

Gregory Brusko, DO, MMM, FACOS

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HEALTHCARE EXECUTIVE

Strong record in organizational leadership with particular emphasis in clinical operations and physician leadership within large complex healthcare systems. Adept at managing cultural transformation, driving quality performance, and managing large joint venture relationships with clinical partners across the system. Servant leader who drives accountability while aligning oneself and our associates to the mission and values of the organization. Core competencies include:

Team Leadership • Compliance • Governmental Affairs • Communication • Business Management Including Budget Development • Change Management

Professional Experience

Ascension Wisconsin (AW)

Chief Clinical Officer Ascension Wisconsin **8/2018-9/2022**

President Ascension WI Medical Group (AMG) **5/2018-7/2019**

Ascension WI is a large market within the national Ascension System. It is composed of 15 hospital campuses, numerous joint venture relationships and spans 150 miles geographically from north to south. Total revenues exceeding 2.3B. Ascension WI Medical Group is composed of 1200 clinicians that perform 1.8M visits annually within 150+ clinics. Reporting to the market CEO, I was originally recruited to the role of President Ascension WI Medical Group, however after 3 months I was offered the role as Chief Clinical Officer. I held both roles until I was able to backfill the AMG President role. As the Chief Clinical Officer, I had responsibility for the clinical enterprise of AW to include service lines VP's, CMO, Pop Health VP, Pt. Safety and Quality (via CMO), Care Management VP, GME, Research, and Ascension WI Medical Group via AMG President. Specific oversight areas are summarized below.

Chief Clinical Officer AW

- ❖ Executive Sponsor of Epic rollout across the AW
- ❖ Responsible for clinical enterprise budget development

- ❖ Established the relationship between AW Care Management team which reported to me as the beta site to align with the Ascension national new care model delivery system
- ❖ Developed and implemented a physician advisor program which had >10M revenue improvement in denial management over 2 years
- ❖ Worked closely with our CFO and payer contracting team to negotiate risk contracts to ensure quality measure alignment and performance to maximize opportunity
- ❖ Established defined service line structure and stood up service lines in Cancer, CV, BH, Women and Families, Neurosciences
- ❖ Established Pop Health VP role to align with national strategy and aligned with Care management team
- ❖ Executive Sponsor of a multidisciplinary team to focus on Leapfrog performance and survey submission improving scores for our low performing facilities
- ❖ Facilitated through our research team a partnership with Exact Sciences for research opportunities in our urban community sites around C/R Cancer screening
- ❖ Ask to co-lead the Ascension national EHR-A Program period committee
- ❖ Led the development for Ascension National a Retained Foreign Object bundle to be rolled out across all sites of care in the Ascension system
- ❖ Sit on both orthopedics hospital JV Boards
- ❖ Sit on AW Board of Directors
- ❖ AW pilot site for Ascension system Tele stroke services using clinicians from our Tennessee market
- ❖ Successful transition to a single ED clinician team across the state
- ❖ Established an EMS program line to facilitate relationships with EMS teams across the state
- ❖ Orchestrated a PSA relationship with CV group in the Fox Valley to provide CV services
- ❖ Transitioned our GME sponsor program from MCW to Ascension Indy to establish the beginning of an ascension national GME sponsorship
- ❖ Sit On Boards of numerous AW JV's to include Ortho, GI, Imaging, Micro Hospitals in AW
- ❖ Sit on Board of Directors of WHIO (Wisconsin Health Information Organization)
- ❖ Asked to be clinical lead for the Ascension National ASC core team

- ❖ Led Optum engagement for operational improvement at one site for periop KPI's, ED throughput and overall hospital throughput
- ❖ Executive Sponsor of a transformational impact project for one of our hospital facilities
- ❖ Ask on several occasions to sit on a panel for various topics for the annual meeting of the Business HealthCare Group which is comprised of some of the largest companies in the state
- ❖ Led the transition of our flagship hospital to The Joint Commission Comprehensive Stroke Center certification
- ❖ Executive Sponsor of the AW BPCI-A initiative
- ❖ Led effort that resulted in physician T/O rates in 2018-19 to be in 13+% to a rate in 2021 of 5.3% within AMG

