

TOOLKITS

provide an array of resources to help patients improve health

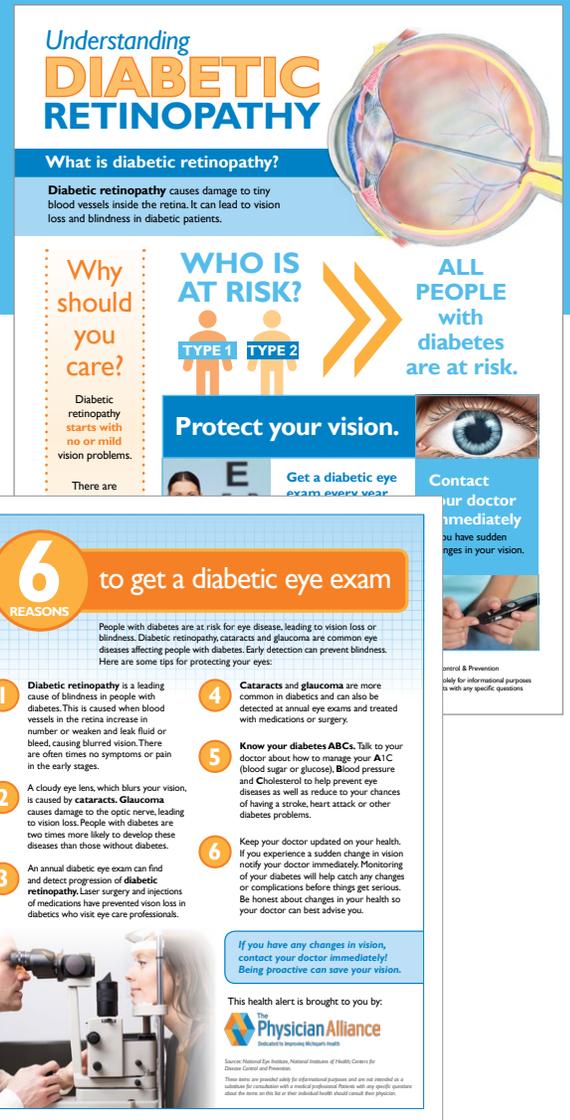
Having the right tools available to help patients manage their health is an important part of patient-centered care. These tools can also be used to close gaps in care and improve quality scores.

The Physician Alliance created health toolkits to provide a variety of resources focused on specific health conditions. The materials and outreach tools can help initiate conversations with patients to increase knowledge and skills for managing their health. Coding and other documents can assist with practice performance and improved quality metrics.

Caring for diabetic patients

Diabetes affects more than 37.3 million Americans (11.3% of the population), according to a [2022 report](#) released by the Centers for Disease Control and Prevention (CDC). The [CDC also reports](#) that diabetes-related complications have increased in both young adults (18–44 years old) and middle-aged adults (45–64 years old).

Toolkits continued on page 3



Understanding DIABETIC RETINOPATHY

What is diabetic retinopathy?
Diabetic retinopathy causes damage to tiny blood vessels inside the retina. It can lead to vision loss and blindness in diabetic patients.

Why should you care?
Diabetic retinopathy starts with no or mild vision problems. There are

WHO IS AT RISK?
TYPE 1 TYPE 2

ALL PEOPLE with diabetes are at risk.

Protect your vision.
Get a diabetic eye exam every year.

Contact your doctor immediately if you have sudden changes in your vision.

