

Premier Pulse

News and Information for Premier Health Physicians
and Advanced Practice Providers

VOLUME 10 | ISSUE 3 | MARCH 2023



Q&A Update with Keith Bricking, MD, chief clinical officer, Premier Health

We recently interviewed Dr. Bricking, Premier Health's first chief clinical officer, about the direction he sees Premier Health taking to fulfill its new vision to inspire better health.

Before stepping into his new current role, Dr. Bricking served as president of Atrium Medical Center and was the first physician to lead a Premier Health hospital.



What excites you the most about your new role as chief clinical officer, and what new initiatives will you be heading up that will most directly affect our physicians and APPs?

One of the things that excites me the most about my new role as Chief Clinical Officer is working with teams from all over the system. In my first four to five months, I have learned a lot about the different entities I was not exposed to in previous experiences. We've got an incredible workforce at all levels, and working with teams at hospitals, physician practices, and other system entities has been quite gratifying.

The new initiative I've been focused on is the next evolution of our service lines. Recently I rolled out a new structure around what those core service line teams will look like.

It will be critical to have physicians and advanced practitioners throughout the organization involved in the service lines. Over the last, six to eight months, [we have had] -physician led teams working together on supply costs and collaborating on our supply chain opportunities.

Premier Health recently released its 2035 strategic plan with four strategic pillars: academic and research distinction; workforce development; operational excellence; and partnerships. What role can our clinical teams across the health system expect to play in fulfilling our strategic plan in the short term and long term?

There are going to be opportunities for clinicians to engage in all four of the pillars of our strategic plan. We are currently in the process of standing up teams to drive operational excellence throughout Premier. This includes optimization of workflows and efficiencies in our medical imaging department, surgery departments, cardiology cath labs, and other outpatient services throughout the continuum of care. It also includes purposeful growth and collaboration in all markets. From an academic pillar [standpoint], our system already differentiates itself by providing an exceptional experience for learners in our facilities and offices. We want to build upon that foundation and enhance our academic distinction in the market by further differentiating ourselves through teaching, research, and academic programming.

Premier Health faces several challenges, as do other health care providers across the industry. What's a challenge that's front and center for you in your new position, and how can our medical workforce make a difference in addressing it?

We are no different from others across the country. Our biggest challenges are workforce shortages and the cost of labor. There is an opportunity for our workforce to embrace technology and alternative care models to support our caregivers to function at the top of their license.

We also need to look at our resource utilization. It will be critical to make sure that patients are getting the right care at the right place at the right time. We should challenge ourselves to leverage evidence based clinical pathways to reduce testing and ordering where appropriate.

Continued on next page.

Can you provide an update on how clinical and operational leaders are collaborating to ensure top-decile patient care and experience?

I've witnessed firsthand a much more integrated approach between the physician company, hospitals, and service lines working together on system initiatives. Barb Johnson, our system chief operating officer and president of Miami Valley Hospital, and I have stood up a weekly meeting with leaders from all entities throughout the system to specifically work on how we can execute our operational goals and priorities for the system. When we bring people together to collaborate, we see better teamwork and quicker patient-centered results.

What leadership opportunities are emerging for our physicians and APPs? How can they lean in and influence initiatives across Premier Health?

There are opportunities throughout the system, whether it's an advanced practitioner or a physician, to engage in all kinds of initiatives. We have medical staff committees and operational work groups [that providers and advanced practitioners can join].

As we stand up the teams around the four pillars of the strategic plan, providers will have many opportunities to engage in our academic programming, our research programs, and the operational working teams that we discussed earlier. The new design for the service lines will also call for additional physician-led committees [through which] our providers can truly contribute to the success of the service lines. We are being intentional to include providers from all over the system on our medical staff committees. I would encourage providers to reach out to their site chief medical officer or myself directly via email if they would like to get involved.

We know change can be hard to adapt to. What do you want to leave with our clinical teams across the system to encourage them on this journey?

Our 13,000 employees across Premier have been through a lot over the last couple of years. It's important that we take the time to recognize and appreciate the fantastic work that has occurred. As we look toward the future, we must continue to adapt to and embrace the rapid pace of change. I am excited about the future and confident that we have all the talent needed to take on our current challenges while providing exceptional care for the communities we serve. I would encourage our providers to get involved and work with the collective healthcare team to inspire better health.

