stops.

To be effective, *naming the behavior* must describe specific, observable actions. For example, if you say to a bully, "You always give me the worst assignments," the bully can deny the charge. If you say, "For three shifts in a row, I've been assigned four patients while the other nurses on my shift have been assigned only three," it's hard for the bully to deny this fact. Here are additional examples of naming both covert and overt behavior.

"You are yelling and screaming at me in front of pa-

tients and their families."

"This morning during the staff meeting, when our manager acknowledged my recent BSN achievement, I heard you snicker and saw you roll your eyes."

"I'll be willing to talk about my mistake when you are ready to speak privately rather than calling me a baby in the middle of the unit."

STEP 3: WALK AWAY FROM OVERT BULLYING

When you walk away from a bully attack, you take the audience away with you. Seldom will a bully continue screaming, yelling, or criticizing without an audience. Here are sample situations and possible responses that involve walking away:

Yelling and screaming: Interrupt and say, "I'll be willing to continue the conversation when you are not yelling." If the yelling continues, walk away.

Openly criticizing: Interrupt and say, "I'll be receptive your feedback when you deliver it calmly and respectfully." If the bully continues to criticize, walk away.

Openly minimizing accomplishments: "I respect your decisions regarding education and I expect you to respect mine." If the bully continues, walk away.

STEP 4: SUPPORT YOUR CONVERSATION WITH FACTS AND DOCUMENTATION

Keep a notebook and write down behavior, dates, times, and witnesses. Objectively sharing the information with a bully lets that bully know you aren't going to be an easy target from that moment on. Since bullies prefer easy targets, this alone might take care of the problem.

If not, present the same information to your manager or human resources representative. If these individuals don't address the problem appropriately, lodge a formal complaint. By law, an organization must investigate and take action on formal complaints about bullying in the workplace.

It takes moral courage to address bully behavior at work, but it's an important step to protect yourself, your profession, and your patients. While your efforts might feel bumbling at first, they will get better with practice.

You've worked hard to earn your nursing degree. Don't allow anyone to take away your right to practice nursing in a safe and professional atmosphere. †

Renee Thompson, Author of "Do No Harm" Applies to Nurses Too, invites you to visit www.rtconnections.com for resources, free articles and to purchase her new book. Renee is a sought-after speaker, consultant, and career coach in healthcare. Renee guides academic institutions, healthcare organizations and individual nurses to decrease nurse-to-nurse bullying, improve clinical and professional competence, effectively communicate, and create nurturing and supportive work environments.

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Social Media Allows Celtic Healthcare to “Join the Conversation”



By Kathleen Ganster

Facebook, Twitter, LinkedIn, YouTube...the social media sites seem endless.

But they also provide valuable communication opportunities for health care providers according to Jodi McKinney, Director of Corporate Communications at Celtic Healthcare.

“Our stance is that the conversation is happening with or without you, so we may as well be part of the conversation,” she said.

Celtic Healthcare has a very active social media presence with a Facebook page, Twitter account including four separate addresses, a blog, a LinkedIn account, YouTube videos and of course, the old-fashioned website.

“We upgraded our website about a year and a half ago and at that time, integrated the social media sites,” she said.

Celtic created their Facebook page about three years ago, followed by YouTube and Twitter.

“We use them for public relations and education, of course, but they are also a valuable tool in our recruitment efforts,” she said.

McKinney said that many of their Facebook followers are employees, both current and past. Many will post comments on stories or share their own stories, reinforcing the philosophy and positive work environment of Celtic.

“When people read the positive postings of our employees, they see how happy they are and that is a great recruitment tool for us,” she said. “It speaks volumes about the culture of Celtic Healthcare, which is something we are really proud of, and I am personally very passionate about.”

Social media also provides a “great opportunity for free advertising,” said McKinney.

“We can post a letter, for example – and with permission – that we receive from a woman whose mother received care from our hospice, thanking us for our services and praising our staff. What is better than that?”

Celtic also takes advantage of the sites for educational and training purposes.

While social media can leave healthcare providers open to negative feedback – just like any other entity – Celtic has only received one or two negative postings,

said McKinney. And those, she explained, provide a great opportunity for them as well.

“We embrace complaints because they are opportunities. A complaint is really a ‘gift.’ I always tell our employees that if someone cares enough to complain, whether via a phone call, letter, or posting, they are letting us know they care enough to give us the opportunity to explain or fix it and that is a great opportunity,” she said.

McKinney said Celtic took their time evolving into utilizing social media so that they could learn as they went.

“I’ve learned to pay attention to even the time of day when we post. Most people read Facebook during lunch and in the evening, so that is when it makes the most sense to post,” she said.

Keeping up-to-date with the sites does increase her workload, but also increases methods of communication and outreach she said.

“I don’t feel the need to always be posting. In fact, I found that when I was posting more on Twitter, some people would unsubscribe. It is a learning process,” she said.

Celtic Healthcare also includes an e-learn training segment on appropriate social media usage during orientation for new employees.

“We want our social media presence to be consistent with our overall presence,” she said.

For more information, visit www.celtichealthcare.com. †



Jodi McKinney

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The Physicians Foundation Identifies Top 5 Issues to Impact Physicians and Patients in 2013

By Daniel Casciato

The Physicians Foundation, a nonprofit organization that seeks to advance the work of practicing physicians and help facilitate the delivery of healthcare to patients, recently identified five issues that could have a significant impact on both patients and physicians this year.

The Physicians Watch List for 2013 is based on research studies and policy papers issued by the Foundation in 2012, including the 2012 Biennial Physician Survey, the 2012 Next Generation Physician Survey and the 2012 U.S. Healthcare Highway Report.

ONGOING UNCERTAINTY OVER PPACA

Despite the Supreme Court decision upholding most of the provisions in the Patient Protection and Affordable Care Act (PPACA), considerable uncertainty persists among patients and physicians regarding actual implementation of the Act. "Much of the law has yet to be fully defined and a number of key areas within PPACA – including accountable care organizations (ACOs), health insurance exchanges, Medicare physician fee schedule and the independent payment advisory board – remain nebulous," according to The Physicians Foundation.

In fact, the Foundation's 2012 Biennial Physician Survey found that uncertainty surrounding health reform was among the key factors contributing to 77 percent of physicians being pessimistic about the future of medicine. In 2013, physicians will need to closely monitor developments around the implementation of these critical provisions, to understand how they will directly affect their patients and ability to practice medicine.

CONSOLIDATION MEANS BIGGER

Large hospital systems and medical groups continue to acquire smaller / solo private practices at a steady rate. According to a Foundation report pertaining to the future of U.S. medical practices, many physicians are seeking employment with hospital systems for income security and relief from administrative burdens.

However, increased consolidation may potentially lead to monopolistic concerns, raise cost of care, and reduce the viability and competitiveness of solo / private practice. As the trend toward greater medical consolidation continues across 2013, it will be vital to monitor for possible unintended consequences related to patient access and overall cost of care.

12 MONTHS TO 30 MILLION

In 2014, PPACA will introduce more than 30 million new patients to the U.S. healthcare system. This provision has considerable implications relative to patient access to care and physician shortages. According to the Foundation's Biennial Physician Survey, Americans are likely to experience significant challenges in accessing care if current physician practice patterns continue.

According to the foundation, "if physicians continue to work fewer hours, more than 47,000 full-time-equivalent (FTE) physicians will be lost from the workforce in the next four years. Moreover, 52 percent of physicians have limited the access of Medicare patients to their practices or are planning to do so."

As the 12-month countdown to 30 million continues across 2013, "physicians and policy makers will need to identify measures to help ensure a sufficient number of doctors are available to treat these millions of new patients – while also ensuring the quality of care provided to all patients is in no way compromised," the report concluded.

EROSION OF PHYSICIAN AUTONOMY

The Physicians Foundation believes that physician autonomy – particularly related to a doctor's ability to exercise independent medical judgments without non-clinical personnel interfering with these decisions – is markedly deteriorating.

Many of the factors contributing to a loss of physician autonomy include problematic and decreasing reimbursements, liability / defensive medicine pressures and an increasingly burdensome regulatory environment. In 2013, physicians will need to identify ways to streamline these processes and challenges, to help maintain the autonomy required to make the clinical decisions that are best for their patients.

GROWING ADMINISTRATIVE BURDENS

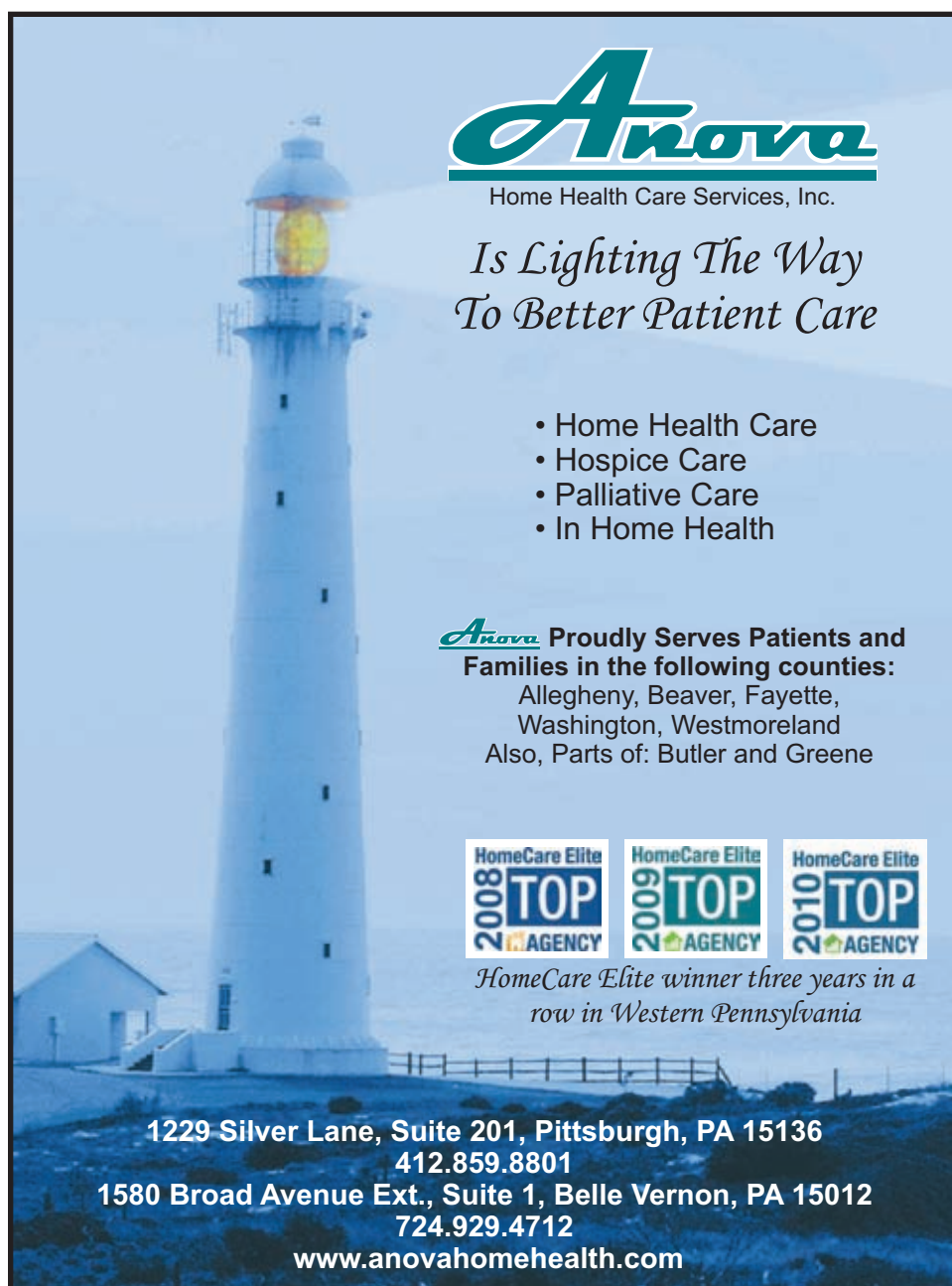
Finally, increasing administrative and government regulations were cited as one of the chief factors contributing to pervasive physician discontentment, according to the Foundation's 2012 Biennial Physician Survey. Excessive "red tape" regulations are forcing many physicians to decrease their time spent with patients in order to deal with non-clinical paper work and other administrative burdens.