Ascension WI Medical Group President

- ❖ AMG President direct report to me, overseeing >1200 clinicians across AW
- ❖ Significant restructure of AMG from the legacy systems to current state
- ❖ Expanded clinical competencies by identifying gaps in services and recruitment efforts for clinical program leaders
- ❖ Hired nearly 400 clinicians in the last 3 years. Most were incremental adds, remainder attrition/backfill
- ❖ 90% AMG PCP's in UHC Premium Designation (cost/quality tier system)
- ❖ Transitioned over 50 anesthesia clinicians to AMG employment when their third-party contract was termed

Lehigh Valley Health Network (LVHN), Allentown, PA

- ❖ A major not-for-profit academic community hospital and health network with over 13,000 employees and a medical staff of well over 1500 with an operating budget of \$2.8B. A national leader in patient safety and quality initiatives as well as in implementation and utilization of major IT initiatives.

Senior Medical Director, Lehigh Valley Physician Group 2016-2018

- ❖ Maintained core responsibilities of Medical Director role but have expanded responsibilities relating to merger implementation and acquisition. Also, expanded role within LVHN to the Senior Management Committee which consists of senior most leadership of the organization and overall health network management.

Assumed responsibility for budgeting and integration of subsidiary medical groups as LVHN continues to merge with other health care systems. The position ensures LVPG's clinical operating infrastructure supports the organization's goals to provide efficient and seamless operations both within LVPG and its subsidiary groups as well as between LVPG and LVHN – promoting clinical excellence and integration, optimal access, quality and service excellence

Medical Director, Lehigh Valley Physician Group (LVPG) 2014-2016

- ❖ Responsible for providing the clinical operational leadership of the Lehigh Valley Physician Group, a key subsidiary of Lehigh Valley Health Network that has an annual operating budget of over 550M approximately 30% of the LVHN operating budget with over 1200 physicians in 50+ specialties and 140+ practice sites and over 450 advanced practice clinicians. Primary accountability relates to quality management across our large provider workforce and alignment of our quality metrics with our Value Based Contracts and our ACO. Responsibilities also include ensuring LVPG's clinical operating infrastructure supports the organizational goals to provide efficient and seamless operations both within LVPG as well as between LVPG and LVHN, strategic planning, budget development in conjunction with our Department Chair's as well as acquisition and merger engagement both at the practice entity level and organizational network level. Reports to the President of LVPG and Associate CMO of LVHN. Promotes clinical excellence and integration, optimal access, quality and service excellence.

Lehigh Valley Physician Group General Surgeon 2009-2018

- ❖ Practicing General Surgeon in a 5-member group as part of the Division of General Surgery and Department of Surgery at LVHN. LVPG is a hospital owned multi-specialty group of approx. over 1200 physicians and additionally 400+ advanced practice clinicians with 140+ practice sites and over 50 medical and surgical specialties. Merged private practice into this group in May 2009.

Partner, Toselli/Brusko and Garcia Surgical Associates 1996-2009

- ❖ Senior partner in 4-person general surgical private practice. One of fewer than 10 physicians out of 1100-1200 who were in private practice and held a management/leadership title within LVHN. This affords me the ability to gain a meaningful understanding of the conflicts that frequently occur between hospital organizations and clinicians and how to resolve them for the betterment of all.

Lehigh Valley Health Network Business Council (NBC) 2017-2018

- ❖ LVHN decision making body that sets priorities, coordinates growth activities and provides strategic business direction, across the LVHN enterprise. Made up of network CEO Council members and campus President's and Senior Medical Directors

Lehigh Valley Health Network ACO (MSSP) Board of Directors 2014-2018

- ❖ Member of the LVHN ACO Board of Directors responsible for assuring alignment and provide guidance to all constituents and assure successful implementation and management of the ACO (MSSP) across the continuum of providers to include both LVPG and independent providers within the ACO.

