SUMMA HEALTH NETWORK

2010 Annual Report

BUILDING
MODELS OF CARE
FOR THE FUTURE

SUMMA
Health System

Contents

Building Models of Care for the Future

DEAR FRIENDS AND COLLEAGUES,

In the pages that follow, you will read about our journey of innovation, collaboration and commitment to build models of clinical care for the future. This is not a short story; it is a journey that has been, and will continue to be, remodeled and refined over time. In the Summa Health Network 2010 annual report, you will learn about the foundation on which our current model has been built, and the collaborative team approach that supports the physicians in delivering high quality, compassionate care.

The development of our care models began with our Performance Incentive Model which involves physicians in quality improvement initiatives. Our report demonstrates the increase in physician participation in this model throughout 2010; a growing number of practices were engaged with payers and programs as they incorporated technology into their practice settings with electronic health records. You will learn about the improvement that Summa Health Network physicians have made in cost-effectiveness, clinical quality, and value-added services.

As you read this report, you will come to understand how this Performance Incentive Model has now evolved into the Summa Health Network Ambulatory Care Model. This model, previously referred to as the Clinical Integration Model, goes well beyond the clinical integration of our member physicians. The story on the pages that follow will take you through the components of successful contemporary models of care in the ambulatory setting. The Ambulatory Care Model requires the participation of each staff member in the practice setting-clinical, administrative, clerical and support staff alike. Importantly, while informatics and data analysis are central to quality improvement, patient-centeredness and patient engagement are critical and integral components in the newly evolving models of care. The journey to building and refining these models is both supported and led by the infrastructure provided by Summa Health Network.

Mark Terpylak, DO, FACOG and Charles R. Vignos, CPA

Our journey is not complete. As you will see, this is not a finished product, but an important step forward in building effective and efficient models of care for the future. Over time, we expect our Ambulatory Care Model to represent a step toward a truly accountable care organization. We look forward to sharing the next steps of this journey with you- physician, payer, or support staff. In the end, we are all potentially recipients of the models of compassionate, patient centered and accountable care that we are creating together.

Sincerely,

Charles R. Vignos, CPA
President, Summa Health Network

Mark Terpylak, DO, FACOG
Physician Director, Summa Health Network
Chair, Quality Improvement Committee

Executive Summary

Summa Health System

is an integrated healthcare delivery system that provides coordinated, value-based care across the continuum for the populations it serves. Summa holds itself clinically and financially accountable for health outcomes in its communities.

The health system integrates the resources of seven owned, affiliated and joint venture hospitals, a regional network of ambulatory centers, a network of more than 1,300 physicians that includes a 250+ employed multi-specialty group, a 160,000+ member health plan, a system-level foundation and 10,000+ employees, nurses and healthcare professionals to provide the right care at the right time at the right place for the patients it serves.

Summa is positioned well as an integrated healthcare delivery system to become a national model of excellence for other organizations to follow. That is why, at Summa Health System today, you see the healthcare system of tomorrow.

Summa Health System Vision

To be recognized as one of the finest healthcare organizations in the United States and will be the preferred provider of healthcare services in our service area.

Summa Health Network (SHN)

represents more than 1,300 physicians throughout the system's member hospitals. SHN contracts with regional and national payers (insurance companies, preferred provider organizations and third party administrators) on behalf of its physicians and hospital members.

Summa Health Network Vision

To unite and lead independent physicians in our community in quality initiatives that ensure unsurpassed care for all patients.

SHN allows for integration of independent community physicians through various participation models. The SHN Messenger Model allows physicians choice regarding participation in over 20 payer agreements while providing the support of the SHN Physician Network team. The SHN Performance Incentive Model collaborates with payers to compensate physicians for the quality care they deliver to payer members based on mutually agreed upon clinical measures.

SHN continues to be a leader of quality initiatives improving the healthcare of the community through its physician-led clinical integration initiative - the Ambulatory Care Model. This Model combines technology, nationally recognized quality and efficiency measures, along with best practices to assist physicians in delivering unsurpassed care to their patients.

Summary of 2010 Activities

- Continued growth of the SHN participation models
  - The Messenger Model – over 1,300 physician participants
  - The Performance Incentive Model – over 500 physician participants
  - The Ambulatory Care Model – over 100 physician participants
- Formation of the Ambulatory Care Model Quality Improvement Task Force
- Addition of Suzanne Hughes, MSN, RN, Director, System Population Health, to the Ambulatory Care Model team
- Development and implementation of patient outreach programs based on SHN clinical guidelines
- Physician data sharing through the utilization of MDdatacor

Summa Health Network Board of Managers

Michael Maggio, M.D. Chairman	Stow Internists, Summa Physicians Inc., Internal Medicine
Richard James Dom Dera, Jr., M.D.	Ohio Family Practice Centers, Inc., Family Medicine
Ihsan Haque, M.D.	City Cardiology Associates, Cardiovascular Disease/Internal Medicine
Robert Schaal, M.D.	Inpatient Medical Services, Internal Medicine
Jon Seager, M.D.	Community Health Care, Inc., Family Medicine
Mark Terpylak, D.O.	Physician Director, Summa Health Network; Paragon Health Associates, Obstetrics/Gynecology
William Powel, III	System Vice President, Legal Services, Summa Health System
Thomas Strauss	President and Chief Executive Officer, Summa Health System
Charles Vignos, CPA	President, Summa Health Network

Healthcare Reform

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (H.R. 3590) which is designed to improve access to healthcare, improve healthcare quality and reduce healthcare spending over time. Highlights of the new law include:

- 32 million uninsured Americans will gain access to insurance coverage under certain conditions
- Preventive and screening benefit programs will be expanded under Medicare and Medicaid
- Insurance exchanges will be established to help individuals and companies better shop for health coverage
- Insurers can no longer discriminate against individuals with pre-existing health conditions
- Select physicians will receive incentive payments based on defined criteria

The Affordable Care Act has the potential to significantly impact on how healthcare is financed and delivered in the United States. Public and private partnerships are being created to ensure appropriate, high quality, and efficient healthcare is delivered to a greater percentage of Americans. A growing number of local physicians continue to work with Summa and/or their professional association groups to lend their voice and expertise to the health policy discussions that are being shaped in Washington and Columbus.