6 REASONS to get a diabetic eye exam

- 1 Diabetic retinopathy is a leading cause of blindness in people with diabetes. This is caused when blood vessels in the retina increase in number or weaken and leak fluid or bleed, causing blurred vision. There are often times no symptoms or pain in the early stages.
- 2 A cloudy eye lens, which blurs your vision, is caused by cataracts. Glaucoma causes damage to the optic nerve, leading to vision loss. People with diabetes are two times more likely to develop these diseases than those without diabetes.
- 3 An annual diabetic eye exam can find and detect progression of diabetic retinopathy. Laser surgery and injections of medications have prevented vision loss in diabetics who visit eye care professionals.
- 4 Cataracts and glaucoma are more common in diabetics and can also be detected at annual eye exams and treated with medications or surgery.
- 5 Know your diabetes ABCs. Talk to your doctor about how to manage your A1C (blood sugar or glucose), Blood pressure and Cholesterol to help prevent eye diseases as well as reduce to your chances of having a stroke, heart attack or other diabetes problems.
- 6 Keep your doctor updated on your health. If you experience a sudden change in vision notify your doctor immediately. Monitoring of your diabetes will help catch any changes or complications before things get serious. Be honest about changes in your health so your doctor can best advise you.

If you have any changes in vision, contact your doctor immediately! Being proactive can save your vision.

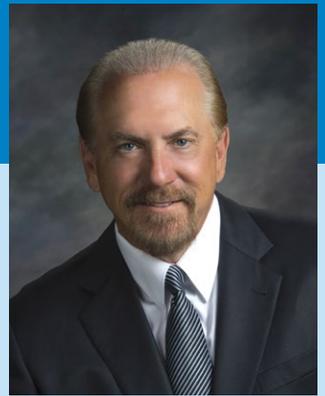
This health alert is brought to you by:
The Physician Alliance
Dedicated to Improving Michigan's Health

Source: National Eye Institute, National Institutes of Health, Centers for Disease Control and Prevention.
These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Please call any specific questions about the items on this or other individual health should consult their physician.

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President's MESSAGE



Dear members,

As of this newsletter publishing, I'm cautiously optimistic as I read about the continuing decline of Covid-19 cases in the United States and especially Michigan. The past two years have been a challenge for all of us, personally and professionally. The pandemic tested our strength, courage, resilience, flexibility, creativity and more.

And while the declining numbers and forward movement to an endemic are welcome, I recognize that the effects of the pandemic linger. Many practices and health systems are struggling to recuperate financial and staffing losses from the past two years. Our patient population is at risk from missed preventive screenings and delayed care. It will take time to recover. Rest assured that The Physician Alliance staff and I are here to support our members.

As we progress through these challenges, we also were greeted with welcome good news.

More than 950 specialty physicians received a value-based reimbursement (VBR) from Blue Cross Blue Shield of Michigan, with most receiving the highest VBR of 5-10 percent. With over 97 percent of our nominated specialty physicians receiving the VBR, this impressive accomplishment reinforces to our members the commitment to providing excellent patient care!

We also transitioned from Wellcentive to Care Convene and Health Focus to provide an array of services to our members. These reputable vendors will help TPA assist our members with admissions, discharge and transfer (ADT) notifications, health information exchange transfers and more. At this time, almost all of our practices are onboarded to Care Convene. Training is ongoing with our practices to ensure a smooth, user-friendly transition.

Our team continues to always be learning, exploring, listening and identifying opportunities to help our practices improve quality metrics, coding, practice performance, revenue and more. Overall, I am optimistic that this year will move us toward more successes and improvement in patient care. However, we can't accomplish any of this without our dedicated members. TPA's team and I truly appreciate the commitment to quality care provided by your staff and you.

In good health,

A handwritten signature in black ink that reads "Mike".

Michael R. Madden

President & CEO



Diabetes is a complex disease requiring self-management. Practices can educate and provide resources to patients to engage them in managing their disease and reduce risks for diabetes complications.

Examples of materials in the diabetes toolkit include:

- Patient education flyers on diabetes management, importance of eye exams, lowering risk of diabetes and more
- Understanding diabetic retinopathy infographic
- Social media graphics promoting diabetes management and retinal eye exams
- Coding tip sheets
- And more!

Preventing unnecessary emergency department visits

The other new toolkit focuses on educating patients on where to seek care. An unnecessary emergency department visit may lead to unneeded tests and higher out-of-pocket costs for patients. An important factor of being a patient-centered medical home practice is offering extended access for patients to help prevent unnecessary emergency department visits.