I look forward to working beside them on this journey.

Change, The Law of Life

By Roberto Colon, MD, chief medical officer, Miami Valley Hospital



Change is one of the few constants in our lives. As President John F. Kennedy once said, "Change is the law of life. And those who look only to the past or the present are certain to miss the future." It is inevitable, and it is a part of evolution and growth. Change is frequently disruptive, but disruptions are constructive when

they help us improve and progress. It is often our attitude to change that dictates its effect on outcomes.

For physicians, change has been a requirement in our lives. The progression through our educational paths has required changes in educational institutions, often associated with a change in where we live. Every step is necessary to reach our ultimate goals. As new developments in medicine have arrived, we have had to change to better care for patients. Our testing, our delivery of care, and our communication with patients are vastly different than they were just a few short decades ago.

For those of us with children, change happens at home every day. We watch fully dependent children change before our very eyes, grow up, and mature into independent adults. As many

of us know, some of those steps can be painful and, at times, emotional and challenging, like teenagers exercising their autonomy. We all realize this change is necessary if we want them to become successful and embark on their adventures and pursuits. And while we relish in memories of sweet, lovable kids, we thrive in dreaming about their future success.

Change is needed for personal development and can happen with often challenging steps. Premier Health must change if we want to continue to thrive. We are evolving, maturing, and transforming to achieve our next stage of growth, and just like in our own lives, it requires some adjustments. We will face difficult decisions and, for some, moments of personal doubt or insecurity. However, we must be brave and daring to reach new levels of success and fulfill our vision of inspiring better health.

If change is inevitable, hard, anxiety-provoking, and even frightening, then let us embrace it. More importantly, let's face these challenges together as one. We must see our image of success...and run to it.



Telehealth Policy Updates

By Amanda Via, senior product manager of digital health, Premier Health



The end of 2022 provided additional clarity surrounding the future of telehealth. The Consolidated Appropriations Act of 2023 was passed and extended many of the telehealth flexibility waivers through December 31, 2024. While there are many changes to note, a few are top of mind that

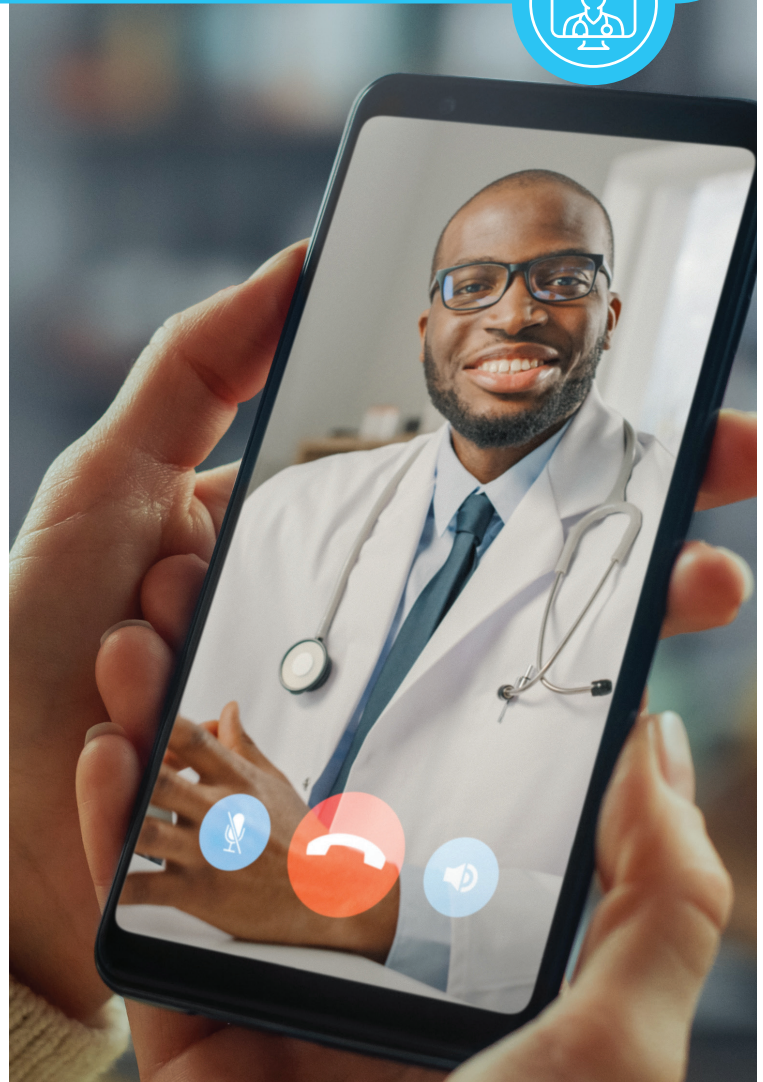
will allow our organization to continue providing telehealth access for our patients.

