# EXCELLENCE AT WORK.

At Geisinger, shaping the future of health starts with a robust support system, from implementing ground-breaking programs to utilizing advanced technology, these are just some of the ways we go above and beyond to lead healthcare change. We are proud to give our primary care physicians the innovative tools and support they need to do what they do best – provide exceptional care:

## Support Team

- **Advanced Practitioners** – Work collaboratively with physicians to care, evaluate and treat patients.
- **Medication Therapy Management Pharmacists** Assist in the management of congestive heart failure (CHF), diabetes mellitus (DM), hyperlipidemia, pain management and other disorders.
- **Social Workers** – Assist in identifying and addressing social determinants affecting care.
- **Community Health Associates** – Coordinate and assess patient care from within the home or clinic.
- **Case Managers (RN)** – Assist with managing patients with chronic disease(s), provide education, arrange appointments, monitor patients and transition(s) of care.
- **Health Managers (RN)** – Educate patients with diabetes management, hypertension, asthma, tobacco cessation, etc.
- **Primary Care Nurse Coordinator (RN)** – Assist with integrating identified patient needs, intervention pathways, clinical guidelines and diagnostic tests to develop individualized plans of care.
- **Scheduling Hawks** – Monitor the schedule for duplicate appointments, schedule patients post-discharge and complete visit tasks in advance to enhance appointment efficiency.
- **Pharmacy Call Center/Pharmacy Management** – Manage patient prescription renewals.
- **Coding Educators** – Work within the clinic to provide coding education and support to care team.
- **Behavioral Health (Psychologist)** – Provide pediatric and adult support in many of the primary care clinics.
- **Tele Psych** – Connect Geisinger's psychologist/ psychiatrist to patients with the use of an iPad.
- **Team-Based Nursing** – Assist the physician and advanced practice team, allowing for continuity of patient care and provider support.

Geisinger | *The future of health is in you.*
**geisingerjobs.org/community-medicine**

## Support Systems

- **Geisinger at Home** – Integrated clinical care for patients with multi-morbid medical conditions by delivering comprehensive medical care in the home.
- **LIFE Geisinger** – An innovative program for older adults which provides specialized geriatric health, medical care and daily activities to support independence and well-being.
- **Geisinger Careworks** – Urgent Care clinics that provide non-emergent care, including physicals, routine immunizations and more.
- **Acute Care Advanced Practitioners** – Embedded in primary care clinics, these providers assess and treat acute care patients, increasing access to care.
- **Fresh Food Farmacy** – With healthy food and continuous diabetes education, our primary care physicians write a "prescription" for a special kind of medicine that simply can't come from a pill bottle – fresh food.
- **Daily/Weekly Huddle** – Meeting of care team members to ensure the day runs smoothly and address any issues.
- **Panel Size/Shared Patient Panels** – Physicians and advanced practitioners work collaboratively, sharing patient panels, capped and risk-adjusted.
- **Appointment Follow-Up (RN)** – Contact patient by phone between clinic visits to ensure continuity of care.
- **Administrative Time** – Providers are given four hours per week to complete charting, attend meetings, etc.
- **Connect-to-Care Cards** – Provides patients with clinic hours, after-hour phone numbers, pharmacy phone number, etc.
- **Forty-Minute Appointments** – Patients age 65 and older receive extended forty-minute appointments, giving our physicians quality time to care for seniors. Twenty-minute appointments are available for patients under 65 and acute care visits.
- **MyCode Community Health Initiative** – Our ground-breaking genomics program ensures that patients get the best diagnosis possible. MyCode analyzes the DNA of patient-participants to diagnose medical conditions earlier and help find new treatments to manage these diseases.
- **ProvenNavigator** – Geisinger's advanced, nationally recognized patient-centered medical home model provides improved control of chronic diseases, and more complete preventative care.

## Information Support

- **Epic** – Fully integrated electronic health record, connecting Geisinger's vast inpatient and outpatient network of hospitals and clinics.
- **Anticipatory Management Plan** – An Epic tool, which lists all care gaps, patient testing needs, and chronic conditions that are flagged to be addressed at the patient's visit.
- **Ambulatory Care Sensitive Conditions Smart Sets** – Most common conditions that send patients to the ED or admitted – COPD, heart failure, cellulitis, a-Fib, UTI, etc. Gives providers what the recommended evidence-based medicine treatment plan is.
- **Cerner** – Reporting dashboard for all health bundles.
- **Provider Scorecards** – A consolidated data sheet of a provider's metrics including panel size, quality, utilization and patient satisfaction, which can be utilized for a provider's continued professional development.
- **Care Pathways** – Standardized guideline for labs and follow-up for common medical conditions (diabetes, hypertension, chronic kidney disease, etc.).
- **MyGeisinger** – Patient portal used to interact with the care team via the electronic medical record (i.e., visit follow-up, scheduling appointments, medication requests, etc.).

## Medical Support

- **Retinal Scanning** – Available on-site, at most clinics (no dilation needed).
- **ReDS Vest** – Used in their home to assess a patient's intravascular volume and thus risk of heart failure exacerbation in patients.
- **IV Therapies** – Available at many clinic sites, avoiding hospital and ED utilization.
- **Point of Care A1c** – On-site checking of a diabetic patient's hgbA1c level (via finger stick) to obtain timely results, which allows for medication adjustments at the time of the visit.