



# The Pulse of

Fall  
2022



## time is ticking to **CLOSE GAPS IN CARE**

As the clock ticks through the days of this year, practices should be working on closing gaps in care. An outreach plan can help engage patients to take action.

Addressing gaps in care is an important opportunity to improve patient care and a practice's quality metrics. Closing gaps in care can lead to a better managed patient population, helping to catch potentially life-threatening illnesses in patients, coordinate needed care and improve opportunities for more incentive dollars from payers.

Practices shouldn't wait until the end of the year to work important gaps in care as this can be a busy time for both practices and patients. Contacting patients now helps ensure appointments are available for screenings and tests. This also provides time to complete services by Dec. 31, helping improve quality metrics that impact revenue opportunities.

*Gaps in Care continued on page 4*

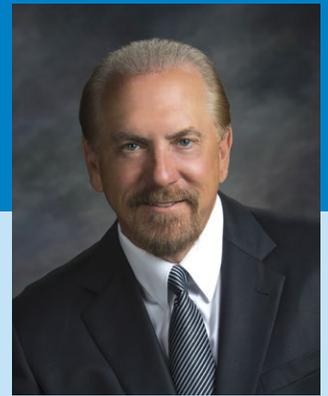


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# President's MESSAGE



Dear members,

Our physician organization continues to be a leader in Michigan healthcare in many areas. We now represent more than 2,400 primary care and specialty physicians in southeast Michigan, making The Physician Alliance one of the largest physician organizations in the state. More than 380 primary care physicians are designated patient-centered medical home by Blue Cross Blue Shield of Michigan and over 950 specialty physicians receive BCBSM's VBR.

These achievements are more impressive considering the ongoing challenges facing the healthcare industry through the Covid-19 pandemic. I commend each of you and your staff for staying focused on providing quality care to your patients, no matter what you face.

You may have seen several emails from The Physician Alliance over the past few months alerting you to important advocacy and industry issues affecting physicians and patients in Michigan. My team and I stay abreast of healthcare, societal and other topics that can impact our organization and members. We identify and vet opportunities to use the collective voice and influence of The Physician Alliance to help push positive change for physicians and patients. Many of our members have urged us to share these opportunities for engagement in advocacy so we will continue to do that as appropriate (read the article on page 3 for ways to get involved in advocacy).

In addition to this work, our team continues to work on behalf of our members to support you in delivering high quality, low cost, patient-centered care, and ensure that you receive appropriate reimbursement for that work. I hope you were able to read the *Current Affairs* special publication mailed to physician members last month ([click here](#) to read the digital version). It highlights the current affairs and status of our physician organization to make our members aware of behind-the-scenes work being done on your behalf. This publication also celebrates the positive outcomes of teamwork and forward-thinking behaviors of our practices and organization. We hope it demonstrates the benefits of working together and being part of a physician organization.

There is strength in numbers and working together ensures the physician voice is part of proactive solutions and outcomes to the turbulence and disruptive change affecting healthcare. I look forward to continued teamwork and navigating these times together.

In good health,

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

**Michael R. Madden**  
President & CEO



# 5

## TIPS for using your voice for positive CHANGE

Understanding policy issues that impact patients and physicians is an important opportunity for healthcare professionals to help make positive change. Public policy affects much of healthcare, such as prior authorization, access to care, physician reimbursement, scope of care and more. This provides a great need for physicians and healthcare professionals to be aware of and get involved in making positive change.

Advocacy is an effective and important way to bring about change in communities and society. It encourages people to take actions supporting another person, place or thing.

Many people think advocacy is lobbying legislators but that's only one part of advocacy. Advocacy includes a range of activities, from public education to voter education to research and more. It involves engaging the public, government officials, media, community leaders, civic groups and others who care about and hope to influence various issues.

Being an advocate and using your voice doesn't have to be all consuming or intimidating. You can be as active as you'd like. Every action makes a difference.



Here are some ways to get involved in advocacy:

### 1 Find an organization that aligns with your interests.

Consider what you are most passionate about and where you would like to put your time. There are general focused physician groups, such as Michigan State Medical Society and American Medical Association. Specialty-specific societies, such as American Academy of Pediatrics and American College of Cardiology, may focus more on issues impacting a specific medical discipline. Disease-related organizations, including American Diabetes Organization, American Cancer Society Cancer Action Network and American Heart Association, work for changes to care, treatment, research and more related to specific diseases impacting patients (and access to care).