Summa Health System is well positioned as an integrated healthcare delivery system to succeed and lead through change in this new era of healthcare. It is committed to the well-being of its communities, as well as its employees and physicians. Summa Health System is leading change through:

- Clinical quality improvement
- Integration and accountability for population health
- Satisfied and engaged medical staff
- Regional growth and financial health
- Patient satisfaction
- Community service
- Physician education and development

SHN is assisting Summa Health System in this time of change through its quality initiatives. SHN is collecting clinical data from Electronic Medical Record (EMR) systems of the Ambulatory Care Model physician participants. Through the innovative technology of MDdatacor, we are able to combine this data with payer claims and lab results to allow physicians to monitor their progress in improving Ambulatory Care Model clinical measures. These clinical measures include diabetes, hypertension, cardiovascular disease, smoking assessment and cancer screenings.

The Ambulatory Care Model Quality Improvement (QI) Committee began an evolution toward implementation of more substantive quality improvement strategies, including provider and patient education, regular audit and feedback to providers, promotion of patient self-management (including web-based tools), and disease management strategies. Physician champions who serve on the QI committee have self-selected to work with Suzanne Hughes MSN, RN, new SHN staff member and Summa Health System, Director of System Population Health, on the initial projects designed to improve both process and outcome measures in the hypertension and diabetes clinical initiatives.

The committee is leveraging the best practices among SHN community offices as well as successful innovative patient-centered care initiatives employed in the academic practice settings associated with Summa Akron City Hospital.

SHN has begun to prepare physicians for the requirements of healthcare reform by hosting two well-attended physician seminars focused on education of the American Recovery and Reinvestment Act of 2009. Greg Kall, Summa Health System Chief Information Officer, presented information on obtaining government incentives for meaningfully using an Electronic Medical Record (EMR) system. Physicians learned the significance of acquiring technology in their offices early to prepare for this initiative. The presentations also detailed the program timelines and required objectives to display meaningful use of an EMR. Additionally, attendees of the seminars gained access to other resources for EMR implementation such as SHN's preferred EMR vendor, eClinicalWorks and the local Regional Extension Center which is available to assist in achieving these incentives.

SHN is collecting data from Electronic Medical Record (EMR) systems of the Ambulatory Care Model physician participants.

The Accountable Care

As the Patient Protection and Affordable Care Act begins to redefine the delivery of healthcare, physicians in our community are proactively taking steps to create a patient-centered, clinician-driven approach to care delivery and create the model of care for the future – Accountable Care. Many primary care groups in the region, with the support of Summa Health System, have come together to deliver healthcare differently through the recently formed Accountable Care Organization. The goal of this physician-led Accountable Care Organization is to improve quality, satisfaction, and efficiency and reduce the total cost of care. These savings then can be reinvested in the community to continually improve care delivery and access.

Healthcare reform is putting pressure on health systems and hospitals to engage physicians more directly in the redesign of healthcare delivery. Summa Health System, as well as other organizations, is looking to clinical integration initiatives as an alignment strategy. Summa Health System, through Summa Health Network's clinical integration initiative, the Ambulatory Care Model, is laying the foundation for the Accountable Care Organization (ACO).

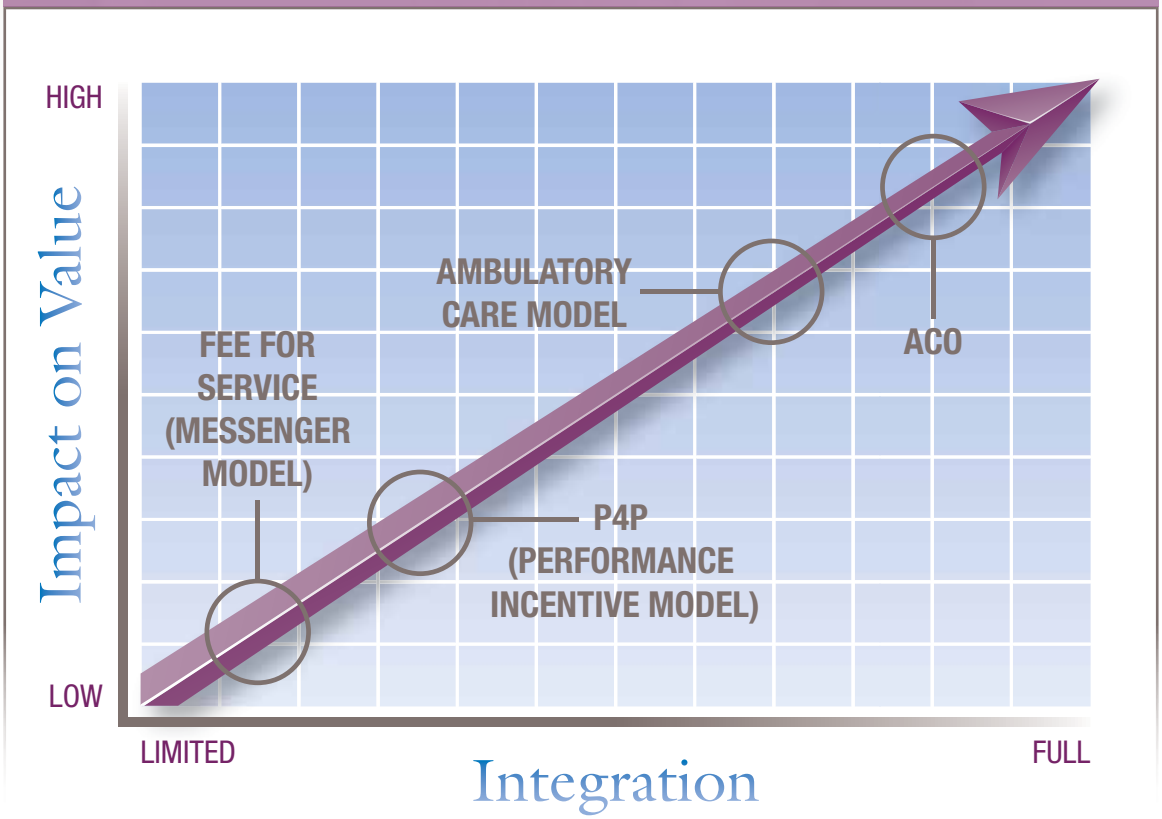
The core functions of the Accountable Care Organization include:

- Facilitating provider partnerships with individuals, families and communities
- Redesigning primary care and advancing the medical/health home concept
- Management of chronic conditions found in the community
- Managing the alignment of the clinical and financial values
- Integrating the system across the entire continuum of care
- Providing infrastructure/tools to providers to support new innovative delivery of care

SHN's Ambulatory Care Model is responding to the pressures of healthcare reform by facilitating change and focusing on quality and efficiency improvement. It is bringing physicians together in a performance-focused network through the use of proven clinical measures and a clinical data repository. The clinical data repository allows physicians to share clinical data to improve the quality of care delivered to their patients. The Ambulatory Care Model rewards physicians for their commitment to quality improvement.

Organization

Ambulatory Care Model
The Path to Accountable Care



Summa Health Network

Ambulatory Care Model

SHN's Ambulatory Care Model fully developed its work groups in 2010 in support of its goals and objectives. These physician and practice manager-led work groups met regularly throughout the year and became the backbone for the Ambulatory Care Model and quality improvement at SHN. They include the Quality Improvement Committee, Payer Contracting Committee, and Quality Improvement Task Force.

The Quality Improvement Committee held monthly meetings and ensured data integrity within SHN's Clinical Data Repository and initiated quality improvement programs.

With the assistance of SHN administration, the group was able to enact standardization documentation and policy for capturing comprehensive laboratory data from their EMRs. During the spring and summer, the group completed a hypertension outreach program which saw a 22% success rate among their patients. In 2010, the committee also gained a supportive role through Suzanne Hughes as the Summa Health System Director of Population Health. Her previous clinical, health promotion and disease management experience has proven to be an asset to the Quality Improvement Committee in the short time she has been with SHN.

Suzanne Hughes, MSN, RN joined Summa Health System as the Director of Population Health in 2010. In this role, Suzanne works closely with the creation and implementation of the Accountable Care Organization. Additionally, she also supports SHN's Ambulatory Care Model and the efforts of the Quality Improvement Committee.

Suzanne brought with her 36 years of experience in cardiovascular nursing, health promotion and disease management. She has worked in coronary care, cardiac rehabilitation and the outpatient cardiology settings. In the past, she has worked for Northeast Ohio Cardiovascular Specialists and for the Cleveland Clinic Foundation in the section of Preventive Cardiology and Rehabilitation, and has served as adjunct clinical faculty at Northeast Ohio Medical University. Most recently, she was Director of Health Education and Nursing Research at Robinson Memorial Hospital, an affiliate of Summa Health System. Suzanne is certified as a clinical nurse specialist in adult health.

In the short time Suzanne has been working with SHN's Ambulatory Care Model, she has implemented quality initiatives for 2011 focused on Cardiovascular Disease, Diabetes, and Hypertension.

Quality Improvement Committee
pictured above with SHN Support Staff

Richard James Dom Dera, Jr., M.D.	Ohio Family Practice Centers, Inc., Family Medicine
Jon Seager, M.D.	Community Health Care, Inc., Family Medicine
Mark Terpylak, D.O. Chairman	Physician Director, Summa Health Network; Paragon Health Associates, Obstetrics/Gynecology
Michael Maggio, M.D.	Summa Physicians, Inc., Stow Internists, Internal Medicine
Richard Hines, M.D.	Family Medicine Center of Akron, Family Medicine
Richard May, Jr., M.D.	NE Ohio Nephrology Associates, Nephrology
Kyle Allen, D.O.	Center for Senior Health, Geriatric Medicine (not pictured)
Matthew Finneran, M.D.	Family Practice Center of Wadsworth, Family Medicine (not pictured)
Adarsh Krishen, M.D.	Family Medicine Center of Akron, Family Medicine (not pictured)
Mark Meyer, M.D.	Pioneer Physicians Network, Inc., Family Medicine (not pictured)

Summa Health Network
Ambulatory Care Model

To further engage physicians involved in the Ambulatory Care Model, a task force comprised of practice administrators and other office representatives was formed. This work group regularly met to operationalize the discussions from the Quality Improvement Committee in their offices. The Quality Improvement Task Force ensured the implementation of the laboratory standardization in their offices, and validated patient data for the Hypertension Outreach Initiative. They also continually explored additional ways to standardize their data documentation and resolved any data inaccuracies. This work group became a key contributor to the Ambulatory Care Model in 2010.