In 2013, physicians and policy makers will need to work closely together to determine steps that will effectively reduce gratuitous regulations that negatively affect physician-patient relationships. According to a recent Foundation report, the creation of a Federal Commission for Administrative Simplification in Medicine could help reduce these regulations by evaluating and reducing cumbersome physician reporting requirements that do not result in cost savings or measurable reductions in patient risk.

"2013 will be a watershed year for the U.S. healthcare system," said Lou Goodman, Ph.D., president of The Physicians Foundation and chief executive officer of the Texas Medical Association. "It is clear that lawmakers need to work closely with physicians to ensure that we are well prepared to meet the demands of 30 million new patients in the healthcare system and to effectively address the impending doctor shortage and growing patient access crisis."

"We hope that the Foundation's research and insights serve as a pragmatic resource that will help policy makers, physicians and healthcare providers formulate smart policy decisions that are beneficial to America's patients and doctors," said Walker Ray, MD, vice president of The Physicians Foundation and chair of the Research Committee.

Learn more at www.hphysiciansfoundation.org.



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It's a Matter of Perspective.

Best Laid Schemes of Mice and Men — Disaster Preparation Lessons Learned In The Aftermath of Hurricane Sandy



By Thomas Demko

On October 29, 2012, Hurricane Sandy came roaring ashore in New York City. Although the water receded quickly and the streets were cleared for a quick return to the normal chaos that is New York, extensive and often hidden damage to critical building systems remained to plague facility operations.

New York City is home to the New York City Health and Hospitals Corporation (HHC). HHC operates the New York City public hospital system. HHC is the largest municipal healthcare system in the United States serving 1.3 million patients, including more than 475,000 uninsured city residents. HHC operates 11 hospitals serving New York's working class and poor. Every year HHC's facilities provide approximately 225,000 admissions, one million emergency room visits, and five million clinic visits. Information on the HHC website states that HHC facilities treat nearly one-fifth of all general hospital discharges and more than one third of emergency room and hospital-based clinic visits in New York City.

The most well-known hospital in the HHC system is Bellevue Hospital, the oldest public hospital in the United States. Bellevue is the designated hospital for treatment of the President of the United States and other world leaders if they become sick or injured while in New York City.

Because the high-rise construction of New York is structurally robust, after the storm water receded the physical damage was not readily apparent. Unlike the events in New Orleans, the streets of New York were not strewn with debris from destroyed buildings and decimated infrastructure. In fact – everything appeared to be relatively intact. However, the limited geography and low elevation conspired to create enormous hidden operational weaknesses that became apparent soon after the event.

HHC had a Disaster Preparation Plan that was implemented even before the storm reached shoreline. Patient admittances were stopped a number of days prior to the storm, and inpatients who could be discharged were. Inpatients that could not be discharged were transferred to hospitals outside the storm zone. The plan was to ride-out the storm for a few days, clean-up the facilities, and resume normal operations as quickly as possible.

Unfortunately, events conspired to undermine even the best laid disaster-preparation plans. What quickly became apparent was the extensive devastation to below-grade building electrical switchgear and service entrances, air handling units, pumps, motors, and motor control centers. This was a frustrating realization for hospital administrators who could walk through undamaged clinical and inpatient facilities that appeared ready to be occupied – only to be told it would be months, not days or weeks, before they could see patients again. The health system found itself under enormous financial strain because of the catastrophic combination of two components (1) loss of revenue stream and (2) unbearable reconstruction costs.

So why the elongated time to reopen when recovery plans were in-place and implemented? Several unanticipated factors converged to create a perfect storm of unrecoverable events. First was un-remediated Asbestos Containing Material (ACM). While ACM can be encapsulated in-place and permit normal operations under conventional circumstances – flood waters disturbed the encapsulated ACM and altered its physical characteristics – rendering non-friable ACM friable after the water had receded. One prevalent example was pipe insulation. In place for many years and encapsulated with a hardened wrap – the pipes became submerged and saturated when the water rose above the anticipated flood plain.

When the water receded – the ACM wrap disintegrated and the ACM dried-out

and became friable. What was previously ACM contained to distinct areas was now a widespread hazard. This complicated access to the entire lower levels of the hospitals for normal repairs. The lower levels of the hospitals – with all of the mechanical equipment had to be contained and the remediation completed prior to mechanical repairs and replacement work.

Second – with the passage of time and a lack of mechanical ventilation or dehumidification, bacterial and biological infestations quickly took root. Starting in the lower flood levels, in this moist, unventilated environment, these hazards were able to crawl quickly up through what was undamaged space, creating large biological clean-up tasks where no actual flood damage had occurred. Air sampling was conducted around-the-clock. Elevated readings required workers to wear full personal protection gear – slowing progress and adding to the cost of the clean-up and restoration.

The lessons learned in the aftermath of Hurricane Sandy are complicated and far-reaching. In addition to designing a physical plant that can withstand environmental disasters in your region – be that flooding, hurricane, tornado or earthquake – the lessons from this particular event revealed an equally urgent need to have a Quick-Response Hazardous Material Plan in-place. This requires a pre-assessment of the facility to anticipate areas that will become contaminated, training to understand the hazards that may be present, a mitigation plan, and pre-selected vendors on a quick-response stand-by contract.

Stantec was retained as a technical consultant to provide post-disaster damage assessment and consulting for entities seeking FEMA assistance for disaster related clean-up and restoration. †

Tom Demko is a Principal in the Stantec Butler, Pennsylvania Office. Tom can be reached at tom.demko@stantec.com.



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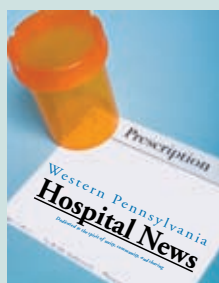
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Reflections

By Rafael J. Sciuolo, MA, LCSW, MS

From my office window I have a view of patients and their loved ones as they first arrive to our Center for Compassionate Care in Mt. Lebanon. Over the years, I've noticed a few things about the walk that caregivers make to our front doors. They often appear tired and sometimes distraught; for others there is urgency in their strides. When they cross our threshold, for most, it is a step into the unknown.

No matter their circumstance, the families we serve take that step with faith – faith that their loved one will be comfortable, respected and treated with compassion. At Family Hospice and Palliative Care, I have been extremely proud to be witness to that care our staff extends to patients, families, partners, vendors and benefactors. My step of faith started with Family Hospice in 2001 – and I continue to have faith in our staff and organization as one of the finest in the country.

As was announced at the end of November, I am embarking on the next step of my career: beginning in February, I will be the President and CEO of Suncoast Hospice in Clearwater, Florida, the nation's largest non-profit hospice organization.

This is a bittersweet moment for me as I've had the opportunity to lead what many of my peers believe to be one of the best hospice programs in the business. I am eternally grateful to our entire staff, to our tremendous volunteers and to our community-focused board of directors, for their service, support and encouragement during my 12 years here. I will truly miss Family Hospice, these people and Pittsburgh. As a native of Bloomfield, I cherished the opportunity to help Family Hospice grow while serving Western Pennsylvania.

As I reflect on my time here, I think about the fact that Family Hospice was serving 39 patients a day when I arrived in 2001. Today, our organization serves an average of 450 community patients daily with a comprehensive 19-program breadth of services that provide care and support for patients and families alike.

I remember the local children we serve at Camp Healing Hearts, our free day camp for kids who are coping with the loss of a loved one. Each with a unique story and each eager to heal.

I think about the couples who have chosen to renew their marriage vows at our inpatient centers in Mt. Lebanon and Lawrenceville. Our staff is always happy to take part by providing cakes, flowers, or serving as "attendants."

I recall with gratitude the countless individuals and foundations who support Family Hospice through charitable contributions. Their generosity allows our non-profit organization to continue specialized services that are above and beyond those covered by Medicare, Medicaid and insurance plans. They understand the needs of those we serve and believe in our mission of providing quality compassionate care.

Making the Most of Life

I recall the first-ever patient we served at our Center for Compassionate Care in Mt. Lebanon, a 22 year-old mother of two who qualified for our free care. Opening The Center for Compassionate Care is truly something I remain proud of. But after the pomp and circumstance of dedicating a new facility, we witnessed a tender slice of life: this young mother seated in her wheelchair in our Center's beautiful garden courtyard while her two young children ran about and played. For a precious moment, we allowed her to be a mom, not a patient – and allowed her kids just to be kids.



And I think about the strong health care environment here in Western Pennsylvania. The region's reputation for care and treatment is stellar. It has been exciting to watch so many breakthroughs and developments come from our corner of the world. Family Hospice remains proud to be a hospice leader in the area. The organization is stronger now than in any other point in its history.

As for this column, it will continue to bring you information and stories about what we do at Family Hospice and more importantly, why we do it. It's a privilege to share our experiences with you and spread the word about the benefits of hospice and palliative care.

It has been my pleasure sharing this column with you every month. My thanks go out to the talented and passionate members of Western Pennsylvania's health care community – those with whom I've had relationships and those I never met – because you all make a difference. And I extend my eternal thanks and affection to my "family" at Family Hospice. I cannot think of a more dedicated group of people. My time as President and CEO has been a true delight.

I hope our paths will cross again. †

Rafael J. Sciuolo, MA, LCSW, MS, has been President and CEO of Family Hospice and Palliative Care since 2001, and is Past Chairperson of the National Hospice and Palliative Care Organization. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.FamilyHospice.com and www.facebook.com/FamilyHospicePA.