### 2 Determine how you want to get involved.

Ask the organization what their needs are to help you determine how you would like to be involved. Organizations are always in need of funding to support their efforts, but don't discount the power of your voice and time too. Grassroots advocacy makes a major impact on changing behaviors, attitudes, and legislation.

Most organizations offer training opportunities to get new volunteers comfortable and engaged. Volunteer opportunities may include making phone calls, collecting petitions, writing letters to the editor, promoting and attending events, recruiting other volunteers, meeting with legislators and civic leaders and more.

*Things to consider:*

- How much time do you have available?
- What area of need interests you?
- Do you want to be actively involved in legislative meetings, events and more? Or prefer behind the scenes such as sending emails, making phone calls, and donating money?

*5 Tips continued on page 4*





5 Tips continued from page 3

### 3 Sign up for action alerts.

Once you determine how you would like to assist and find an organization (or many) that aligns with your interests, sign up for emails and action alerts. These will keep you updated on current events and important issues and topics. An action alert may ask that you send an email or make a phone call to your representatives – most organizations provide pre-written email and phone scripts, making it very quick and easy to take very important action! Responding to calls to action is easy and incredibly impactful on advocacy campaigns.

### 4 Educate yourself.

You don't have to be an expert on every issue, but at least know the basics of a topic before sharing content. Maybe choose two or three areas that motivate you and learn about those. Identify different viewpoints too so you understand how to respond to all views. If you're searching the internet, make sure you land on credible sources.

### 5 Know your elected officials.

Local, state and federal legislators represent YOU and make decisions affecting all areas of your life, whether or not you voted for them. Be familiar with their positions and speak up to let them know when you agree and disagree. Legislators often take their constituents' views into consideration before voting or acting on specific issues. Sign up for your legislators' electronic newsletters and follow them on social media.

### 6 Bonus tip: VOTE.

Voting is an opportunity to make your voice heard. You can't advocate change by sitting on the sidelines. Take time to learn about candidates, their views of issues important to you, how they voted in the past, and other things that matter to you. Every vote counts! ■

Gaps in Care continued from page 1

There are several areas that The Physician Alliance members can improve quality measures. Examples include:

- Diabetic HgA1c <8% for commercial and <9% for MAPPO
- Diabetic retinal eye exam
- Child and adolescent well care, Combo 10 and Combo 2 immunizations
- Breast, cervical, and colorectal cancer screenings
- Statin therapy in diabetes and cardiovascular disease

### Plan your outreach

There are many effective ways to improve quality measures. Creating a gaps in care plan can help make patient outreach more manageable and successful. Breaking down the outreach plan to focus on specific patient populations based on health conditions is also a simpler way to plan.

Some key pieces of a gaps in care plan include:

- HEDIS gaps in care reports generated through a practice's electronic medical record
- running reports using metrics on the tracking tool (provided by your practice resource team (PRT) member)
- reminder letters to patients listing screenings and tests that are due; follow up with patients via phone calls, texts, emails
- utilizing patient portals for additional reminders
- a copy of a completed and de-identified gaps in care list in your LiveBinder, along with the gaps in care tracking tool

The Physician Alliance created a [Gaps in Care toolkit](#) to assist member practices in developing a comprehensive campaign focused on improving quality measures. Resources include letter template, social media graphics, [patient education materials](#) and more. This toolkit can be accessed on TPA's [member portal](#). ■



# Chronic, Complex, and Principal Care Management

Effective management of a patient population provides great benefits to individuals, communities, and healthcare providers. There are many areas of care that provide opportunities to not only improve patient health, but also revenue and quality scores for physicians and practices. Among these are chronic care management, complex care management and principal care management. Advance care planning is also an opportunity for improved care and billing. Effective, quality care of this population requires a team-based approach with physicians and other care providers working closely together.

## Chronic care management

In the United States, 50 percent of adult Americans have a chronic condition and one in four Americans have two or more chronic conditions. Chronic disease is a leading cause of death, according to the Centers for Disease Control and Prevention.

Chronic care management is a critical component of primary care that contributes to better health outcomes. It is defined as the non-face-to-face services provided to Medicare beneficiaries who have multiple significant chronic conditions. To help improve healthcare for individuals, the Centers for Medicare and Medicaid Services (CMS) pays separately under the Medicare Physician Fee Schedule (PFS) for chronic care management services furnished to Medicare patients with multiple chronic conditions.