Quality Improvement Task Force
pictured above with SHN Support Staff

Leisa Bridle	NE Ohio Nephrology Associates (not pictured)
Mary Helen Hanson	Community Health Care, Inc.
D'Anthony Harvey	Pax Medical Associates, Inc. (not pictured)
Leanne Knight	Pioneer Physicians Network, Inc. (not pictured)
Kathy Kostelnick	Pioneer Physicians Network, Inc.
Debra Pullo	Community Health Care, Inc.
Stacy Saffel	Paragon Health Associates
Marsha Watson	Community Health Care, Inc.
Pat Walker	Family Practice Center of Wadsworth
Kathy Wiczen	Ohio Family Practice Centers, Inc.

Payer Contracting Committee

Mark Terpylak, D.O.
Chairman;
Physician Director, Summa Health Network;
Paragon Health Associates, Obstetrics/Gynecology

Kathleen Shoemaker, D.O.
Pioneer Physicians Network, Inc.,
Internal Medicine

Jeff Price, MBA
Vice President,
Summa Health Network

Rodney Ison, M.D.
Community Health Care, Inc.,
Family Medicine

The Payer Contracting Committee began in mid-2010 with two initial goals: first, package the individual components and initiatives of the Ambulatory Care Model into a product and second take the product to market by developing parameters to guide payer partnership. Over the past year due to the work of the Payer Contracting Committee, SHN leadership has been able to gain the attention of several national payers that operate within our marketplace. These discussions have engaged the Medical Directors of the payers.

Conversations with each of the national payers have continued in 2011 with varying levels of engagement ranging from vision and concept to contract and model development. The Payer Contracting Committee views a place for the product offered through SHN's Ambulatory Care Model in Commercial, Medicare Advantage and Medicaid HMO lines of business with each bringing a different opportunity for partnership and success.

Although each payer views SHN's Ambulatory Care Model product differently, one aspect on which they all agree on is that SHN's Ambulatory Care Model is far ahead of the curve compared to other recent attempts in the region to successfully align independent community physicians, clinical data and quality initiatives. The Payer Contracting Committee is confident that the partnership they are seeking will be established with the payers in this market by year end.

Summa Health Network
Ambulatory Care Model

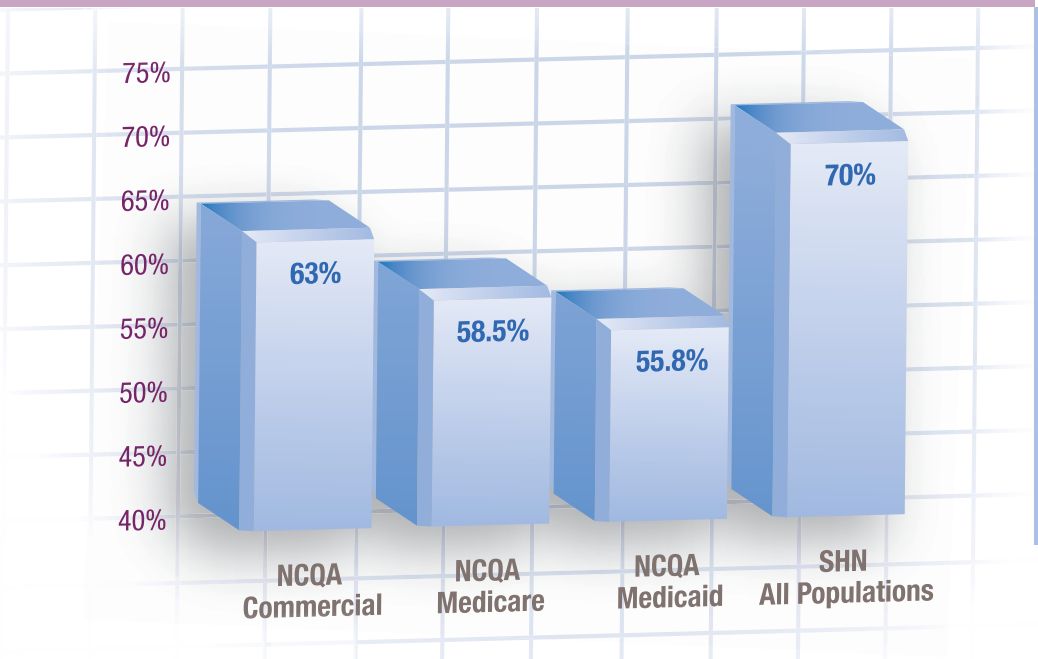
Outreach Initiative

Poorly controlled high blood pressure may cause stroke, heart attack, vision problems, heart failure and other serious conditions. In response to these facts, the Ambulatory Care Model led an outreach initiative for their patients with diagnosed hypertension in the spring of 2010. The group used the data from the Clinical Data Repository, MDdatacor, to identify patients who were noncompliant with the process measure in this clinical suite. Twelve percent of hypertensive patients did not have an annual blood pressure measurement recorded. Through the support of SHN administration, letters were generated from the physician offices to these patients. This initiative requested patients to make an appointment with their physician for a blood pressure measurement. Data validation processes completed by the Quality Improvement Task Force and others within the physician office ensured letters were generated for the appropriate patients. Over 1600 patients were contacted through this outreach.

The impact of the letter campaign was associated with a 22% success rate and increased the overall average percentage for the blood pressure process measure to 92%.