Examples of materials in the emergency department toolkit include:

- Customizable urgent care handout (to include urgent care facilities the practice partners with)
- Social media graphics
- Where to seek care infographic
- Sample script for after-hours care
- Telemedicine tips
- And more!

The full toolkits are accessed through TPA's [member portal](#). Once logged into the portal, links to the toolkits will be on the homepage.

TAKE ACTION

on incentive distribution requirements

The Physician Alliance approved new incentive scorecard metrics for its physician members participating in Blue Cross Blue Shield of Michigan's Physician Group Incentive Program (PGIP) program in 2022. These requirements were emailed to all physicians and PGIP office contacts in February.

Scorecard requirements must be completed to be eligible for incentive distributions. Contact your practice resource team member with questions relating to these requirements. ([Click here to review](#) the full list of scorecard metrics).

Reminder! The following are special actions needed to be taken by practices:

Coding meeting

Among the primary care physician requirements is a meeting with The Physician Alliance coding staff to review a coding action plan. **All physicians in the practice must attend a meeting by Aug. 31, 2022. If your practice has not yet scheduled an appointment, [click here to sign up](#).**

Phone call

The Physician Alliance will contact a practice's physician champion if the practice is at risk of losing incentive monies, have care coordination issues or isn't responding to TPA's requests. Practice must provide physician champion's cell phone number (cell phone number will be used for official TPA business only and not shared with anyone outside of The Physician Alliance). This applies to both primary care and specialty practices. [Click here to submit the physician champion's cell phone number](#).

Top missed HCC diagnosis codes

Your practice may be paying the price for overlooking chronic conditions.

Starting a new calendar year in the medical industry can come with challenges. There are numerous incentive programs, each with its own rules. One of the easiest ways to succeed in incentive programs may be related to diagnosis coding. However, many physicians overlook diagnoses that have the potential to increase incentives.

Diagnosis codes contribute to the patient's risk adjustment factor (RAF) score. A patient's RAF score is based on health conditions that map to a hierarchical condition category, or HCC, as well as demographic factors. Accurate RAF scores are critical to healthcare organizations since they ensure there is funding to provide high quality patient care and can significantly impact risk-based contracts. Blue Cross Blue Shield of Michigan's Blueprint for Affordability is a risk-based contract that focuses on balancing the financial responsibility for managing the cost and quality of health care.

Let's look at some diagnosis codes that get missed every year.

Think TOAD (transplant, ostomy, amputation, dialysis)

A transplant will affect the future care of the patient. Even in the absence of transplant complications, many transplant patients require close monitoring and long-term medication use for the remainder of their lives. [e.g., Z94.0 kidney transplant status]

Ostomy status is another overlooked opportunity for capturing a HCC level diagnosis code. Remember to code for this condition when a patient presents with a current ostomy. [e.g., Z93.3 colostomy status]

Artificial Opening Status

Z93.0	Tracheostomy status
Z93.1	Gastrostomy status
Z93.2	Ileostomy status
Z93.3	Colostomy status
Z93.51	Cystostomy status (cutaneous-vesicostomy)
Z93.52	Cystostomy status (appendico-vesicostomy)

Many patients with **amputations** suffer from mobility and circulatory problems that can create challenges with treatment options. It is important for physicians to document amputation with *laterality*. [e.g., Z89.432 left foot amputation status]

Acquired Absence/Amputation Status

Body Part	Left Side	Right Side
Great toe	Z89.412	Z89.411
Other toes	Z89.422	Z89.421
Foot	Z89.432	Z89.431
Ankle	Z89.442	Z89.441
Above the knee	Z89.512	Z89.511
Below the knee	Z89.612	Z89.611

For patients who are on **dialysis**, it is required to report the stage of chronic kidney disease (CKD) in addition to the dialysis status. [Z99.2 dependence on renal dialysis]

Review these questions:

- What life-altering chronic conditions does the patient deal with every day?
- How are the conditions being managed? Does the patient see a specialist?
- Do these conditions affect the patient's current treatment plan that you are creating?
- What impact does the condition have on the current illness or the reason for the visit today?