Lehigh Valley Health Network Extended -Senior Management Council 2014-2018

- ❖ Member of network extended senior management group to include the network CEO, CMO, CFO, COO and other senior management leaders that are responsible for network wide initiative development, implementation and communication. This group is also responsible for managing and report out of annual network goals.

Population Health Executive Steering Committee 2015-2018

- ❖ The PH EX Steering Committee meets monthly. It is an executive steering committee with the responsibility and accountability for overseeing network activities that impact LVHN's Population Health (PH) initiative. Its' membership consists of multi-disciplinary leaders reflective of all the key areas in the network. It has clinical and network sub-committees that report into the executive group on a monthly basis including a finance committee responsible for ensuring that PH activities, contracting strategies, and employer negotiations are aligned with the network.

Senior Management Quality Council 2016-2018

- ❖ This group is responsible for managing quality initiatives in both the outpatient and inpatient worlds within LVHN. Constituents are the inpatient and ambulatory quality leaders and the network CMO, COO. One of these groups priorities involves bridging the care gaps between inpatient and ambulatory. Transitions of Care that combine both the operational and clinical environments play an important role for this group in terms of accountability.

Associate Chief Medical Office Advisory Council 2015-2018

- ❖ The ACMO AC meets monthly. It is an executive committee chaired by the Associate Chief Medical Officer to get input and advice on network activities associated with the office. Its membership consists of leaders that report directly or work closely with the Office. It has separate meetings with the members of the Advisory Council to ensure follow-up on key issues. This is also the forum to discuss critical issues and ideas that may be of consequence to the Office and network.

Co-Lead Sponsor Lehigh Valley Health Network "Better Care" Goals 2015

- ❖ Responsible at network level for annual 2015 goals relating to improving patient access and experience. Co-lead with SVP of Operations of LVPG to develop and

implement improved access to both primary care and specialty care practices across LVPG's 140+ practice sites with specific network senior management objective measures. In a similar fashion was responsible for improving pt. experience metrics as measured by Press-Ganey and CG-CAHPS for all LVPG practices. Finally, responsible for roll-out and patient implementation of Epic portal with a network goal set at 55,000 enrollees with starting point at zero. Attained greater than 100K enrollees.

LVPG Board of Governors (BOG) 2012-2018

- ❖ Responsible as the governing body in “all business LVPG” to include Quality metrics, business/practice acquisitions, financial reporting, etc. The Board Of Governors is responsible for approving general policy governing the affairs and activities of LVPG. The BOG also approves all operating agreements which specify that LVPG will provide medical education, administrative and other health care related services to LVHN and any future institutions.

LVPG Compensation Committee 2011-2018

- ❖ Committee responsible for constant review and process changes in comp model within LVPG. Review existing models and administer compensation and productivity plans throughout all groups in LVPG. Design and administer bonus plans for providers within LVPG.

LVPG Clinical Practice Council (Chairman 2014-Present) 2011-2018

- ❖ Oversee and develop the concept of taking LVPG to the “next level” of performance in the pursuit of optimal value. Ensure focus of change process is patient centered and geared around engagement. Define and operationalize the development of our LVPG practice leadership triad (Practice Director, Practice Lead, and Clinical Coordinator) to realize the changes necessary to achieve high value healthcare. Monitor LVPG performance in key areas and identify strategies for improvement or intervention as needed to achieve goals towards high value performance. Define implementation strategies for change processes that require widespread dissemination.

Quality Executive Team LVPG (Chairman 2014-Present) 2014-2018

- ❖ This team provides overall guidance and executive leadership to all LVPG clinicians as it relates to all quality measures, clinical policy development and oversight in all LVPG practices.

Co-Sponsor LVPG E-Visit Initiative 2015-2018

- ❖ E-visits in MyLVHN will help physicians and APCs provide care related to a specific, non-urgent problem, such as a cough or UTI, outside of an office visit. E-visits provide a means for an asynchronous encounter with the provider, at the patient's

convenience, thereby improving access to patient care and increasing patient satisfaction. The online, asynchronous nature of the e-visit also provides an opportunity to increase provider capacity by matching available time in a provider's schedule to the self-identified need for patient care (the e-visit).