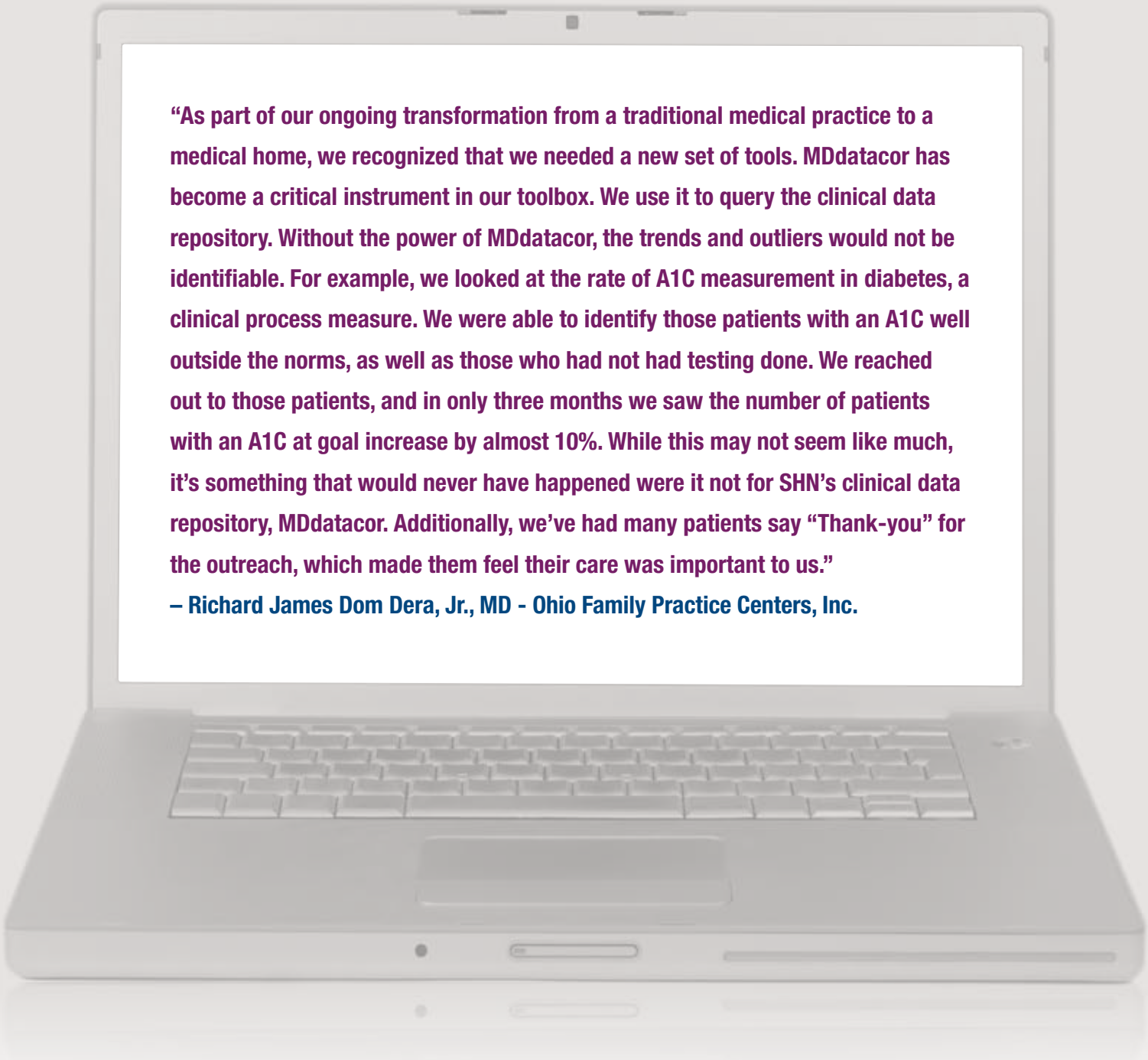
The Ambulatory Care Model participants' hypertension outreach initiative also led to improvements in the overall blood pressure readings of these patients. Through increased blood pressure readings, appropriate follow-up and monitoring, the average blood pressure control rate of patients diagnosed with hypertension rose to 70% by 2011. As illustrated by the graph below, this was above all populations for NCQA.

Blood Pressure Control Rate for Hypertensive Patients



Pioneer Physicians Network's individual success rate from this outreach initiative was 32%, with nearly 200 hypertensive patients receiving a necessary blood pressure check associated with the letter campaign.

MDdatacor Physician Experience



"As part of our ongoing transformation from a traditional medical practice to a medical home, we recognized that we needed a new set of tools. MDdatacor has become a critical instrument in our toolbox. We use it to query the clinical data repository. Without the power of MDdatacor, the trends and outliers would not be identifiable. For example, we looked at the rate of A1C measurement in diabetes, a clinical process measure. We were able to identify those patients with an A1C well outside the norms, as well as those who had not had testing done. We reached out to those patients, and in only three months we saw the number of patients with an A1C at goal increase by almost 10%. While this may not seem like much, it's something that would never have happened were it not for SHN's clinical data repository, MDdatacor. Additionally, we've had many patients say "Thank-you" for the outreach, which made them feel their care was important to us."

– Richard James Dom Dera, Jr., MD - Ohio Family Practice Centers, Inc.

Summa Health Network
Ambulatory Care Model

Data Sharing

SHN introduced patient data sharing among participating physicians in the Ambulatory Care Model in June of 2010. Data sharing provides the physician with a more comprehensive picture of a patient's health and eliminates duplicate tests or unnecessary patient outreach initiatives. Through data sharing, if a patient sees a specialist and a primary care physician who are both participating in the clinical data repository, test results are shared between the two physicians. For instance, if the patient recently had lab tests completed through a specialist, their primary care physician is also able to view the lab results, the date the lab was done, and the physician practice who ordered the lab. The data sharing precludes the primary care doctor from ordering redundant lab tests, and allows them to deliver more comprehensive care by having access to the results.