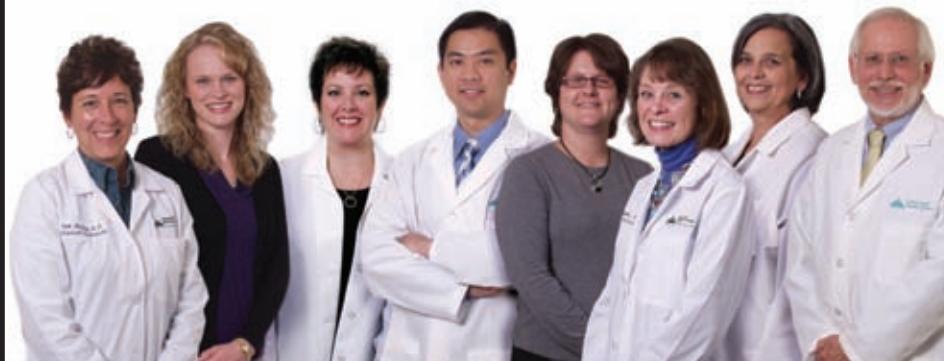
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A Farewell to Rafael Sciuillo

FAMILY HOSPICE / RAFAEL SCIULLO TIMELINE: 2001-2012

On behalf of Western Pennsylvania Healthcare News, we wish Rafael Sciuillo all the best in his new endeavors! We appreciate all that he has done in the hospice market here in Western Pennsylvania and for being a true visionary. The impact he has made will continue for years to come. —Harvey D. Kart

Here's a look back at Rafael through the years.

- 2001: Introduced **Palliative Home Care** program and changed name from *South Hills Family Hospice* to **Family Hospice and Palliative Care** to reflect breadth of services

- 2001: Achieved initial Joint Commission accreditation, maintained since that year to present

- 2002: Acquired UPMC's hospice program, expanding service area to nine counties in Western Pennsylvania

- 2002: Became independent entity, ending subsidiary relationship with South Hills Health System

- 2002: Launched comprehensive complementary therapy program including expressive art and music, massage and pet therapy

- 2003: Completed renovations at Anderson Manor, a Civil War-era mansion that now houses one of Family Hospice's clinical teams and **Transitions**, *an initiative aimed at raising awareness of and access to end-of-life care for African-American families on Pittsburgh's Greater North Side

- 2003: Launched the **Quality of Life Program**, incorporating the documentation of legacy, special occasions and valued relationships with complementary therapies

- 2003: Established fundraising board now known as **Board for Institutional Advancement**

- 2004: Launched **Camp Healing Hearts**, an annual one-day camp for grieving children and their caregivers, the **Teen Volunteer Program** and the **Candlelight Companion Program**, trained volunteers who sit vigil with imminently dying patients who would otherwise be alone

- 2005: Acquired the Ward Home in Mt. Lebanon, future site of Family Hospice's **Center for Compassionate Care**, **housing administrative offices, educational facilities and an inpatient hospice center

"Working with Rafael and Family Hospice and Palliative Care is a joy. He has helped the hospice grow in size, scope and vision to be the leader in Western Pennsylvania. He is driven to make sure every patient has access to high quality hospice care. I will miss him."

Robert Arnold, M.D., Chief, Section of Palliative Care and Medical Ethics at the University of Pittsburgh School of Medicine; Assistant Medical Director of Palliative Care for the Institute for Quality Improvement at the University of Pittsburgh Medical Center

"Rafael is truly a visionary man. He shows kindness, compassion and the utmost moral fiber. He always holds patients' best interest at heart and his finger is on the pulse of what matters."

Tim Campbell, M.D., Campbell & Philbin Medical Associates; and former team physician at Family Hospice and Palliative Care.

"The Presbyterian SeniorCare and Family Hospice and Palliative Care relationship began shortly after Rafael became CEO. He brought great vision and energy to our collaboration which produced a model hospice and senior living partnership which was recognized with the national Circle of Life Award. Rafael is a person of great integrity who raised up hospice as a quality of life issue for seniors in our region. The impact of his leadership will be a legacy that he leaves."

Paul Winkler, CEO, Presbyterian SeniorCare



- 2007: Presented with the **Circle of Life Award** by the American Hospital Association for innovative programming in long-term care, an honor shared with corporate participant Presbyterian SeniorCare

- 2007: Opened **The Center for Compassionate Care** in Mt. Lebanon (see above**)

- 2008: Launched **Operation Respect for Veterans**, addressing needs unique to this population and to their caregivers

- 2008: Launched **Compassionate Caregiver Training Program**, providing hands-on training for Family Hospice caregivers in the use of assistive equipment and medications to increase their confidence in caring for loved ones at home; this program has now expanded to three additional locations

- 2009: Completed \$4 million Capital Campaign, which allowed transformation of the Ward Home into The Center for Compassionate Care

- 2009: Piloted telehospice program in conjunction with University of Pittsburgh School of Nursing towards reducing caregiver anxiety and bridging distance and response time to patients and families, particularly in rural communities

- 2009: Launched **Pathways**, disease-specific hospice programs for heart failure and dementia patients and their caregivers

- 2010: **Ivan**, Family Hospice's first resident service dog, arrived at The Center for Compassionate Care

- 2011: Launched **Transitions** (see above*)

- 2011: Launched **Pet Peace of Mind Program**, trained volunteer support to patients in the on-going care of their pets

- 2012: Opened **The Center for Compassionate Care/Canterbury**, Family Hospice's second inpatient hospice center on the campus of UPMC Senior Living's Canterbury Place in the Lawrenceville neighborhood of the City of Pittsburgh

ADDITIONALLY, UNDER RAFAEL SCIULLO'S LEADERSHIP:

- Family Hospice's annual budget has grown from \$1.9 million in Fiscal Year 2002 to \$24 million in Fiscal Year 2012

- The average daily census has grown from 39 patients to 450

- The volunteer pool has grown to more than 460 members

- Total staff numbers 277 to date

"Rafael has been a wonderful leader both to Family Hospice, and to its relationship with its Hospital-partners. He has always been thoughtful and supportive of collaboration to the benefit of patients and their families. UPMC will miss him and wishes him all the best."

Deborah Brodine, President, UPMC Community Provider Services

"From my perspective, Rafael, through his work at Family Hospice and Palliative care, has really put end of life care on the radar in the Pittsburgh health care market. Family Hospice evolved and grew while in Rafael's care and this transition will bring tremendous opportunities for both Rafael and the organization."

Robert C. Jackson, Jr., CEO, Grove City Medical Center

"Rafael Sciuillo not only has made a profound impact on availability of high quality care in communities in the Pittsburgh area but through his dedication and commitment to the work of the National Hospice and Palliative Care Organization – which includes service as chair of our board of directors – he has contributed to national efforts to advance care at the end of life."

J. Donald Schumacher, PsyD, President & CEO of the National Hospice and Palliative Care Organization

"Rafael has had a remarkable career in Western Pennsylvania. His leadership and compassion have helped a multitude of patients and families during some of the most trying times in their lives. His extraordinary vision for hospice and compassionate care has inspired all of us during his tenure and will motivate us to maintain his legacy."

G. Alan Yeasted, M.D., Senior Vice President & Chief Medical Officer, St. Clair Hospital



Zosia West Finds Comfort in Being Unconventional

by Christopher Cussat



Zosia West is as diverse a person and artist as the changing color scheme of her hair. She describes herself as an unconventional girl living in a conventional place. This is clearly evident to anyone who has witnessed her transformations from fitness and health instructor by days to heavy metal rock singer by nights.

Both as a Zumba Instructor at Vygor Fitness in the North Hills, and during her musical creations and performances with her band, “Echoes Never Lie,” everyday West embodies what she describes as being very ambitious and having many different beliefs and interests. “This has

caused me to gain a lot of respect in my life, but often also a lot of controversy—but I wouldn’t be myself if I didn’t stir up friction now and again,” she adds.

West says that she has always considered herself to be a musician first and foremost, but that unfortunately you usually have to pursue other endeavors in order to continue doing what you love. “I believe there are often negative stereotypes attached to my ‘hard rock’ genre of music, so when I tell people that I also work in the fitness profession, they seem perplexed—and I like that because I believe this means I am causing people to think!”

As she explains it, the reason why West is drawn to hard rock is because to her, it covers real topics. “I understand that people need a break from their daily lives and struggles—and Top 40 music is very good for that (I use Top 40 in my classes),” she adds. “But through my own music and lyrics, I want to be able to discuss topics that people seem to keep ‘hush hush’—such as depression, mental illness, anger, broken lives/families, drug addiction, etc.—whatever it may be for myself or the listeners of my music.”

“I like to talk and sing about these things because we all face them, and it does no one any good to stay silent or be ashamed,” West continues. She says that almost everyone can tell you a story that would make your skin crawl, but that such hard truths honestly represent people’s struggles and the fact that they survived. “To me, my artistic outlet as a hard rock singer allows me to emphatically state for myself and for anyone with such stories, ‘Hey, I survived!’”

West believes that her fitness profession directly ties into her music aspirations.



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“A healthy body means a healthy instrument—in my case, my voice. To be on stage also requires a lot of energy and strength, so I take my classes and use them as physical training for my shows.” She adds that her health profession has also become simultaneous endurance training for her live performances. “That is why I try in each class to push a little harder, and I always encourage that for my students as well.”

Doing music as her full-time profession would be a dream come true for West, but she understands the challenges and difficult reality of such aspirations.

“I would absolutely consider music as a career—the only problem is that there is no money (yet) to be had. But I’d love nothing more than to be paid enough to only do this, and I believe in this aspect I can speak for my band-mates that they feel the same way.”

She also feels that the economic recession has really hurt musicians because fewer people have the extra money to attend shows, and now promoters are constantly pressuring bands to sell as many tickets as possible. “But I totally understand this on their end, because they also have to secure themselves financially.” In addition, West acknowledges that it is sometimes hard to persevere because musicians usually have to pour their own money into the music. “I hope eventually we can get to a point where we can generate an income consistently from our performances so I can dedicate my whole days to my music,” she adds.

West hopes that this article opens some people’s eyes to the aspect that health and music are incredibly important. “Also, the next time you see a tattooed or pierced person, remember, they may be someone’s doctor, lawyer, or fitness instructor.” She concludes, “Finally, I want to change the sometimes stereotyped perception of heavy metal rockers. You don’t have to ‘shred’ your body to be rock ‘n’ roll—you can believe in and live a healthy lifestyle and still be who you are.”

To sign up for a fitness class with Zosia West, please visit www.vygorfitness.com. She teaches on Mondays, Tuesdays, and Thursdays.

“Echoes Never Lie,” will be performing on February 9, 2013 at the Altar Bar for the “Female Voices of Metal Fest.” Band members include Zosia West, Braden Booher, Mike Beaver, and Jason Iampietro. For more information on the band you can visit: www.echoesneverlie.com and for more on the Altar Bar show please visit: www.sardonyxproductions.com. †



Photo by Ron Short

Zosia West

When Babies are Killed, We Have to Take Action



By Nick Jacobs

Because the events in Connecticut are still so raw in all of our minds and hearts, I've hesitated to undertake this topic until now. Having taught over 2000 students during the first ten years of my professional life, I was exposed to a small percentage of individuals with behavioral health challenges. I taught some kids who were barely able to function in society, and some who were bipolar and/or schizophrenic, including at least three who evolved into sociopaths and murderers.