LVPG Assistant Medical Director Dept. of Surgery 2011-2014

- ❖ Responsibilities include acting on behalf of Dept. of Surgery Chair in establishing and managing annual productivity budgets and assoc. compensation models for all LVPG surgical groups to include: General Surgery, Trauma, Plastics, Vascular, Ophthalmology, Burn, Surgical Oncology, Cardiothoracic, Neurosurgery, Pediatric Surgery, Urology, and Transplant. This would include making adjustments for budget variations throughout the FY and working to assure stability and growth within these practices from FY to FY as it relates to overall departmental growth within LVHN. Provide support for Dept. Chair in all budget related items to include action plans when needed and implementing business plans for practice and volume growth.
- ❖ Develop and implement strategic practice models within the DOS. (Neuro expansion to LVHM)
- ❖ Promote and guide “cross practice models” for improving efficiency of care by resource utilization and access improvement models. (Cross staffing models, open scheduling for primary care and ER)
- ❖ New provider mentoring (new hires and acquisitions) regarding problem solving and AMD role modeling as a valuable resource to aid in the transition process.
- ❖ Performance evaluations for all Practice Leaders in LVPG Surgery
- ❖ CME approval process for LVPG DOS members
- ❖ Managed annually all budgets for productivity and compensation for all divisions/specialties in the Department of Surgery

Vice-Chair, Department of Surgery 1999-2014

Responsible for all aspects of the Muhlenberg Campus with direct report to the Chairman of LVHN Dept. of Surgery, including OR volume budgets, surgeon behavioral issues and process improvement and quality improvement initiatives. Responsible for merger of Muhlenberg Hospital with Lehigh Valley Hospital and integration of surgical staffs into one large staff with common vision for the future of the organization as a whole.

- ❖ Led team in designing and implementing OR expansion by 40%. Realized increase gross revenue from \$40,903,754 in FY 00 to \$214,182,148 in FY 07.
- ❖ Lead project to change entire OR scheduling process from standard “central

scheduling” model to surgeon-directed on-line process from individual offices for 28,000-30,000 procedures/yr.

Developed business plan including financial analysis for scheduling project.

Startup costs of \$35,309 with proposed cost savings with 100%

implementation of \$390,720/yr. starting in year 2.

Expected 15% improvement in functional efficiency with a cost savings of \$390,720/yr. with a 2-year roll-out. These values represent the smaller of the 2 clinical campuses. Savings exponentially higher when extrapolated across the entire network.

- ❖ Led the OR expansion and merger of respective staffs in operations, thus increasing OR volume at Muhlenberg campus from 3119 cases in 2000 to 6774 cases in 2007. This volume increase resulted in an increase in net revenue from approximately \$11,500,000 in FY 00 to \$52,733,387 in FY 07.

❖ Developed network wide quality initiative in the OR’s for a “Briefing and Debriefing” process. Initially started as trial at LVH-Muhlenberg Campus and evolved the process to go live across the continuum in June 2011.

Lehigh Valley Hospital-Muhlenberg Board of Trustees 1999-2018

- ❖ Responsible for overseeing aspects of the Muhlenberg campus of LVHN. This includes business development, credentialing, expansion, etc. Report directly to the LVHN Board of Trustees.

Chairman, OR Committee LVH-Muhlenberg 1999-2014

- ❖ Set and implement policies and procedures as they pertain to the operating rooms at LVH-Muhlenberg. This is a multidisciplinary committee of physicians, OR Staff, Anesthesia, and LVHN OR Administrative staff.

LVHN Surgical Executive Committee 1999-2014

- ❖ Responsible for development and implementation of all facets in the function of all operating rooms across the network.

LVHN OR Governing Board 1999-2014

- ❖ Responsible for evaluating operations and policies within the ORs and developing potential improvements in both patient safety and operational efficiencies. This group reports to Surgical Executive Committee for approval before change and implementation.