"MDdatacor is a user friendly reporting system that provides information such as dates and results of specific tests in a format that is easily interpreted and informative. It gives our physicians the ability to assess their patients' progress at a glance. The information provided in MDdatacor gives you the ability to improve patient care and to reach out to patients that may have 'fallen through the cracks.'"
– Mary Helen Hanson, Director of Operations, Summit County;Community Health Care, Inc.

The implementation of MDdatacor in specialty practices like Paragon Health Associates (Obstetrics and Gynecology) increased the realization of data sharing among all groups for clinical measures such as Breast Cancer Screening and Cervical Cancer Screenings. For some primary care groups, screening rates for these cancers were increased by as much as 11% points.

Data Validation

SHN staff continually worked with groups to implement and refine the Clinical Data Repository. Over 150 physicians began to utilize the tool in their office in 2010. Individual meetings were held to review data element storage locations and mapping to MDdatacor. Physicians realized the increased clinical information available on their patients and strived for data accuracy.

By involving office staff at each of their locations, Community Health Care, Inc. was able to implement data validation and standardization processes for Ambulatory Care Model measures. This internal initiative led their group to an average increase of 5% across all SHN Ambulatory Care Model quality measures.

At the time of this publication, the SHN Physician Network Development team was working with City Cardiology Associates and Michael Bianco, M.D. to validate their EMR data in MDdatacor for data accuracy among all patients and clinical measures.

Throughout the implementation of SHN's Clinical Data Repository with Pax Medical Associates, one-on-one meetings were held at the practice ensuring data standardization and accuracy.

Physician Network Development Team

Heather Genet	Physician Network Representative
Diamond Adams	Physician Network Data Analyst
Frances Silva	Physician Network Coordinator
Laura McCafferty	System Director, Physician Network Development
Alayna Falb	Manager, Physician Network Operations

Summa Health Network
Ambulatory Care Model

Data Standardization

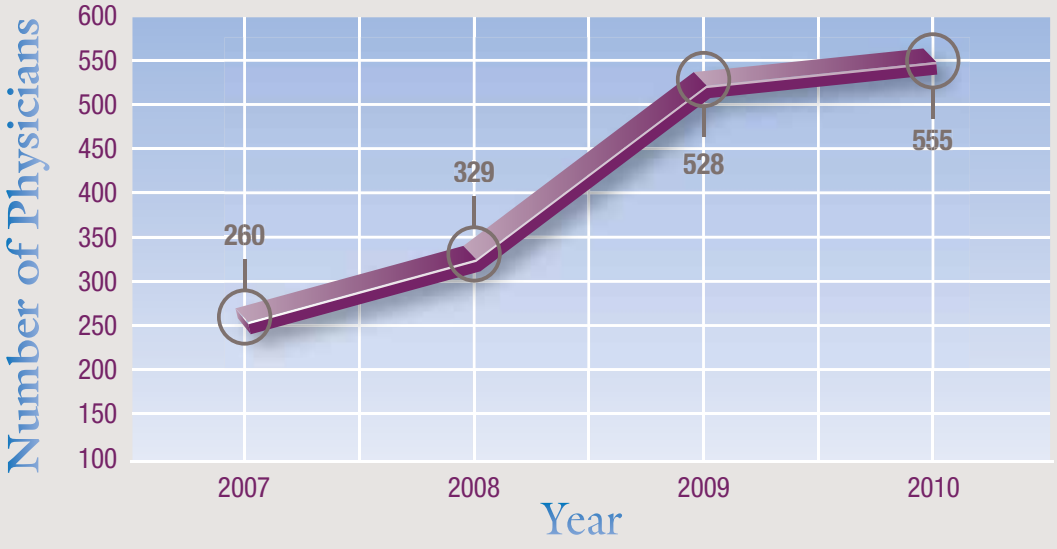
Appropriately recording data in the physician's EMR ensures that valid results are captured and available in the Clinical Data Repository. SHN staff, along with physicians and office staff were able to develop extensive data standardization documentation for laboratory results in 2010. This documentation outlines a standard process for entering all laboratory results electronically in the group's EMR to make certain the appropriate data is captured in the Clinical Data Repository. Working closely together, the Quality Improvement Committee and Quality Improvement Task Force each vetted the process and approved it for implementation.

Additionally, the Quality Improvement Task Force is continuing with initiatives around data standardization and validation. They are currently working on documentation and processes to ensure Diabetic Retinal Exam reporting accuracy.

"Data standardization allows us to, obviously, have a uniform way of recording information in the EMR. More importantly, it allows us to use our electronic tools in a meaningful way. It would be nearly impossible to mine our data without some degree of standardization. Our physicians and physician assistants can now look for patterns, trends, and outliers, which in turn translate into better care."
– Kathy Wiczen, Practice Administrator; Ohio Family Practice Centers, Inc.

The Family Practice Center of Wadsworth has been instrumental in validating Retinal Exam data in their EMR and developing consistency around this measure. Through this effort, this group's reported frequency for Retinal Exams rose by 28% for patients with diabetes.