One of the key components of the extension is the language that will continue the expansion of originating sites which allows Medicare beneficiaries to receive telehealth from any geographic location.

In addition to the originating site expansion, eligibility will be expanded for practitioners, allowing physical therapists, occupational therapists, audiologists, and speech pathologists to provide telehealth services to Medicare beneficiaries.

Audio-only services will continue when appropriate. As patients become increasingly adept with telehealth, they prefer video for enhanced telehealth visits.

The extension of some of the waivers and flexibilities signals to providers that telehealth will continue beyond the public health emergency. These extensions through the end of 2024 allow for further discussion and evaluation of telehealth delivery. One clear data point is that patients continue seeking care that fits their schedules. With this extension, we will continue to meet our patients when and where they need us as we continue to innovate with telehealth.



Provider Praise

Premier Health patients submit thousands of comments each year acknowledging providers across our health system for delivering excellent care. Here is a random sampling of appreciation received in recent months.

Shirelle Applin, MD, was very easy to talk to. I really enjoy her as my primary care physician.

Heather Brahm, APRN, is awesome; she goes above and beyond all my expectations.

Meghan Brewster, MD, is wonderful. She always puts my child and me at ease. She is

thorough and makes sure that we understand all information presented.

At **Dennis Brown, MD** office, everyone is always friendly and courteous.

Ottilia Bulathsinghalage, APRN, has provided me with excellent care. I don't have anything bad to

say. Otillia listened to my concerns and has given me options for solving them.

Deitrice Chapman, MD, is an excellent physician! She patiently listens well and explains my health to me so that I can understand.

Identifying Cardiac Risks with Heart Computerized Tomography

By: Beth Blank, Director of Service Line Strategy, Cardiovascular Services; and Robert Bulow, DO



Ordering a computerized heart tomography (CT) screen for your patient can assist in identifying cardiac risks that can go unnoticed in a physical exam.

A heart scan uses a specialized X-ray technology called a multidetector row or multislice computerized tomography. The scan creates multiple images that can show any plaque deposits to identify possible coronary artery disease before the patient presents with symptoms.

- Cost to the patient is \$99, payable at the time of the scan.
- The Heart CT can be performed in under 30 minutes.
- Results will be sent to the ordering provider.

- A summary of the Heart CT and a copy of the radiology report will be mailed to the patient and the ordering provider within seven to 10 business days.
- In addition to the mailed documents, results will be posted to the patient's Premier Health's MyChart account.
- Screens are available:
 - Atrium Medical Center
 - Miami Valley Hospital
 - Miami Valley Hospital North
 - Miami Valley Hospital South
 - Upper Valley Medical Center
 - Outpatient Cardiac Testing and Rehabilitation at Medical Imaging:
 - Beavercreek



Providers can order directly from EPIC, or patients can call central scheduling at **(855) 887-7364**.

Understanding Vizient's Risk Adjusted Index

By Andrew B. Maigur, MD, system director, Premier Physician Advisor Program



Do the data collected by health care systems truly represent the patient I am caring for? They can, and physician documentation is critical to truly

capture all major comorbidities, which then translates into coded data and affects your quality metrics, giving you credit for the high-quality care provided at the bedside.

While reimbursement matters, accurate, compliant, and complete documentation opens the door for the patient to receive all the care needed for each episode.