As a hospital administrator, I've never forgotten this phone call: "My husband has stopped taking his lithium and the last time he did that, he came after his closest friend. That would be you. I'm leaving him, but you need to be careful."

I'm also familiar with this quote, "If you take five prescription medications there is a 100 percent chance they will interact with each other; we just don't know what that interaction will be." So, is the pharmaceutical industry complicit in this issue as well? Quite possibly.

Back in the eighties, much of the inpatient mental health system all but vanished in this country, and today behavioral health challenges continue to carry a stigma that is not only tenuous but also very detrimental to the well being of not only those challenged individuals but for all of us. So, yes, behavioral health issues have clearly been a part of each of these attacks. And is that an easy fix? I think not. I believe the stigma associated with mental illness is a huge problem, and even if we seek help, it is many times not available.

Let's discuss the third rail. As a kid I grew up with guns and target shooting was one of my favorite family pastimes. I can tell you that we never had a problem due to the fact that we owned those guns. They were locked up; they were handled appropriately, and they were used for what they were intended.

However, when you see facts like: There have been 62 gun-related mass murder attacks across this country since 1982, or that approximately 50 million people own about 250,000,000 guns in the U.S., you have to wonder about connectivity to this issue.

The chief medical examiner has said the ammunition was the type designed to break up inside a victim's body and inflict the maximum amount of damage, tearing apart bone and tissue. So what about gun control? Do I believe that semiautomatic weapons, armor piercing bullets, extended clips, et al., contribute to the ease of ac-

cess for these mass murderers? Yes, I do. I would love to see controls regarding the above mentioned killing devices, but I do not believe this is the only solution. Should people be permitted to own guns? Yes.

Is part of the problem because we have created such vicious and mind-numbing video games that glorify showing brain fragments, blood and body parts flying everywhere when the player makes a direct hit with his faux automatic weapon? Have the countless violent television shows and movies made us numb? Is the breakdown of the family unit a contributing factor? In my opinion, the answer is yes to all.

We have also become a uniquely isolated civilization where neighbors don't know or recognize neighbors. We walk around with our heads down and our earphones tucked neatly into our ears making sure we have no eye contact. This isolation also might be a component in this complicated stew of contributing factors. There is no easy solution. I would hate to see our schools and colleges become modified prisons. I would hate to see our lives become self-imposed solitary confinement chambers, but clearly excessive access to kill-type weapons, inadequate access to behavioral health treatment, lack of understanding of drug interactions, and excessive exposure to violence seem to have created the perfect storm.

During this holiday season and throughout the year, we need to hold each other and love each other more than ever before. That's one thing that we surely do need, lots more love, understanding and appreciation of our common humanness. 🙏

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, "Taking the Hell out of Healthcare" and the humor book, "You Hold Em. I'll Bite Em." Read his blog at healinghospitals.com.

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Operation Walk Pittsburgh

In late September, a team of 52 medical volunteers from Pittsburgh flew 1,800 miles to help poverty-stricken people in Honduras live without joint pain. Tri Rivers Surgical congratulates **Operation Walk Pittsburgh** on its most successful mission of providing joint replacement and other orthopedic surgeries to Central America's neediest.

We are especially proud of our Tri Rivers Operation Walk team: Drs. Michael Weiss and Thomas Muzzonigro; Duane Chess, PA-C, and Christopher Van Schepen, PA-C; and Kate Jardine, RN.

◀ Orthopedic surgeon
Thomas Muzzonigro, M.D., with grateful patient.



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HIV/AIDS Vaccines: Hope on the Horizon



By Robert T. McNally, Ph.D.

The HIV/AIDS vaccine research community is optimistic these days, for various reasons. Several trials have demonstrated the partial efficacy of oral and topical chemoprophylaxis and the first signs of efficacy for an HIV vaccine candidate; the NIH is encouraging the testing of oral medication in combination with vaccines in hopes of finding a cure for HIV-infected persons; and early initiation of anti-retroviral therapy has been shown to enhance outcomes and lower the potential for HIV transmission to sexual partners by 96 percent. This suggests control of the HIV pandemic may be achievable.

Significant progress is being made toward creating an effective vaccine. In autumn 2009, a collaboration between the Ministry of Health in Thailand, the U.S. military, and the U.S. National Institute of Allergy and Infectious Disease announced the first encouraging results from an efficacy trial—31 percent prevention of infection in a community-based trial in Thailand. That trial was the first to test a product designed to elicit both antibodies and T cells. Until then, many thought the best achievable outcome for a vaccine would be to induce immune responses capable of controlling, but not preventing, infection. The data from the Thai trial suggested that prevention from infection is a possibility. In light of these advances, several companies are working toward HIV/AIDS vaccines, including Aventis-Pasteur, GlaxoSmithKline, Crucell, Inovio, Profectus, Novartis and GeoVax Labs, which is working on both therapeutic and preventive vaccines.

GeoVax's ongoing phase 1/2 "treatment interruption" clinical trial, investigating the use of its vaccines for treatment of individuals infected with HIV, is fully enrolled. This trial is designed to assess whether individuals who are well controlled on traditional oral drug medication show safety and immunogenicity against HIV when the oral drug medications are removed for a short period. GeoVax expects to see data readouts from this study during 2013, which may indicate the potential use of its vaccines to treat HIV infection, either as a standalone therapy or in combination with an oral drug regimen. Planning is underway for another therapeutic trial to begin in the first half of 2013. This phase 1/2 trial will investigate the use of GeoVax's vaccines in combination with standard-of-care drug therapy in HIV-positive

young adults.

Although success with a therapeutic program would improve patient care, prevention still remains the top objective of national programs. A Phase 2a trial of GeoVax's preventive HIV/AIDS vaccine has been completed and results were presented at the AIDS Vaccine 2012 Conference in Boston. It confirmed earlier Phase 1 results, with GeoVax's vaccines demonstrating an excellent safety profile and reproducible T cell and antibody immune responses. The company expects publication of the full study results in early 2013. Patient enrollment was recently completed for a Phase 1 trial testing the safety of GeoVax's second-generation preventive HIV/AIDS vaccine. Preclinical testing of this vaccine yielded positive results, with a 90 percent reduction in infection (per exposure) which translated to 70 percent of vaccinated animals using the primate analog to HIV (SIVE660) being protected against 12 repeated, highly virulent, rectal challenges.

Based on these results, a phase 1 safety study has been initiated and is already enrolled. GeoVax expects the Phase 1 trial to be completed in the second half of 2013. Meanwhile, discussions and planning with the HIV Vaccine Trials Network for GeoVax's multistage Phase 2 efficacy trial are underway. The company expects the study protocol to be developed during 2013, with trial commencement in 2014. GeoVax has the only vaccine for the North American and Western Europe version of the virus currently being considered for efficacy trials by the NIH.

Despite the above, many challenges remain on the road to viable vaccines. For example, smaller biotechs might find funding difficult due to the poor record of companies that have failed in their attempts to create a viable vaccine, or to the length of time required until a licensing event occurs; many investors would rather not wait that long. Furthermore, there is the ongoing challenge of maintaining expanded access to, and coverage of, high-quality prevention and treatment services tailored to affected populations.

As we ponder the progress that has been made in developing HIV/AIDS vaccines and look to the future, we have cause for optimism. Tremendous progress has been and is continuing to be made. †

Robert T. McNally, Ph.D. is President & CEO of GeoVax Labs, a biotechnology company engaged in the creation, development, manufacture and testing of innovative AIDS vaccines. He can be reached at rmcnally@geovax.com.

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Around the Region

Patients' Mind, Body and Spirit Focus of New Program Expansion at Conemaugh

The Integrative Medicine Advisory Council (IMAC) recently awarded Conemaugh Memorial Medical Center \$6,000 to expand the hospital's Comfort Cart program and for the addition of a new IMAC Art Cart.

Volunteers at Conemaugh Memorial staffing the IMAC Art Cart will offer patients a choice of five 5x7 photos generously donated by local photographers, Carl Mahan and Catherine Jarvis Rohde.


The photos feature comforting scenes, including a beautiful sunset, a palm tree, a puppy dog, patriotic scene, and flowers. The goal is to offer patients a distraction from any pain or anxiety while evoking calm and comfort.

"I'm so pleased to see that healthcare is at a point where it is embracing the power of integrative medicine," says Barry Ritko, IMAC member. "Traditionally in medicine, the focus has been solely on the body, but more and more hospitals and physicians are understanding the value of treating the person as a whole—mind, body, and spirit, and I'm delighted that Conemaugh Memorial is one of those hospitals."

Along with the new IMAC Art Cart, the grant will provide funding to stock an additional Comfort Cart which will be housed at Memorial's Lee Campus to service patients at Crichton Rehabilitation Center and the Transitional Care Unit. Currently, there are two Comfort Carts at the Main Campus, which offer patients a selection of amenities at no charge, including lip balm, lotion, word puzzle books, magazines, donated prayer shawls from local individuals and churches, and other items.

"The most rewarding part of this program is the community spirit and support for our patients," says Susan Mann, President, Conemaugh Health Foundation. "In addition to the amazing efforts of IMAC, and Carl and Catherine who donated their photographs for our IMAC Art Cart, so many other community organizations, churches, and businesses have come forward to support our Comfort Carts through collection drives and donations. The program is touching thousands of lives and enhancing the care of our patients—something we are very proud of."

IMAC was founded in 2003 to help individuals and healthcare providers learn more about the positive role that Complementary and Alternative Medicine (CAM) can play in the healing process. In addition to the Comfort Cart program at Conemaugh coordinated through Volunteer Services, IMAC funding also supports Conemaugh's Arts for Healing program and other CAM-related projects. IMAC programs are made possible through donations of individuals and companies who support IMAC's mission to promote wholeness of mind, body and spirit to those who suffer from serious chronic illness.

To learn more, visit www.conemaugh.org/foundation. 



Front Row: Catherine Jarvis Rohde; Carl Mahan; IMAC Members: John Hargreaves; Sharon Plank, MD; MaryAnn Ritko; Bonnie Bakos, Volunteer; and Jan Goodard, IMAC Member. Back Row: IMAC members: Barry Ritko; Andrew Rutledge; and Sue Mann, President, Conemaugh Health Foundation

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E. Anthony Verdream, MD

Internal Medicine, subspecialty in infectious disease

Dr. Verdream earned his medical degree from Temple University School of Medicine in Philadelphia. He completed his residency at the Western Pennsylvania Hospital and his fellowship at the Medical College of Virginia, Virginia Commonwealth University. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.



Robert Louis Volosky, MD, FACP

Internal Medicine, subspecialty in infectious disease

Dr. Volosky earned his medical degree from Georgetown University in Washington, D.C. He completed his residency and fellowship at UPMC Montefiore. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.



David Lee Weinbaum, MD, FACP

Internal Medicine, subspecialty in infectious disease

Dr. Weinbaum earned his medical degree from the Boston University School of Medicine. He completed his residency at the University of Michigan and his fellowship at the University of Virginia. He is board-certified by the American Board of Internal Medicine with a subspecialty in infectious disease.

To schedule an appointment, or for a referral to Infectious Disease Associates of Western Pennsylvania-UPMC, call 412-681-0966.