EMR Implementation:
Physicians Live on EMR or in the Implementation Process



Summa Health Network
Performance Incentive Model

In addition to monitoring Ambulatory Care Model measure performance in SHN's Clinical Data Repository, many elements of its precursor, SHN's Performance Incentive Model are also monitored in MDdatacor. SHN's Performance Incentive Model paved the way for the Ambulatory Care Model. This model allowed for SHN's first collaboration with physicians and payers in data collection and validation. Offering incentives for meeting predetermined targets on select measures, the Performance Incentive Model and its payer programs still exist today.

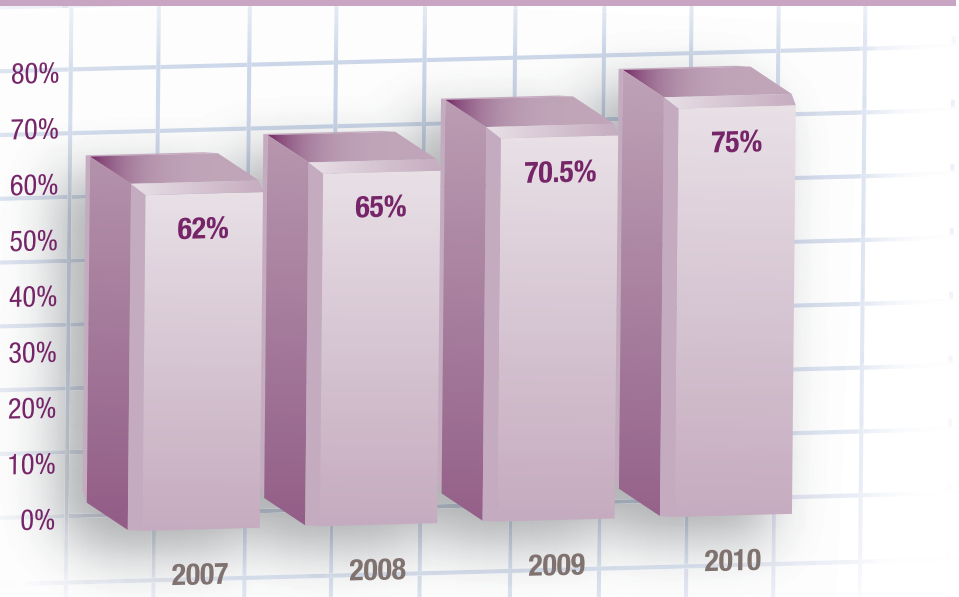
SHN has worked with local and national payers to develop Performance Incentive Model programs each focusing on EMR implementation, Cost-Effectiveness, Clinical Quality, and Value-Added Services.

At the end of 2010, over 550 physicians in SHN were either actively using EMR or in the process of implementing an EMR in their office. Seeing the value in implementing this technology in physician offices, SHN partnered with payers to reward them for their efforts.

As part of the cost-effectiveness, increased use of generic medications and attention to patient insurance formularies is encouraged. In 2010, 60% of participating groups received an incentive for surpassing the set generic prescribing target with a payer.

Overall the SHN generic prescribing rate continued its steady increase to an average of 75%.

SHN Physician Generic Prescribing Rate



Summa Health Network
Performance Incentive Model

In 2010, 77% of SHN physician groups also scored 100% on a measurement for long term asthma control. Also with this same payer's other clinical quality measures, SHN physicians increased their performance over 2009 in six of eight measures.

The final component of each SHN Performance Incentive Program accounts for value-added services that the physicians offer or provide. In 2010, a majority of SHN physicians involved in these programs continued to survey their patients' satisfaction with their services, offer extended office hours to accommodate for their patients' lifestyles, and all SHN physicians are either board certified or board eligible in their selected specialty.

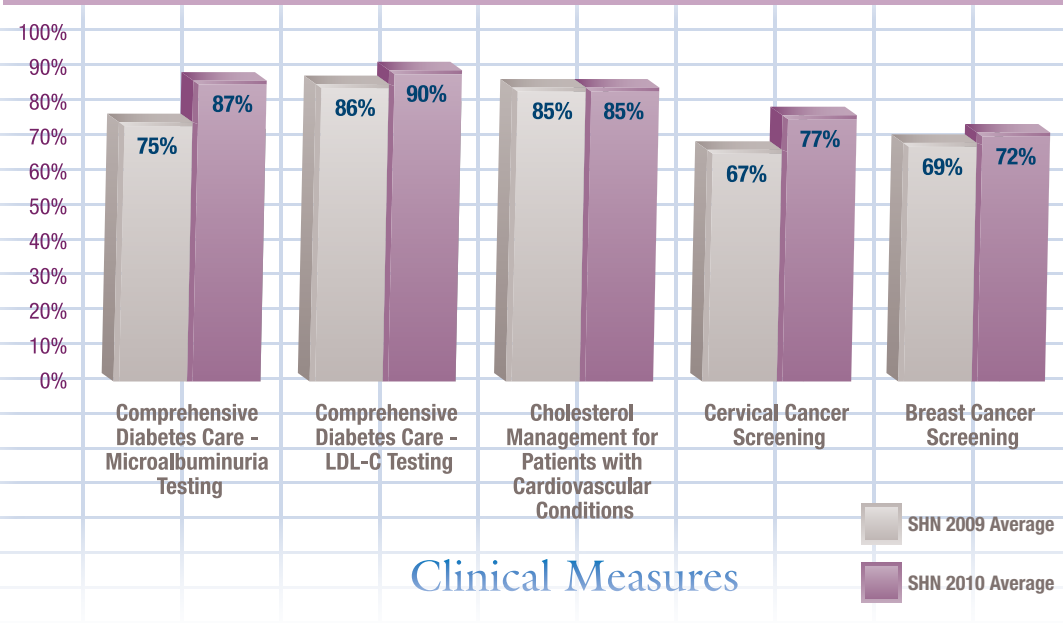
Averaging their entire population of patients, SHN physicians performed above target for each of these measures:

- Breast Cancer Screening
- Cervical Cancer Screening
- HbA1c Measurement for Diabetic Patients
- LDL Measurement for Diabetic Patients
- Microalbuminuria Screening for Diabetic Patients

New to SHN's Ambulatory Care Model, physicians at Austin Primary Care increased blood pressure readings in their hypertensive patients by 5% points in early 2011.