Centers for Medicare and Medicaid Services (CMS) moved away from volume-based care to value-based care and created the hospital value-based purchasing program (HVBPP). CMS currently defines value-based care as paying for health care services in a manner that links performance to cost,

quality, and the patient's experience of care. The HVBPP consists of 30-day risk-adjusted mortality measures and health care associated infections. The program is funded by reducing participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments by 2% based on performance as compared to other providers. Essentially the hospital's downside risk is up to a 2% penalty, while the upside gain can be a 2% bonus which can translate into millions of dollars of reimbursement.

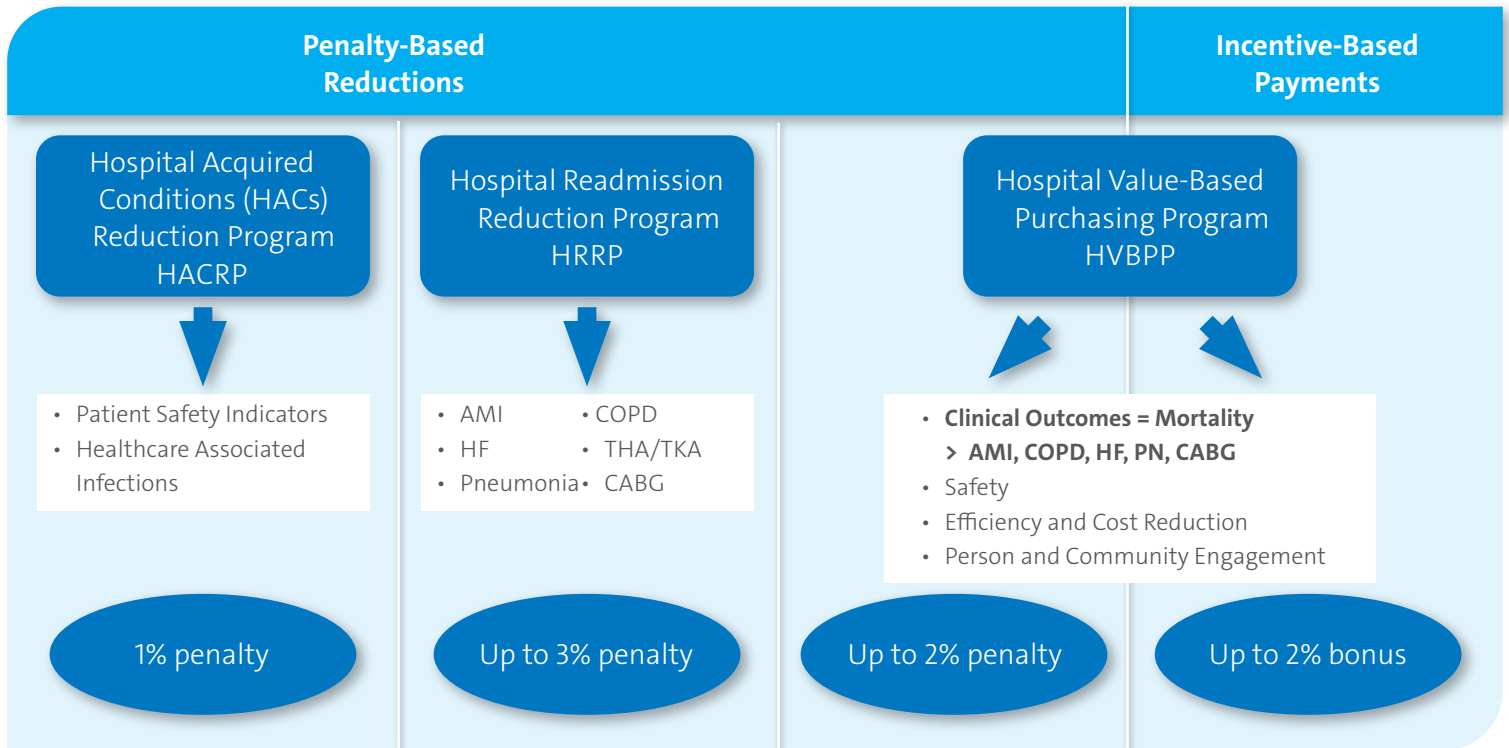


Fig 1: CMS Quality & Value Based Programs

Vizient, a national organization, provides participating health systems with detailed quality data benchmarked to comparable size and acuity health systems. Vizient's quality metrics align with and affect the CMS Star Quality measures, including HVBPP and many others. Vizient's clinical database provides three important metrics: Length of Stay (LOS) index, Mortality index, and Cost index. Each index is primarily a ratio of observed-over-expected values for a particular patient population. The observed (or numerator) is determined by care quality and patient characteristics, and the expected (or denominator) is primarily determined by documentation based on the patient's diagnosed conditions. An index of < 1 represents an excellent quality outcome with the expected exceeding the observed and an index of ≥ 1 where the observed exceeds the expected may indicate an opportunity for quality improvement or a need for improved documentation. Their risk adjustment methodology identifies certain variables that carry a higher weight, which translates into a sicker patient, utilizing increased resources (LOS, cost), and an elevated risk of poor outcomes (mortality). The concept of "denominator management" represents capturing multiple accurate risk variables, which in turn increases the expected value – hence driving the index lower, i.e., less than 1. Dementia and CHF are the only risk variables that are not required to be Present on Admission (POA).