### Benefits of chronic care management

- Care coordination
- Quality of life
- Revenue stream
- Access to care
- Patient satisfaction
- Healthcare savings
- Achieving healthcare goals

It's important to note that this is only a Medicare part B service. CMS patients may have to select this coverage separately as an option on their insurance, therefore a separate consent must be completed with the patient or caregiver prior to service being billed. Practices should always [check to make sure a service is a covered element](#) before billing.

### How to get started with chronic care management

<b>Identify</b>	your patients
<b>Designate</b>	a staff member
<b>Develop</b>	a CCM process/schedule
<b>Inform</b>	the patient; invite them to participate
<b>Create</b>	the comprehensive care plan
<b>Provide</b>	the patient with the comprehensive care plan
<b>Track</b>	time
<b>Process</b>	for billing

### Revenue opportunities and eligibility requirements

\$42.60 = National average reimbursement per month for patients with two or more chronic conditions

\$42.60 X 300 patients = **\$12,780 per month**

\$12,780 X 12 months = **\$153,360 per year**

### Requirements for chronic care management

- Medicare beneficiaries with two or more chronic conditions expected to persist at least 12 months, or until the death of the patient.
- Chronic conditions are those that place the patient at significant risk of death, acute exacerbation, or functional decline.
- The patient must consent to the service before furnishing.
- Consent with assurance the patient is engaged and aware of the cost share that may be involved in the process.

Coding Corner continued on page 6

## Care planning

Care planning is an important factor of chronic care management. A plan of care for health problems is based on a physical, mental, cognitive, social, functional, and environmental evaluation. It is intended to provide a simple and concise overview of the patient and their medical conditions, and be a useful resource for the patient, caregivers, healthcare professionals, and others, as necessary.

### Elements of a care plan include

- Problem list
- Expected outcomes and prognoses
- Measurable treatment goals
- Cognitive assessment
- Functional assessment
- Symptom management
- Planned interventions
- Medical management
- Environmental evaluation
- Caregiver assessment
- Interaction and coordination with outside resources and healthcare professionals
- Summary of advance directives (advance care planning)

### Examples of care management criteria

- Phone calls and emails to and from the patient
- Managing referrals to other providers
- Managing prescriptions
- Talking with caregivers
- Reading consultant's reports
- Reviewing labs and other studies

## Complex Care Management

Patients who require complex chronic care management services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits. Typical adult patients who receive complex chronic care management services are treated with three or more prescription medications and may be receiving other types of therapeutic interventions (e.g., physical therapy, occupational therapy).

### Requirements for complex chronic care management services with the following required elements

- Multiple (two or more) chronic conditions expected to persist at least 12 months, or until the death of the patient;
- Chronic conditions that place the patient at significant risk of death, acute exacerbation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored;
- Moderate or high complexity medical-decision-making;
- First 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

## Principal Care Management

Principal care management represents services that focus on the medical and/or psychological needs manifested by a **single, complex** chronic condition expected to last at least 3 months and includes establishing, implementing, revising, or monitoring a care plan specific to that single disease.

Principal care management services, for a single high-risk disease, must have the following required elements:

- one complex chronic condition expected to persist at least 3 months, placing the patient at significant risk of hospitalization, acute exacerbation, functional decline, or death;
- the condition requires development, monitoring, or revision of disease-specific care plan;
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities;
- ongoing communication and care coordination between relevant practitioners furnishing care;
- first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

### Advance care planning

Advanced care planning usually takes place during the **Medicare annual wellness visit (AWV)**. This service includes the explanation and discussion of advance directives by the physician or other qualified health care professional. The first 30 minutes of face-to-face time with the patient, family member, and/or surrogate are **billed with code 99497**. Each additional 30 minutes should be **billed with an additional code +99498**.

