For over a century, Geisinger has created easy access to healthcare for our friends and neighbors in Pennsylvania. Living and working here, you’ll join one of our tight-knit communities, and experience a quality of life you can’t get elsewhere. You’ll have opportunities to better your life and make a difference in the lives of your neighbors – at home and across the country. We are proud to give our 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.

- **Pharmacy Call Center/Pharmacy Management** – Manage patient prescription renewals.

- **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.

- **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.

- **Telepsych** – 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.
Support Systems

• **Geisinger Convenient Care** – Urgent care clinics that provide non-emergency care, including physicals, routine immunizations and more.

• **Geisinger 65 Forward** - A senior-focused center dedicated to providing "one place" for all health and well-being needs such as wellness coordination, center activities and specialized care.

• **LIFE Geisinger** – An innovative program for older adults which provides specialized geriatric health, medical care and daily activities to support independence and wellbeing.

• **Geisinger at Home** – Integrated clinical care for patients with multi-morbid medical conditions by delivering comprehensive medical care in the home.

• **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.

• **Free2BMom & Mom+** - Support programs for pregnant women struggling with opioid use disorders and postpartum depression.

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.

• **Panel Size/Shared Patient Panels** – Physicians and advanced practitioners work collaboratively, sharing patient panels, capped and risk-adjusted.

• **Administrative Time** – Providers are given four hours per week to complete charting, attend meetings, 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 groundbreaking 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.

• **Appointment Follow-Up (RN)** – Contact patient by phone between clinic visits to ensure continuity of care.

• **Neighborly** – A social care response platform with more than 8,000 listings of community support resources.

Medical Support

• **Retinal Scanning** – Available on-site, at most clinics (no dilation needed).

• **Telemedicine** - Advise, treat, and diagnose the same as a traditional office appointment — only in a live virtual visit.

• **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.