Understanding Vizient's Risk Adjusted Index *(continued)*

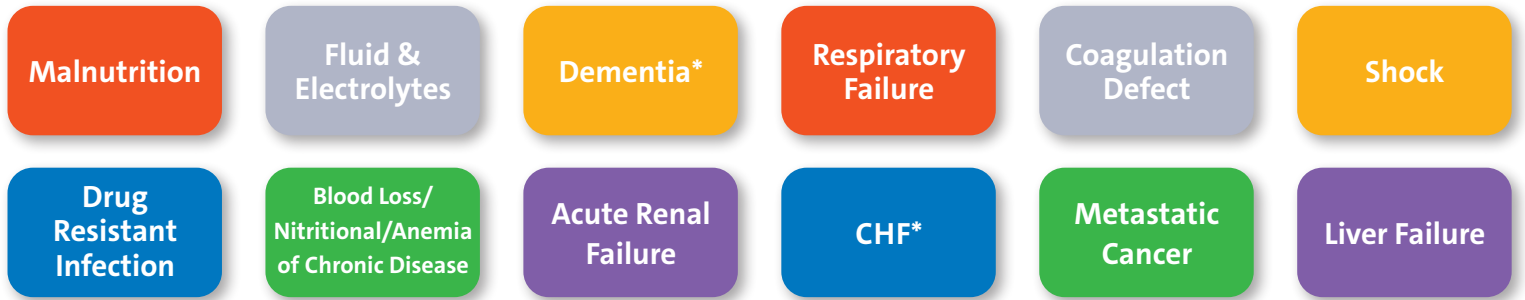


Fig 2: Examples of high weighted risk variables.

As an example, the malnutrition risk variable includes a family of International Classification of Diseases (ICD-10) diagnosis codes for mild/moderate or severe protein calorie malnutrition, adult failure to thrive, cachexia, and obesity. This risk variable carries a high weight impacting Mortality, LOS, and cost index by increasing the “expected/denominator” value. For a specific diagnosis to be accounted for in the risk adjustment methodology, the present on admission status of that diagnosis is crucial. For the above-stated diagnoses, if they are documented as present on admission (POA = Yes) or clinically unable to determine POA status, the diagnosis will qualify as a risk variable. **Therefore, it is crucial to accurately capture all risk variables within 24 hours of an inpatient admission.**

Vizient has identified opportunities for Premier Health with increased capture of the following top five risk variables:

1. **Malnutrition**
2. **Fluid and electrolyte disorders**
3. **Blood loss/nutritional/anemia of chronic disease**
4. **Coagulation defect**
5. **Metastatic cancer**

Denominator management includes both prospective and retrospective interventions. Prospective interventions are focused on education to provider groups to increase the capture of high weighted risk variables across all inpatient admissions at our facilities. Retrospective interventions focus on retrospective chart reviews identifying missed risk variable capture opportunities that lead to quality/clinical documentation/coding/Physician Advisor queries to the providers for clarification.

At Premier Health, our Quality/CDI/Coding and Physician Advisor Teams are working on retrospective interventions focused on Mortality reviews. We have started prospective education with the hospitalist and pulmonary critical care groups.

Please feel free to reach out directly to me for additional information at abmaigur@premierhealth.com.