When you review those questions, did you think about a diagnosis that contributed to your medical decision-making but wasn't the direct reason for the visit? A physician often has to look at test results, consult reports, and medications before decisions can be made for correct course of treatment. Medication interactions may be one of the main concerns for patients with multiple chronic conditions. These decisions are made on behalf of patients based on the data their physicians review.

Practices should take the time to evaluate patients' medical records **before the end of the year** to check for missed opportunities to capture a HCC level diagnosis on current patients!

[Click to view](#) some helpful HCC codes. Additional coding tip sheets are available on TPA's [member portal](#).

For any questions about this topic please contact Mary Mallory at mary.mallory@thephysicianalliance.org



By
Karen Swanson
M.D.



The Olympic challenges physicians face in practice

Some of the top struggles consistently reported by physicians are paperwork, getting paid, retaining clinical staff, poor work-life balance and technology, according to studies by [American Medical Association](#), [Medical Economics](#) and others. These issues are both significant and demoralizing. And, unfortunately, progress on these problems paused during the pandemic.

When asked about practice challenges, many physicians feel they have been abandoned by healthcare systems, electronic health record (EHR) vendors, payors, national societies, and even at times, their peers in leadership positions. Doctors [expressed](#) they spend too much time on non-clinical issues instead of focusing on caring for patients. The [Collaborative on Clinician Well-Being and Resilience](#) has noted “over time doctors lose that connection of why they went into medicine and start wanting to do something else.”

This article focuses on three challenges facing physicians with tips to help relieve these Olympic-size burdens.

Administrative Burden

Many [surveys](#) find physicians’ top grievance is administrative burdens. An [Annals of Internal Medicine study](#) found primary care physicians spent 27% of their time face to face with patients and 49% of their time on EHRs/paperwork. Although the EHR implementation promised relief by streamlining data, these systems often require more time and energy than the paper chart.

An average of 16 hours per week of practice time is spent on administrative tasks, such as:

- Submitting quality data to CMS and payers
- Prior authorizations for diagnostics, procedures and pharmacy
- Forms for patient employers, lenders, school, etc.
- Forms for durable medical equipment

Tips to reduce administrative tasks:

- Work with your EHR vendor on automating data reporting to payers and CMS
- Consider employing a scribe
- Designate specific staff members to handle prior authorizations and other administrative tasks to make the process more efficient
- Document the necessity of procedures, diagnostics, and medications in the EHR to reduce unnecessary searching by staff

Getting Paid/Declining Reimbursement

The reimbursement landscape has become more complex with programs linked to quality metrics, outcomes, and total cost of care. Accurate coding is essential to avoid denials and assure proper reimbursement based on a patient’s risk or burden of disease. Medicare is reimbursing considerably higher fee-for-service payments for complex chronically ill patients (high risk population) and coding accuracy is essential for appropriate payment. Also, more patients have high deductibles which require practices to collect from the patient.

CMO Corner continued on page 6



Medicare continues to move toward value-based care and private payers continue to add more incentives based on patient outcomes both in risk and non-risk contracts. The Physician Alliance (TPA) physicians participate in contracts linked to quality and total cost of care incentives. Many also participate in MIPS, CMS primary care models and other programs requiring data submission for cost and quality incentive payments.