# Care Management Services

Code	Service	Staff Type	Unit Duration (Time Span)	Unit Max Per Month
99490	Chronic Care Management	Clinical Staff	20 minutes (20-39 minutes)	1
+99439	Chronic Care Management	Clinical Staff	40-59 minutes X 1 (60 or more minutes X 2)	2
<b>Chronic Care Management (Physician or other QHP)</b>				
99491	Chronic Care Management	Physician or other QHP*	30 minutes (30-39 minutes)	1
+99437	Chronic Care Management	Physician or other QHP	30 minutes (60 minutes or more)	No limit
<b>Complex Care Management (Clinical Staff)</b>				
99487	Complex Care Management	Clinical Staff	60 minutes (60-89 minutes)	1
+99489	Complex Care Management	Clinical Staff	30 minutes (≥90 minutes X 1) (≥120 minutes X 2, etc.)	No limit
<b>Principal Care Management (Physician or other QHP)</b>				
99424	Principal Care Management	Physician or other QHP	30 minutes (30-59 minutes)	1
+99425	Principal Care Management	Physician or other QHP	30 minutes (60 minutes or more)	No limit
<b>Principal Care Management (Clinical Staff)</b>				
99426	Principal Care Management	Clinical Staff	30 minutes (30-59 minutes)	1
+99427	Principal Care Management	Clinical Staff	30 minutes (60 minutes or more)	2

+ Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code.

\* QHP = Qualified Healthcare Professional ■



# How palliative care can benefit patients



**Dr. Kathleen Rheume**

- Family medicine physician
- The Physician Alliance senior physician advisor

Palliative care is a [specialized area of healthcare](#) focusing on relieving and preventing the suffering of patients. It is not the same as hospice and may be the initial step in providing help during a serious illness or diagnosis. Palliative care also provides coordination of care with all healthcare providers managing a patient's care.

Palliative care can help improve quality of life for patients. It provides specific medical care for people living with a serious illness, such as cancer, dementia, Parkinson's, amyotrophic lateral sclerosis (ALS), cardiovascular diseases, lung disease, heart failure and other serious illnesses. Patients in palliative care may receive medical care for various symptoms, including shortness of breath, fatigue, nausea, constipation, sleep problems, loss of appetite. This care can also help patients with side effects of medical treatments. Patients can continue to receive treatment for their current illness while receiving palliative care.

## Who should consider palliative care?

The organized services available through palliative care may be helpful to patients diagnosed with a serious illness or an older person having a lot of general discomfort and disability late in life, [according to the National Institute on Aging](#). Through the discretion of a physician, a patient of any age or stage of illness, terminal or not, may begin treatment. If applicable, it can take place at the same time as curative treatment.

Starting palliative care early in the course of an illness ensures that care is more in line with patients' wishes. It decreases stress and increases confidence in making decisions surrounding a loved one's care. It also can meet the emotional and spiritual needs of patients and their families. Palliative care includes discussions about treatment choices.

## A team-based approach for better care

Different healthcare professionals make up a palliative care team. This team may include specialty physicians, nurses,



care managers, social workers, nutritionists and others, depending on a patient's needs. Their roles are to provide medical, social, and emotional support to the patient, family/caregivers and the patient's other physicians.

Ensuring everyone understands the goals of care, available treatment options and any other factors impacting the patient's medical condition will help provide the highest quality care. They work closely together to offer support and guidance to improve the patient's quality of life.

### The team of care specialists may provide:

- Pain management
- Stress management and coping tips
- Education and support for a diagnosis
- Help establishing care goals and treatment options
- Assistance with making medical decisions
- Tips for healthy eating and activities
- Coordination with primary health care professionals

A patient's primary care physician remains a key coordinator of care even when palliative care begins. Palliative care does not replace the current treatment of the illness but works to add extra support.

## Providing effective palliative care

Palliative care can be provided in home, hospitals, nursing homes, outpatient palliative care clinics or certain other specialized clinics. [Medicare](#), [Medicaid](#), and insurance policies may cover palliative care. Veterans may be eligible for palliative care through the [Department of Veterans Affairs](#). ■



# TPA primary care practices earn patient-centered medical home designation

Congratulations to **124** The Physician Alliance primary care practices earning patient-centered medical home (PCMH) designation! These practices, representing **381** physicians, will maintain PCMH designation for two years through Blue Cross Blue Shield of Michigan's program.

The PCMH model is patient-centered, team-based, coordinated and focused on quality and safety for the patient. The PCMH program strives to coordinate care across patient care teams, support cost reduction strategies, and create strong relationships between both primary care physicians and their patient and the patient's PCP and any specialty physicians also treating the patient. This helps create high-level patient care and decrease costs to patients and practices. Practices designated as PCMH seek to adopt new care delivery methods, technologies, and relationships with patients and families.