References:

CMS Value Base Care hrsa.gov

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing>

Avid Bicyclist Since High School



**Anthony
Checroun, MD**

What is your clinical specialty?

Orthopedic Surgery, Specializing in Shoulder Surgery

Where did you go to school?

Indiana University, Bloomington, Indiana - Undergraduate
Indiana University, Indianapolis - Medical School

Medical College of Ohio, Toledo, Ohio - Orthopedic Residency

NYU Hospital for Joint Diseases, New York, New York- Shoulder Fellowship

What brought you to Premier Health?

In 1998 I joined a well-established private practice orthopedic group in Middletown, Ohio. Our group joined the Premier Health system in 2015.

Why did you choose medicine as a career?

I have always been interested in the human body and how it works. I also enjoy working with my hands. I am thankful to have found a career combining these interests while also helping people.

Who are the people who influenced and/or mentored you?

My parents have always encouraged me to work hard, live up to my fullest potential, and not give up.

What is one thing most people don't know about you?

I love being outdoors in nature and have been an avid road bicyclist since high school.

Where is your hometown?

Born in Chicago and grew up in Munster, Indiana.

What, if any, sports team(s) do you cheer for?

I enjoy watching the Tour de France bicycle race every year!

What is the last book you read?

"Braiding Sweetgrass" by Robin Wall Kimmerer

What is your favorite song in your playlist?

"Searching" by INXS

What is your favorite food?

Anything Mediterranean!

What is your favorite hobby?

Road bicycling

What is your favorite animal, and why?

Cheetah, its speed, agility, and beauty.

Where is your favorite vacation spot, and why?

Antibes, France, because of the weather, beach, food, scenery, friends and family, and childhood memories (my father's side of the family lives in France).

Describe something (a thing, person, place, experience, etc.) for which you are especially thankful:

I am thankful for my wife and daughter and our good health staying active!

Pick a side

iPhone or Android

iPhone

Early bird or night owl

Early bird

Beach bum or mountain hiker?

Both!

Dress shoes or tennis shoes?

Dress Shoes

Paperback or e-reader?

Paperback

Coffee or tea?

Coffee only occasionally

Cooking or baking?

Cooking on the grill

Sweet or salty?

Salty



Breast Cancer Risk Assessment will Now be Available on Premier Screening Mammogram Reports

By Diane Anderson, DO, medical director, North Breast Centers; and
M. Patricia Braeuning, MD, medical director, South Breast Centers



A long-awaited breast cancer risk assessment tool is now available!

Tyrer-Cuzick version 8 Breast Cancer Risk Assessment will now be available to Premier Health patients when they present for their screening mammograms.

Patients will be asked a series of questions by the technologist when they present for mammography on the following topics:

- Current age
- Age at menarche
- Height
- Weight
- Parity
- Age at first childbirth
- Age at menopause
- HRT use
- Prior benign biopsy results (especially atypia)
- Ovarian cancer
- Ashkenazi descent
- Age at diagnosis of first- and second-degree relatives with breast and/or ovarian cancer and male relatives with breast cancer

This version of TC also includes mammographic breast density, which will be added to the calculation by the radiologist.

As the quality of the assessment depends on the accuracy of the patient provided information, you may wish to encourage your patient to know the answers to these questions prior to arriving for her screening appointment.

The risk assessment will be reported in the body of the screening report on normal screening studies.

At this point, we are hesitant to include the TC risk score in reports of those patients read as Category 0, as we do not wish to confuse the need for additional evaluation based on the mammo finding. This may be subject to change as we gather more experience and input from our primary care providers. Please share your thoughts.

Patients with the highest risk of developing breast cancer (>20% lifetime risk) should be undergoing yearly mammography and be offered additional screening with breast MR. If your patient is unable to undergo breast MR, consider adding screening ultrasound. For these high-risk patients who tend to develop more aggressive cancers, the recommendation is that the mammogram and MR be performed yearly, staggered at 6 month intervals.



IMPORTANT POINTS:

Most women who develop breast cancer do not have a family history or identifiable risk factors. Therefore, a low score does NOT preclude the need for annual mammographic screening.

A high TC score suggests that additional screening is indicated in addition to mammography.

A low score does NOT change the recommendation for annual mammography and CBE.