The Physician Alliance provides resources to assist practices in transitioning from fee for service to a value-based model. Some examples:

- [Coding](#) accuracy education and practice evaluation
- [Panel management](#) to assist you in managing your most complex patients after discharge from an in-patient facility or emergency department discharge
- Admission, discharge and transfer (ADT) support
- A practice resource team member assigned to member practices to assist with finding solutions and resources for practice barriers in achieving quality metrics and outcome measures for payer incentives

Hiring And Retaining An Effective Clinical Staff

Practice owners who want to recruit and retain top talent need to focus on being good employers, not just great healthcare providers. The Covid-19 pandemic has made it difficult to find

talented people. Many health care workers have chosen to work at large health systems or in fields unrelated to medicine, making it challenging for small practices to compete with pay and benefits. Since physician practices have limited resources, practices need to be more creative in their benefit design. Consider the following tips:

- Flexibility and work-life balance are perks that money can't buy. Allowing employees to be more flexible with their in-office hours is appealing to many. Some tasks, such as entering data for gaps in care and routine patient outreach, can be accomplished remotely with a secure portal.
- Enable your staff to grow professionally by encouraging training opportunities within healthcare shows the practice is investing in the staff.
- Reward hard work on urgent tasks with extra compensation.
- Consider training future doctors by reaching out to pre-medical students in the community.
- Be generous with pats on the back: acknowledge the work of your team and point out exceptional work.
- Encourage employees to be kind and support each other.
- Have fun in the clinic. Schedule potlucks, offer snacks, have a crazy sweater day, and encourage your staff to take the lead in creating a welcoming office culture.

Specialists earn value-based reimbursement for improved quality scores

The Physician Alliance is pleased to announce that **97.3 percent of our nominated specialists** were selected by Blue Cross Blue Shield of Michigan to receive the 2022 specialist value-based reimbursement! This impressive number highlights the commitment and hard work of specialty practices in implementing patient-centered medical home neighborhood principles to improve patient care.

Physicians selected by BCBSM for the specialist value-based reimbursement received a letter in March 2022 (from The Physician Alliance) informing of the VBR percentage amount.

For additional detailed documentation regarding the specialist value-based reimbursement, including your practice's final results report and a report data dictionary, log into The Physician Alliance member portal. **If you need assistance accessing the portal or information on the eligibility and nomination process for the VBR, please contact your practice resource member.**

Value-based reimbursement by the numbers

97.3% of TPA PGIP specialty physicians nominated by TPA earned a value-based reimbursement in 2022 (959 specialists representing 269 practices)

7.5% of TPA PGIP physicians receive a 5% VBR

89.7% of TPA PGIP physicians receive a 10% VBR

93% of all TPA specialty physicians in PGIP are receiving a VBR



the importance of supporting a patient's social needs



Many patients often face challenges outside of their health concerns that impact their ability to manage their health. The Institute for Clinical Systems Improvement found that 80% of health outcomes are affected by factors outside of the physician's office.

Some of these factors may include social determinants of health (SDOH). These are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks," according to the [Centers for Disease Control and Prevention](#) (CDC).

SDOH can include food, shelter, employment, childcare, transportation and more. The CDC also states these "resources that enhance quality of life can have a significant influence on population health outcomes," such as causing patients to skip medications, preventive screenings, and medical care.

Challenges in any of these areas can make it difficult for physicians to create a proactive plan addressing a patient's health concerns. But addressing these social determinants of health can be as important as addressing a health concern.

Physicians also benefit from addressing their patients' needs. Various codes can be documented. Primary care practices participating in the patient-centered medical home (PCMH) program can fulfill requirements by supporting SDOH. These include:

Domain 10: Linkage to Community Services

- **10.2 & 10.4:** Required capabilities for primary care physicians to be eligible for PCMH designation.
- **10.2:** Physician organization maintains a community resource database based on input from the practice units that serves as a central repository of information for all practice units.
- **10.4:** All members of practice unit care team included in establishing care team treatment plans have received training on community resources and on how to identify and refer patients appropriately.

80%
of health outcomes are affected by factors outside of the physician's office.

There are also eight available capabilities in this domain for practices. Workflow for this domain can vary depending on the practice. A practice can use a screening tool to assess patients' needs, covering topics such as food assistance, mental health, substance abuse, transportation and housing assistance. Offices should refer patients who have a positive screen to a community resource to help address their individual needs and follow up to ensure the patients' needs and concerns were met.