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Gift from LECOM Allows Gannon to Make Key Investments in Patient Simulation Center

Gannon University and the Lake Erie College of Osteopathic Medicine (LECOM), Erie, Pa., are working collaboratively to enhance the quality of medical training available to local and regional healthcare providers.

A \$50,000 gift from LECOM to Gannon has allowed the University to add the TraumaMan and MicroMaxx Ultrasound systems to Gannon's Patient Simulation Center. Officials from both schools formally announced the gift at a press conference held at the Simulation Center, located in Gannon's Morosky Academic Center, 150 W. Tenth St.

TraumaMan is a simulated human torso form designed to allow students to practice a number of advanced medical procedures, including central line insertion and chest tube placement. TraumaMan has four surgical zones and is designed as a better and more practical alternative to students training with cadavers or other models.

The MicroMaxx Ultrasound System provides quality imaging for ease and accuracy for central line placement. The system is designed to help health care professionals work faster and more effectively while making point-of-care ultrasound a reality. It has applications in anesthesia, cardiology, cardiovascular disease management, emergency medicine, musculoskeletal, OB/GYN, radiology, vascular, surgery, and more.

"Gannon University is proud to have LECOM as a valued educational partner and this new technology not only will strengthen that partnership but also strengthen Gannon's ability to serve our students and the Erie regional community," said Gannon President Keith Taylor, Ph.D. "The partnership between our institutions moves us yet further ahead in forging the path for the highest-quality health care education and health care delivery for the Erie regional community."

Said Dr.Carolynn Masters, Dean of Gannon's Morosky College of Health Professions

Around the Region

and Sciences, "Gannon University is very grateful to LECOM for its generosity and support of our Patient Simulation Center. The gift will be instrumental in helping us advance the Simulation Center's strategic goal of educational outreach and offering a higher level of medical education to a wider audience."

Recently, a class of Internal Medicine Residents from Millcreek Community Hospital spent a day at the Simulation Center, perfecting their skills with the help of TraumaMan. Prior to their visit, Gannon University faculty in the health professions and sciences worked collaboratively with faculty from LECOM to structure a training program for the residents and for LECOM Primary Care Scholars Pathway Students, one of two, three-year doctor of osteopathic medicine degree programs offered by LECOM.

LECOM committed to supporting the Simulation Center after realizing the advantages of training physicians who will be using the skills they learn in this program to teach LECOM medical students.

"Simulation Center training is on the cutting edge of medical education," said Silvia M. Ferretti, DO, Provost, Senior Vice President, and Dean of Academic Affairs at LECOM. "Residents find the hands-on training essential for practicing procedures that only can be learned by repetition. Learning with these manikins develops muscle memory, so that when the physician is with a real patient, the procedure is able to take place naturally and safely."

Masters is hopeful that the Simulation Center can continue to provide training to resident physicians from Millcreek Community and from other healthcare providers. "Gannon University believes in being an educational partner, which includes hosting a world-class Simulation Center that is an asset to our students as well as to the community," she said. "Ultimately, we hope the Center makes a positive impact on the quality of patient care."

Learn more at www.gannon.edu or <http://lecom.edu>. ↑

Murrysville Commons Recently Opened

Murrysville Commons recently opened its doors at its location at 4262 Old William Penn Highway in Murrysville. This site offers access to medical and surgical specialists such as internal medicine, obstetrics and gynecology, surgery, gastroenterology, endocrinology, orthopedics, and dermatology. Additionally, a diagnostic suite offers electrocardiograms, ultrasound, and basic x-ray services.

The site is the location of the new practice, Murrysville Internal Medicine, where Amy Kim, DO and Marcia Nelson, MD have started seeing patients.

Obstetrical and gynecologic care will be offered by the physicians of East Suburban Obstetrical and Gynecological Associates five days a week. Mark Rubino, MD; Michael

Pelekanos, MD; B. Bernard Pettica, MD; and Leonard Selednik, MD are pleased to offer appointments within the community they have lived for the past 25 years.

The facility also offers a community room that will provide a comfortable setting for educational lectures and patient classes. Rounding out the services located in Murrysville Commons are Alliance Physical Therapy which provides both physical therapy and rehabilitation services, and Murrysville Spa which will offer aesthetic services and massage therapy.

The site plans to add pediatric services and a wellness center in the near future.

Learn more at www.wpahs.org. ↑

Lutheran SeniorLife and VNA, Western Pennsylvania Form Affiliation

Lutheran SeniorLife and VNA, Western Pennsylvania recently announced the affiliation of their two well-known and respected organizations as they officially joined together on January 1, 2013. With like-minded missions and the desire to meet the health and wellness needs of the communities they serve, this affiliation will greatly enhance the services both organizations provide.

Lutheran SeniorLife is a western Pennsylvania provider of senior living communities and services for older adults. For over a century, they have been fulfilling their mission of supporting seniors so that they can live a full and abundant life. In addition to providing the finest residential and assisted living communities, Lutheran SeniorLife provides a comprehensive array of health and wellness services, including: community-based senior services in partnership with Butler Health System and Heritage Valley Health System, rehabilitation services and the region's premier Alzheimer's care program.

VNA has grown since its inception as a volunteer, community-based nonprofit home health care organization providing services in Butler, Armstrong, Lawrence, northwest Westmoreland and parts of surrounding counties. Dedicated to providing care to persons of all ages regardless of their ability to pay, VNA services include a full range at-home nursing and private duty home care services, hospice, medical equipment, remote health monitoring, specialty health programs, health screening and wellness promotion. VNA's mission has always been to promote health and independence.

David Fenoglietto, President/CEO, Lutheran SeniorLife states, "the affiliation of the VNA and Lutheran SeniorLife will enhance our ability to provide a comprehensive and seamless continuum of services and programs that will enrich the lives of the persons we serve".

Liz Powell, President/CEO of VNA, Western Pennsylvania adds, "VNA and Lutheran SeniorLife are two similar minded organizations that make a great fit. We look forward to this exciting step for both organizations as we continue to deliver the highest quality services to our communities."

For more information, visit www.vna.com. ↑

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Excelsa Health Anticipates Growth in Westmoreland County

Excelsa Health intends to expand its presence in Westmoreland County over the next two years, consolidating outpatient locations to provide coordinated care and partnering with communities on health and wellness initiatives.

Based on the success of recent renovation and expansion at Excelsa Square at Norwin - the health system's outpatient site in North Huntingdon Township, - Excelsa Health intends to replicate the patient care concept in Hempfield and Unity. Farther east in the county, the health system will also be working hand in hand with the Ligonier YMCA to enhance the health and wellness of the residents the Ligonier Valley.

Michael D. Busch, Excelsa Health Executive Vice President and Chief Operating Officer, outlined the rationale behind this strategy during a media briefing: "The idea is to present a patient centered medical home in a multi-specialty facility, mirrored after successful models at such leading national health systems as the Mayo Clinic. We applied this concept in our Diagnostic Associates internal medicine practice in December 2011, and continued it at Excelsa Square at Norwin where it's being met with great success.

"From a business perspective, bringing services together improves efficiency and lowers costs, but most importantly, it makes things more convenient for patients and promotes quality throughout," Busch said. "Excelsa Square at Norwin is a beautiful, friendly environment where patients can see their family doctor or a specialist, get all their testing done, have surgery and physical therapy all under one roof. This coordination of care is central to creating an exceptional patient experience because it improves access through a team approach that puts the patient first. And patients are responding, not just to the look and feel of Excelsa Square but to their care providers. It is evident that the staff take pride in customer service and work collaboratively to meet their needs."

Excelsa has been studying various site plans to determine the best locations in Hempfield and Unity. "We are still in the planning phase, but we expect to bring together various physician specialties, diagnostic and therapeutic services, currently located in multiple locations in these communities," added Busch. "The goal is to consolidate, not duplicate, services so our patients don't have to bounce around the county or leave the area to get the care they need. And as with our other projects we'll be using local contractors and labor as we move ahead."

Excelsa Health is also advancing its continuous improvement process in the design of each location to foster maximum efficiency and availability of services, and limit or eliminate needless waiting. This approach is patient-focused and streamlines the care experience.

In the months ahead, Excelsa will be coming before various Hempfield and Unity Township governing bodies to present more detailed development plans and seek regulatory approval to proceed. Likewise, Excelsa officials will be continuing discussions with the board of directors at the Ligonier Y to advance programming and development in the Ligonier area, as the Y begins to formalize plans based on a recent community needs assessment.

For more information, visit www.excelsahealth.org. ↑

Windber Med Center Welcomes New CFO



Richard M. Sukenik

Windber Medical Center welcomes **Richard M. Sukenik, CPA, MBA, CHFP, CGMA**, as the new Vice President of Finance/CFO.

Sukenik joins Windber Medical Center after working as the CFO and Controller at Electronic Claims Processing in Ebensburg for 4 years and prior to that he was with the Conemaugh Health System for 12 years in various roles including the Vice President of Finance.

He received his Master's in Business Administration from Saint Francis University and his Bachelor of Arts Degree in Accounting/Management from the University of Pittsburgh at Johnstown. He is a member of the American Institute of Certified Public Accountants, Pennsylvania Institute of Certified Public Accountants, Healthcare Financial Management Association and serves on the Penn

Highlands Community College Departmental Advisory Committee.

Sukenik resides in Richland Township with his wife, Cathy, and daughter, Jordyn.

Learn more at www.windbercare.org. ↑

UPMC Horizon Welcomes Obstetrician/Gynecologist

An obstetrician/gynecologist has joined the team at Magee Womens Specialty Services at UPMC Horizon.

Ira S. Abramowitz, MD, FACOG, is board-certified by the American Board of Obstetrics and Gynecology and a member of the American Association of Gynecologic Laparoscopists. He earned his medical degree from State University of New York–Downstate Medical Center, Brooklyn, N.Y. and completed internships, a residency, and was a chief resident at SUNY–Downstate affiliates.

Dr. Abramowitz's interests include high risk obstetrics and laparoscopic hysterectomy and minimally invasive gynecologic surgeries.

He joins obstetrician/gynecologists Bradley Dennis, MD, Michele Tate, DO, and Michelle Wright, DO, and certified nurse midwife Jan Agnew, CNM, at Magee Womens Specialty Services at UPMC Horizon.

Learn more at www.upmchorizon.com. ↑



Ira S. Abramowitz

Around the Region

Highmark Blue Cross Blue Shield Delaware Announces New Partnership with Parkhurst Dining

Highmark Blue Cross Blue Shield Delaware in Wilmington has announced a new partnership with Parkhurst Dining of Homestead, Pa. to provide its food service management beginning January 7, 2013. This will be Parkhurst's third Highmark location — the company also manages food service at Highmark in Camp Hill and Pittsburgh, Pa.

Parkhurst was selected because of its philosophy of made-from-scratch cooking methods that use fresh and local ingredients. Eat'n Park Hospitality Group, including member company Parkhurst Dining, continues to source more than 20 percent of its food locally by procuring \$23 million in food and beverage purchases from local companies, family-owned farms and producers of food within a 125-mile radius of its service areas. This greatly reduces the distance food travels from harvest to table.