HELPFUL INFORMATION:

Tyrer-Cuzick scores:

Average risk -14.9% or less lifetime risk

Moderate risk -15-19.9% lifetime risk

High risk-20% or greater lifetime risk

SUPPLEMENTAL SCREENING OPTIONS (in addition to mammography with tomosynthesis):

Screening Breast US is a complete bilateral breast US. This is useful in patients with dense breasts who cannot undergo MR.

Breast MRI requires IV contrast administration. The full protocol is about a 60 minute exam. This offers the best characterization of lesions. Most insurance companies require pre-approval.

Fast Breast MRI is an abbreviated exam about 10 minutes in length. It still requires IV contrast. Some of the sequences are omitted to decrease scan time and therefore exam cost. This may miss some subtle lesions but has proven to be a good screening exam. This is a pay out of pocket exam (\$400) which is often less than the patient's co-pay for a full protocol exam. This still requires a prescription.



We welcome your input regarding implementation of this new service. Please contact us at dhanderson@premierhealth.com, or mpbraeunin@premierhealth.com

Miami Valley Hospital South First Organ Donation, Harmonicas for Health, Youth Scholarships

Atrium Medical Center

Atrium Medical Center's Sports Medicine and Physical Therapy facility at Atrium Family YMCA recently acquired a new AlterG Anti-Gravity Treadmill. Equipped with NASA patented technology, the AlterG uses a lifting effect to ease the impact on lower extremities by temporarily reducing a patient's body weight by as much as 80 percent. The AlterG can be used by anyone, from athletes recovering from injuries to geriatric and neurological patients, to reduce the risk of falls through gait and balance training. Middletown Community Foundation's Fondersmith Youth Advisory Council helped fund the new AlterG treadmill. The council, comprised of local high school students, reviews local nonprofits' grant applications, interviews applicants, and awards funding. The Youth Advisory Council visited Atrium to learn how patients will benefit from the AlterG treadmill. Atrium's Sports Medicine and Physical Therapy facility at Countryside YMCA in Lebanon also has an AlterG treadmill to support patients during rehabilitation.

A prenatal support program at Atrium's Maternal Health Center will now include more expectant mothers. CenteringPregnancy® at Atrium's Maternal Health Center no longer requires participants to be Butler County residents but they must have a Medicaid health plan. The program aims to combat high infant mortality rates, premature births, and low birth weights affecting newborns. The program brings together eight to 12 pregnant women with similar delivery dates to form a supportive community where they develop skills and confidence to take control of their health.

Atrium's pulmonary rehab program launched Harmonicas for Health, a group that helps patients with chronic

obstructive pulmonary disease (COPD) exercise their lungs and socialize. COPD causes obstructed airflow from the lungs and has no cure. Treatment can slow its progression and manage symptoms. Playing the harmonica exercises the muscles that help pull air in and push air out of the lungs and strengthens abdominal muscles for a more effective cough. A harmonica and instruction booklet are provided to each participant thanks to funding from the Atrium Medical Center Foundation.

The Help Endure a Loss (HEAL) Program family care room at Atrium will receive a new queen-size bed thanks to a donation from the giving circle

Continued on next page.



Miami Valley Hospital Foundation

100+ Who Care of Warren County. The larger bed provides more comfortable accommodations for parents as they grieve the loss of a child. The group meets quarterly, with each member donating \$100 to a nominated 501c3 organization. The Warren County chapter presented a check of \$2,650 to HEAL and toured the family care room and Natural Beginnings.

Miami Valley Hospitals

Miami Valley Hospital South had its first organ donation to Life Connection of Ohio. Available staff attended an Honor Walk ceremony.

Good Samaritan Foundation-Dayton board elected Alec Carnes and Charles L. Ellington II to the foundation's Board of Trustees. Alec is a mechanical engineer at Messer Construction, while Charles is recently retired from CareSource. Alec and Charles will officially begin their board term in May.

Fundraising for the Chapel at Miami Valley Hospital South is complete. As part of a \$500,000 commitment from the Miami Valley Hospital Foundation

to build a dedicated space for reflection and worship, the foundation provided donor opportunities for furnishings and artwork inside the chapel. In February, a permanent plaque was placed in the chapel that recognizes the businesses, clubs, and private donors who supported the chapel project at the hospital.