Tips for addressing SDOH in a patient's routine care include:

- Enter social factors in the patient's medical record to be reviewed at each touch point.
- Use a screening tool and make screening for SDOH a normal part of care so that the patient is comfortable sharing with the provider.
- Report Z codes.
- Refer patients to appropriate care.

Resources to support patient needs

Practices have access to a multitude of free resources to educate and support the needs of their patients. Some of these include:

NowPow: online database for local resources (TPA members have free access)

211: United Way offers free, confidential support 24/7 in multiple languages

FindHelp: Search and connect with resources

EXPANDING care management learning opportunities



As more emphasis is placed on improving patient care while decreasing costs, care management continues to grow as an important opportunity to manage the health of a defined population.

This care process can assist physicians in coordinating care and engaging patients and caregivers in effectively managing health conditions. Care management is meant to provide appropriate interventions for individuals within a given population to help reduce health risks and decrease the cost of care, according to a report by the Agency for Healthcare Research and Quality.

The Physician Alliance (TPA) continues to lead the way in assisting practices with improving patient care and quality metrics. Care management is an important focus area of these efforts. TPA is expanding support and training opportunities for care managers in member practices.

Leading care management training sessions

The Physician Alliance was approved by the Michigan Institute for Care Management and Transformation (MiCMT) as a training organization for care management programs. This allows TPA staff to train practice staff on various initiatives. TPA is currently approved to teach to these training programs:

- The team-based care training helps participants better understand how to work in a multidisciplinary care team and in collaboration with the patient. This program is required to bill care management/care coordination codes.
- The patient engagement course provides skills and tips to engage patients in productive conversations to benefit their health.

“Being able to offer these programs to our practices is a critical step in helping improve patient care,” said Sharon

Kraydich, RN, BSN, director of quality and utilization at The Physician Alliance. Kraydich is leading the implementation of these programs into the physician organization and is also one of TPA’s approved trainers. “These programs provide great opportunities to ensure care team providers have the necessary knowledge and skills to implement these care management principles in their practices.”

Members of TPA’s quality and coding staff took MiCMT’s rigorous and thorough program to become certified state trainers in these programs. TPA’s first live virtual training session was held March 30. Training sessions will initially be live virtual and open to only TPA member practices. Participation is capped at 15 people per session. Future programs will be expanded to non-TPA members.

Upcoming training dates will be promoted to members in e-newsletters and special eblasts so make sure you are signed up to receive TPA’s electronic communications by emailing name, title and practice name to info@thephysicianalliance.org.

Coming together to learn

A care manager workshop recently launched to bring practice care managers together for support and information-sharing. The monthly workgroup provides opportunities for care managers to:

- learn updates on relevant programs, such as provider-delivered care management (PDCM)
- hear care management best practices
- get insight on coding tips
- learn about education materials to assist with patient care
- ask questions about programs, coding and more

Care managers interested in attending the workgroup should contact Sharon Kraydich, RN, BSN at Sharon.kraydich@thephysicianalliance.org.



Save more this year with member discount program



The Physician Alliance's [Affiliate Partners program](#) offers special savings on needed products and services to member practices. Through the program, practices get cost-effective and innovative solutions to help reduce business overhead costs.

Highlights of current partner products and services are listed below. Additional information on each Affiliate Partner can be found on [The Physician Alliance website](#) or directly contact the companies.

Cyber Liability Insurance [Huntington Insurance](#)

Huntington's cyber liability insurance helps physicians reduce exposure from their access to patients' private information. This insurance coverage protects against risk associated with internet access, E-commerce, data storage, and loss/damage involving theft or destruction of data. Member benefits include:

- High liability limits
- Low deductibles
- Discounts for multiple physicians

Contact: Rick Loss
rick.loss@huntington.com
(419) 720-7911

Legal Services [Rickard & Associates](#)

Get comprehensive legal services and assistance with business operations ranging from general legal counsel to employee issues to compliance and more. Highlights include:

- Audits, compliance, HIPAA readiness
- Healthcare business transactions and more

TPA members receive premium services at a preferred rate.