Health and wellness are also key aspects of the new dining program and the Parkhurst team will continue to work in partnership with Highmark to enhance and implement a well balanced, nutritional dining program for Highmark employees.

"Our Partnership for a Healthier Tomorrow" helps our guests in Camp Hill and Pittsburgh learn to make healthy dining choices that are delicious and satisfying," said Bryan Marince, Parkhurst Director of Corporate Dining & Special Venues. "Our dining team in Delaware will work with Highmark to enhance and implement this well-balanced, healthy dining program so our guests in Delaware will enjoy the same delicious, nutritional benefits.

"Our goal is to build a healthy partnership between Parkhurst and Highmark Delaware that will focus on the health and wellness of our employees," explained Rob DiDonato, Manager, Office Services. "Our employees should have a place to dine where they can eat healthy food that tastes great and is prepared from scratch."

With everything from comfort foods to culturally diverse menu items and on-the-go service, guests can expect a creative mix of dining options offered with excellent customer service. "We look forward to providing an authentic culinary experience," said Marince.

For more information, visit www.parkhurstdining.com. ↑

Healthcare Professionals in the News

Landau Building Company Announces New Contracts Awarded and Completed

Landau Building Company will be the construction manager for the new South Hills Honda automotive dealership. The existing dealership will be replaced with a 42,000-square-foot facility, on Rt. 19, in Peters Township. The showroom, located on the second floor of the 2-story facility, is at street level. A 5,000-square-foot mezzanine will over-look the service area on the lower level. Construction will be completed in phases, to keep the existing dealership operational.

Landau Building Company recently completed the Wheatley Center at Robert Morris University in time for the beginning of the fall semester in August 2012. The 53,000-square-foot facility is the new home of the School of Communications and Information Systems.

In September, Landau Building Company completed several additions on the existing manufacturing facility for Kureha Advanced Materials in Natrona Heights. The 35,000 square-foot addition will serve as a warehouse / training center. The 5,000-square-foot addition will house a new furnace / control station, which will increase manufacturing capabilities for the client.

Finally, Landau Building Company recently completed a 7,000-square-foot addition and interior renovations to the West Virginia University Healthcare-Chestnut Ridge Hospital.

Learn more at www.landau-bldg.com. ↑

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Sharon Regional Health Foundation Announces Board Members

The Sharon Regional Health Foundation has announced the inaugural members of its new board of directors who were approved at the board's first meeting on June 25. Officers of the new board, who will be confirmed at the annual meeting in November, include chair **Ruthanne Beighley, Esq.**, corporate counsel for Joy Cone Company, who also maintains a private practice limited to estate planning and administration, wills, and trusts; vice chair **Joseph A. Mielecki**, vice president and relationship manager for the First National Trust Company in their Hermitage Wealth Management office; secretary Nancy Decker, owner/president of Laurel Technical Institute; and treasurer Karen McGonigle Murphy, president of McGonigle Ambulance Company and secretary/treasurer of McGonigle Funeral Home.



Ruthanne Beighley



Joseph A. Mielecki

Other members of the board include Tom Maskornick, retired fundraising consultant; Catherine Mott, president/founder of BlueTree Capital Group; Dr. Carl Hoffman, Jr., president and chief medical officer, PrimeCare Medical Inc., Harrisburg; James Feeney, retired senior vice president of Wheatland Tube Company; Diane Gardner, investment advisor for Olde Hickory Financial Services; Steve Gurgovits, chairman of FNB Corporation; and John Hudson, president of the Hudson Group. Serving as an ex-officio member of the board is Linde Finsrud

Wilson, CEO of Sharon Regional.

The mission of the Sharon Regional Health Foundation is to enhance and promote health care services offered in the communities served by Sharon Regional through partnerships, fundraising, and stewardship. The efforts of the Foundation benefit both the Health System and the community by ensuring the most modern technology and highest level of care is available locally for current and future generations; by allowing Sharon Regional to remain a strong, independent Health System governed by a local board of directors; by raising funds to help offset the financial challenges presented through health care reform; and by providing opportunities for people and organizations both locally and from outside the area to invest resources in a manner that meets their philanthropic goals.

For more information, visit www.sharonregional.com. ↑

Healthcare Professionals in the News

Jameson Health System Welcomes Rohit Mehta, M.D.

Jameson Health System expanded their medical staff with the addition of Board Certified Internal Medicine and Pulmonary Care Specialist and Critical Care Intensivist, **Rohit Mehta, M.D.**

With training in Pittsburgh, Chicago and Toronto, Dr. Mehta delivers expert consultative, diagnostic and therapeutic procedures for patients suffering from respiratory illness and critical disease processes. His expertise includes treatment of conditions such as chronic obstructive pulmonary disease, pulmonary fibrosis and pulmonary hypertension while also specializing in portable sleep monitoring and pulmonary interventional procedures. Dr. Mehta is currently seeing all new patients with breathing problems, allergies, sleep disorders and other lung conditions at JHS Pulmonary Care located at 217 North Jefferson Street, New Castle, PA.

In his role as a critical care intensivist at Jameson Hospital, Dr. Mehta diagnoses complex medical conditions and develops the plan of care and treatment strategy for patients in the Intensive Care Unit.

Born and raised in Canada, Dr. Mehta received his medical school training at the Medical University of the Americas in Charleston, West Indies. Dr. Mehta then completed his Internal Medicine internship and residency at UPMC McKeesport Hospital in McKeesport, PA. The doctor is Fellowship trained in Pulmonary and Critical Care from John H. Stroger Hospital in Chicago, Illinois. He is Board Certified by the American Board of Internal Medicine and Pulmonary Disease.

Visit www.jamesonhealth.org/pulmonarycare to learn more. ↑

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at writer@danielcasciato.com

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American Red Cross Blood Services Promotes Three

American Red Cross, Greater Alleghenies Region Blood Services, recently promoted three donor recruitment employees to managerial roles.



Joanna Martyak

Joanna Martyak, Windber, has been appointed Donor Resources Director, supervising donor recruitment activities in the 100-county region's six zones. Last March she was named Donor Resources Manager for the 32-county North Central and South Central zones, having previously worked as a donor recruitment representative in portions of the North Central Zone.

Immediately prior to her appointment as Donor Resources Manager, Martyak was a Business Development Consultant with SunStone Consulting, LLC, of Harrisburg. She worked on numerous national accounts dealing with healthcare reimbursement.

Martyak also worked in sales and sales management positions at Bayer Healthcare, Schering Pharmaceuticals and Sepracor Pharmaceuticals. Throughout her career she has excelled in growing sales and developing others within the sales profession. She is currently participating in John B. Gunter Community Leadership Initiative sponsored by the Greater Johnstown-Cambria County Chamber of Commerce.

Autumn Marie Moore, Johnstown, has been appointed Donor Resources Manager for the North Central Zone, comprising Bedford, Blair, Cambria, Fayette and Somerset counties in Pennsylvania; Allegany and Garrett counties in Maryland; and Mineral County, West Virginia.

Moore joined the Red Cross as a donor recruitment representative for Fayette and Somerset counties in February 2012. She holds a Masters of Science degree in Organizational Leadership and Bachelors



Autumn Marie Moore

Healthcare Professionals in the News

degree in Human Services, both from Geneva College.

She previously was the Student Services Coordinator at WyoTech, Blairsville, and also held leadership positions at Goodwill Industries of the Conemaugh Valley.

Jennifer Cafasso, Windber, has been appointed Donor Resources Manager for the Northwest Zone, comprising Allegheny, Armstrong, Beaver, Butler, Clarion, Indiana, Lawrence, Mercer, Washington and Westmoreland counties in Pennsylvania; and portions of Columbiana and Jefferson counties in Ohio.

Cafasso joined the Red Cross in November 2010 and was named donor recruitment representative for Indiana and eastern Westmoreland counties in March 2011. As donor recruitment representative, she exceeded her yearly collection goal, grew her territory, which includes Indiana University of Pennsylvania, and was named the Greater Alleghenies Region's Representative of the Year for 2012.

She previously worked at Digital Solutions Inc. in Altoona and held management positions at American Eagle Outfitters and Bon Ton in Johnstown.

The Greater Alleghenies Region directly serves hospitals, patients and donors in a 100-county area in Kentucky, Maryland, Ohio, Pennsylvania, Virginia and West Virginia, with more than five-dozen blood products and related services, and also supports blood needs experienced by patients elsewhere in hospitals served through Red Cross Blood Services.

For more information, visit redcrossblood.org. †



Jennifer Cafasso



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Healthcare Professionals in the News

J.C. Blair Welcomes Dr. James Frommer to the Hospitalist Program



James Frommer

J.C. Blair Memorial Hospital's Board of Directors is pleased to announce the appointment of Hospitalist **James Frommer, D.O.** to its medical staff.

Dr. Frommer joins the J.C. Blair Medical Services, Inc. physician group and will work within the hospitalist program. He has over eleven years of experience as a practicing physician. Board certified in family medicine, Dr. Frommer had his own family practice for ten years before joining the Lehigh Valley Hospital and Health Network.

Dr. Frommer completed a family medicine residency at Sacred Heart Hospital in Allentown and internship at Allentown Osteopathic Medical Center. He earned his

medical degree from the Philadelphia College of Osteopathic Medicine.

As a hospitalist, Dr. Frommer cares for patients who have been admitted to J.C. Blair. He is specially trained in hospital medicine and keeps up on new hospital-based technology by practicing in the hospital every day. He and other hospitalists are readily available to talk to patients and their families, and can expedite diagnostic tests, treatment recommendations and discharge.

Dr. Frommer is relocating to Huntingdon with his wife and two dogs. In his free time, he enjoys reading, watching college football, basketball, and women's softball. He also has an interest in photography and writing.

Learn more at www.jcblair.org. ↑

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New & Notable

Additive Effect of Small Gene Variations Can Increase Risk of Autism Spectrum Disorders

An increased risk of autism spectrum disorders (ASD) could result from an accumulation of many small, common genetic variations rather than large-effect, rare changes in the genetic code, according to a multicenter team led by researchers at the University of Pittsburgh School of Medicine. Their findings, published today in *Molecular Autism*, provide new insights into the genetic factors that underlie the neurodevelopmental condition.

Scientists have debated about the genetic contributions that lead to ASD in families where only one individual is affected, called simplex, versus those that have multiple affected family members, called multiplex, said senior author Bernie Devlin, Ph.D., associate professor, Department of Psychiatry, University of Pittsburgh School of Medicine.

"Our team compared simplex, multiplex and unaffected families using sophisticated quantitative genetic techniques," he said. "In families where only one child has an ASD, 40 percent of the risk is inherited while in families with more than one affected child, the risk rises to 60 percent."

For the project, the team examined thousands of DNA samples from families in the Simons Simplex Collection, in which one child but no parent or sibling had an ASD; the Autism Genome Project, in which more than one child had an ASD; and unaffected families enrolled in the HealthABC Program.

In addition to reviewing nearly 1 million gene variations, called single nucleotide polymorphisms (SNPs), to look for inheritance patterns associated with ASD, they also ran computer simulations to plot family trees using 1,000 SNPs that appear to impact the risk of ASD.