"These practices work hard year-round to improve patient quality of care, close gaps in care and fulfill all of the capabilities and criteria to earn this important designation," said Ashley Shreve, TPA's director of practice transformation. Shreve manages TPA's PCMH program and other pay for performance programs.

Earning the designation provides an additional 10 percent value-based reimbursement on E/M uplifts. The Physician Alliance nominates practices annually for consideration in BCBMS's patient-centered medical home designation program. BCBSM designates practices based on their progress in implementing PCMH capabilities, and strong performance on quality and use measures. This program is part of BCBSM's [Physician Group Incentive Program](#).

## The 2022 PCMH practices are:

AMG Alan T. Ghassan, MD  
AMG Brighton Internal Medicine  
AMG CGS Primary Care  
AMG Cornerstone Almont Family Practice  
AMG Cornerstone Family Medicine  
AMG Cornerstone Jefferson Family Practice  
AMG Cornerstone Lakefront Internists  
AMG Cornerstone Lakeview Pediatrics  
AMG Cornerstone New Baltimore Family Physicians  
AMG Cornerstone Normandy Family Physicians  
AMG Cornerstone Pointe Family Physicians  
AMG Douglas Hames MD PC  
AMG Excel Health  
AMG Farmington Hills Medical Group  
AMG Glennan Primary Care

AMG Lakeside Internal Medicine  
AMG Livonia Family Healthcare  
AMG Livonia Family Medicine Associates  
AMG Macomb Family Medicine  
AMG New Horizons Medical Center  
AMG Northville-Novi Family Medicine  
AMG Novi Family Care  
AMG Novi Primary Care Physicians  
AMG Orchard Primary Care  
AMG Park Family Practice  
AMG Premier Family Medicine Livingston  
AMG West Bloomfield Family Practice  
Anderson Medical Services, PC  
Ascension Auburn Hills Primary Care  
Ascension Byron Road Medical Group  
Ascension Center for Internal Medicine  
Ascension Dearborn Internal Medicine

Ascension Deighton Family Practice  
Ascension Emerald Family Practice  
Ascension Farmington Hills Internists  
Ascension Hadesman Internal Medicine  
Ascension Harper Family Practice  
Ascension K. Kapordelis, MD  
Ascension Livonia Internal Medicine  
Ascension Macomb Oakland Primary Care  
Ascension Madison Heights Primary Care  
Ascension Masonic Medical Center  
Ascension Medical Center South Lyon  
Ascension Motor City Internists  
Ascension Nahid Elyas Internal Medicine  
Ascension Oakland Family Medicine  
Ascension Oakland Internal Medicine Associates  
Ascension Omni Medical Center

PCMH continued on page 10

Ascension Park Internal Medicine  
Ascension Premier Family Physicians  
Ascension Rochester Community  
Primary Care  
Ascension St. John Children's Center  
Ascension St. John Center  
for Wellness  
Ascension Troy Family Care  
Basil Abdo, MD PLLC  
Bay Area Family Physicians, PC  
Be Well Medical Center  
Berkley Primary Care  
Bi-County Health Care, PC  
Comprehensive Integrative Health Care  
Cornerstone Garfield Family Practice  
Cornerstone Internal Medicine  
Cornerstone St. John Pediatric  
Associates  
David B. Wolf, MD  
David R. Mandy, DO PC  
Dudley Roberts III MD, LLC  
Eastlake Pediatrics, PC  
Eastpointe Family Physicians  
Eastside Internal Medicine, PC  
EPIC Primary Care, PLLC  
Family Practice Care PLLC  
Gobind L Garg, MD PLLC  
Howell Family Medicine

Husain Arastu, MD  
Integrated Preventative Health Care  
Associates, PLC  
Jian Zu, MD  
Kelly Krueger, DO  
Macomb Medical Clinic, PC  
Macomb Physicians Group-PCP  
Mark T. O'Brien, DO  
Metro Medical Practice, PC  
Michigan Primary Care  
Northpointe Pediatrics, PC  
Nova Medica, PLLC-Livonia  
Oakland Family Practice  
Patrick A. Charles, MD PC  
Pavilion Family Practice  
Pavilion Internal Medicine  
Pediatric Clinic, PC  
Pointe Pediatric Associates  
PrimeCare of Novi  
Providence Family and Athletic Medicine  
Providence Park Livonia Family Practice  
Providence Park Pediatrics  
Providence-Internal Medicine,  
Endocrinology/Diabetes Center  
Pulmonary and Medicine Associates  
River District Family Practice  
River District Family Practice- Algonac