Contact: Lori-Ann Rickard
info@larlegal.com
(586) 498-0600

Medical Answering Service [Ambs Call Center](#)

A HIPAA-compliant medical answering service providing a full range of quality services to practices, including a web on call portal, daytime call management and customization options. The Physician Alliance members receive exclusive discounts:

- HIPAA-compliant answering service to increase patient satisfaction
- Additional 8% discount applied to all plans and usage
- 1st month free + no set-up fee with 1-year term

Contact: Aaron Boatman or Ryan Ambs
sales@ambscallcenter.com
(586) 693-3800

Medical Debt Collection [Transworld Systems](#)

A medical debt collection services company providing TPA members with new automated solutions to improve cash flow and reduce slow pay concerns. TSI provides past due accounts and debt collections services for member practices at exclusive pricing. Highlights include:

- Profit recovery, phone collections
- Insurance resolutions

Contact: Michael Glass
michaelglasstsi.com
(248) 914-0346

Medical Malpractice Insurance [Coverys Insurance Services](#)

Coverys provides preferred pricing on several coverage options for comprehensive medical professional liability insurance. Highlights include:

- Exclusive company-direct pricing
- Short easy application process

Contact: Coverys customer service
cis-info@coverys.com
(517) 313-5888

Mortgage and Banking Services [Huntington](#)

Huntington offers exclusive mortgage program benefits to The Physician Alliance through a premier mortgage program for physicians and residents looking to buy or refinance a home. Special benefits include:

- \$300 closing cost discount
- Down payment assistance options

Contact: Sandra Frith
sandi.frith@huntington.com
(586) 749-8355

[Huntington Bank](#)

Take advantage of special rates on deposits, specialty lending programs and personal cash management services.

Contact: Ashley Boday
ashely.boday@huntington.com
(248) 554-6618

Affiliate Partners Program continued on page 10



Office Supplies and Solutions

Office Depot/Office Max

A special office solutions program with competitive pricing! Member practices can use store discount cards and web discounts for savings on thousands of supplies. Highlights include:

- Web discounts, low-cost copies, 20% to 55% off office supply item list
- Free next-day shipping on orders of \$50 or more

Contact: LaShauna Hill

Lashauna.hill@officedepot.com
(855) 337-6811 x12734

Print and Office Solutions

American Office Solutions (AOS)

American Office Solutions provides HIPAA-compliant managed print services, faxing services, and document management software ensuring cost effective and efficient workflow for organizations. The Physician Alliance members receive exclusive offers:

- FREE assessments/audits
- 10% - 20% off printers, copiers, and support, also 20% off shredders, folding equipment, mailing solutions
- 15%+ off HIPAA compliant document management/workflow software/cloud solution and more
- Up to 40% off HIPAA compliant secure cloud fax

Contact: Alexis Brockie

alexisb@getaos.com
(800) 346-6920

Payroll/HR Services

DynamicHR

A single source provider of payroll processing, human resource management, workers compensation and medical benefits offerings. TPA members receive preferred pricing on:

- Payroll processing, workers compensation, and access to proprietary medical health plans
- Free consultation and comparison for your practice

Contact: Andrew Tafel

atafel@dynamichr.com
(248) 648-7886

Telephone Solutions and Services

Edge Solutions

This Michigan-based company provides innovative telecommunications products and services at discounted rates to TPA members. Highlights include:

- Flat rate pricing for on-site service calls
- Discounted hardware and rental fees
- Complimentary evaluation of current telephone system and equipment

Contact: Walt Rush

walt@edgesolutionsllc.net
(888) 918-3343

Vaccine Purchasing Program

Atlantic Health Partners (AHP)

No cost to join, easy enrollment and same vaccine pricing no matter practice size or specialty. TPA members are eligible to receive annual rebate on all vaccine purchases made through Atlantic Health Partners.

Contact: Kimberly Thompson

kthompson@atlantichelpartners.com
(800) 741-2044



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