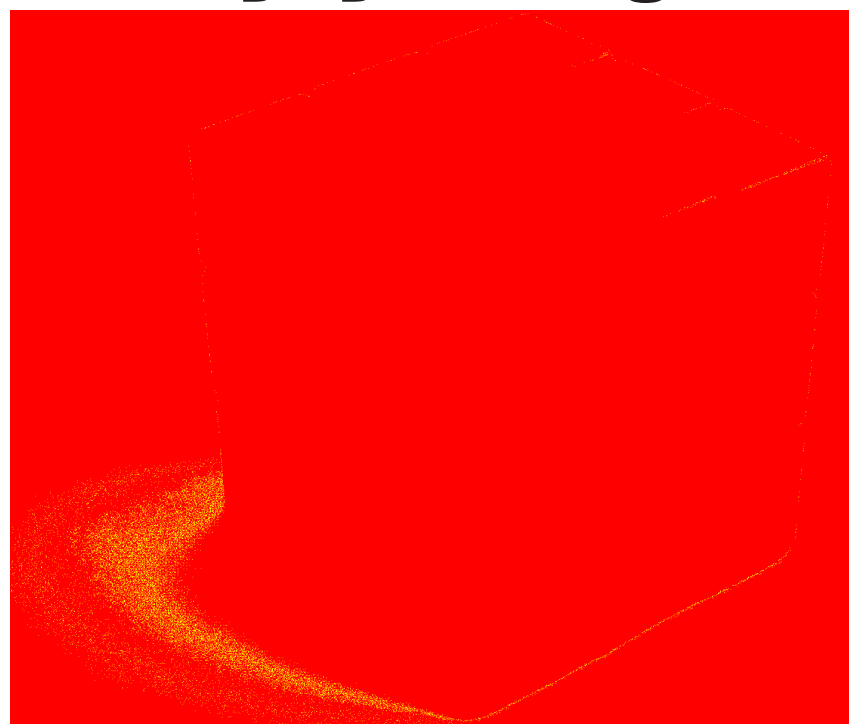
"These small gene changes can add up even though individually they do little harm," Dr. Devlin said. "This might explain why parents who do not have autism traits can have children who do."

Other research has shown that autism and related disorders also can arise from spontaneous variations in parental genes prior to conception as well as rare mutations of larger effect that are passed on, he noted. The multiple inheritance patterns could help explain the range of symptoms in the disorder.

The team included researchers from Yale University, the University of Michigan, University of California Los Angeles, Emory University, Harvard University and others. The effort was funded by grants from the Simons Foundation and National Institutes of Health grant MH057881.

For more information, visit www.medschool.pitt.edu. ↑

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McAuley Ministries Awards Grants Totaling \$1.03 Million to Local Organizations

McAuley Ministries, the grant-making arm of Pittsburgh Mercy Health System (PMHS), part of Catholic Health East and sponsored by the Sisters of Mercy, has awarded grants totaling \$1,031,841 to local organizations. The grants will assist projects that support entrepreneurship and workforce development, affordable housing, educational success, health and wellness, community development, and capacity building in Pittsburgh's Hill District, Uptown, and West Oakland neighborhoods.

This second round of McAuley Ministries grants in 2012 brings the total amount of grants awarded so far this year to more than \$1.34 million. Since it was established in 2008, McAuley Ministries has awarded more than \$8 million in grants to local organizations to promote healthy communities in Pittsburgh.

Grants awarded this summer, by program area, include:

ENTREPRENEURSHIP AND WORKFORCE DEVELOPMENT

Pittsburgh Gateways Corporation

\$99,800 over two years. Pittsburgh Gateways Corporation is the owner and developer of the Energy Innovation Center which will be located in the former Connelly Trade School building in the Hill District. Pittsburgh Gateways will establish a workforce development initiative that will recruit, guide, educate, train, place, and advance Hill District residents in living wage jobs and careers in the corporations that will locate in the Energy Innovation Center.

AFFORDABLE HOUSING

Hill Community Development Corporation

\$75,000 toward the pre-development (working drawings, regulatory approvals, fund development) of New Granada Square, a mixed-use, historic, redevelopment project involving the New Granada Theater and the surrounding block. The project plan features 96 affordable homes and commercial businesses.

EDUCATIONAL SUCCESS

Acculturation for Justice, Access & Peace Outreach

\$49,900 to Acculturation for Justice, Access & Peace Outreach (AJAPO), whose mission is to provide a continuum of care that empowers African and Caribbean refugees and immigrants to become self-sufficient and integrated into the greater Pittsburgh community. This grant will support skills training for refugee men and women so that they can become gainfully employed and own their own businesses. AJAPO will coordinate English as a Second Language classes, prepare their clients for the U.S. Citizenship Exam, and provide sewing classes for women to enable them to establish their own businesses.

August Wilson Center for African American Culture

\$25,000 to deliver an after-school arts program to students at Pittsburgh Miller PreK-5, an African-centered primary academy in the Hill District. The August Wilson Center and its collaborative partner, the MGR Foundation, will expand the program from one 90-minute session to two 90-minute sessions to strengthen the impact of the program.

Center that C.A.R.E.S.

\$75,000 to engage 50 middle school students, providing support and motivation to help students achieve academic success. C.A.R.E.S. will provide educational and youth development programs through homework support, tutoring, workshops, incentive programs, and the exploration of careers and culture.

Girl Scouts Western Pennsylvania

\$12,500 to support Girl Scouts Western Pennsylvania's (GSWPA's) collaboration with Strong Women, Strong Girls (SWSG) to extend programming for girls in grades 3-5 at the conclusion of the SWSG program year. The Girl Scouts will also provide their curriculum-based Girl Scout Journey experience and an overnight camping experience for 75 fifth-grade girls who are aging out of the Strong Women, Strong Girls program and/or who are currently participating in existing Girl Scout troops in the Hill District.

Hill House Association

\$46,000 to deliver academically enriching programming to 100 students in kindergarten through grade 12 and inspire their curiosity in science, technology, arts, and culture.

Oakland Planning and Development Corporation: School 2 Career Program

\$75,000 to prepare 40 high school students to become competent, confident, and contributing adults. The School 2 Career program will provide homework assistance, tutoring, SAT preparation, and mentored work experiences.

Schenley Heights Community Development

\$55,000 to provide out-of-school academic and recreational programming to 100 students in the Hill District. Schenley Heights will emphasize homework support, arts and cultural

New & Notable

enrichment, parent engagement, and college/career exploration.

Strong Women, Strong Girls

\$25,000 to support collaboration with Girl Scouts Western Pennsylvania (GSWPA) to extend programming for girls in grades 3-5 at the conclusion of the Strong Women, Strong Girls (SWSG) program year. In addition, SWSG proposes to add a new site at the Thelma Lovette YMCA and increase participation from 50 to 65-75 girls.

HEALTH AND WELLNESS

Duquesne University: Center for Pharmacy Services

\$100,000 over two years. Duquesne University opened the Center for Pharmacy Services in the Hill District in December 2010. In addition to providing pharmacy services, Duquesne coordinates disease prevention and wellness initiatives in the community. The Center for Pharmacy Services will hire an outreach coordinator to expand disease management, health screenings, and health education activities in the Hill District, Uptown, or West Oakland.

Macedonia Family and Community Enrichment Center

\$49,900 for Macedonia Family and Community Enrichment Center (FACE) to expand community-based bullying prevention and intervention services. FACE is a faith-based, non-profit, community outreach ministry of Macedonia Church in the Hill District. It plans to deliver 25 workshops and reach 250 persons during the grant year.

Small Seeds Development, Inc. Mother to Son Program

\$71,300 to expand the Small Seeds Development, Inc. Mother to Son Program, which supports single mothers who are raising sons. The program provides self-help workshops and a support system for the mothers, and group mentoring, academic support, and manhood training for their sons. Small Seeds proposes to expand the program by adding two program sites in the Hill District to serve 40 additional families.

COMMUNITY DEVELOPMENT

Hill House Association: Neighborhood Partnership Program

\$115,941 in the fourth year of funding to the Neighborhood Partnership Program, a collaborative effort by the Hill House Association, the Hill District Consensus Group, BNY Mellon, and various educational, community development, and social service providers based in the Hill District. The McAuley grant will support the following programs and project areas: financial security; neighborhood stabilization and vacancy prevention; academic excellence; violence prevention; and substance abuse intervention.

CAPACITY BUILDING

Friendship Community Church

\$50,000 for a business planning process to evaluate a commercially-viable venture for The Corner, a community center in West Oakland; architectural services to develop a renovation plan for the first floor of The Corner; and staff support for the Neighborhood Council for West Oakland to develop a plan for community programs at The Corner.

Hill District Education Council

\$60,000 to build the operational and governance capacity of the Hill District Education Council (HDEC). The Council recently achieved nonprofit status and has established a new board to govern its operations. The HDEC plans to work with the Bayer Center for Nonprofit Management at Robert Morris University for staff and board training. The HDEC will also strengthen parent involvement and advocacy on behalf of Hill District students and schools.

Hill House Association

\$46,500 for a new client intake and management system. This new technology software application will enable the Hill House to track and measure programmatic outcomes for their Whole Families program initiatives.

A third and final round of grants to be awarded by McAuley Ministries in 2012 will be announced this fall.

A complete list of grants awarded by McAuley Ministries, by year, is available at www.mcauleyministries.org. ↑



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WPAHS Lupus Specialist Honored with Clinical Practice Award

Susan Manzi, MD, MPH, was presented with the Clinical Practice Award from the Pennsylvania Chapter of the American College of Physicians in recognition of her exceptional service to patients, community and profession.

Dr. Manzi received the award during the Pennsylvania Chapter's annual awards dinner last month in Hershey, PA.

Dr. Manzi is co-founder of the Lupus Center of Excellence and serves as Chair of the Department of Medicine for West Penn Allegheny Health System. She is recognized nationally and internationally as a leader in lupus patient care and research, and a pioneer in the scientific investigation of cardiovascular disease in patients with systemic lupus erythematosus.

As a member of the LFA's board of directors and medical advisory committee, Dr. Manzi recently joined the LFA in unveiling a new national initiative to spread lupus awareness, promote education about the disease and campaign for additional research dollars to search for a cure.

Dr. Manzi is the Secretary/Treasurer of the Systemic Lupus International Cooperating Clinics Committee and has been a member of a number of Study Sections for the National Institutes of Health (NIH). She has participated in the design and implementation of many phase I, phase II and phase III clinical trials and her expertise in this area has led to her appointment to the FDA Arthritis Advisory Board and six data safety monitoring boards for NIH intramural and extramural programs. Dr. Manzi has been named one of the "Best Doctors in America" and one of the "Best 100 Doctors in Pittsburgh."

Dr. Manzi and her colleagues in the Lupus Center of Excellence helped design a new blood test to help clinicians diagnose lupus with greater ease and accuracy. The Avise-SLE test, which became commercially available this year, uses one blood sample from a patient to check for five distinct bio-markers that help to rule-in the diagnosis of systemic lupus erythematosus while ruling out other rheumatic diseases. This group of elite physicians and scientists has also received research grants to study genetic markers that may predict stroke in lupus patients, explore the risk of thrombosis associated with lupus and examine the link between heart disease and lupus.