River District Family Practice- St. Clair  
Rochester Academic Family Medicine  
Romeo Family Practice  
Romeo Plank Family Medical Center  
Rosemary M. Aquiler-Angeles, MD  
Roseville Family Physicians  
Sacred Heart Medical Centre  
Sailaja Datla, MD  
Schoenherr Family Practice  
Schoenherr Parkway Family Practice  
SG Pediatrics, PLLC  
Shores Primary Care, PC  
South Lyon Family Medicine  
South Macomb Internal Medicine  
St. Clair Adult Medicine Specialists, PC  
St. Clair Internists  
St. John Family Medical Center  
Sterling Medical Group  
Susan J. Laurent, MD  
Synergy Medical, PC  
Tender Care Pediatrics, PLLC  
Warren Family Physicians  
Washington Primary Care  
Waypointe Internal Medicine, PC  
West Oakland Internists  
Woods Cardiovascular Internal  
Medicine Assoc, PC

## BCBSM announces quality achievements

### Provider Delivered Care Management (PDCM) value-based reimbursement (VBR) achievements

33 practices (31 adult; 2 pediatric) receive  
PDCM 4% touch rate for 7% VBR

37 practices receive PDCM outcomes PaMPM \$.80

5 practices receive Psychiatric Consult  
Collaborative Care (CoCM) 10% VBR

### Clinical quality value-based reimbursement (VBR) achievements

1 practice receives 15% VBR

10 practices receive 10% VBR

9 practices receive 5% VBR

# Help your practice save on business services



The Physician Alliance members receive special savings on products and services through the [Affiliate Partners program](#). 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 by contacting the companies.

## Cyber Liability Insurance [Huntington Insurance](#)

Huntington's cyber liability insurance 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, and discounts for multiple physicians. Pet insurance coverage and group medical plan benefits are also available.

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

## Legal Services [Rickard & Associates](#)

Practices can benefit from comprehensive legal services and assistance ranging from general counsel services to employee issues to compliance and more. Highlights include contract negotiations, healthcare law and estate planning. 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 full range of quality services, including web on call portal, daytime call management and customization options, are provided with exclusive discounts. HIPAA-compliant answering service to increase patient satisfaction, additional 8% discount applied to all plans and usage, and first month free + no set-up fee with 1-year term are some of TPA member benefits.

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

## Medical Debt Collection [Transworld Systems, Inc. \(TSI\)](#)

A medical debt collection services company offering 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, and insurance resolutions.

**Contact: Michael Glass**  
<https://michaelglasstsi.com/>  
(248) 914-0346

## Mortgage and Banking Services [Huntington](#)

TPA members benefit with a premier mortgage program for physicians and residents looking to buy or refinance a home. Special benefits include \$300 closing cost discount and 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

## Office Supplies and Solutions [ODP Business Solutions](#) [\(formerly Office Depot\)](#)

Members receive exclusive savings through a discount program featuring low pricing on many business categories. Benefits include free next-day shipping on orders of \$50 or more and up to 55% off office supplies and cleaning and breakroom items.

**Contact: LaShauna Hill**  
Lashauna.hill@officedepot.com  
(855) 337-6811 x12734

*Affiliate Partners Program continued on page 12*



## Print and Office Solutions American Office Solutions (AOS)

HIPAA-compliant managed print services, faxing services, and document management software help ensure cost effective and efficient workflow for organizations. TPA members receive FREE assessments/audits, 10% - 20% off printers, copiers, and support, 20% off shredders, folding equipment, mailing solutions, 15%+ off HIPAA-compliant document management/workflow software/cloud solution and more, and up to 40% off HIPAA-compliant secure cloud fax.

**Contact: Alexis Brockie**  
alexisb@getaos.com  
(800) 346-6920

## 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, and complimentary evaluation of current telephone systems 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

## Wealth Management Morgan Stanley

advisor.morganstanley.com/joe.ghanem

**Contact: Joe A. Ghanem**  
Joe.Ghanem@morganstanley.com  
(313) 642-5909

### TPA Leadership Team

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To ensure TPA news and announcements reach you, please make certain any changes in contact information (name, email, address, phone) are shared with us: [info@thephysicianalliance.org](mailto:info@thephysicianalliance.org)