Leaders from Premier Health attended the Goodwill Easter Seals West Campus Ribbon Cutting and Grand Opening in Trotwood. Goodwill is a partner with Premier Health on the Premier Health YMCA project at the Northwest Health and Wellness campus.

Miami Valley Hospital South donated essential items for the "Baskets of Warmth" program hosted by the City of Centerville and Meals on Wheels. Approximately 50 baskets were created and distributed to senior citizens in Centerville.

Upper Valley Medical Center

The UVMC Trauma Level III program was surveyed by the American College of Surgeons (ASC) in late February for final full verification. The physicians performing the review were highly complimentary, noted no deficiencies, and recommended the trauma program be fully verified for three years. UVMC

became a Level III Trauma Center from the Ohio Department of Public Safety in September 2021.

In February, UVMC Cancer Care services announced an expansion to include the Premier Blood and Cancer Center. The expansion provides patients with greater access to care that includes diagnosing and treating blood and lymph disorders such as leukemia, Hodgkin's lymphoma, non-Hodgkin's, and myeloma. The Premier Blood and Cancer Center at the hospital will offer patients services such as chemotherapy, immunotherapy, blood transfusions, and other blood-related services.

In February, the UVMC Cardiac Catheterization Lab received a *Collaborative Practice Award* from Premier Health's CareFlight partners. The award recognized the Cath Lab team's excellent collaboration in working with CareFlight in November 2022 to ensure the best possible outcome for patients.

Scott Kanagy, DO, chief medical officer at UVMC, was joined by Jacqui Rose, director of medical imaging and telecommunications, for a Troy and Piqua radio morning show interview on Feb. 20 to discuss Premier Health

Continued on next page.





Back Row (L-R): Rick Foreman, Meghan Albers, Misty Mokrycki, Jacob Dougherty, Timothy Clark; Middle Row(L-R): Steven Vordenberg, Dr. Nimish Thuluvath, Dr. Catarina Gullede; Front Row(L-R): Megan Shortridge, Kathleen Kearney, Michelle Adkins; (Not pictured: Dr. Satheesh Kathula and Melissa Meyer)

MyChart and other online capabilities. Dr. Kanagy also provided a general update on activity at the hospital.

Lisa Pitcairn, APRN, chronic disease clinical nurse specialist at UVMC, presented Heart Month programs for the community on “Don’t Miss a Beat; How to Keep Your Heart Healthy” at the Troy and Piqua YMCAs in February.

UVMC sponsored the Upper Miami Valley STEM Education Science Day at Tippecanoe High School on Feb. 9. A team of UVMC leaders participated as judges for this STEM/STEMM education event hosted by the Ohio Academy of Science.

Premier Physician Network

On February 15, 2023, PPN welcomed 15 new physicians and providers at new provider orientation. Please help us welcome our new PPN physicians: **Catarina Gullede, MD**, Hand and Reconstructive Surgeons; **Satheesh Kathula, MD**, Premier Blood and Cancer Center; and **Nimish Thuluvath, MD**, Premier Psychiatry Associates.

Please also help us welcome our new APPs: **Michelle Adkins, CNP**, Premier Family Care Kettering; **Meghan Albers, APRN, FNP-C**, Premier Women’s Center; **Timothy Clark, PA-C**, Premier Health Urgent Care – Huber Heights; **Jacob Dougherty, CNP**, Premier Health Advanced Critical Care – MVHS; **Rick Foreman, CNP**, Premier Blood and Cancer Center; **Kathleen Kearney, CNP**, Premier Cardiovascular Institute;

Melissa Meyer, CNS, Premier Blood and Cancer Center; **Misty Mokrycki, CNP**, Magnolia Women’s Health; **Megan Shortridge, CNP**, Premier Health Rheumatology; and **Steven Vordenberg, PA-C**, Premier Health Urgent Care – Springboro.

Louis Okafor, MD, is featured in a new, free virtual joint pain webinar. The webinar offers insights into new treatment options, including procedures that use advanced, minimally invasive, and robotic techniques. Dr. Okafor, a surgeon with Premier Orthopedics, is fellowship-trained in joint preservation, resurfacing, and reconstruction. Register and learn more.

To register visit, www.premierhealth.com/landing-pages/register-for-joint-pain-webinar