The Pennsylvania Chapter of the American College of Physicians is a professional medical organization with 7,000 members who are internists and other medical subspecialists who provide comprehensive care to adult patients. The ACP is the largest medical-specialty organization and second-largest physician group in the United States. Its membership of 129,000 includes internists, internal medicine subspecialists, and medical students, residents and fellows.

Learn more at www.wpahs.org. ↑

HONOR ROLL

Children's Hospital Chief Appointed President of the American Society of Pediatric Hematology/Oncology

A. Kim Ritchey, M.D., chief, Division of Pediatric Hematology/Oncology, has been named president of the American Society of Pediatric Hematology/Oncology (ASPHO).

Dr. Ritchey will focus the work of the society on its primary mission of promoting optimal care of children and adolescents with blood disorders and cancer by advancing research education, treatment and professional practice. He will be responsible for developing a robust mission-directed system of reporting and accountability that will decrease overlap of committee responsibilities, improve communication with the board and its members, and keep a targeted focus on the organization's mission. In addition, he will develop a robust international outreach program to include pediatric hematologist/oncologists from around the world. He succeeds Jeffrey Lipton, M.D., Ph.D., chief, Hematology/Oncology at Cohen Children's Medical Center of New York.

In addition, Dr. Ritchey is the principal investigator at Children's Hospital of Pittsburgh for the Children's Oncology Group (COG), which is the only pediatric clinical trials organization funded by the National Cancer Institute. In his position, he is responsible for overseeing clinical research trials in different types of childhood malignancy. The COG currently has more than 75 active clinical research trials for children with cancer. Children's Hospital is one of only 20 select institutions within the COG that has approval to perform experimental studies with new drugs and treatments for children with cancer, also known as Phase I studies.

The ASPHO is the primary professional organization for pediatric hematologists/oncologists in North America. It is a multidisciplinary organization dedicated to promoting optimal care of children and adolescents with blood disorders and cancer by advancing research, education, treatment and professional practice, was begun in 1974 by those who had a commitment to pediatric hematology/oncology. There are approximately 1,700 members in the society.

For more information, visit www.chp.edu. ↑

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Altoona Regional Behavioral Health Resource Coordinator Receives Award

Jacque Markle, a resource coordinator with Altoona Regional's Behavioral Health Services, received the 2012 Blair Countians for Drug Free Communities Youth Advocate Award for her ability to "build and provide hope" to the children and families she meets in her work and volunteer activities.



"Jacque has consistently been a top-notch advocate and volunteer for Blair County Youth League, volunteer for Dreams Go On, a therapeutic horseback riding program, and past supporter of Special Olympics, The Arc, Volunteers for Literacy and Central PA Humane Society," said Heather Kennedy of the Blair Countians for Drug Free Communities, Blair County Youth League, who presented Markle with the award.

As a resource coordinator at Altoona Regional, she has a reputation for going "above and beyond" for the children and families, according to Marlene

Mingle, supervisor of Resource Coordination in Behavioral Health Services.

"Jacque searches high and low to build and provide hope" to the children and families who receive services through Altoona Regional's Behavioral Health Services, according to Mingle.

To do this, she extends and gives of herself beyond the treatment plan and work day, attending school and community activities and supporting efforts of several clients who collected aluminum cans to help the environment and earn cash. Markle sees involvement in community activities as a great way for people who have mental health issues to increase their self-esteem as well as their support base.

Markle said she feels it is important for her to be an active, visible part of a cohesive support network for the children she serves.

"I enjoy developing connections with families who share their daily challenges and triumphs in raising children who have significant behavioral health disorders," she said. "And I'm extremely honored by this award and honored to have even been considered."

After graduating from Penn State with a bachelor's degree in Individual and Family Studies, Markle began her career by visiting infants and toddlers experiencing developmental delays through The Blair County Children's Center, an early intervention program. A hospital employee for 16 years, Markle has spent the last nine in resource coordination. Previously, she was the supervisor of Behavioral Health Rehabilitation Services.

Learn more at www.altoonaregional.org.

HONOR ROLL

AVH Trust Awards Annual Seybold Nursing Scholarship

The Allegheny Valley Hospital Trust (AVH Trust) announced that the second annual nursing scholarship from the Raymond C. and Ann M. Seybold Scholarship Fund has been awarded to Christina Monfredi, a senior at the Citizens School of Nursing in New Kensington, PA.

Monfredi, a resident of New Kensington, Pa., will receive a \$1,000 scholarship to be applied toward her nursing education.

The Raymond C. and Ann M. Seybold Scholarship Fund was established in 2009 through a bequest from Ann Miller Seybold. Seybold, a 1932 graduate of the Citizens School of Nursing, left a \$345,000 endowment with instructions that it be used to provide scholarships to needy and worthy nursing students at the school.

Student applications were first reviewed by the Citizens School of Nursing Scholarship Committee to determine if the applicant met the minimum criteria for the scholarship award. Final selection was made by the AVH Trust's Health Services Committee.

Learn more at www.wpahs.org.



Christina Monfredi (left) accepts her scholarship check from William B. McCready, executive director of the AVH Trust.



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Offers experienced nurses and therapists the opportunity to practice their profession in a variety of interesting assignments – all with flexible scheduling and professional support. Assignments in pediatric and adult home care, school staffing, and home health or hospice visits. Full or part-time - the professional nursing and healthcare alternative throughout southwestern Pennsylvania since 1972.

Contact Paula Chrissis or
Julia Szazynski, Recruiters
1789 S. Braddock,
Pittsburgh, PA 15218
800-447-2030
fax 412 436-2215
www.interimhealthcare.com



ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides. St. Barnabas Health System frequently has job openings at its three retirement communities, three living assistance facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com, www.stbarnabashealthsystem.com.

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For over 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 personal care, nursing and rehabilitative care and memory support specialty care. Our Nursing and Rehabilitation Center has received a 5 Star Rating from the Centers for Medicare and Medicaid Services. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Two of our physicians were listed in 2012 Best Doctors by *Pittsburgh Magazine*. 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 call 412-341-1030 and ask for Loretta Hoglund for independent living; Darla Cook for nursing admissions, or Lisa Powell for personal care. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

Baptist Homes Society, a not-for-profit organization operating two continuing care retirement communities in Pittsburgh's South Hills region, has served older adults of all faiths for more than 100 years. Baptist Homes, nestled on a quiet hillside in Mt. Lebanon, serves nearly 300 seniors. Providence Point, a beautiful 32-acre site in Scott Township, has the capacity to serve more than 500 older adults. Each campus has a unique identity and environment yet both provide a full continuum of care, including independent living, personal care, memory support, rehabilitation therapies, skilled nursing, and hospice care. Baptist Homes Society is Medicare and Medicaid certified. Within our two communities, you'll find a the lifestyle and level of care to meet your senior living needs. To arrange a personal tour at either campus, contact: Sue Lauer, Community Liaison, 412-572-8308 or email slauer@baptisthomes.org.

Or visit us at Baptist Homes
489 Castle Shannon Blvd., Mt. Lebanon.
(www.baptisthomes.org).
Providence Point:
500 Providence Point Blvd., Scott Twp
(www.providencepoint.org)

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Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website. www.oakleafpersonalcarehome.com.

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Pittsburgh, PA 15227
Phone 412-881-8194, Fax 412-884-8298
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PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2012), serving approximately 6,000 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.SrCare.org.

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas and White Tail Ridge carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Living assistance is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, general medicine, rehab therapy, a dental practice, home care, memory care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Carla M. Kish, Director of Admissions
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Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout America. Interim HealthCare of Pittsburgh began operations in 1972 to meet the home health needs of patients and families throughout southwestern Pennsylvania and northern West Virginia and now has offices in Pittsburgh, Johnstown, Somerset, Altoona, Erie, Meadville, Uniontown and Morgantown and Bridgeport WV. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982 and a certified Hospice since 2009. We provide a broad range of home health services to meet the individual patient’s needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.
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For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.

MEDI HOME HEALTH AND HOSPICE
Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept “total home health care.” We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients’ medical needs. Our Hospice care is about helping individuals and their families’ share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

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The Children’s Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue
Pittsburgh, PA 15224.
www.childrenshomepgh.org
email: info@chomepgh.org

THE CHILDREN’S INSTITUTE
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 Bridgeville, 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,
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www.amazingkids.org

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. Ronald E. Voorhees, MD, MPH, Acting Director.
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Health Care Event & Meeting Guide

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4:15pm – 6:45pm

RSVP by Feb 11. (724) 612-6266 or

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Winter session: February 15-16 and March 8-9, 2013

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UPMC Mercy, 1400 Locust Street, Sister M. Ferdinand Clark Auditorium, Level 2, Pittsburgh, PA 15219 (Uptown Pittsburgh).

To register, contact ParishNurse@mercy.pmhs.org or call

412.232.5815

Health Care Event & Meeting Guide

Visit www.wphealthcarenews.com for a listing of upcoming conferences, networking events, workshops, and seminars. If you want to add yours to our list, please email Daniel Casciato at writer@danielcasciato.com.



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- CEO welcomed guests
 - Chief Financial Officer
 - Chief Medical Officer
 - Chief Nursing Officer
 - Chief Operating Officer
 - Director Quality/Patient Safety

Date: Thursday, February 21, 2013

Agenda:

3:00 p.m.: Registration

3:30-5:00 p.m.: Straight A Leadership—Alignment, Action and Accountability

5:00-6:00 p.m.: Reception with Quint Studer

Location:

Hospital Council of Western Pennsylvania Conference Center

500 Commonwealth Drive

Warrendale, PA 15086

To register, visit <http://bit.ly/2013HCWPSTUDER>

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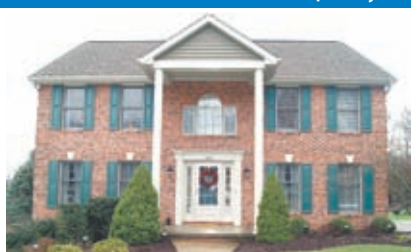
PINE TOWNSHIP \$515,000



Avonlea Estates, custom 4 BR 3/1 baths, 1st flr all hardwood, granite Kit with ss app. & fireplace, finished GR, custom designed patio.

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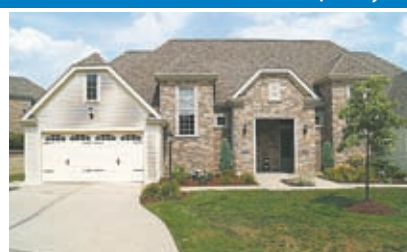
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Jane and Rick

Jane and Rick were new grandparents and avid walkers. Jane suffered extensive injuries when she was hit by a car. After several surgeries, she transferred to HCR ManorCare where she received intensive medical and rehabilitation services to help regain her ability to care for herself and learn to walk again.

Jane is now back home and along with Rick enjoys taking the grand kids to the park for the afternoon.

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