Surgical Leadership Committee 2007-2014

- ❖ This is a senior management, rapid response team of leaders within the department to discuss matters that require immediate attention and resolution.

LVHN Development Committee 2007-2018

- ❖ Responsible for developing philanthropy and financial support for LVHN. This group is picked by the CEO. It is a group of business leaders, VPs within the Development Dept. at LVHN, and a few physician leaders who are responsible for community outreach and cultivation of major donors to the organization.

Leonard Parker Pool Society Advisory Board 2004-2009

- ❖ Members of this group are responsible for those individuals who provide annual giving to LVHN. This Board at an annual meeting distributes the funds for clinical initiatives or equipment for patient care.

Good Shepherd Medical Executive Committee 2007-2010

- ❖ Responsible for procedure and policies as they pertain to the long-term acute care of nationally recognized Good Shepherd Rehabilitation Hospital, which is contained within 2 floors of LVHN Muhlenberg Campus. Also maintain credentialing and quality initiatives throughout the hospital.

LVHN Medical Executive Committee 1999-2007

- ❖ Responsible for all medical staff issues as they relate to credentialing, policies, procedures, and maintaining the process of upholding medical staff by-laws throughout the 1100-1200 physicians on staff at LVHN.

Capital Campaign Committee 2004-2006

- ❖ Handpicked group by CEO to develop and implement a capital campaign. It had a goal of \$45,000,000.00 and ultimately upon completion of the campaign's mission reached \$53,000,000.00. This was used for physical plant expansion projects across the continuum of LVHN.

Surgical Education Committee 2010-2014

- ❖ Role of this committee is to direct as well as develop the education process for the General Surgery residency of LVHN. Maintain and review resident files and assure policies and procedures are rigidly adhered to regarding ACGME Guidelines.

American Hospital Association Regional Policy Board 2010-2012

- ❖ Appointed by CEO and CMO of LVHN to represent our Health Network on the AHA Regional Policy Board. Our role is to help develop policy positions, shape advocacy strategies and identify emerging issues nationally. We are also responsible for guiding the AHA's operations. Completed 3-year term.

Education

B.S. Kutztown University of Pennsylvania, Biology, 1980-1984

D.O. Philadelphia College of Osteopathic Medicine, 1985-1989

University of Southern California Marshall School of Business, Master's in Medical Management (MMM), 2007-2008

Internship Allentown Osteopathic Hospital (now St. Luke's Hospital Allentown Campus), 1989-1990

Residency Grandview Hospital and Medical Center, Dayton, OH, General Surgery, 1990-1994

Certificate The Wharton School, University of Pennsylvania, Executive Education Curriculum in Management 2002-2005

Certificate Thomas Jefferson University School of Population Health 2015

Academic Appointment 2014-2018

Assistant Clinical Professor of Surgery
University of South Florida
Morsani College of Medicine

Subspecialty Training

Memorial Sloan-Kettering Cancer Center
New York, NY
Gastric and Mixed Tumor Oncology
Murray Brennan, MD
Daniel Coit, MD
Leslie Blumgart, MD

Grant Medical Center
Columbus, OH

Hepato-Biliary and Pancreatic Surgery
E. Christopher Ellison, MD

Certification and Licensure

Board Certified General Surgery, American Osteopathic Board of Surgery,
1996 Fellow, American College of Osteopathic Surgeons, 1999
Diplomat: National Board of Osteopathic Medical Examiners
Examiner for the American Osteopathic Board of Surgery
Licensed State of Pennsylvania OS-007129-L

Awards

National Football Foundation Hall of Fame Scholar Athlete Award (College Football)
1983 Goldman Foundation Scholarship Finalist PCOM 1986

Professional Associations

American College of Physician Executives
American College of Osteopathic Surgeons
American Osteopathic Association
Pennsylvania Osteopathic Medical Association
Northampton County Medical Association

Academic Publication

Brusko G, Melvin WS, Fromkes JJ, Ellison EC, Pancreatic Tuberculosis. The American Surgeon 1995; 61:513-515