Ohio Family Practice Center achieved blood pressure targets recommended by national guidelines for 79% of their hypertensive patients.

Clinical Quality Results



Clinical Measures

2011 Goals and Objectives

In 2010, the SHN Ambulatory Care Model participants were able to successfully implement a robust Clinical Data Repository, complete an extensive data validation process, and embark on a quality initiative around hypertension. In 2011, the SHN Quality Improvement Committee will be exploring initiatives that will improve the health and well being of the community by directly engaging and educating patients on their health. One such initiative will be focused on diabetes. This program will offer a strong patient educational component and encourage patients to keep a yearly report card with their health statistics and diabetes measurement levels. Patients will be encouraged to share this report card with their physicians.

Ambulatory Care Model Participants

Austin Primary Care, LLC	Barberton, OH
City Cardiology Associates	Barberton, OH
Community Health Care, Inc.	Canal Fulton, OH
Falls Family Practice, Inc.	Cuyahoga Falls, OH
Family Practice Center of Wadsworth	Wadsworth, OH
Joseph F. Alexander Jr., M.D.	Akron, OH
Michael A. Bianco, M.D.	Wadsworth, OH
NE Ohio Nephrology Associates	Akron, OH
Ohio Family Practice Centers, Inc.	Akron, OH
Paragon Health Associates	Akron, OH
Pax Medical Associates, Inc.	Akron, OH
Pioneer Physicians Network	Uniontown, OH
Walter A. Klatt, M.D.	Akron, OH

Moving Toward Ambulatory Care Model Participation

A & S Khandelwal MD, Inc.
Akron Community Health Resource
Akron Dermatology Associates, Inc.
Akron Internal Medicine Associates, Inc.
Allergy Asthma & Sinus Relief Center
Barry J. Fish, MD, LLC
Bharat J. Shah MD, Inc.
Brewster Family Wellness Center
BS Bonyo DO & Associates
Childrens Consultants for Digestive Care
Cirino Eye Center, Inc.
Crystal Arthritis Center, Inc.
Curtis W. Hawkins, MD
Cynthia Morris, DO
Dennis Yee, DO
Doylestown Medical Center, Inc.
Eliot N. Mostow, MD, Inc.
Endocrine Associates
Fairlawn Family Practice, Inc.
Family Medical Care Plus, Inc.
Family Medicine Center of Akron
Foot and Ankle Institute, Inc.
Grenville Machado MD, Inc.
Hartville Internal Medicine Center, Inc.
Hudson Foot Clinic, Inc.
Internal Medicine Specialists
Mark S. Brigham, DO
Matthew Lutz DO, Inc.
Medina Cardiovascular Assoc., Inc.
Melodie A. Phillips, MD, LLC
NE Ohio Medical Specialists
NE Ohio Pediatric Pulmonary Center
Neera Agarwal-Antal, MD
Neurology & Neuroscience Associates, Inc.
Norman W. Lefkovitz, MD, Inc.
Northeastern Ohio Foot & Ankle Surgical
OB/Gyn Associates of Akron
Obstetrics & Gynecology of Bath, Inc.
Ohio ENT Associates
Ohio Foot and Ankle Center, LLC
Ohio Valley Head and Neck Surgery
Ohio Valley Plastic Surgery
Portage Surgical Associates
Premier Renal Care, LLC
Primary Care Physicians of Stow
Reproductive Gynecology, Inc.
Robinson Health Affiliates
Stephen J. Francis, MD, Inc.
Summit Gastroenterology Associates
Summit Pulmonary & Internal Medicine
System Optics dba Novus Clinic
Total Lifetime Care Med Affiliates, Inc.
Unity Health Network, LLC
Urology One, Inc.
Valerie Fuller, DO
Waleed F. Nemer, MD
Western Reserve Eye Associates
Western Reserve Professional Group
Womens Health Group, Inc.
Yatish Goyal, MD

Summa Health Network Team

Diamond Adams	Physician Network Data Analyst
Anya Albrecht	Managed Care Financial Analyst
Sarah DeVenture	Provider Enrollment Specialist
Joe Drakulich	Managed Care Financial Analyst
Alayna Falb	Manager, Physician Network Operations
Tracy Fuller	Provider Enrollment Coordinator
Heather Genet	Physician Network Representative
Debra Gentner	Managed Care Ancillary Contracting Specialist
Christina Haggerty	Manager, Managed Care
Suzanne Hughes	Director, System Population Health (not pictured)
Laura McCafferty	System Director, Physician Network Development
Lea Miller	Manager, Managed Care Compliance
Karen Murphy	Executive Assistant
Debbie Nypaver	Senior Analyst & Database Administrator
Mary Lyn Pinion	Managed Care Contract Coordinator
Jeff Price	Vice President, SHN; System Director, Managed Care
Frances Silva	Physician Network Coordinator
Mark Terpylak, D.O.	Physician Director (not pictured)
Charles Vignos	President, SHN; Vice President, Managed Care
Stacie Warner	Managed Care Data Coordinator
Jessica Zemla	Managed Care Financial Analyst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